

NIDAN

- **Started in 1995 Dec.**
- **Focus on Workers in informal economy.**
- **Works directly at grass roots and increases outreach through Networking (NASVI/Bihar Forces/supporting grassroot organizations).**
- **Started in urban areas but works also in rural areas. 60% of its work in rural areas**
- **Organise Self-Help Groups/Co-operatives/CBOs**

Primary focus

Have promoted 2000 SHG

- ❖ Provide legal Aid
- ❖ Access to credit and saving .8860 active borrowers- Currently 2 crores on lending presently Savings worth Rs 83 lakhs
- ❖ Promoted 16 collective enterprises/co-ops
- ❖ Promoted Social Security covering Insurance, Child Care Services, Education
- ❖ Policy Advocacy
- ❖ Housing and Health.

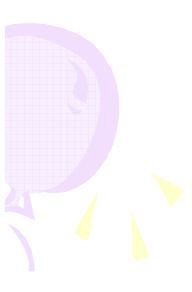


Social Security Program

- Beginning
 - Role of Nidan
 - Strategy
 - Different packages
 - Coverage
 - Challenges
 - Lessons learnt
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Beginning

- **Started in 1999 - death of three members**
 - **Linkages with LIC-Group insurance, insurance of loanees and then Janshree**
 - **Linkage with NIC-mediclaim, Jan Arogya**
 - **Insurance as a way of life-own, staff, office assests, money in transit etc**
 - **Study on Insurance need of poor-2002**
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Study on Insurance

- 1000 rural and urban samples
 - Major cause of drain of money
 - ✓ Hospitalization
 - ✓ Funeral
 - ✓ Cattle loss
 - ✓ Assets loss by fire etc.
 - ✓ Death
 - ✓ Marriage
 - Major source of money
 - ✓ Money lenders
 - ✓ Relatives
 - ✓ Organisation like Nidan
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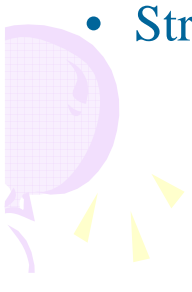


Role of Nidan

- Popularize Insurance amongst poor.
 - Break the myth that insurance companies do not give claims
 - Educate and train members about insurance and claim process.
 - Play role of an honest mediator
 - Design better schemes and advocate for its implementation
 - Help the target group in preparation of the claim documents.
 - Identify poor friendly doctors and hospitals
 - Pressurize members to visit good doctors and identify and link with service providers
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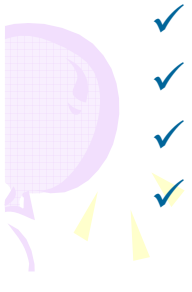


Strategy

- Package to cover major risks
 - Bring program in campaign mode- 3month
 - Strong MIS
 - Monitoring of age and health conditions of insured members 5% of all the enrolled to be checked
 - Involve family and community
 - Entire advocacy has been community centered
 - One person –one face from the organisation
 - Strong emphasis on correct name in papers,banks etc
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Generation

- Discussion of insurance in monthly meetings of SHG/Co-operative/Market Committee
 - Organised Cluster Meetings on Insurance
 - Training to Group Leaders
 - Sharing of case studies
 - Organising Gram Sabha
 - Claim disbursement in meetings
 - Intensive campaign
 - Exposure to organisation
 - Low Cost IEC Materials
 - ✓ Schemes pamphlets
 - ✓ Schemes posters
 - ✓ Claim pamphlets
 - ✓ Hospitals name and address pamphlets
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Different Packages

- Group Insurance
- Individual Insurance

Package

Member

Annual Premium

Scheme I

Scheme II

Premium Rs 125/-

Premium Rs225/-

▪ Hospitalization	2000	6000
▪ House & Assets	10000	20000
▪ Natural Death	7500	20000
▪ Accidental Death (Member)	40000	65000
▪ Accidental Death of Husband	15000	15000
▪ Total Permanent Disability	-----	50000
▪ Total Partial Disability	-----	25000

Spouse

Rs 175/-

Premium Rs 100/-

Premium

▪ Hospitalization	2000	6000
▪ Natural Death	7500	20000
▪ Accidental Death	25000	50000
▪ Total Permanent Disability	-----	50000
▪ Total Partial Disability	-----	25000

Individual Insurance

- Life Insurance
- Health Insurance
- First Corporate Agent in Bihar
- Focus on poor friendly schemes of LIC
- 1650 people covered under life insurance

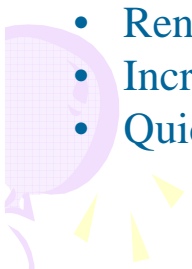
District

Coverage of Insured person

	<u>2004</u> (persons))	<u>2005</u> (persons)	<u>2006</u> (persons)
Katihar	401	1305	1802
Khagaria	764	1339	1436
Nawadah	18	42	106
Vaishali	1011	2160	5831
Muzaffarpur	---	571	1167
Patna	3542	4699	7341
Begusarai	---	73	112
Samastipur	---	---	3127
New Delhi	---	14	124
Sonepur	---	---	140
Purnea	---	---	243
Nalanda	---	---	21
Gaya	---	---	10
Total	5,736	10,203	21,460

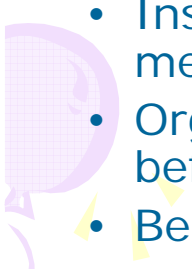


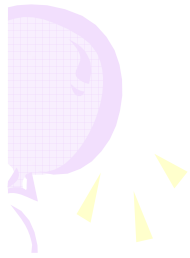
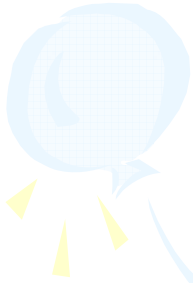
Challenges

- Control quality of program-age,health conditions of insured, false claims, false bills,use of undue pressure by communities,complicated cases like succession,murder case,suicide case,staff getting soft on false cases
 - Even genuine rejection is swallowed with lot of difficulties.People spread rumour and try to create bad blood
 - Bad players promising moon to poor or misguiding them
 - Mainstream insurance agents unaware of Group Insurance and spreading rumour
 - NBFC negative role in the recent past
 - Sensitize insurance companies
 - Renewal of membership
 - Increase outreach
 - Quick service
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Lessons Learnt

- Poor are ready to contribute provided they
 - ✓ Get good services
 - ✓ Process is quick
 - ✓ They are guided/helped/educated
 - Monitoring should be regular
 - Claim should not be dealt by everyone as it is very sensitive issue. A signal wrong statement may destroy efforts
 - Sensitizing insurance officials should be ongoing process as individual officer's attitude matter
 - Insurance should be done where access of member to organiser is regular
 - Organiser should be motivated and oriented before giving them task to take insurance
 - Be patient people take time to learn things
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THANK YOU