



PRESENTATION

ON

ASA SOCIAL SECURITY ACTIVITIES

**Presented by
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About ASA

- Among the globally renowned microfinance institutions ASA as an MFI has occupied an appreciable position.
- It was established in 1978.
- At the initial stage the institution concentrated on building awareness of disadvantaged people and organized them with a view to eliminating their poverty.
- After a decade the organization shifted to microfinance program. In 1992, ASA initiated an exclusive microfinance model that was different from prevailing microfinance model.
- At present ASA is working with 7.3 million underprivileged families in the country.
- Apart from microfinance program ASA is implementing several social security activities as CSR. It is mentionable that without any grant fund or donor support ASA, as a matter of principle, is implementing its all social security activities.



Social Security Activities of ASA

1. Primary Education Strengthening Program (PESP)
2. ASA Health Services
 - Primary Health Services
 - Integrated Health and Education
 - Health Awareness
 - Kakina Health Centre- A collaborative effort
3. Physiotherapy
4. Clean Water and Sustainable Sanitation
5. Financial Facilities for Treatment
6. Disaster Facilities
7. Loan Security and Risk Fund (LSRF)
 - Exempt loan balance for client's death
 - Exempt loan balance for permanent physical disability of clients
 - Special Grant on client's death
 - Honorarium on regular client's retirement



Goal of Social Security Activities

- To build a prosperous and healthy nation.

Objectives of Social Security Activities

- To reduce drop-out rate in primary education level
- To provide preventive health services at doorsteps of clients
- To create health awareness
- To assist people to follow norm of a healthy life
- To assist disabled people for early recovery to normal life
- To assist government in achieving SDG goal 6 through implementing clean water and sustainable sanitation activities
- To help disaster affected people
- To provide social and family securities through LSRF activities

Budget- Expenditure in Social Security Activities during 2018-19



| Program | Allocated Amount (BDT in Cr.) |
|------------------------------------|--|
| PESP | 31.31 |
| AHS | 52.67 |
| Physiotherapy | 1.60 |
| Water and sanitation | 155.34 (1.04 cr. for clean water, 0.40 cr. for capacity building & 153.90 for soft loan) |
| Financial facilities for treatment | 16.00 |
| Disaster Facilities | as per requirement |
| LSRF | 130.40 |
| Total Budget in Cr. | 387.32 |

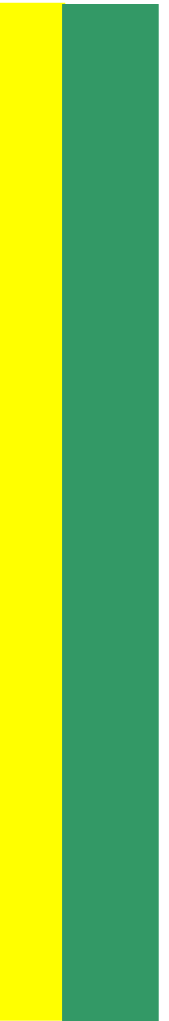
Achievement as on 30 June, 2018



| Program | Achievement |
|------------------------------------|---|
| PESP | Dist.-62, ASA Br.- 700, Education Centers- 10,653 & students 2,81,328 |
| AHS | <ul style="list-style-type: none"> - Dist.- 46, Health Centers- 59, Provided preventive healthcare services to 10,52,564 people through PHS Activities - Provided healthcare services to 13,84,374 people through Integrated Health and Education activities - Discussed on different health related issues to all ASA members in each and every month. |
| Physiotherapy | Arranged 1,596 number of physiotherapy camp and provided physiotherapy treatment to 2,14,670 number of beneficiaries. |
| Water and sanitation | <ul style="list-style-type: none"> - Installed 7 deep tube-wells in clean water scarce areas of 4 districts at a cost of BDT 1.06 cr. - Developed capacity of 2,378 number of local sanitation entrepreneurs and disbursed soft loan amounting to BDT 33.51 cr. for expanding their business - Provided support to beneficiaries to install 3,53,346 hygienic toilets and disbursed soft loan amounting to BDT 328.93 cr. (BDT 97.50 cr. interest free loan) |
| Financial facilities for treatment | Provided grant amounting to BDT 6.17 cr. in last 2 years. |
| Disaster Facilities | - |
| LSRF | Provided support amounting to BDT 99.02 cr. in last year |



Challenges

- High local demand as few organizations are implementing education program with their own curriculum and logistic
 - In some cases difficult to reach target people in remote areas
 - People are attracted to get free services rather than loan
 - Limitation of appropriate technology for installing hygienic toilet in Haor, Char and Hilly areas
 - Absence of efficient sanitation entrepreneurs
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Learning

- Student of Primary level need extra care
- There is no efficient family members in the poor family of remote areas for helping students to prepare homework
- If children get minimum support, they can show maximum performance
- It is necessary to increase awareness about preventive health care among the disadvantaged people
- There is demonstration effect in sustainable sanitation activities
- There is no extra management cost because of easy implementing procedure and ASA's extensive microfinance network





Recommendations

- GO and NGO relationship should be strengthened further on the basis of a definite work plan to ensure collaborative efforts in achieving Sustainable Development Goal (SDG).



THANKS TO ALL