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Grassroots social security in Asia: Implications to government policies

A CASE OF GRAMEEN BANK, BANGLADESH

Prof. Yunus started the project in 1976; focus on rural landless women; *"people will not go to the bank, the bank will come to the people"*; change institutions, not people.

WOMEN'S COOP(女性相互扶助組合) IN SRI LANKA→請参照中文資料

The Sri Lankan "Women's Bank", now called Women's Coop, started with a small group of women in Colombo slums. It has a very decentralized management structure, having "branches" (led by a few elected office bearers representing well-established small groups of woman members in particular areas) that administer all the transactions of group savings and credit in their respective areas. Recently, it has created people-initiated mechanisms of social safety net: life and medical insurance as well as community-based health posts and a health insurance scheme, in addition to housing loans. Local groups of the Coop are taking initiatives of community maintenance, such as water supply, drainage system and solid waste management in their low-income settlements, and are active in environmental and children's cultural programmes.

Educational assistance

The standard credit programme available at the Women's Co-op includes loan packages that are specifically designed to contribute to member welfare in innovative ways. For example, about 3 per cent of disbursed loans go to education, allowing members to purchase school textbooks, uniforms, bags, shoes and other necessities for a child's school attendance. Initially, the Co-op started by granting loans to four loan applicants for the production of school notebooks and other necessary goods. Then a loan programme was arranged so that one entrepreneurial member from each branch could buy goods in bulk from the producer members, and then sell the goods at wholesale prices to other members. Furthermore, scholarship loans have also been made available.

Life Insurance:

In 2000, a new insurance fund scheme called Subhani ('Welfare') was started following a three-year survey of the number of deaths among Co-op members and their families. Under this scheme, once a member deposits 3,000 rupees into the fund, her family is entitled to receive 5,000 rupees in the case that she dies. If a family member designated in a policy dies, then the account holder receives 4,500 rupees where she has been in the programme for less than 5 years; 7,500 rupees where she has been in the programme for 5-9 years; and 10,000 rupees where she has been in the programme for 10 years or more. Currently, the average cost of a funeral runs around 5,000-10,000 rupees.

Survivor's Pension:

Under the Rakhitha scheme ('Protection') introduced in 2003, members are encouraged to designate the primary breadwinner of the family, who could be the member herself, as the insured (the Rakhithaya) and pay a 5,560 rupee premium. Rakhithayas must not be younger than 18 years old, but they need not undergo medical examinations beforehand. Then, in cases where the designated Rakhithaya dies, is seriously disabled or blinded, or is otherwise rendered incapable of earning a living, an insurance benefit of 50,000 rupees will be credited to the member's Rakhitha account or to the account of a designated beneficiary. Interest on this account accrues at an annual rate of 21 per cent. The beneficiary is not able to withdraw the paid insurance but has access to accrued interest only; thus, the fund resembles a kind of pension. The branch collects individual premiums and maintains them as a reserve fund for covering insurance payments. When a member leaves the Women's Co-op, she may withdraw her premium if she has not yet received insurance so far. However, the Co-op encourages members to transfer Rakhitha accounts to their daughters, rather than taking refunds. By doing so, the account can act as an asset and serve as inheritance heretofore impossible for many poor women. Moreover, this sizable welfare fund represents a considerable investment by poor women in the local branch community.

Medical Care and Other Insurance Schemes:
At the Women's Co-op, members are also given the option of opening an Aarogya ('Health') account at their branch by tendering a ten rupee enrolment fee. Following this initial deposit, the account holder is then responsible for contributing 100 rupees per month for the next 50 months. At the same time, her branch will pay an equivalent amount of matching funds into her Aarogya account. Therefore, by the end of her paying period, the account holder will accumulate 10,000 rupees in her account. From then she is entitled to free medical services such as eye operations and hospitalisation costing up to 400,000 rupees. Some of the members' children were trained as nurses and, with the cooperation of appropriate medical professionals, the Co-op opened its own community health posts served by ayurveda doctors and nurses.

Disaster Relief:
Following the devastating tsunami of December 2004, the Women's Co-op reviewed conditions faced by its members at locations spanning the island. Immediately, the Co-op decided to implement several plans designed to help victims of the tsunami to recover their livelihoods. The first course of action was executing an accelerated group approach in order to help form new groups from tsunami victims. This was done by easing the rules so that the eight month probationary period usually required of new groups was waived, allowing victims relatively quick access to formal membership, which was effectuated by the intensified effort for community organising. The second course of action was to admit new women with special difficulties into existing groups. This measure effectively put women on the fast track to accelerated loan stages, thereby eliminating the wait that many new members would have otherwise had to endure before being accepted to a stage enabling them to obtain housing and income generation loans. Furthermore, the Women's Co-op established a special loan package using externally-assisted emergency funds. The package consisted of loans offered at a reduced interest rate of 1 per cent per month and, while they were available for any purpose, the loans could be readily applied for housing and income generation. Furthermore, where appropriate, members with loans of up to a certain size could be granted an interest-free loan for a period of one year with a three-month grace period.

Self-investment and government support
Social security schemes at the Co-op are characterised not as unilaterally delivered income protection services, but as investment-based mutual support. The funding process begins with group formation and the establishment of regular savings. Groups grow as they proceed to higher stages where larger loans become available. Members' savings and shares, as well as interest on loans, become assets of the Women's Co-op and are used as loan capital. Loans are given and managed within each Co-op branch so that the monies are circulated and reinvested locally. Cash benefits given from welfare funds are provided to individual account holders based on personal contributions. These contributions are also collectively used by the Co-op as loan capital, hence proving their utility as they are reintroduced as local investment and further finance security schemes. Their safety net provisions were derived primarily from self-investment at the community level.

The Women's Co-op features few mechanisms for resource redistribution in their schemes. By designing a broad-based security scheme more clearly targeting the provision of aid to society's poorest members in general, and associating itself specifically with an organisation like the Women's Co-op in particular so as to financially strengthen community–initiated welfare programmes benefiting poor women and their families, the government could effectively use national policy to complement this investment-based, hence self-supported, women's welfare movement.

Excerpt from Mitsuhiko Hosaka and Nandasiri Gamage, "Investment-based grassroots social security: the case of the women's co-op in Sri Lanka" in Midgley and Hosaka eds. *Grassroots Social Security in Asia: mutual aid, microinsurance and social welfare*, Routledge, 2011.

COMMUNITY WELFARE FUNDS(社区福利基金) IN THAILAND →請参照中文資料

In the early 1990s. as urban poverty and widening disparities became a national political issue in Thailand, the government established the Urban Community Development Office (UCDO) in 1992 to manage a newly created development fund with initial capital of 1.25 billion baht (then US$31 million). UCDO assisted urban low-income communities in getting organised, planning for settlement development and starting savings activities. Based on community plans, the organisation provided low-interest bulk loans to savings groups which in turn issued individual credits to members as interest margins accumulated in a community fund under terms decided by its members.

In the aftermath of the financial crisis of 1997, UCDO developed a community welfare system where some 80 newly established community networks based on savings groups were entrusted to work out their own processes. Network meetings were held, communities conducted surveys, findings were discussed and activities benefiting vulnerable and disadvantaged members were planned. New ideas were diffused through the networks and proposals were screened. Ultimately, programmes covered a diverse range of needs, including children's scholarships and interest-free loans for school fees, grants and loans for elderly members in need, medical subsidies, grants for members with HIV/AIDS, rehabilitation of drug addicts and income generation loans for the unemployed or disabled. Such programmes were later integrated into community savings and credit activities until collectively setting aside a portion of earned loan interest in revolving funds for community welfare almost became a rule.

Elderly fund experience

The Rural Development Fund, a central funding programme in place since 1984 with the aim of helping villagers initiate local development projects, was merged with UCDO in 2000. The new organisation was named the Community Organizations Development Institute (政府的居民組織发展機構(CODI). CODI embarked on an Elderly Welfare Fund in late 2000 with assistance in part from Japan's Miyazawa Fund. A national committee comprised of elderly community representatives from the five regions of Thailand, officials from the Welfare Department and other government agencies and academics was set up to coordinate the new process. A fund of 80 million baht was divided and disbursed to Thailand's 76 provinces so that provincial committees of elderly people each received a one-million-baht welfare fund and worked out their own social service activities. A large number of active, community-based associations of elderly people that already existed across the country were brought together to carry out surveys, identify needs and discuss programmes. Discussions were organised within communities, by networks and at provincial and national level committees. In most cases, members of elderly savings groups decided to contribute a small share of about ten baht each per month to boost the one-million-baht provincial fund, to which a portion of interest derived from existing community savings and credit groups was also collectively added. The fund was typically divided into three parts, wherein one portion was allocated to support social activities for the elderly, such as exercise groups, temple visits and music performances; another was kept for welfare grants covering medical subsidies, supplementary foods, health care and funeral expenses; and the third and most substantial portion was set aside in a revolving fund for income generating activities that ultimately augmented and sustained the overall provincial fund. Many groups used the fund as leverage to obtain additional local resources for activities, and also worked with the Social Welfare Department in an effort to link specific government programmes with welfare networks for the elderly.

Local community welfare funds

Through this process, CODI recognised that community savings and community-managed funds were almost a prerequisite for effectively and collectively handling issues of community welfare. In 2005-6, the Institute began facilitating savings-based groups across the country which, in turn, were federated at the tambon (sub district) level and worked out their own tambon-specific welfare programmes. After an experimental phase implemented in 14 tambons, an additional grant from CODI was provided for the start of welfare funds in 191 pilot tambons, with each tambon receiving seed capital of 100,000 baht. Community members had devised a variety of ways to augment welfare funds, for example, each member contributing 'one baht a day'. Villagers formulated a variety of welfare systems for the benefit of vulnerable members. However, certain patterns in the structure of welfare services and income protection programmes emerged as fund members engaged in mutual exchanges and shared learning between tambons: birth benefits amounting to 500-1,000 baht were paid to families with newly born babies; tambon welfare funds took care of medical expenses for extended hospitalisation, transport to and from hospitals, compensation for daily wages lost due to illness and visiting expenses for family members; many welfare funds impelled parents to save in preparation for children's education costs by offering scholarships of 500 to 3,000 baht per year, conditional upon individual accumulated savings; most funds established plans for old-age benefits or pension upon retirement and fund were used to support joint activities for elderly members and also allocated in part to savings accounts for the poorest among the elderly thus ensuring that all elderly citizens were equally entitled to benefits; community funds arranged for funerals in the villages, specific cash benefits awarded in case of death varied according to how long one had maintained membership. There are now some 80,000 community-managed savings groups in Thailand, covering 10 million urban and rural poor. In urban areas, individual slum communities each function as an

By ensuring greater accessibility to funding and greater flexibility in operation compared to conventional project-based development finance, the community fund ensures that people are able to carry out developmental and welfare programmes as and when they need. The community fund also facilitates people's ability to combine individual savings assets with numerous kinds of development funds available through local authorities, thus hopefully leading to an alternative, community-driven financial system. More than one-third of communities in the country now have their own welfare programmes, many with a 'one baht a day' system by which everyone with an interest puts one baht per day into the welfare fund.

Role and style of government institution

CODI has been contributing small seed funds to community networks and local authorities, to which other actors also contribute. The seed fund is a tool to bring all parties together to work. But the principle is that the fund must be managed by the people, who also contribute through their savings groups, so that they feel ownership of this system. CODI's management structure has been continually changing in response to community dynamism, while senior community leaders have from the start served on rotation on the governing board and national advisory committee so as to guide the organisation's policies.

Yet the present community welfare cannot cover all aspects of people' needs nor that it ensures a sustainable livelihood for poor villagers to a satisfactory extent. Provisions are not yet entirely comprehensive. In Thailand, social protection measures are not manifestly redistributive. For example, contributory pension schemes, which do not obligate government spending for self-employed and agricultural workers, involve no resource redistribution mechanisms. Conversely, budgetary provisions for social security schemes favour those who are in government and formal sectors, resulting even in regressive effects. Resource allocation for social welfare and public assistance is too small to significantly rectify income disparities. Furthermore, recent trends emphasising 'self-financed' informal community-based care have had the effect of taking attention away from government financial responsibility. In this context, CODI's unique attempt at supporting the people's process, channelling government resources to community funds and linking community welfare to both local authorities and formal welfare provisions, may demonstrate a viable approach to universal coverage in social protection for people not covered thus far.

Excerpt from Panthip Petchmark, Somsook Boonyabancha and Mitsuhiko Hosaka, "Social security through community welfare funds in Thailand" in Midgley and Hosaka eds. *Grassroots Social Security in Asia: mutual aid, microinsurance and social welfare*, Routledge, 2011.

DEVELOPMENTAL SOCIAL WORKERS(发展型社会工作員＝能发展居民（経済）能力的社会工作員)

Lerning, unleraning, relearning

David Werner and Bill Bowere, *Helping health workers learn*

WORKING WITH PEOPLE, LOOKING AT THEIR RESOURCES

Go to the people,
Learn from them
Live with them,
Work with them
Start from what they know
Build with what they have

When the task is accomplished
The people will all remark
"We have done it ourselves"
Then you leave the people.

Lao Tzu 老子　600B.C.