Savings Group Risk Mitigation, Support, and Engagement in Relation to COVID-19

Savings groups are one of the most consistent and sustainable platforms for community programming across many sectors and contexts. Currently, there are more than 15 million members in savings groups in more than 73 countries around the world.\(^1\) These groups are overwhelmingly made up of poor, rural women, and provide a critical engine for economic opportunity, source of social solidarity and safety net for many families in vulnerable situations. These groups have proven that they are resilient and resourceful. Often, they at the frontlines of their local response to crisis.

COVID-19 poses crucial health and economic risks for Savings Groups as markets falter, mobility is restricted, and community gathering is restrained. Especially as the majority of members are women, they are likely to be primary caregivers in health crisis, which puts them at special risk of additional burdens. These tips will help implementers consider how best to support savings groups and their members during this crisis. The tips also address how to support savings groups as leaders of community-level response efforts and maintain safety nets. The recommendations here draw on past experience working with savings groups during times of crises including conflict, natural disasters and epidemics like Ebola. Given the importance of savings groups in CARE’s work, and the scope of 8.4 million savings groups we have worked with since 1991, CARE is releasing this guidance immediately to support our teams. We are working with the SEEP network and others to craft industry-wide guidelines as soon as is feasible.

This tip sheet is specific to working with savings groups. It is not meant to stand alone. It should be considered as part of a broader emergency response plan in line with CARE International’s Covid-19 Program Guidance. Our first priority is Do No Harm and protecting the safety and health of all of the people we serve and our staff. At the same time, we want to support groups to find solutions that will allow them to continue benefits from savings groups that are key safety nets in this crisis.

1. **Immediate Actions – For All Stakeholders**
   - **Protect staff and group member health.** Start every conversation with ensuring Do No Harm principles for all of the groups we work with. All staff members should adhere to WHO guidelines for personal protection against COVID-19, or the relevant guidance from the National Ministry of Health.
   - **Support groups to create adaptation plans.** Groups are highly resourceful and the model itself is highly adaptable. The top priority for SG promoters should be to help groups understand the current crisis and its potential impacts (health, economic, social) and support them to develop adaptation plans that are cognizant to VSLA principles and best practices.
   - **Create contingency plans.** Given the pace of COVID-19 spread, mobility restrictions may be put in place with very short notice and without the opportunity for groups to generate an adaptation plan. Start planning immediately for how to reach out in a restricted mobility scenario if quarantines come into force, including new communications mechanisms.
   - **Mitigate increased risk of GBV through consideration of social norms and addressing women’s rights and needs.** Women comprise more than 70% of VSLA membership. Increased lockdowns and movement restrictions may put them at greater risk for GBV, particularly intimate partner violence and other forms of GBV. CARE will adapt and integrate proven approaches to reducing GBV. Put in place a monitoring and feedback system to mitigate increased risks of GBV and sexual exploitation and abuse. Address the depth of COVID-19 related shocks by shoring up VSLAs that play a critical safety net role but now face an uncertain future.

2. **For Implementing Organizations**
   **Operational Readiness**
   - **Identify a savings group COVID response focal person.** Identifying one person to coordinate this effort will ensure your approach to supporting and engaging savings groups is consistent across projects.

\(^1\) [https://mangotree.org/what-are-savings-groups](https://mangotree.org/what-are-savings-groups)
• **Plan for awareness raising.** Work to reinforce health messages, household and care responsibilities of both men and women and awareness campaigns from the Ministry of Health. Plan to carry out large scale gender-sensitive awareness campaigns on COVID-19 using media and mobile technology.

• **Align with others.** Coordinate with implementing partners and other major savings group promoters (NGOs, Public Sector, Local Authorities) to standardize gender-sensitive messages (both around COVID-19 and around savings group protocols during the crisis) to community trainers and groups.

• **Engage community trainers and group leaders.** Local leaders will be a key part of effective response and information sharing. Work with leaders to ensure groups are informed on COVID-19 and are not exploited by potential mitigation measures (mobility restrictions) put in place. If possible, brainstorm with them potential contingency plans for groups to communicate and adapt during the crisis. Discuss how they can continue to inform response plans and identify their evolving needs during the emergency so implementers can effectively respond to those needs.

• **Build a phone list.** If mobile is a preferred option (which is highly likely given the need for social distancing), consolidate a single phone list of savings group leaders, members and Community-Based Trainers from both current groups you are working with and, ideally, graduated groups you have supported in the past.

• **Partner with the private sector.** Identify vendors or partners to disseminate messaging to and collect input from community-based trainers and savings groups. Mobile providers and mobile money programs will be particularly important in this process. Implementing teams should familiarize themselves with alternatives that might work for groups.

• **Coordinate with others,** especially women rights organizations, local authorities and other relevant entities to develop quick and clear protocols of dealing with GBV/IPV including prevention, case reporting and management measures. Consider mobile messaging on COVID prevention measures and GBV/IPV risks, mitigation measures and services.

• **Work with community trainers, local COVID task forces and other relevant community structure to put in place a feedback mechanism/system** that allows CARE to ‘hear from’ VSLA members, understand their evolving needs and use this to guide CARE response and the other way around.

Connect to a broader response

• **Prepare to connect groups to other options:** Help get savings group members on food distribution lists and other lists targeting additional support to vulnerable people in the event of an outbreak.

• **Think about food systems:** many communities are quickly coming up on their agricultural season, and if they are unable to plant now because of mobility restrictions or having eaten all of their seed stock as a coping mechanism, they will be facing food crisis for at least the next year. Distribution of food, seeds, or agricultural supplies (or vouchers that allow people to purchase these themselves) may keep the food system functional even in crisis.

• **Complement group plans with broader program response.** CARE’s broader response mechanisms will be guided by contextual need and resource availability. Integrate with Livelihood (Cash and Voucher Assistance, seed distributions to build immediate resilience, support increased uptake of irrigation), WASH and health/Sexual and Reproductive Health programming, or food security programming where appropriate.

• **Update GBV protocols and referral pathways and PSHEA measures,** and where possible consider an updated, coordinated assessment and rapid gender analysis even if done remotely.

3. **For Community Based Trainers - Support savings group preparedness planning**

The biggest role savings groups mobilizers can play in the short term is in helping groups to understand the implications of COVID-19 and how it spreads, and supporting them to develop their own mitigation plans based on those facts. Savings group mobilizers also need to understand their key role in protecting group members and not spreading the disease between groups by applying best health practices.

• **Scale up gender-sensitive health messages.** Ensure that groups have access to the best and most current information about the COVID situation, as they can be a key focal point in communities for sharing and responding to information. Use multiple channels to continually reinforce these messages in alignment with national health messaging. These should include/incorporate GBV/IPV messaging as well as how and where to access Sexual and Reproductive Health and psychosocial services.
• **Support group adaptation planning**: Work with group leaders to organize an extra conversation in the next 1-3 weeks or refocus an existing meeting to share information on COVID and work with groups to develop a plan for how to adapt to COVID. Keep in mind that all in-person meetings need to comply with social distancing restrictions. Depending on context, community-based trainers may or may not be able to meet groups face to face. Trainers should adhere to government guidelines, and either support groups in person or, if this is not possible, via phone calls with group leaders.

• **Work with groups and leaders to identify new risks and issues**: Plan ways for trainers and group leaders to have feedback mechanisms where they can share new issues and concerns with trainers and national savings groups promoters, as well as new adaptations, to continuously inform a better COVID-19 response.

### 4. For Groups

**Adapt Meetings (only where meetings are still possible and safe)**

The details in this section follow the [WHO guidance for safety](https://www.who.int) during the COVID-19 outbreak, and are the only way to host meetings safely. Without following these guidelines, it is not possible to have safe meetings. Group member safety is paramount, so savings groups promoters should never encourage meetings where guidelines from national Ministries of Health or other government entities declare holding public gatherings an unacceptable risk or where other quarantine guidelines are in place.

• **Have fewer meetings**: reduce meeting frequency (from every week to every two weeks, or once a month). Shorten meetings to only include time for savings. Consider cancelling meetings if there are alternate ways to connect and conduct activities. Brainstorm with groups ways to reduce meeting frequency and density that will work for them. Emphasise enforcement of VSLA core principles and best practices especially group transparency and confidentiality to ensure group cash/savings security and social solidarity.

• **Space out contributions**: Have members come to meetings individually or in very small groups rather than all at once while the committee records member contributions.

• **Spread out**: Ensure members sit at least 1.5-2 meters apart (e.g. sit on chairs, not benches or expand the circle to provide room between all members). Select the largest possible venue for group meetings and try to meet outdoors. If anyone is ill, recommend they do not attend any in-person meetings.

• **Reinforce handwashing**: Have all group members wash hands at the beginning of the meeting. Prioritize handwashing supplies and gloves for people who count money and hold the keys to the cashbox.

• **Strongly encourage high-risk members stay home**: have people in the greatest risk categories (elderly members, people who are sick or have pre-existing health conditions, pregnant women) stay home and contribute through peers. Ask members not to bring children to meetings.

• **Limit touching of surfaces**: have the fewest number of people touching money, the cashbox, and records.

• **Reinforce GVB/IPV mitigation and prevention measures** by emphasizing meaningful communication between spouses and within household members, when and how to report of GBV/IPV incidents access case management and different means of access and use of sexual and reproductive health services.

**Adjust financing**

These are suggestions that Community Based Trainers and staff members can offer to savings groups as ways to adapt their current activities to protect group members’ health and continue some level of the functions that groups depend on for social safety nets. Ultimately, it is for groups to decide which of these measures they wish to adopt and what will work best for them in their own contexts.

• **Where practical, transition to mobile money**: In some contexts, products and services to do this do exist and could help reduce the risk of theft while also enabling groups to continue to operate without physical meetings. In many countries, mobile money fees are being waived for low-value transactions. Implementing teams, community trainers, and group leaders should be aware of the options available and what is involved in getting accounts so they can inform groups on their options and, if groups opt to pursue this, support them to get set up.

• **Stay low-tech when groups want that**: Adopting digital solutions often takes substantial member education and support. Teams will need to gauge if or how groups will manage to adopt digital solutions without that level of support. Lessons from the Ebola crisis indicate that trying to pilot too many new solutions during a crisis is often not successful for groups.
• **Adjust lending practices.** In the face of uncertainty, groups might opt to shorten lending cycles, change loan terms, lower loan values or stop lending all together.

• **Accelerate share out timing.** If members see an immediate need to access their savings or are concerned about the risk of having funds with the group in the near term, consider accelerating the share out. Share outs should not take place before outstanding loans are repaid. But groups could stop future loan disbursements in order to shorten the cycle.

• **Increase the social fund or create a “COVID” fund** to prepare to cover potential medical treatment. Such an action could be in parallel with reducing lending or through an increase in overall member contributions to the social fund.

• **Ensure the security of the cash and cash box.** Groups need to consider how they will ensure funds are not lost or stolen during this disruption. Treasurers could be empowered to hold all funds until the crisis subsides. Groups could put funds in a mobile account or take other measures to limit the risk to group cash during the crisis.