

Learning Brief: VSLA and CARE Adaptations to COVID-19 and Past Crises

The COVID-19 pandemic is spreading, and the situation is changing quickly in many countries around the world. This Learning Brief complements [CARE's Preliminary Programming Recommendations: VSLA Risk Mitigation, Support and Engagement in Relation to COVID-19](#). In this brief, we have included examples of mitigating measures being put in place by VSLA members and CARE to lessen the impact of the pandemic on VSLA groups and their members. The brief also shares experiences of how VSLAs have adapted and delivered support through past epidemics and crises.

While in general good hygiene and social distancing are recommended across the board, further recommendations may vary depending on the context in each country, and the ever-evolving situation of the pandemic. These procedures should support existing Safety and Security protocols, especially regarding any cash distribution. The examples here are shared for inspiration as teams work to adopt their approach to support VSLAs and their members during the crisis.

The biggest trends from CARE and VSLA groups themselves to respond to COVID-19 are:

1. **Changing meeting procedures.** Groups are changing how, when and if they meet to ensure social distancing and hygiene practices are applied. This includes splitting into smaller groups, ensuring handwashing at the beginning and end of meetings, reducing the number of people attending, limiting cash handling among members and other measures to make sure their members stay safe. In some contexts, groups have suspended operations.
2. **Sharing health messages** about how to prevent and respond to COVID-19. Groups and CARE are using text messages, WhatsApp, radio, Interactive Voice Response (IVR) and other technologies to amplify health messages from the WHO and local and national governments as well as messaging specifically related to mitigating gender-based violence and supporting survivors. Beyond health, messages also respond to concerns groups are voicing about VSLA adaptation, livelihood protection, options to access cash/loans, where/how to access or create masks and gloves, and digital and financial literacy and/or services.
3. **Refocusing finances.** Many savings groups are focusing on getting cash into the hands of members who will need it to fall back on it to weather this crisis. That includes accelerating share outs, suspending lending, creating "Covid-19" funds, and/or using the social fund to cover costs for group and/or member adaptation.
4. **Supporting community response.** VSLA members have taken on social responsibility to support communities through the pandemic. Many groups are making and/or selling masks, investing social funds in soap and other hygiene products and playing a role in modelling and communicating health messages within their communities.

How VSLAs and CARE VSLA teams are Adapting to COVID-19

Benin: During this crisis, groups have decreased physical attendance rates by encouraging members to send in savings with only a few members at a time. Elderly members are no longer attending meetings in person. Social funds are being utilized to assist members during the pandemic. Hand washing devices are being built in meeting spaces and members are using phone calls to discuss crisis management arrangements. Adaptation plans oriented around COVID-19 are created by facilitators and members. CARE Benin is creating an exchange platform on WhatsApp to engage and support VSLA groups through the crisis. CARE's VSLA network in Benin



CARE: Benin / Rosine Kededji,

includes 1,561 groups and 32,554 women and girls out of 35,176 members overall.

Burundi: CARE Burundi has an existing network of 10,000 women VSLA members who they communicate with via WhatsApp and SMS. These members serve as ambassadors on a platform that shares messages aligning with government COVID approaches such as hand washing, distancing from others, and not touching when greeting. The platform has been effective in communicating to large groups of people while also providing the chance for women to provide feedback. CARE Burundi has also engaged a local Burundi non-profit, SACODE, to build a SMS platform to communicate information on COVID-19 prevention and practical adjustments for VSLA groups. CARE's VSLA network in Burundi includes 25,739 groups and 491,534 women and girls out of 603,279 members overall.

"Mata Masu Dubara (Women on the Move) members take their social responsibility very seriously towards their community. Let this crisis be a moment that can bind us in solidarity with each other." –

Mariama Gambo, Niger

Democratic Republic of Congo: Building on their experience from the Ebola outbreak, CARE is working with the VSLA networks to do awareness raising campaigns and to discuss preventing contamination in Northern Kivu. The Ebola outbreak showed the DRC team that VSLA networks are our best channel to spread messages; however, experience during Ebola also showed that it is also critical to work with CSOs and Engaged Men groups, and youth groups. In response to COVID-19, CARE is working with groups to pivot to making masks, working on GBV prevention and making sure critical messages are equally accessible for men and women. CARE's VSLA network in DRC includes 5,441 groups and 108,830 women and girls out of 135,219 members overall.

Mozambique: The team has stopped forming new Savings Groups. All groups have been told to share out as soon as all active loans have been paid back, knowing that members will need their savings to withstand the crisis. If the group has an mPesa account and can continue saving on a mobile platform, the group can continue saving. Social funds are being used to buy soap and other hygiene items for members. CARE's VSLA network in Mozambique includes 7,863 groups and 95,873 women and girls out of 148,189 members overall.

Niger: VSLA groups are splitting into subgroups to decrease the number of members in meetings and to allow for increased social distancing. The passing of money within meetings happens directly between the cashier and members using gloves. Hand washing is enforced at the beginning and end of meetings. WhatsApp groups have been a useful tool in collaborating with VSLA leaders to spread information about COVID to their respective communities. CARE project staff send voice messages to 5 VSLA contacts (either chairs or secretaries of groups). Those 5 contacts are then asked to send the message to an additional 5 members. When groups experience barriers in internet usage and connectivity, they resort to making phone calls to transfer important information to group leaders. This cascading structure assists in raising COVID awareness. CARE's VSLA network in Niger includes 19,032 groups and 479,206 women and girls out of 492,698 members overall.

Nigeria: CARE Nigeria developed a COVID-19 contingency plan to focus on the safety of office staff and their families while also providing external guidance to the Ministry of Health and other actors in undertaking community awareness. The team is providing remote training of program staff, community leaders, and program participants on COVID-19 prevention measures, disease symptoms, and how to access healthcare services. CARE in Nigeria has just started to form VSLAs in the past year, so is working closely with partner agencies that have established groups in CARE operating areas.

Rwanda: Two weeks after the first case of COVID-19 was announced, the CO impact measurement team carried out an assessment to understand the impact of COVID-19 restrictions on household livelihoods of VSLA members. The assessment considered community knowledge of COVID-19 prevention measures and its



symptoms as well as aspects of gender and power dynamics and the ability of members to access their savings in SACCOs and MFIs. Findings revealed that almost all small businesses of members were affected by the restrictions. Based on the findings, guidance to saving groups was provided to village agents and VSLA management committees via telephone calls to stop lending, find safe ways of distributing social funds to members and, where possible, accelerate share out timeline. CARE's VSLA network in Rwanda includes 20,586 groups and 461,696 women and girls out of 589,186 members overall.

Tanzania: CARE Tanzania is working with a digital partner as well as local radio to promote personal and community preventative actions to limit transmission. The response will provide channels for reporting and responding to GBV. The platform will also serve to distribute e-cash and vouchers targeted towards purchasing hygiene and food items. This system will be established to gauge the quality of service provided and measure outputs and outcomes. CARE's VSLA network in Tanzania includes 28,737 groups and 507,937 women and girls out of 691,775 members overall.

Uganda: In partnership with local implementing partners, local radios and local government, CARE disseminated messages in the local language providing guidance on the mitigation and prevention of COVID-19 and to suspend group meetings in order to stay at home and follow government directives. Through radio messaging, VSLAs with bank accounts are being encouraged to use mobile money to save and access their savings. Those without accounts have been advised to suspend all VSLA activities. Urban VSLAs have increased their use of mobile money. Loan repayments, requests, and disbursements are conducted through the treasurer or secretary rather than with the whole group. Records are updated and shared via WhatsApp. COVID-19 messaging also emphasizes the prevention of gender-based violence and the maintenance of family planning and sexual and reproductive health, using integrated messaging. CARE's VSLA network in Uganda includes 32,846 groups and 810,753 women and girls out of 917,293 members overall.

How VSLAs and CARE VSLA teams Adapted to Past Crises

Using multi-media campaigns:

- In **Haiti**, CARE worked with a BBC Media Consultant to develop a communication strategy and program broadcast used for emergency responses and risk mitigation for resilience projects in Haiti in the aftermath of **Hurricane Mathew**. CARE Haiti used four main channels of communication to enhance the existing face-to-face contacts between CARE and VSLA group members: A weekly radio program; periodic radio spots; SMS messaging using FrontLine SMS; and signage and publications distributed in communities. Communication focal points (ideally equipped with solar chargers) assisted in providing 24/7 communications availability to send warning alerts about impending hazards. These focal points also assisted in coordinating mobile money transfers without convening group meetings.
- In **Uganda's** response to **Ebola and HIV/AIDS** at its onset, channels to support VSLAs / VSLA members and communities with prevention, mitigation, and treatment included media platforms, phones, written announcements in different media outlets, drama and skits. Other measures included banning community gatherings, restriction of movements and quarantines. During times of political pressure during election times, CARE intervened to share information and raise awareness among VSLAs through implementing partners and CBTs. Groups were reached with messages via word of mouth and radio campaigns.

Combining VSLA with Cash and Voucher Assistance and Food Security:

- In **Chad**, VSLA groups were coupled with cash transfers and used their savings to buy grain that they could eat during the lean season. If they didn't need it because their own production was enough, they could sell it for a profit. VSLA groups also set up ways to cover the gap when WFP was late with food distributions. ([PARELAC](#), Chad)
- In **Mali's ECOFERME** project, women established cereal banks to save surplus grains, which meant communities had 269,000 servings of millet on hand in case of emergencies—enough to feed everyone in the project for a week. When there was no emergency food shortage, the communities sold their stocks during the lean period for higher profits, and were able to invest over \$11,000 into inputs and tools for the next year, and continue to invest in shock-proofing their food supply.

- During the **2012 crisis** in **Mali**, VSLA groups took charge of helping refugee families get access to resources and support from partners. CARE Mali has also used VSLA groups as a platform to spread nutrition messages and worked with 8,062 VSLA members to train them in nutrition messages. Those groups independently created 26 community treatment centers for malnutrition with what they learned. [IFONS, Mali, [link](#)]
- In **Niger**, communities decided to put the [VSLA groups in charge](#) of all of the food aid distribution from the government to prepare for **food crises** because “it is obvious that they have more management capacity than us men, and are better able to maintain social cohesion,” according to the chief of the village.
- In **Sierra Leone**, CARE’s [Rapid Ebola Social Safety Net and Economic Recovery](#) project ran from 2015-2017 with \$4.5 million from USAID’s Food for Peace project. It reached nearly 50,000 people with cash transfers of \$30 a month, training on VSLAs, income opportunities, and farming techniques. At the beginning of the crisis, families spent most of this money on food, but as the crisis stabilized, they started to invest more in schooling, agriculture, and activities that would earn them money to recover from the crisis. [Read a 5-minutes of inspiration on this model here.](#)
- In **Somalia**, six local VSLA’s used part of their social fund to help other vulnerable or at-risk women and children cope with **drought**. The group distributed \$1,000 to 60 elderly, disabled and vulnerable IDPs, with amounts ranging from \$25 - \$40, per person, depending on an individual’s vulnerability. That’s not far off from the cash transfer that CARE gives to a family in need.

Embedding emergency preparedness in the VSLA model:

- **Democratic Republic of Congo** has developed the [resilient VSLA model](#) to help families cope with **frequent cycles of violence and displacement** as well as the **Ebola** crisis. Families in DRC often get displaced because of conflict, so DRC is experimenting with shorter loan cycles, a resettlement emergency fund, and connecting displaced women to the VSLA in the community where they end up. This gives the women a safer place to go, and host families some incentives for helping the refugees.

How VSLAs and CARE Supported Recovery from Past Crises

VSLAs protected families against recession: In 2013-2014, **Malawi** had a variety of **economic shocks** that raised the poverty rates in relevant districts by nearly 12%. Enhancing Community Resilience Project beneficiaries saw no rise in their poverty rates, which the evaluator attributes to activities cushioning families from shock. [ECRP, Malawi, [link](#)]

VSLA member families retained 33% more assets: Families in **Malawi** in the Enhancing Community Resilience Project were able to save more assets from the **floods** and reduce the damage to their homes compared to people not in the program. This means they came out of the flood with more assets and fewer recovery costs. [ECRP, Malawi, [link](#)]

VSLAs built resilience: In **Bangladesh**, 73% of families were able to accrue savings that help them face emergencies, and they quadrupled their household assets. Even in times of stress, 58% of families were able to eat 3 meals a day. [SETU, Bangladesh, [link](#)]

VSLA savings delivered food security : Families in [GRAD](#) were better able to respond to crisis in **Ethiopia**, even during the **extreme El Nino event** in 2015-2016. There was a 3.8-fold increase in families using savings to cope with shocks, and a 19% decrease in the number of families who reduced the number of meals they ate in a day as a response to crisis. 77% of these families were in savings groups, and their savings went up nearly 12 times.

VSLA social funds enabled coping: In **Burundi**, women were 3.7 times more likely to use their VSLA social funds to cope with shocks than they were before the program, and 51% more likely to rely on their own savings.^[1]