Community Led Social Protection Mechanisms

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Background:
community led social protection

- Most focus is on centrally administered systems

- Little research evidence on the existence, efficacy and efficiency of community based systems

- Community based systems have strong potential to deliver efficient, effective and contextually relevant social protection

Myanmar: context

- 60 million population

- Currently in reform process

- Social protection in early stages

- At least a quarter of population in poverty

- Anecdotal evidence of existence of community systems

Method

- Selection and training of community volunteers

- Mapping of community based social protection systems in 39 communities, in 8 out of 14 States & Regions

- Mapping of: types of system, beneficiary profile, eligibility criteria, type of benefit, number of beneficiaries, size of benefit and fund, and donor profile

Findings (1)

- Most programmes had no specific targeting criteria, but of the group-specific programmes, those for women (12.6%) and children (13.8%) were the most frequent. Interestingly, over half the programmes were available to 'any reported case in the village' even if the person was not a native of that village

- Several villages had well-organized programmes to provide emergency assistance to neighbouring villages in times of difficulty.

- The majority of schemes (82%) relied on systematic contributions from villagers in some form, with only 18% of schemes drawing mainly from private donors, and only three schemes had contributions from government sources,

Findings (1)

- The mean benefit amount was $62

- Around half of the benefits were delivered in cash, with the remainder being delivered by a mixture of cash and labour (20%), cash, labour and food (11%), labour or service (9%) or food/materials (6%) or cash plus food (4%).

- The main categories of social protection schemes were for general social welfare (31%), health (25%), education (11%), religious affairs (7.5%) and emergency support (7.5%).

Findings (1)

- ALL communities had at least one community based social protection scheme

- In total, 159 social protection schemes were administered, average of K 2,277,169 per village (US$2,650).

- A village typically would have 4 social protection schemes- general social welfare, a health scheme, an education scheme and a scheme based around religious ceremonies, including funerals

Child-focused social protection

Target	Social Protection Program	Sub-Categories	States/ Regions Dected	Benefits (Type) per Beneficiaries	Eligibility Criteria	Types of Donor
CHILDREN	Education	Access to Education (Primary& Secondary)	Kachin, Kayah, Kayin, Mon, Rakhine, Magway, Ayeyarwaddy, Mandalay	Cash (MMK)	Reported poor school aged children of the community	Village/ NGOs/ Individuals
	Health	Access to free Vaccination/ health care	Magway, Ayeyarwaddy, Kayin	Labor Support+ Cash (MMK)	Reported poor children who needs health care/ vaccination	Government/ NGOs/ Village
	Religious Affairs	Buddhist's Novitiation Ceremony	Magway, Ayeyarwaddy, Rakhine, Mon	Labor Support+ Cash (MMK)	Reported poor young males of the community	Village
WOMEN	Maternal Health	Financial Support on Childbirth	Kayah	Labor Support+ Cash (MMK)	All reported poor pregnant women of the community	Village

Child focused schemes vs. others

Beneficiary	Villages with	Average beneficiary number per scheme	Average beneficiary number per scheme per 100 households)	Average fund size	Average value of benefit	Typical donor profile
Children	16	17	14.5	K631,614 (US$ 732.5)	K56,486 (US$65.5)	Village donation
Other	35	10	8.5	K543,899 (US$ 631	K49,347 (US$57.2)	Village donation, private donors, village youth funds

Policy Implications

Community based social protection schemes are already playing a major role in overall social welfare & social protection services

- The projected value of annual expenditure by community based schemes is US$211 million, approximately 0.31% of annual GDP.

- When compared with combined government spending on health, education and social welfare combined (2.24%), community based schemes spend approximately one dollar for every eight dollars spent by government. When this is narrowed to social welfare related benefits only, community based schemes spend three dollars on social welfare for every dollar spent by central government, where social welfare spending represents 0.02% of GDP.

Policy Implications

- Community schemes do not operate from a rights-based framework

- Community based schemes are limited by lack of technical capacity and funds

- Limited evidence exists for the impact of scaling up of community systems

- The role of community systems in wider social protection is determined largely by the defined roles of other sectors (central and regional government, NGOs etc)

Policy Recommendations

- Further study & pilot programmes (e.g. Community Led Action for Social Protection (CLASP) approach)

- Integration of community based systems into regional (territorial) social protection planning

- Strengthen the evidence base for efficacy of community led systems by building capacity for data collection and analysis at local and regional levels