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**Community experiences of saving for health using local financial social networks. A case study of districts in Eastern Uganda.**

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Background

Uganda did not achieve Millennium Development Goals (MDGs) 4, 5 and 6 despite the various interventions put in place to improve maternal child health (MCH) care as a priority area in the Uganda National Minimum Health Care Package. Evidence from Uganda, shows that sometimes families are not able to access health care because of the high cost of seeking health care. Results from the national health accounts showed that 49% of health expenditure was met by households. Households incur costs for transportation, food, purchase of medicine and other supplies that may not be available at the health facility. With 24% of households earning less than a dollar a day, a high proportion is unable to meet their health care needs as a result of low savings.

Methods

The study used a participatory action research approach of data collection whereby community members and district leaders with support from project staff (Manifest project staff) participated in the identification of the MNH problems in the communities and solutions were sought, agreed on using locally available resources and networks.

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 members saving for MNH while the rest were either waiting to start saving during the following financial year or they were still waiting to be trained in leadership and management of saving groups.

Discussion

When different stakeholders come together and use participatory action research methods, problems are identified and effective solutions sought and implemented within local social networks. This has been seen through the successful mobilisation of communities into joining or starting saving groups and saving for wealth creation plus health.

Conclusions

Findings have shown that it is very possible for communities to be mobilised using participatory action research methods using local resources and existing social networks to join saving groups and save for health. It has also been observed that households that save for health are more likely to survive the catastrophic expenditures due to health related problems.