



**SHEPHERD Group of Institutions**  
**Tiruchirappalli, Tamilnadu**

**ILO Workshop**

**On**

**Health Micro Insurance**

**Best Practices**

**Place: New Delhi**

**Date : 19.02.07**

## **Mission**

**Mobilizing and animating the rural poor women towards achieving sustainable livelihood, by promoting savings, credit, Health and social security services.**

## **Organisational Information**

**\*SHEPHERD is a social & charitable society registered in 1995. (Social mobilization & capacity building)**

**\*Nanayasurabhi Development Financial Services (NDFS) sec.25 company (Not For Profit) registered in June'2004. (Micro Credit to poor women)**

- \* Social Security Assurance For Empowerment (SSAFE) foundation as a Trust registered in Dec'2006.  
(Health Education & Social Security)**
- \* SHEPHERD and its associate institutions have a total staff of 43 of which 32 women.**

## **Focus**

**In the Initial years we promoted surabhi (SHG) and build capacities of poor women to emerge as leaders to run the federation and its activities.**



**Photo- 1 – Surabhi Meeting**

✿ After learning from the community, we established a women owned (Not for Profit) company exclusively to provide micro credit to women. Inorder to address preventive care to women, we initiated Health education, micro insurance (food security, life, health and assets). Now, we are moving towards “**Pension**” to our surabhi members, inorder to take care of old age security.

## **Coverage**

**We are working in 5 districts of Tamilnadu namely Tiruchirappalli, Perambalur, Karur, Namakkal and Salem.**

**No. of Blocks : 18      Women linked to saving : 26154**

**No. of Villages : 206      Women linked to credit : 9852**

**No. of Surabhi : 1460**

**No. of women : 26,154**

**% of women : 100%**



**Photo 2 Health Education**

## **Women linked to insurance**

- a) Food Security : 21420 - Handful Rice**
- b) Life Security : 16500 - Natural & Accident**
- c) Health Security: 10500 - Hospitalization**
- d) Asset Security : 10500 - House and its contents**
- e) Emergency } : 140 - Health Care**  
**Health Fund }**
- f) Old Age Security: 5119 - Pension**



**We are providing safety net to our women since 1999. FWWB & SEWA helped us to reach this stage.**

**Our approach are 3 P's**

**Preventive – Medical Camps**

**Protection – Health Insurance**

**Promotion – Health Education**

**Process**

**Enrollment – Those who are willing in the surabhi**

**Premium Collection :** Surabhi will pay the premium amount to SHEPHERD by way of

**A/C**

payee cheque (or) cash deposit.

**Claim Processing :** MI worker will visit the family / Hospital immediately in order to give solidarity to the member / family.

**Field visit report with surabhi leaders views.**

**Claim Committee :** Consists of women leaders and director. One women leader is the chair person of the committee.

**Frequency :** Once in a month (or) need based meeting

**Claim Settlement :** A/C payee cheque (or) DD infavour of surabhi. The leaders will draw money from bank and settle the claim in the meeting with community

**Claim Rejection :** If the claim was rejected due to  
exclusion clause (or)  
insufficient documents MI worker will  
visit the  
village, organise surabhi  
meeting  
and explaining the reasons  
behind  
claim rejections.

**Cashless Agreement :** Working with 5  
(Walk in/ Walk out) committed, ethical based

## **Emergency Health Fund : (Financial Assistance Refundable)**

- 1. Major operations**
- 2. Transportation services to hospital  
(Emergency Van)**
- 3. After Discharge, Medicine Expenses**
- 4. Excluded cases under MI**

## **Learnings :**

- 1. Women expects “Claim Free Year Bonus”, while paying next year premium.**
- 2. Exclusion and waiting period is a major issue.**
- 3. Reminder is a must in surabhi meeting for renewal of insurance.**

**4. Willing to go to known doctor / Hospital than Net work hospitals (Sentiment) identified by us.**

**5. Part of women think that collecting bills, reports from the hospital is the responsibility of SHEPHERD.**

**6. Claim rejection information is reaching the community very fast than proper claim settlement.**

7. **Sometimes** insurance workers are collecting bills & papers and send it to committee without doing proper verification at the field.
8. Our **Health education** as well as **Anemic prevention** camp improved good health and Hemoglobin from 4 to 11%. Which reduced health claims in that area (Risk Mitigation)
9. RTI / STI health education facilitated members to do early diagnosis and treatment in the hospital.
10. Some doctors are (a) giving bills in letter head paper (or) charging for the discharge summary and reports also.



## Challenges

1. **Minimizing drop outs**
2. **Co-ordination between member and hospital**
3. **Insurance company is keen in premium, than claim settlement (Duration)**
4. **Training the MI workers in MI & MP**
5. **Promoting family package?**
6. **Whether the poor women can afford to pay higher premium**

## **7. Micro insurance VS Micro pension**

**Short Term**

**Long Term**

**Risk oriented**

**Money Back**

**8. No suitable software available for micro insurance**

**9. Operational cost of NGO?**

**10. Often priority shift among insurance companies.**

## **Future Plan**

- 1. Extending financial services to one lakh (1,00,000) socially excluded women who belong to low income group by 2010.**
- 2. Strengthening NDFS to function as sustainable Development Financial Institution (DFI) to be managed and owned by poor women.**
- 3. SHEPHERD will enroll atleast 25,000 women in micro pension and 50,000 women in life and health insurance.**
- 4. SHEPHERD will continue to build the capacities of poor women to emerge as strong leaders of the community.**

Join Hands To  
Provide  
Safety Net to  
Poor Women

Thank You.....

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