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We are talking about project method... Do we still know what this means?

More than 10 years ago, the AIC started mentioning work-projects. While constantly aiming at “doing the right thing, and doing it in the right manner”, the AIC joined forces to explain this way of working and pass it on to the local teams to be used extensively. Contributors talked about it, hand-outs and power point presentations were made, training sessions were organised... And many an enthusiastic and motivated volunteer adopted this method. By doing so, they achieved very good results and increased the help they gave to the poorest.

This way of working may be efficient, but do we still use it? Do we still instruct our teams on how to carry out projects?

Lately, concrete ways aiming at alleviating poverty have been discussed at the AIC. This is the reason why, during the latest International Assembly in Rome, we broached the subjects of micro-credits, cooperatives and mutual benefit health insurance, amongst others. It is true that it is extremely important to learn about these subjects, because they make it possible for us to innovate and offer quality solutions to the poverty that we are confronted with. However, work-projects remain a valuable way of working on any of these realizations. As a matter of fact, this is a way of organising all sorts of initiatives; it **enables us to organise our ideas and optimise our resources**.

Saint Vincent used to say that good will alone was not enough; to the contrary help must be organised. Therefore, before you start on your cooperative, mutual benefit health insurance company or micro-credits project, we advise you to reorganise your work into a work-project.^[1]

1. Make a **diagnosis of the situation: consider the** needs of the beneficiaries of the project.
2. Choose together with^[2] the beneficiaries **the main targets** to be reached by the project.
3. **Draw up a project**, mentioning which activities have been planned, their timing and the beneficiaries' contribution to the project.
4. Prepare the **budget** necessary to carry out the project. Include every contribution (highlighting each one of them separately) which will enable the realization of the project, i.e. minimum subscriptions, beneficiaries' work, unpaid work, the plot offered by the local authorities, gifts from the local supermarket or an NGO etc.
5. **Organise the team of volunteers** who will take the project in hand and provide for its needs. Appoint a project coordinator.
6. **Carry out** the activities and plan to **evaluate**^[3] the progress of the project regularly in order to **make some adjustments** if necessary. This can be helped by writing reports annually or every six months.

^[1] The document Working in Projects, written in 1995 by the AIC Projects Service, is being updated. Do not hesitate to ask the Secretariat International for a copy.

^[2] In 1995, the AIC Executive Board encouraged us to involve the beneficiaries in the action: “our service to the poor must always take into account their rights, dignity, liberty and right to self-promotion.”

^[3] To evaluate the project we compare the results achieved until now with what had been planned in the initial draft of the project. It can be helpful to consult the beneficiaries and ask them “Do you feel that your situation has improved? What is functioning well, not so good?”

It is important to note that, although this method is, as a matter of fact, within everybody's reach, in order for it to work efficiently a number of key factors will have to be taken into consideration. When an AIC team member is about to carry out a project, whether setting up a cooperative, a mutual benefit health insurance company or a system of micro-credits, she must always bear in mind the following questions:

- 1) Is this a charity project which causes the beneficiaries to be dependent on the aid generated by the project, or, to the contrary, will this project make them independent and enable them to manage by themselves?
- 2) Does this project encourage the empowerment of the beneficiaries?
- 3) Does this project help the self-promotion of its beneficiaries?
- 4) Am I following the AIC Guidelines?

To conclude, let us remind you that, if you wish to receive some help when preparing your projects, you can speak to the *national* Project Coordinator in your association, or the AIC *regional* Project Coordinator or the AIC Solidarity Project Service:

service.projet@aic-international.org

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Chapter 1

Cooperatives

1. COOPERATIVE SAN VICENTE IN PANAMA *

Objective of the cooperative project:

Facilitate the *empowerment* of women trained to produce goods or services by creating a cooperative, which in turn creates new jobs and provides in-house training.

SITUATION ANALYSIS

Very poor people, mainly women, living in rural areas, must ensure the survival of their families. The workshop projects set up by some AIC groups do not provide a satisfying solution, but they can be developed into multi-service cooperatives.

I-1 Origin of the project

Very poor people, mainly women, must get organised to ensure the survival of their families.

The projects that have been set up by the AIC for years, have reached a deadlock and cause frustration; as a matter of fact, the AIC volunteers create workshops providing training in (handy)craft, or professions such as baking/confectionery, cutting/sewing/garment making, hairdressing, etc. However these workshops do not provide the people they trained with the tangible improvement that they expected: either these people do not find any long-term employment where they can put what they learned into practice, or they cannot sell out their production on a regular basis; consequently they never manage to obtain the fix and reliable income which could contribute to their own development or the one of their family members.

I-2 Contexts

Social context

For 50 years this community had been called “New People”, but out of gratitude for the missionary work of the Vincentian Fathers, the community decided to rename themselves “Saint Vincent”.

Localisation of the project

Saint Vincent is a **rural** community living in the Province of Chiriqui, situated in the Far west of the Republic of Panama.

Standard of education

Most of the women **cannot read or write** or they only completed 2 years of primary school; none of them completed the first five years of primary school. With such a standard of education, it is difficult for them to find a remunerative activity.

I-3 Causes for this extreme poverty

These women are so poor because:

- they **lack education**
- they **have not got access to credits** (either the banks do not have any branch in the village, or when there is one, these women lack a property or fix income to guarantee a loan).
- of the **weight of traditions and customs** (according to which a woman's future is in the home, therefore girls' schooling is less important than boys').

I-4 Beneficiaries of the project

Unemployed women and men who had been trained in confectionery and the cooking of regional food. Individually, they lack the resources to create their own micro-businesses.

	Initially (1993)	Today (2006)	Difference between men and women	
			absolute	percent
women	26	46	20	77
men	5	5	0	0
TOTAL	31	51	20	65

I-5 Objectives

Facilitate the *empowerment* of women trained to produce goods or services by creating a cooperative.

Ensure financial independence for these women, so that they can regain their human dignity.

II- SETTING UP THE PROJECT - ACTIVITIES

Three phases:

- 1) Identify the goods to be produced and sold
- 2) Train the future partners to produce efficiently
- 3) Set up the cooperative officially

II-1 Identify the goods to be produced and sold

1.1 Organise a consultation meeting with the future partners:

1.2 Together choose the goods to be produced and sold.

1.3 Together identify a market for these goods (economical viability).

1.4 Together draw up a starting budget for the cooperative, and involve the beneficiaries in finding some funding (prepare a project, create a commission to monitor its progress etc.)

II-2 Train the future partners to produce efficiently

2.1 Organise training in production.

2.2 Organise training in commercialisation (selling), and managing the cooperative.

2.3 Organise training in running the cooperative democratically and in accordance with the national laws regulating cooperatives.

II-3 Official setting up of the cooperative

3.1 Organise a constituent assembly of the cooperative IN AGREEMENT with the national legislation.

3.2 Together write the status of the cooperative. In the status you should pay particular attention to the specific needs of the female partners (or of the neediest among the partners), for example: specific training (in learning how to read and write), or child-minding, helping with handicapped or old dependents. Suggest that the cooperative takes care of these needs.

3.3 Constitution of the capital of the cooperative, followed by the acquisition of movable property and real estate necessary to the functioning of the cooperative.

II-4 Budget

	Partners = Cooperative	External Partners	Bank Loan	External Sponsors
Training				
Premises				x
Meals	x			
Equipment				x
Transport	x			
Visit from external experts		X		
Legal Counsellor				
Solicitor fees	x			
Lawyer fees	x			
Capital				
Kitchen equipment	x			x
Initial capital			x	x

II-5 Partnership

A partnership with the *Instituto Panameño de Cooperativismo* (IPACOOOP) made it possible for the partners to benefit from a special training session: a foreign trainer came to explain how to diversify the manufacturing of goods.

III-EVALUATION

1st type of evaluation: from the third month of activity onwards, and subsequently every three months, evaluate the functioning of the cooperative (if it is profitable, etc.)

2nd type of evaluation: constantly **check** the improvement of the living conditions of the partners. To do so, you will find it very helpful to go and visit them at home.

III-1 Efficiency of this action

1. The cooperative is functioning well in its rural environment and has expanded since its creation 13 years ago.
2. This is a mixed cooperative; from the beginning onwards it integrates women and men successfully, but with a clear majority of women.

III-2 Results and impact on the beneficiaries

- The cooperative currently has 26 salaried employees – a majority of women; the manager is a woman.
- A mini-supermarket is in service. This is the only one in the community. In addition to staple commodities, it enables the rural small producers to sell their products locally.
- Buying raw material from the partners.
- Restaurant and beverages.
- Bread baking, the making of a few varieties of sweets typical of this area (such as the “bienmesabe”, literally: “I-like-it”, small milk eggs and a white spread), smoked beef, pork chorizo, cheeses, etc. In February 2007, a North-American expert in confectionery came to give some advice; his help has been obtained through the IPACOOOP.

About women

Thanks to the implementation of democratic values in a cooperative, the female partners have the same decision making powers within the cooperative as the male partners. They also receive the same benefits from the cooperative as the men. As a result, they gain in self-esteem.

As time goes by, we can safely say that the cooperative is better run by women.

Generally speaking:

All the conflicts and obstacles which arose in the course of the 13 years of its existence have been overcome thanks to the democratic system of the cooperative.

In becoming partners, the men and women of the cooperative have been able to overcome obstacles such as their low buying power and lack of expert knowledge.

All the salaried men and women receive the national minimum salary, which is an adequate salary in a rural area. Because the partners are declared employees and their incomes are sufficient, they are eligible to receive state benefits (pension, social benefit).

III-3 Pictures of the project

Cooperative San Vicente, training with an external expert



Cooperative San Vicente: making local sweet specialities



Cooperative San Vicente – sales outlet

2. SPECIFICATION SHEET: COOPERATIVES

A Cooperative is an autonomous association of people who get together on a voluntary basis to satisfy their needs and economic, social, and cultural aspirations through a company of shared ownership which is run democratically. *Definition of the International Cooperative Alliance and the OIT (1995 and 2002)*⁴

***Principles of a cooperative**⁵

1. Voluntary and open membership
2. Democratically run by the partners
3. Economic participation of the partners
4. Autonomy and independence
5. Education, training and information
6. Cooperation between the interest of the cooperatives and common interest

***Values of the cooperative**⁶ **movement**

Self-promotion, personal responsibility, **democracy**, equality, equity and solidarity, and a **code of ethics** resting on honesty, transparency, social responsibility and concern for others.

Respect for the human person.

***Objective of the cooperatives**

Enable needy people, thanks to a voluntary association, to move from the production of goods or services to a professional activity, together with other people by the means of a cooperative, and by doing so, improve their living standards.

⁴ The International Cooperative Alliance (ICA) is the independent non-governmental association which gathers, represents and helps all the cooperatives throughout the world. Founded in London in 1895, the ICA has 224 members in 87 countries, spread out in all economic sectors.

⁵ Explanation (in Spanish) <http://www.ipacoop.gob.pa/principios.htm>

⁶ Explanation (in Spanish) <http://www.ipacoop.gob.pa/valores.htm>

***The prerequisites for a cooperative are:**

- respect for cooperative principles and values (cf. references below).
- understanding that a cooperative is a company: it must produce goods or services and sell at competitive prices.
- regular training in the management of small companies.
- train the partners in producing goods or services which they will put into practice in the cooperative.
- initial capital.

***Who are the actors in a cooperative?**

- *The partners:* needy people, who already have basic skills (calculating, reading and a minimum of professional knowledge).
- *The AIC volunteers:* setting up of the project, support, monitoring and training.
- *The financing institutions:* subsidizing NGOs, saving and credit cooperatives, or any other sponsor.
- *The supporting institutions:* provide training and advice; they also monitor the credits. For example, the AIC volunteers, other cooperatives, the national body helping cooperatives.
- Solicitors and legal counsellors: they help with the formalities when the cooperative is officially registered.

***Progress**

1st stage: identification of the goods or services

- Together with the future partners identify particular goods or services which can be produced or carried out and sold by needy women.
- Identify and estimate a local, national or international market for this particular product or service.

2nd stage: train the future partners to produce particular goods or services efficiently and run the business adequately, observation

- Train needy people to produce particular goods or services
- Training in “cooperativism”.
- Observation time: look for favourable conditions to set up a cooperative; or adaptation time: identify the obstacles that arise in order to overcome them (child or old dependent minding service, etc).

3rd stage: organisation of the group - official forming of the cooperative

- Find local, national or international support to organise a cooperative in accordance with local legislation and traditions. We recommend a twinning with another cooperative.
- Quantify the amount of the initial investment and act to obtain it (starting financing).
- Organise the constituent assembly of the cooperative, by choosing a name which represents all its members.

👉 Attention: aim at the autonomy and independence of the cooperative and of its partners whilst carrying on supporting and counselling them.

***Evaluation**

Evaluate the first months of activity of the cooperative (after 3 months), and continue to accompany the partners according to the role you play in the structure of the cooperative. For this, it is useful to:

- Visit the partners at home to establish whether the living standards have improved or not.
- Evaluate the variety and quantity of the products/services which have been sold.

***Orientation and support**

- The keywords “women and cooperatives” typed into a search engine of the Internet give a lot of leads.
- International Cooperative Alliance ICA

in French: <http://www.ica.coop/fr/>

in Spanish: <http://www.ica.coop/es/>

in English: <http://www.ica.coop/al-ica/>.

- OIT
- COCETA (Spain)
- COLACOT (Latin America)

Other local sources of support:

- National Governments (own resources or channelling of outside resources)
- NGOs; international Organisations (regional, worldwide, public or private).

Contact persons at the AIC - service.projet@aic-international.org

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A power point presentation is at your disposal at the secretariat.

3. THE FORUM ON COOPERATIVES IN THE ASSEMBLY IN ROME

with Oscar Monteza

Observation of the situation:

- Poverty exists in every country in the world;
- A high percentage of the needy are women;
- The AIC volunteers are committing themselves to reducing this scourge;
- “Cooperativism”⁷ constitutes a possible way of doing so.

The objective of the forum

- to help the AIC volunteers to identify how they can improve on the way they accompany the needy women who take part in the training sessions in their search for a stable and long-term employment.

- to make it possible that the work that the volunteers put into the training of these women by organising many workshops should not go to waste but become an efficient tool in the fight against poverty.

- to show, with the help of concrete projects, that cooperatives are a means of developing a framework for training and job creation, and consequently realise the promotion of the neediest women through their financial autonomy.

The forum was lead by:

Oscar Monteza, international expert in Cooperatives.

And Natalie Monteza, in charge of projects at the AIC secretariat

40 AIC volunteers took part:

3 volunteers from Africa

1 volunteer from North America

23 volunteers from Latin America

1 volunteer from Asia

11 volunteers from Europe

⁷ We call “cooperativism” the global movement of all the people associated with a cooperative.

The themes broached:

- What is a cooperative and what is “cooperativism”?
- Its principles and values
- How to organise a cooperative (step by step)⁸?
- The cooperatives of the poor, do they exist?
- Where to find guidance and support?⁹
- Examples in Panama¹⁰.

What is a cooperative?

An autonomous association of people who get together on a voluntary basis to satisfy their needs and their economic, social, and cultural aspirations through a company of shared ownership which is run democratically. *Definition of the International Cooperative Alliance and the OIT (1995 and 2002)*¹¹

Principles of a cooperative

1. Voluntary and open membership
2. Democratically run by the partners
3. Economic participation of the partners
4. Autonomy and independence
5. Education, training and information
6. Cooperation between the interest of the cooperatives and common interest.

Values of the cooperative movement

Among all the values mentioned, the one which seems to summarize them all is **respect for the individual**, this is at the heart of the functioning of every cooperative. A cooperative is a company which sells goods and/or services, but its particularity is that it is a **social company**, which is, on the one hand, interested in the promotion of the partners who constitute it and, on the other hand, interested in the community.

⁸ See specification sheet on the cooperatives

⁹ See specification sheet on the cooperatives

¹⁰ See Project of cooperatives.

¹¹ The International Cooperative Alliance (ICA) is the independent non-governmental association which gathers, represents and helps all the cooperatives throughout the world. Founded in London in 1895, the ICA has 224 members in 87 countries, spread out in all economic sectors.

As a reference: Global extent of the cooperative movement

- 800 million partners in cooperatives world wide;
- To be found in 100 countries on every continent and spread over a wide range of cultures;
- Incidence on numerous economic, social and cultural activities;
- Exists since 1848 (almost 160 years of experience) – but it was **INVENTED BY THE NEEDY!**

Kinds of cooperatives¹²

- The partners create cooperative companies which mainly produce goods and economic, social and cultural services.
- Consequently these cooperative companies are companies of production, consumption or mixed companies.
- Today we talk about the cooperatives of production because they are created by the workers.

“Cooperativism” and poverty

- After 160 years of existence thousands of cooperatives have become very powerful companies. Consequently, millions of founding partners and their offspring have overcome poverty.
- However since there are still approximately 2 billion poor, “cooperativism” still has an important role to play.

Recommendations

While setting up a cooperative, it is better to keep in mind the following ideas:

- A cooperative can be a complex organisation for it mixes human values and business.
- It is a company: it has to produce goods or services and sell competitively.
- **In-service training** is a key for success.
- A cooperative needs good managers.
- The initial capitalization is difficult and slow. The partners need special encouragement to help them overcome this starting phase.

The AIC and the cooperatives

To create a cooperative, the partners must be trained and accompanied continuously – a task requiring considerable time and effort. This always causes delays because of the lack of funding and staff. The **AIC volunteers are a formidable asset in the creation** of cooperatives by the nature of their continuous commitment over a long period of time, and because they put such a great emphasis on training.

¹² The contributor mentioned that some other cooperatives also exist which are called “saving and credit” but that he would not talk about them in order to concentrate better on the objective of the forum.

Benefits gained by women from the cooperatives

Thanks to the implementation of democratic values in a cooperative, the female partners have the same decision making powers within the cooperative as the male partners. They also receive the same benefits from the cooperative as the men. As a result, they gain in self-esteem. Rapidly, they learn to use this democratic area for their own development and self-promotion: this is their empowerment!

Strong ideas that emerged from the group work set up by the leader.

ACTIVITIES SUGGESTED FOR THE DELEGATES AS AN ANSWER TO THE QUESTION: Which goods or services could be produced by the women benefiting from these projects?

IDEAS PRE-IDENTIFIED BY THE CONTRIBUTORS (these are examples)	IDEAS COMING FROM THE WORK GROUPS	The ideas pre-identified by the contributors on that matter were not given to the delegates as long as they had not found any themselves in their workgroups
GOODS:		
	Dress-making	XXXXXXXXXX
Bread baking- confectionery	Bread baking	xxx
Craft	Craft or Handicraft	xxxxxxx
Restaurants (cafeterias, beverages)	Meals for groups or to take away	xxx
	Farming products	xx
	Food	x
	Preserves (jams)	xx
	Articles for the house (drapes)	x
Recycling refuse		
SERVICES:		
Domestic services	Cleaning services and domestic tasks	xx
Beauty	Hairdressing and beauty parlours	xx
	Computer Services	
Health (care for old people and the sick in homes)	Accompaniment of old people and the sick	xx
	Shops, corner shops,	Getting together to buy staple commodities (clubs of shared shopping) xxx
	Gather the surpluses from the factories	Detergents, candles, dolls, etc. x
Childminding		
Hostels		Cheap lodging for poor people coming into town

Chapter 2

The Micro-Credits

1. PROJECTS OF MICRO-CREDITS IN MADAGASCAR

Objective of the project of micro-credits:

Facilitate the acquisition of an independent professional activity for very needy women who are normally excluded from lending programs, and consequently improve their living standards.

I- ANALYSIS OF FACTS

Single mothers, the majority of whom cannot read and write, have to provide for the survival of their families; in order to enable them to invest into a durable remunerative activity, the AIC offers indispensable help with micro-credits.

I-1 Origin of the Project:

Some women who are alone, abandoned by the father of their children or widowed, have to provide for the survival of their families.

For several years, the AIC Madagascar has been providing schooling and nutrition for their needy children, and gradually the AIC created regular contacts with the mothers; the help of micro-credits, the AIC provides the indispensable “nudge in the right direction”.

I-2 The contexts

Social and sanitary context

These **single** mothers are **widows or have been abandoned** by the father of their children. They manage alone to face up with their own survival and the survival of their children, without any help from the fathers.

They live on “small jobs”, some of them wash clothes, others sell fritters or pistachios on the market; the luckiest among them find a part-time job, but it does not last. With what they earn they can buy one cup full of rice for the family.

Being by themselves with the whole family to feed, they have to survive one way or another, it is not surprising that some of them get into drinking or prostitution.

These women are not lazy and they accept to put a lot into a durable activity which would make them more independent but they do not manage to get by because they do not have the funding necessary to run a small business of their own.

Standard of education

Often these mothers **cannot read or write** or they only completed 2 years of primary school; none of them completed the first five years of primary school. With such a low standard of education, it is difficult for them to find a remunerative activity.

I-3 Causes for this extreme poverty

these women are so poor because:

- they **lack education**
- they **have no access to credits** .
- of the **weight of traditions and customs**

I-4 Beneficiaries of the project

They are **60 mothers** who regularly attended the group meetings, who do not refuse the pieces of advice given by the people around them and who, because of their dependability, deserve to be helped. They have the urge to get back on their feet; the micro-credits can bring a durable solution to their problems.

This project essentially targets people who **do not have access to a loan from a bank** and who do not have any bank reference.

I-5 Localisation of the project

This project is taking place in 3 AIC centres (Farafangana – Manakara - Andemaka), these are towns situated on the South-East coast of Madagascar.

I-6 Objectives

To make the beneficiaries financially independent, avoid begging and regain their human dignity.

- Enable the beneficiaries to start and expand on or develop an activity.
- Enable the mothers who are excluded from lending programs to face their short term financial needs.
- Offer a service of micro-credits without any interest rate but which encourages the beneficiaries to save money.
- Eliminate the usual constraint within the banking system.
- Definitely take leave of the usurers.
- Enable them to acquire moral independence and regain their dignity.
- Further the emancipation of the women who depend on men.

II- THE SETTING UP OF THE PROJECT:

The AIC volunteers gather groups of approximately fifteen mothers; a simplified training in management enables them to set up their own project, they receive a loan of a limited amount of money for a duration of 3 months; the repayment is spread out over 10 weeks.

II-1 Activities

- The mothers carry on with their usual activities that is to say their small business, the sale of “waffles”, vegetables, dried vegetables, fritters, , fish; the credit is used to increase the quantity of goods to be sold in order to increase the profit.
- Other mothers have 2 or 3 ducks and some turkeys and want to increase the numbers of their poultry; the micro-credits can help them buy some more, fatten and sell the poultry.
- Thanks to the micro-credits the mothers who make baskets or hats can collect a larger quantity of raw material; consequently they can offer a larger variety of models.
- The mothers can diversify their products.

II-2 Training of the volunteers and of the beneficiaries

In 2001 the project Microstart of the micro-finance section of the program “Poverty” of the PNUD in Madagascar trained some volunteers and 18 mothers in a project concerning micro-finance.

- Training in **simplified management which is** carried out by some technicians of the micro-credits.
- Establish an **agreement concerning the loans**: weekly expiry dates.
- Visit the various businesses/activities.
- **Keep a book** for each beneficiary, where the repayments are to be entered.
- **Set up a godmother-like partnership with an AIC volunteer (a volunteer supervises a mother).**
- Together decide on the **repayment dates**.
- Make the beneficiaries **respect the terms of the contract**.

Gradually we have added our own and more flexible criteria:

- Limit the loan to a minimal amount,
- Take into account human and environmental factors.

II-3 Calendar

- Meetings once a week for a month to set up the project.
- Then lend 50.000 FMG (4 euros) per mother, which will be repaid in 10 weeks (5000 FMG at the end of each week).
- 3 months later: last repayment and lending of the double amount: 100.000 FMG (8 euros):
 - 4 euros 1st cycle
 - 8 euros 2nd cycle
 - 12 euros 3rd cycle
 - 16 euros 4th cycle
 - 20 euros last cycle.

Recruiting a new promotion of mothers, supervised this time by the mothers of the 1st wave as well as a responsible volunteer.

II-4 Budget

250 000 FMG /per mother and per cycle, that is to say a total of:

250 000 FMG x 60 = 15 000 000 FMG (= 1150 €)

(one euro = 13.000 FMG)

Financing

In the specification sheet we mention that the financing institutions are:

- subsidizing NGOs, private banks, public institutions, saving and credit cooperatives,
- A twinning with the AIC France.

II-5 Partnership

The project Microstart of the micro-finance section of the programme “Poverty” of the PNUD in **Madagascar**;

The ESV St Pierre du Gros Caillou, AIC France, helped us to start on a new project of micro-credits solely carried out by the volunteers and the mothers.

Recently some institutions have contacted us for a future collaboration.

III-EVALUATION

The group of women always effect the repayment of the sums which have been lent, because they are in a joint surety, even if there are still some problems of punctuality; but above all, what a self-fulfilment it is for these women: this is a real empowerment.

A regular evaluation: the mothers meet twice a week, then the person in charge of the project evaluates, together with the mothers, the strengths and weaknesses.

A more in depth evaluation is taking place at the end of each cycle.

III-1 Efficiency of action

Year 2004

-**26 mothers** have benefited from micro-credits and each one of them has set up her small business (small restaurants, small business, selling and reselling, crochet, knitting)

-**3 separate teams** have been constituted and are paying back regularly

(Avotra = **Saved!**) **13 mothers** who are going through the 2nd cycle = 8euros

(Ezaka = **Efforts**) **6 mothers** who are going through the 3rd cycle = 12euros

(Tafita = **Success**) **7 mothers** who have managed to pay 16 euros back; they have completed the 4th cycle, (*Notice that they found the names for their teams by themselves*).

6 mothers have some difficulties to pay back. Some others, on the other hand, pay large sums of money back in one go or manage to save a lot.

Since they are in a **joint and several guarantee**, the **complete sum** granted to the team is **always paid back** thanks to the money that they could save.

Year 2005 /2006

In spite of very big economic difficulties, we have recruited four new mothers.

30 mothers have therefore benefited from micro-credits. The name of the new team is: Tsaradia (Have a nice journey!)

Moreover, together with the mothers, we have decided to grant only 4euros per mother; that is to say, **to cancel the increase that we had granted at the beginning of the stage.**

This aims at reducing the risk for the mothers not to pay the money back; in effect, this increases their capacity for repaying the whole sum.

At the AIC Farafangana, the mothers, there are 50 of them, repay regularly.

At the AIC Andemaka, since November when the training was granted in by the Bureau National, 5 mothers have been benefiting from this micro-credit and repay regularly.

Some problems arise in the **synchronisation of the repayments** because the times when the mothers can come and pay back the money differ according to their own availability whereas there is only one well defined time slot when it has to be paid in at the bank. The learning of discipline is not easy. However this leads to the empowerment of some of the mothers who are now able to go and pay in the money at the bank by themselves provided that they return the receipt to the AIC.

III-2 Impact on the beneficiaries

About the mothers:

- Courage to undertake – self-confidence – self-respect and becoming aware of one’s own value;
- Trust in others and in the other’s dignity; this is an important condition for the success of an action in partnership even when the risk factor is high;
- Solidarity – tolerance – responsibility thanks to the joint and several guarantee;
- Sense of leadership and self-discipline;
- Care about being efficient as far as respecting one’s own financial commitments is concerned (sense of being responsible)
- Personal fulfilment.

III-3 Conclusions of the AIC Madagascar

This education and training programme will lead towards a durable development, towards the promotion of universal values and all the actors involved (the volunteers, the needy women, the leaders, the sponsor...) are being made aware of these values.

This project “micro-credits” really benefits the mothers who have gained a lot in autonomy and understanding of financial matters, even if only tiny sums are involved; but for them this is the first time in their lives that they hold so much money in their hands.

They have also learned to be very careful and secure their belongings for there are many thief or envious person around.

Moreover, they learned to look continuously for new markets as well as to make a forecast on these markets, sometimes they even take the risk of travelling farther.

They also acquired more self-control to be able to save money, would it only be 1% of the sum per week.

Until now, no major inconvenience has been reported, which strengthens our determination to pursue this project and extend it to other new mothers whilst still being careful when choosing candidates.

Here we should stress the fact that the needier the people, the credit-worthier they are; they meet their debts when being granted a “loan” and being able to improve on their standard of living.

Thanks to the group cohesion fostered during the weekly meetings, these women also have developed a sense of trust in the providence by means of prayers that they learned to do before, during and after any activity.

2. SPECIFICATION SHEET: MICRO-CREDITS

Objective of the micro-credit:

Make it easier for the needy, who normally are excluded from lending programs, to acquire an independent professional activity thanks to a service of micro-credits, and therefore improve their living standards.

*The micro-credit presupposes that:

- small amounts are lent: generally between 5 € and 200 €, maximum 2.000 €
- it leads to the acquisition of a job (small business, services, handicraft, small breeding, agricultural activity...)
- it is a short term credit: 2 to 12 months;
- most of the time the repayments are due weekly, always regularly and at close intervals;
- the solidarity between the beneficiaries of the micro-credits works as a repayment guarantee.

*The actors of the micro-credit:

- the beneficiaries: very needy people, 94% of them are women, who already have had some schooling (calculate, read, and a minimum of professional knowledge).
- The AIC volunteers: set up the project, support, monitor and train;
- The subsidizing institutions: NGOs providing a loan, private banks, public institutions, saving and credit cooperatives;
- The supporting institutions: provide training and advice as well as monitoring of the credit. For example, the AIC volunteers.

*Progression

1st stage: observation

The volunteers observe and support each one of the beneficiaries for approximately 3 months to establish a climate of trust. Each volunteer chooses a woman for whom she will act as a “godmother”. The group meets weekly.

2nd stage: training

Weekly training for the beneficiaries: ½ hour, for 3 months, to learn management in a simplified way with simple rules such as:

- With the money coming from the micro-credit:
 - Never buy medicine, food nor clothes.
 - Never pay back your debts nor use this money in case of death (family contributions, buying a shroud...)
 - Never entrust this money to anyone whether family, parent, husband, or friend: you alone are responsible for it.
 - Each day, save some money and bring it back on the day appointed for the weekly repayment.
 - Set oneself an objective for using the savings.
- During these 3 months of training, learn to be punctual. If need be, introduce a system of penalization.
- Concerning a business
 - Have two different businesses in order not to be left high and dry in case of difficulty with the one or the other. Example: fruits and mats.
 - Choose one's products carefully, not too ripe so that they do not rot.
 - Choose one's place carefully; one should not settle down where many other stall-holders sell the same product.
 - Offer more than the others, example: something to wrap up and take away the product.

3rd stage: organisation of the group

- A group of approximately 10 persons;
- Choice of the name for the group; once each beneficiary has made a suggestion, it should be voted for.
- Choice of an activity for each beneficiary.

4th stage: handing the money over

- The volunteer hands the money and the notebook over to her “godchild”
- Both of them sign the notebook and the individual card; a contract is being signed between the AIC and the beneficiaries who commit themselves to paying back jointly.
- This could be the opportunity to give a small party/cocktail on the costs of the association to encourage the beneficiaries.
- First two weeks: no repayment.

5th stage: repayments

1st cycle:

example: capital 50000 francs MGF: repayment at the rate of 5000 francs MGF per week for 10 weeks. Saving is compulsory but the actual amount is up to the individual.

- Talk about the news, the tricks, the pitfalls.
- Each one signs the documents (notebook, individual and collective cards).

2nd cycle:

- Once every one has finished paying back, we start on the 2nd cycle with the same amount, or double the amount, according to everyone's opinion.
- The volunteers will have had the time to look for new women whom they could help and start on a new training session, etc.
- The beneficiaries of the 1st wave come to testify in front of all in order to encourage them to take part.

***Evaluation**

- Repayment rate
- Amount of savings
- Visits to the homes to see the improvement or not of the living standards.
- Variety and quantity of the products sold.

***Necessary material:**

- 1 notebook for each woman to keep with her,
- 1 individual card kept by the association,
- 1 collective card kept by the association (see sample form attached),
- 1 simple contract for a loan.

***Financing**

After having estimated the necessary amount, the volunteers lodge a request for financing possibilities with the various institutions quoted above.

***Contact people at the AIC**

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NOTEBOOK

Name:**First name:**

Group:

Loan: 50 000 FMG	
<i>Date</i>	
<i>Signatures</i>	
<i>Volunteer</i>	<i>Beneficiary</i>
<i>Date:</i>	
1st repayment on the	
<i>Signatures</i>	
<i>Volunteer</i>	<i>Beneficiary</i>
<i>Date:</i>	

INDIVIDUAL CARD

Name:.....

First Name:.....

Group:

<i>Amount of the loan: 50 0000FMG.....of the</i>			
N°	REPAYMENT	SOLDE	Signature

COLLECTIVE CARD

GROUP.....

AMOUNT OF THE LOAN**OF THE**.....

Date

N	NAME	FIRST NAME	AMOUNT	BALANCE
1				
2				
3				
4				
5				
<i>Payment to the bank date</i> <i>.....Postponement/Transfer.....</i>				

3. TESTIMONIES

My friends are envious of me...

My husband left me and I am bringing up my three children alone. I have always been trying to live and ensure the survival of my children by selling fish but since I have been supervised by the AIC volunteers, I have been able to develop this business thanks to the micro-credit that I was granted. Now this business is bringing in a large profit, I am no longer in debt and I have been able to improve on our hut, our life has changed, I feel more relaxed, I have more trust in the future, I can manage my savings thanks to the training I received. My friends are envious of me.

Florentine

At last we are the same as the others...

I live alone with my four children since my husband left me. I went to school but had to quit at the end of primary school.

I have been lucky to be with the AIC since 2002. I had always tried to create a small business but I always ended up running debts.

Now, thanks to the micro-credit I received, my small business has expanded and I resell various seasonal fruits. My life has changed completely, my children go to school, I no longer have debts, I feel a sense of solidarity with the other women who are living in the same situation as me, we look forward to the future with serenity and confidence, we can say “at last, we are like the others,” “I can walk with my head held high.”

Prosa

4. THE FORUM ON THE MICRO-CREDIT

with Rose de Lima Ramanankavana and Dominique Serruys

The objective of the forum

to show, with the help of **concrete experiences** within the AIC,
that **micro-credits are a means** of
facilitating the acquisition of an independent professional activity
for some very needy women, who are normally excluded from lending programs,
and consequently, improving their living standards;
help the AIC volunteers **to reproduce this action in their countries.**

The forum was lead by:

Rose de Lima Ramanakavana, vice-president of the AIC, and member of the AIC Madagascar
Dominique Serruys, acting as an intermediary for the international secretariat for Cameroon
And Rose Marie T'Sas who had made the power point.

43 AIC volunteers took part:

5 AIC volunteers - Africa

1 AIC volunteer - North America

7 AIC volunteers - Latin America

20 AIC volunteers - Asia

10 AIC volunteers - Europe

Main ideas:

The participants have **been able to exchange their experiences**; the AIC Haiti announced that they experienced difficulties in setting up such a project: the precarious situation of the mothers in this country has caused this project to fail; as a matter of fact, the economic difficulties that they encounter drove the beneficiaries to use the loans for the most urgent needs!!! On the other hand the AIC Indonesia reported a successful experience back home.

This forum highlighted yet again, the true friendship **and the deep solidarity** which bind the members of the AIC together, the joy of becoming aware that similar problems can come up everywhere, the pleasure of exchanging ones experiences, whether positive or negative, and finally the desire to reproduce these actions once the participants are back home.

Chapter 3

The Mutual benefit health insurance

1. PROJECTS OF MUTUAL BENEFIT HEALTH INSURANCE IN MADAGASCAR

Objective of the project of Mutual benefit health insurance:

Make women aware of health matters, enable them to take care of themselves,

Develop the notion of prevention

Make them feel responsible

I SITUATION ANALYSIS:

Some single mothers, without any resources but with family responsibilities, cannot have access to health care, neither for their children nor for themselves, due to a lack of financial means. The AIC moves that they take part in a system of Mutual benefit health insurance.

I-1 The Origin of the Project:

The mothers who are taken care of by the AIC in Manakara are all widows, abandoned or separated from their husbands and with dependent children.

However how could a mother benefit from health care when she has not got, most of the time, even enough to feed her children? As a matter of fact, it is expensive to be in good health. This is the reason why the AIC in Manakara decided to act.

I-2 The contexts

Social context

Each woman could be a mother, a spouse, a companion, a daughter-in-law, a daughter and a sister. This is why her role is paramount and her duties very numerous: she has to do the laundry, prepare the meals, find a job because a day without work, is a day with nothing to eat; of course she has no second to spare to think of a headache, the fact that she is desperately tired, or that her back is aching after having bent for a whole day while working hard (rice transplanting, crushing, doing the laundry, ...).

Her situation is precarious because, once she has been abandoned, neither her in-laws nor even her own family is taking care of her.

The government does not provide for any social security cover, given the fact that she lacks financial means and resources and it is obvious that she does not receive any alimony nor child benefit.

Since these women... these mothers can only rely on themselves, they are not allowed to fall ill. Their lives and the lives of their children depend on this.

Sanitary context.

Most of the time, these women and their children are greatly undernourished; they live in huts that are unfit for habitation and their health is very precarious. Moreover, as a consequence of successive pregnancies and because of a lack of health care and hygiene, their bodies bear witness to these unhealthy conditions.

In Madagascar, you have to pay for every single medical treatment (consultation, surgical operation, injection, medical equipment...); in case of hospitalisation, the patient must even pay for the smallest items used to treat him (cotton wool, compress, alcohol, syringe...).

I-3 The Causes of this extreme poverty

these women are so poor because:

- they **lack education**
- they **have not got access to credits**
- of the **weight of traditions and customs.**

I-4 The Beneficiaries of the project

134 single mothers: widows, abandoned, or separated from their husbands with dependent children.

I-5 The Localisation of the project

This project is taking place in an AIC centre (Manakara), in a town situated on the South-East coast of Madagascar.

I-6 The Objectives

Help these women to think not only in terms of survival but also with a long-term perspective.

Raise awareness on health matters: prevention.

II- SETTING UP THE PROJECT:

Each woman pays a minimal fee, once a month and attends weekly meetings set up to inform them and raise their awareness of health matters. In case of illness, they can go to a health care centre or visit one of the doctors who work in partnership with the AIC project.

II-I Activities

While respecting its Guidelines such as the involvement of its beneficiaries and social co-responsibility, the AIC of Manakara acts at various levels:

II-I Training.

Education and raising awareness for mothers, teenagers and preschool children

1 *For the mothers* one hour of weekly training in

- o health matters
- o matters of hygiene
- o HIV/AIDS prevention
- o promotion of breastfeeding
- o family planning and fighting against abortion.

2 *For teenagers*, girls and boys; a new program of education for life is being set up, beginning in November 2006. This program also includes hygiene and health matters and prevention against the AIDS virus, unwanted or too early pregnancies as well as abortion.

3 *For preschool children*, explanation, often in songs, of the importance of hygiene such as washing your body, or washing your hands before each meal, your fingernails (conveyors of illnesses)...

Vaccination program

- Taking part in vaccination programs against poliomyelitis;
- No vaccines against malaria exist as yet, but in Madagascar we take part in the distribution of vaccines against measles, tuberculosis, tetanus.

Taking part in national campaigns

- 1- promotion of breastfeeding
- 2- national campaigns of vaccination (poliomyelitis, tuberculoses, measles...)
- 3- distribution of vitamins A, vermicides
- 4- distribution of impregnated mosquito nets during a campaign to fight malaria.

II-2 Setting up

1st stage: creation of the Mutual benefit health insurance

The mothers are taking part in the creation process:

- starting from their knowledge (what do you know in terms of...), then correct, complete or improve their answers.
- In order to help them learn we use posters because many of the mothers cannot read. We repeat frequently in order to further memorisation.

2nd stage: setting up the mutual benefit health insurance

- each volunteer, in her own area, is always available and ready to find a solution for every problem, to answer the questions asked by the mothers and direct them towards the service which is appropriate for them + for some of them, training in matters of health or hygiene.
- Taking care of the medical expenses at the health care centre or public hospital: a midwife and a doctor are available at any time. Additionally,
- Providing basic medicines (isobetadine (disinfectant), aspirins, calcium, tetracycline, paracetamol, syringes, vitamins, chloroquine, ...) bought in the local pharmacies.
- Monitoring each mother (personal notebook and a notebook for each family with a list of the medicines in stock and an overview of the payments - contributions and spending).
- As a preventive measure: distribution of soap once a week -for a derisory price-, in order for them to be able to wash and do their laundry once a week.

The contribution: each woman pays in her contribution once a month; this contribution entitles every one of her dependent children to benefit from medical treatments. Each one of these children must be registered in this woman's personal notebook.

However it is not always possible to pay one's contribution on time. NO STRESS! This is when solidarity comes in, for then the time limit will be extended.

The AIC also sets up projects of self-promotion for women which enable them to finance a minimum of their medical treatments /medicines and those of their children, e.g. micro-credits.

In case of illness in Manakara: the women can go to the health care centre where there is always a doctor on duty or one of the two midwives, themselves AIC volunteers as well. The fact that they know the medical staff has won their trust. They dare going to the doctor's. At this stage we should note how widespread this problem is (being afraid of consulting the doctor), especially in Africa, and how important it is for the patients to feel welcome.

II-3 Budget

2000 euros: the funds were given by the Belgian institution Memisa; as I made a presentation at the university of Louvain la Neuve, I met the person in charge of this institution who accepted to give me "a nudge in the right direction" to get started; then we received the help of a team from AIC Paris, France.

II-4 Financing

The contributions from the members, local and foreign donors, twinnings with other AIC groups.

II-5 Partnership

In Manakara, the project is linked with just one health care centre and one hospital where women can find AIC volunteers who endeavour to win their trust. This is a chance! but it is not so everywhere. In larger towns, for example, there are several hospitals, several health care centres, where women can go. However trust is important.

III-EVALUATION

This system is able to take care of every day treatments and small interventions; additionally it raises the mothers' awareness in terms of prevention in health matters.

The Malachi project is a first step in taking care of health care. It can take care of small medical interventions and basic treatments. But what shall we do in case of longer and more expensive hospitalisations? What if several people fall ill at the same time? It is not always possible to finance everything on such a small budget (e.g. cancer/HIV treatments...). Madagascar-AIC would try, in these cases, to establish a collaboration with the hospital, the doctors... but, they themselves do not always have the adequate means.

In the case of a mother who contributes every month but never falls ill, whereas another mother, who contributes as well, falls ill very often, would there be a sort of compensation for the one who contributes but never benefits from the insurance since she does not need it?

NO this works according to the principle of solidarity. No repayment nor free gift.

But why not? Maybe one day, the volunteers will be able to recompense the ones who are never ill, in offering them a bar of soap per week, for example!

A regular evaluation takes place when the mothers meet twice a week, the person in charge of the project then evaluates with the mothers the positive and negative points.

An evaluation more in depth takes place at the end of the cycle.

III-1 Impact on the beneficiaries

- -Change in the mothers' behaviour: some of them who, at the beginning of the project, were reluctant to pay in their contributions have changed their attitude; they now do all they can to become part of the project.
- The testimonies of the beneficiaries, the obvious positive impact on the health of the mothers who took part in the project.
- The mothers are healthier, they can face every day difficulties and in turn raise the awareness of their peers.

III-2 Conclusions of the AIC Madagascar

The AIC MANAKARA created this Mutual benefit health insurance to protect women in case of illness, serious or not, while keeping in mind our guidelines such as the participation of the beneficiaries and social co-responsibility. These Mutual benefit health insurances are also a concrete means of trying, at our level, to reach the Millennium Development Goals and fight against poverty . Our thanks to the MEMISA, to our sisters of the ESV France; thanks to the substantial help that you granted to us, no longer shall we have a bad conscience when one of our mothers dies, since she will not have died because of lack of health care or money, but because this was her time to die and that is all.

2. SPECIFICATION SHEET: MUTUAL BENEFIT HEALTH INSURANCE

***Objective of the Mutual benefit health insurance:**

Raise women's awareness in matters of health, enable them to take care of themselves, to develop the notion of prevention and responsibility;

In agreement with the Millennium Goals:

n°5 : *Improve mothers' health,*

n° 8 : *Set up a global partnership for development.*

***Prerequisites for setting up Mutual benefit health insurances:**

- Determine the needs of each mother as far as health is concerned;
- Establish a list of the priority of the treatments to be provided;
- Determine the financial possibilities of each mother;
- Symbolic contribution paid in monthly by each mother.

***The actors of the Mutual benefit health insurance:**

- *the beneficiaries:* very needy women having to support a family.
- *The AIC volunteers:* support and training
- *The health care centres and hospitals* with whom the AIC volunteers keep in touch.
- *The financiers:* the women themselves through their contributions, local or foreign donators, AIC twinning.

***Development**

1st stage: creation of the Mutual benefit health insurance

The mothers are taking part in the creation process:

- starting from their knowledge (what do you know in terms of...), correct, complete their answers or improve them.
- In order to help them learn we use posters because many of the mothers cannot read. We frequently repeat in order to further memorisation.

2nd stage: setting up the Mutual benefit health insurance

- each volunteer, in her own area, is always available and ready to find a solution for every problem, to answer the questions asked by the mothers and direct them towards the service which is appropriate for them + for some of them, training in matters of health or hygiene.

- -Taking care of the medical expenses at the health care centre or public hospital: a midwife and a doctor are available at any time. Additionally,
- -Providing basic medicines (isobetadine (disinfectant), aspirins, calcium, tetracycline, paracetamol, syringes, vitamins, chloroquine, ...) bought in the local pharmacies.
- -Monitoring each mother (personal notebook and a notebook for each family with a list of the medicines in stock and an overview of the payments - contributions and spending).
- -As a preventive measure: distribution of soap once a week -for a derisory price-, in order for them to be able to wash and do their laundry once a week.

***Evaluation:**

The **testimony** of the mothers already having benefited from the help of the mutual benefit health insurance is paramount when it comes to convincing the most reluctant ones that it is important for them too, to pay their contributions.

As a matter of fact some of the women who presently do not happen to be ill, do not see the point in paying a contribution immediately. However on the day when they themselves, or their child fall ill, they hurry to come and pay in their contributions in order to be able to benefit from the support of the AIC in taking care of their medical expenses. This is not fair towards the mothers who, ill or not, pay in their contributions each month, in spite of the financial difficulties they are facing/experiencing.

***Financing**

The financing comes from the above mentioned contributions.

***Contact Persons at the AIC**

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A power point presentation is at your disposal at the secretariat.

3. TESTIMONIES

Mrs. Christine had a crisis of malaria; she turned to the AIC and, thanks to the support of the mutual benefit health insurance, could receive the numerous injections of quinine and paracetamol that she needed.

Little Bruno cut his foot during break-time; it was disinfected with isobetadine from the first aid kit in order to prevent an infection.

“He already has weaknesses in his feet, with an infected cut, he would not have been able to walk anymore!” his grand-mother told us.

Bao Joséphine: “My son had a tractor accident, and split his head. He was badly shaken and bled a lot. Thanks to the Mutual benefit health insurance, he could go to hospital where he received all the necessary treatments free of charge. He got a huge plaster.”

Dauphine: “My child had the flu...twice... Thanks to the Mutual benefit health insurance, he was given injections free of charge at the health care centre and he also received tablets.”

Mrs. Sara: “I had the flu. Very badly!!! And my tension shot up. I needed injections and tablets, so thanks to the mutual health insurance I went straight to the health care centre and I had all the treatments free of charge. How would I have managed with my children if I had been very ill? Who would have taken care of them?”

4. THE FORUM ON THE MUTUAL BENEFIT HEALTH INSURANCE

The objective of the forum

To show that the **concrete projects** within the AIC
like **the Mutual benefit health insurance is a means of**

- *raising women's awareness to health problems;*
- *enabling them to take care of their own health;*
- *developing the notion of prevention and make them feel responsible*

To help the AIC volunteers

to reproduce this action in their country or set up twinnings.

The forum was lead by:

Chantal Rakatamanga, president of the AIC Madagascar

Nathalie de Terwangne, a Belgian student who spent 3 months on a work experience in Madagascar

11 volunteers AIC took part:

2 volunteers AIC – Africa

1 volunteer AIC – North-America

5 volunteers AIC – Latin America

3 volunteers AIC – Europe

The expectations of the women who took part were twofold:

- On the one hand, the volunteers who do not have, in their countries, a system of Mutual benefit health insurance: find ideas **and learn the method** in order to be able to apply it in their own country.
- On the other hand, the volunteers who do have, in their own countries, a system of Mutual benefit health insurance: understand the method and bear witness, once they are back home, of what other AIC associations live in view of setting up **possible twinnings**.

Strong Ideas:

The women who took part in the forum all agree to say that this project is extremely important; the occidental systems of social protection started in the same way!- Consequently this is a **1st important step** in improving women's standard of living.

However before setting up a Mutual benefit health insurance, it is indispensable to educate and raise women's awareness in health matters and make them feel responsible. A **period of training must absolutely precede the setting up of the project.**

Conclusion

This notebook presents **3 concrete ways** of responding to the situations of poverty that the women live through:

- cooperatives,
- micro-credits,
- and Mutual benefit health insurance.

These experiences that some groups are living through can be reproduced by other AIC groups; They can also be adapted to the local necessities, or even help us invent new answers; -The method “**work in a project form**”, that the AIC has been advocating for more than 10 years, is meant for us to work efficiently-.

In doing so we will remain faithful to the commitment that we made at the assembly in Rome, **in agreement with the guidelines to:**

“strengthen our answers to the problem of women’s poverty”, and to
“accompany the women in taking on personal responsibilities”.

These projects bring indispensable material improvement to the women who take part in them; the evaluations of the projects show that these women regain their self-confidence and self-esteem, that they can count on the solidarity that exists among them.

Here are the **values** on which the AIC wishes to base its actions:

- respect for women’s dignity
- solidarity between women.