

Final Report for Dining for Women

Organization Name: Mali Health

Project Title: Women's Microsavings and Health Loans in Peri-Urban Communities in Bamako

Grant Amount: \$45,378

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What outcomes is the project designed to achieve?

Our savings program is designed to achieve four primary outcomes:

1. An increase in the timeliness of families' care-seeking
2. An increase in families' access to preventive care
3. An increase in women's access to funds for revenue-generating activities
4. An increase in women's empowerment within their families & communities

What was accomplished in connection with this project? Please address each stated objective.

As of June 2018, we are proud to report that 5,039 women are enrolled in 224 savings groups throughout our eight partner communities.

- *Obj 1: Increase in the timeliness of care-seeking:* In our interim report, we noted that the percentage of women who reported seeking healthcare for themselves or their children within 24 hours of the appearance of symptoms had risen from 20% to 65%. We expected this number to continue rising as our savings group facilitators helped the women to understand the benefits of early care-seeking – and it did. By the end of the project period, 95% of women reported seeking care within 24 hours – an increase of 75% over the project period.
- *Obj 2: Increase access to preventive care:* Our group facilitators emphasize preventive care and help women to understand the important role that prevention plays in maintaining good health and avoiding illness. During the project period, women spent 780 325 FCFA (about \$1472) on preventive health products by using the proceeds from their savings cycles to purchase items like soap, bleach, and insecticide-treated mosquito nets. Facilitators also share important maternal, neonatal and child health information with women during their weekly meeting, which they did over 8,000 times during the project. If a woman in a savings group became pregnant, she received additional sessions to help her plan and prepare for the birth of her child with talks given by midwives and doctors at the health centers where they would deliver, as well as help to save extra funds for prenatal care and delivery.
- *Obj 3: Increase access to funds for income-generating activities:* By the end of the project period in June 2018, the women enrolled in our savings groups had saved approximately 17 645 375 FCFA (about \$33, 286), which members can draw on to

support activities that will help to generate an income for their families. During the project period, women requested and were granted 771 loans for income-generating activities.

- *Obj 4: Increase women's empowerment within their families & communities by increasing women's control over their finances:* In a survey conducted during the project period, 99% of women reported that they have always had access to funds from their savings group's accounts, which they are able to borrow at any time and spend as they (not their husbands) deem appropriate.

Have the number of beneficiaries changed?

The number of beneficiaries has not changed. In our original proposal, we anticipated reaching 5,000 women directly and 25,000 women and girls indirectly. We met that goal by the interim progress report and we currently have 5,039 women enrolled in the program. Based on community and family composition, participation in the health sessions and reports from women, we are confident that we have reached 25,000 beneficiaries indirectly.

What challenges did you face in connection with this project? How did you address these challenges?

One of the challenges we faced coming into the project was that women were not saving enough in their health fund to meet the needs of the group members. Savings groups maintain two accounts: the first holds funds to provide interest-free loans for health expenses, and the second contains funds that group members can borrow to support revenue-generating activities. Every week, group members contribute a small amount of money to each account, but groups have strongly favored making more funds available for income-generating activities, which is more traditional. At the beginning of 2017, only 10% of groups contributed equal amounts to both accounts and we found that women reported times when they needed to borrow money in order to visit the health center, but there were not enough funds in their group's health account. So our team designed a solution. Our *animateurs* – the group facilitators - responded by discussing with the groups the importance and benefits of ensuring that funds are available for health expenses when women need them.

By the end of 2017, the funds women have saved for health loans had grown by more than 20%, and 75% of groups had committed to contributing equal amounts of savings to both accounts. We're proud to report that by the end of the project period, 168 groups, which is about 75%, had in fact saved an equal amount in each account, meaning that fewer women or children should have to forego care because they could not access a loan from their group. Their commitment has paid off and 99% of women reported sufficient funds were available to them when they requested a loan for a health-related expense. We will continue to monitor the demand for health loans closely to ensure that women always have access to sufficient funds for health-related expenses.

Is your organization or project situation different than presented in the approved proposal?

Our organization and approach have experienced no significant changes since the proposal was submitted. The entire project team, and organization leadership, remain in place. Since the proposal was granted, we did receive a grant from a Swiss foundation to support a pilot project to help 120 women in our savings groups to launch cooperatives, which our team started in January 2018. That project was requested by women in our groups and its purpose is to build on the impact of the savings groups by not only helping women save funds and make loans to one another, but also to help them generate revenue together by cooperating on a small enterprise in their community.

What were the most important lessons learned?

We continue to try to adapt our approach to meet the needs of the women we serve. As explained earlier, when we learned during our monitoring activities that women sometimes did not have enough funds in the health accounts when they needed it – we encouraged them to begin saving more. Women set all the rules for their own groups – not Mali Health – but they are very responsive when we offer more information about shared challenges and possible solutions. We particularly encourage learning and sharing results among groups, which we help to facilitate by ensuring the continual training of our group facilitators and sharing their ideas and solutions. For example, many groups have begun the tradition of using the proceeds of their savings cycles to buy soap and other prevention products in bulk together, distributing the items among members when they distribute their funds. This new tradition not only ensures women use essential disease-prevention resources to stay healthier, but women in the groups report stronger feelings of solidarity and mutual support as a result.

What has changed within your organization as a result of this project?

At a time when many organizations like ours are streamlining their operations and focusing on defining a scalable model, this project has allowed us to remain focused on impact. Your support has allowed us to prioritize the women we serve and allowed us to find what works for them, and to determine and demonstrate impact. This is not the first time that Mali Health attempted a savings project like this, and the first time through, when our organization was very young, was not as successful. The success of the project has showed us that we do not have to abandon strategies and work that we believe are essential to our impact as an organization. We know that engaging women as leaders in the effort to end maternal and child mortality is necessary and a good strategy – and this project has given us the space and opportunity to find the ways to make that strategy work. We are dedicated to taking the transformative impact of what women in our groups have achieved and leveraging that to do more than just form savings groups. In fact, women-led health financing is now a pillar of our strategy to helping communities build strong local health systems in low-resource communities.

Describe the unexpected events and outcomes, including unexpected benefits.

There were no unexpected events or outcomes during the project period.

Did you change your strategy as a result of obstacles encountered? How will you address these in the future?

It was not necessary to make any changes to implementation or monitoring and evaluation during the project period due to unforeseen circumstances or any other reason. We continue to learn alongside the women we serve, but this project period has given us the time to continue collecting data and evidence to show that the program functions well, and can successfully continue as designed. With this confidence in our program design, we will be investigating and adding additional products and services for women, such as helping them use the loans or proceeds from their groups to access additional forms of health financing, like micro-insurance. We are also now looking for ways to make the program more sustainable.

Approximately how many lives have been touched by the project?

At the end of the project period, there were 5,039 women enrolled in savings groups. Given average family sizes among the women we serve, we believe the project impacted at least an additional 20,000 members of these women’s families. Because women often share what they learn about health topics with friends and neighbors, we believe the additional indirect reach is at least 2-3 additional women per each woman in a savings group (about 10 – 15,000 additional people).

What are the measurements used to monitor success and how was this information measured?

The indicators and methods used were as follows:

Objective 1: Increase timeliness of care

Indicator 1: Women seek health care within 48 hours of the onset of symptoms

Indicator 2: Amount of funds saved and made available for health loans

Our group facilitators collected information monthly from group members about how and when loans were sought and given, during regular data collection. Our Monitoring and Evaluation team also conducted quarterly surveys and a round of focus groups during the project period.

Objective 2: Increase access to preventive care

Indicator 1: Amount spent on preventive health, like mosquito nets, soap, and chlorine tablets

Indicator 2: Increased knowledge of the importance of preventive services and behaviors

The amount spent on preventive health comes from two sources. The first is a calculation of how much the women collectively spend together at the end of their savings group cycles to purchase products together. This number is added to loans taken during the savings cycle for the same purpose, which is collected from the records that the women maintain in their groups. Group facilitators report to program assistants about the health topics they covered with their groups on a weekly basis; increases in knowledge among women are measured during a quarterly monitoring survey administered by our M&E team.

Objective 3: Increase access to funds for incoming-generating activities

Indicator 1: Number of small business loans requested and given

The amount of money saved by groups and the number of loans given are tracked on a monthly

basis by groups facilitators when they collect data from their groups. Self-reported information from women regarding their ability to access funds from their groups is collected during a quarterly monitoring survey administered by our M&E team.

Objective 4: Increase in women’s social capital and empowerment within families & communities

Indicator 1: Women report increased control over their finances

Indicator 2: Women report increased decision-making power in the household

We collect women’s view on the impact that access to funds in their savings groups has on their daily life both from individual interviews (please see quotes included in this report) as well as through the quarterly monitoring survey administered by our M&E team. Indicators under Objective 1 also contribute to this Objective, as the ability of a mother to act quickly to access the health financing resources of her group ensures both rapid access to care and that she has the ability and willingness to act independently.

Did this grant and relationship assist your organization in obtaining other funding, partnerships with other organizations or public recognition in some capacity?

The relationship with Dining for Women did bring us more public recognition. Around our featured month, we received several messages and even a few donations from those outside Dining for Women, but who had seen us or heard about us from Dining for Women. We certainly listed our relationship with Dining for Women on every grant application we have submitted in the past year and we have highly recommended Dining for Women as a potential partner to dozens of other local organizations serving women over the past few years.

One of the most important benefits of the relationship with Dining for Women is that your support allowed is to not only ensure that we could support women in Mali with effective and impactful services, but knowing that we had full and secure financing for the program during this past year has allowed our team to think about what is next – and we have many exciting opportunities and collaborations ahead. The ability to focus on innovation and how we can build on our impact to support women in new, efficient, and sustainable ways was only possible because we did not have to worry about how to finance it.

Photos

There are several photos of women who have participated in the program in our Dropbox folder. Mali Health has full rights to use these photos taken by our staff (verbal consent is obtained at the time photographs are taken), and we grant Dining for Women permission to use the photos in your communications.

A Note for Your Membership

To the members and supporters of Dining for Women,

Thank you so much for your support of the 5,039 women who are participating in Mali Health savings groups in Bamako.

Thanks to you, they have demonstrated that even the poorest women in the world can leverage substantial resources for change, especially when they work together. In fact, we are so inspired by their savings, that we are now looking for new ways to help women leverage them further. In 2018, we are helping women to form cooperatives as a part of their groups and moving forward we will look for more methods to help them finance healthcare for their families – like a community-based insurance program that could extend improved care to thousands of families. We are also now very close to beginning a project that would make our health and savings curriculum available to women via a voice-based technology so that it can be accessed by women who cannot read or write – which is the majority of women we serve.

Together, we have demonstrated once more what a powerful force for change women can be. We believe we're just beginning to see the potential of what women in Bamako can do - we're so grateful for your support in helping women begin this journey.

Whenever we attend a conference or meet other organizations serving women, we are happy to recommend that they get to know Dining for Women as a potential partner. Being a part of Dining for Women made us feel like we were a part of a global network of women supporting one another – much like our savings groups do for women in Mali.

Thank you, all the members of Dining for Women, for believing not only in Mali Health, but most especially in the women we serve in Bamako. You have made their success possible.

With our deepest thanks,
Tara, Mariam, and the Mali Health team