ZD4N2H

**Can community saving groups usher in community health insurance in rural areas? A case study of three districts in Eastern Uganda.**

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Background

A savings group is a group you can form with your neighbours and friends to solve financial problems by saving small sums of money together. While formation of Savings Groups (SGs) has been identified as one of the ways to help households and individuals save at community level, saving groups do provide access to financial services in especially rural areas with limited options when it comes to saving for health care and investment of money. It has been observed that joining savings groups can change the financial lives especially of women and their families by expanding their financial choices and opening up new social and economic opportunities.

Methods

The study used community development officers and village health team members to mobilise community members into joining or forming saving groups. While in these groups members were trained to save for wealth creation and health. The health account was separate from the general savings of the group and was only used on health related matters of respective families.

Results

It was noted in the intervention arms that the number of saving groups more than doubled from 431 to 915 between September 2013 and December 2016 due to successful mobilization and sensitisation. It was also noted that some parishes which hardly had any saving group at the beginning of the study by the end of 2016 had at least a saving group in every local council 1 with membership of not less than 15 people. Out of 915 saving groups, 22% had at least a member saving for MNH in the group while the rest still saved as individuals or families.

Discussion

The effort to start a health account in every saving group has shown very positive response given that it has only lasted for one year. With continued sensitisation and supervision of saving groups by community development officers, there is strong hope that this can serve as a form of health insurance in rural areas where there is no formal type of health insurance.

Conclusions

These findings are testimony that rural communities can adapt saving groups as a form of health insurance that does not require them to undergo all sort of bureaucracies of paper work and travel to and from towns. It can be managed locally with little supervision. With more training of group leaders in management and leadership skills, the groups can manage the savings very well.