

Women's Empowerment through Employment and Health

Micro-Insurers

Inventory of Micro-Insurance Schemes in Bangladesh



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Executive Summary

This report constitutes an inventory of micro-insurance schemes operating in Bangladesh, as of October 2003. As required by the Terms of Reference for this study the report provides a range of information on micro-insurance schemes available to income-poor and low-income earners in Bangladesh, their respective provider organizations. In Bangladesh, micro-insurance is characterized by the strategy of catering to income-poor and *vulnerable social groups*. Vulnerable social groups in the Bangladeshi context lack the purchasing power for the private services, lack access to quality public or private health services and lack access to social security networks.

The micro-insurance concept is relatively new in Bangladesh. A small number of schemes have been in operation for more than six years while the majority has operated for three years or less. The evolution of the micro-insurance concept stems from the development and wide spread implementation of micro-credit models as a development strategy for Bangladesh. As the viability of the ‘credit-model’ was heavily constrained by contribution defaults, micro-credit institutions needed to complement credit with social security type services. Today, the micro-insurance model has become an important development tool -aiming to safeguard or reduce the likelihood of credit defaults by addressing certain high economic costs to credit groups and their family dependants resulting from emergency health expenditures, death of a family member, damage to property caused by fires or natural disasters.

This reports presents twenty organizations that provide thirty-six schemes. Three of these are big or ‘mega’ NGOs, namely BRAC, Grameen Kalyan, and Proshika. These NGOs have nationwide reach through their organizational infrastructure built on established micro-credit groups across the country. Sixteen schemes are provided by small to medium locality based NGOs such as the Chittagong based IDF. These schemes provided by the NGOs are not for profit and cover risks such as Primary health, Hospitalisation, Life, Loans and Property. Lastly, one scheme is run by a commercial insurance company - Homeland Life Insurance. Their schemes have nationwide coverage and their risks coverage is limited to Life insurance.

The schemes presented fall into five categories. The table below show the distribution of the type of schemes.

Type of scheme	Distribution
<i>Health</i>	39%
<i>Life</i>	36%
<i>Loans/Capital</i>	19%
<i>Livestock</i>	6%
<i>Disaster</i>	3%

Methodology

A comprehensive questionnaire (see TOR) received from India's ILO/STEP program office was utilized and modified to suit the Bangladesh context. This questionnaire was then 'tested' on two local micro-insurance providers, after which their respective feedback was utilized to further modify the questionnaire.

As of yet, there is no network or umbrella organization in Bangladesh that caters specifically to micro-insurance providers. As such, numerous development organizations, donors, and development coordinating bodies were contacted at the initial stage of the research for this inventory. Internet resources and Bangladeshi development forums/coordinating bodies were utilized at the initial stages of the research, followed by preliminary telephone interviews with potential subjects.

Having obtained a database of organizations engaged in and willing to participate in the study, questionnaires were sent by courier, or email to micro-insurance providers across Bangladesh. To complement the phone interviews, four local NGOs in Chittagong, one local and one international NGO in Dhaka, as well as one commercial insurance provider in Dhaka were visited for face-to-face interviews. The constraint upon time meant that not all of the study participants could be visited. Thus, organizations that would accurately represent the variety of available insurance products, organizational types, target groups and geographical location were selected for field visits.

Fifty-four organizations were contacted during the study, after which each one received a questionnaire either by conventional or electronic mail. Out of the twenty-four that responded (so far, Nov 3rd 2003), twenty organizations and their respective insurance schemes are presented in this report. Four respondents were left out because a) they provided insufficient relevant information, or b) they were not operational, or c) their schemes did not qualify micro-insurance.

Important to note is that the accuracy of information provided in this report is at times constrained by 'the language barrier'. Frequently, technical terms contained in the questionnaire (in English) were misunderstood by respondents. Many attempts to clarify such misunderstanding have been made with supplementary phone interviews. At the preparatory stage of this study the option of translating the questionnaire into Bangla was considered, given the lack of English fluency, especially in rural Bangladesh. However, this option was soon dismissed given the difficulty of finding Bangla equivalents of commonly used technical/development terms.

INVENTORY

1. BRAC

Address: BRAC Health Program. 75 Mohakhali, Dhaka 1212

Phone: 880-2- 988 1265

Website: www.brac.net

1. The Organisation

BRAC was set up in 1972 as a non-profit development organization to offer relief to people whose lives were dominated by extreme poverty, illiteracy and disease. From its small beginnings, BRAC has grown, in this small space of years to become the largest NGO in the world employing over 26,000 regular staff and 34,000 part-time teachers working in 60,627 villages in all 64 districts of Bangladesh. BRAC has provided development assistance to over 4.14 million poor landless persons and has a range of health and development services available to 31 million people of Bangladesh.

BRAC has recognized that there is an acute need for an instrument to provide healthcare for poor rural households. In July 2001 a 36-month pilot project micro-health scheme named the “Micro Health Insurance for Poor Rural Women in Bangladesh” (MHIB) was initiated in two *upazilas* of Bangladesh. It was first established in Narsingdi and then expanded to Phulbari with BRAC resources to provide Micro Health Insurance to poor rural households with the ability to finance quality essential healthcare and to empower poor rural women with technical assistance/co-operation from ILO/STEP. The development objective of this project is to contribute to the empowerment and improvement of the well being of the rural poor women and their families by promoting access to quality health care through an affordable micro-insurance initiative. The project is designed with the objective of achieving three primary goals:

1. Contribute to women’s empowerment
2. Increasing access to BRAC’s health care initiatives for poor women and their families
3. Increasing awareness of preventive healthcare including HIV/AIDS

2. The Micro-Insurance Scheme

<i>Name of the scheme:</i>	Micro-Health Insurance Bangladesh (MHIB)
<i>Date started:</i>	November 2001.
<i>Status:</i>	Operational
<i>Ownership of micro-insurance:</i>	Community based and owned by BRAC.
<i>Organisational structure:</i>	The scheme is an ongoing pilot project under BRAC's Health Program .
<i>Risk coverage:</i>	Primary health care.
<i>Registration:</i>	Social Welfare Directorate, NGO Affairs Bureau
<i>Rural/urban:</i>	Rural.
<i>Target population:</i>	Targets persons of various occupations (subsistence agriculture, animal husbandry, fishing, trade and crafts etc) in the 573 villages in which BRAC operates.
<i>Potential target:</i>	>10,000

3. Assistance to the Micro-insurance Scheme

<i>Initiators:</i>	Health professionals and development partners.
<i>External funds:</i>	Yes.
<i>External assistance:</i>	Yes.
<i>No of people working for the scheme:</i>	10 salaried and 105 volunteer staff.

4. Membership, Contributors and Beneficiaries

<i>Registration of members:</i>	Voluntary on individual group and family basis.
<i>Membership fee:</i>	No
<i>Contributors:</i>	7,046
<i>Beneficiaries:</i>	35,200 (average of five beneficiaries per contributor).

5. Benefits/contributions

<i>Waiting period:</i>	No
<i>Schedule of contributions:</i>	Yearly direct payment.
<i>Contribution and benefit fluctuations:</i>	No change.
<i>Benefit package and contributions:</i>	See table below

Package	Benefits	Yearly contribution	NO of beneficiaries
Health care : General Benefit package	Discount prices for consultations : Tk 8 for members (Tk 10 for non-members) 50 % discount on pathological tests 50 % discount on normal deliveries 10 % discount on medicines Free yearly health check up Coverage of referral costs : Tk 500 to Tk 1.000 (Ultra poor my benefit from same services without having to pay a premium)	Tk 100 for a family up to 6 persons (Tk 250 for non-member) Tk 150 for a family up to 8 persons (Tk 300 for non-member) Tk 200 for a family of more than 8 persons (Tk 350 for non-member)	30.625 (6.125 families) Sex-disaggregated data not available + 1.085 (217 families) covered without premium under the ultra-poor programme

Package	Benefits	Yearly contribution	NO of beneficiaries
Health care : Pregnancy related Care Package	Description of various benefits ? (see last BRAC document and BRAC case study)	Tk 50 for a member Tk 70 for a non-member	1.465 women

Total amount of benefits paid in last year: Tk. 394,172

Total amount of contributions collected in last year: Tk 833,650

6. Health Related Information

Co-payment: Tk. 8 for BRAC members and Tk. 12 for non-members.

Payment modality: Renewals of BRAC's health card are given at 25% discount if no claims were made the previous year.

Other health related services: HIV/AIDS awareness.

Type of health care insured: Primary health, in-patient and referrals, pathological services.

Privileges negotiated with health care providers: Cost, quality and priority negotiated with BRAC health care providers as well as external health care providers (eg. private hospital referrals and private laboratories)

Contractual agreement with service provider: Signed formal agreement.

7. Other Financial Information

Financial reserve: 580,000

Guarantee Fund: No.

Bank account: Yes

8. Problems/constraints

Contribution defaults

9. Linkages with state/national/private systems

No Linkages.

2. Grameen Kalyan

Address:	Grameen Bank Building, Mirpur 2, Dhaka 1216
Phone:	+880 (0) 2 900 2229
Fax:	
E-mail:	g_health@grameen.net
Website:	www.grameen-info.org

1. The Organisation

Grameen Kalyan (GK) is a member of the Grameen Family. Grameen Kalyan was registered in November 1996 as a not-for-profit company limited by guarantee without share capital under section 28 of the companies Act 1994 with the endowment fund provided by the Grameen Bank (GB).

Evaluation of Grameen Bank's micro-credit program clearly indicates ill health and the cost of health care services as major obstacles to borrowers struggle to break out the poverty cycle. As, such, it is also a threat to the long-term viability of the bank. It was realised that improved health would enhance productivity and contribute toward accelerating economic growth and poverty alleviation. It is within this context that GB, in May 1993, initiated an action research project to develop the health program through Grameen Trust. The project was intended to provide primary health care services to GB members as well as general people living within its operational areas at a cost the poor can afford. Priority was given on preventive and promotional health care services with special emphasis on family planning and reproductive, maternal and child health care. The Health Program was handed over to GK, in August 1997.

2. The Micro-Insurance Scheme

<i>Name of the scheme:</i>	MHI Component 1.
<i>Date started:</i>	1997
<i>Status:</i>	Operational
<i>Ownership of micro-insurance:</i>	Health service provider based.
<i>Organisational structure:</i>	The micro-insurance scheme is health service provider based operating as a part of regular programme activities.
<i>Risk coverage:</i>	Primary health care and Loans
<i>Registration:</i>	NGO affairs Bureau, Company Act
<i>Rural/urban:</i>	Rural
<i>Target population:</i>	Grameen bank members involved in various occupations including subsistence agriculture, animal husbandry, fishing, trade and crafts.
<i>Potential target:</i>	800,000.

3. Assistance to the Micro-insurance Scheme

Initiators: Professor Muhammad Yunus
External funds: Yes
External assistance: Yes
No of people working for the scheme: 185 salaried staff

4. Membership, Contributors and Beneficiaries

Registration of members: Voluntary family registration.
Membership fee: No
Contributors: 2.4 million (loan insurance) + 11,000 (loan insurance for staff) + 47,000 (health insurance)
Beneficiaries: 2.4 million + 11,000 + 230,000 (47,000 x 5)

5. Benefits/contributions

Waiting period: No
Schedule of contributions: Yearly direct payments and also as deductions on Graameen Savings.
Contribution and benefit fluctuations: Increased contributions and benefits.
Benefit package and contributions: Data not available

Package	Benefits	Contribution	No of beneficiaries
Primary health	Tk 5 for Doctor / paramedic consultations – for GB members. Tk 10 for Doctor / paramedic consultations – for GB members. Normal pathological tests at 30-50% discount. Referred consultations at 50% discount. Up to Tk 1,000 provision for hospitalisation. Free annual check-up for head of family. Free immunization for six diseases. Free house visit by female health assistants. Free yearly medical check-up for 'head of the family'.	Yearly Tk. 120 for Grameen Bank members. Yearly Tk 150 for non - Grameen Bank members.	230,000
School Health Card	Health awareness and regular check-ups Tk. 2 for prescriptions	Tk. 10	Data not available
Safe Motherhood	Pre and post natal care Family planning advice	Tk 500 – 1,000	Data not available
Loan insurance	In case of death of policyholder, outstanding debt is written off.	2.5% of loan amount (one-time payment)	2,4 million

Total amount of benefits paid in last year: 1,999,982
Total amount of contributions collected in last year: 2,163,195

6. Health Related Information

<i>Co-payment:</i>	Yes, Tk. 5 per visit to clinic for Grameen Bank members. Tk 10 for non-members.
<i>Payment modality:</i>	Data not available.
<i>Other health related services:</i>	Awareness on HIV/AIDS and treatment of STDs
<i>Type of health care insured:</i>	Primary health care in Grameen Kalyan's own private not-for-profit clinics. Referrals for hospitalisation (in-patient treatment).
<i>Privileges negotiated with health care providers:</i>	Own Services.
<i>Contractual agreement with service provider:</i>	Own services.

7. Other Financial Information

<i>Financial reserve:</i>	Yes.
<i>Guarantee Fund:</i>	No.
<i>Bank account:</i>	Yes.

8. Problems/constraints

Contribution defaults. Difficulty of finding and maintaining physicians in the field.

Lack of awareness.

9. Linkages with state/national/private systems

No linkages.

3. Proshika Manobik Unnayan Kendra (Proshika)

Address: Proshika Bhaban, I/1, Section 2, Mirpur, Dhaka 1216

Phone: 880-2-8015812, 8016759, 9005795, 9005797

E-mail: proshika@bdonline.com

Website: www.proshika.org

1. The Organisation Note

It has been more than two decades since PROSHIKA, now one of the largest NGOs in Bangladesh, took its first step. Although the PROSHIKA development process started in a few villages of Dhaka and Comilla districts in 1975, the organization formally emerged in October, 1976. The name 'PROSHIKA' is an acronym of three Bangla words, which stand for training, education, and action.

PROSHIKA is now in its phase VI five-year plan stepping into the new millennium. A constant analysis of the magnitude of poverty and its trends, the strategies effective for its reduction and eventual elimination, and their meticulous implementation has brought PROSHIKA where it is today. The central ethos, however, all the while remained the same--- human development and empowerment of the poor who gradually stand tall to achieve freedom from poverty by themselves. Empowerment means that the poor are united and organized, become aware of the real causes of their impoverishment, develop leadership among themselves, mobilize their material resources, increase income and employment, develop capacities to cope with natural disasters, become functionally literate, take better care of their health, become engaged in environmental protection and regeneration, get elected in local government bodies and community institutions, and have better access to public and common property resources. Since its inception, PROSHIKA has been both a pioneer and practitioner of this holistic strategy of empowerment and has made a significant contribution to a modest reduction of poverty already achieved in Bangladesh.

PROSHIKA's objectives are: i) structural poverty alleviation; ii) environmental protection and regeneration; iii) improvement in women's status; iv) increasing people's participation in public institutions, and v) increasing people's capacity to gain and exercise democratic and human rights.

These objectives are achieved through a broad range of programmes in education and training leading to income and employment generation, health education, building of health infrastructure, and environmental protection and regeneration. The programmes are supported by research activities and advocacy campaigns which increasingly call for cooperation with like-minded development partners at the national and international levels. Thus the network of activities in which PROSHIKA is involved links the poorest of the poor with like-minded development actors worldwide.

Spread in 22,917 villages and 2,028 urban slums in 57 districts, PROSHIKA now works with nearly 2.82 million men and women members drawn from rural and urban poor households.

2. The Micro-Insurance Scheme

<i>Name of the scheme:</i>	Proshika Savings Scheme (PSS) Live Stock
<i>Date started:</i>	1997
<i>Status:</i>	Operational
<i>Ownership of micro-insurance:</i>	Community based and owned by an NGO
<i>Organisational structure:</i>	The scheme is run independently by the NGO as a part of its regular program activities. Proshika is a member of ADAB.
<i>Risk coverage:</i>	Natural disasters, life, loans and livestock.
<i>Registration:</i>	NGO Affairs Bureau, Societies Registration Act
<i>Rural/urban:</i>	National
<i>Target population:</i>	Group members including landless and marginal farmers.
<i>Potential target:</i>	Unknown

3. Assistance to the Micro-insurance Scheme

<i>Initiators:</i>	Proshika
<i>External funds:</i>	No
<i>External assistance:</i>	No
<i>No of people working for the scheme:</i>	4,518 (staff of the micro-finance program work jointly for the micro-insurance scheme)

4. Membership, Contributors and Beneficiaries

<i>Registration of members:</i>	Compulsory registration on individual and group basis
<i>Membership fee:</i>	No
<i>Contributors:</i>	2.26 million
<i>Beneficiaries:</i>	13.014 million

5. Benefits/contributions

<i>Waiting period:</i>	3 months
<i>Schedule of contributions:</i>	Annual deposit (on savings balance towards disaster and Life insurance) and direct payment (livestock)
<i>Contribution and benefit fluctuations:</i>	Increased contributions and benefits
<i>Benefit package and contributions:</i>	See table below
<i>Total amount of benefits paid in last year:</i>	Tk. 9.03 million
<i>Total amount of contributions collected in last year:</i>	Tk 119.29 million

Package	Benefits	Contributions	No of beneficiaries
Proshika Savings Scheme (natural disasters and life insurance and loan insurance)	1) In case of damage/destruction to homestead due to river erosion, cyclones/tornadoes –policyholder receives twice the amount of savings deposit. His/her savings deposit will remain intact, and he/she will have the same rights to it like other members. If the victim defaults on a Proshika loan, then 2) In case of death of policyholder, nominee receives a minimum ¹ of twice the amount of the deceased member's savings balance. If the deceased member had any outstanding loan with Proshika, then loan and service charge will be recovered, and the balance if any, is transferred to the nominee.	2% of savings balance. This amount is transferred annually to the Proshika Compensation Fund.	13.014 million ² -(Disaster) 2.169 million (Life) (sex-disaggregated information not available)
Livestock Insurance	If animal dies due to disease etc, policy holder is paid: -Tk 0, if death occurs within 90 days policy. -5% of cost of animal if death occurs within 91-180 days -10% of cost of animal if death occurs within 181-270 days. -15% of cost of animal if death occurs within 271-365 days	3% of market value of animal, paid as one-time fee.	91,000 ³ (sex disaggregated information not available).

6. Health Related Information

Not applicable.

7. Other Financial Information

Financial reserve: Tk. 105,370,000

¹ Amount of compensation is calculated by multiplying the savings of deceased with the number of years as a saving group member of Proshika. The compensation amount will not be less than twice the amount of deceased members savings balance.

² Estimated figure based on average family size of six members. 2.169 million policy holders. Although only the actual policy holder receives compensation for the destroyed or damaged homestead, we are here assuming that the met claim will benefit the family members.

³ Estimated figure, exact figure unknown, based on 11,375 groups, each consisting of an average of eight members.

Guarantee Fund: No
Bank account: No

8. Problems/constraints

(List them) Data not available

9. Linkages with state/national/private systems

No linkages.

4. Dushtha Shasthya Kendra (DSK)

Address: 5/8 Sir Syed Road, Block A Mohammedpur, Dhaka 1207

Phone: +880-(0)2-912-8520

Fax: +880-(0)2-811-5764

E-mail: dsk@citechco.net, dskha@citechco.net

Website:

1. The Organisation

DSK has emerged as a NGO in 1991 aiming at providing emergency relief and rehabilitation for the slums and poor victims. The main objectives of DSK are to provide supports for primary health care especially for women and children and provide loans to women for IGAs for employment and increased income. At present DSK is operating its programs in 7 Upazilas under Netrakona, Dhaka and Chittagong districts. The major activities and programs of DSK include:

- Micro credit/enterprise
- Primary healthcare (including micro health insurance)
- Hospital Project
- Water and Sanitation
- Non-formal education
- Homestead gardening
- Agriculture

The NGO established partnership with gender and employment component of WEDE-WEEH/ILO in March 2003 for entrepreneurship development of poor women and providing health services to the beneficiaries through health micro insurance.

2. The Micro-Insurance Scheme

<i>Name of the scheme:</i>	life & micro health insurance scheme, livestock insurance scheme
<i>Date started:</i>	1995
<i>Status:</i>	Operational/feasibility study
<i>Ownership of micro-insurance:</i>	Community based and owned by an NGO
<i>Organisational structure:</i>	The schemes are operated independently by DSK as a part of its regular programme activities
<i>Risk coverage:</i>	Primary health, Life and Livestock
<i>Registration:</i>	Social Welfare Directorate NGO Affairs Bureau
<i>Rural/urban:</i>	Rural and urban
<i>Target population:</i>	Poor, landless, and marginal farmers. Low income groups within both informal and formal economy.
<i>Potential target:</i>	3,000-5,000

3. Assistance to the Micro-insurance Scheme

<i>Initiators:</i>	DSK
<i>External funds:</i>	Operations grant by ILO and CARE
<i>External assistance:</i>	Training, M&E by ILO and CARE Income Project
<i>No of people working for the scheme:</i>	24

4. Membership, Contributors and Beneficiaries

<i>Registration of members:</i>	Individual compulsory registration
<i>Membership fee:</i>	No
<i>Contributors:</i>	45.800
<i>Beneficiaries:</i>	180.800

5. Benefits/contributions

<i>Waiting period:</i>	No
<i>Schedule of contributions:</i>	Weekly direct payment as part of loan instalments
<i>Contribution and benefit fluctuations:</i>	No change
<i>Benefit package and contributions:</i>	See table below
<i>Total amount of benefits paid in last year:</i>	Tk. 26,354
<i>Total amount of contributions collected in last year:</i>	Tk. 399,796

Package	Benefits	Contribution	No of beneficiaries
Health	Consultation at subsidized rates. Essential drugs at 50% discount. Hospitalisation up to 25% discount. Awareness building and training.	2.5 % of micro-credit loan (yearly)	180.000 (sex-disaggregated data not available)
Life	In case of death of policyholder, the outstanding loan amount is written off and nominee receives amount of already paid back loan	1% of micro-credit loan (yearly)	45.000 (99 % women – 1 % men)
Livestock	In case of death of insured animal, outstanding debt is cancelled.	5 % of micro-credit loan (yearly)	800 (sex-disaggregated data not available)

6. Health Related Information

<i>Co-payment:</i>	No
<i>Payment modality:</i>	Data not available
<i>Other health related services:</i>	Awareness HIV/AIDS and immunization
<i>Type of health care insured:</i>	Out-patient and inpatient at own facilities
<i>Privileges negotiated</i>	Not applicable

with health care

providers:

Contractual agreement Not applicable

with service provider:

7. Other Financial Information

Financial reserve: 1,875,000

Guarantee Fund: Yes

Bank account: Yes

8. Problems/constraints

Cost recovery

9. Linkages with state/national/private systems

No linkages.

5. CARE Bangladesh, IFSP – SHAHAR Project

Address: 20-21 Kawran Bazaar, 12th floor, Progoti Insurance Building, Dhaka.

Phone: 8921070, 8923709 Ext: 110

Fax:

E-mail: ershad@careuto.gononet.com

Website:

1. The Organisation

CARE's INCOME Project started in August 1994. The Department for International Development (DFID) of the United Kingdom funds the project. The project aims to increase the capability of small to mid-sized local NGOs working in the Dhaka, Chittagong and Khulna metropolitan cities.

The goal of the INCOME-project is "to increase the contribution of small to mid-sized Bangladeshi NGOs to the economic and social development of their urban beneficiaries". The purpose of the four-year project is "institution building of small to mid-sized Bangladeshi NGOs through improved financial management and quality IGA services".

The Shahar Project is part of Care Bangladesh's Income III Project. The SHAHAR (Supporting Household Activities for Health, Assets and Revenue) project implemented by CARE-Bangladesh aims to establish household livelihood security for vulnerable urban households. Using relevant indicators, the project intends to assess changes in various household livelihood security measures that are expected due to SHAHAR's interventions.

2. The Micro-Insurance Scheme

<i>Name of the scheme:</i>	Insurance scheme for IGA group member
<i>Date started:</i>	2000
<i>Status:</i>	Operational
<i>Ownership of micro-insurance:</i>	Community based and owned by an NGO
<i>Organisational structure:</i>	Micro-insurance scheme is a part of SHAHAR project activities being managed by 14 partner NGOs, taking part in the scheme.
<i>Risk coverage:</i>	Life
<i>Registration:</i>	Social Welfare Directorate, NGO Affairs Bureau
<i>Rural/urban:</i>	Urban
<i>Target population:</i>	Limited to geographical area and persons involved in trade and crafts
<i>Potential target:</i>	More than 10,000

3. Assistance to the Micro-insurance Scheme

<i>Initiators:</i>	Local administration, development partner and NGO
<i>External funds:</i>	No
<i>External assistance:</i>	NO
<i>No of people working for the scheme:</i>	Data not available

4. Membership, Contributors and Beneficiaries

Registration of members: Individual compulsory registration
Membership fee: Yes
Contributors: 18,331
Beneficiaries: 18,368 (18,331 women + 37 men)

5. Benefits/contributions

Waiting period: no
Schedule of contributions: Monthly direct payment
Contribution and benefit fluctuations: No change
Benefit package and contributions: See below
Total amount of benefits paid in last year: Tk. 115,000
Total amount of contributions collected in last year: Tk. 606,392

Package	Benefits	Contribution	No of beneficiaries
1	Death benefit Tk. 5,000 for each contributor IGA member and write off of outstanding loan (if any) of deceased IGA member.	Weekly Tk. 1.00	Women 18,331, Men 37
2	In case of the death of a primary earning household member of the contributing IGA member, the IGA member will receive an amount of Tk.2,000.	Covered by the contribution of the IGA member	Women 18331, Men 37

6. Health Related Information

Not applicable

7. Other Financial Information

Financial reserve: Tk.1,403,280
Guarantee Fund: No
Bank account: Yes

8. Problems/constraints

Data not available

9. Linkages with state/national/private systems

No linkages

6. Integrated Development Foundation (IDF)

Address: House 3, Road 2, Block C, Mirpur, Dhaka 1216

Phone: 880-2-900-5452

Fax:

E-mail zalamidf@citechco.net, ctgidf@abnetbd.com

Website:

1. The Organisation

Integrated Development Foundation (IDF) is a non-profit, non-political and non-government organisation, established in December 1992, operating in Chittagong, Bandarban, Rangamati and Khagrachari. The main objective of IDF is to assist the poor, the landless, the destitute women and children, small farmers and disabled persons in order to enable them to gain access to resources and undertake various income generating and other activities for poverty alleviation and enhancing quality of life.

IDF started a micro-health insurance scheme in 1997 as a response to the requests of group members to help their family if they are seriously sick or in case of death of an earning family member. Today, IDF offers two types of benefits to insurance holders: grants for death of a family member and grants for medical treatment. The Micro-health Insurance (MHI) scheme is closely tied to IDF's micro-credit program, and subscription to the MHI scheme is compulsory for IDF borrowers.

A large number of women die because of prenatal and postnatal complications and malnutrition. As a result, the mortality rate in CHT is one of the highest in the country. To address this very important problem, IDF group members were requested by the community to address the multifarious health issues. Several workshops and meetings with group members were organized and groups were formed. Some group members suggested creating an emergency fund to help them when they are sick or death occurs to an income earner. To address this in a way that will provide access to essential health care to all, regardless of their level of poverty, a health service was introduced along with a Micro Health Insurance scheme to cover health risks through the pooling of resources so that the poorest will also be able to become partners in the scheme. MHI is thus an integral part of the health programme.

1. The Micro-Insurance Scheme

<i>Name of the scheme:</i>	Micro-Insurance / Emergency Fund
<i>Date started:</i>	1998
<i>Status:</i>	Operational
<i>Ownership of micro-insurance:</i>	Community based and owned by the NGO.
<i>Organisational structure:</i>	The scheme is a part of IDF's regular program activities, of which IDF is solely responsible. IDF belongs to the ADAB umbrella.
<i>Risk coverage:</i>	Primary health, life, accidents and hospitalisation.
<i>Registration:</i>	NGO Affairs Bureau and Societies Registration Act.
<i>Rural/urban:</i>	Rural and urban.
<i>Target population:</i>	IDF group members involved in subsistence and cash crop agriculture, animal husbandry, trade & crafts and fishing.
<i>Potential target:</i>	Over 10,0000

2. Assistance to the Micro-insurance Scheme

<i>Initiators:</i>	The community and SIDA (Sweden)
<i>External funds:</i>	None
<i>External assistance:</i>	Training
<i>No of people working for the scheme:</i>	Data not available

3. Membership, Contributors and Beneficiaries

<i>Registration of members:</i>	Compulsory for families.
<i>Membership fee:</i>	36,000 women have paid.
<i>Contributors:</i>	36,000 women.
<i>Beneficiaries:</i>	180,000

4. Benefits/contributions

<i>Waiting period:</i>	None.
<i>Schedule of contributions:</i>	Payments made weekly, directly by contributor, and as part of loan instalments.
<i>Contribution and benefit fluctuations:</i>	Increased contributions and benefits.
<i>Benefit package and contributions:</i>	See table below.

Package	Benefits	Contributions	No of beneficiaries
Health	Medical costs up to Tk 1,000. Drugs at cost price	The insurance scheme for health care and life is offered as a combined package. Contributions are 1% of yearly loan. (Tk. 60 per year on average).	180,000
Life	In case of death of insurance policy holder or an <i>income-earning</i> family member, nominee or receives up to Tk. 2,000 (Tk. 300 is given on the day of the death and the remainder given after a centre meeting).		36,000

Total amount of benefits paid in last year Tk. 1,867,139
Total amount of contributions collected in last year: Tk. 1,308,500

5. Health Related Information

Co-payment: No
Payment modality: Capitation
Other health related services: Data not available
Type of health care insured: Data not available
Privileges negotiated with health care providers: Data not available
Contractual agreement with service provider: None

6. Other Financial Information

Financial reserve: Data not available
Guarantee Fund: No
Bank account: Yes

7. Problems/constraints

Lack of medical equipment, training and funds.

8. Linkages with state/national/private systems

No Linkages

7. Young Power in Social Action (YPSA)

Address:	House 2, Road. 1, Block B, Changaon R/A, Chittagong 4212
Phone:	+880 (0)31-672-857, +880 (0)18-321-432 (mobile)
Fax:	+880-(0) 31-672-073
E-mail:	info@ypsa.org
Website:	www.ypsa.org

1. The organization

Young Power in Social Action (YPSA) is situated in Chittagong, born in 1985 and is a voluntary social development organization. Its mission is to engage poor and vulnerable social groups to bring about their own sustainable development. YPSA's strategy is to form groups at grassroots level, for landless people, small and marginal farmers, disadvantaged women, disabled, children and youths, and to motivate them to participate in their community development. Their activities include, health, education, environmental protection, micro-finance, and human resource development. Their micro-insurance scheme is at project level.

2. The Micro-Insurance Scheme

<i>Name of the scheme:</i>	Micro Health Insurance
<i>Date started:</i>	March 2003
<i>Status:</i>	Starting
<i>Ownership of micro-insurance:</i>	Community based and owned by YPSA
<i>Organisational structure:</i>	The program is run as a part of YPSA regular program activities. Two organizations, EIS – a school for disadvantages children and CYD – a youth development organization participate in the program.
<i>Risk coverage:</i>	Primary health and credit (credit insurance only available to micro-credit members)
<i>Registration:</i>	Social Welfare Directorate, NGO Affairs Bureau and Directorate of Youth Development.
<i>Rural/urban:</i>	Rural
<i>Target population:</i>	Subsistence farmers, fishermen, artisans, day-labourers and landless people.
<i>Potential target:</i>	10.000

3. Assistance to the Micro-insurance Scheme

<i>Initiators:</i>	Foreign donor.
<i>External funds:</i>	Operations and equipment
<i>External assistance:</i>	Awareness, management, training, advisory, M&E
<i>No of people working for the scheme:</i>	3 full time, 55 part-time

4. Membership, Contributors and Beneficiaries

Registration of members: Voluntary for family and individuals
Membership fee: No
Contributors: 7,916
Beneficiaries: 9,580

5. Benefits/contributions

Waiting period: None
Schedule of contributions: Yearly direct payment.
Contribution and benefit fluctuations: Not changed
Benefit package and contributions: See table below

Package	Benefits	Contributions (yearly)	Beneficiaries
Health	Subsidised medical services include: Consultation with doctor (Tk 5 per visit) Medicine: 40 % discount Pathological tests: 30 % discount Normal delivery: 40% discount Free yearly medical check-up One-time Tk 200-500 grant in case of hospitalisation	Tk 75 for families up to 6 members (Tk 100 for non-members) Tk 125 for families up to 11 members (Tk 150 for non-members)	2,080 (sex-disaggregated data not available)

Package	Benefits	Contributions (yearly)	Beneficiaries
Life	In case of death of policy holder, nominee receives Tk. 5,000 - adjusted to outstanding micro-credit debt, if any.	Tk. 10	3,500

Package	Benefits	Contributions (yearly)	Beneficiaries
Loan insurance (compulsory for YPSA credit members)	In case of death of policy-holder, outstanding debt cancelled, and total savings with YPSA is returned to nominee.	1% of loan amount (e.g. a 5,000 loan insurance costs Tk. 50)	4,000

Total amount of benefits paid in last year: Data not available
Total amount of contributions collected in last year: Data not available

6. Health Related Information

<i>Co-payment:</i>	Tk 5 for consultations, discounts on drugs and tests
<i>Payment modality:</i>	Capitation
<i>Other health related services:</i>	Health awareness education.
<i>Type of health care insured:</i>	Primary
<i>Privileges negotiated with health care providers:</i>	No
<i>Contractual agreement with service provider:</i>	Verbal agreement with government M.D.s to receive referral patients.

7. Other Financial Information

<i>Financial reserve:</i>	Data not available
<i>Guarantee Fund:</i>	Data not available
<i>Bank account:</i>	Data not available

8. Problems/constraints

Long delay in process of establishing legal status of base clinic.

9. Linkages with state/national/private systems

No linkages.

8. Society for Social Services (SSS)

Address: Palashtali Road, Tangail

Phone: +880-(0)921-53195

Fax: +880-(0)921-54931

E-mail: sss@bol-online.com

1. The organisation

SSS was established as a non-government, not for profit and non-political voluntary development organization in 1986 with a view to improve the socio-economic condition of the rural and urban disadvantaged and poverty stricken people through building people's organization, motivation, savings accumulation, credit operation, training and technical cooperation and joint action.

The vision of SSS is to enhance the socio-economic status of the rural and urban disadvantaged poor people in order to provide access to resources for productive employment and thus enhancing the quality of life. SSS operates various development programs like child and women development, agriculture and fishery, environment, health care, disaster management, rural housing and micro enterprise development with skill training and credit support. The NGO established partnership with gender and employment component of WEDE-WEEH/ILO in July 2002 with special focus for entrepreneurship development of poor women.

Over the time, SSS expanded its operation area vastly for its multi-development approach through organizing a large number of rural and urban poor and asset less people. Presently, SSS is implementing its activities in 21 Upazilas under Tangail, Kishoreganj, Mymensingh and Gazipur districts with its own funds and donor assistance.

2. The Micro-Insurance Scheme

<i>Name of the scheme:</i>	Beneficiaries Life Insurance
<i>Date started:</i>	1993
<i>Status:</i>	Operational
<i>Ownership of micro-insurance:</i>	Micro-finance institution based
<i>Organisational structure:</i>	The insurance scheme is run independently by the NGO as a part of its regular programme activities.
<i>Risk coverage:</i>	Primary health and life
<i>Registration:</i>	Social Welfare Directorate, NGO Affairs Bureau
<i>Rural/urban:</i>	Rural and Urban
<i>Target population:</i>	SSS's micro-credit groups engaged in subsistence as well as cash-crop agriculture, animal husbandry, fishing, trade and crafts.
<i>Potential target:</i>	100,000

2. Assistance to the Micro-insurance Scheme

<i>Initiators:</i>	Community, development partner, and SSS management
<i>External funds:</i>	No
<i>External assistance:</i>	No
<i>No of people working for the scheme:</i>	700 salaried staff (total staff of credit program)

3. Membership, Contributors and Beneficiaries

<i>Registration of members:</i>	Individual compulsory registration
<i>Membership fee:</i>	No
<i>Contributors:</i>	Data not available
<i>Beneficiaries:</i>	94,000 women and 6,500 men

4. Benefits/contributions

<i>Waiting period:</i>	No
<i>Schedule of contributions:</i>	Yearly direct payment
<i>Contribution and benefit fluctuations:</i>	Decreased contributions and increased benefits (Life only). Health benefits remain unchanged.
<i>Benefit package and contributions:</i>	See table below
<i>Total amount of benefits paid in last year:</i>	Tk 574,000
<i>Total amount of contributions collected in last year:</i>	Tk 2,786,867

Package	Benefits	Contribution (yearly)	No of beneficiaries
Life insurance	Nominee receives equal amount of loan disbursed (up to Tk. 5,000), in case of death of policyholder. Nominee also exempted from repaying any upstanding debt owed by policyholder.	0.5% of yearly loan	94,000 women and 6,500 men
Health	Basic (preventive and curative) health care free of cost by medical assistants. Basic (preventive and curative) health care at 50% discount by certified MBBS doctors.	Tk. 20	

5. Health Related Information

<i>Co-payment:</i>	Yes
<i>Payment modality:</i>	Reimbursement
<i>Other health related services:</i>	HIV/AIDS awareness
<i>Type of health care insured:</i>	Outpatient, inpatient, drugs and referrals
<i>Privileges negotiated with health care providers:</i>	No
<i>Contractual agreement with service provider:</i>	No

6. Other Financial Information

<i>Financial reserve:</i>	Tk. 11,895,664
<i>Guarantee Fund:</i>	Yes
<i>Bank account:</i>	No

7. Problems/constraints

None

8. Linkages with state/national/private systems

No linkages

9. Sajida Foundation

Address: 27/B-4 Dhakheswari road, Lalbagh, Dhaka

Phone: +880-(0)2- 862-2043, +880-(0)2- 9672168, +880-(0)18-212-310

E-mail: sajida@global-bd.net

1. The Organisation

Sajida Foundation, is an organization devoted to improving the quality of life of its members and their families. It started as a home based charity scheme and now transformed to an institutional service provider with a view to impart health consciousness and health services with minimum cost to the poor people of Sajida's work area.

The sole aim at start-up of Sajida, in 1987, was to provide education to a few destitute children. Being a very small entity, it was then wholly supported by the family of the chairperson. Its activities began to expand after it acquired majority shareholding of Renata Limited (formerly Pfizer Laboratories Bangladesh Limited, part of Pfizer Inc. USA). While the small education programme continued, Sajida started micro-credit activities in December 1993. In 1998, after extensive discussions with various stakeholders, formed its new mission objective. To accomplish its mission, Sajida has developed various programmes such as Special Credit Programme, Seasonal Credit Programme, Health and Education Programme. Sajida has the character of a family foundation in that all members of the board of governors are relatives. The Foundation is registered under the Foreign Donations Regulation Ordinance of 1978, the Societies Registration Act XXI of 1860 and the Social Welfare Ordinance of 1961. Most of Sajida's programmes have been funded from its dividend earnings, being majority shareholder of Renata Limited.

One goal of Sajida is to provide primary and secondary health care through Sajida health centre, satellite clinics and referral services for tertiary care through partnership with other institutions. In 1997, during the Sajida annual consultation meeting with the members, the idea of establishing a health care programme came up from the micro-finance-clients of Sajida. They expressed their need for medical care alongside financial services. With initial financial help from Robert and Lock Nemeith Foundation, Sajida started the health programme in August 1999.

2. The Micro-Insurance Scheme

<i>Name of the scheme:</i>	Sajida Health
<i>Date started:</i>	1999
<i>Status:</i>	Operational
<i>Ownership of micro-insurance:</i>	Community based and owned by an NGO
<i>Organisational structure:</i>	The scheme is run independently by the NGO/micro-finance institution, as a part of its regular program activities.
<i>Risk coverage:</i>	Primary health, hospitalization and treatment loans
<i>Registration:</i>	Social Welfare Directorate, NGO Affairs Bureau, Societies Registration Act
<i>Rural/urban:</i>	Rural and Urban
<i>Target population:</i>	Sajida's micro-finance groups engaged in trade and crafts and mostly within the informal economy.
<i>Potential target:</i>	More than 10,000.

3. Assistance to the Micro-insurance Scheme

<i>Initiators:</i>	The community, health professionals
<i>External funds:</i>	Start-up grant.
<i>External assistance:</i>	Advisory services
<i>No of people working for the scheme:</i>	27 salaried staff

4. Membership, Contributors and Beneficiaries

<i>Registration of members:</i>	Individual and family registration
<i>Membership fee:</i>	Yes
<i>Contributors:</i>	10,407 women
<i>Beneficiaries:</i>	50,035 (average of 5 per family)

5. Benefits/contributions

<i>Waiting period:</i>	No
<i>Schedule of contributions:</i>	Yearly payments deducted from loan disbursements
<i>Contribution and benefit fluctuations:</i>	
<i>Benefit package and contributions:</i>	See table below
<i>Total amount of benefits paid in last year:</i>	Tk. 8,269,028
<i>Total amount of contributions collected in last year:</i>	Tk. 7,882,264

Package	Benefits	Contributions	No of Beneficiaries
Health -Family Card	Antenatal Care Free general treatment Normal delivery for Tk 225 Free annual check-up Pathological service at 20% discount. Interest free treatment loans up to Tk. 5,000. Hospitalisation at 30% discount. Free referrals	Tk. 100-150 per year (depend on basis of loan size)	50,035

6. Health Related Information

<i>Co-payment:</i>	Discounted services and drugs.
<i>Payment modality:</i>	Capitation
<i>Other health related services:</i>	No
<i>Type of health care insured:</i>	Primary and Secondary (own services).
<i>Privileges negotiated with health care providers:</i>	None
<i>Contractual agreement with service provider:</i>	Verbal agreements

7. Other Financial Information

<i>Financial reserve:</i>	No
<i>Guarantee Fund:</i>	No
<i>Bank account:</i>	Yes

8. Problems/constraints

Doctor migration, financial self-sufficiency, lack of clinic facility

9. Linkages with state/national/private systems

No linkages.

10. Homeland Life Insurance Co. Ltd.

Address: Biman Bhaban (3rd Floor), 100 Motijheel C/A Dhaka 1000

Phone: +880-(0)2-955-6627, +880-(0)2-716-8783

1. The Micro-Insurance Scheme

Name of the scheme: Pally Paribarik Bima Prakipa
Date started: 1997
Status: Operational
Ownership of micro-insurance: Life insurance company
Organisational structure: The private company runs the scheme independently as a separate organization. It is not affiliated to any umbrella organization or coordinating body.
Risk coverage: Life
Registration: Company Act
Rural/urban: National coverage
Target population: Occupation based groups within the formal economy
Potential target: Unknown

2. Assistance to the Micro-insurance Scheme

Initiators: State
External funds: No
External assistance: No
No of people working for the scheme: 120 salaried staff and 3,000 commission-based sales persons.

3. Membership, Contributors and Beneficiaries

Registration of members: Individual voluntary registration
Membership fee: Data not available
Contributors: Data not available
Beneficiaries: Data not available

4. Benefits/contributions

Waiting period:
Schedule of contributions: Weekly direct payment
Contribution and benefit fluctuations:
Benefit package and contributions: In case of death of policy holder nominee receives between Tk. 12,000 to Tk. 60,000. Amount depends on premium rate, which is based upon the policy holder's ability and willingness to pay, e.g., a Tk 12,000 policy costs Tk. 100 per month.
Total amount of benefits paid in last year: Tk. 2,520,267
Total amount of contributions collected in last year: Tk. 35,300,000

5. Health Related Information

Not applicable

6. Other Financial Information

Financial reserve: Yes

Guarantee Fund: Yes

Bank account: Yes

7. Problems/constraints

Legal

8. Linkages with state/national/private systems

Data not available.

11. Jana Kallyan Sangstha (JKS)

Address: Maherpur Road, Dowlatliar, Chuadanga
Phone: +880 (0)761 627 97, 0171 894 574

1. The Micro-Insurance Scheme

Name of the scheme: Member Welfare Fund
Date started: 1996
Status: Operational
Ownership of micro-insurance: Community based and owned by the NGO.
Organisational structure: The scheme is run as a part of the programs regular activities. The insurance scheme is run / managed jointly –with another NGO called PKSf. JKS belongs to a network of civil society organizations.
Risk coverage: Loans/Life
Registration: Social Welfare Directorate, Ngo Affairs Bureau, Family Planning Directorate.
Rural/urban: Rural.
Target population: Community’s poor, subsistence and cash-crop farmers, fishermen, artisans.
Potential target: Less than 3,000.

2. Assistance to the Micro-insurance Scheme

Initiators: Local administration, Development Partner, NGO.
External funds: No.
External assistance: M & E, Advisory services, management.
No of people working for the scheme: 33 volunteers

3. Membership, Contributors and Beneficiaries

Registration of members: Voluntary
Membership fee: Data not available
Contributors: 1,924 women and 382 men
Beneficiaries: 1,924 women and 382 men. Does not cover persons who are not contributors.

4. Benefits/contributions

Waiting period: None.
Schedule of contributions: Yearly –at time of loan disbursement.
Contribution and benefit fluctuations: None
Benefit package and contributions: Benefits cover the risk of loans disbursed. In case of death of policy-holder, his/her family is exempt from loan repayment. Also, policy-holder’s family receives the total amount of instalments paid towards the loan. Policy-holder pays Tk. 20 yearly.
Total amount of benefits paid in last year: Tk 0
Total amount of contributions collected in last year: Tk. 46,120

5. Health Related Information

Not applicable

6. Other Financial Information

Financial reserve: 46,120

Guarantee Fund: No

Bank account: Yes

7. Problems/constraints

Legal, and small membership size.

8. Linkages with state/national/private systems

No Linkages

12. Social Advancement Through Unity (SATU)

Address: Main road, Tangail - 1900

Phone: 880-92153674

1. The Micro-Insurance Scheme

Name of the scheme: Risk Prevention Program
Date started: 2002
Status: Operational
Ownership of micro-insurance: Micro-finance based, community based and owned by the NGO
Organisational structure: SATU is micro-finance based NGO, operating the micro-insurance scheme as a part of its regular program activities. The NGO belongs to an umbrella organization/coordinating body.
Risk coverage: Life.
Registration: Social Welfare Directorate, NGO Affairs Bureau.
Rural/urban: Rural
Target population: The organization targets persons of various professions (agriculture, fishing, trading, crafts, animal husbandry) in the 449 villages in which SATU operates.
Potential target: >10,000.

2. Assistance to the Micro-insurance Scheme

Initiators: SATU.
External funds: No
External assistance: No
No of people working for the scheme: 105 salaried staff.

3. Membership, Contributors and Beneficiaries

Registration of members: Compulsory for groups and individuals.
Membership fee: Yes
Contributors: 15,886 women and 598 men
Beneficiaries: 15,886 women and 598 men

4. Benefits/contributions

Waiting period: Data not available.
Schedule of contributions: Direct payment.
Contribution and benefit fluctuations: No change
Benefit package and contributions: In case of death of SATU member his/her family received Tk 5,000. However, this amount is adjusted to debt owed to SATU by credit member. All members pay a one-time Tk 105 fee at time of becoming a SATU member.
Total amount of benefits paid in last year: Tk. 65,000
Total amount of contributions collected in last year: Tk. 1,138,200

5. Health Related Information

Not applicable.

6. Other Financial Information

Financial reserve: No
Guarantee Fund: Yes
Bank account: Data not available.

7. Problems/constraints

Insufficient promotion on micro-insurance

8. Linkages with state/national/private systems

No Linkages

13. Panna Smrity Sangsad (PSS)

Address: Spondon B/135-136, Bazar Road, Savar
Phone: +880-(0)11-848-945, +880-(0)2-677-13184
E-mail: pss@dahaka.net

1. The Micro-Insurance Scheme

Name of the scheme: Loan & Life Insurance
Date started: 2003
Status: At project level
Ownership of micro-insurance: Community based and owned by the NGO
Organisational structure: The scheme is run as part of regular programme activities, and is owned and managed by PSS. PSS belongs to the ADAB association.
Risk coverage: Primary health, life and loans.
Registration: Social Welfare Directorate, Family Planning Directorate
Rural/urban: Rural and urban.
Target population: The target is limited to geographic operational area of PSS involved in cash-crop farming, trade and crafts and informal economy employment.
Potential target: 5,000-10,000.

2. Assistance to the Micro-insurance Scheme

Initiators: Private, development partner and NGO.
External funds: None
External assistance: None
No of people working for the scheme: 5 volunteers

3. Membership, Contributors and Beneficiaries

Registration of members: Voluntary registration for individuals
Membership fee: Yes
Contributors: 70 women and 30 men
Beneficiaries: 550

4. Benefits/contributions

Waiting period: 4 weeks
Schedule of contributions: Monthly direct contribution.
Contribution and benefit fluctuations: None
Benefit package and contributions: Data not available

Package	Benefits	Contributions	No of Beneficiaries
Health Care and Family Welfare	Subsidized (50%), consultations and immunizations. Free family planning consultations.	Tk 5 for initial fee, then Tk. 5 weekly.	550
Life	In case of death of Policy holder, nominee receives compensation (amount not available)	Data not available (at project level)	Data not available (at project level)
Loans	Data not available	Data not available (at project level)	Data not available (at project level)

Total amount of benefits

paid in last year: Data not available (at project level)

Total amount of

contributions collected

in last year: Data not available (at project level)

5. Health Related Information

Co-payment: Yes

Payment modality: Capitation

Other health related services: No

Type of health care insured: Primary

Privileges negotiated with health care providers: No

Contractual agreement with service provider: No

6. Other Financial Information

Financial reserve: No

Guarantee Fund: No

Bank account: Yes

7. Problems/constraints

No reserve and guarantee fund.

8. Linkages with state/national/private systems

No linkages.

14. Association of Development for Economic and Social Help (ADESH)

Address: House: Priya, 5/2, Block C, Anadapur Citylane, Savar, Dhaka 1340

Phone: +880-(0)2-771-0150, +880-(0)173-000-210

Fax: +880-(0)2-771-0150

E-mail: adesh@bol-online.com

1. The Micro-Insurance Scheme

Name of the scheme: Risk Fund

Date started: July 2002

Status: Operational

Ownership of micro-insurance: Community based and owned by the NGO

Organisational structure: Adesh runs its insurance scheme independently of other NGO and existing coordinating bodies and networks.

Risk coverage: Life and loans

Registration: Social Welfare Directorate, NGO Affairs Bureau

Rural/urban: Rural

Target population: Limited to geographical area, and trade and crafts occupations.

Potential target: 3,000-5,000

2. Assistance to the Micro-insurance Scheme

Initiators: NGO, charity organization of self-help group.

External funds: Data not available

External assistance: None

No of people working for the scheme: Data not available

3. Membership, Contributors and Beneficiaries

Registration of members: Compulsory registration for all members including credit groups and gender equality advocacy groups.

Membership fee: No

Contributors: 4,343 women

Beneficiaries: 4,343

4. Benefits/contributions

Waiting period: 7 days after death

Schedule of contributions: Monthly direct payment

Contribution and benefit fluctuations: Increased contributions (data not available on benefits)

Benefit package and contributions: Tk 2,000 paid to the nominee, in case of death of insurance holder. 3% is contributed to micro-insurance from the 18% interest on micro-credit.

Total amount of benefits paid in last year: Tk. 12,000

Total amount of Tk. 66,740

*contributions collected
in last year:*

5. Health Related Information

Not applicable

6. Other Financial Information

Financial reserve: No

Guarantee Fund: No

Bank account: No

7. Problems/constraints

Competition from 'Mega' –NGOs, such as BRAC, ASA, and Proshika. Difficult to offer competitively priced insurance packages.

8. Linkages with state/national/private systems

No linkages.

15. Technical Assistance for Rural Development (TARD)

Address:	4/16 Humayun Road, Mohammadpur, Dhaka 1207, Bangladesh.
Phone:	+880-(0)2-912-2192, +880-(0)2-812-1154, +880-(0)171-267-393
Fax:	+880-(0)2-812-1154
E-mail:	tart@citechco.net
Website:	www.tardbd.org

1. The Organisation

Technical Assistance for Rural Development (TARD) is a non-profit voluntary organisation devoted to promote development efforts in Bangladesh. As a capacity builder organisation, TARDs mission is to provide support services in the areas of training evaluation studies, action research, organizational development, management and institution building to local, national and international development partners working for economic, socio-cultural and political freedom of the people.

Since 1995, TARD offers Life insurance to complement its micro-credit program.

2. The Micro-Insurance Scheme

<i>Name of the scheme:</i>	Risk management scheme
<i>Date started:</i>	1995
<i>Status:</i>	Operational
<i>Ownership of micro-insurance:</i>	Community based and owned by an NGO
<i>Organisational structure:</i>	The scheme is run independently by TARD as a part of their regular program activities. The NGO belongs to a network of civil society organizations.
<i>Risk coverage:</i>	Life
<i>Registration:</i>	Social Welfare Directorate, NGO Affairs Bureau, Societies Registration Act.
<i>Rural/urban:</i>	Rural
<i>Target population:</i>	Specific social group within informal economy
<i>Potential target:</i>	3,000-5,000

3. Assistance to the Micro-insurance Scheme

<i>Initiators:</i>	NGO, charity organization or self-help group.
<i>External funds:</i>	No
<i>External assistance:</i>	Management and M&E.
<i>No of people working for the scheme:</i>	17 salaried (micro-credit staff)

4. Membership, Contributors and Beneficiaries

<i>Registration of members:</i>	Compulsory Individual registration
<i>Membership fee:</i>	No
<i>Contributors:</i>	1,491 women
<i>Beneficiaries:</i>	6,419 (a TARD member can buy several policies, and with different nominees).

5. Benefits/contributions

<i>Waiting period:</i>	No
<i>Schedule of contributions:</i>	Yearly contribution. The premium is covered by the interest on micro-credit loans.
<i>Contribution and benefit fluctuations:</i>	Not applicable (life only)
<i>Benefit package and contributions:</i>	In case of death of policyholder, nominee receives up to Tk. 10,000. The amount is dependent upon the amount borrowed from TARD –(Tk. 10,000 limit). Another benefit of the scheme is the cancellation of outstanding debt from micro-credit loans. Contribution for the scheme is covered with the 15% interest rate charged for micro-credit loans.
<i>Total amount of benefits paid in last year:</i>	19,000
<i>Total amount of contributions collected in last year:</i>	96,670

6. Health Related Information

Not applicable

7. Other Financial Information

<i>Financial reserve:</i>	Yes
<i>Guarantee Fund:</i>	No
<i>Bank account:</i>	Yes

8. Problems/constraints

Legal

9. Linkages with state/national/private systems

No linkages

16. Association for Rural Save and Human Emancipation (ARSHE)

Address: Lahini Bottola, P.O- Mohini Mills, P.5-Kushtia

Phone: +880-(0)171-972-894

1. The Micro-Insurance Scheme

Name of the scheme: Welfare program for the hard-core poor
Date started: 2000
Status: Operational
Ownership of micro-insurance: Community based and owned by an NGO
Organisational structure: The scheme is run independently by the NGO as a part of its regular program activities.
Risk coverage: Accidents, and Loans
Registration: Social Welfare Directorate
Rural/urban: Rural and Urban
Target population: Income poor of informal economy engaged in subsistence agriculture, animal husbandry, fishing, trade and crafts.
Potential target: Less than 3,000

2. Assistance to the Micro-insurance Scheme

Initiators: Community and ARSHE
External funds: No
External assistance: Training, awareness and management
No of people working for the scheme: 4 salaried and 2 volunteers.

3. Membership, Contributors and Beneficiaries

Registration of members: Voluntary registration on individual, family and group basis.
Membership fee: Yes
Contributors: 501 women
Beneficiaries: 501 women

4. Benefits/contributions

Waiting period: No
Schedule of contributions: Weekly direct payment
Contribution and benefit fluctuations: Data not available
Benefit package and contributions: Life insurance policy is tied to micro-credit, with a limit of Tk 12,000. A credit member may purchase a policy up to the amount of his/her loan.. In case of death of a policy-holder before loan recovery, ARSHE offers exemption of the rest of the loan to policy-holder's family. Premium is 0,05 % of total loan amount, charged yearly.

In case of accident/injury, policy-holders are given a lump-sum amount of Tk 500-1,000 for treatment. Each case is considered individually, after which the decision on appropriate amount is taken by ARSHE management.

Total amount of benefits Tk. 3,900

paid in last year:
Total amount of contri-
butions collected in last
year: Tk. 19,450

5. Health Related Information

Not applicable

6. Other Financial Information

Financial reserve: Yes
Guarantee Fund: No
Bank account: Yes

7. Problems/constraints

Management and small membership

8. Linkages with state/national/private systems

No linkages.

17. Community Development Center (CODEC)

Address: 62/B, Road 3, Chandgaon R/A, Chittagong

Phone: +880-31-671-405, +880-31670-663

Fax: +880-31-672-154

E-mail: codecprog@spnetctg.com

1. The organisation

CODEC is a development NGO that has been working with the coastal poor fisherfolk communities since 1985. The main development objective of this NGO is to enable and support the institutional capacity building of Hindu and Muslim fisherfolk communities.

CODEC's mission is to improve the socio-economic potential of coastal and river communities through institution building based on the participation of males, females and children. CODEC's insurance scheme, Apatkalin Tahkil, aims to secure the welfare of its target groups, by providing facilities for health, fire hazards and family compensation in case of death.

2. The Micro-Insurance Scheme

Name of the scheme: Apatkalin Tahkil

Date started: 1992

Status: Operational

Ownership of micro-

insurance: Community based and owned by the community

Organisational structure: The scheme is a separate program managed by a coordination committee, audited by CODEC. 1,800 self-help groups are engaged in the scheme.

Risk coverage: Life, Accidents, Fire hazards

Registration: Social Welfare Directorate, NGO Affairs Bureau

Rural/urban: Rural

Target population: Social groups engaged in cash-crop agriculture and fishing.

Potential target: 3,000-5,000

3. Assistance to the Micro-insurance Scheme

Initiators: NGO

External funds: No

External assistance: Awareness and advisory services

No of people working

for the scheme: Data not available

4. Membership, Contributors and Beneficiaries

Registration of members: Individual voluntary registration

Membership fee: Yes

Contributors: 2,045 women and 1176 men

Beneficiaries: 2,045 women and 1176 men

5. Benefits/contributions

<i>Waiting period:</i>	One year
<i>Schedule of contributions:</i>	Yearly direct payment
<i>Contribution and benefit fluctuations:</i>	Diminished contributions. Data not available on benefits.
<i>Benefit package and contributions:</i>	Insurance holder pays tk. 25 per year for CODECs combined package of Health and Life. In case of death of policyholder, nominee receives Tk. 2,000. In case of accident/injury or need for hospitalisation, policyholder receives Tk 1,000. In case policyholder is the victim of fire hazard, family members are entitled to food and clothing for one month.
<i>Total amount of benefits paid in last year:</i>	Tk. 388,750
<i>Total amount of contributions collected in last year:</i>	Tk. 1,040,000

6. Health Related Information

<i>Co-payment</i>	Not applicable
<i>Payment modality:</i>	Not applicable
<i>Other health related services:</i>	None
<i>Type of health care insured:</i>	None – only financial assistance towards treatment.
<i>Privileges negotiated with health care providers:</i>	None
<i>Contractual agreement with service provider:</i>	None

7. Other Financial Information

<i>Financial reserve:</i>	Tk. 7,263,329
<i>Guarantee Fund:</i>	No
<i>Bank account:</i>	Yes

8. Problems/constraints

Contribution defaults

9. Linkages with state/national/private systems

No Linkages

18. Ghashful

Address: 440/B1 DT Road, West Madarbari, Chittagong

Phone: +880-31-714519

Fax: +880-31-714519

E-mail: ghashful@spnetctg.com

1. The Micro-Insurance Scheme

Name of the scheme: Ghashful Micro-insurance
Date started: 1999
Status: Operational
Ownership of micro-insurance: Micro-finance institution based
Organisational structure: The insurance scheme is run independently by Ghashful as a part of its regular programme activities. Ghashful is a member of CDF.
Risk coverage: Life
Registration: Social Welfare Directorate, NGO Affairs Bureau, Family Planning Directorate
Rural/urban: Urban
Target population: Ghashful's micro-credit members, lower/middle income groups engaged in animal husbandry, fishing, trade and crafts.
Potential target: 5,000-10,000

2. Assistance to the Micro-insurance Scheme

Initiators: Development partner
External funds: No
External assistance: No
No of people working for the scheme: 33 salaried staff

3. Membership, Contributors and Beneficiaries

Registration of members: Individual voluntary registration
Membership fee: Yes
Contributors: 2,437 women
Beneficiaries: 2,437 women

4. Benefits/contributions

Waiting period: 1 month
Schedule of contributions: Monthly direct payment
Contribution and benefit fluctuations: Increased contributions. Data not available on benefits.
Benefit package and contributions: **Life.** Insurance policyholder pays Tk. 10 per month. Benefits for nominee, in case of death of policyholder, is a) Tk 5,000 if death occurs after 1 year and b) Tk 10,000 if death occurs after 3 years.
Total amount of benefits paid in last year: Tk. 35,000
Total amount of Tk, 320,410

contributions collected in last year:

5. Health Related Information

Not applicable

6. Other Financial Information

<i>Financial reserve:</i>	Tk. 24,079
<i>Guarantee Fund:</i>	No
<i>Bank account:</i>	No

7. Problems/constraints

Contribution defaults, difficulty in promoting micro-insurance –‘low willingness’, ‘no interest’.

8. Linkages with state/national/private systems

No linkages

19. Banaful

Address: 238 Mohammedpur, Chittagong 4212, Bangladesh

Phone: +880-31-652-822, +880-(0)18-396-416

Fax: +880-31-650-174

E-mail: banaful@bttb.com

1. The Micro-Insurance Scheme

Name of the scheme: Apatkalin Tahbil

Date started: 1997

Status: Operational

Ownership of micro-insurance: Micro-finance institution based

Organisational structure: The insurance scheme is run independently by Banaful as a part of its micro-credit activities. Banaful is a member of CDF and ADAB.

Risk coverage: Primary health

Registration: Social Welfare Directorate, NGO Affairs Bureau, Women Affairs Bureau, Family Planning Directorate

Rural/urban: Urban

Target population: Banaful targets the urban folk of Chittagong in the formal and informal economy engaged in animal husbandry, fishing, trade and crafts.

Potential target: 5,000-10,000

2. Assistance to the Micro-insurance Scheme

Initiators: Private person and development partner

External funds: Guarantee fund (DFID), Soft loan (CARE)

External assistance: Training, awareness, management, M & E and advisory services

No of people working for the scheme: 32 salaried staff

3. Membership, Contributors and Beneficiaries

Registration of members: Individual voluntary registration

Membership fee: No

Contributors: 3017 women and 1349 men

Beneficiaries: 21,830

4. Benefits/contributions

Waiting period: No

Schedule of contributions: Yearly direct payment

Contribution and benefit fluctuations: Increased contributions and benefits

Benefit package and contributions: See table below.

Total amount of benefits paid in last year: Tk. 50,000

Total amount of contri- Tk 600,000

Contributions collected in last year:

Package	Benefits	Contributions	No of beneficiaries
Primary health	Doctor consultation: Tk. 15 Paramedic consultation: Tk 10 Immunization: Tk 10 Consultation on family planning and contraceptives: Tk 10.	1.5% of yearly loan amount.	21,830

5. Health Related Information

<i>Co-payment:</i>	Data not available
<i>Payment modality:</i>	Capitation
<i>Other health related services:</i>	No
<i>Type of health care insured:</i>	Primary health at Banaful Clinic, referrals to Marie Stopes hospital
<i>Privileges negotiated with health care providers:</i>	Priority treatment
<i>Contractual agreement with service provider:</i>	Verbal agreement

6. Other Financial Information

<i>Financial reserve:</i>	Yes
<i>Guarantee Fund:</i>	No
<i>Bank account:</i>	No

7. Problems/constraints

Management

8. Linkages with state/national/private systems

No linkages

20. Delta Life Insurance Co Ltd. –Gono Grameen Bima

Address 1: 90 Motijheel C/A. Dhaka 1000 (Head office)

Address 2: 53 Purana Paltan, Dhaka 1000 (Gono Grameen Bima Division)

Phone: +880 (0)2 957 03 24

Fax:

1. The Micro-Insurance Scheme

Name of the scheme: Gono Grameen Bima
Date started: 1988
Status: Operational
Ownership of micro-insurance: Owned by Public Ltd. Company
Organisational structure: The scheme is run independently by Delta Life Insurance Co Ltd, as a part of its regular program activities.
Risk coverage: Life
Registration: Company Act
Rural/urban: National
Target population: Low income earners of all
Potential target:

2. Assistance to the Micro-insurance Scheme

Initiators: Delta Life Insurance Co. Ltd.
External funds: No
External assistance: No
No of people working for the scheme: 15,757

3. Membership, Contributors and Beneficiaries

Registration of members: Individual voluntary registration
Membership fee: No
Contributors: 757,869
Beneficiaries: 757,869

4. Benefits/contributions

Waiting period: No
Schedule of contributions: Direct payment -daily, weekly, monthly, quarterly, yearly
Contribution and benefit fluctuations: Increased contributions. Data not available on benefit fluctuations.
Benefit package and contributions: See below
Total amount of benefits paid in last year: Tk. 41,839,562
Total amount of contributions collected in last year: Tk. 540,334,255

PLAN-401.

Endowment Insurance plan- with profits

With insurance coverage this plan is giving financial assurance for the family to build up a happy and rich full life to the least wealth and wealthless people at their unexpected death or at the maturity of policy.

Nature of plan:

- Sum assured is Tk. 5,000 to 100,000. For taking S.A. above 50,000 taka medical report is required and underwriting will be done at head office.
- Policy term 10 and 15 years.
- Policyholder's age would be 18 to 45 for the 10 years policy term and 18 to 40 for the 15 years policy term.
- Accidental supplementary policy would be taken by depositing additional premium with regular premium.
- Premium would be paid yearly in advance. But weekly/Monthly/Quarterly/Half yearly it would be paid. If premium is not paid yearly in case of death claim, a part of a yearly premium is paid than remaining part of premium of the said year will be deduct from the claim amount.
- In case of natural death of the policyholder from the date of commencement up to maturity date full sum assured with accrued bonus will be paid. But if any body take accidental supplementary policy and meet an accidental death (Road accident/Plan accident boat accident, Thunder/Electric-shock/Burn/Snake bite Etc.) is proved by post mortem report or first investigation report (FIR) at Police station sum assured will be double.
- In accidental case if the policy holder meets death within 90 days from the date of accident and death is proved as an accident by the post mortem and first investigation report (FIR) at police station only then accidental claim will be paid, otherwise natural death claim would be paid.
- Accidental supplementary policy will not be given to the risky job holder like boat man, driver, electrician etc.
- If policy survives until maturity sum assured with accrued bonus will be paid.
- For any reason if, premium depositing is stopped within 2 years from the commencement for the 15 years policy and within 1 year from the commencement for the 10 years policy the policy will be lapsed and forfeited and no deposited premium will be refunded. If policy become lapse no benefit will provide. But policy will be considered inforce up to 30 days from the due date of depositing premium. 2 years lapsed policy can be revived by paying late fee, submitting all underwriting requirement settled by the company while it is accepted. If policy is lapsed more than 2 years it also can be revived subject to submitting medical report assign by the company.
- If premium depositing is stopped at least after 2 years for 15 years policy term and at least 1 year for 10 years policy term from the commencement date, policy will be considered as paid up. After acquiring paid up value if premium is not deposited policy will not be forfeited totally. In this case policy value will be reduced and it will turn into reduced paid up policy. Paid up value is calculated on the basis of the ratio of the period premium deposited with the term of the policy. For the paid up

policy accrued bonus for the period premium paid is paid. But for death, paid up value with bonus will be paid within the term. At least 2 years certain premium is not deposited fully no bonus will be paid for the paid-up policy.

PLAN-403.

Five payment Insurance plan

This plan has launched to meet emergency need of the policy holders, Partly payment of sum assured will be paid in duration of policy and full sum assured with profits will be paid at the policy holder's death,

Nature of plan:

- Sum assured is minimum Tk. 5,000 to maximum 1,00,000. For taking sum assured above 50,000 medical report is required and underwriting will be done at head office.
- Policy term is 15 years.
- Policyholder's age would be 18 to 40 years.
- Premium would be paid yearly in advance. But weekly/Monthly/Quarterly/Half yearly it would be paid. If premium is not paid yearly in case of death claim, a part of a yearly premium is paid than remaining part of premium of the said year will be deduct from the claim amount.
- 15% of sum assured will be paid to the policyholder of this policy after every 3 (Three) years. That is after 3rd, 6th, 9th and 12th year 15% of S.A. will be. paid. If any policyholder does not take that taka, then that taka will be paid with 7% simple interest at any time before maturing or at the time of maturity according to the demand of the policy holder. At the time of maturity the rest amount of S.A. will be paid with bonus.
- If death occurred within the period from commencement of the policy to maturity date full. Sum assured with accumulated bonus will be paid. Even after payment of 15% of S.A. at 3rd, 6th, 9th, 12th year, if death occurred within the term full. Sum assured with bonus will be paid.
- For any reason if premium depositing is stopped within 2 years from the commencement for the 15 years policy and within 1 year from the commencement for the 10 years policy the policy will be lapsed and forfeited and no deposited premium will be refunded. If policy become lapse no benefit will provide. But policy will be considered in force up to 30 days from the due date of depositing premium. 2 years lapsed policy can be revived by paying late fee, submitting all underwriting requirement settled by the company while it is accepted. If policy is lapsed more than 2 years it also can be revived subject to submitting medical report assign by the company.
- If premium depositing is stopped at least after 2 years from the commencement date policy will be considered as paid up. After acquiring paid up value if premium is not deposited policy will not be forfeited totally. In this case policy value will be reduced and it will turn into reduced paid up policy. Paid up value is calculated on the basis of the ratio of the period premium deposited with the term of the policy. For the paid up policy accrued bonus for the period premium paid is paid. But for death paid up value with bonus will paid within the term.

PLAN-404.

Biennial Insurance Plan

In this plan assured money will be paid by instalment, as a result the policy holder can solve many unexpected financial crisis immediately. Besides this, in duration of policy full sum assured with profits will be paid at policy holder's death.

Nature of plan:

- Sum assured is Tk. 5,000 to 1,00,000 For taking S.A. above 50,000 taka medical report is required and underwriting will be done at head office.
- Policy term is 10 years.
- Policyholder's age would be 18 to 45 years.
- Premium would be paid yearly in advance. But weekly/Monthly/Quarterly/Half yearly it would be paid. If premium is not paid yearly in case of death claim, a part of a yearly premium is paid than remaining part of premium of the said year will be deduct from the claim amount.
- After 4th, 6th and 8th year 20% of sum assured will be paid. At the time of maturity rest amount of sum assured with bonus will be paid. If any policy holder does not take that taka then that amount will be paid with 7% simple interest at any time before maturity or at the time of maturity according to the demand of the policy holder.
- If death occurred within the period from commencement of the policy to the maturity date full sum assured with accumulated bonus will be paid. Even after payment of 20% of sum assured at 4th, 6th and 8th year if death occurred within the terms full sum assured with bonus will be paid.
- For any reason if premium depositing is stopped within 2 years from the commencement for the 15 years policy and within 1 year from the commencement for the 10 years policy the policy will be lapsed and forfeited and no deposited premium will be refunded. If policy become lapse no benefit will provide. But policy will be considered in force up to 30 days from the due date of depositing premium. 1 years lapsed policy can be revived by paying late fee, submitting all underwriting requirement settled by the company while it is accepted. If policy is lapsed more than 2 years it also can be revived subject to submitting medical report assign by the company.
- If premium depositing is stopped at least after 2 years from the commencement date policy will be considered as paid up. After acquiring paid up value if premium is not deposited policy will not be forfeited totally. In this case policy value will be reduced and it will turn into reduced paid up policy. Paid up value is calculated on the basis of the ratio of the period premium deposited with the term of the policy. For the paid up policy accrued bonus for the period premium paid is paid. But for death paid up value with bonus will paid within the term.

PLAN-405

Single premium Insurance plan

To avoid the difficulties of instalment of premium as monthly, half yearly and yearly, the policy holder will deposit the same amount of money at a time of his required sum assured.

Nature of plan:

- Sum assured is Tk. 5,000 to 1,00,000 For taking S.A. above 50,000 taka medical report is required and underwriting will be done at head office.
- Policy term 12 years.
- Policyholder's age would be 18 to 40 years.
- Premium would be paid at a time in advance. The amount policy holder want to take as sum assured the same amount have to deposit in favour of company.
- In duration of policy, it will be given two and a half (250%) of the sum assured at policy holder's death otherwise it will be given double (200%) of sum assured at the maturity of policy.
- This policy will not be issued by the thana or block office. This policy will be issued only zonal and central office.

5. Health Related Information

Not applicable.

6. Other Financial Information

Financial reserve: Tk. 1,825,196,496

Guarantee Fund: No

Bank account: Yes

7. Problems/constraints

(List them) Management, contribution defaults, communication

8. Linkages with state/national/private systems

No linkages.