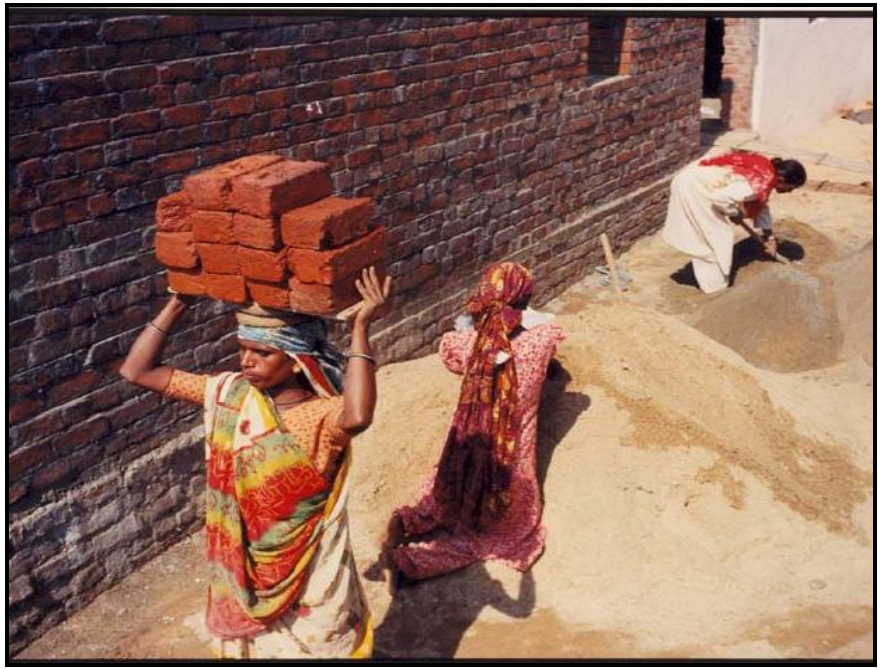
Role of CBO in Social Protection – SEWA's Experience

The Informal Economy in India

- Engages 94% of the workforce or more than 400 million workers
- Large section of the female workforce
- Contributes more than 60% of GDP
- Contributes 55% of national savings and 47% of all exports

Self-Employed Women's Association (SEWA)



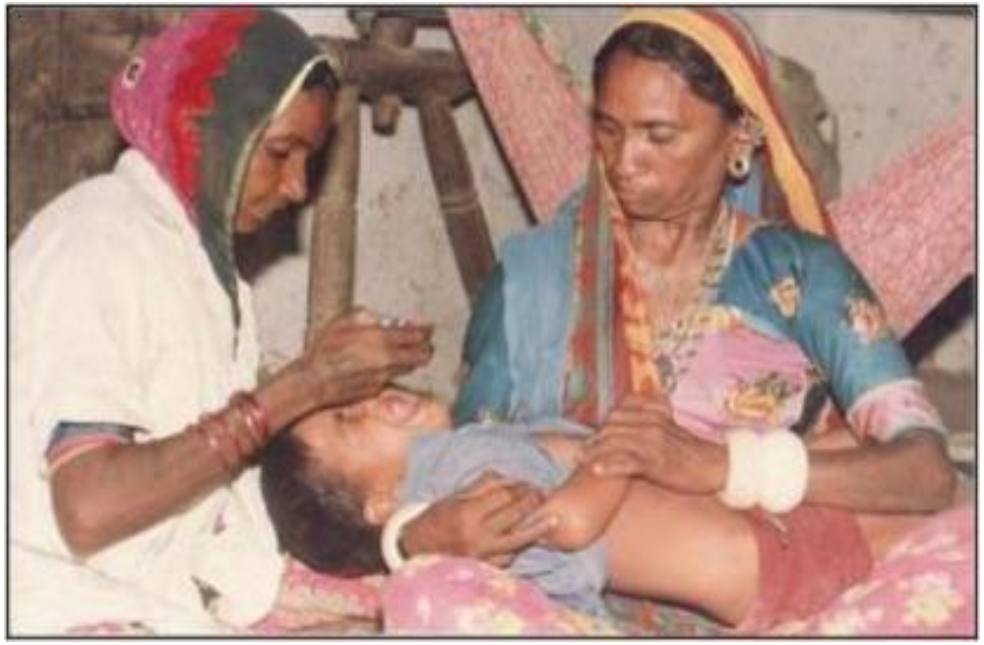
SEWA is a trade union of 1.8 million women workers in the informal economy in Gujarat and 13 other states in India

SEWA's MAIN GOALS

- Full Employment
  - Work Security
  - Income Security
  - Food Security
  - Social Security
- Self- Reliance

SOCIAL SECURITY:

- Health Care
- Insurance
- Child Care
- Housing
- Pension



SEWA Social Security

Approach

- Need-based, decentralised
- Through workers cooperatives
- Women-centred, women-owned, women-run
- Linked to Work Security
- Holistic and Integrated
- Self-reliant contributory, decision-making by workers
- Partnerships with government, others

Child Care Activities

1. Nutrition – 2 meals a day; special attention to malnourished children
2. Health Care – Regular check-ups, weight monitoring, immunization, referral
3. Education – Recreational and educational activities, including exposure trips. Older children learn to read and write
4. Parents meetings – Regular meetings with both parents about their children; educational sessions on parenting, health, nutrition etc.
5. Capacity building – Teachers at our child care centres are exposed to new ideas and approaches to parenting, education, health etc.

Lessons Learned

1. Gives children a good start in life
2. Encourages school going
3. Removal of social barriers, builds communities.
4. Creates and supports employment, esp. of women.
5. Reduces poverty
6. Focal point for community/women's development

Lok Swasthya –SEWA's health cooperative

400 Dais/local leaders

150 community health workers

100 organisers

650 Total Team Strength

Work through

400 health centers
3 medicine shops, traditional medicine
Camps
Home visits

Health Activities

1. Education awareness
   - First-aid
   - Communicable and non-communicable diseases
   - Know your body
   - Nutrition and hygiene
   - Reproductive and child health
   - Occupational health
   - Traditional medicines
   - Government schemes and prorammes

Health Activities

2. Curative Care
    - Primary health care
    - Diagnostic camps
    - Referral
    - Low-cost allopathic medicines
    - Traditional medicines
    - Net-work with laboratories

Health Activities

3. Strengthening and Linkages with government programmes

   Linkages:

   - Primary health centre services
   - Maternal and child health
   - Immunization

   Strengthening:

   - Village Health Sanitation and Nutrition Committee (VHSNC)
   - Rashtriya Swasthya Bima Yojana (RSBY)
   - Integrated Child Development Services (ICDS)

Health Activities

4. Research
   - Impact study on reaching the poor
   - Action research on safe motherhood
   - Occupation health
5. Technical Resource Cell
6. New programmes
   - Occupational Health
   - Mental Health

Lessons Learned

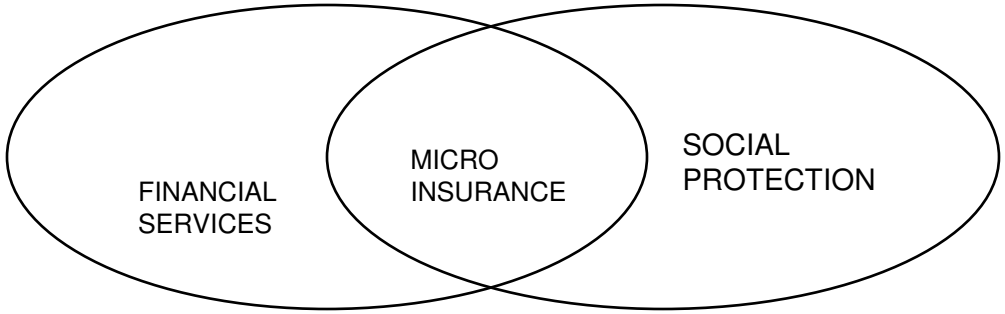
1. Constant education and awareness is required.
2. Partnerships with government and private sector are mutually strengthening.
3. Need to work on social determinants of health.
4. More involvement and leadership of youth, men.
5. Monitoring by the community, especially women, is essential.
6. Capacity-building and hand-holding is required and is a long-term process.

The Need Health Insurance Services at SEWA

1. The poorest of women and their families face the most severe and frequent risks.
2. Illness is the primary cause of indebtedness.
3. Shocks like illness lead families into greater poverty.
4. Health closely linked to work security, self-reliance and poverty reduction.

VimoSEWA – SEWA Insurance

Started in 1992 as financial services



- Tailormade products:
  - Life
  - Health
  - House and Assets
  - Accident
  - Rainfall
  - Credit Life
  - Savings Link
  - Hospital cash

About VimoSEWA

A voluntary, standalone, multi-product, microinsurance distribution model.

About VimoSEWA

CHARACTERISTICS	IMPLICATION
Voluntary	• Hard-selling • Consumer education an imperative • Business acquisition cost
Standalone	• No other revenue stream • No scope for integration with other activity.
Multi-product	• Products that address wider risk management needs. • Managing product and sales mix.
Full Service	• All functions in the insurance value chain except carrying risk. • Cost of operations.
Microinsurance	• Catering to low income segment only. • No cross subsidy from other market segments.
Distribution Model	• Heavy reliance on insurers. • Limited margins.

Products

No.	Product	Risk Cover	Premium Rs	Sum Insured Rs
1	Swasth Parivar I	Health Family Floater for 2 & 4	400	10000
2	Swasth Parivar II	Health Family Floater for 2 & 4	1000	25000
3	Sukhi Jeevan II	Individual Life Insurance	100	10000
4	Sukhi Jeevan III	Individual Life Insurance	150	30000
5	My Jeevika – PA	Accidental death & Permanent total disability	50	50000
6	My Jeevika – Hospital Cash	Individual for Hospitalization	198 to 728	250 to 1000 for 30 days

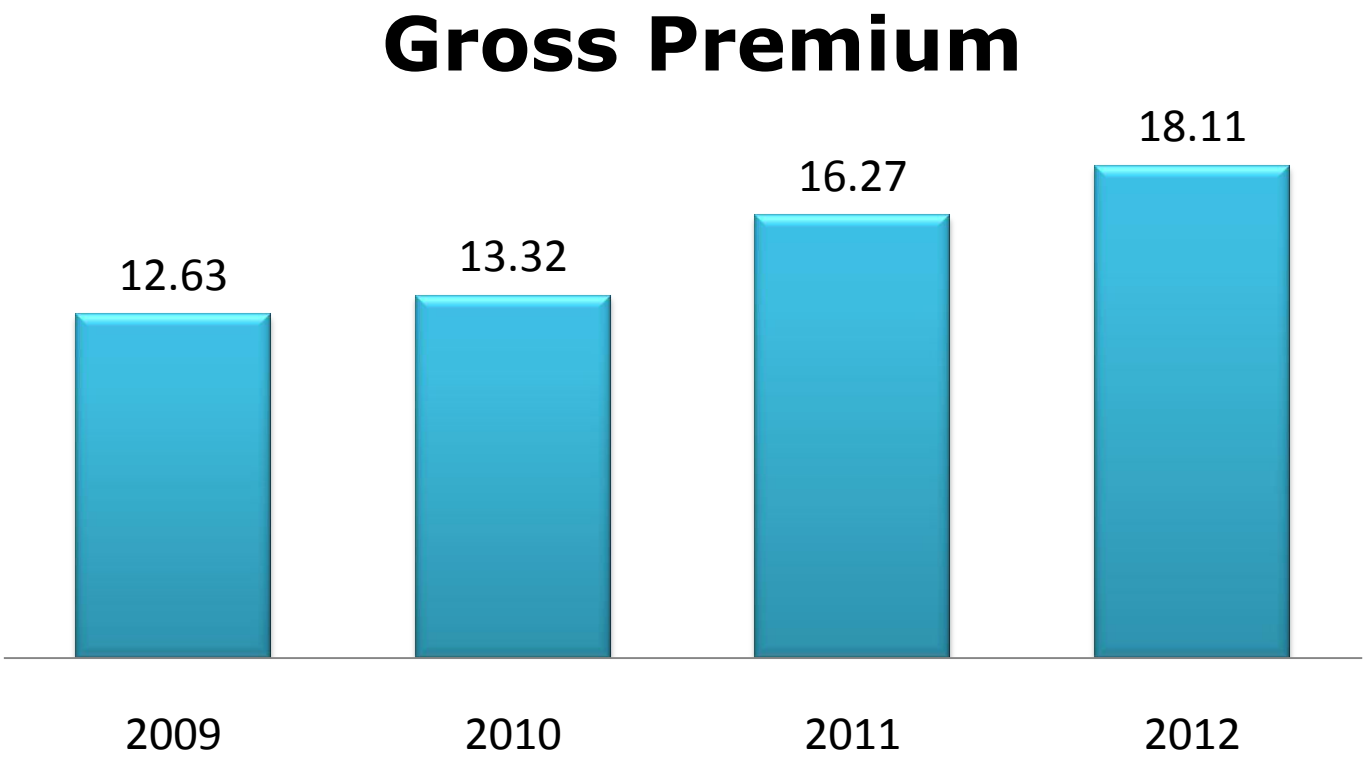
Products

No.	Product	Risk Cover	Premium Rs	Sum Insured Rs
7	Saral Suraksha Yojana	Family Floater for hospitalization 2+2 & accidental death of women & spouse	150	250 for 15 days in a year accidental death 100 to 10000, spouse 50000
8	Sukhi Parivar-I	Integrated Product	200 to 500	2000 for life 10000 accidental death 25000 asset 10000 health
9	Credit Life	Life Insurance covering loan amount	various	Life Insurance covering loan amount

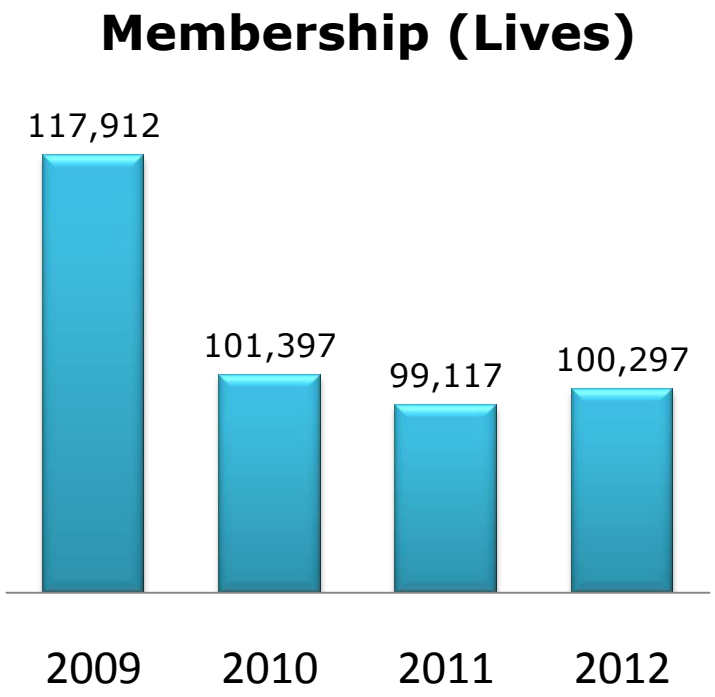
Implementation

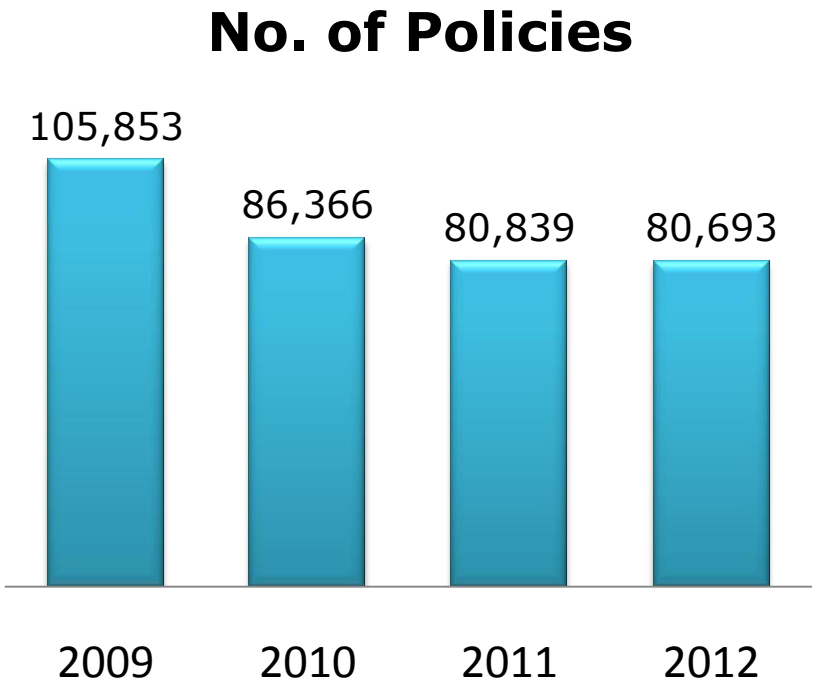
- In-house product design, promotion and claim processing
- Risk transferred to insurance companies
- Premium collection through SHGs, door-to-door collection
- Promotion and servicing local women leaders

Premium

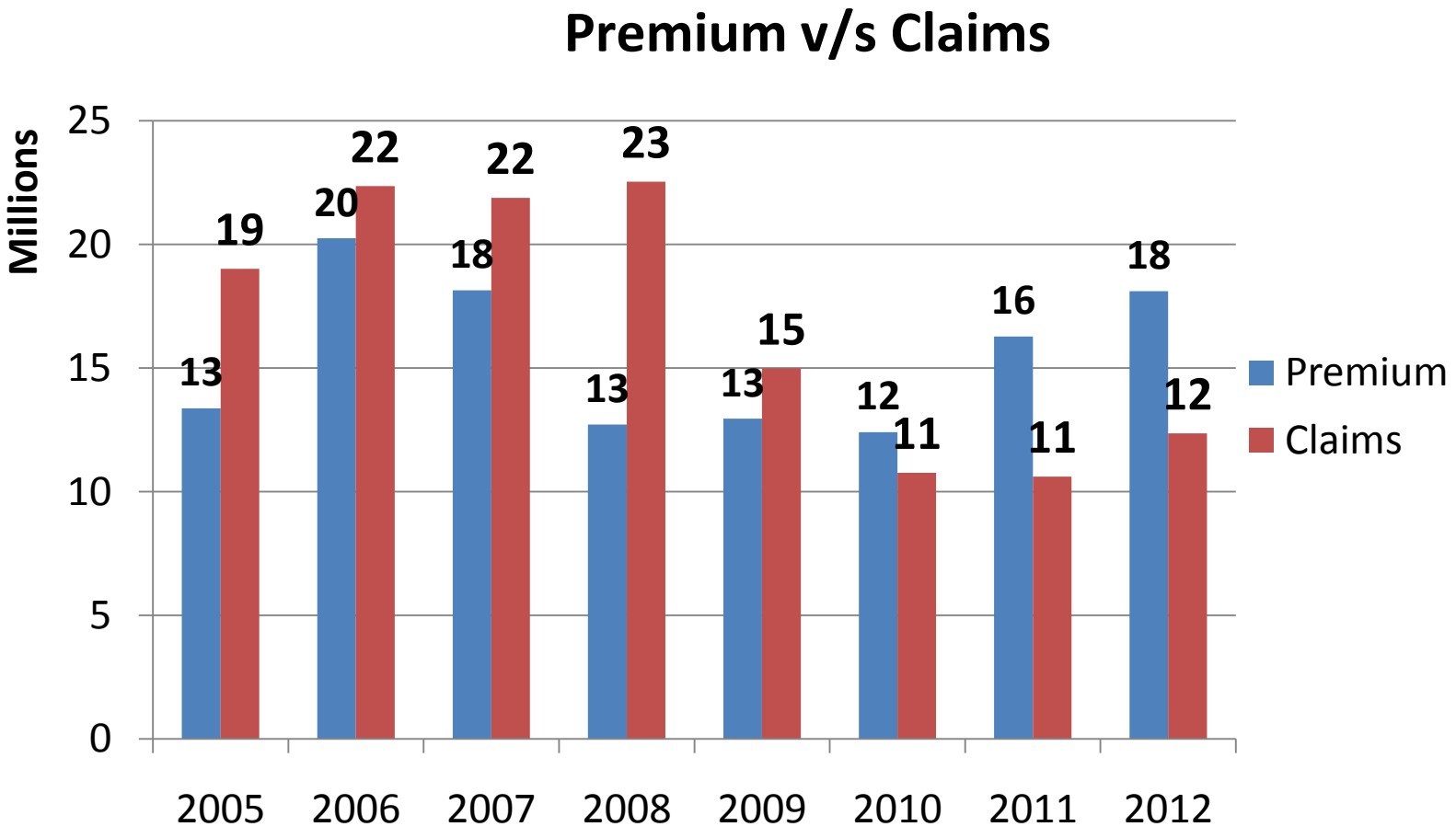


Membership-Policies





Premium v/s Claims



Performance 2008-2012

YEAR	PREMIUM (INR MILLIONS)	MEMBERSHIP (LIVES COVERED)	CLAIMS PAID (INR MILLIONS)
2008	12.72	1,03,080	22.54
2009	12.95	1,19,477	14.98
2010	12.41	1,01,397	10.77
2011	16.27	99,117	10.61
2012	18.11	1,00,297	12.36

Lessons Learned

1. Partnership with local organisations is critical for implementation.
2. Both life and non-life risks should be covered.
3. Education, constant contact are essential.
4. Cashless linkages with public and private services improve equity.
5. Health insurance must go hand-in-hand with primary health care (for sustainability etc.)
6. Health Insurance can lead to strengthening of public health infrastructure (“push from below”)
7. Health insurance cannot be sustainable without regulation of health care providers, standard treatment protocols and fee structures.

Lessons Learned on organising women for self-reliance

1. Capitalisation
2. Social Security
3. Capacity-building
4. Voice & representation

All four needed together for self-reliance.

Thank You