



MANIFEST

PROGRESS BRIEF

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Working with Communities to Save Money for Meeting Maternal and Newborn Needs

The Issue

Some of the reasons given for the low utilization of maternal health services, which contributes to the high maternal and neonatal deaths in Uganda, include constraints such as lack of transport and cash for meeting the costs of health care (Munaaba 1995; Kyomuhendo 2003; Kiwanuka, Ekirapa et al. 2008). These two factors also contribute to the first delay (deciding to seek care) and the second delay (getting to the facility). Commonly families do not save money for use during pregnancy and after birth, or when they save they end up using this money for other purposes. Eventually, mothers are not able to purchase the supplies they need or to afford the cost of transport and other needs that may arise at this point. Those who save often save as individuals. Although saving groups exist, money in these groups is often saved for other purposes such as school fees and burials but not for maternal health. The factors that limit participation in such financial networks include lack of trust in the networks, family clashes about finances stemming from low male involvement and limited awareness about the benefits of joining such groups. Transport to the facility is also given little attention. Often times, families don't plan for the transport.



Women attending a weekly saving group meeting in Kibuku District

About MANIFEST

MANIFEST is a 4 year study (2012-2015) study involving the Makerere University School of Public Health and the districts of Kamuli, Pallisa and Kibuku. We are using a participatory action research approach, in which the different stakeholders work as partners rather than study subjects. In 2012, we engaged various stakeholders in the design of a sustainable and scalable intervention aimed at improving maternal and newborn health outcomes. The resulting design has three major components, with district health teams leading on their implementation. The components include:

- Community mobilization and sensitization
- Savings and transport
- Health systems strengthening

Our Approach

One of the components of the Maternal and Neonatal Implementation for Equitable Systems (MANIFEST) study in the eastern Uganda districts of Kamuli, Pallisa and Kibuku aims at providing education to increase birth preparedness and care seeking during pregnancy and after birth. This is in addition to increasing financial and physical access to maternal health services by promoting financial preparedness as well as availability of routine¹ and referral² transport. This is being done through the implementation of four main activities:

- Home visits by community health workers (also known as Village Health Teams or VHTs)
- Community mobilization and sensitization using community dialogue meetings and radios
- Linking communities with financial social networks
- Linking communities with local transport providers.

The project is promoting financial preparedness by, first of all, creating more awareness about the benefits of joining these financial social networks (savings groups) and encouraging male involvement in these initiatives. This has been done through a comprehensive awareness campaign that includes home visits by VHTs, community dialogues, sensitization through radio spots and talk shows, as well as support by Community Development Officers (CDOs).



Bodaboda transporters being oriented on MANIFEST

To increase access to transport services, the project is working with locally available transporters through multiple channels. The saving groups were asked to identify a transporter who can transport pregnant women to the facility whenever needed. These transporters are paid either directly by the women or the saving group. In other instances, the women have their money and identify a transporter on their own. Some groups have also bought motorcycles and hired transporters to transport the women to health facilities as required.

Access to referral transport was also noted to be a problem. The main constraints include lack of referral transport, poor management of existing ambulances leading to frequent breakdowns, lack of fuel, as well as fulltime availability of drivers. The District Health Management Team is taking lead in identifying feasible solutions to these problems by working with stakeholders such as the sub-county chiefs, district councils, health facility managers as well as other partners working in the district.

¹Routine transport refers to transport from home to the health facility for routine maternal and newborn services such as AnteNatal Care (ANC), normal delivery, Post Natal Care (PNC).

²Referral transport refers to transport that is required because a mother or newborn requires special attention that can't be provided at her current location. The referral may be for an emergency condition like complications during birth – for example, mothers who may be bleeding severely, or who require a caesarian section, or newborns bleeding from the cord. The referral may not be for an emergency e.g. a woman with high blood pressure or a newborn with high fever may be referred to a higher level facility. The referral may be a self-referral, from home to the health facility like in the case of a woman who was giving birth at home, or it may be initiated by the health provider, from one health facility to another.

Preliminary Findings

We have now implemented the transport component for about one year. Several achievements have been registered. As at the end of 2014, up to 1006 saving groups (Kamuli-426, Kibuku-264, Pallisa-316) with a maternal and child health component had been registered.

New saving groups have been formed

The increased formation of saving groups has been attributed to several factors: The comprehensive awareness campaign that made members of the community realize the importance of saving some money to meet the requirements of the mother and newborn during pregnancy and after birth; Women realized that much as receiving assistance from their husbands was important, they could start saving for their needs on their own, in cases where their husbands were not supportive; Lastly, the CDOs helped the community members to start new groups and they also encouraged more community members to join these saving groups.

Incorporation of maternal and child health saving component

Many of the existing saving groups were able to incorporate the maternal and child health saving component. This was possible because of several factors. The first was realization of how important it was for mothers to have some funds that could be used during pregnancy and after birth. The second was support visits by CDOs at sub county and district level. During these support visits, the CDOs explained the importance of saving for maternal and newborn health. The third factor was the existence of welfare funds in existing saving groups. This made it easier for the groups to understand the concept of saving money to be used in times of need. These welfare funds were mainly used to help committee members meet their burial expenses. Lastly, there was increased concern for the wellbeing of mothers and newborns. The community realized they needed to be there for those in need.

Increased transportation of women to facilities

The saving groups are increasingly making arrangements with transporters to transport women to the health facilities. When a woman wants to go to the facility, they simply contact the transporter. This has been most successful where the transporter is a member of the saving group. However, sometimes the women just use any available transporter. We realised that the important thing was the availability of money and a transporter. Secondly, improved birth preparedness practices resulted in more saving of funds for transport. Lastly, increased male awareness about the importance of facility delivery contributed to increased male involvement in providing transport money.

Intersectoral collaboration

An unexpected benefit was increased intersectoral collaboration which opened the door for further collaboration, between, for example, the health sector and the community development office, where the CDOs provided support to the saving groups and encouraged them to save for maternal health. This was also demonstrated in the participation of local leaders in raising funds to buy motorcycle ambulances or to buy vehicular ambulances. Three members of parliament have bought ambulances for their constituencies in Pallisa district.

Improved practices in management

Improved management practices, such as record keeping, which ensured the safety of money in the saving groups, were also reported. This was also as a result of the support provided by the CDOs.

Challenges

- Some of the saving groups are new and therefore need more support in areas such as the preparation of constitutions, ensuring the security of funds and record keeping. However, the CDOs are few and are not able to reach all the groups. They do not have adequate facilitation.
- Capturing accurate data on saving groups and women transported has been difficult because of lack of a database.
- Linking saving groups with transporters has been slower than we expected and this has sometimes affected transport services.
- As saving groups continue to save their money, the safety of these funds has been of great concern to the community. A few cases of theft of the funds have been reported.
- Access to timely appropriate referral transport has continued to be a problem.

Lessons Learned

- When the communities understand the importance of saving money for use during pregnancy and after birth, they are willing to save money for this purpose.
- Working with transporters who have joined a saving group to provide transport for women is easier than working with those who do not belong to saving groups.
- One of the prerequisites for working successfully with local transporters is extensive sensitization at the start of the programme and the existence of well-organized transport associations.
- Constant review and adjustment of arrangements made to improve saving practices or to work with transporters is important for successful implementation.



Credits

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