Community Savings Groups: Evidence of Contributions to Poverty Reduction Among MVC Households in Tanzania

Community Savings Groups: Evidence of Contributions to Poverty Reduction Among MVC Households in Tanzania

Track: Types or combination of design issues within social protection systems that have proven to be most effective in sustainably reducing poverty

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## Acronyms and Abbreviations

CSG community savings group

DHS Demographic Health Survey

FGD focus group discussion

GBV gender-based violence

HEA household economic assessment

HES household economic strengthening

IMARISHA Improving Multisectoral AIDS Responses to Incorporate Economic Strengthening for Households Affected by AIDS

LGA local government authority

m-money mobile money

MIS management information system

MVC most vulnerable children

MVCC Most Vulnerable Children Committee

NGO nongovernmental organization

PEPFAR U.S. President’s Emergency Plan for AIDS Relief

PT Pamoja Tuwalee

SEEP Small Enterprise Education and Promotion

TASAF Tanzania Social Action Fund

USAID United States Agency for International Development

VEO village executive officer

WEI World Education Inc.

## Executive Summary

Community savings groups (CSGs) play an important part in Tanzania, allowing members to save money, borrow for both consumption and investment, and gain access to emergency relief through self insurance. This paper presents the results from two studies implemented by the IMARISHA project in Tanzania. IMARISHA is a PEPFAR/USAID funded, DAI managed technical assistance project working with most vulnerable children (MVC) and home based care (HBC) partners in Tanzania. The first study is a review of CSGs and how they operate to benefit MVC households. The second study is a household economic assessment across targeted MVC and HBC households in Tanzania. Data from both studies present promising results about the impact of CSGs as a resource to help the most vulnerable access financial services, increase food security, and improve access essential children’s services (e.g. education). The studies also raise key questions about the scalability of CSGs across Tanzania and policy implications for CSG as incorporated into social protection programming.

## Introduction

Community savings groups (CSGs) play an important role in Tanzania, allowing members to save money, borrowing for both consumption and investment, and providing emergency relief. CSGs are flexible, member owned and managed, providing needed services where banks and other financial service providers do not operate. Financial Sector Deepening Tanzania estimates that 10.6 million Tanzanians access financial services from informal mechanisms like CSGs. For government, donors, and development practitioners interested in increasing financial access to include the poorest Tanzanians, CSGs have become an important mechanism to extend social protection toward livelihood opportunities for the most vulnerable.

This paper focuses on the efforts of Pamoja Tuwalee (PT), a United States Agency for International Development (USAID)/U.S. President’s Emergency Plan for AIDS Relief (PEPFAR)-supported project implemented by four nongovernmental organizations (NGOs) to use CSGs to provide financial and other services to caregivers of most vulnerable children (MVC) as a means to improve outcomes. Underlying the PT design is a theory of change that assumes:

* MVC caregivers—if they access financial services and acquire basic financial capabilities—are better able to provide care and access other health and education services.
* Community volunteers—if they have the right training and motivation—they can facilitate sustainable support of CSGs after the project ends.

CSGs can provide community leaders (such as village executive officers [VEOs] and Most Vulnerable Children Committees [MVCCs]) with entry points to engage households for other services or benefits.

This paper draws on the results of two recently completed studies led by DAI under Improving Multisectoral AIDS Responses to Incorporate Economic Strengthening for Households Affected by AIDS (IMARISHA), a USAID-funded project that supported PT partners in household economic strengthening (HES). Both studies aimed to increase the evidence base for HES, and the role it plays in improving health and social outcomes for vulnerable Tanzanians.

## Research Scope and Methodology

This paper combines the findings from two studies completed by IMARISHA in 2014, one qualitative, the other mixed methodology: *Pamoja Tuwalee Community Savings Group Study: A Review of Practice and Innovations in Community Savings Groups aimed at Supporting Most Vulnerable Children in Tanzania* and *IMARISHA Endline Household Economic Assessment (HEA) 2014.*

The PT study was undertaken between September 2013 and January 2014, and was a joint initiative led by DAI IMARISHA with PT partners Africare, Pact, World Education Inc. (WEI), and FHI 360. The study aimed to:

* Document nuances and programmatic attributes of different CSG models employed by PT partners, highlighting best practices in reaching MVC households.
* Illustrate successes and challenges of reaching MVC households, using the CSG model.
* Share and analyze programmatic adaptations that have been adopted to address constraints in reaching the most vulnerable.
* Provide background on how these savings programs operate in the context of other informal savings programs, such as village community banks.
* Showcase case studies.

Highlight areas for further research, assessment, and technical assistance.

From inception, the qualitative study was designed to be a collaborative process. The methodology was mapped out in a consultative meeting with partners, DAI, and consultant Brett Matthews (Mathwood Consulting).The study site included eight regions of Tanzania: Kagera, Mara, Arusha, Tanga, Iringa, Morogoro, Dodoma, and Zanzibar (Unguja). Interview and focus group discussion (FGD) tools were tested in two additional locations: Dar es Salaam and Mwanza; 138 separate interviews, observations, and FGDs were conducted with PT partner staff, sub-partner staff, volunteers, village leaders, caregivers and non-caregivers, and members of saving groups. The sampling for the savings study was randomized. IMARISHA staff led the data collection, engaging PT partner staff to conduct local interviews with CSGs, but collecting data only from sites not affiliated with their organizations.

The second study, IMARISHA endline HEA, was a follow-up to the initial HEA conducted by DAI in November and December 2011. The IMARISHA HEA is a household-based livelihoods framework used to understand the economic context, vulnerabilities, and potential resilience of HIV-affected households. It is a cross-sectional, mixed methods household assessment administered by trained enumerators using a structured questionnaire, as well as FGDs. IMARISHA used a purposive, partially randomized sampling methodology among program beneficiaries. IMARISHA adapted the HEA tool developed by Save the Children UK for HIV and MVC households; DAI has used a similar tool in several other HIV programs specifically targeting poor, HIV-affected households. The adapted 124-question survey includes a variety of non-livelihood questions, such as Food and Nutrition Technical Assistance II Project household hunger scale questions on dietary diversity, health, and women’s empowerment; questions from the Tanzanian Demographic Health Survey (DHS); child basic needs questions; and questions used in Tanzania for the FinScope survey, which queries financial service access. IMARISHA shared the survey instrument and solicited comments and feedback from PEPFAR partner leadership and M&E staff prior to rollout to improve effectiveness.

As with the initial HEA, IMARISHA used EpiInfo for primary data analysis. Statistical comparisons between the initial HEA and endline HEA were conducted using inferential statistical tools, determining p-values, odds ratio calculations, and differences in means calculations. The data analysis process started immediately after the data entering and cleaning exercise in late June 2014. IMARISHA compared data results with other Tanzania household surveys, namely, the 2010 Tanzania DHS, 2012 Household Budget Survey, and 2007 and 2013 FinScope surveys conducted by Financial Sector Deepening Tanzania that analyze access to financial services in Tanzania. IMARISHA, in conjunction with its partners, also conducted FGDs to complement quantitative survey data and better understand the economic and livelihood challenges confronting households, as well as how households view and engage with resources.

### Limitations

Both studies have limitations. In the case of the PT savings study, one of the features of the study—that it was a learning exercise—is also a key limitation. PT and IMARISHA staff members (not external researchers) were involved in data collection, introducing potential bias to the study. Data collectors used the same randomized process and questionnaires across all survey regions, with the aim of collecting comparable data. Qualitative data may not represent the reality in all savings groups, but are important voices to add to ongoing learning. Additionally, the scope of interviews and FGDs was limited: data collection was done in only 8 of the 22 regions where partners work.

The endline HEA used more purposive rather than fully randomized sampling with each PEPFAR partner, which could have potentially skewed the results. As a way to further engage PEPFAR partners in data ownership and results and reduce costs, IMARISHA trained partner staff to collect data rather than use external enumerators. The survey instrument was not designed to measure gender disparities or intra-household resource use and allocation. Despite the use of previously validated questions and careful review of questions for clarity prior to administering the survey, several of the questions remained complex and resulted in incomplete data points. For example, the number of responses and structure of the questions within the instrument limited the analysis of linkages between children’s education access and household economic status. There was also potential for data transcription error.

## Key Findings

PT began in 2010, with the aim to ensure community-led delivery of comprehensive packages of health and social services for MVC and their households; among these services, CSGs are a key component to improve livelihoods. Starting in 2011, DAI IMARISHA worked with several PT partners to build capacity of staff and volunteers to create MVC-focused CSGs. One partner, Pact, promoted its own savings methodology, WORTH, which has been rolled out in many countries, including Tanzania. CSGs aimed to help MVC households build and protect assets, learn basic money management, and smooth consumption. All PT partners internalized CSG methodologies, often tailoring them in name and practice and incorporating their own innovations. They also used CSGs to provide non-financial services, including literacy; parenting skills; and HIV, gender-based violence (GBV), and child protection messaging to meet broader goals. In absence of other government-led safety net programs, CSGs offered the potential to reach MVC households. The commonalities and differences of these savings methodologies are presented in Annex 1.

PT has facilitated 81,644 MVC households into 5,190 CSGs in 22 regions of Tanzania. Statistics by partner are provided in Table 1.

Table 1: PT Membership Statistics[[1]](#footnote-1)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PT Partner | Total MVC Households Involved in CSGs | Total Number of Savings Groups | Total Caregivers, Youths, or MVCC Members Involved in CSGs | Total CSG Members | Aggregate Savings Volume  (TSh millions) | Aggregate Savings Volume (US$)[[2]](#footnote-2) |
| Africare | 20,481 | 1,470 | 20,481 | 37,628 | 9,043 | $5,599,381 |
| FHI 360 | 7,611 | 435 | 4,179 | 7,611 | 1,353 | $837,771 |
| Pact | 49,912 | 3,037 | 49,912 | 49,912 | 2,356 | $1,458, 824 |
| WEI | 3,640 | 248 | 3,640 | 6,245 | 591 | $365,944 |
| Total | 81,644 | 5,190 | 78,212 | 101,396 | 13,343 | $8,261,920 |

### Food Security, Health, and Social Outcomes

In addition to the quantitative results, the PT savings study and the HEA highlight important qualitative results:

* Improved ability to smooth consumption, particularly in the hungry season.
* Improved food security.
* Improved accumulation of funds to meet MVC needs.
* Improved ability to meet family nutrition, health, and education expenditures and joint planning.

Reduced isolation and stigma.

### Improved Consumption Smoothing

Since the 2011 baseline, those who save reported gains in the amount of monthly savings: 53 percent of respondents reported saving more than TSh10,000 monthly, compared with 27 percent at baseline (see Figures 1 and 2 for reported changes among households that save). FGDs completed during the HEA also highlighted the importance of CSGs in helping people borrow money to pay for school fees and agricultural inputs (fertilizer, improved seeds), which they were unable to do two years earlier.

Figures 1 and 2: Change in Monthly Savings Among Households That Save

### Food Security

Comparing households in 2011 and 2014, households participating in CSGs were three times more likely to be able to save, and experienced reduced household hunger. Figure 3 shows the household hunger scale for baseline and endline HEA participants.

FIGURE 3: HOUSEHOLD HUNGER

### MVC Funds

One of the PT partners’ key innovations was the creation of MVC Funds, internal CSG funds to which all members contribute for MVC needs. Contributions range from TSh100–500 per meeting. Typically, the MVC Fund is used to support children with basic needs (shelter, food) and provide school expenses. All the PT partners have MVC Funds, although for some their participation is mandatory and for others it is elective. The distribution of MVC funds is usually managed by MVCC members or other village leadership. More information about MVC Funds in PT CSGs can be found in Annex 2.

### Improved Health, Social, Economic, and Empowerment Outcomes from Participation

The PT savings study and the HEA highlighted both qualitative and quantitative outcomes of CSG and HES participation in health and social areas. FGDs done during the PT savings study highlighted improved ability to meet school expenses, increased numbers of children attending school, improved quality and quantity of meals, and improved ability to participate in communal economic activities (for example, fish ponds, local cooperatives, etc.). The HEA also noted improvements in school attendance, with 18 percent of households reporting an increase in school attendance during the last year, 83 percent of households reporting access to healthcare for children, and 86 percent reporting children have basic clothing needs met. Finally, the HEA also highlighted a high percentage of married women reporting improved joint decision making with their husbands; most striking is the strong relationship observed between those who make decisions with their spouses and the households’ ability to save.

Recent data from Africare also points to creative use of CSG Social Funds, a built-in self-insurance mechanism, to improve adoption of formal health insurance. As of September 2014, 404 of Africare’s CSGs were using Social Funds to make Community Health Fund premium payments for MVC households.

### Reduced Isolation and Stigma

The PT savings study highlighted the use of mixed caregiver and non-caregiver groups to improve MVC social networks, reduce stigma of poverty, and improve leadership and voice.

### Financial Inclusion

CSGs and mobile money (m-money) were big contributors to improved financial inclusion across PT implementation (see Table 2). Both studies note higher rates of financial inclusion. PT CSGs reach a population previously excluded from financial services. Exclusion from formal financial services remains a challenge; 4 of 15 groups sampled in the savings study do not have a single member with a bank, savings and credit cooperative, or microfinance institution account. Also, the increase in m-money use mirrors recent findings from the FinScope 2013 survey in which m-money use has surged since the FinScope 2007 survey.

Table 2: Household Financial Inclusion

| Household | 2014 Savings Study (PT CSG) | 2011 IMARISHA Baseline HEA[[3]](#footnote-3) | 2014 IMARISHA Endline HEA | FinScope 2013 |
| --- | --- | --- | --- | --- |
| Provides care to one/more MVC | 40% | 38% | 64% | N/A |
| Financially excluded | 0% | 75.5% | 23.5% | 26% |
| Participates in CSG | 100% | 16.2% | 66.2% | 16% |
| Formal financial services/bank | 6% | 7.2% | 3.2% | 14% |
| Uses m-money | 38% | n/a | 62.7% | 49% |

## Policy and Program Implications

CSGs are an important informal institution promoted by Tanzanian NGOs. Some local government authorities (LGAs) are starting to facilitate CSGs, and the Tanzania Social Action Fund (TASAF) plans to include savings programs within the livelihoods enhancement phase of its Productive Social Safety Net program. As the public sector continues to see the value of CSGs, it is important to take into account lessons learned from previous implementers, including the recent publishing of “do no harm” principles for CSGs.[[4]](#footnote-4) Important considerations for future programming include:

* Using incentivized volunteers to incubate the creation of CSGs, but incorporating better long-term planning, so that as groups mature and needs evolve, they create internal CSG payments or incentives to meet facilitation needs.
* Implementers must ensure CSGs remain fully owned and managed by members for themselves, not just to meet donor, programmatic, or government targets.

New evidence of what is working should be shared with practitioners, policy makers, and donors. This includes continuing research on linkages between social protection, cash transfer, cash for work, savings, and livelihood enhancement opportunities.

### CSG Facilitation and Sustainability

Currently, volunteers operating at district, ward, and village levels facilitate CSGs. PT selected volunteers based on their strong community linkages, understanding of MVC and HIV, and relationship with LGAs. PT partners ensure volunteers are trained in CSG methodology, have necessary tools to manage groups, and provide appropriate oversight. Volunteers receive monthly stipends in recognition of their time and to cover small expenses, including transportation. Stipends/incentives vary greatly across partners, from the provision of a bicycle to TSh150,000 monthly for volunteers with significant targets. As the PT program winds down, the stipends will also end. This change poses sustainability challenges for CSGs who rely on those volunteers for advice, knowledge, or assistance in dispute resolution. Implementers cannot expect volunteers to continue out of a sense of duty or good will.

Thus, there is a need to consider a fee-for-service model, whereby volunteer support migrates to CSGs through a fee financed directly by groups. This model has been tested by other international NGOs such as CRS and CARE, and has potential for MVC programming.

### CSGs for Members or Donors/Governments

As noted at the September 2014 Small Enterprise Education and Promotion (SEEP) Network Conference, CSGs are excellent platforms for other services and messaging, but how many extras are too many? Could add-ons limit CSG capacity to self-manage? Could provider  
add-ons compromise CSG practices and principles? These are questions for consideration, particularly as donors and governments increase interest in the benefits of CSGs and tie them to other programmatic targets and goals. It is important to keep in mind that effective CSGs are self-selected, managed by members, and ultimately evolve into community institutions that provide services demanded by the membership. With that in mind, these recommendations may be helpful:

* Help CSGs make good choices if they decide to add other activities.
* If you introduce other activities, remember that your suggestion may be taken as a requirement; do not underestimate your influence over the group.
* Activities that put the CSG’s financial resources at risk should be avoided, including contracts between CSGs and financial institutions that are likely to result in loans guaranteed by the savings group.

The 3–5 years of a typical CSG project are not long enough to measure the long-term effects of innovations. Plan realistically for positive outcomes beyond the end of your assistance.[[5]](#footnote-5)

### Continuing to Build the Evidence Base

There is continued need for research on informal finance, the role it plays in helping very poor households manage their daily lives, and how it can be systematized, improved, and linked with other systems—cash transfers or mobile payments—to enable poor households to be positive elements of change in their own lives.

## Conclusion

Based on the studies in Tanzania with MVC households, participation in CSGs and the discipline of saving are having a tremendous impact on poor households and on improvements in the lives of children and their caregivers. Donors and governments should continue to invest in programs that support vulnerable household inclusion in CSGs. As TASAF’s programming expands to cover all of Tanzania and expands into livelihood enhancements, including savings, there will be a need to consider the mechanisms by which cash transfer recipients learn about savings, and self-select to join and participate in CSGs as a mechanism for improving the household’s economic status and resilience. There will also be a need for more evidence and the development of tools that help implementers manage successful participation and program impacts.

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SEEP Network. (November 2014). *Do no harm: Guidelines for promoting safe and inclusive savings groups*.

## Annex 1: Comparison of Different CSG Methodologies[[6]](#footnote-6)

| Characteristics | | CSG Methodology | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Savings and Internal Lending Communities (SILC) | | | Livelihoods Improvement for MVC Care (LIMCA) | WORTH | Typical CSG Program in Africa |
|  | **PT Partner** | **Africare** | | **FHI 360** | **WEI** | **Pact** |  |
| Membership Selection/ Targeting | Geographic coverage | Dodoma, Iringa, Njombe, Singida | | Dar Es Salaam, Morogoro, Pwani, Kaskazini Unguja, Mkoa wa Kaskazini | Arusha, Tanga, Kilimanjaro, Manyara | Kagera, Mtwara, Mara, Mbeya, Tabora, Mwanza, Ruvuma, Lindi, Rukwa, Katavi |  |
| Self-selection of members and group size | Yes, 20–30 | | | Yes, 20–30 | Yes, 20–25 | Yes, 15–30 |
| Gender distribution | Blended Mix | | | Minimum 60% women | Separate groups for men and women | Mixed |
| Caregivers/non-caregivers in membership | Minimum 60% target | Blended mix | | Minimum 60% target | Almost 100% caregivers; some groups for MVCC members | N/A |
| Products and Services | MVC Fund (funded) | Yes | | | Yes | No | No |
| Social Fund (funded) | Yes | | | Yes | In some WORTH groups | Yes |
| Capital (savings) distribution after an average of 9–12 months | Yes | | | Yes | No | Yes |
| Dividend-only distribution | No | | | No | Yes | No |
| Blend of additional non-financial product and service support | GBV and health messaging | | Child protection, nutrition, health messaging, and psychosocial support | Literacy and business training, child nutrition, health, child protection, HIV/AIDS and GBV messaging, parenting skills | Literacy, household livelihood projects, record keeping, management, parenting, GBV, child protection | No |
| Savings Group Facilitation | Savings group facilitation | Initial external support/mentoring from community volunteers | | Initial external support/mentoring from community resource persons | Initial external support/mentoring from economic empowerment workers selected through open and competitive process that includes oral and written exercises in collaboration with VEOs | Initial support/mentoring by empowerment workers recruited through participatory process involving Pact, local sub-partner, and local officials | Initial external support from paid/incentive volunteer or staff; trend now to transition from volunteer/staff member to CSG paid village agent/ private service provider |
| External facilitator (volunteer/staff) paid for by implementing partner | TSh30,000–50,000/ month + bicycle | | No stipend but they receive a bicycle; other orphans and vulnerable children caretaking volunteers TSh30,000/month—some overlap in population | Have paid a stipend of TSh20,000, but WEI has discontinued this practice | Empowerment worker incentives (TSh150,000/ month) | Varies |
| External facilitator target | 1 CSG | | 2 CSGs in own community only | Work only with CSGs in their village | 10–15 groups within a ward | Varies |
| Governance and Management | CSG governance/ management | Five-person governance committee elected by members, including chair, treasurer, secretary, and money counters | | | Five-person governance committee elected by members, including chair, treasurer, secretary, and money counters | Four-person management committee elected by members, including chair, treasurer, controller, and secretary | All models; key principles: democratically elected management re-elected annually; many international NGOs seek majority women in leadership |
| Governance and Management | Record keeping | CSGs use passbooks and ledgers to account for savings, loan, social, and MVC Fund balances | | | CSGs use passbooks and ledgers to account for savings, loan, social, and MVC Fund balances | The WORTH manual includes 11 financial records and 3 forms to account for savings, loans, linkages to banks, collateral, and financial statements; WORTH in Tanzania uses 8. | Variations of passbooks and ledgers or passbook-only models |
| Existence of cash box | Yes | | | Yes | Yes | Yes |
| Use of a management information system (MIS) | Data captured in MS Excel by prime and sub-partners; Some FHI 360 partners are using the VSL Associates MIS | | | Starting use of VSL Associates MIS | Use the Global MIS, an internal Pact system | VSL Associates MIS is considered the global standard |

## Annex 2: MVC Funds by PT Partner (as of May 2014)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Partner | Region | Number of CSGs with MVC Fund | Number of CSGs in Region | Number of Children Served | Type of Support | Cumulative MVC Funds (TSh) | Cumulative MVC Funds (US$) | Per Child Support (TSh) | Per Child Support (US$) | Percentage of Groups with MVC Funds |
| Pact[[7]](#footnote-7) | Mara | 14 | 538 | 32 | Cash and in-kind | 883,000 | 547 | 27,593.75 | 17.09 | 2.6% |
| Pact | Kagera | 199 | 694 | 684 | Cash and in-kind | 7,522,000 | 4,658 | 10,997.08 | 6.81 | 28.7% |
| Pact | Mwanza | 7 | 586 | 3 | Cash and in-kind | 144,600 | 90 | 48,200 | 29.85 | 1.2% |
| FHI 360 | Dar es Salaam | 76 | 76 | 2,960 | Cash and in-kind | 13,339,050 | 8,259 | 4,506 | 2.79 | 100.0% |
| FHI 360 | Pwani | 81 | 85 | 1,219 | Cash and in-kind | 20,896,700 | 12,939 | 17,142 | 10.61 | 95.3% |
| FHI 360 | Morogoro | 96 | 96 | 641 | Cash only | 12,861,000 | 7,963 | 20,064 | 12.42 | 100.0% |
| FHI 360 | Zanzibar | 37 | 37 | 325 | Cash only | 1,261,700 | 781 | 3,882 | 2.40 | 100.0% |
| Africare | Iringa | 406 | 406 | 1,1232 | In-kind materials | 141,684,480 | 87,730 | 12,614 | 7.81 | 100.0% |
| Africare | Njombe | 393 | 393 | 6,769 | In-kind materials | 134,669,130 | 83,386 | 19,895 | 12.32 | 100.0% |
| Africare | Dodoma | 344 | 344 | 5,548 | In-kind materials | 82,739,890 | 51,232 | 14,913 | 9.23 | 100.0% |
| Africare | Singida | 166 | 166 | 577 | In-kind materials | 24,214,720 | 14,994 | 41,967 | 25.99 | 100.0% |
| WEI | Tanga | 84 | 128 | 1,593 | Cash and in-kind | 6,069,687 | 3,758 | 3,810.22 | 2.36 | 65.6% |
| WEI | Kilimanjaro | 20 | 44 | 3,235 | Cash and in-kind | 775,000 | 480 | 239.57 | 0.15 | 45.5% |
| WEI | Arusha | 17 | 26 | 1,568 | Cash and in-kind | 1,131,000 | 700 | 721.30 | 0.45 | 65.4% |
| Total |  | 1,819 | 3,421 | 29,990 |  | 440,216,270 | 272,580 | 20,595 | 12.75 | 53.2% |

1. Most of the data has been updated from the PT savings study, except the Pact data which represents their savings groups work as of December 31, 2013. [↑](#footnote-ref-1)
2. The U.S. dollar/Tanzania shilling exchange rate used here is US$1/TSh 1,615. [↑](#footnote-ref-2)
3. IMARISHA conducted an HEA in November and December 2011 as a baseline activity with several of the PT partners. The endline survey was conducted in May 2014. [↑](#footnote-ref-3)
4. The SEEP Network’s Savings-led Working Group, in partnership with the MasterCard Foundation, developed guidelines for program quality, social performance, and consumer protection of savings. These principles and guidelines are intended to help agencies succeed in getting the results they want for their savings group members, and that in doing so, programs “do no harm.” [↑](#footnote-ref-4)
5. The final consensus guidelines were published by the SEEP Network on their website in November 2014. *Do No Harm. Guidelines for Promoting Safe and Inclusive Savings Groups*. [↑](#footnote-ref-5)
6. This table also appears in the PT savings study. [↑](#footnote-ref-6)
7. In this table, Pact’s cumulative MVC Funds are slightly understated. It shows the value of materials distributed to MVC; the actual contributions are slightly more and used to cover the costs associated with their distribution. [↑](#footnote-ref-7)