EVALUATION OF VILLAGE SAVINGS AND LOANS ASSOCIATIONS (VSLAs) FOR SAFE MOTHERHOOD IN KIBOGA DISTRICT

 \mathbf{BY}

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Abstract.

The study specifically assessed whether VSLAs for safe motherhood is a viable option for facilitating access to emergency health care. This was in line with the fact that VSLAs in Kiboga district were started by AOGU in 2007 as a system of income generation to establish emergency financing for safe motherhood at community level so as to reduce the delays in accessing emergency obstetric care (EMOC). The study described the process of the VSLA concept within safe mother hood; assessed the role and effectiveness of VSLAs in helping people to access health care, improve safe mother hood and social economic status of people; identified challenges and came up with strategies to improve VSLA performance in Kiboga district. The study used a descriptive, cross-sectional design with both qualitative and quantitative methods. Data was collected from 100 respondents using a semi structured questionnaire with closed, open ended questions and a likert scale. It was analyzed using SPSS and presented using tables with frequencies, mean and standard deviations. Findings revealed that each VSLA group has 75-120 members, a written constitution and is headed by a six member committee. Furthermore, VSLAs have been effective in improving safe motherhood, health care access, households, decision making, access to education, self esteem, agriculture and the saving culture in the community. VSLAs are mainly challenged by limited welfare fund, no market for the agricultural products whose strategy is increasing the welfare contribution, lobby for government support, and sensitization. It was concluded that VSLAs are user friendly, can take off beyond the first year of support and are an important tool for development. It was recommended that AOGU should arrange group trainings and improve their supervision; Government should support VSLAs so as to reduce maternal mortality rate and eradicate poverty. Further research on VSLAs should be done with a longitudinal design, bigger sample and a control group.