



"STRATEGIES AND TOOLS AGAINST SOCIAL EXCLUSION AND POVERTY" -ASIA COORDINATION-

INDIA

NEEDS ASSESSMENT SURVEY:
IDENTIFYING THE SOCIAL
PROTECTION PRIORITY NEEDS OF
COOPERATIVE SOCIETIES' MEMBERS
IN KARNATAKA

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Introduction

The ILO/STEP programme has recently conducted In India a nation-wide study aiming at identifying and documenting the various public-private partnerships initiatives contributing to the extension of social protection to the excluded groups of the population. Some of the most interesting initiatives reported in this study concerned the cooperative movement, such as: the recent setting up in Karnataka of a health micro-insurance scheme called Yeshasvini, that could already cover some 1,7 million cooperative members in its first year of operation, the development In Kerala of a network of cooperative hospitals, and the purchase by other cooperatives societies of the various micro-insurance products provided by insurance companies (Cooperative Development Foundation, Seba Cooperative Health Society...).

In the light of these various experiments, STEP decided to undertake a new study in collaboration with the National Cooperative Union of India and COOP/Geneva in order to assess the present readiness and willingness of the cooperative movement to play an active role in the extension of social protection. The Indian cooperative movement currently claims to regroup some 228 million members, and cooperatives being an interface between the formal and informal sectors of the economy are in a key position to organize and negotiate with the Government in order to extend social protection benefits to their members.

As a component of this study, surveys had to be conducted in some cooperative societies which were to be selected among: those already providing some form of social protection benefits to their members, and those that are not providing any such service as yet. Together with the National Union of India, it was decided to conduct the first two surveys in the states of Maharashtra and Kerala. Considering the present (2,2 million cooperative members) and potential impact (12 million cooperative members) of the Yeshasvini scheme, it was deemed worthy of covering the state of Karnataka as well.

Several organizations operating at the community level soon expressed an interest in participating in such interventions. As a result, various partnerships could be developed in order to expand the surveys to other states, hence providing broader information material to be used in the overall cooperative study. The final scope of the surveys conducted among cooperative societies' members included the following 10 states: Maharashtra, Kerala, Karnataka, Uttaranchal, Orissa, Gujarat, Andhra Pradesh, Tamil Nadu, Jharkhand and West Bengal.

The present document presents the main findings of the surveys conducted in the state of Karnataka.

Objectives of the Survey

With regard to the cooperative involvement in providing social protection benefits to their members, the present intervention aimed at conducting in Karnataka a three-level survey in four selected cooperative societies with the following objectives:

1. Recognize with select cooperative societies representatives the local opportunities allowing for the extension of social protection benefits to the members;

- 2. Identify the social protection priority needs of members of select cooperative societies and the most appropriate mechanisms to answer these needs;
- 3. Assess the risk-coping strategies that are presently used by some members of the select cooperative societies;
- 4. Identify, in the select cooperatives societies already linked with the Yeshasvini scheme, the various mechanisms that are currently used to collect the premium as well as the causes why some members did not renew, in year 2, their insurance contract.

To achieve the objectives of the study, the following tasks had to be performed by the consultant:

- Select four (4) cooperative societies in the state of Karnataka. Two of these societies had to be already linked with the Yeshasvini scheme – meaning that at least some (if not all) members are presently found enrolled in this scheme, and these societies should preferably operate in the same sector – for example – two credit societies;
- 2. In each select cooperative society:
 - a. Organize a meeting with some representatives and conduct an interview while using a standard questionnaire (form 1);
 - b. Organize, with the assistance of cooperative societies' representatives a focus group discussion with some 8 to 15 members while using a standard questionnaire (form 2);
 - c. Select, among the members attending the focus group discussion four people (preferably, two women and two men) willing to go through an in-depth interview, and conduct this interview while using a standard guestionnaire (form 3);
- 3. After completion of this survey, check all questionnaires so as to make sure that they provide the clear and comprehensive information that was gathered along the process;
- 4. Based on all filled in questionnaires, prepare a note presenting the main findings of the survey;

Methodology

For the purpose of this survey, the consultant would be using the different questionnaires that were already prepared for the overall cooperative study (See Annexes):

Questionnaire 1: Interviews with cooperative societies' representatives: Recognizing the local opportunities and priorities

Questionnaire 2: Focus-group discussions with cooperative societies' members: Identifying the priority needs

- Scenario 1: based on a first social protection experience
- Scenario 2: without any prior experience

Questionnaire 3: In-dept personal interview with cooperative societies' members: Assessing the risk-coping mechanisms at the household level

Through its state affiliates, the National Cooperative Union of India could provide an assistance in order to identify the relevant cooperative societies.

The following products were expected at the end of the present intervention:

- 1. Four (4) fully filled questionnaires resulting from interviews with cooperative societies' representatives
- 2. Four (4) fully filled questionnaires resulting from focus group discussions with cooperative members
- 3. Sixteen (16) fully filled questionnaires resulting from personal interviews with cooperative members
- 4. One (1) technical paper presenting the main findings of the overall survey exercise (including the findings related to the easy payment mechanisms adopted in the cooperative societies linked to the Yeshasvini scheme).

The State Cooperative Movement at a Glance

According to National Cooperative Union of India's Annual Report (2002-2003), Karnataka cooperative movement ranks 6th in terms of the number of members. The distribution of cooperative societies stands as follows:

Karnataka

Cooperative Type	N0 Coop.	%	N0 Memb.	%
Primary Agricultural Coop.Societies	4,267	22.8	5,387,299	42.2
PAC Rural Development Banks	177	0.9	1,032,852	8.1
District Central Coop. Banks	634	3.4	56,302	0.4
Urban Coop Banks	322	1.7	1,944,138	15.2
Non Agricultural Credit Societies	2,528	13.5	1,434,189	11.2
District Consumer Coop Societies	25	0.1	47,119	0.3
Primary Consumer Coop Societies	1,458	7.8	836,987	6.6
Irrigation Cooperatives	388	2.1	<i>4</i> 2,000	0.3
Fisheries Cooperatives	363	2.0	136,000	1.1
Dairy Cooperatives	8,516	45.6	1,861,000	14.6
Total	18,678	100 %	12,777,886	100 %

Executive Summary

The survey aiming to identify social protection priority needs of cooperatives members in Karnataka was performed in two milk cooperatives and two credit cooperative societies operating in rural areas. With the exception of one milk cooperative that could generate sufficient revenues allowing it to set up some reserve funds, these societies were all found facing serious functioning difficulties and financial problems, leading to a significant decrease of their activities.

Most members are poor farmers belonging to Scheduled Castes, Scheduled Tribes or other backward castes. They usually have to rely on different occupations to generate the scarce resources they are living with. One common pattern emerging is their heavy dependence on loans that are needed not only in time of crisis, but also to cover their regular expenditures. Thus, availability of loans at affordable conditions ranks high among their many requirements.

Members have a clear perception of the many risks they face in their daily lives, and there is clearly a need for social protection mechanisms, but due to lack of basic information this need has not yet been shaped into a clear demand. The most common attitude so far is to wait for government's assistance to help them deal with these various problems, while there is no evidence that the cooperative societies to which they belong should and could play an active role in finding the solutions to these problems. Some kind of collective initiative taken by the group of members is still lacking. Risk coping and risk management strategies remain so far limited at the individual level.

Private insurance companies have not yet penetrated these areas. A few members are aware of the interventions of some public insurance companies (mostly Life Insurance Corporation), but they could not identify the specific products that are offered and those who have bought policies in the past did not renew their contract once it expired. The concept of insurance is yet to build its ground among the members of all cooperative societies. No proper information was made available to members so far, resulting in the fact that the principles and mechanisms of insurance are clearly not fully understood.

Health and agriculture have been identified in all cooperative societies as the top social protection priorities. As regards health care services, members clearly recognize the need for a comprehensive scheme to be implemented, covering both primary and secondary health care, together with improvement of the quality of services currently provided by government health care facilities.

Cooperative members were unanimous in complaining about the Yeshasvini scheme. No proper information was provided to them prior to their enrolment in the scheme. Most of them do not even know where to go in case of emergency. They are demanding an extension of the limited benefits presently covered by the scheme, and complain about the excessive concentration of recognized hospitals in Bangalore. Some of those who have availed the services complain about the lack of proper response at the referral hospital. And because of their lack of understanding, most members want the premium they previously paid to be returned to them.

All in all, there is still a lot to be done in terms of awareness raising and education programmes in order to bring together and organize all cooperative members into a new efficient and sustainable initiative that could answer their social protection priority needs. At the same time, the very positive response registered while conducting the surveys at the various levels, already demonstrates that cooperative members would be more than willing to contribute to new social protection schemes provided that they are able to participate, from the very beginning, in their design and organization.

PART I. MAIN FINDINGS

1. VEERAPURA MILK PRODUCERS MAHILA COOPERATIVE SOCIETY

Yeshasvini scheme was tentatively introduced but is not implemented in this society this year

1.1. Interview With Cooperative Societies' Representatives

	Total	Men	Women
Number of Representatives Met	9	-	9

This society came into existence during 1998 for the women and by the women in the taluk. There are 9 representatives of the society with 200 members. The representatives meet once in a month to discuss the routine matters of profit and loss in addition to any problems faced by the society. The only activity of the society is selling milk to the main dairy at Solar, which in turn supplies milk to main dairy society in Bangalore.

The society had some chit fund activity last year but due to misunderstanding among few members of the society this initiative had to be discontinued. The previous secretary had allegedly misused the fund collected due to which the society is under loss at present. The present secretary has been recently elected and is trying to do her best to bring the society back to normalcy. Other than misappropriation of funds by the former secretary, rest of the activity is normal. The main difficulty that the society faces is the lack of funds needed to repair the cans to store milk.

To become member of this society, one should supply milk for 180 days and pay Rs. 125. Ms. Shivamma, president of the society reported that although the share value is only Rs. 11, they collect Rs. 125 and give the members one share as the society has no fund of its own. In case of some members who cannot afford to pay Rs. 125, the society accepts a reduced payment of Rs. 50 or even lower Rs. 25. The payment made by the society to the members for procuring milk is twice in a month. Since only 20 members are supplying milk on a regular basis it is easy to maintain accounts.

There are many problems and risks faced by the members of this society. Although the society has around 200 members only 10-15 percent members supply milk regularly to the society. This is owing to the fact that many members do not have cows anymore. Those who own, face a number of difficulties e.g., maintaining health of the livestock, lack of suitable place for their shelter, financial constraints to get fodder etc. Even the well-to-do farmers who own number of cows face problem in finding people to work with them.

Most of the members are poor or even below poverty line and many are landless workers. Poverty is yet another hindrance in looking after the family. This in turn retards the functioning of the society since there are not enough members to supply milk and the maintenance cost of the society is high.

Some members of the society are demanding the local financial institutions to sanction interest free loans to buy cows and buffaloes. One of the main problems faced by them is their ill health condition, which disables their daily activity of maintaining livestock and supplying milk on time to the society.

The Shree Shakti Sanghas in the village give loan to the members of this society to buy cow/buffalos upto Rs. 100,000. There are two such Sanghas in this area, but the milk cooperative society is unable to help in financial matters as it is running into loss. The society had in the past tried the scheme of giving loans to the members. However, it failed owing to non-payment of interest. Thereafter, repeated attempts were made until finally they had to close down the scheme.

Other than those offered by Life Insurance Corporation (LIC), no other product from insurance company is recognized in this society. Even Yeshasvini is not fully familiar to them. When explained about the Yeshasvini scheme it was reported that the previous president tried to introduce the scheme last year. A premium of Rs. 60 and additional Rs. 25 for photo was collected from about 60 members. However, none of the members got back either the card or money. To this day no explanation was provided to the members. Evidently, hesitation to participate in the scheme is the main underlying weakness of the members now. Instead, they are demanding back the amount paid last year.

When asked about new possible initiatives, the president expressed the feeling that people have already lost faith in the scheme, and therefore, no new initiative involving money will work. She also thinks that a new programme may be possible only if it is free of cost and if it succeeds in convincing the members, which she thinks can be possible with the help of a trustworthy outside organization. In the future, the society will see how best it can contribute to the well being of its members, with the consultation of all its representatives and members, and which could also include a direct contribution from the society itself. Nevertheless, at present, the society does not have such plans.

She also stressed the fact that almost all the villagers are poor. They require a lot of things like free health checkup, free school, subsidized food grain, good hospital, good transport. Priority concerns of members are employment and health.

Important points resulting from the interview

- Veerapura is an interior village and this milk cooperative has only women members. 9 representatives and 200 members
- Only 20 members supply milk regularly
- At present, the society is running at a loss
- Members are poor and illiterate and have a lot of financial and health problems
- Two Shree Shakthi Sanghas offer loans in the village
- Yeshasvini was introduced last year but could not be implemented due to malpractice by the preceding president
- Presently, members would not be willing to join Yeshasvini or any other such scheme
- The milk society is not in a position to support any new social protection programme to its members due to financial constraints
- Knowledge of insurance and its products among the representatives and members is very limited
- About Yeshasvini: no knowledge, no understanding, no proper information, no pamphlets distributed by any agency in the village, no meeting conducted for this purpose
- Protection needs of the members are numerous: employment, health care, education, hospital, free supply of food grains etc.

1.2. Focus Group Discussion

	Total	Men	Women
Number of Participating Members	11	-	11

The Focus Group Discussion (FGD) conducted in the village with cooperative members revealed the following important points:

- 11 members were present who were in the age group of 21 to 50.
- Of these, one member has 5 children, and the others between 2 and 3
- 4 out of 11 are from Scheduled Caste community
- The categories of people present were government employees, self employed, small farmers, housewives and agricultural laborers
- All the women had more than 3 years experience in the society as members
- 5 out of 11 members had savings for different purposes, like purchase of cows, tailoring machines and to do small business of their own. Almost all are investing in Shree Shakhi Sanghas
- During crisis, members take loan either from Self Help Groups (SHG) or from cooperative societies. They are unable to save enough.
- Main problems faced by the members are agricultural and household related
- Some of the family members had health problem and were treated in different hospitals in Bangalore. As a result they had to pay heavy amount towards hospital charges, transport etc
- There is no proper transportation available in the village and they cannot afford to hire private vehicle, which is especially difficult to find in case of emergency
- Many members said they have spent lot on healthcare services e.g. hospitalization, medicine, transportation and consultation, blood analysis etc. They have incurred expenses ranging from Rs. 10,000 to 40,000 in last year
- Burden increases due to heavy loan interest to be paid to private societies and other societies per month
- Many members have taken loan from Shree Shakthi or a private bank, and have sold cows and other livestock to met these health and other family expenditures
- So far no government or other agencies have helped the members in clearing their loan or offering new loans to meet their expenditure
- Cooperative society- Agricultural cooperatives offer different varieties of loans to its members like gold loan, loan to buy agricultural instruments etc.
- The members have so far not come across any NGO that will give financial assistance in their village
- Government needs to support people and especially the poor in financial matters, subsidiary loan, free hospital, education, pension etc.
- People in the village need to unite to be able to negotiate with the government or non governmental agencies
- Since many members resort to political interference within the society, it is difficult to unite and bring the society to a consensus, which leads it to further hardship
- Except for the government employees who were present, others were not aware of insurance companies interventions and products
- Due to bad experience of previous year in terms of not getting card or money back from milk cooperative society, members are reluctant to continue with the Yeshasvini scheme. Therefore, lot of motivation is required to make them agree to pay again
- However, the members showed interest in knowing more about Yeshasvini since they are not well informed about it

- In terms of social protection coverage, a general demand of government-employment, health and education, food and shelter, good dairy and transport facilities including drinking water etc., was listed
- Members are willing to pay for a new good scheme, and in such a case an annual payment is preferred
- However, they have no idea where to start or who should take the initiative

1.3. In-Depth Personal Interviews

	Total	Men	Women
Number of Concerned Members	4	-	4

Main findings coming up during the interviews:

- All four women members are housewives in the age group of 30 –50
- They are Hindus and their main occupations involve agriculture and household chores
- They are living along with their cows and buffaloes in both semi-pacca (stone and brick/plaster) and pacca (cement and seasoned clay bricks) houses
- A secondary activity for these women is selling milk
- All are member of the society since 4-6 years
- Village does not have a public transport. Primary Health Care (PHC)/referral hospital is 3 kilometer from the village
- All four members have availed loan for various purposes, mainly for daughters marriage and purchase of livestock from credit cooperative society and Shree Shakti Sanghas
- Both agriculture and health are the main risks faced by them
- Two members had health problems last year
- Shree Shankhi Sangha is the main basis of group coping mechanism
- Three out of four had insurance knowledge and are aware of some Life Insurance Corporation (LIC) products
- All four are willing to enroll in a scheme providing health coverage scheme
- All four are willing to pay monthly or annually

Respondents were happy to participate in both Focus Group Discussions and In-Depth Personal Interviews and were really cooperative.

They were happy to learn more about the Yeshasvini health scheme. They complained that no one educated them about it in the past. They asked all sorts of questions like where they can avail the scheme, what are its advantages and disadvantages, should they pay every year, what about the eligibility criteria, etc?

2. GUDE MARENAHALLI MILK COOPERATIVE SOCIETY

Yeshasvini scheme is implemented in this society

2.1. Interview With Cooperative Societies' Representatives

	Total	Men	Women
Number of Representatives Met	9	-	9

The Gude Marenahalli Milk Society was established in 1981. At present, it has 759 members with 9 representatives. The functions of the representatives include quality control of milk, regulating timely supply, monitoring payment and general maintenance of the society. Almost all the representatives have god experience as members of this society. The only lady representative aged about 50 is also actively involved in the daily activities of the society.

Collection of milk from doorstep of the members is arranged through a van, which then directly delivers to the chilled center at Solur. Payment is made at a regular interval of 15 days. If required, repair of milk cans is also provided for by the society.

There is no support from the government to the society. The society is making good profit, which amounted to Rs. 125,000 last year. The profit is divided among members in different ways e.g., dividend, bonus, reserve funds etc. The reserve fund may be utilized for different purposes e.g., small building activities, and since there was electricity problem in the society, purchase of a battery/UPS. There is no problem in the day to day functioning of the society.

There is no entry fee or membership fee. The condition of becoming a member is to regularly supply milk to the society for at least one month and pay Rs. 11 towards one share. There is no other financial requirement. The payment from the society to members is made only once in 15 days and each member gets Rs. 3,000 to 3,500. Nearly 250 people are supplying milk daily on a regular basis. Usually in dairy production a problem may arise when the payment due to members is delayed resulting in problems for them to buy fertilizer for agricultural activities. In this case since most of the members have good income from milk business such risks are not to be found. Similarly there are no instances so far when members have faced risks that would affect the whole society.

Many members of the cooperative society are aware of insurance companies like Life Corporation of India and National Insurance Company and are familiar with some group insurance products made available by them. Some families in the past bought various products from these companies but actually there is none. Oriental Insurance Company has done some livestock insurance and they also have an agent in the village but when asked, there is no micro-insurance scheme being implemented now. It is reported that it is rather difficult to motivate members to buy insurance products.

As it is the society is contributing Rs. 30 towards Yeshasvini for each member from its reserve fund. The remaining Rs. 30 is deducted from the payment to be made to the members once in a month so that the members do not feel the burden of payment at all. Other than this, there is no welfare fund either at society or a State level.

Nevertheless, there is mixed opinion about Yeshasvini as well. According to some members and representatives of the society, this health scheme only covers major operations and not minor ailments. Even for major operation, the initial response from the recognized hospitals used to be good, but now the hospital, doctors and nurses do not show similar response as before. In Narayana Hrudalaya hospital, it was mentioned that one of the members got operated and was thus able to save a large sum of money. Yet, another member who went at the same hospital was not treated well.

One of the main reasons explaining the decrease in Yeshasvini membership is that people have lost faith, which is due to the fact that even with the card these recognized hospitals (government or private) are not offering adequate facility and also that all hospitals are in Bangalore.

Moreover, there are no proper guidelines to the scheme. The representatives who are working for Yeshasvini reportedly do not give desired responses and when contacted they mention that it is only applicable for major operation. The members expressed the need for the scheme to be extended to small ailments and general check up and consultation. They are also waiting for past five months for the membership cards. The representatives say that the card has to come from the cooperation department in Bangalore. They do not know the reason behind the delay.

When enquired about new possible initiatives, they say that with bad example of Yeshasvini to quote it is difficult to motivate people. According to the members and representatives, without proper guidelines and appropriate treatment, Yeshasvini scheme has more disadvantages than advantage to the poor. Recognized hospitals are too distant and limited to major operation.

If a good scheme is introduced and if members are properly educated before enrolment, collecting premium money would not be a problem. The cooperative society is willing to do anything to help its members if proper design, implementation and follow up are ensured by the concerned agency.

2.2. Focus Group Discussion

	Total	Men	Women
Number of participating Members	11	8	3

The Focus Group Discussion (FGD) conducted in the village with cooperative members revealed the following important points:

- Eleven members participated in the FGD, 3 women and 8 men and their age ranged from 22 to 65
- With the exception of two members, all other have children
- Majority of the group are old members of the society
- The members comprised of Scheduled Caste (SC), Scheduled Tribe (ST) and other backward caste
- No savings were possible as the members had to face difficulties such as no profit from agriculture, problem of water and electricity, health and education etc.
- Some of them had to undergo major heart operation last year and few others suffered from different illnesses
- Natural disaster was yet another reason: loss of crop due to heavy rain. There is no estimation of loss in terms of Rupees.

- There were also deaths in few of the members' families. One member had to pay Rs. 5,000 due to the death of an aged family member
- For few members, heart operation was performed free of cost due to Yeshasvini card at Narayana Hrudalaya, Bangalore. Before getting the card (2 years back) these members had to spend a lot of money at private nursing home
- In some cases, due to lack of proper information from the cooperative society few others had to spend their money on operations despite having a card. One of the members had to spend as much as Rs. 10,000 on hospitalization costs
- The members demanded that if they have to continue using the card, the scheme should not only cover major operations but also minor ailments and consultation charges
- One member is suffering from acute backache but cannot go to the doctor as they charge money for consultation. This member has been waiting for five months for the Yeshasvini card
- Members expressed resentment with the limited services covered by the scheme and also because of the inadequate facilities offered by the government
- Health problem is the major risk faced by most members and they do not have savings allowing them to pay for good healthcare services
- According to them, Yeshasvini card is not useful as it covers only major operations that will affect only a very tiny segment of the whole membership
- Even though the operation cost is covered by the card, they still heave to bear the medicine costs
- They questioned the utility of the card since most hospitals do not honor it and thus make villagers run from pillar to post
- Although some want to sell their land or other property, they cannot do so as they get very low amount in return which is not sufficient for their expenditure
- A number of them do not even have land or any other property to mortgage
- They can take loans from different sources but almost all members have taken them from Shree Shakthi Scheme
- There is loan facility from milk cooperative society, NGO or any government source
- Only two members are aware of insurance because they have bought policies for which they are paying a premium twice a year
- Other members do not know anything about insurance companies or insurance products
- The only familiar scheme in the village is Shree Shakhti, which is availed by almost all of them. Members pay Rs. 10 every week and can have a loan
- Members are keen to enroll themselves in another new scheme providing social protection
- However, they want complete relevant information on the scheme to come unlike Yeshasvini's case
- They are all willing to pay and feel that a new scheme is possible through the milk cooperative society
- Also, they would like the premium to be deducted from their income from the milk cooperative society every month

The following suggestions were given by the members to improve the Yeshasvini scheme:

- ♣ The scheme should cover outpatient care and minor ailments, free consultation/check up, free medicine etc.
- Proper guidance, information education and communication (IEC) about the scheme is required
- ♣ Free consultation/checkup
- Free Medicine

- ♣ Proper guidance-IEC about the scheme is required
- Recognized hospitals should be at the Taluk/District level

- Major operation should also include related medicines

2.3. In-Depth Personal Interviews

	Total	Men	Women
Number of Concerned Members	4	2	2

Main findings coming up during the interviews:

- Two men and two women were contacted for In-Depth Personal Interviews, they were in the age group of 43-47.
- They were all members of the society since 7 to 23 years
- Agriculture and milk selling are their occupations
- Women members are living in katcha (mud bricks) and semi-pacca (stone and mud brick/plaster) houses and other two male members live in pacca houses (cement and seasoned clay bricks)
- All four members have cows and buffaloes
- The village is well connected by public transport, Primary Health Centre (PHC) is nearby and a referral hospital at a distance of 1 km.
- Members grow different varieties of crops in their field like ragi, coconut, vegetables etc.
- Average annual income ranges from Rs.10,000 to 20,000 plus
- All four members have taken loan from Banks and Shree Shakti Sanghas
- The interest rate ranges from 14 to 24 percent
- All four members are currently indebted for loans taken for business and crop
- One member suffered from serious health problem last year and had to be hospitalized. The overall expenditure came to Rs. 7,000
- Health, agriculture and family maintenance are the main risks faced by the members
- Individual coping mechanisms of members include loan from money lenders and cooperatives, personal savings and sale of land and livestock
- Both male members were aware of a number of insurance companies and their products
- Although women members did not have any knowledge about insurance, they were willing to enroll in a health insurance scheme
- All were willing to pay a premium for their participation in such a new scheme
- They also suggested that this payment should be deducted on a monthly basis from their revenues at the milk cooperative society

3. KASABA AGRICULTURAL CREDIT COOPERATIVE SOCIETY

Yeshasvini scheme is implemented in this society

3.1. Interview With Cooperative Societies' Representatives

	Total	Men	Women
Number of Representatives Met	12	3	9

This society was established as early as 1949. The total number of members is 1.350 with 12 representatives. The main activity of the society is sanctioning of crop and gold loan and secondary activity includes sanction of loans to purchase sericulture and agricultural implements like weighing machine, plough, plate used to rare cocoons etc. The normal functions of the representatives are conducting meetings, processing loan application processing, sanctioning loans etc. Almost all the members are with this society for more than 3 years

Government has a share up to Rs. 200,000 in this society. Two years ago the government of Karnataka had issued an order to waive off the loans taken by farmers. Consequently, the society could not recover the loan/interest and ran into a loss and thus, for the next two years it could not take up any new scheme. Recovery of loan and interest from farmers is the biggest problem faced by the society at present. Some members demand a No Objection Certificate (NOC) to avail loan from other banks or cooperative societies. Due to non-recovery of previous loans/interest owed to it, the society refuses to issue such certificate to their members. As a result, there is a lot of misunderstanding among members and representatives, which hinders the activities of the society.

To become member of the society one has to pay Rs. 52,25. This is the only minimum capital share to be purchased. There is no other financial obligation applying to membership. The rate of interest varies according to type and duration of loan and ranges from 15 to 24 %. The society also pays an interest of 9 % on savings made by the members. The average monthly revenue of members usually stands below Rs. 5,000.

According to the representatives of the society the members have faced no risk since 20 years. The members have between themselves formed informal mechanisms to help each other in case of emergencies like death, accident, marriage or any other social functions. There is no interest charged on these personal loans.

There is no social welfare scheme introduced by this society other than Yeshasvini scheme. It was also mentioned that crop insurance is the only subsidized insurance product made available to the members. There is no knowledge of any other product provided by public or private insurance companies.

The representatives explained that when the Yeshasvini scheme was introduced last year, the response was good. But now, they find it more and more difficult to enroll members due to a number of misconceptions about the scheme. The Kasaba Agricultural Credit Cooperative Society charges Rs. 60 per person per year, whereas the Taluk Marketing Cooperative Society in the same area charges nothing to its members, the premium being paid out of its own revenues. Some other milk cooperatives also charge only Rs. 30.

As a result, the members refuse to pay Rs. 60 and ask many questions for which the representatives have no answer. Those who have paid Rs. 60 have been waiting for their cards since 5 months, which according to the representatives have not been sent from Bangalore office.

Often members do not submit their photos without which cards cannot be issued. Some members do not see a rational in becoming a member and make an unnecessary payment of Rs. 60 when they have not used any facility. Few members complained of not being treated properly at Chenmaiya Mission Hospital in Bangalore. The news had a bad effect on others resulting in low rate of enrolment in the scheme this year.

There are no brochures or any kind of information material for distribution among members. NGOs or the government have done nothing to spread awareness on the scheme, which is felt as a must to motivate people.

All the recognized hospitals are in Bangalore, and despite being approx. 50 km from this city, there is not a single hospital in the area. Often in case of emergencies, it is difficult to transport the patients. Furthermore, the recognized hospitals do not treat for ordinary cases unless it is a major operation. The villagers common concern is to know first whom to consult, what kind of test and type of treatment to be taken etc., which Yeshasvinin is unable to provide.

Health and financial assistance are the major social protection needs of the members. All members would like to see good health schemes introduced together with an improvement of health care services provided by government hospitals. Members are willing to pay if good schemes were to be introduced. The society is also ready to provide all possible support to any such programme introduced by the government for the welfare of the poor. It was also suggested that the ideal mode of premium collection from the members should be a monthly payment.

3.2. Focus Group Discussion

	Total	Men	Women
Number of participating Members	13	8	5

The Focus Group Discussion (FGD) conducted in the village with cooperative members revealed the following important points:

- There were 13 members who attended the FGD. 5 women and 8 men, age ranging from 25 to 78.
- All are married with living children
- Three members joined this society recently, while all other are old members
- One female member out of the five runs a hotel business. Another one is paying Rs. 5 daily for pigmy that she takes once in a year during festival, Others are housewives
- Men have different occupations such as agriculture, small business, etc. Two out of eight were retired
- All members belong to other backward caste group
- All members declared having no savings
- All the members of the group face health, agriculture and financial risks
- Most of them had health problem last year and many are still suffering from it (knee pain, hole in the heart etc)
- One or two deaths were reported among the members last year
- No mention was made about natural disaster/violence and corresponding loss

- Some family members of the group had to go though operations last year
- One member who had met with an accident had to pay heavy sum for his treatment at the hospital
- One woman member who has a heart problem is still waiting for the card to arrive. She is poor and cannot afford to go to private hospital
- Even the receipt of payment made for the card and a letter from Kasaba secretary also does not yield a result
- Most recognized hospitals ask for the membership card which has not been delivered so far
- All agree that there should be savings to prepare against risks. Since they have none, the only choice left to them is to take loan from cooperative society
- However, for the last one year the society has not sanctioned any loan due to government's non-recovery order. Consequently, for such new loans they have to go to moneylenders who charge a high interest rate
- Members came up with a number of suggestions. All arrived at a mutual understanding that there is no scope for financial help from the government and that the effort should be made to raise funds on their own to meet their expenses
- They believe that with unity among farmers and other villages anything can be achieved
- Cooperative societies should sanction loan to poor landless farmers without security and at a lower rate of interest
- Shree Shakthi Scheme is working well in the community and all the members would like to continue with it actively in the future as well
- There are a number of NGOs active in this area but the members have not much knowledge about their activities, with the exception of Lions Club, which periodically conducts eye operations
- Members still have a lot of expectations from the government starting from free loan to free housing, free food grains and employment etc., including other social protection measures like old age pension, widow pension, social welfare fund etc.
- A lot of members in the group are aware of insurance companies like Life Insurance Corporation (ILC) and Agricultural Insurance Company (AIC) and their products: life, disability, livestock, crop...
- Major risks recognized by members are health, livestock, crop...
- While discussing about Yeshasvini it was revealed that although all of them are members of the scheme, yet they are unaware of the details
- In fact, this was the very first occasion that they were being explained about the scheme
- Even the representatives of Kasaba Cooperative did not explain anything about it, being themselves short of information
- Representatives' only concern is to collect Rs. 60 per annum and even after that the membership cards are not supplied
- Members were unanimous in expressing a very negative feeling about the Yeshasvini scheme
- Some 250 members refused to renew their membership this year
- Main reason being that some have not used the cards while others did not receive proper treatment. Hence, they do not see a point in renewing it
- The members showed complete dissatisfaction with the way Yeshasvini is functioning and want their money back
- They want a new scheme that could take cover consultation, minor ailments and free medicine, and also cover free deliveries, family planning operations... that is right now missing in Yeshasvini
- A member informed that in north Karnataka people are well aware of the scheme and are utilizing it well, whereas here in low Karnataka, the awareness level is very low and due to this, membership is also lower

People are ready to contribute either monthly or annually if a good scheme covering every aspect of health is introduced

3.3. In-Depth Personal Interviews

	Total	Men	Women
Number of Concerned Members	4	2	2

Main findings coming up during the interviews:

- The age group of the members contacted for In-Depth Personal Interview was between 40 and 65
- All members have been members for more than 20 years barring one who joined the cooperative society three years ago
- The nearest reference hospital is within 2 km distance, and well connected by public transport system
- The members grow fruits and different including ragi, potatoes, maize etc.
- The main occupations are agriculture and small business. Weaving was also mentioned
- Annual income ranges between Rs. 20,000 to Rs. 50,000 and all are living in pacca (cement and seasoned clay bricks) houses
- All of them had taken loan from Primary Agricultural Cooperative Societies (PACS), Kasaba, and not fully repaid their loan yet
- The rate of interest charge on loans ranges from 11 to 14 percent a year
- All four had health problems last year and had to be hospitalized. The amounts spent for this purpose ranges from Rs. 12,000 to Rs. 80,000
- Health, agriculture and financial risks are major risks faced by the members
- The individual coping mechanism adopted is usually to take a loan from the landlord or by pledging gold in society/bank
- The main source of loan provision in the village is Kasaba PACS
- All four know about insurance and some have already bought policies
- They are also aware about Yeshasvini since they are all members of the scheme
- Two out of four preferred to enroll in a new health insurance scheme although they are already members of Yeshasvini and are also willing to pay monthly
- Best preferred method to contribute is annual payment

4. SAKKARE GOLLAHALLI PRIMARY AGRICULTURAL CREDIT COOPERATIVE SOCIETY

Yeshasvini scheme is not implemented in this society

4.1. Interview With Cooperative Societies' Representatives

	Total	Men	Women
Number of Representatives Met	1	1	-

After two days of waiting, Mr. Doddaiah, secretary, finally arranged for the meeting with the members of the society including the Focus Group Discussion (FGD) and explained the activities of the society.

The society was established in the year 1977 and has 630 members out of whom 220 are women. There are 9 representatives, 1 woman and 8 men. The general functions of the representatives are to conduct meetings, scrutinize applications, sanction loans etc. All the representatives are with this society since past 6 years. They all are in the age range of 30 to 50 years and above.

The cooperative society provides loan to its members for various purposes, which include crop, livestock and sericulture. The government also has some role to play through sanctioning welfare funds to Scheduled Caste and Tribe members.

Society is under loss due to non-recovery of loan and interest from the farmers and members. The main problem society is facing is lack of funds for its activities; this is mainly due to the government order to waive off loans owed by the farmers. The only on-going activity is Public Distribution System (PDS) i.e., distribution of food grains to the people with ration cards.

To become member, one has to pay Rs. 52,50, which is for one share of the society. Other than this, there is no other financial obligation. Rate of interest varies according to the duration and type of loan that members are seeking: up to 11 percent for Rs. 500 – 1,000, 12 percent for Rs. 15,000 and 13 percent for Rs. 30,000. Maximum amount that can be sanctioned is Rs. 30,000. The society has no scheme to pay interests on the members' savings.

The main reason for the inability of members to repay loan is drought that struck the State that also affected the activities of the society. Since the members do not get new loan from the society they seek loan elsewhere and pay a heavy rate of interest. No other form of social protection or solidarity mechanism among members prevails in the area. Nevertheless, some members have plans to start the activity of collecting funds from members, and give loan at a nominal rate of interest, similar to Shree Shakthi scheme.

People are aware of some insurance products provided by companies like Life Insurance Corporation or United India Insurance Company.

As far as Yeshasvini is concerned, no one is willing to become member in this society as they are already members of the milk cooperative society where Yeshasvini card is being offered for free. The credit society cannot offer subsidized or free membership since it is already running at a loss.

The utility of the membership card was questioned, since a Yeshasvini card holder still has to buy costly medicines and small material. As an illustration of the problem, a practical experience was mentioned. One of the villagers who is a Yeshasvini policy holder met with an accident and had to go through an operation at Chenmaiya Mission Hospital, Bangalore. The doctors told him to bring a rod that had to be inserted in the leg. Since he was unable to buy it, they did not perform the operation and sent him back. While functioning that way, this scheme cannot claim to be of any service for the poor people.

Main social protection needs are health and crop loan. If a new good scheme could be introduced many people would not hesitate to join and to pay a contribution. As for the collection of fee from the members, the best mechanism would probably be every six months. The society is also willing to extend all possible cooperation for the welfare of the people of this place.

4.2. Focus Group Discussion

	Total	Men	Women
Number of participating Members	9	5	4

The Focus Group Discussion (FGD) conducted in the village with cooperative members revealed the following important points:

- Four women and five men were present in the FGD, age ranging between 22 to 58 years
- All but one have been members of this society since 4 years
- Members had varieties of occupation and most had more than one occupation
- All the members present were from backward class
- Women had some savings as compared to men. These savings were made to invest in tailoring machines and livestock
- Savings would fetch them additional income to maintain household
- Many women do savings through Shree Shakthi scheme in the village
- Fifty percent of the members had health problem last year
- Death of livestock, crop failure and ill health were the major risks suffered by the members in 2004
- Some of them had heart problem or suffered from asthma but could not get treatment as it was too expensive
- Drought has destroyed the crops and loss suffered by many summed up to Rs. 10,000
- In such a situation, members are left with no other solution than to take a loan, pledging gold or land
- All members have taken loan from more than one source and are paying heavy interest
- For a Rs. 13,000 loan, they are paying Rs. 500 per month, which has overburdened them
- There is also no other source of work for them, so that that are all struggling to meet both ends meet
- Moneylenders provide money only if land or any other valuable is pledged though it is very difficult to regain the property from these sources
- Cooperative society should provide loan to poor with very low rate of interest but this is not in practice yet

- Members suggested that few other schemes like Shree Shakthi should be implemented with government supported grants. This would greatly improve the situation of the villagers
- Government needs to do a lot to improve the condition of the rural people by providing good hospitals, interest free loans, free education, free housing and old age and widow pension etc.
- Members are aware of Life Insurance Corporation (LIC). However, since the cannot pay premium none of them has taken any policy
- Health is the only risk they are aware that insurance could cover. Other than that they have no information about private insurance companies and their products
- When discussed about Yeshasvini, it was mentioned that the milk cooperative in the same area distributed cards free of cost last year while their own society demands a payment of Rs. 60 per year
- Clearly, they are not prepared to pay when it is given for free to others
- The members need financial, health and agricultural support from cooperative or other agencies
- Members showed willingness to join any other scheme that helps the poor and pay for it if is introduced by an outsider organization and if complete information about it is shared with the villagers
- The new scheme has to be fair to all, unlike Yeshasvini which is free in one place and for sale in another
- Annual payment is preferred for any new scheme

Most of the members in the FGD are also members of the milk cooperative society in the same place and many have not utilized the facilities last year except for one (he was not there in the FGD). This year there is no card and so, no facility. Members stated that they would prefer a new kind of scheme since according to them Yeshasvini scheme was not functioning well.

A discussion was initiated with various Yeshasvini members who had enrolled last year and who had not renewed their insurance contract this year. The opinions were as follows:

- It was not used last year as there was no health problem
- Some had bad experience with the recognized hospital at Bangalore (CMH). They don't want to go through the same experience again
- It is waste of time and money to travel and come back without getting the necessary treatment
- ♣ The card is only for major operation and unless it is made for minor ailments and free medicines, there is no point in becoming member of this scheme
- Some had heard about bad experiences from other members e.g. death of a lady due to untimely treatment and dying on the way to Bangalore
- Yeshasvini hospitals should be at taluk level
- There should be Yeshasvini representatives in all taluks, and they should be user friendly when the cardholder visits such hospitals
- Free medicine, consultation, free bed and ward charge should be included
- No proper knowledge about the whole scheme has been given in the village, no one has come to motivate people
- ♣ Do not know which hospitals will care for Yeshasvini cardholders
- No knowledge of whom to consult in case of emergencies

The list is long and a lot of improvement is still needed to make the Yeshasvini scheme a success.

4.3. In-Depth Personal Interviews

	Total	Men	Women
Number of Concerned Members	4	2	2

Main findings coming up during the interviews:

- All four members were in the age group of. 30 to 43 and married with more than 4 children
- All have good experience with the society
- Agriculture and milk selling are the main occupations of these members
- Economically they are backward caste Hindus living in semi-pacca (stone and mud brick/plaster) and pacca (cement and seasoned clay bricks) houses
- The village is well connected with public transport, hospital, Primary Health Centre (PMC) and school within a radius of 2 kilometer.
- Main crop is ragi, and other crops grown are grapes, coconuts and areca nut
- Milk vending and haircutting are their secondary sources of income
- Rs. 20,000 to Rs. 50,000 was their estimated annual income last year
- Members have availed loans from the cooperative society for different purposes
- One member had to take heavy amount of loan from two different sources, she owes more than Rs. 100,000 as of now
- For health problems they have managed loan from moneylenders
- Health, agriculture and loan from moneylenders are the main risks listed by the members
- All four members were aware of some insurance products provided by Life Insurance Corporation (LIC)
- All four are willing to enroll for new health related schemes, and are willing to pay both quarterly and annually.

PART II.

COMPARATIVE DATA

1. FOCUS GROUP DISCUSSIONS (WITH PRIOR SOCIAL PROTECTION EXPERIENCE)

1. Gude Maranahalli Milk Cooperative Society

	Men	Women
	<u></u>	
Number of participants	3	8
Multi occupations	2	8
Existence of savings	NO: 3	NO: 8
Health problems in 2004	YES: 2	YES: 4
Death in families in 2004	YES: 1	YES: 1
Main risks faced in 2004		
1) Health	2	8
2) Agriculture	3	8
Best ways to answer to risks:		
Selling asserts livestock	3	8
2) Asking for family's help	3	8
3) Taking a loan	3	7
Prior social protection experience (Yeshasvini scheme)		
 Satisfied with the scheme? 	NO: 3	NO: 8
New possible initiative		
o Improvement of the present scheme?	-	-
Set up a new scheme ?	-	-
o Both?	3	8
Best coping mechanism		
o To do it alone	YES: 1	YES: 5
Main social protection need		
1) Health		
2) Agriculture		
3) Education		
Main health insurance needs		
 Whole care with free medicine 		
 Access to private health care facilities 		
Best way to contribute		
 Monthly deduction on revenues 		

2. Kasaba Agricultural Credit Cooperative Society

	Me	n Women
Number of participants	5	8
Multi occupations	1	8
Existence of savings	NO:	5 NO: 8
Health problems in 2004	YES	: 5 YES: 8
Death in families in 2004	YES	: 1 YES: 0
Main risks faced in 2004		
1) Health	5	8
2) Agriculture	5	8
Best ways to answer to risks:		
Reduce other expenses	5	8
Selling assets/livestock	3	8
3) Asking for family's help	5	5
4) Taking a loan	5	3

Prior so	ocial protection experience (Yeshasvini scheme)		
0	Satisfied with the scheme?	NO: 5	NO: 8
New po	ossible initiative		
0	Improvement of the present scheme?	-	-
0	Set up a new scheme ?	-	-
0	Both ?	5	8
Best co	pping mechanism		
0	Group mechanism	YES: 5	YES: 8
Main s	ocial protection need		
1)	Health		
2)	Agriculture		
	Employment		
Main h	ealth insurance needs		
0	Whole care with free medicine		
Best w	ay to contribute		
0	Annual payment		

2. FOCUS GROUP DISCUSSIONS (WITHOUT PRIOR SOCIAL PROTECTION EXPERIENCE)

1. Veerapura Women milk Cooperative Society

	Men	Women
Number of participants	11	
Multi occupations	11	
Existence of savings	YES: 5	
Health problems in 2004	YES: 3	
Death in families in 2004	YES: 1	
Main risks faced in 2004		
1) Health	11	
2) Agriculture	11	
Best ways to answer to risks:		
1) Taking a loan	11	
2) Asking for family's help	11	
3) Selling assets/livestock	5	
4) Asking for friend's help	5	
Best coping mechanism		
o Group mechanism	8	
Main social protection need		
1) Food	8	
2) Education	8	
3) Employment	5	
4) Health	3	
Main health insurance needs		
 Whole care with free medicine 		
 Good health facilities 		
Best way to contribute		
 Annual payment deducted from revenues 		

2. Sakhare Gollahalli Primary Agriculture Credit Cooperative Society

	Men	Women
Number of participants	4	5
Multi occupations	4	5
Existence of savings	YES: 4	N0: 5
Health problems in 2004	YES: 2	YES: 3
Death in families in 2004	N0	N0
Main risks faced in 2004		
1) Death of livestock	4	5
2) Crop failure	4	5
3) Health	4	5
Best ways to answer to risks:		
1) Reduce other expenses	4	5
2) Taking an extra job		
3) Asking for family's help		
4) Asking for friend's help		
Best coping mechanism		
o To do it alone	YES: 4	YES: 5

Main social protection need		
1) Loan	4	5
2) Health	4	5
3) Agriculture	4	5
Main health insurance needs		
 Whole care with free medicine 		
Best way to contribute		
o Annual payment		

3. IN-DEPTH PERSONAL INTERVIEWS

1. Veerapura Women Milk Cooperative Society

	Member 1	Member 2	Member 3	Member 4
		1	T	T
Sex	Female	Female	Female	Female
Age	35	45	30	50
Number of Household Members	5	7	6	4
Main Occupation	Milk Selling	Milk Selling	Agriculture	Agriculture
Secondary Occupation	-	-	Milk selling	Milk Selling
Estimated Yearly Revenues	< 10,000	20-50,000	20-50,000	10–20,000
Social Protection Priority Need	Health	Health	Health	Health
Capacity to Contribute (per year)	100	500	600	150
Preferred Payment Modality	Yearly	Quarterly	Monthly	Half-Yearly

2. Gude Maranahalli Milk Cooperative Society

	Member 1	Member 2	Member 3	Member 4
		1	T	•
Sex	Male	Male	Female	Female
Age	43	49	42	47
Number of Household Members	3	10	2	4
Main Occupation	Agriculture	Agriculture	Milk Selling	Milk selling
Secondary Occupation	Shop	Milk Selling	Agriculture	Agriculture
Estimated Yearly Revenues	20–50,000	10-20,000	10-20,000	10-20,000
Social Protection Priority Need	Health	Health	Health	Health
Capacity to Contribute (per year)	50	150	100	100
Preferred Payment Modality	Yearly	Yearly	Yearly	Yearly

3. Kasaba Agricultural Credit Cooperative Society

	Member 1	Member 2	Member 3	Member 4
Sex	Male	Female	Male	Female
Age	65	40	65	48
Number of Household Members	11	5	15	6
Main Occupation	Agriculture	Shop	Agriculture	Hotel
Secondary Occupation	-	Weaving	Brick Selling	Agriculture
Estimated Yearly Revenues	20-50,000	50-100,000	50-100,000	20-50,000
Social Protection Priority Need	Health	Crop	Health	Health
Capacity to Contribute (per year)	60	60	60	60
Preferred Payment Modality	Yearly	yearly	Yearly	Yearly

4. Sakkare Gollahalli Primary Agriculture Credit cooperative Society

	Member 1	Member 2	Member 3	Member 4
Sex	Female	Male	Female	Male
Age	30	42	32	43
Number of Household Members	13	4	4	4
Main Occupation	Agriculture	Agriculture	Agriculture	Agriculture
Secondary occupation	Milk Selling	Teacher	Shop	Milk Selling

Estimated Yearly Revenues	> 100,000	50-100,000	10-20,000	10–20,000
Social Protection Priority Need	Health	Health	Health	Health
Capacity to Contribute (per year)	360	100	60	60
Preferred Payment Modality	Monthly	Quarterly	Yearly	Yearly

ANNEXES

<u>OUESTIONNAIRE 1: INTERVIEW WITH COOPERATIVE SOCIETIES'</u> <u>REPRESENTATIVES</u>

RECOGNIZING LOCAL OPPORTUNITIES AND PRIORITIES

1. Id	entification of Cooperative Societ	y							
1	Name of the cooperative society:								
2	State:								
3	District:								
4	Date of creation:								
5	Main activity:								
6	Secondary activities:								<u>.</u>
7	Number of cooperative members:	٨	lumber d	of Wome	n		Number	r of Men	
2. Id	entification of Cooperative Societ	y's Rep	resentat	ives					
8	Number of representatives:	٨	lumber d	of Wome	n		Number	r of Men	
9	Function of representatives: 1. Function 2. Function 3. Function 4. Function 5. Function								
10	Age of representatives:			men				en	
		< 30	30-40	40-50	>50	< 30	30-40	40-50	<50
11	Member of the cooperative since:	< 1 y	Woi 1-5 y	men 6-20y	>20 y	< 1 y	1-5 y	en 6-20y	<20 y
3. C	ooperative Activities								
12	Services provided to members: 1. 2. 3. 4. 5.								

13	Discuss if and how some activities of the cooperative do receive a support from the government (description of this support)	Comments:
14	Discuss the financial results achieved by the cooperative last year (amount of surplus or deficit)	Comments:
15	Discuss how the surplus is redistributed among the members	Comments:
16	Discuss the main problems faced by the cooperative in its regular activities	Comments:
3. R	elations with Members	
3. R	elations with Members One-time entry fee to be paidYes	No
		No
17	One-time entry fee to be paidYes	No
17 18	One-time entry fee to be paidYes If yes, how much?	No
17 18 19 20	One-time entry fee to be paidYes If yes, how much? Minimum capital share to buy? Discuss any other financial obligations to be met by members (on a yearly basis or	Comments:
17 18 19 20	One-time entry fee to be paidYes If yes, how much? Minimum capital share to buy? Discuss any other financial obligations to be met by members (on a yearly basis or related to activities)	Comments:
17 18 19 20	One-time entry fee to be paidYes If yes, how much? Minimum capital share to buy? Discuss any other financial obligations to be met by members (on a yearly basis or related to activities) Decase of a credit cooperative: Clarify with representatives the conditions applying to loans (type, interest rates, frequency	Comments:

In th	e case of a non-credit cooperative:						
24	Clarify with representatives the way members receive the payment for activities conducted with the cooperative	Comments:					
For l	both cases						
25	Rate (from 1 to 3) the average Monthly revenue of members	< 5000	5,000-10,000	10,000-20,000	> 20,000		
4. R	4. Risk Awareness						
26	Main risks faced by members? o o o o	Number o	of Women	Number	r of Men		
27	Ask and discuss some real examples of costly risk-related expenditures that some members have recently met						
28	Discuss the ways members usually prepare against or respond to these risks (individually or collectively)						
29	Discuss if the different risks faced by members may also affect the cooperative (if so, how seriously)						
30	Discuss if there is already observed among members some kind of informal solidarity mechanism aiming to help those in need (if yes, provide details and examples)	Comments:					
31	Discuss if there is already some social protection mechanism that has been set up by the cooperative (if yes, provide details on the functioning of the scheme)	Comments:					

5. Social Protection Awareness							
32	Any welfare fund open to coope-	Number of Women	Number of Men				
rative members at state level?	Yes: No:	Yes:	No:				
33	If so, discuss if they are aware of	Comments:					
	the various benefits provided by						
	the welfare fund and the possible						
	coverage of the cooperative members						
	members						
34	Discuss if they are aware of	Comments:					
	subsidized insurance products						
	provided by public insurance						
	companies						
0.5	D: ''.'						
35	Discuss if they are aware of	Comments:					
	insurance products provided by private insurance companies						
	private insurance companies						
	·						
36	Discuss if they are aware of the	Comments:					
	various micro-insurance						
	initiatives taken by organized groups of the population						
37	Present and discuss the example	Comments:					
0,	of the insurance coverage	Commone					
	provided by the Yeshasvini						
	scheme						
e N	ew Possible Initiatives						
O. /VE	W Possible Illitiatives						
00	Adain manushanai muataatian maasla	No. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A / /	() (
38	Main members' protection needs o o	Number of Women	inumbei	r of Men			
	O						
39	Discuss what they would	Comments:					
	consider would be the very first						
	social protection need to be						
	addressed						
		l					

40	representatives what would be the possible contribution their members would agree to pay to benefit from this protection	Comments:
41	Discuss the most appropriate modalities that could be applied for the payment/collection of the premium to be paid (such as easy payment mechanisms)	Comments:
42	Discuss what possible support the cooperative could provide to the new initiative	Comments:

<u>OUESTIONNAIRE 2: FOCUS GROUP DISCUSSION</u> IDENTIFYING THE MAIN SOCIAL PROTECTION NEEDS

1. Id	entification of Cooperative Societ	у							
1	Name of the cooperative society:								
2	State:								
3	District:								
4	Date of creation:								
5	Main activity:								
2. Id	entification of Group Members								
		_				Г			
6	Number of persons in the group:	٨	lumber d	of Wome	n		Number	r of Men	
7 Age of persons in the group:			Wor	men		Men			
•	rigo or porcorio in the group.	< 30	30-40	40-50	>50	< 30	30-40	40-50	<50
8	Family composition:	Single	1 Ch.	2 Ch.	3 Ch	4 Ch.	5 Ch.	6 Ch.	>6
9	Occupational status: o One occupation o Several occupations	٨	lumber d	of Wome	n		Number	r of Men	
10	Main occupational classification: Full-time wage formal sector Full-time wage inform. sector Wage labour in agriculture Self-employed Small farmer Part-time casual labour Unemployed Others		lumber o	of Wome	n		Numbel	r of Men	
11	Social status:	٨	lumber o	of Wome	n		Number	r of Men	
	Scheduled casteScheduled tribeOther backward classes								
12	Member of the cooperative since:		Woi	men			M	en	
	•	< 1 y		6-20y	>20 y	< 1 y	1-5 y	6-20y	<20 y

3. Risk Awareness

13	Do you have savings?	Number of Wey		Number of Men No:
14	If yes, for what purpose? o o o	Number of W	omen	Number of Men
15	If some savings were made to protect against risks, discuss these risks and the protective role of savings	Comments:		
16	List the risks that you are facing? o o o	Number of W	omen	Number of Men
17	Health problem in family in 2004?	Number of Wes: No		Number of Men No:
18	Death in family in 2004?	Number of Wes: No		Number of Men No:
19	Natural disaster in 2004?	Number of Wey		Number of Men No:
20	Belongings lost in 2004?	Number of Wo		Number of Men No:
21	Riots/violence in 2004?	Number of Wey		Number of Men No:
22	Other risks suffered in 2004? o o	Number of W	omen	Number of Men
23	Money lost due to risks in 2004?	Number of Weyes: No		Number of Men No:
24	Ask and discuss some real examples of costly risk-related expenditures that they had recently met	Example 2:		

25	Taking the example of a health problem, identify with the participants the various types of expenditures they may face and estimate the corresponding costs they will have to bear	Comments:	
26	Taking the example of a death in a family, identify with the participants the various types of expenditures they may face and the corresponding costs they will have to bear	Comments:	
27	Try to classify the main risks?	Number of Women	Number of Men
4. INI	SK Denavioui		
28	Can one prepare against risks?	Number of Women Yes: No:	Number of Men Yes: No:
29	Identify ways to get prepared? o o o	Number of Women	Number of Men
30	Taking the example of savings, discuss the limitations of this way to prepare against risks	Comments:	
31	Identify ways to respond to risks? o o o	Number of Women	Number of Men
32	Best ways to answer to risks? Reduce other expenses Selling assets/livestock Taking an extra job Taking a loan Asking for family's help	Number of Women	Number of Men

	Asking for friends' helpPut children to workOther				
	o <i>Other</i>				
33	Taking the example of loans, discuss the limitations/problems of this risk answer strategy	Comment	S:		
34	Is it better to respond alone?	Nu	mber of Women	Λ.	lumber of Men
J -7	is it better to respond alone:	Yes:	No:	Yes:	No:
			1 -	1	
35	 Any outside support possible? Cooperative Community as a whole Non Governmental Organiz. State government Central government Companies/Private sector 	Nui	mber of Women	N	lumber of Men
	o Other				
36	Taking the example of the cooperative, discuss the type of support that it could possibly provide	Commen	ts:		
37	Taking the example of the community, discuss the type of support that it could possibly provide	Commen	ts:		
38	Taking the example of NGOs, discuss the type of support that they could possibly provide	Commen	ts:		
39	Taking the example of the government, discuss the type of support that it could possibly provide	Commen	ts:		

40	Based on the above, discuss the necessity to get organized collectively in order to receive the appropriate support	Comments:			
5. In	surance Understanding				
41	Know about insurance?	Number Yes:	of Women No:	Number Yes:	er of Men No:
42	Giving a simple definition of insurance, ask the participants if they can provide some examples of available insurance products?	Example 2:			
43	What risks can be covered? o o	Number	of Women	Numbe	er of Men
44	Who can offer insurance? o o o	Number	of Women	Numbe	er of Men
45	Present and discuss the example of the insurance coverage provided by the Yeshasvini scheme	Comments:			
6. Ri	sk Protection Experience				
46	Ask the participants to describe the social protection scheme (organisation and functioning) that has already been initiated through the cooperative	Comments:			

47	When did the scheme start?		
48	Objectives of this scheme? o o	Number of Wom	en Number of Men
49	Were you involved (consulted) in the design of this scheme?	Number of Wome Yes: No:	en Number of Men Yes: No:
50	Are you covered by this scheme?	Number of Wome Yes: No:	en Number of Men Yes: No:
51	Are you satisfied with the services provided by the scheme	Number of Womeyes: No:	en Number of Men Yes: No:
52	Discuss the current limitations/ problems of the scheme and the possible ways to improve it	Comments:	
7. Ne	ew Possible Initiatives		
53	Would you prefer?	Number of Wom	en Number of Men
	Improve the present schemeSet up a new schemeBoth		
In ca	 Set up a new scheme 	a new scheme	
<mark>In ca</mark> 54	Set up a new schemeBoth	a new scheme Number of Wome	en Number of Men
	 Set up a new scheme Both se there is an interest in developing Main social protection needs? 0 		

57	Discuss and determine with participants the most appropriate mechanisms that could be used fro the payment of the premium	Comments:

QUESTIONNAIRE 3: IN-DEPTH PERSONAL INTERVIEW:

ASSESSING THE RISK-COPING MECHANISMS AT THE HOUSEHOLD LEVEL

1. Id	entification	
1	Name of the cooperative socie	ty:
2	State:	
3	District:	
4	Block:	
5	Gram Panchayat:	
6	Village:	
7.	Respondent:	
	7.1 Head of the Household	
	7.2 Others:	Relation to household head:
8	Sex: Mai	e Female
9	Age of respondent:	
10	Member of the cooperative sir	ce:
2. H	ousehold Characteristics	
11	Number of household membe	s:
12	Sex	N0 of males? N0 of females?
13	How many children?	
	13.1 How many below 6?	
	13.2 How many between 6-	15
14	How many adults?	
	14.1 How many 45-60 years	?
	14.2 How many over 60 yea	rs

15	Literacy: How many members?	N0 of males?	N0 of females?
16	Primary school: How many members?	N0 of males?	N0 of females?
17	Middle school: How many members?	N0 of males?	N0 of females?
18	High school: How many members?	N0 of males?	N0 of females?
19	What is your religion?		
20	What Caste do you belong to?		
3. A	ccess to Basic Services		
21	Distance from nearest PHC?		
22	Distance from referral hospital?		
23	Distance from nearest school?		
24	Distance from post office?		
25	Presence of regular road Yes]	No
26	Mode of transport?		
27	Distance to fetch drinking water?		
28	Who does it in the family?		
29	Distance to fetch fuel wood?		
30	Who does it in the family?		
1 P	evenues		
31	What is your main occupation?		
32	Additional occupations? Yes]	No
33	If yes, specify other occupations		
34	Involved in agriculture? Yes]	No
If the	e answer is no, skip to question 38		
35	If yes, do you own land? Yes	1	No
36	How much land do you own?		
37	How much did you harvest last year?		

	Crop Grown	Total Produced.	Part sold	Selling rate	Estim. Income
38	Any small business?	Yes		No	
	38.1 Details on business?				
	38.2 Amounts earned?		Per month	Per	r year
39	Regular wages?	Yes		No	
	39.1 Specify the activity				
	39.2 Amounts earned?		Per month	Per	r year
40	Any other incomes?	Yes		No	
	40.1 Specify income sour	ces			
	40.2 Amounts earned?		Per month	Per	r year
41	Estimated total revenues for	r last year? (one y	vear)		
		Be	low 10,000	10,000-20	,000
		20,	000-50,000	Above 50	,000
5. A	ssets				
42	Do you own a house?	Yes		No	
43	If yes, what type of house?				
44	Toilets in the house?	Yes		No	
45	Electricity connection?	Yes		No	
46	Do you own livestock?	Yes		No	
f the	e answer is no, skip to questic	n 48			
47	If yes, how many animals d	o you own?			
				f livestock	Number
			Cows, buffaloes	3	
			Goats Chicken		

48	Do you have a bicycle?	Yes	No	
49	Do you have a motorbike?	Yes	No No	
50	Do you own a tractor?	Yes	No No	
51	Do you have a telephone?	Yes	No No	
52	Do you own a radio?	Yes	No No	
6. Li	abilities			
53	Did you ever take a loan?	Yes	No No	
If the	answer is no, skip to question	n 63		
54	Purpose of last loan you tool	k?		<u>_</u>
55	In cash or in kind?			
56	Who provided this loan?			-
57	Total amount of this loan?			
58	Duration of this loan?			
59	What rate of interest charged	d?		<u>-</u>
60	Amount to pay back?			
61	Have you settled this loan?	Yes	No No	
62	Do you have other debts?	Yes	No No	
63	Total amount of what you ow	ve?		
7. E	rpenditures			
64	Main monthly regular expens	ses?	,	
65	Main yearly regular expense	s?		
66	Main unexpected expenses?			
67	Health problems last year?	Yes	No No	
68	How many members got sick	k last	t year? N0 of males? N0 of females?	
69	Hospitalization last year?	Yes	No No	
70	Pregnancies last year?	Yes	No No	

71	How must money spent last	year?	Inpatient care	Outpatient care	
72	Enough cash money to pay	? Yes	1	No]
73	If not, how did you manage	it?		 	
8. Ri	isks				
74	What risks are you facing?			 	
75 76	Personal/Family risks? If yes, what main risks?	Yes]	 No]
77	Economic risks?	Yes		No]
78	If yes, what main risks?			 	-
79	Environmental risks?	Yes		No]
80	If yes, what main risks?			 	
81	Social/Governance risks?	Yes	1	No	1
82	If yes, what main risks?			 	
83	What are for you the five mo	ore importar	nt risks you face?		
			1		
			3		
			4		
			5		
84	Coping with risks alone?	Yes	1	No]
85	Use of collective scheme?	Yes		No]
0 /	distinct Orașia a Marchania				
9. In	dividual Coping Mechanisn	15			
86	Use of savings?	Yes		No	1
87	Sale of crop stock?	Yes		No	1
88	Sale of land?	Yes		No]
89	Sale of livestock?	Yes		No]
90	Sale of equipment?	Yes		No]

91	Sale of personal belongings?	Yes		No							
92	Additional job taken?	Yes		No							
93	Family loan?	Yes		No							
94	Loan from cooperative?	Yes		No							
95	Loan from moneylender?	Yes		No							
96	If any other, specify										
10. Group Coping Mechanisms											
97	Government schemes?	Yes		No							
98	If yes, specify										
99	NGO support schemes?	Yes		No							
100	If yes, specify										
101	Cooperative schemes?	Yes		No							
102	If yes, specify										
103	Community schemes?	Yes		No							
104	If yes, specify										
105	Group solidarity?	Yes		No							
106	If yes, specify										
11. Insurance Products											
107	Insurance knowledge?	Yes		No							
108	Insur. Products available?	Yes		No							
109	If yes, specify the products										
110	Insurance companies?	Yes		No							
111	If yes, specify the companies	3									
112	Micro-insurance schemes?	Yes		No							
113	If yes, specify the schemes										

114	Willingness to enrol?	Yes		No	
115	If yes, specify priority covera	ige		 	
116	Capacity to contribute (Rs.)?	>	Per month	Per year	
117	Best payment modalities?			 	