

Disclaimer:

The views expressed in this document are those of the author, and do not necessarily reflect the views and policies of the Asian Development Bank (ADB), its Board of Directors, or the governments they represent. ADB does not guarantee the accuracy of the data included in this document, and accept no responsibility for any consequence of their use. By making any designation or reference to a particular territory or geographical area, or by using the term “country” in this document, ADB does not intend to make any judgments as to the legal or other status of any territory or area

Supporting the Most Vulnerable Group in Rural China

Prof. ZuoTing

China Association of Social Security Studies

China Agricultural University

Background

- According to the statistics of household registration, 60% are rural population (about 800 million people, of which about 200 million are migrant workers floating between urban and rural).They live in 585000 administrative villages (4.704 million villager group), belonging to about 33000 towns and 2000 counties.
- Because of the long-term planned economy, China is characterized by a dual economy. the standard of living of the rural population is lower than the urban , the level of social security of the rural population is also lower than that in cities. In the context of urbanization, rural-urban migrant workers' livelihood are full of risks and uncertainty.

Background

- Among the rural poor population, about 7% - 8% are trapped into poverty due to special life stages and physical conditions. They usually have little economic income and suffer from physical problems, such as the elderly, children and disabled people. They are the most vulnerable groups, generally called the most needy people in our country.

Definition of the most vulnerable people

(“three noes-people”)

- **“Three noes ” :**
- No working ability
- No source of income
- No legal supporter and guardian, or the supporter and guardian has no ability to provide from them
- **Three groups of people :**
- The elderly
- The disabled
- Children under 16 years old

Supports to the group of three-noes (Five Guarantees)

- In 2006 the State Council has approved the new regulations on the rural “Five Guarantees” :
- (1) Providing grain, oil, food and fuels;
- (2) Providing necessities like clothing, bedding and pocket money;
- (3) Providing housing that meet basic conditions;
- (4) Providing medical services to the sick, and social care for those who cannot take care of themselves;
- (5) Handling the funeral affairs.
- Rural “Five Guarantees” began in 1956
- Method: institutional care and community care

Supporting the most vulnerable group: a basic social assistance system

- Supporting the most vulnerable group
- The rural minimum livelihood guarantee system
- Other social assistance
- Medical assistance
- Education assistance
- Disaster Assistance
- Employment assistance
- Housing assistance
- Temporary assistance
- Rural development-oriented poverty relief

The rural
social safety
net

The standard of social assistance (2014)

- The national annual disposable income per capita of rural population: 10489 Yuan
- The national poverty line: 2300 Yuan (annual per capita disposable income)
- The average standard of rural minimum livelihood assistance: 2776 Yuan per person per year
- The Average standard of rural five guarantees in the aspect of institutional care: 5371 Yuan per person per year (range: 3297 ~ 13085)
- The Average standard of rural five guarantees in the aspect of community care: 4005 Yuan per person per year (range: 2206 ~ 13085)

The most vulnerable groups in china

(the fourth quarter ,2014)

- The total number: 5.669 million, 33% are supported by institutional care
- Categorized by Groups:
 - The elderly: 4.546 million
 - The children: 207,000
 - The disabled: 916,000
- Categorized by Gender:
 - Female: 934,000
 - Male: 4.735 million

Management System

- Institutional care: counties and townships are responsible for managing institutions (nursing homes, children's welfare homes, welfare institutions for the disabled, etc.), and the State provides financial support to institutions.
- Community care: the village committee is the main body of management. The vulnerable are cared by a combination of self care, family and neighborhood support. The State provides allowances to the vulnerable.
- Medical assistance is provided to all by helping them to take part in health insurance, and providing compensations to part of the costs of inpatient and outpatient services.
- Coordinating and helping people to get housing assistance, education assistance etc. reducing their payment of public services like water or electricity fee.

Main Achievements

- China has established a social assistance network for the rural poor people, in which the extremely poor people hold a special place.
- The support system for the most vulnerable has been established, and the level of support is continually improving.
- Improving the management of files with the aid of computer and network technology.
- Many places continue to innovate the management of the support system, and improve the mechanism of social support.

Challenges

- The level of support is low. Rural five-guarantee system requires that the assistance should not be lower than the local average living standards. But in some provinces, the assistance to those vulnerable living in communities is less than 30% of average income of the province.
- The implementation is problematic. Medical expenses are large and can not be compensated; adequate daily care also cannot be guaranteed due to the lacking of personnel.

Challenges

- The rate of vulnerable people living in institutional care is low, and rural elderly homes are small. The elderly tend to live in the community when they can take care of themselves, the number of old man in nursing homes is small.
- the most vulnerable groups mainly include "Three noes" people such as elderly, children and the disabled. But things change now. Some provinces have begun to include other people in need, especially the children who has no guardians and give them a variety of assistances.

Policy suggestions

1. Improving the institutional design

The support framework for the most vulnerable persons is available now, but the assistance policy for them coexist with the “five guarantee” policy. Government departments responsible for the most vulnerable need to be coordinated. The department of Civil Affairs and Disabled Persons' Federation, the social assistance and social welfare sections within Civil Administration need to be coordinated properly. At the same time, multi-department coordination mechanism should be established to meet the needs of the most vulnerable in education, housing, health care etc.. A standardized platform should be established for the management of relevant documents and information.

Policy suggestions

2. Increasing central financial input for the most vulnerable groups

Due to historical reasons, the current funding for the most vulnerable persons (especially in the central region) primarily comes from local government. however, many local governments have no adequate financial resources, and can not provide assistance as required by the state (no lower than the local average living standard). The central government should provide more financial support.

Policy suggestions

3. To strengthen the construction of regional care institutions

Villages should take the main responsibility for community care, and counties should take the main responsibility for institutional care. Regional care institutions covering several towns should be promoted. the wages of personnel in care institutions should be included in government budget, and the head of institutions should be included in government's institution employment quota. Local residents who have difficulties to find jobs in the market should be hired to work in care institutions.

4. Strengthening the role of rural community and social forces

A number of most vulnerable people do not like institutional care and choose to live in communities. Therefore, the role of village communities need to be strengthened and financial support should be provided accordingly. social work agencies and volunteers should be encouraged to get involved.

Policy suggestions

5. Encouraging local innovations

In the case studies, we also find many local innovations in the administration of institutions and in the personnel management of institutions. Communication and experience sharing between different places should be encouraged.

Thanks!

第七届中国-亚行知识共享平台：
“社会救助制度建设的经验与借鉴”研讨会

中国农村特困人群供养制度
**Supporting the Most Vulnerable Group
in Rural China**

左 停，教授
中国社会保障学会、中国农业大学
Prof. ZuoTing
China Association of Social Security Studies
China Agricultural University

背景

- 按照户籍人口统计，中国仍有60%以上居民属于农村人口（约8亿人口，其中约两亿为城乡两栖的农民工），分布在**58.5万个行政村（470.4万个村民小组）**中，隶属于约3.3万个乡镇、2000个县。
- 而且由于长期的计划经济下形成的城乡二元经济特点，农村人口不仅生活水平要比城市人口要低、农村人口的社会保障水平也比城市低，城市化背景下，农村-城镇两栖流动人口的生计也充满风险与不确定性。
- 在农村贫困人口中，大部分表现为收入性的贫困人群，还有一部分，大约7~8%，**属于生理性贫困群体**，他们不仅经济上缺少收入来源，而且生理上存在困难，例如老人、儿童和残疾人，他们是最为脆弱群体，我们国家一般称之为特困人群。

特困人群的界定 (简称“三无人员”)

- 三无：
 - 无劳动能力，
 - 无生活来源，且
 - 无法定赡养、抚养、扶养义务人，或者其法定赡养、抚养、扶养义务人无赡养、抚养、扶养能力
- 三群人
 - 老年人，
 - 残疾人，以及
 - 未满**16**周岁的未成年人

特困人群供养的内容 (简称“五保”)

- 2006年国务院通过了新的《农村五保供养工作条例》规定的供养内容为：
 - (一)供给粮油、副食品和生活用燃料；
 - (二)供给服装、被褥等生活用品和零用钱；
 - (三)提供符合基本居住条件的住房；
 - (四)提供疾病治疗，对生活不能自理的给予照料；
 - (五)办理丧葬事宜。
- 农村“五保”工作始于1956年
- 包括集中供养、分散供养等方法

特困人群供养：一项基本救助制度

- 特困人员供养制度
- 农村最低生活保障制度
- 其他社会救助
- 医疗救助
- 教育救助
- 灾害救助
- 就业救助
- 住房救助
- 临时救助
- 农村开发式扶贫



农村社会
安全网

特困人群五保供养标准 (2014年)

- 全国农民年人均可支配收入10489元
- 全国贫困线：年人均可支配收入2300元
- 全国农村最低生活保障平均标准：2776元 / 人年
- 农村五保集中供养平均标准：5371元 / 人年（变化范围：3297~13085）
- 农村五保分散供养平均标准：4005元 / 人年（变化范围：2206~13085）

全国特困人群情况

（2014年第四季度数字）

- 总数字： 566.9万， 其中33%为集中供养
- 分群体：
 - 特困老人： 454.6万
 - 特困儿童： 20.7万
 - 特困残疾人： 91.6万
- 分性别：
 - 女性： 93.4万
 - 男性： 473.5万

特困人群供养管理体系

- 集中供养：以县、乡为管理责任主体，通过供养机构（养老院、儿童福利院、残疾人福利院等）供养，国家支付供养机构供养金。
- 分散供养：以村委会为管理责任主体，通过自我照料、亲属邻里照料供养，国家支付给个人供养金。
- 对所有供养人员提供医疗救助（参加医疗保险、直接支付一定的门诊与住院费用）。
- 协调住房救助、教育救助等相关救助和公用事业服务（水电气）付费减免。

主要成绩

- 中国已建立起一个面向农村贫困人群的社会救助网，而特困人群在其中有特殊地位。
- 对特困人群的供养服务的体系已经形成，供养服务的水平不断提升。
- 实现五保档案管理的信息化。
- 各地不断创新特困供养的管理体制，拓展社会帮扶机制。

存在挑战

- 供养标准偏低。要求农村五保供养标准不得低于当地村民的平均生活水平。但是一些省份分散供养的标准不到本省人均收入的30%。
- 五保内容难以全面落实。医疗的费用偏大，照料措施也因人员不足不能充分保证。
- 集中供养率低、农村敬老院规模小。许多五保户在能自我照料时多倾向于分散供养，造成住乡镇敬老院的老人数量少、达不到规模。
- 特困人群的标准的把握。主体是“三无”的老人、儿童与残疾人。但有一些新的情况，部分省份已开始关注事实上无人抚养儿童（可归入“困境儿童”类别）这一特困人员的群体，并从制度层面给予各项救助。

完善特困人群供养制度的建议

1 加强制度化的设计

目前关于特困人员供养总的框架已经有了，但实际并存特困人员供养与五保供养两个提法，针对三个特困群体的供养责任主体的差异也比较大，容易出现错漏现象。应该在制度政策领域予以统一。需要做好民政与残联、民政内的救助与福利之间的衔接。同时应该建立制度化的跨部门协调机制，在教育、住房、医疗和公用事业（水、电、气）服务方面做好沟通。在特困的供养的档案建设与管理上应该建立标准化的平台。

2 增加在特困人员供养方面的国家投入

由于历史的原因，目前特困人员供养的资金来源（特别是中部地区）主要是地方政府，中部也存在许多贫困地区，地方财力制约比较大，仅靠地方财力难以达到五保条例中要求的“不低于当地居民平均生活水平”的要求。中央财政应该按照《关于打赢脱贫攻坚的决定》的要求对500多万特困人口的脱贫在财力上予以保证。

完善特困人群供养制度的建议

3加强中心供养机构的机构建设和人员配置

应该要求“分散供养的责任主体在乡村、集中供养的责任主体在县乡”，加强一些跨乡镇的中心供养机构的建设。对于供养机构的人员的工资应该单独纳入预算。对于供养机构的实际负责人（或法定代表人）应该纳入事业编制，以强化责任和激励。鼓励聘用当地就业困难人员从事供养服务工作。

4发挥农村社区和社会力量的作用

仍然会有很多特困人员选择分散供养，应该尊重他们的选择，但要加强村委会或村社区的责任和作用，应该按照一定的比例，给村委会拨付一定的工作经费。同时要积极推动社会工作机构和社会志愿者进入农村供养机构提供有关服务。

5鼓励地方的创新

在案例研究中我们也发现许多适应当地特点的不同供养机构安排，如县级中心特困老人供养机构、地市级特困儿童供养机构、县级福利总院统管乡镇福利院、老有所为发展院办经济、救助养老与福利养老相结合等。在解决供养服务人员方面，有的纳入地方预算，有的利用临时聘用人员基金设立地方公益岗位，有的在村组干部中选聘。应加强各地经验的交流。

谢 谢!