

# **Community-Based Schemes**

## **India: An inventory of micro insurance schemes**

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Geneva

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***India: An inventory of micro insurance schemes***

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## PREFACE

As poverty and social exclusion remain major problems in the world, even as we are in the third millennium, the quest for solutions continues. The ILO's Strategies and Tools against Social Exclusion and Poverty Programme (STEP) explores innovative methods that contribute to these solutions. One of them is micro insurance.

There are only a scarce amount of documented micro insurance initiatives and concerning India, this is a first attempt to identify the various micro insurance schemes that are established. This inventory provides information on 51 micro insurance schemes, which allow interested parties to obtain an initial overview. Though every effort has been made to reach out as many initiatives as possible, at no point one can claim that every on-going initiative has been identified.

In spite of the painstaking and extensive efforts made to obtain full information from as many reliable sources as possible, STEP has not in all cases been able to check the data collected. It can, therefore, not fully guarantee the quality and reliability of the data given in this inventory. In addition, it should be noted that in some cases it has proved impossible to obtain the latest information.

Time specifications restricted personal contact and interviews with the different micro insurance schemes. Therefore the work is based on responses provided to the questionnaire, which was specifically designed for the purpose of this study. This questionnaire was sent out to all concerned micro insurance schemes. Due to a lack of data or documentation on existing schemes, and a lack of responses by some organizations, secondary data had to be used.

This inventory is not a comprehensive guide to micro insurance schemes, nor does it include an analysis of the different schemes presented. Likewise, the content of this inventory is not intended to promote a preferred model of how to design, implement and manage micro insurance schemes. Finally, one should not infer STEP's policy from the content of this inventory.

This document is a preliminary version of a database, which will be accessible on the internet through the Asian Micro Insurance Network at <http://www.amin-net.org>, allowing even more people to have easy and low-cost access to up-to-date information.

### **Strategies and Tools against social Exclusion and Poverty (STEP)**

The Strategies and Tools against social Exclusion and Poverty global programme (STEP) of the International Labour Organization (ILO) is active in two interdependent thematic areas: the extension of social protection to the excluded and integrated approaches to social inclusion.

STEP supports the design and dissemination of innovative systems intended to extend social protection to excluded populations, particularly in the informal economy. It focuses in particular on systems based on the participation and organization of the excluded. STEP also contributes to strengthening links between these systems and other social protection mechanisms. In this way, STEP supports the establishment of coherent national social protection systems, based on the values of efficiency, equity and solidarity.

STEP's action in the field of social protection is placed in the broader framework of combating poverty and social exclusion. It gives special emphasis to improving understanding of the phenomena of social exclusion and to consolidating integrated approaches at the methodological level which endeavour to reduce this problem. STEP pays special attention to the relationship between the local and national levels, while at the same contributing to international activities and agenda.

STEP combines different types of activities: studies and research; the development of methodological tools and reference documents, training, the execution of field projects, technical assistance for the definition and implementation of policies and the development of networking between the various actors.

The programme's activities are carried out within the Social Security Policy and Development Branch of the ILO, and particularly its Global Campaign on Social Security and Coverage for All.

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## LIST OF ACRONYMS

ACCORD	Action for Community Organisation, Rehabilitation and Development
ACTS	Action for Community Services Society
AHPS	Anthyodaya Health Promotion Scheme
AKHS	Aga Khan Health Services
AMM	Annapurna Mahila Mandal
AMTC	Association of Men's Thrift Cooperatives
AMS	Adivasi Munnetra Sangam
ASA	Activists for Social Alternatives
ASSEFA	Association for Sarva Sewa Farms
AWTC	Association of Women's Thrift Cooperative
BAIF	Bhartiya Agro Industries Foundation
BIRDS	Bharati Integrated Rural Development Society
BPL	Below Poverty Line
CAPART	Council for Advancement of People's Action and Rural Technology
CASHE	Credit and Savings for Household Enterprises
CBO	Community-Based Organisation
CDF	Cooperative Development Foundation
CFTS	Cashpor Financial and Technical Services
DCS	Dairy Cooperative Society
DFID	Department of International Development
DHAN	Development of Humane Action
EHA	Emmanuel Hospital Association
FHPL	Family Health Plan Limited
FWWB	Friends of Women's World Banking – India
GDS	Grameen Development Services
GSGSK	Gandhi Smaraka Grama Seva Kendram
GTZ	German Technical Cooperation
HFDC	Housing Development Financial Corporation
HUDCO	Housing and Urban Development Corporation, Ltd
IASC	Indian Association for Savings and Credit
IDPMS	Indo-Dutch Project Development Services
IFSP	Indore Financial Services for the Poor
IRDA	Insurance Regulatory and Development Authority
JBY	Janashree Bhima Yojana

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LEAD	League for Education and Development
LIC	Life Insurance Corporation of India
MFI	Micro Finance Institution
MHC	Mini Health Care Centre
NABARD	National Bank for Agriculture and Rural Development
NSDF	National Slum Dwellers Association
ODP	Organisation for Development of People
OPD	Out Patient Department
PRADAN	Professional Assistance for Development Action
PREM	People's Rural Education Movement
PSA	People's Solidarity Association
RAHA	Raigarh Ambikapur Health Association
RHC	Rural Health Centre
RMK	Rashtriya Mahila Kosh
SIRS	South India Research Society
SBI	State Bank of India
SCG	Savings and Credit Group
SEWA	Self Employed Women's Association
SHARE	Society for Helping Awakening Rural Poor through Education
SHEPERD	Self Help Promotion for Health and Rural Development
SHG	Self Help Group
SHH	Students Health Home
SIDBI	Small Industries Development Bank of India
SIFFS	South Indian Federation of Fishermen Societies
SML	Share Microfinance Limited
SMVS	Sri Mayapur Vikas Sangha
SPARC	Society for the Promotion of Area Resources
SYA	Star Youth Association
TBF	The Bridge Foundation
TC	Thrift Cooperative
TDFF	Trivandrum District Fishermen's Federation
TF	Tribhuvandas Foundation
VHS	Voluntary Health Services
VHW	Village Health Worker
YCO	Youth Charitable Organisation
WWF	World Women Forum



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## INTRODUCTION

In 2001 during the International Labour Conference of the ILO, the representatives of governments, employers and workers' organisations reached a new consensus on social security. One of the major components of this consensus was that "the highest priority should be given to policies and initiatives which could bring social security to those who are not covered by existing systems".

At the same time, it was widely recognised that in many developing countries the social security schemes set in place, had been designed to address the needs of the formal economy workers. Consequently, only a small percentage of the population could benefit from social protection. ILO's recent estimates revealed that two third of the world population had no protection at all, and that for 80% the protection remained inadequate. The importance of social protection deficit called for more active involvement of all concerned actors in new strategies and mechanisms that could contribute to the rapid extension of social protection to all excluded groups.

As an integral part of ILO's Social Protection sector, the ILO/STEP programme has been actively engaged since 1998, in the identification, promotion and support of various innovative interventions that could efficiently address the social protection needs of the poor and excluded groups. As part of this worldwide exercise, the present inventory identifies the various micro insurance schemes currently operating in India.

At present, it is considered that more than 90 % of the Indian population still does not benefit from any kind of social protection. Being not protected against the various risks they face on a daily basis, broad segments of the population remain caught in a continuing cycle of vulnerability and poverty.

However, a growing perception of the necessity to extend social protection to all excluded groups has recently been observed in India, together with a wider commitment to actively contribute to this extension through various strategies, including the promotion on new micro insurance schemes. As a direct result, numerous actors of the civil society (community based organisations, women's groups, informal economy trade unions, NGOs, micro finance institutions, etc.) have already designed and set up in-house tailor-made micro insurance schemes, to answer the priority needs and contributory capacity of their target groups.

Also, recent regulations issued by the Central Government, allowed for both public and private insurance companies to intervene in this new sub-sector and to tie up with various development and grassroots organisations for the provision of new insurance products to the disadvantaged groups.

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## METHODOLOGY

The methodology used for this inventory, is mostly derived from similar exercises carried out by the STEP programme in recent years. To gather the information, a comprehensive questionnaire was developed based on a questionnaire used in similar studies. Specific questions were added concerning relations and agreements established with insurance companies, as they are increasingly active in providing insurance products to the poor.

As it the micro insurance initiatives are developed all over the country, it was impossible to visit the schemes and collect data by interviews. The research had thus to rely solely on primary information provided by the questionnaire and on secondary data found in e.g. other documents and through the internet.

The questionnaire was tested in collaboration with micro insurance schemes. Their feedback allowed introducing further modifications to the questionnaire. The final version was then sent, together with a set of explanations, to the various micro insurance schemes that were identified.

This identification process had to be iterative since no comprehensive information concerning micro insurance activities was yet to be found in India. A contact list was built up through the snowball technique. Namely using the information of already existing contacts, these schemes were asked to provide information on other schemes, which could on their turn refer to other on-going initiatives. Informal contacts were also established with a wide variety of organizations such as NGOs, micro finance institutions and development agencies in order to identify additional schemes. Information on the operational status of some schemes was verified through telephone interviews.

A list of 80 “potential” schemes was the result of the preparatory work. Being considered as fairly representative for the country, these schemes were used as a base to conduct the research on. Also, a more exhaustive prospective work could not be achieved given the timeframe. Therefore conventional and electronic mails were sent out to all of these organizations, asking them to fill out and return the questionnaire.

Foreseen delays to receive the requested information were longer than expected. Several reminders and additional phone calls were often necessary to gather the information. Also, many contacted organizations appeared not to be familiar with some technical terms that were used in the questionnaire, and therefore asked for additional explanation before returning the questionnaire. This caused a further delay in processing the information.

In the end, information of 60 micro insurance schemes was gathered. 51 of them were already operational, while 9 other organizations expressed their commitment to set up their own insurance scheme in the near future. Out of the 51 operational schemes, 29 organizations returned the questionnaire that was sent to them, 7 organizations responded via e-mail and through phone calls, while the remaining 15 were identified using solely secondary sources. The tight timeframe that had to be respected for completing the work did not allow for further communication with the concerned organizations, which was needed to verify the provided information.

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# 1 SUMMARY OF FINDINGS

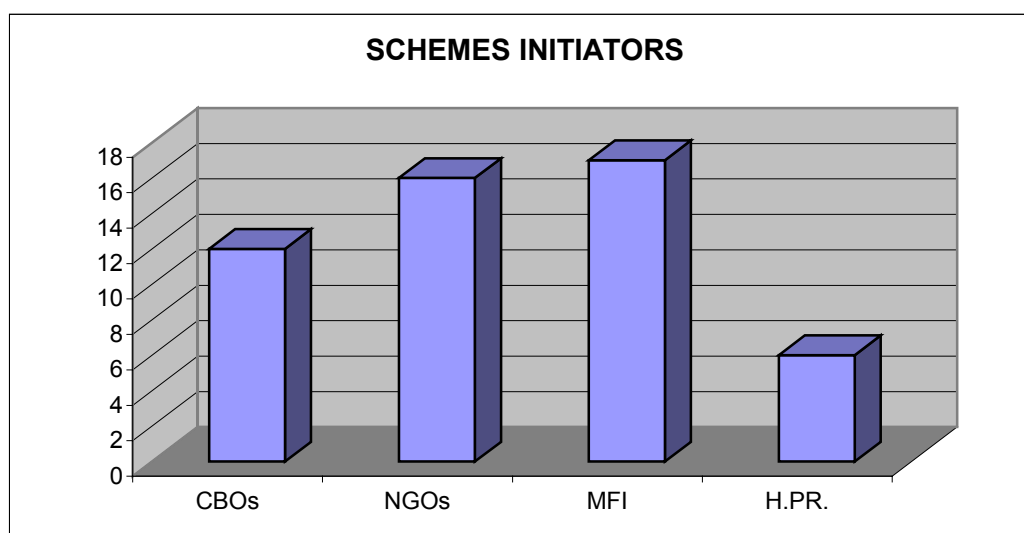
In this chapter a synthesis of the identified micro insurance schemes is presented. Some of these schemes are directly managed by community based organisations, while other schemes are managed by insurers, some are subsidised other not, some specifically target the informal economy other not, etc. Therefore, in order to interpret the data bellow correctly, it should be stressed that the whole of systems presented is heterogeneous.

As stated in the preface and the methodology part, the gathered data is based on statements made by the responsables of the micro insurances schemes. Also, the validity of the data has not been checked.

## 1.1 OWNERSHIP OF THE SCHEMES

A great diversity of organizations are involved in the development of micro insurance schemes. Given their major characteristics and main field of intervention, the breakdown is as follows:

- 33 % of the schemes were implemented by organizations providing micro finance services to the poor;
- 31 % of the schemes were implemented by NGO's supporting a wide range of development activities at the grassroots level:
- 23 % of the schemes were implemented by community based organizations;
- 12 % of the schemes were implemented by health care providers;



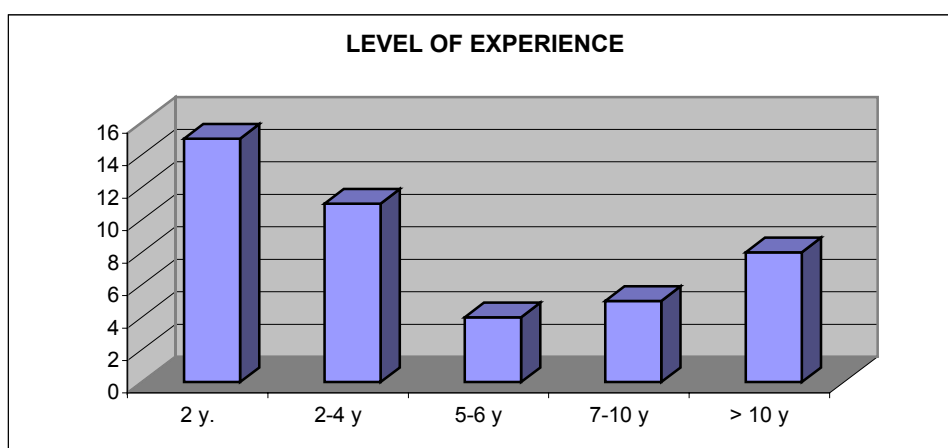
At the moment, no user-friendly mechanism exists for registering micro insurance schemes. Thus, none of the schemes has registered its scheme separately – all schemes operate as part of the ongoing activities of the main organization.

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## 1.2 LEVEL OF EXPERIENCE

Most schemes are still very young, having started their operations during the last few years. The breakdown, out of a total of 39 schemes from which this information is available, is as follows:

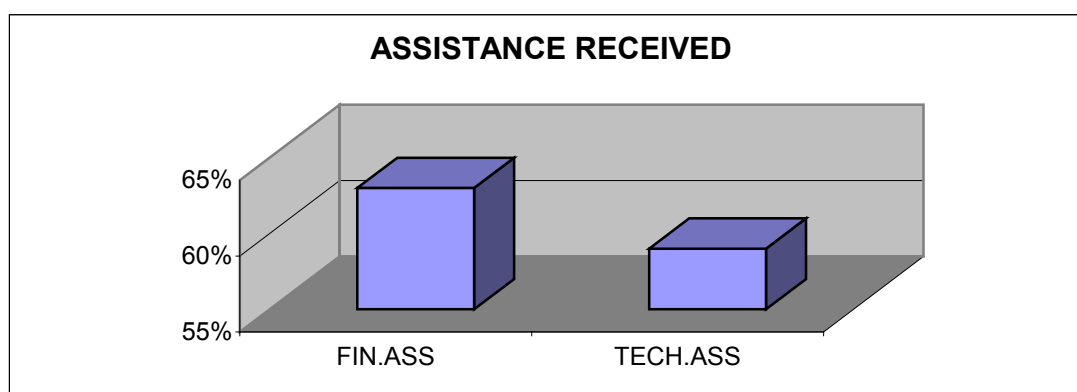
- 35 % have less or no more than 2 years of experience;
- 25 % have 3 to 4 years of experience;
- 9 % have between 5 to 6 years of experience;
- 11 % have between 7 to 10 years of experience;
- 18 % operate for more than a decade;



## 1.3 ASSISTANCE TO THE SCHEMES

Most schemes could benefit from two kinds of external assistance: I) financial, and ii) technical. The breakdown, out of the total of schemes from which this information is available, is as follows:

- 25 schemes (out of 40) stated that they received some external funds to initiate their schemes;
- 23 schemes (out of 39) received external technical assistance in the form of advisory services, technical services (mostly related to monitoring and evaluation processes), training or even referral services for their schemes;
- 9 schemes (related to previous micro finance activities) benefited from various financial and technical assistance from Friends of Women's World Banking – India;



#### **1.4 HUMAN RESOURCES**

In the majority of the schemes (14 out of 26 schemes from which this information was available), special staff had been recruited to manage the insurance activities.

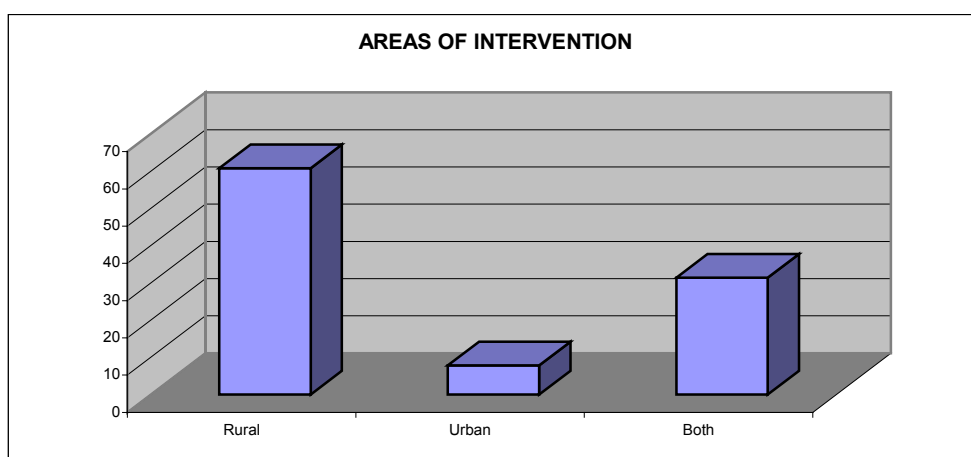
The other schemes (8) kept relying on their regular staff while recognizing them the additional responsibilities linked to the management of the scheme. With the exception of Students Health Home and SEWA, the number of involved people remained quiet low in all concerned schemes. The breakdown for this specific staff is as follows:

- 9 schemes have less than 5 people working for the scheme;
- 1 scheme has between 6 to 10 people working for the scheme;
- 7 schemes have more than 15 people working for the scheme;

#### **1.5 AREAS OF INTERVENTION**

Most schemes identified in the present inventory are developing their activities in rural areas. The second highest category covers both rural and urban areas while very few are purely urban based. The breakdown is as follows:

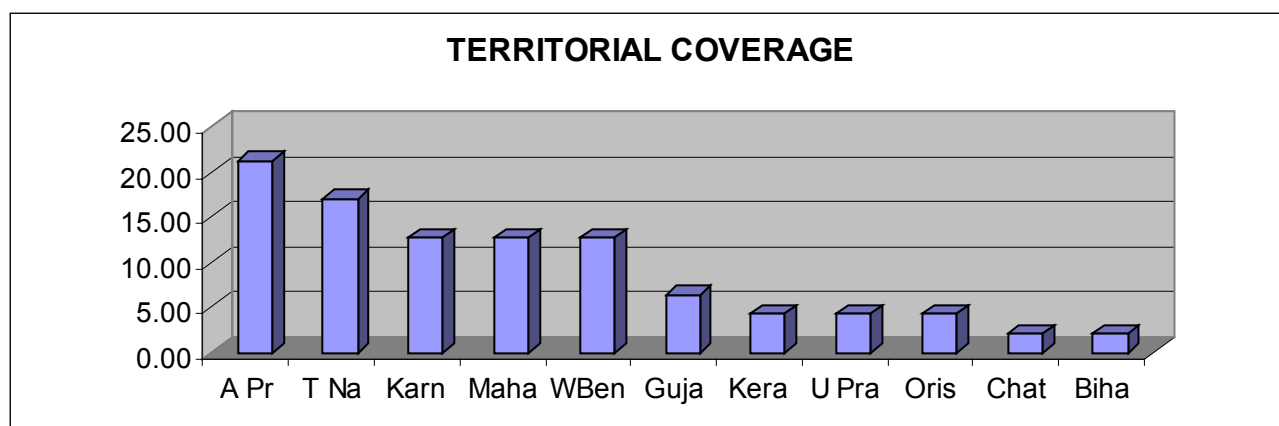
- 60.8% of the schemes are based in rural areas;
- 31.4% of the schemes cover both rural and urban areas;
- Only 7.84 % of the schemes are totally urban-based;



## 1.6 GEOGRAPHICAL OUTREACH

Most of the schemes operate in southern India. Though some schemes operate also in the eastern, western and northern parts of the country, a very large percentage of schemes exist in the four southern states of Andhra Pradesh, Tamil Nadu, Karnataka and Kerala. The breakdown is as follows:

- 10 schemes are operational in Andhra Pradesh (21 %);
- 8 schemes are operational in Tamil Nadu (17 %);
- 6 schemes are operational in Karnataka (13%);
- 6 schemes are operational in Maharashtra (13 %);
- 6 schemes are operational in West Bengal (13 %);
- 3 schemes are operational in Gujarat (6 %);
- 2 schemes are operational in Kerala (4 %);
- 2 schemes are operational in Uttar Pradesh (4 %);
- 2 schemes are operational in Orissa (4 %);
- 1 scheme is operational in Chattisgarh (2 %);
- 1 scheme is operational in Bihar (2 %);



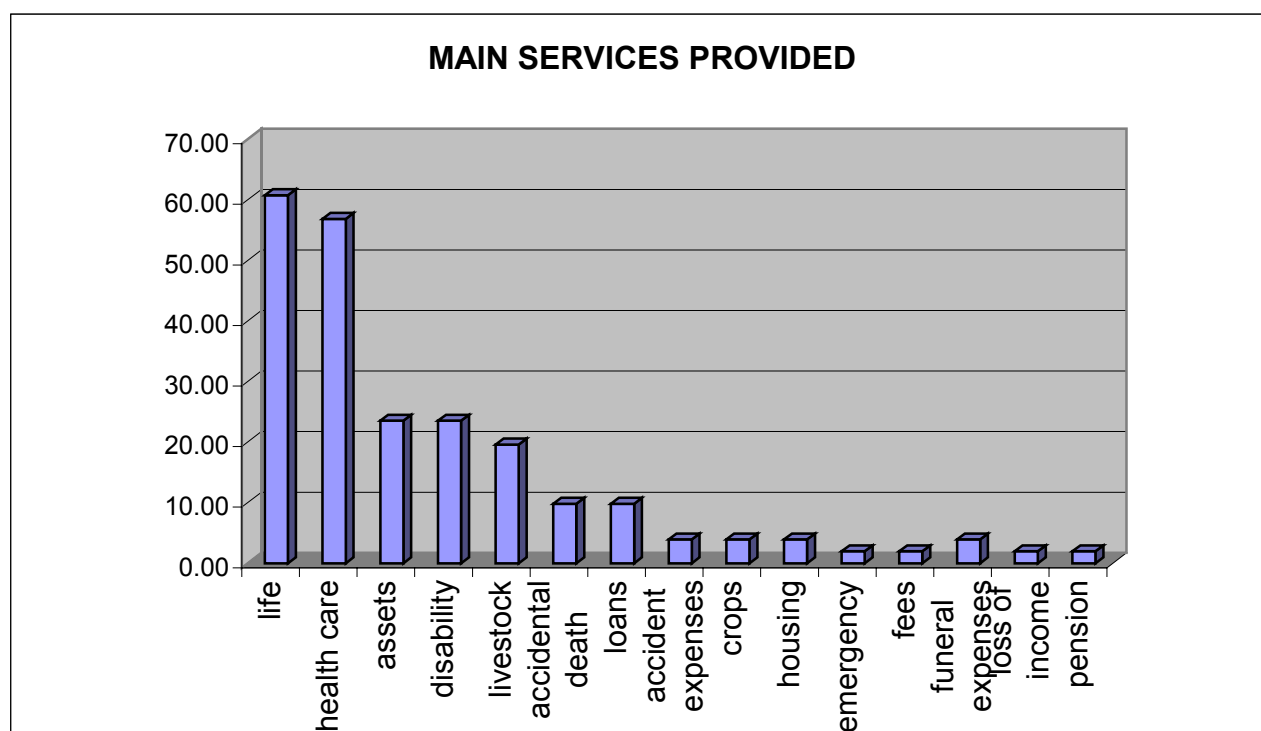
4 schemes (8 %) already span their operation over more than one State. The breakdown is as follows:

- 2 schemes have extended their operations over 4 States;
- 2 schemes have extended their operations over 3 States;

### 1.7 SERVICES PROVIDED THROUGH THE SCHEMES

The schemes provide a wide spectrum of insurance services to the poor. Among them, life and health insurance are however predominant. The major breakdown is as follows:

- 61 % of the schemes provide life insurance services;
- 57 % of the schemes provide health care services;
- 25 % of the schemes provide insurance services covering disabilities;
- 25 % of the schemes provide insurance services covering assets;
- 20 % of the schemes provide insurance services covering livestock;
- 10 % of the schemes provide insurance services covering accidental death;
- 10 % of the schemes provide insurance services covering loans;

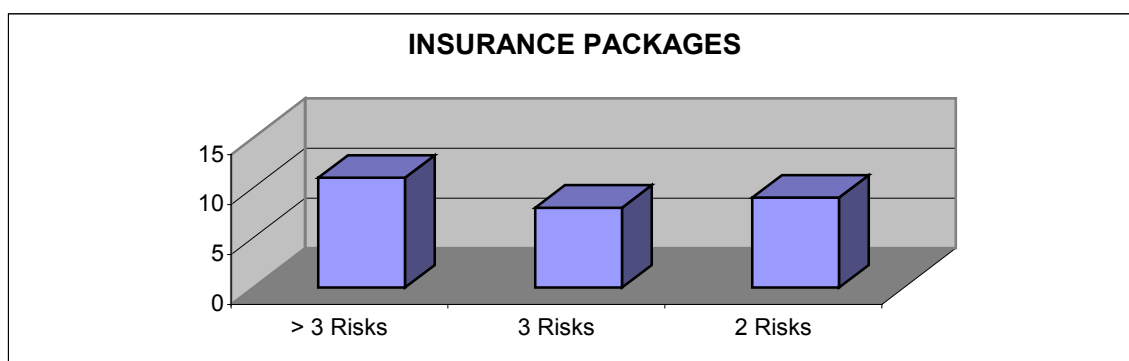


Some schemes designed other innovative insurance services covering, among others, damages to huts and to crops, or providing old age pension benefits or specific assistance in the case of emergency situations.

Most schemes deal only with one single risk (45 %). However, a great number of schemes (28) have clearly opted for an insurance package with the view to answer the various risks that may simultaneously affect their target groups. The breakdown among these schemes is as follows:

- 22 % of the schemes propose an insurance package covering more than three specific risks;

- 16 % of the schemes propose an insurance package covering three specific risks;
- 17 % of the schemes propose an insurance package covering only two different risks;



### **1.8 OVERALL COVERAGE**

As regards beneficiaries, the 43 schemes from which this information is available have already reached a total coverage of some 5.200.000 people. Taking into account that most of these schemes have recently started their insurance activities, a fair assumption would be that their full potential development, based on their own estimates, that figure could still increase by some 50 % in the coming years.

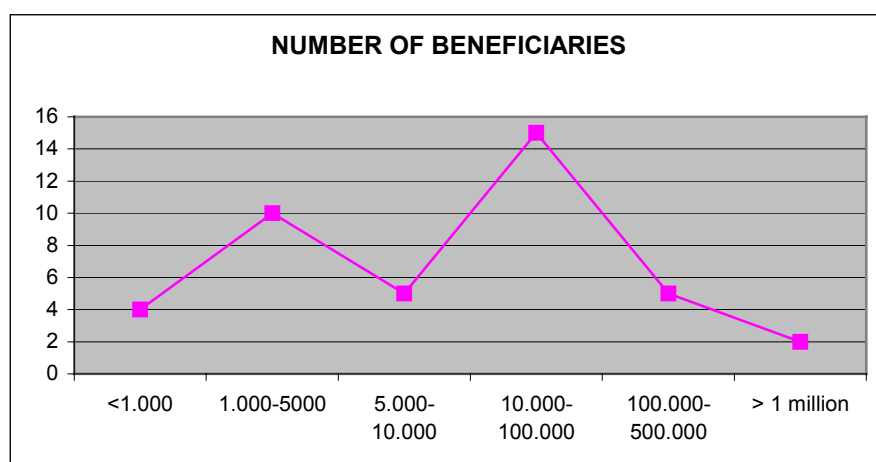
### **1.9 DISTRIBUTION OF COVERAGE**

The various schemes cover a wide range of population ranging from less than one thousand to more than one million people.

Most schemes currently operate with population groups amounting from 10.000 to 100.000 people, while 6 schemes are already found to have a coverage superior to 100.000 people. The breakdown, out of a total of 44 schemes from which this information is available, is as follows:

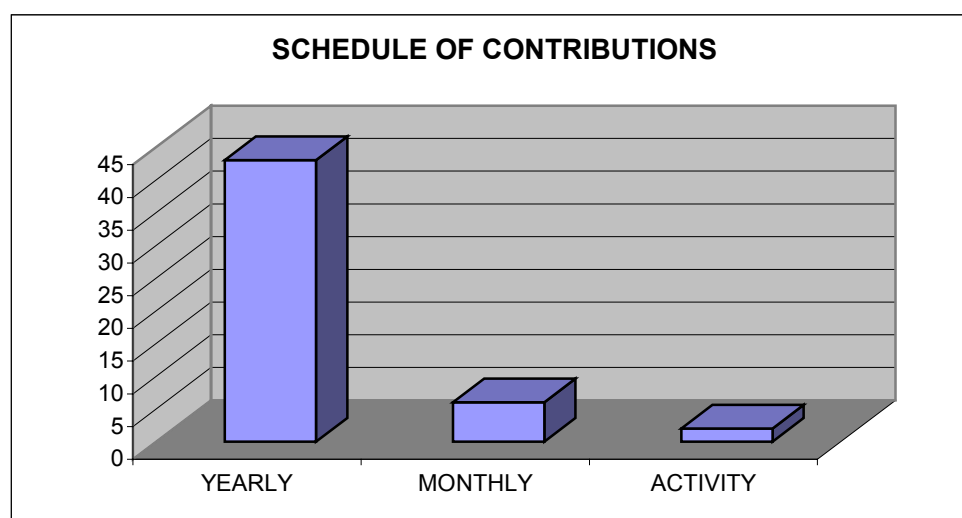
- 4 schemes (9 %) cover less than 1.000 people;
- 10 schemes (23 %) have a coverage ranging from 1.001 to 5.000 people;
- 5 schemes (11 %) have a coverage ranging from 5.001 to 10.000 people;
- 15 schemes (37 %) have a coverage ranging from 10.001 to 100.000 people;
- 5 schemes (14 %) have a coverage ranging from 100.001 to 500.000 people;
- 2 schemes cover more than 1 million people.



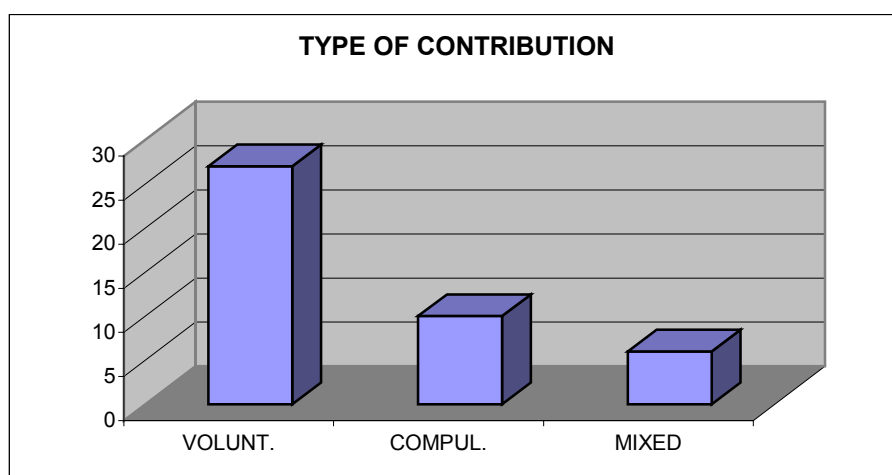


### **1.10 TYPE AND SCHEDULE OF CONTRIBUTIONS**

In most of the schemes (43), members pay their contributions on a yearly basis. 6 schemes (13 %) use a monthly payment for their contribution system, while 2 others have linked the contributions to some other activities developed with their members (disbursement of loans or regrouped marketing of products).



Most of the schemes (27) rely on voluntary contributions, while 10 schemes imposed compulsory contributions, and 7 others adopted a mix of voluntary and compulsory contributions (based on the type of services provided, or differentiating among the core member and his/her family).



### ***1.11 LINKAGE WITH MICRO FINANCE ACTIVITIES***

The natural linkage between micro insurance and micro finance is highly reflected through the operations of the schemes. Not only were the specialized micro finance organizations the most numerous in initiating the micro insurance schemes, but many of other involved organizations (grassroots communities or NGOs) are also providing, among other activities, micro finance services to their target groups. The breakdown is as follows:

- 7 schemes are run by specialized micro finance organizations;
- 22 other schemes provide micro finance services, along with other services, to their members;

Since most of the larger micro finance organizations operate in the three southern States of Andhra Pradesh, Tamil Nadu and Karnataka, the existence of more schemes in the south appears directly proportional to the growth of micro finance activities in that part of the country.

### ***1.12 USE OF PUBLIC OR PRIVATE INSURANCE COMPANIES***

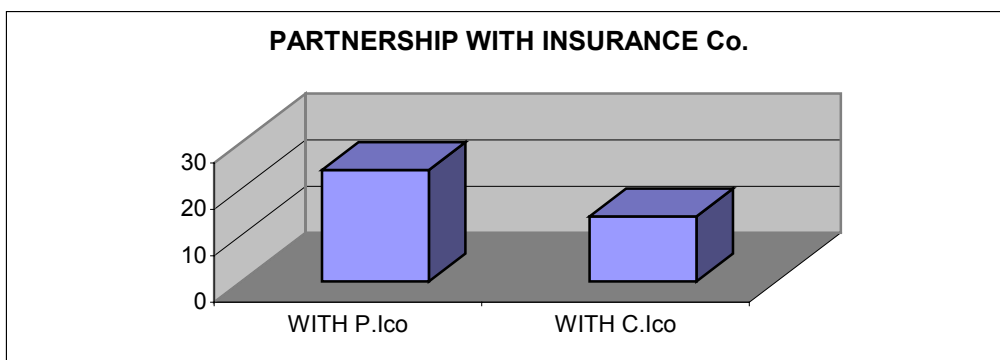
One novel scenario that is emerging in the community-based micro insurance sector is the availability for the schemes to collaborate with both public and commercial insurance companies.

With the recent deregulation of the insurance sector in India, numerous private insurance companies have been entered this new market, while being mandated by government regulations to divert specified part of their portfolio to products addressing the needs of the poor. These new interventions, along with the other products already offered by the public insurance companies, have generated new partnership opportunities for the schemes. The breakdown is as follows:

- 24 schemes (42 %) have already developed partnerships with public insurance companies;
- 14 schemes (29 %) have already developed partnerships with commercial insurance companies;

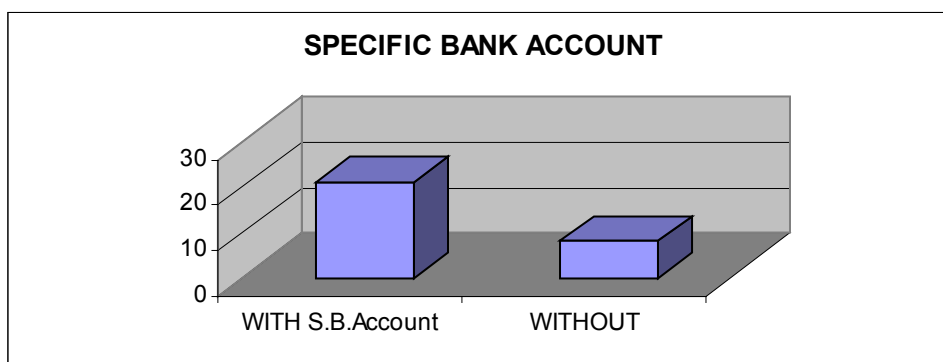
The new pattern of forging new multiple partnerships is also becoming quiet apparent.

- 8 schemes have already entered partnerships with at least 2 insurance companies (public or commercial);
- 7 schemes have already entered simultaneous partnerships with both public and commercial insurance companies;



### ***1.13 FINANCIAL ISSUES***

None of the schemes have access to a real guarantee fund. Only 9 schemes declare having a financial reserve (24 schemes having not yet succeeded to do the same). Out of a total of 31 schemes from which this information is available, 23 schemes (74 %) operate through a specific bank account.



## 2 COMPARATIVE DATA

### 2.1 TABLE 1: INITIATORS OF MI SCHEMES

#### 1. Ongoing schemes

Organizations	Initiated by communities	Initiated by NGO's	Initiated by Mfin. organizations	Initiated by health providers
1. Grameen Development Services			X	
2. People's Solidarity Association			X	
3. Cashpor Financial and Technical Services			X	
4. Bharathi Integr. Rural Development Society			X	
5. Bridges Foundation			X	
6. Swayamkrushi / Youth Charitable Organization	X			
7. Sanghamitra			X	
8. South Indian Federation of Fishermen Society	X			
9. Kagad Kach Patra Kashtakari Panchayat	X			
10. Cooperative Development Foundation	X			
11. Indo-Dutch Project Management Services		X		
12. Gandhi Smaraka Grama Seva Kendram		X		
13. Raigarh Ambikapur Health Association				X
14. Mayapur Trust / Sri mayapur Vikas Sangha		X		
15. Apollo Hospitals				X
16. Katsurba Hospital				X
17. Voluntary Health Services				X
18. Mathadi Hospital Trust	X			
19. Students Health Home	X			
20. Tribhuvandas Foundation				X
21. Health Programme Aga Khan Health Serv.	X			
22. Mallur Health Cooperative	X			
23. Goalpara		X		
24. Seba Cooperative Health Society				X
25. Friends of Women's World Banking			X	
26. Self Employed Women's Association	X			
27. Nidan		X		
28. League for Education and Development		X		
29. Annupurna Mahila Mandal	X			
30. Association for Sarwa Sewa Farms		X		
31. Trivandrum District Fishermen's Federation	X			
32. Basix			X	
33. Working Women's Forum	X			
34. Bandhan		X		
35. Society for the Provision of Area Resources		X		
36. Organization for Development of People		X		
37. Activists for Social Alternatives			X	
38. Action for Community Services Society			X	

<i>Organizations</i>	<i>Initiated by communities</i>	<i>Initiated by NGO's</i>	<i>Initiated by Mfin. organizations</i>	<i>Initiated by health providers</i>
39. Development of Humane Action Foundation			X	
40. S.H Promotion for Health & Rural Developm.			X	
41. Star Youth Association			X	
42. Gram Vikas		X		
43. Spandana			X	
44. Ankuram			X	
45. Action for Community Organ. Rehab & Dev		X		
46. People's Rural Education Movement			X	
47. Casp Plan Organization		X		
48. Yeshasvini		X		
49. Community Health Insurance		X		
50. Anthyodaya Healkth Promotion Scheme		X		
51. South Asia Research Society			X	
<b>Total</b>	<b>12</b>	<b>16</b>	<b>17</b>	<b>6</b>

## 2. New planned schemes

<i>Organizations</i>	<i>Initiated by communities</i>	<i>Initiated by NGO's</i>	<i>Initiated by Mfin. organizations</i>	<i>Initiated by health providers</i>
1. Professional Assistance for Develop. Action		X		
2. Society For Helping Awakening Rural Poor		X		
3. Indian Association for Savings & Credit			X	
4. Indore Financial Services for the Poor			X	
5. Swayam Krishi Sangam			X	
6. BAIF Development Research Foundation		X		
7. Sabuj Sangha	X			
8. Emmanuel Hospital Association				X
9. Cashe Innovation Fund			X	
<b>Total</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>1</b>

## 2.2 TABLE 2: STATES CONCERNED BY MI SCHEMES

### 1. Ongoing schemes

[illegible]

Organizations	U.Prad	T.Nad	A.Prad	Karn.	Kerala	Maha.	Chatt.	W.Ben	Gujar.	Bihar	Orissa	Jhark	M.Prad	Raj.	Uttar.
39. Development of Humane Action Foundation		X													
40. S.H Promotion for Heath & Rural Developm.		X													
41. Star Youth Association			X												
42. Gram Vikas											X				
43. Spandana			X												
44. Ankuram			X												
45. Action for Community Organ. Rehab & Dev		X													
46. People's Rural Education Movement											X				
47. Casp Plan Organization						X									
48. Yeshasvini				X											
49. Community Health Insurance				X											
50. Anthyodaya Health Promotion Scheme			X												
51. South Asia Research Society								X							
<b>Total</b>	<b>3</b>	<b>12</b>	<b>14</b>	<b>9</b>	<b>4</b>	<b>6</b>	<b>1</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

## 2. New planned schemes

Organizations	U.Prad	T.Nad	A.Prad	Karn.	Kerala	Maha.	Chatt.	W.Ben	Gujar.	Bihar	Orissa	Jhark	M.Prad	Raj.	Uttar.
1. Professional Assistance for Develop. Action							X	X		X	X	X	X	X	
2. Society For Helping Awakening Rural Poor			X												
3. Indian Association for Savings & Credit		X			X										
4. Indore Financial Services for the Poor													X		
5. Swayam Krishi Sangam			X												
6. BAIF Development Research Foundation						X									
7. Sabuj Sangha								X							
8. Emmanuel Hospital Association	X					X	X		X	X	X	X	X		X
9. Cashe Innovation Fund			X					X			X				
<b>Total</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>-</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>1</b>

2.3 TABLE 3: SERVICES PROVIDED BY MI SCHEMES

Organizations	Life	Acc.D.	H.care	Disab.	Livest.	Assets	Housing	Pension	Crops	W.comp	L.fees	Emerg.	Loans
1. Grameen Development Services	X												
2. People's Solidarity Association	X	X											
3. Cashpor Financial and Technical Services	X			X									
4. Bharathi Integr. Rural Development Society	X			X									
5. Bridges Foundation	X												
6.Swayamkrushi / Youth Charitable Organization	X					X							X
7. Sanghamitra	X												
8. South Indian Federation of Fishermen Society	X												
9. Kagad Kach Patra Kashtakari Panchayat	X			X									
10. Cooperative Development Foundation	X												
11. Indo-Dutch Project Management Services	X												
12. Gandhi Smaraka Grama Seva Kendram			X										
13. Raigarh Ambikapur Health Association			X										
14. Mayapur Trust / Sri mayapur Vikas Sangha			X										
15. Apollo Hospitals			X										
16. Katsurba Hospital			X										
17. Voluntary Health Services			X										
18. Mathadi Hospital Trust			X										
19. Students Health Home			X										
20. Tribhuvandas Foundation			X										
21. Health Programme Aga Khan Health Serv.			X										
22. Mallur Health Cooperative			X										
23. Goalpara			X										
24. Seba Cooperative Health Society			X										
25. Friends of Women's World Banking	X		X		X	X							
26. Self Employed Women's Association	X		X			X							
27. Nidan	X		X	X									
28. League for Education and Development	X	X	X	X	X								
29. Annupurna Mahila Mandal								X					
30. Association for Sarwa Sewa Farms	X		X		X								
31. Trivandrum District Fishermen's Federation						X							X
32. Basix	X				X				X				X
33. Working Women's Forum	X	X	X	X		X							
34. Bandhan	X												X
35. Society for the Provision of Area Resources		X	X	X		X							
36. Organization for Development of People	X		X	X									
37. Activists for Social Alternatives	X				X							X	
38. Action for Community Services Society	X			X	X	X	X						



<i>Organizations</i>	<i>Life</i>	<i>Acc.D.</i>	<i>H.care</i>	<i>Disab.</i>	<i>Livest.</i>	<i>Assets</i>	<i>Housing</i>	<i>Pension</i>	<i>Crops</i>	<i>W.comp</i>	<i>L.fees</i>	<i>Emerg.</i>	<i>Loans</i>
39. Development of Humane Action Foundation	X		X		X			X					
40. S.H Promotion for Health & Rural Developm.	X		X	X	X	X							
41. Star Youth Association	X				X	X			X				
42. Gram Vikas	X					X							
43. Spandana	X						X						
44. Ankuram	X	X		X	X	X					X		
45. Action for Community Organ. Rehab & Dev	X		X	X		X							
46. People's Rural Education Movement			X										
47. Casp Plan International			X										
48. Yeshasvini			X										
49. Community Health Insurance			X							X			
50. Anthyodaya Health Promotion Scheme			X										
51. South Asia Research Society	X												X
<b>Total</b>	<b>30</b>	<b>5</b>	<b>29</b>	<b>12</b>	<b>10</b>	<b>12</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>5</b>

2.4 TABLE 4: CURRENT AND POTENTIAL COVERAGE OF MI SCHEMES

Organizations	Starting date	Rural / Urban	Current coverage	Potential coverage
1. Grameen Development Services	2000	Rural / urban	540	> 5.000
2. People's Solidarity Association	2001	Rural	3.744	> 10.000
3. Cashpor Financial and Technical Services	2001	Rural	7.000	25.000
4. Bharathi Integr. Rural Development Society	2001	Rural / urban	17.096	50.000
5. Bridges Foundation	2001	Rural	9.845	Data not available
6.Swayamkrushi / Youth Charitable Organization	2001	Rural	8.100	> 10.000
7. Sanghamitra	2003	Rural	Data not available	> 10.000
8. South Indian Federation of Fishermen Society	Data not available	Rural	1.539	Data not available
9. Kagad Kach Patra Kashtakari Panchayat	1998	Urban	825	> 10.000
10. Cooperative Development Foundation	Data not available	Rural / urban	40.419	> 50.000
11. Indo-Dutch Project Management Services	2002	Rural	676	5.000
12. Gandhi Smaraka Grama Seva Kendram	2001	Rural	3.453	>10.000
13. Raigarh Ambikapur Health Association	1980	Rural	53.598	100.000
14. Mayapur Trust / Sri Mayapur Vikas Sangha	2003	Rural	1.022	> 2.500
15. Apollo Hospitals	Data not available	Rural / urban	Data not available	Data not available
16. Katsurba Hospital	1978	Rural	14.390	Data not available
17. Voluntary Health Services	1961	Rural / urban	124.715	Data not available
18. Mathadi Hospital Trust	1982	Urban	110.000	Data not available
19. Students Health Home	1952	Rural / urban	1.587.890	5.600.000
20. Tribhuvandas Foundation	2001	Rural	100.000 families	Data not available
21. Health Programme Aga Khan Health Serv.	1995	Rural	3.000 families	Data not available
22. Mallur Health Cooperative	1973	Rural	20.000	Data not available
23. Goalpara	1994	Rural	1.247	Data not available
24. Seba Cooperative Health Society	Data not available	Urban	Data not available	> 10.000
25. Friends of Women's World Banking	1999	Rural / urban	(85.522)*	Data not available
26. Self Employed Women's Association	1992	Rural / urban	102.897	535.000
27. Nidan	2000	Rural / urban	6.327	Data not available
28. League for Education and Development	2000	Rural	Data not available	Data not available
29. Annupurna Mahila Mandal	Data not available	Rural / urban	Data not available	Data not available
30. Association for Sarwa Sewa Farms	Data not available	Rural / urban	4.000 families	> 10.000
31. Trivandrum District Fishermen's Federation	Data not available	Rural / urban	Data not available	Data not available
32. Basix	2000	Rural	2.400	83.000
33. Working Women's Forum	1983	Rural / urban	423.404	560.000
34. Bandhan	Data not available	Rural	905	3.000
35. Society for the Provision of Area Resources	1997	Urban	Data not available	Data not available
36. Organization for Development of People	1993	Rural	1.137	3.130
37. Activists for Social Alternatives	1995	Rural / urban	69.851	80.000
38. Action for Community Services Society	2000	Rural	46.469	60.000

<i>Organizations</i>	<i>Starting date</i>	<i>Rural / Urban</i>	<i>Current coverage</i>	<i>Potential coverage</i>
39. Development of Humane Action Foundation	1997	Rural / urban	4.655	> 10.000
40. S.H Promotion for Health & Rural Developm.	1999	Rural	13.938	100.000
41. Star Youth Association	2000	Rural / urban	6.783	10.000
42. Gram Vikas	1997	Rural	3.500	> 10.000
43. Spandana	1999	Rural / Urban	98.080	160.000
44. Ankuram	2000	Rural	2.000	> 10.000
45. Action for Community Organ. Rehab & Dev	1990	Rural	12.500	25.000
46. People's Rural Education Movement	2003	Rural	75.000	> 100.000
47. Casp Plan Organization	2000	Rural	25.000	> 40.000
48. Yeshasvini	2002	Rural	1.700.000	2.500.000
49. Community Health Insurance	2002	Rural/urban	137.000	> 150.000
50. Anthyodaya Health Promotion Scheme	2003	Rural	11.500	> 20.000
51. South Asia Research Society	2003	Rural	10.212	20.000
<b>Total</b>			<b>4.759.657</b> <b>+ 107.000 families</b>	

\* Total number already distributed among member organizations

2.5 TABLE 5: ONGOING PARTNERSHIPS WITH INSURANCE COMPANIES

Organizations	Commercial Insurance Companies (C )		Public Insurance companies (P )	
	Designation	Risks covered	Designation	Risks covered
1. Grameen Development Services	No	-	Life Insurance Corporation	Life
2. People's Solidarity Association	ICICI Prudential	Life	No	-
3. Cashpor Financial and Technical Services	ICICI Prudential	Life	Life Insurance Corporation	Life
	HDFC Standard Life			
	Birla Sun Life			
4. Bharathi Integr. Rural Development Society	No	-	Life Insurance Corporation	Life
5. Bridges Foundation	Tata AIG Life	Life	No	-
6. Swayamkrushi / Youth Charitable Organization	ICICI Prudential	Life	No	-
7. Sanghamitra	ICICI Prudential	Life	No	-
8. South Indian Federation of Fishermen Society	No	-	Life Insurance Corporation	Life
9. Kagad Kach Patra Kashtakari Panchayat	No	-	Life Insurance Corporation	Life & disability
10. Cooperative Development Foundation	No	-	Life Insurance Corporation	Life
11. Indo-Dutch Project Management Services	HDFC Standard Life	Life	No	-
12. Gandhi Smaraka Grama Seva Kendram	No	-	No	-
13. Raigarh Ambikapur Health Association	No	-	No	-
14. Mayapur Trust / Sri mayapur Vikas Sangha	No	-	Oriental Insurance	Health care
15. Apollo Hospitals	Lombard General	Health care, accidents	No	-
16. Katsurba Hospital	No	-	No	-
17. Voluntary Health Services	No	-	No	-
18. Mathadi Hospital Trust	No	-	No	-
19. Students Health Home	No	-	No	-
20. Tribhuvandas Foundation	No	-	No	-
21. Health Programme Aga Khan Health Serv.	No	-	No	-
22. Mallur Health Cooperative	No	-	No	-
23. Goalpara	No	-	No	-
24. Seba Cooperative Health Society	No	-	National Insurance Company	Health care
25. Friends of Women's World Banking	Yes	Data not available	Yes	Data not available
26. Self Employed Women's Association	No	-	National Insurance Company	Health care, life, assets
27. Nidan	No	-	Life Insurance Corporation	Life, disability
			General Insurance Corporat.	Health care
28. League for Education and Development	HDFC	Life	No	-
29. Annupurna Mahila Mandal	No	-	Life Insurance Corporation	Old age pension
30. Association for Sarwa Sewa Farms	Data not available	Data not available	Data not available	Data not available
31. Trivandrum District Fishermen's Federation	Data not available	Data not available	No	-
32. Basix	ICICI Prudential	Life	No	-
	AVIVA	Life		
	Royal Sundaram Alliance	Livestock		
33. Working Women's Forum	Data not available	Data not available	Life Insurance Corporation	Life, disability

Organizations	Commercial Insurance Companies (C )		Public Insurance companies (P )	
	Designation	Risks covered	Designation	Risks covered
34. Bandhan	No	-	No	-
35. Society for the Provision of Area Resources	No	-	Oriental Insurance Company	Life, disability, assets
36. Organization for Development of People	No	-	National Insurance Company	Health care, disability, life
37. Activists for Social Alternatives	Allianz Bajaj AMP Sanmar	Life	United India Insurance	Life, livestock
38. Action for Community Services Society	No	-	United India Insurance	Livestock, assets
39. Development of Humane Action Foundation	ICICI Prudential AMP Sanmar	Life Life	Life Insurance Corporation New India Assurance Comp. United India Insurance Comp.	Life Health care Health care
40. S.H Promotion for Health & Rural Developm.	HDFC	Life	Life Insurance Corporation United India Insurance Comp.	Life, health care, assets Life, health care, assets
41. Star Youth Association	No	-	No	-
42. Gram Vikas	No	-	New India Insurance Comp. Life Insurance Corporation	Life, assets Life, assets
43. Spandana	No	-	No	-
44. Ankuram	Data not available	Data not available	Data not available	Data not available
45. Action for Community Organ. Rehab & Dev	Royal Sundaram Alliance	Health care	New India Insurance Comp.	Life, disability, assets
46. People's Rural Education Movement	No	-	No	-
47. Casp Plan International	No	-	No	-
48. Yeshasvini	No	-	No	-
49. Community health Insurance	No	-	National Insurance	Health care, loss of income
50. Anthyodaya Health Promotion Scheme	No	-	No	-
51. South Asia Research Society	No	-	No	-



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### 3 THE INVENTORY

1. Grameen Development Services (GDS)
2. People's Solidarity Association (PSA)
3. Cashpor Financial and Technical Services (CFTS)
4. Bharathi Integrated Rural Development Society (BIRDS)
5. Bridges Foundation (TBF)
6. Swayamkrushi / Youth Charitable Organization (YCO)
7. Sanghamitra
8. South Indian Federation of Fishermen Society (SIFFS)
9. Kagad Kach Patra Kashtakari Panchayat / Waste Pickers Union
10. Cooperative Development Foundation (CDF)
11. Indo-Dutch Project Management Services (IDPMS)
12. Gandhi Smaraka Grama Seva Kendram (GSGSK)
13. Raigarh Ambikapur Health Association (RAHA)
14. Mayapur Trust / Sri Mayapur Vikas Sangha (SMVS)
15. Apollo Hospitals
16. Katsurba Hospital
17. Voluntary Health Services (VHS)
18. Mathadi Hospital Trust
19. Students Health Home (SHH)
20. Tribhuvandas Foundation / Amul Diary Cooperative (TF)
21. Health Programme Aga Khan Health Services (AKHS)
22. Mallur Health Cooperative
23. Goalpara
24. Seba Cooperative Health Society
25. Friends of Women's World Banking (FWWB)
26. Self Employed Women's Association (SEWA)
27. Nidan
28. League for Education and Development (LEAD)
29. Annapurna Mahila Mandal
30. Association for Sarva Sewa Farms (ASSEFA)
31. Trivandrum District Fishermen's Federation (TDFF)
32. Basix
33. Working Women's Forum (WWF)
34. Bandhan

- 
35. Society for the Promotion of Area Resources (SPARC)
  36. Organization for Development of People (ODP)
  37. Activists for Social Alternatives (ASA)
  38. Action for Community Services Society (ACTS)
  39. Development of Humane Action Foundation (DHAN)
  40. Self Help Promotion for Health and Rural Development (SHEPHERD)
  41. Star Youth Association (SYA)
  42. Gram Vikas
  43. Spandana
  44. Ankuram
  45. Action for Community Organization, Rehabilitation & Development (ACCORD)
  46. People's Rural Education Movement (PREM)
  47. Casp Plan Organization (CPO)
  48. Yeshasvini
  49. Community Health Insurance
  50. Anthyodaya Health Promotion Scheme (AHPS)
  51. South Asia Research Society



## 1. GRAMEEN DEVELOPMENT SERVICES (GDS)

*State:* Uttar Pradesh  
*Address:* B-1/84  
Sector B, Aliganj  
Lucknow – 226 024  
Uttar Pradesh  
*Phone :* 91(0)522 – 233 3412 /233 4432  
*Fax :* 91(0)522 – 233 0640  
*Email :* [gdsiko@syfi.com](mailto:gdsiko@syfi.com)  
[gdsiko@rediffmail.com](mailto:gdsiko@rediffmail.com)  
*Website :* [www.gdsindia.org](http://www.gdsindia.org)

### *MI scheme at a glance*

<i>Starting date:</i>	2000
<i>Risk coverage</i>	Life
<i>Rural/urban</i>	Rural / urban
<i>Total benef.</i>	540
<i>Pot. benef.</i>	More than 5.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	Yes

### 1. The Organization

Grameen Development Services (GDS) is registered under Indian Societies Act, 1860 and was established in 1983. The word “Grameen” is the literal Hindi translation for village.

*Operations:* Works in five Indian states of Uttar Pradesh (Lucknow and parts of eastern Uttar Pradesh), Andhra Pradesh (Nalgonda), Orissa (Bargarh), Rajasthan (Nagaur) and Delhi with a focus on economic empowerment of poor communities, especially of women. Currently, its work is spread around 24 blocks, in 202 villages, in these 5 states.

*Focus:* With a major focus on micro finance interventions for these poor communities, GDS has set up self-help groups and federations for handling financial services. As on December 2001, there were 1187 groups - 1173 women’s groups and 13 men’s groups; one was a mixed group – and 32 federations that were operating with GDS intervention/support.

Its credit products focus on various income generating activities, housing for its members as well as various medical and social products.

GDS has also introduced a micro insurance scheme recently for the members of its SHGs

### 2. The Micro insurance Scheme

Name of the scheme:	Death Relief Scheme (DRS)
Starting date:	2000
Status:	Ongoing
Ownership:	A self-help group called the Mahila Sahayogi Mahasangha manages this scheme in collaboration with GDS
Organizational structure:	Integrated into the organization’s programme of activities
Risk coverage:	Life
Registration	Not registered separately
Rural / urban:	Both rural and urban
Outreach:	Works in 24 blocks and 202 villages spread over selected districts in Uttar Pradesh
Target group:	The scheme initially covered those women who were members of the GDS micro finance programme. Later, husbands were also included into the scheme on demand from the members

Potential target More than 5.000

GDS also states that it initially did not plan to implement the DRS to cover large numbers of people - the focus was on penetrating the concept of insurance into pockets of relative poverty. Having achieved that to some level, GDS now plans to replace this scheme with schemes available from LIC, including the recently announced pension-scheme

### 3. Assistance to the scheme

Initiators: GDS  
 External funding: No  
 External assistance: No  
 NO of people working for the scheme Regular staff of GDS, no special scheme staff

### 4. Membership and Beneficiaries

Registration of members: Voluntary and annual registration. Hence, a member can opt to be covered under the scheme one year and exit from the scheme next year if she desires  
 Membership fee: None.  
 Contributors: Data not available  
 Beneficiaries: 540

### 5. Contributions and Benefits

Waiting period: None – the cover starts the same day following the payment  
 Schedule of contributions: Yearly  
 Contributions and benefit fluctuation: Contributions have increased  
 Benefit package and contributions: As follows in the table below:

#### Description of services:

Benefits	Contributions (yearly)	NO of people covered (2002)
<u>Life:</u> <ul style="list-style-type: none"> <li>Rs. 5.000 in case of death of member or member's spouse within a minimum time not exceeding 24 hours in presence and witness of three other members</li> </ul>	Rs. 50 per person	540 (sex disaggregated data not available)

#### Total amount of contributions collected in last year:

Year	Number of contributions	Amount in Rs.
2002	Data not available	Data not available

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*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	17	85.000

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#### **6. Health-related information**

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

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#### **7. Other financial information**

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

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#### **8. Problems and Constraints**

- ☐ Reaching target population
- ☐ Small membership

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	No
Use of state/public sector insurance:	GDS entered a collaboration with the Life Insurance Corporation of India (LIC) to provide cover to its members. GDS states that this arrangement will take 4-5 months to become fully operational
Re-insurance:	No
Reductions on contributions:	Yes
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	None
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	None

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#### **10. Sources of information**

- ☐ ILO/STEP questionnaire
- ☐ [www.gdsindia.org](http://www.gdsindia.org) – official website
- ☐ <http://www.thagaval.net/inafi/GDS1.htm>

## 2. PEOPLE'S SOLIDARITY ASSOCIATION (PSA)

*State:* Tamil Nadu  
*Address:* N0. 12 J.P Nagar  
Karumandapam  
Trichy,  
Tamil Nadu  
*Phone :* 91(0)431 – 483 897  
*Email :* [johny\\_psa@yahoo.com](mailto:johny_psa@yahoo.com)

### *MI scheme at a glance*

<i>Starting date:</i>	2001
<i>Risk coverage</i>	Life, accidental death
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	3.744
<i>Pot. benef.</i>	More than 10.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	Yes
<i>Public Ins.Co</i>	Yes

### **1. The Organization**

People's Solidarity Association (PSA) was registered as a society in 1980 in Trichy, Tamil Nadu, under the Societies Registration Act.

Its mission is “to provide micro credit and credit plus services such as accessible credit, training and social security schemes leading to a better quality of life” and targeted at the marginalized sections of society

While its financial activities are centered around insurance, commercial organic farming and eco-agricultural projects, its non-financial projects include assistance to disabled children (which includes provision of scholarships and medical assistance).

The micro finance programme of PSA was started in the year 1995. The system is operated through self-help groups (SHGs) of poor women. These SHGs are formed based on socio-economic appraisal of economically active poor women in the villages located within PSA's operational area. The broad criteria for the SHG membership promoted by PSA include low level of assets, poor housing condition, very small scale income generating activities, low income level, legal adult age, socially and economically neglected women and willingness to abide by the norms of the group. The organization also provides its clients training on micro credit techniques and systems.

From September 1999, the organization's micro finance program took a momentum and started growing intensively with capacity building and loan support from Friends of Women's World Banking (FWWB – India).

### **2. The Micro insurance Scheme**

Name of the scheme:	PSA Social Security Scheme
Starting date:	2001
Status:	Ongoing
Ownership:	Owned by PSA
Organizational structure:	Interlinked with the organization's regular ongoing micro finance programme
Risk coverage:	Life, accidental death
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers 180 villages in 5 blocks in Trichy and Pudukottai districts in Tamil Nadu

Target group:	People belonging to the very poor sections – mostly informal sector workers engaged in agriculture diversified products, animal husbandry, trade & crafts
Potential target	More than 10.000

### ***3. Assistance to the scheme***

Initiators:	PSA
External funding:	Operations grant from Friends of Women's World Banking (FWWB – India)
External assistance:	Training from FWWB and ICICI Prudential Insurance Company (commercial sector)
N0 of people working for the scheme	1 salaried staff and 5 volunteers

### ***4. Membership and Beneficiaries***

Registration of members:	Both voluntary and compulsory, depending on the scheme
Membership fee:	None. Uses direct payment by contributors
Contributors:	3.744
Beneficiaries:	3.744

### ***5. Contributions and Benefits***

Waiting period:	No
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Contributions have increased
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Life: Product I: ICICI Prudential</i></u> <ul style="list-style-type: none"> <li>Rs. 5.000 in case of natural and accidental death of client</li> </ul>	Rs. 50 per person	3.744 (sex disaggregated data not available)
<u><i>Life: Product II: HDFC Standard Life</i></u> <ul style="list-style-type: none"> <li>Rs. 10.000 in case of natural death and Rs. 15.000 in case of accidental death</li> </ul>	Rs. 95 per person	Data not available
<u><i>Accidental death: Product III: National Insurance Company</i></u> <ul style="list-style-type: none"> <li>Rs. 25.000 in case of accidental death</li> </ul>	Rs. 15 per person	Data not available
<u><i>Accidental death: Product IV: United India Insurance Company</i></u> <ul style="list-style-type: none"> <li>Rs. 25.000 in case of accidental death</li> </ul>	Rs. 15 per person	Data Not available

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*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	3.744	187.200

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	30.000

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#### ***6. Health-related information***

Co-payment: Not applicable  
Payment modality: Not applicable  
Other health related services: Not applicable  
Type of health care insured:  
Privileges negotiated with health care providers: Not applicable  
Contractual agreement with service provider: Not applicable

PSA plans to provide health insurance to its members in the near future and plans are being drawn up and discussed with its members to this effect.

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#### ***7. Other financial information***

Financial reserve: No  
Guarantee fund: No  
Bank account: No

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#### ***8. Problems and Constraints***

- ☐ Communication / reaching target population

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#### ***9. Linkages with National/State/Private organizations***

Use of commercial insurance: Uses ICICI Prudential and HDFC  
Use of state/public sector insurance: Uses national Insurance and United India Insurance  
Re-insurance: No  
Reductions on contributions: No  
Upgradation of services: No  
Complementarity of other insurance scheme benefits: No  
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people: No

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#### ***10. Sources of information***

- ☐ ILO/STEP questionnaire

### 3. CASHPOR FINANCIAL AND TECHNICAL SERVICES LIMITED (CFTS)

*State:* Uttar Pradesh

*Address:* Opposite Railways Bus Stand  
1.1.1.1.7 Mirzapur  
Uttar Pradesh

*Phone :* 91(0)5442 – 264 437 / 264 439

*Fax:* 91(0)5442 – 264 437

*Email :* [casphor@sify.com](mailto:casphor@sify.com)

#### MI scheme at a glance

<i>Starting date:</i>	2001
<i>Risk coverage</i>	Life, disability
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	7.000
<i>Pot. benef.</i>	25.000
<i>MF linkage</i>	Yes
<i>Comm. Ins. Co</i>	Yes
<i>Public Ins. Co</i>	Yes

#### 1. The Organization

CASHPOR Financial & Technical Services Limited (CFTS) is a micro finance institution that has been working amongst the poorest rural households in Mirzapur District, eastern Uttar Pradesh, for the past 5 years.

It provides credit to the poorest of the poor in this district – institutional financial break-even has been reached by providing financial services to more than 25,000 people belonging to the poorest sections and which also includes very poor rural women. Loan portfolio quality is good, with less than 2% at risk.

The clients of CASHPOR members *at entry* are typically the bottom half of the poverty group. They are people who have no land nor do they own large animals. Their involvement in agriculture are as daily labourers working on the farms of others – as seasonal migrant workers or sometimes as sharecroppers. Some provide rural services – as petty traders, rickshaw drivers, mustard oil makers, mat weavers and so on.

Recently, CASPHOR has introduced an insurance scheme for the people in the communities it works with.

#### 2. The Micro insurance Scheme

Name of the scheme:	Social Security Scheme
Starting date:	2001
Status:	Ongoing
Ownership:	Owned by CFTS
Organizational structure:	Integrated into the organization's programme of activities
Risk coverage:	Life, disability
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers 880 villages in the Mirzapur district of Uttar Pradesh
Target group:	Villagers who are engaged in animal husbandry, agriculture diversified products and trade and crafts
Potential target	25.000

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### 3. Assistance to the scheme

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Initiators:	CFTS
External funding:	Operations grant from Friends of Women's World Banking (FWWB – India)
External assistance:	No
N0 of people working for the scheme	1 salaried staff

### 4. Membership and Beneficiaries

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Registration of members:	Individual voluntary registration
Membership fee:	None
Contributors:	7.000
Beneficiaries:	7.000

### 5. Contributions and Benefits

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Waiting period:	No
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Contributions have increased since the beginning of the implementation of the scheme
Benefit package and contributions:	As follows in the table below:

#### Description of services:

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Life: Product I: HDFC Standard Life Insurance</i></u> <ul style="list-style-type: none"><li>Rs. 10.000 in case of natural death and Rs. 15.000 in case of accidental death (between the ages of 18-50 years)</li></ul>	Rs. 95 per client	7.000 (sex disaggregated data not available)
<u><i>Life: Product II: Life Insurance Corporation of India</i></u> <ul style="list-style-type: none"><li>Rs. 20.000 in case of natural death and Rs. 50.000 in case of accidental death, Rs. 50.000 in case of permanent disability and Rs. 25.000 in case of permanent partial disability (between the ages of 18-60 years)</li></ul>	Rs. 100 per client	Data not available
<u><i>Life: Product III: ICICI Prudential Life Insurance</i></u> <ul style="list-style-type: none"><li>Rs. 10.000 in case of natural death (between the ages of 20-60 years)</li></ul>	Varies with age from Rs. 15 to Rs. 288 per client	Data not available
<u><i>Life: Product IV: Birla Sun Insurance</i></u> <ul style="list-style-type: none"><li>For both natural and accidental death, benefits are 100 times of the contributions paid</li></ul>	Varies with age from Rs. 50, Rs. 100 and Rs. 200	Data not available



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*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	563.840

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	240.000

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#### **6. Health-related information**

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

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#### **7. Other financial information**

Financial reserve:	No
Guarantee fund:	No
Bank account:	No

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#### **8. Problems and Constraints**

- ☐ Contribution defaults

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	Uses ICICI Prudential, HDFC Standard Life and Birla Sun Life Insurance
Use of state/public sector insurance:	Uses Life Insurance Corporation of India
Re-insurance:	No
Reductions on contributions:	Yes
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	None

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#### **10. Sources of information**

- ☐ ILO/STEP questionnaire

#### 4. BHARATHI INTEGRATED RURAL DEVELOPMENT SOCIETY (BIRDS)

*State:* Andhra Pradesh

*Address:* N0 26/130 B2, Eva Nest  
Gnanapuram,  
Nandyal (RS) – 518 502  
Andhra Pradesh

*Phone :* 91(0)08514 – 243 444 / 246 112

*Email :* [birdsorg@yahoo.co.uk](mailto:birdsorg@yahoo.co.uk)

##### *MI scheme at a glance*

<i>Starting date:</i>	2001
<i>Risk coverage</i>	Life, disability, funeral expenses
<i>Rural/urban</i>	Rural/urban
<i>Total benef.</i>	17.096
<i>Pot. benef.</i>	50.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	Yes

#### 1. The Organization

Bharathi Integrated Rural Development Society (BIRDS) is based in Nandyal, Andhra Pradesh.

BIRDS started work as a catalyst and support organization for poor communities for their own development, based on gender equality. It promotes grassroots level people's organizations to look after thrift, credit, health, education, social issues, community irrigation and the environment, since 1991.

*Operations:* Currently works in around 173 villages in the Nandyal district.

BIRDS has also recently introduced a social security scheme for its members with assistance from Friends of Women's World Banking (FWWB-India).

#### 2. The Micro insurance Scheme

Name of the scheme:	BIRDS – Social Security Scheme
Starting date:	2001
Status:	Ongoing
Ownership:	Owned by BIRDS
Organizational structure:	The microfinance programme of BIRDS implements this scheme
Risk coverage:	Life, disability, funeral expenses
Registration	Not registered separately
Rural / urban:	Rural/urban
Outreach:	Covers 173 villages in Nandyal Kurnool district in Andhra Pradesh
Target group:	Villagers who are engaged in agriculture, animal husbandry, and trade and crafts
Potential target	50.000

#### 3. Assistance to the scheme

Initiators:	BIRDS
External funding:	Operations grant from Friends of Women's World Banking (FWWB – India)/GTZ
External assistance:	Training and monitoring/evaluation
N0 of people working for the scheme	Three salaried staff and seven volunteers

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#### 4. Membership and Beneficiaries

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Registration of members:	Compulsory registration
Membership fee:	No
Contributors:	8.728
Beneficiaries:	17.096

#### 5. Contributions and Benefits

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Waiting period:	No
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Contributions have increased since the beginning of the implementation of the scheme
Benefit package and contributions:	As follows in the table below:

##### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2003)</i>
<u><i>Life-funeral expenses:</i></u> <ul style="list-style-type: none"><li>Rs. 3.000 in case of natural death and Rs. 6.000 in case of accidental death of SHG members (within some limitations)</li><li>Rs. 4.000 for natural death and Rs. 8000 for accidental death of spouse</li><li>Rs. 500 for immediate funeral expenses that cover both member and spouse</li></ul>	Rs. 50 per client	17.096 (female: 8.728, male: 8.368)
<u><i>Life – disability:</i></u> <ul style="list-style-type: none"><li>Rs. 20.000 in case of natural death and Rs. 50.000 in case of accidental death</li><li>Rs. 25.000 in case of total permanent disability</li></ul>	Rs. 100 per client	180 (all male)

##### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2003	8.728	445.400

##### *Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2003	42	170.000

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#### 6. Health-related information

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Co-payment:	Not applicable
Payment modality:	In the SHG
Other health related services:	Not applicable
Type of health care insured:	Not applicable

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Privileges negotiated with health care providers: Not applicable  
Contractual agreement with service provider: Not applicable

### ***7. Other financial information***

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

### ***8. Problems and Constraints***

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- ☐ Small membership base

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance: None  
Use of state/public sector insurance: Uses Life Insurance Corporation of India  
Re-insurance: No  
Reductions on contributions: Yes  
Upgradation of services: No  
Complementarity of other insurance scheme benefits: No  
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people: None

### ***10. Sources of information***

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- ☐ ILO/STEP questionnaire

## 5. BRIDGE FOUNDATION (TBF)

*States:* Karnataka, Andhra Pradesh, Tamil Nadu, Kerala

*Address:* N0 139, Fst Floor, Infantry Road  
Bangalore – 560 001  
Karnataka

*Phone :* 91(0)080 – 558 1869 / 558 2601

*Fax:* 91(0)080 - 558 1871

*Email :* [tbfindia@vsnl.com](mailto:tbfindia@vsnl.com)

*Website :* [www.bridgefoundation.org.in](http://www.bridgefoundation.org.in)

### *MI scheme at a glance*

<i>Starting date:</i>	2001
<i>Risk coverage</i>	Life
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	9.845
<i>Pot. benef.</i>	Data not available
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	Yes
<i>Public Ins.Co</i>	No

### 1. The Organization

Since 1984, the Bridge Foundation (TBF) has been providing micro loans and training to the poor in various parts of India, enabling them to rise above poverty. The Bridge Foundation believes that self-employment and entrepreneurship is the key to the transformation of individuals and communities. Its Micro Enterprise Development (MED) programs address the needs of those in a state of abject poverty, allowing them to reach and maintain a sustainable income and standard of living.

*Vision:* “To work with the poor in their struggle to attain social justice and economic security with human dignity and self-worth.”

*Aim:* To provide the poor and handicapped the opportunity to meet basic economic needs more effectively and to experience the restoration of their dignity and self-worth; to increase the capacity of motivated individuals and their families to impact their community; and, to promote the practice of ethics and values in business, communities and lifestyles.

*Operations:* In the four southern states of in Karnataka, Andhra Pradesh, Tamil Nadu and Kerala

Its micro finance programme consists of various products that include individual loans to its members, direct lending to SHGs, short-term loans to entrepreneurs, employment generation loans, house repair loans as well as micro insurance.

### 2. The Micro insurance Scheme

Name of the scheme:	Kalyan Yojana, Jana Surakasha Yojana and Karuna Yojana
Starting date:	2001
Status:	Ongoing
Ownership:	Owned by the Foundation
Organizational structure:	Part of the regular activities of the Foundation carried through by NGOs – operates the scheme through 95 NGOs spread over the four southern States and who are TBF partners
Risk coverage:	Life
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers 117 districts in Karnataka, Andhra Pradesh, Tamil Nadu and Kerala

Target group:	Villagers who are engaged in agriculture, animal husbandry, and informal sector employment
Potential target	Data not available

### ***3. Assistance to the scheme***

Initiators:	TBF
External funding:	Operations grant for training support and for launching the micro insurance programme
External assistance:	Training and advisory services
N0 of people working for the scheme	Ten salaried staff

### ***4. Membership and Beneficiaries***

Registration of members:	Voluntary individual registration
Membership fee:	No
Contributors:	9,845. Contributions collected by Self-Help Group leaders are forwarded to NGO partners who in turn will send it to the branch from where it is forwarded to Head Office
Beneficiaries:	9,845 of which 95 % are women

### ***5. Contributions and Benefits***

Waiting period:	15 days
Schedule of contributions:	Monthly
Contributions and benefit fluctuation:	Contributions have not increased since the beginning of the implementation of the scheme
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<i>Life</i> <ul style="list-style-type: none"> <li>Depending on the contribution amount paid, members are insured for a sum between Rs. 25,000 and Rs. 50,000 for life cover</li> </ul>	Varies from Rs. 240 (Rs. 20 a month) to Rs. 720 (Rs. 60 a month)	9,845 (9,352 women and 493 men)

#### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	1,191,003

#### *Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	45,525

### ***6. Health-related information***

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable

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Type of health care insured:	Not applicable
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

### ***7. Other financial information***

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Financial reserve:	No
Guarantee fund:	No
Bank account:	No

### ***8. Problems and Constraints***

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- ☐ Contribution defaults

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	Life insurance scheme implemented in collaboration with Tata AIG Life Insurance Limited
Use of state/public sector insurance:	No
Re-insurance:	No
Reductions on contributions:	No
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	None

### ***10. Sources of information***

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- ☐ ILO/STEP questionnaire

## 6. SWAYAMKRUSHI / YOUTH CHARITABLE ORGANIZATION (YCO)

*State:* Andhra Pradesh

*Address:* Urban Bank Street  
Yellanmanchili – 531 055  
Visakhapatnam District  
Andhra Pradesh

*Phone :* 91(0)8931 – 231 878 / 231 777

*Fax:* 91(0)8931 – 231 231

*Email :* [yco@satyam.net.in](mailto:yco@satyam.net.in)  
[Swayamkrushi@sify.com](mailto:Swayamkrushi@sify.com)

### *MI scheme at a glance*

<i>Starting date:</i>	2001
<i>Risk coverage</i>	Life, assets, loans
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	8.100
<i>Pot. benef.</i>	More than 10.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	Yes
<i>Public Ins.Co</i>	No

### ***1. The Organization***

The Swayamkrushi Women's Development Mutually Aided Co-operative Thrift Society was registered under the Andhra Pradesh Mutually Aided Co-operative Societies Act 1995 with the Registrar of Co-operative Societies, Visakhapatnam on 26<sup>th</sup> November 1996.

The micro finance programme started as an activity of the Youth Charitable Organization (YCO) during 1992. YCO was founded in 1981 for the primary purpose of alleviating rural poverty with in target areas of Visakhapatnam District of Andhra Pradesh. The emphasis of its programmes has been on self-reliance, self help, community formation and the judicious use of natural resources. YCO began its work in four villages and today operates in 185 villages, working with over 18000 families. Programmes are in watershed management, income generation, housing, education and health, drinking water and sanitation, community infrastructure development.

YCO promoted a separate institution - the Swayamkrushi Women's Development Mutually Aided Co-operative Thrift Society - strictly as a local savings and credit cooperative and this has been functioning independently since 16<sup>th</sup> January 1997. The main aim of the Women's Cooperative is to provide timely finance to its members and make the women real owners (through share holding) of their own institution rather than dependent on the charity of others.

While the Women's Cooperative provides credit, YCO helps in providing technical assistance and support services. The former is a for-profit society, while the latter is a non-profit society. The two are held together by a common holding, which also plays the role of attracting investment for both. The Women's Cooperative addresses three customer segments in three different sectors - agriculture and allied, non-farm and the housing sector.

### ***2. The Micro insurance Scheme***

Name of the scheme:	Deenabandhu and Social Security Programme
Starting date:	2001
Status:	Ongoing
Ownership:	Owned by the Swayamkrushi Women's Cooperative
Organizational structure:	Part of the regular ongoing activities of the Cooperative
Risk coverage:	Life, assets, loans
Registration	Not registered separately
Rural / urban:	Rural



Outreach:	Covers 120 villages in Vishakhapatnam district in Andhra Pradesh
Target group:	Members who are engaged in informal sector employment
Potential target	More than 10.000

### **3. Assistance to the scheme**

Initiators:	Swayamkrushi
External funding:	None
External assistance:	None
N0 of people working for the scheme	18 salaried staff (part-time portfolio) and 12 volunteers

### **4. Membership and Beneficiaries**

Registration of members:	Compulsory individual registration
Membership fee:	Yes, Rs. 100 collected as membership fees per member annually
Contributors:	8.100 – uses direct payment by contributor
Beneficiaries:	8.100

### **5. Contributions and Benefits**

Waiting period:	None
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Amounts of contributions have not increased since the beginning of the implementation of the scheme
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Life and assets</i></u> <ul style="list-style-type: none"> <li>Covers for a year, Rs. 15.000 for natural death, Rs. 30.000 for accidental death</li> <li>Covers (as a write-off) outstanding loan of a beneficiary in the event of death (both natural and accidental) or irretrievable loss or damage (caused by fire, riots, and other natural disasters) to working tools, equipment, productive assets purchased from the loan and used for self employment</li> </ul>	Rs.100 per member	8.100 (sex disaggregated data not available)

#### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	395.000

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*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	315.000

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#### **6. Health-related information**

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Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	Not applicable
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

The organization plans to start health-related insurance for its members in the near future.

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#### **7. Other financial information**

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Financial reserve:	No
Guarantee fund:	No
Bank account:	No

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#### **8. Problems and Constraints**

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- ☐ Contribution defaults
- ☐ Relations with health service providers
- ☐ Small membership
- ☐ Pressure from members to receive some returns on their premiums

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#### **9. Linkages with National/State/Private organizations**

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Use of commercial insurance:	Scheme implemented in collaboration with ICICI Prudential Insurance
Use of state/public sector insurance:	No
Re-insurance:	No
Reductions on contributions:	No
Upgradation of services:	Yes
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	None

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#### **10. Sources of information**

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- ☐ ILO/STEP questionnaire
- ☐ Swayamkrushi/YCO Five Year Business Plan (2001 – 2005)

## 7. SANGHAMITRA

*State:* Karnataka  
*Address:* N0 916, 8 th Main, 3d Stage  
Gokulam  
Mysore  
Karnataka  
*Phone :* 91(0)821 – 512 300  
*Fax:* 91(0)821 – 512 419  
*Email :* [sanmitra@sancharnet.in](mailto:sanmitra@sancharnet.in)  
*Website:* [www.sanghamitra.net](http://www.sanghamitra.net)

### *MI scheme at a glance*

<i>Starting date:</i>	2003
<i>Risk coverage</i>	Life
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	Data not available
<i>Pot. benef.</i>	More than 10.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	Yes
<i>Public Ins.Co</i>	No

### ***1. The Organization***

Sanghamitra was borne out of MYRADA – a not-for profit organization based in Karnataka with its headquarters in Bangalore. Since MYRADA is not a micro finance institution, it was not accepting loans/grants for on-ward lending to self-help groups (SHGs). However, a survey conducted by MYRADA in three districts in Karnataka showed that hardly 20% of rural credit is provided by official financial institutions. Besides, only 1200 SHGs fostered by MYRADA have been linked to Banks so far. MYRADA therefore decided to promote a Non-Banking Financial Institution (NON-Profit) called Sanghamitra, which operates independently of MYRADA and lends to Self-help Affinity Groups (SAGs) formed by MYRADA and other NGOs.

Sanghamithra was incorporated on February 15, 1995 as a Sec 25 (Under the Indian Companies' act, 1956) Company as a constructive response to the inability/unwillingness of the banking system to link with the SHGs whose number was expanding rapidly.

It works in close partnership with national banks like NABARD and SIDBI at the national level and with regional rural banks, commercial banks and in partnership with a large number of NGOs in the districts in Karnataka.

It targets the poor, organized into SAGs by NGOs and other institutions, who have demonstrated a certain degree of maturity and sustainability with respect to regularity in savings, internal lending and recovery, democratic leadership and decision making process, visible transparency and accountability through appropriate (though simple) book- keeping practices and documentation. Individuals, who are members of such SAGs, are also considered for individual assistance with appropriately designed products, in due course.

Recently, Sanghamitra has introduced a life insurance cover for its members.

### ***2. The Micro insurance Scheme***

Name of the scheme:	ICICI Prudential Suraksha
Starting date:	2003
Status:	Ongoing
Ownership:	Owned by Sanghamitra Rural Financial Services
Organizational structure:	Part of the regular ongoing activities of the institution
Risk coverage:	Life
Registration	Not registered separately
Rural / urban:	Rural

Outreach:	Covers selected districts in Karnataka
Target group:	Members who are engaged in agriculture diversified products and animal husbandry
Potential target	To cover more than 10.000 people of around 1.052 self-help groups

### **3. Assistance to the scheme**

Initiators:	Sanghamitra
External funding:	No
External assistance:	For training
N0 of people working for the scheme	Sanghamitra's credit field officers

### **4. Membership and Beneficiaries**

Registration of members:	Individual compulsory registration
Membership fee:	No
Contributors:	Scheme just initiated in 2003. Contributions will be made through collection of checks. First contributions collected in March 2003
Beneficiaries:	Data not available

### **5. Contributions and Benefits**

Waiting period:	None
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Not experienced as yet
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u>Life:</u> <ul style="list-style-type: none"> <li>Covers life both in case of natural and accidental death</li> </ul>	Scheme has just been initiated	Data not available

#### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Not applicable	Not applicable

#### *Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Not applicable	Not applicable

### **6. Health-related information**

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	Not applicable
Privileges negotiated with health care providers:	Not applicable

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Contractual agreement with service provider: Not applicable

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**7. Other financial information**

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Financial reserve:	No
Guarantee fund:	No
Bank account:	No

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**8. Problems and Constraints**

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☐ None experienced as yet

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**9. Linkages with National/State/Private organizations**

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Use of commercial insurance:	Uses “Suraksha Scheme” of ICICI Prudential Insurance
Use of state/public sector insurance:	No
Re-insurance:	No
Reductions on contributions:	No
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	None

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**10. Sources of information**

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- ☐ ILO/STEP questionnaire
- ☐ Official website: [www.sanghamitra.net](http://www.sanghamitra.net)

## 8. SOUTH INDIAN FEDERATION OF FISHERMEN SOCIETY (SIFFS)

*States:* Kerala, Tamil Nadu, Andhra Pradesh, Karnataka

*Address:* T.C. 20/81 - 1  
Kammana  
Trivandrum – 695 002  
Kerala

*Phone :* 91(0)471 – 343 711 / 343 178

*Fax:* 91(0)471 – 342 053

*Email :* [siffs@md2.vsnl.net.in](mailto:siffs@md2.vsnl.net.in)  
[admin@siffs.org](mailto:admin@siffs.org)

*Website :* [www.siffs.org](http://www.siffs.org)

### MI scheme at a glance

<i>Starting date:</i>	Data not available
<i>Risk coverage</i>	Life
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	1.539
<i>Pot. benef.</i>	Data not available
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	Yes

### 1. The Organization

The South Indian Federation of Fishermen Society (SIFFS) is a not-for-profit organization of village- and district-level fish marketing societies of small-scale fish workers of south India and which is based in Trivandrum, Kerala.

*Operations:* in the four southern Indian states of Kerala, Tamil Nadu, Andhra Pradesh and Karnataka.

With over 8,000 fishermen members spread over a 1200-km coastline in southern India, SIFFS has been making crucial contributions to strengthening the small-scale fisheries sector for over fifteen years.

Today, SIFFS is an organization run by fish workers representatives identified through democratic processes, assisted by professional managers. SIFFS makes available a range of services to its members and non-member fishermen. Its main areas of operations are centered around the needs and services of fisher folk and are focused around micro finance and on out- board motor imports, spare sales and service network, boatyards networks and an ice plant network. It operates marketing division, a research and development unit and also undertakes technology dissemination and policy research and its dissemination.

Its micro finance interventions aim at enabling and promoting institutions – basically self help groups and/or federations. As of December 2001, the total number of such self-help groups stood at 152, of which women's groups totalled 58 and men's groups numbered 94. The total numbers of federations were 8. The society also provides savings and credit products for its members (like loans for women, labour loans and shark fishermen loans). Savings of members are vested with groups themselves. As of 31<sup>st</sup> December 2001, total community savings stood at Rs. 1 Million.

### 2. The Micro insurance Scheme

Name of the scheme:	Data not available
Starting date:	Data not available
Status:	Ongoing
Ownership:	Owned by the Federation
Organizational structure:	Part of the regular ongoing activities of the Federation
Risk coverage:	Life
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers 10 blocks in 66 villages in the four states of Tanil Nadu, Kerala, Tamil Nadu and Andhra Pradesh

Target group:	Fisher folk and their families
Potential target	8.000 fishermen plus their families

### 3. Assistance to the scheme

Initiators:	SIFFS
External funding:	Data not available
External assistance:	Data not available
N0 of people working for the scheme	Data not available

### 4. Membership and Beneficiaries

Registration of members:	Group voluntary registration
Membership fee:	No
Contributors:	Data not available
Beneficiaries:	1.539

### 5. Contributions and Benefits

Waiting period:	Data not available
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

#### Description of services:

Benefits	Contributions (yearly)	N0 of people covered (2002)
<u>Life:</u>	Rs. 100 per member	1.539
• Rs. 20.000 in case of natural death and Rs. 50.000 in case of accidental death		(sex disaggregated data not available)

#### Total amount of contributions collected in last year:

Year	Number of contributions	Amount in Rs.
2002	Data not available	Data not available

#### Total amount of benefits paid in last year:

Year	Number of benefits paid	Amount in Rs.
2002	Data not available	Data not available

### 6. Health-related information

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	Not applicable
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

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### ***7. Other financial information***

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Financial reserve:	Data not available
Guarantee fund:	Data not available
Bank account:	Data not available

### ***8. Problems and Constraints***

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☐ Data not available

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	No
Use of state/public sector insurance:	Scheme is implemented in collaboration with the Life Insurance Corporation of India
Re-insurance:	No
Reductions on contributions:	No
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	None

### ***10. Sources of information***

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☐ Official website: [www.thagaval.net/inafi/SIFF1](http://www.thagaval.net/inafi/SIFF1)



## **9. KAGAD KACH PATRA KASHTAKARI PANCHAYTAT (WASTE PICKERS UNION)**

*State:* Maharashtra

*Address:* Pune City  
Maharashtra

### *MI scheme at a glance*

<i>Starting date:</i>	1998
<i>Risk coverage</i>	Life, disability
<i>Rural/urban</i>	Urban
<i>Total benef.</i>	825
<i>Pot. benef.</i>	More than 10.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	Yes

### **1. The Organization**

In 1989, the department of Adult and Continuing Education of the SNDT Women's University in Pune, started work (conducted classes) with waste-picking children. In addition to attending classes, these children continued collecting garbage. In course of time, their mothers came forward with a demand for the access to segregated garbage so that less time would be required for scrap collection.

Initially, the department began working with about 50 women. When a group of entrepreneurs wanted to take control of certain garbage dumps in the city, they encouraged the women to undertake a movement whereby the women would surround these dumps, thereby preventing any outsiders from entering them.

Slowly, the department encouraged these women to take up other issues affecting them. They began taking them around to different slums to talk to other women waste-pickers. As more scrap-pickers joined them, they registered themselves as a trade union in 1993 to ensure that the government and society recognized waste picking as meaningful work.

The union is an independent body that runs solely on its own membership fees of Rs. 25 per year. It has 3,500 members, mostly women, all of whom are waste-pickers and scrap-collectors. The scrap store, a union activity, was established in 1998 to ensure better returns for waste-pickers who are often cheated by scrap traders.

The union began a credit co-operative in 1997 to make reasonably priced loans available for members who were otherwise paying 'malwaris' or moneylenders an exorbitant rate of interest. After saving a sum of Rs. 50 every month for six months, members are allowed to borrow double the total amount of their savings at 2% every month. Loans are taken for medical purposes, marriages and emergencies.

In 1996, the Pune and Pimpri Chinchwad municipal corporations officially recognized the association and endorsed the photo identity cards of the members.

### **2. The Micro insurance Scheme**

Name of the scheme:	Data not available
Starting date:	1998
Status:	Ongoing
Ownership:	Owned by the Union
Organizational structure:	Part of the regular ongoing activities of the Union
Risk coverage:	Life, disability

Registration	Not registered separately
Rural / urban:	Urban
Outreach:	Covers selected wards in Pune and Pimpri Chinchwad municipal wards in Maharashtra
Target group:	Women and men waste pickers
Potential target	More than 10.000

### **3. Assistance to the scheme**

Initiators:	Kagad Kach Patra Kashtakari Panchayat
External funding:	Data not available
External assistance:	Data not available
N0 of people working for the scheme	Data not available

### **4. Membership and Beneficiaries**

Registration of members:	Group voluntary registration
Membership fee:	Rs. 25 per year
Contributors:	Credit loan takers are automatically insured and contribute to the scheme
Beneficiaries:	825

### **5. Contributions and Benefits**

Waiting period:	Data not available
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Life and disability:</i></u>	Rs. 25 per member	825
<ul style="list-style-type: none"> <li>Rs. 5.000 in case of natural death, Rs. 25.000 in case of accidental death and Rs. 12.500 in case of disability</li> </ul>		(sex disaggregated data not available)

#### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

#### *Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

### **6. Health-related information**

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	Not applicable

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Privileges negotiated with health care providers: Not applicable  
Contractual agreement with service provider: Not applicable

### ***7. Other financial information***

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Financial reserve: Data not available  
Guarantee fund: Data not available  
Bank account: Data not available

### ***8. Problems and Constraints***

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☐ Data not available

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance: No  
Use of state/public sector insurance: Scheme is implemented in collaboration with the Life Insurance Corporation of India  
Re-insurance: No  
Reductions on contributions: Yes  
Upgradation of services: Data not available  
Complementarity of other insurance scheme benefits: Data not available  
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people: Data not available

### ***10. Sources of information***

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- ☐ Paper by Dr R.K.A Subrahmanya, Social Security Association of India, Bangalore, 2002
- ☐ “*Scrap-collectors fight for and win a new legitimacy*”, by Sheba Tejani, article in [infochangeindia.org](http://infochangeindia.org)

## 10. COOPERATIVE DEVELOPMENT FOUNDATION (CDF)

*State:* Andhra Pradesh

*Address:* 17-1-383, Vinay Nagar  
1.1.1.1.2 Saidabad  
Hyderabad  
Andhra Pradesh

*Phone :* 91(0)40 – 2453 3815 / 2453 4491

*Fax:* 91(0)40 – 2453 1903

*Email :* [cdf@hdl.vsnl.net.in](mailto:cdf@hdl.vsnl.net.in)

### MI scheme at a glance

<i>Starting date:</i>	Data not available
<i>Risk coverage</i>	Life
<i>Rural/urban</i>	Rural / urban
<i>Total benef.</i>	40.419
<i>Pot. benef.</i>	> 50.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	Yes

### 1. The Organization

Cooperative Development Foundation (CDF) was founded in 1982 with the aim of promoting cooperative enterprise and developing a cooperative environment by an association of primary agricultural cooperatives in Andhra Pradesh. Registered as a society under the Andhra Pradesh Societies Registration Act, it was formerly called “Samakhya” – meaning a federation.

*Operations:* Based in Hyderabad, Andhra Pradesh, the organization also promotes and supports cooperative thrift and credit systems in the states of Karnataka, Goa and Tamil Nadu. In the last 20 years, the organization has been quite successful in promoting multi-purpose cooperatives involved in agricultural production and marketing and has attempted to translate this success in the promotion of its thrift cooperatives.

Though working with both men and women, CDF has been instrumental in forming exclusive thrift cooperatives (TCs) exclusively for women since it found that it was not being able to motivate women enough in the cooperatives it had earlier promoted. These are called Associations of Women’s Thrift Cooperatives (AWTCs). Now, there exist thrift cooperatives for men too called Associations of Men’s Thrift Cooperatives (AMTCs). These are registered under the Andhra Pradesh Mutually Aided Cooperatives Act, 1995. Cooperatives within a radius of 10 to 14 kms are the members of these associations – each association has around 10 to 12 cooperatives as its members and has coverage of 3.000 to 5.000 individual members.

There is no organic link between CDF and the TCs and the ATCs as they are all autonomous entities under India’s cooperative law. The main activities consist of mobilizing the savings of members and disbursement of credit as per needs. Three products have been introduced – savings deposit, recurring deposit and fixed deposit.

Along with the above, the organization has also helped open paddy coops in the Warangal and Karimnagar districts of Andhra Pradesh. These offer paddy storage, processing and marketing services to its members. CDF provides services on request to dairy coops and agriculture coops, their network members and other cooperatives and cooperative development and financing agencies on a consultancy and advisory basis.

The life insurance scheme of CDF is known as the *Death Relief Assistance Scheme* (DRAS) and has been conceived primarily to protect the loan portfolio of the cooperatives.

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## ***2. The Micro insurance Scheme***

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Name of the scheme:	Death Relief Assistance Scheme
Starting date:	Data not available
Status:	Ongoing
Ownership:	Owned by the organization
Organizational structure:	Part of the regular ongoing activities of the organization
Risk coverage:	Life
Registration	Not registered separately
Rural / urban:	Both rural and urban
Outreach:	Covers selected districts and wards in Andhra Pradesh
Target group:	Members of the cooperative
Potential target	Data not available

## ***3. Assistance to the scheme***

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Initiators:	CDF
External funding:	Data not available
External assistance:	Data not available
N0 of people working for the scheme	Data not available

## ***4. Membership and Beneficiaries***

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Registration of members:	Individual compulsory registration
Membership fee:	Rs. 10 as entrance fee and a minimum deposit of Rs. 50 along with the application
Contributors:	Data not available
Beneficiaries:	40.419

## ***5. Contributions and Benefits***

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Waiting period:	Data not available
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<i>Life:</i> <ul style="list-style-type: none"><li>Maximum of Rs. 10.000 on the death of a member, the coverage is equivalent to 20 times the deposit amount paid, 15 times the deposit amount (in the second age-group) and 10 times the deposit (last age-group)</li></ul>	Varies according to the age of the borrower as follows: Between 18-35 years: Rs. 500 Between 36-50 years: Rs. 667 Between 51-55 years: Rs. 1.000	40.419 (21.741 women and 18.678 men)

### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

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*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

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#### **6. Health-related information**

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Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	Not applicable
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

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#### **7. Other financial information**

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Financial reserve:	Data not available
Guarantee fund:	Data not available
Bank account:	Data not available

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#### **8. Problems and Constraints**

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- ☐ Data not available

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#### **9. Linkages with National/State/Private organizations**

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Use of commercial insurance:	No
Use of state/public sector insurance:	Scheme is implemented in collaboration with the National Insurance Company
Re-insurance:	Yes, with the above-mentioned Insurance Company
Reductions on contributions:	Yes
Upgradation of services:	Data not available
Complementarity of other insurance scheme benefits:	Data not available
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Data not available

Due to the increase in the number of suicide deaths, the AMTCs have started reinsuring with the National Insurance Company to cover such deaths. The AMTC pays Rs. 2.60 paise each year for every person under the DRAS Scheme to the Insurance Company for a cover of Rs. 10.000. Since reinsurance has been quite successful, CDF is now considering reinsuring the entire portfolio with the Life Insurance Corporation or any other insurance company.

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#### **10. Sources of information**

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- ☐ “Microinsurance in India: A study”, by Girija Srinivasan and Ramesh S. Arunachalam
- ☐ Report performance of thrift cooperatives – 2003

## 11. INDO-DUTCH PROJECT MANAGEMENT SERVICES (IDPMS)

*State:* Karnataka  
*Address:* N0 440, 6<sup>th</sup> Cross, 7<sup>th</sup> Block  
Jayanagar West  
Bangalore – 560 082  
Karnataka  
*Phone :* 91(0)80 – 2676 3111 / 2676 3231  
*Email :* [idpms@vsnl.com](mailto:idpms@vsnl.com)

### *MI scheme at a glance*

<i>Starting date:</i>	2002
<i>Risk coverage</i>	Life
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	676
<i>Pot. benef.</i>	5.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	Yes
<i>Public Ins.Co</i>	No

### 1. The Organization

The Indo-Dutch Project Management Services (IDPMS) was established in 1989 as a collaborative mechanism between the Netherlands Government and the Government of Karnataka.

Focusing on self-sustained improvement of socio-economic conditions of the people living in rural areas, IDPMS imparts skills to building capacities of its collaborators (the communities it works with). It does this through a special emphasis on the empowerment of women in select rural areas of Karnataka through micro enterprise development, self-help group federations, micro credit, marketing and appropriate technology transfer. A total of 265 self-help groups (SHGs) have been formed in which 3246 women and 619 men are members

*Mission:* “The creation of values fostering economic and social justice and the empowerment of the constituency of the rural poor, particularly women, towards meaningful ends such as the production of goods or services through just and equitable means”.

Over the years, IDPMS has re-engineered its own skills and capacities to become an autonomous institution. Currently, IDPMS works in the areas of project implementation, micro finance management, marketing and communication as well as runs courses in developmental studies.

The micro insurance scheme of IDPMS is being introduced in collaboration with HDFC (Housing Development Finance Corporation) Standard Life in April 2002. Called the "Development Insurance Plan", it provides low cost life insurance cover to members of self-help groups that are affiliated to IDPMS.

### 2. The Micro insurance Scheme

Name of the scheme:	Development Insurance Plan
Starting date:	2002
Status:	Ongoing
Ownership:	Owned by IDPMS
Organizational structure:	Part of the regular ongoing activities of the organization
Risk coverage:	Life
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers selected districts in Karnataka

Target group:	Rural village communities – members of self-help groups engaged in various forms of micro enterprises
Potential target	3.000 to 5.000
Others:	The group to be covered is only eligible if it contains more than 500 members

### ***3. Assistance to the scheme***

Initiators:	IDPMS
External funding:	No
External assistance:	No
N0 of people working for the scheme	Data not available

### ***4. Membership and Beneficiaries***

Registration of members:	Group voluntary registration for members of self-help groups
Membership fee:	No
Contributors:	676 contributors
Beneficiaries:	676 beneficiaries

### ***5. Contributions and Benefits***

Waiting period:	Data not available
Schedule of contributions:	The contribution can only be paid by IDPMS as a single lump sum yearly that includes all premiums for the group to be covered. Cover will not start until the contribution and all the member information in HDFC's specified format has been received
Contributions and benefit fluctuation:	Scheme is new, having just started in 2002. Hence, such fluctuations are still to be experienced
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u>Life:</u> <ul style="list-style-type: none"> <li>On the death of each member covered by the policy, a lump sum equal to the sum assured will be paid to their beneficiaries or legal heirs</li> <li>Where the death is a result of an accident, an additional lump sum will be paid equal to half the sum assured</li> </ul>	The contribution of Rs. 95 annually to be paid will be quoted per member in the group and will be the same for all members of the group	676 (sex disaggregated data not available)

Though there is no benefit paid at maturity, the insurance company may pay, at its discretion, mortality rebate. The mortality rebate will be calculated individually for each group. It will be a proportion of the excess, if any, of premiums paid over the claims made by the group (allowing for the costs of administering the policy). Where there is a deficit rather than excess, it will be met by the insurance company, but no mortality rebate will be paid.



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*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	676	64,220

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	None	None

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#### **6. Health-related information**

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	Not applicable
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

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#### **7. Other financial information**

Financial reserve:	None
Guarantee fund:	No
Bank account:	Yes

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#### **8. Problems and Constraints**

☐ None

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	Scheme implemented in collaboration with HDFC Standard Life Insurance Company
Use of state/public sector insurance:	No
Re-insurance:	No
Reductions on contributions:	No
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Data not available

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#### **10. Sources of information**

- ☐ ILO/STEP questionnaire
- ☐ [www.hdfcinsurance.com](http://www.hdfcinsurance.com)

## 12. GANDHI SMARAKA GRAMA SEVA KENDRAM (GSGSK)

*State:* Kerala

*Address:* Karadka P.O., Muliya Via  
Kasaragod District – 671 542  
Kerala

*Phone :* 91(0)4994 – 260 080

*Email :* [gsgsk\\_karadka@rediffmail.com](mailto:gsgsk_karadka@rediffmail.com)

### *MI scheme at a glance*

<i>Starting date:</i>	2001
<i>Risk coverage</i>	Health care
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	3.453
<i>Pot. benef.</i>	More than 10.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

### **1. The Organization**

Gandhi Smaraka Grama Seva Kendram (GSGSK) based in Karadka in the Kasaragod district in Kerala is a registered organization engaged in integrated rural development activities throughout Kasaragod district. The organization was registered under the Societies Registration Act of XXI of 1860 in 1973

The main activities of GSGSK focuses on sustainable agriculture, animal husbandry, dairy development, land development, health and sanitation, rehabilitation of handicapped people, promotion of savings and credit through self help groups (SHGs) and action research.

Since 1996, GSGSK has taken the lead in sponsoring women's SHGs. There are now about 400 SHGs spread over 21 Panchayats of the district. The oldest were begun in 1996 and the youngest are still being formed.

The SHGs of GSGSK are almost entirely women's groups. The main activities of the SHGs are savings and micro credit, micro enterprises and women's empowerment. The group size varies between 10 to 20 members and each group has an elected President and Secretary. Each group meets once a week, mobilizes the weekly savings, transacts other business, and discusses various aspects of women's and family problems.

### **2. The Micro insurance Scheme**

Name of the scheme:	Swashraya Health Card Programme
Starting date:	2001
Status:	Ongoing
Ownership:	Owned by GSGSK
Organizational structure:	Integrated into the organization's programme of activities
Risk coverage:	Health care
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers selected villages in few blocks in Kasaragod district in Kerala
Target group:	Mostly workers operating in the informal sector
Potential target	More than 10.000

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### 3. Assistance to the scheme

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Initiators:	GSGSK
External funding:	Funds for conducting health-care survey
External assistance:	For advisory services and for monitoring/evaluation
N0 of people working for the scheme	One salaried staff and 14 volunteers

### 4. Membership and Beneficiaries

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Registration of members:	Individual voluntary registration - direct payment by contributor for services
Membership fee:	No
Contributors:	3.453 women and men
Beneficiaries:	3.453 women and men

### 5. Contributions and Benefits

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Waiting period:	6 months
Schedule of contributions:	Monthly
Contributions and benefit fluctuation:	Amounts of contributions have increased since the beginning of implementation of the scheme
Benefit package and contributions:	As follows in the table below:

#### Description of services:

Benefits	Contributions (yearly)	N0 of people covered (2002)
<u>Health care:</u> <ul style="list-style-type: none"><li>Covers medical expenses and costs of medicine of women SHG members (within some limitations). Members can also attend free medical camp.</li></ul>	Rs. 24 per year (Rs. 2 per month) is paid by the women SHG members	3.453 (sex disaggregated data not available)

#### Total amount of contributions collected in last year:

Year	Number of contributions	Amount in Rs.
2002	3.453	59.172

#### Total amount of benefits paid in last year:

Year	Number of benefits paid	Amount in Rs.
2002	43	20.662

### 6. Health-related information

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Co-payment:	Not applicable
Payment modality:	Direct payment by contributors
Other health related services:	Attendance to health camps
Type of health care insured:	Access to public hospitals and medicines
Privileges negotiated with health care providers:	Yes, for low cost of services
Contractual agreement with service provider:	Verbal agreement

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### ***7. Other financial information***

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

### ***8. Problems and Constraints***

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- ☐ Communications / reaching target population
- ☐ Lack of access to guarantee fund

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	No
Use of state/public sector insurance:	No
Re-insurance:	No
Reductions on contributions:	No
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	None

### ***10. Sources of information***

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- ☐ ILO/STEP questionnaire

### 13. RAIGARH AMBIKAPUR HEALTH ASSOCIATION (RAHA)

*State:* Chattisgarh

*Address :* BTI Chowk, Pathalgaon, Dist. Jashpur,

Chattisgarh, 496118

*Phone:* 07765 233384 / 07765 233609

*Fax:* 07765 233875

#### **MI scheme at a glance**

*Starting date:* 1980  
*Risk coverage* Health care

<i>Rural/urban</i>	Rural
<i>Total benef.</i>	53.598
<i>Pot. benef.</i>	100.000
<i>MF linkage</i>	No
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

#### **1. The Organization**

The Raigarh Ambikapur Health Association (RAHA) was formed in 1969 by the Catholic Church in an effort to encourage the tribal people who inhabited the remote and isolated villages in Chattisgarh to address their own health concerns. Belonging to the Oraon, Kavar, Gond and Kural tribes, these people live in a state of total isolation where very few schools and government-run primary centres exist. To reach a hospital or a school and avail of services is one of the biggest challenges for these people as they are not only very few but also very far away. The locals therefore depend on their village doctor to address immediate health needs; however, the doctor can offer little assistance against life-threatening diseases and situations. It was in this scenario that RAHA stepped in to bridge the gap.

A people's organisation, RAHA believes in working in the tribal areas with full participation of the tribals and in nurturing local leadership for ensuring sustainability of the programme.

*Operations:* RAHA's project outreach is spread over four districts in 41 blocks covering 4 million people in 2000 villages in Chattisgarh state.

*Organisational structure:* RAHA's Executive Director works with the health and development coordinators of Kunkuri, Ambikapur and Rajgarh areas, assisted by a strong team of nurses from different congregations. The grassroots level workers comprising of a cluster of village health workers, traditional birth attendants and school health guides are members of the core team.

*Objectives:* The medical insurance scheme which was set up had the following objectives:

- ☐ To subsidise the medical care of the members at primary, secondary and tertiary level;
- ☐ To encourage people's participation in health care services;
- ☐ To encourage people to be a caring community and contribute towards the medical care of their fellow beings through membership fees;
- ☐ To reduce exploitation from moneylenders;
- ☐ To make medical facilities available in the village itself.

The existing 91 rural health centres (RHC) provide both curative as well as preventive health care services to the tribal people. But given the low economic status of the people and the additional expense incurred to reach these centres, most of the tribals shied away from these centres. Under these circumstances, RAHA decided to start work on providing a community-based medical insurance scheme to subsidise the medical care given to the most needy persons.

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## ***2. The Micro insurance Scheme***

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Name of the scheme:	RAHA Health Scheme
Starting date:	1980
Status:	Ongoing
Ownership:	Owned by RAHA
Organizational structure:	Integrated into the organization's programme and activities
Risk coverage:	Health care
Registration	RAHA Reg. N0 18039 (4.4.1981)
Rural / urban:	Rural
Outreach:	Four districts in Chattisgarh State: Jashpur, Raigarh, Surguja, Korea
Target group:	Tribal, other schedule castes
Potential target	100.000

## ***3. Assistance to the scheme***

---

Initiators:	RAHA
External funding:	Through MISEREOR
External assistance:	No
N0 of people working for the scheme	Raha staff:20, 91nurses and about 2000 village voluntary workers

## ***4. Membership and Beneficiaries***

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Registration of members:	Voluntary registration
Membership fee:	Annual fee in cash or in kind equivalent to two kilos of rice / 20 Rs. per person. The scheme is open for new membership between October and January (harvest season). Students can also enrol in June – July each year.
Contributors:	Data not available
Beneficiaries:	53.598 persons

## ***5. Contributions and Benefits***

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Waiting period:	No waiting period
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	None
Benefit package and contributions:	As follows in the table below:

*Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<p><u>At the village level:</u></p> <ul style="list-style-type: none"> <li>Free treatment</li> <li>No medicines provided except herbal remedies and treatment at home</li> </ul> <p><u>As out-patient at the RHC level:</u></p> <ul style="list-style-type: none"> <li>Free consultation</li> <li>Free medicine up to Rs. 100 per year</li> <li>Patients have however to bear costs of syrup and injection</li> </ul> <p><u>As in-patients:</u></p> <ul style="list-style-type: none"> <li>Free consultation</li> <li>50 % rebate given on total bill</li> <li>A pregnant women (member), if admitted to the RHC, pays only Rs. 50 for delivery</li> </ul> <p><u>At the hospital level:</u></p> <ul style="list-style-type: none"> <li>Rebate to the extent of Rs. 1250 given on total treatment per year</li> </ul>	<p>Services provided at the primary level, supported by the yearly fee (Rs. 20, per year)</p> <p>Depending on the travelling distance to the hospital, patients' contribution towards hospital services shall be as follows:</p> <ul style="list-style-type: none"> <li>Rs. 250 for an adult for distances up to 25 Km.</li> <li>Rs. 200 for an adult for distances up to 50 Km.</li> <li>Rs. 150 for an adult for distances up to 75 Km.</li> <li>Rs. 100 for an adult for distances superior to 75 Km.</li> <li>(Rs. 50 applied to students for any distance)</li> </ul>	<p>53.598 (45 % women, 55 % men)</p>

*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

## **6. Health-related information**

Co-payment:	No
Payment modality:	Direct payment by contributors
Other health related services:	None
Type of health care insured:	Access to primary, secondary and tertiary health care
Privileges negotiated with health care providers:	Yes, for low cost of services
Contractual agreement with service provider:	Data not available

## **7. Other financial information**

Financial reserve:	Data not available
Guarantee fund:	Data not available
Bank account:	Data not available

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### ***8. Problems and Constraints***

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- ☐ Communications
- ☐ Reaching target audience

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	None
Use of state/public sector insurance:	None
Re-insurance:	None
Reductions on contributions:	None
Upgradation of services:	None
Complementarity of other insurance scheme benefits:	None
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	None

### ***10. Sources of information***

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- ☐ ILO/STEP questionnaire
- ☐ RAHA annual report 2002 – 2003
- ☐ Leaflet: RAHA Medical Insurance Scheme (2000)
- ☐ [www.wcc-coe.org](http://www.wcc-coe.org)



## 14. MAYAPUR TRUST / SRI MAYAPUR VIKAS SANGHA (SMVS)

*State:* West Bengal

*Address :* P.O. Sri Mayapur, District Nadia, West Bengal 741313

*Website:* www.mayapurtrust.org

### *MI scheme at a glance*

<i>Starting date:</i>	2003
<i>Risk coverage</i>	Health care
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	1.022
<i>Pot. benef.</i>	More than 20.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	Yes

### **1. The Organization**

The Mayapur Trust, based in the UK, attempts to demonstrate a dynamic partnership between India's traditional village-based/'spiritually oriented' culture and the world's modern/scientific advancements, especially those in the areas of medicine, appropriate technology, etc. Its primary partner organization in India is the Sri Mayapur Vikas Sangha (SMVS). All the Trust's projects at this time are implemented through this partner. The Mayapur Trust operates in areas of healthcare, education, social upliftment, poverty alleviation and other appropriate development areas in a manner that is conducive to sustainable and holistic development in the Mayapur area of West Bengal.

In co-operation with the Gram Panchayats, SMVS is floating a village health care insurance scheme to cover primary level health care provision to each village in the Mayapur region. This scheme is modelled after the successful program conducted by Sewagram in Maharashtra

SMVS's aim, through its micro insurance program, is to bring affordable quality health care within the reach of the average villager through innovative community financing and insurance methods. Community participation in financing their health needs through joint efforts enables villagers to take advantage of government health insurance programs without complicated bureaucracy and also avoids "insurance abuse".

### **2. The Micro insurance Scheme**

Name of the scheme:	Community health Care Financing project
Starting date:	2003
Status:	Ongoing
Ownership:	Owned by SMVS
Organizational structure:	Part of the regular activities of the institution
Risk coverage:	Health care
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers Mayapur area in West Bengal
Target group:	Poor rural villagers
Potential target	6.000 families

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### 3. Assistance to the scheme

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Initiators:	SMVS
External funding:	Yes
External assistance:	For preparatory studies, staff training and technical assistance
N0 of people working for the scheme	Full-time trained village health workers in each covered village

### 4. Membership and Beneficiaries

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Registration of members:	Data not available
Membership fee:	No
Contributors:	409
Beneficiaries:	1.022

### 5. Contributions and Benefits

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Waiting period:	No
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2003)</i>
<ul style="list-style-type: none"><li>Reimbursement of hospitalisation expenses up to Rs 5.000</li><li>Reimbursement for domiciliary hospitalisation (pre-hospitalisation up to 30 days – post hospitalisation up to 60 days)</li></ul>	Rs. 70 per person (up to 45 years) and Rs 100 (46-55 years) Rs 50 per dependant child	1.022

Activities under this scheme consist of the formulation and implementation of a plan for community financing of village health; tie-ups with insurance agencies; arrangements with designated nursing homes, doctors and other providers to supplement the government system; and, providing assistance to the villagers in completing paperwork and filing health insurance claims.

#### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2003	Data not available	Data not available

#### *Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2003	Data not available	Data not available

### 6. Health-related information

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Co-payment:	No
Payment modality:	Data not available

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Other health related services:	None
Type of health care insured:	Secondary level health care
Privileges negotiated with health care providers:	Data not available
Contractual agreement with service provider:	Data not available

### ***7. Other financial information***

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Financial reserve:	Data not available
Guarantee fund:	Data not available
Bank account:	Data not available

### ***8. Problems and Constraints***

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- ☐ Data not available

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	Data not available
Use of state/public sector insurance:	With the assistance of the Trust, some villagers are now opting for the various Mediclaim policies offered by national insurance companies
Re-insurance:	Data not available
Reductions on contributions:	Data not available
Upgradation of services:	Data not available
Complementarity of other insurance scheme benefits:	Data not available
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Data not available

### ***10. Sources of information***

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- ☐ Official website: [www.mayapurtrust.org](http://www.mayapurtrust.org)
- ☐ Sri Mayapur Vikas Sangha –Annual report – 2003

## 15. APOLLO HOSPITALS

*State:* Andhra Pradesh

*Website:* [www.apollohospitals.com](http://www.apollohospitals.com)

### *MI scheme at a glance*

<i>Starting date:</i>	<i>Data not available</i>
<i>Risk coverage</i>	<i>Health care, accident expenses</i>
<i>Rural/urban</i>	<i>Rural / urban</i>
<i>Total benef.</i>	<i>Data not available</i>
<i>Pot. benef.</i>	<i>Data not available</i>
<i>MF linkage</i>	<i>No</i>
<i>Comm.Ins.Co</i>	<i>Yes</i>
<i>Public Ins.Co</i>	<i>No</i>

### **1. The Organization**

The Apollo Hospitals Group is a *for-profit* health group that has over 22 centers in major metropolises in India with a combined turnover of over US \$ 100 million. It is now diversifying its clientele base and is looking towards providing affordable health insurance for the weaker sections of society.

APOLLO Hospitals and ICICI Lombard General Insurance - the private sector general insurance company - have announced a health insurance scheme called “Raksha” that aims at making world-class emergency care accessible to the common man. This product is being initially launched in Hyderabad and over a period of time, will be carried to other cities in the country. Raksha is an accidental benefit card, which is available to the customer at a minimal cost. A customer has the option of buying a maximum of two cards for oneself, thus covering oneself for a higher sum.

Initially this facility is extended at any of the Apollo Hospitals at Jubilee Hills, Hyderguda, Secunderabad, Kanchan-bagh, Mehdiapatnam, Malakpet and Kukatpally – all in Andhra Pradesh - but in the due course of time, the scheme will be extended at other hospitals that become part of the National Network of Emergency Services. Raksha is the first and so far only insurance card that primarily provides help during the most critical moments following an accident; it is also the cheapest available commercial health insurance card in the country. A network of fully equipped ambulances called “Hospital on Wheels” and 8 emergency rooms located in different parts of Hyderabad city, all responding to the National Emergency Telephone Number – 1066 - is coupled with the Raksha scheme.

The Apollo Hospitals Group has also initiated a rural healthcare project in Aragonda, a small village in the Thavanampalle mandal, Chittoor District, Andhra Pradesh. The Aragonda Apollo Hospital is a 50-bed hospital offering primary and secondary care. The hospital has also introduced a health insurance programme for all the villagers.

### **2. The Micro insurance Scheme**

Name of the scheme:	Raksha Scheme and Rural Health Insurance in Aragonda
Starting date:	Data not available
Status:	Ongoing
Ownership:	Owned by Apollo Hospitals
Organizational structure:	Part of the regular ongoing activities of the institution
Risk coverage:	Health care, accident expenses
Registration	Not registered separately
Rural / urban:	Both rural and urban

Outreach:	24 villages in Chittoor District, cities of Hyderabad and Secunderabad in Andhra Pradesh
Target group:	People belonging to the poorest sections of the population
Potential target	Data not available

### ***3. Assistance to the scheme***

Initiators:	Apollo Hospitals
External funding:	Data not available
External assistance:	No
N0 of people working for the scheme	Data not available

### ***4. Membership and Beneficiaries***

Registration of members:	Data not available
Membership fee:	No
Contributors:	Data not available
Beneficiaries:	Data not available

### ***5. Contributions and Benefits***

Waiting period:	None
Schedule of contributions:	Under the rural health scheme based in Aragonda and covering 24 villages, villagers contribute Re. 1- per day
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><b>Raksha Scheme:</b></u> <ul style="list-style-type: none"> <li>Free treatment for accidents which require in-patient care to a maximum of Rs. 15.000 (under one card) and up to Rs. 30.000 for two cards – coverage for a wide range of accidental injuries: traffic accidents, domestic and industrial accidents, snake bites, dog bites, drowning, electric shocks...</li> </ul>	Rs. 25 per card – a customer has the option of buying a maximum of two cards for oneself	Data not available
<ul style="list-style-type: none"> <li>Emergency services revolve around providing immediate access to quality medical care during the golden hour or the initial few moments after an accident.</li> </ul>		
<u><b>Aragonda Rural Healthcare Insurance:</b></u> <ul style="list-style-type: none"> <li>Full coverage of hospital expenses at the Aragonda Hospital for the individual and three dependants</li> </ul>	Rs. 365 per family (Re. 1 per day)	98 % of villagers in 24 villages covered

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*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

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## **6. Health-related information**

Co-payment:	No
Payment modality:	Direct payment by individuals under the Raksha scheme and direct contribution by individuals under the Aragonda scheme
Other health related services:	The telemedicine facility at the Aragonda Apollo Hospital enables the villagers to have access to super specialists at Apollo Hospitals in Chennai and Hyderabad, for second opinion and for diagnosis in complicated cases.
Type of health care insured:	Primary and secondary health care
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

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## **7. Other financial information**

Financial reserve:	Data not available
Guarantee fund:	Data not available
Bank account:	Data not available

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## **8. Problems and Constraints**

- ☐ Data not available

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## **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	Raksha scheme implemented in collaboration with ICICI Lombard General Insurance
Use of state/public sector insurance:	No
Re-insurance:	No
Reductions on contributions:	Data not available
Upgradation of services:	Data not available
Complementarity of other insurance scheme benefits:	Data not available
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Data not available

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## **10. Sources of information**

- ☐ Official website: [www.apollohospitals.com](http://www.apollohospitals.com)

## 16. KATSURBA HOSPITAL

*State:* Maharashtra

*Address:* Sewagram – 442102, District Wardha,  
Maharashtra

### *MI scheme at a glance*

<i>Starting date:</i>	1978
<i>Risk coverage</i>	Health care
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	14,390
<i>Pot. benef.</i>	Data not available
<i>MF linkage</i>	No
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

### **1. The Organization**

Established in 1972, the Kasturba hospital at Sewagram in the Wardha district of Maharashtra is a 501 bedded voluntary hospital attached to a medical college. A private trust - Kasturba Health Society - runs the hospital and the college. The trust shares 25% of the total expenditure while 75% of the expenditure comes from the state and central government.

The health insurance scheme is carried out by the hospital to provide health insurance and the provision of health-care facilities for the rural population in the Wardha district of Maharashtra. The hospital provides both indoor and door step medical care to the villages in the vicinity. A village is adopted only if 75% or more people from the village agree upon having such a system in the village. Moreover, each village should have women's self-help groups, participate in the sanitation programme initiated by a Foundation, set up khadi spinning work and be involved in organic farming.

The contributions to the scheme are made in kind in the form of grain such as *Jowar-Sorgam* at the harvest time. This is because payment in this form is easier for the villagers. The grain collected forms the village fund, which is utilized to support the health program. The grain is collected as per the capacity to pay principle

The collection is made by Village Health Workers (VHW) at a prescribed site and on a predetermined day. Those who fail to enrol themselves on the stipulated day are not eligible to avail of health insurance facilities for that year. Community health workers are the main providers of preventive and symptomatic drug treatment. They work with the help of the visiting health team members. They also make the referrals to the hospital. The doctor in charge has the role of supervision, coordination of village meetings and education.

The Gram Sabha meets every year before the *Jowar* collection. The doctor in charge, the social worker, etc. also attends the meeting. The villagers discuss among themselves, the performance of the health services and what is required to be done. The villagers have become aware of the services they get since they pay for it. Since the health team has gained credibility over the years, their advice is often sought by the villagers in other related issues, such as irrigation, dairy development, etc. The insurance scheme at Sewagram is based on the principle of capacity to pay and has proved to be extremely successful. It is people oriented and has provided an alternative mechanism of health financing.

In case of drop in the membership, the project people review the situation and take corrective action. Some times, due to the political differences within the village the membership drops. But such incidences only help in making the people understand the importance of scheme

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## 2. The Micro insurance Scheme

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Name of the scheme:	Jowar Arogya Yojna (Sorghum Health Scheme)
Starting date:	1978
Status:	Ongoing
Ownership:	Owned by Kasturba Health Society
Organizational structure:	Part of the regular ongoing activities of the hospital
Risk coverage:	Health care
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers villages in the Wardha District of Maharashtra
Target group:	People belonging to the poorest segments of the population
Potential target	Data not available

## 3. Assistance to the scheme

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Initiators:	Kasturba Health Society
External funding:	Yes
External assistance:	Data not available
N0 of people working for the scheme	Data not available

## 4. Membership and Beneficiaries

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Registration of members:	Data not available
Membership fee:	No
Contributors:	14,390
Beneficiaries:	14,390

## 5. Contributions and Benefits

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Waiting period:	Data not available
Schedule of contributions:	Yearly – under the health scheme, payment by the villagers is made in kind in the form of grain
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

### Description of services:

Benefits	Contributions (yearly)	N0 of people covered (2002)
<ul style="list-style-type: none"><li>Generally covers the cost of drugs for the village and transportation costs of the mobile health team and honorarium of the VHW. The fund also serves to act as a form of premium for health insurance and the subscribers' entitlement include free primary health care and subsidized referral care. Whatever balance remains get converted into a village fund to be used for village development activities.</li></ul>	<p>The lowest income group (landless labourers) pay 12 <i>payalis</i> measures of sorghum per family per year.</p> <p>The landowners contribute an additional 2 <i>payalis</i> per acre of land holding</p>	As of mid-2002, around 14,390 villagers from 12 villages have enrolled in the scheme (sex disaggregated data not available)



<ul style="list-style-type: none"> <li>The Katsurba Hospital offers free indoor treatment for unexpected illness to a person who is part of the scheme. For the expected health related episodes, 75 % subsidy is provided for anticipated episodes like normal pregnancy, cataract, hernia, etc. Outpatient health services are made available at 50 % subsidized charges. Non-members can also avail of medical services provided, but at the full hospital charges.</li> </ul>		
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*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

## **6. Health-related information**

Co-payment:	No
Payment modality:	Direct contribution by individuals
Other health related services:	None
Type of health care insured:	Primary and secondary health care
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

## **7. Other financial information**

Financial reserve:	Data not available
Guarantee fund:	Data not available
Bank account:	Yes.

## **8. Problems and Constraints**

- ☐ Drop in membership
- ☐ Political differences in villages

## **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	No
Use of state/public sector insurance:	No
Re-insurance:	No
Reductions on contributions:	Data not available
Upgradation of services:	Data not available

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Complementarity of other insurance Data not available  
scheme benefits:

Legislation requesting participation of Data not available  
private/public insurance schemes with  
schemes for rural/poor people:

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#### ***10. Sources of information***

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- ❑ Paper by Dr R.K.A Subrahmanya, Social Security Association of India, Bangalore, 2002
- ❑ “*Financing for Primary Health Care: Sewagram (India), Experiences from the Voluntary Sector*”,  
by Jajoo U.M.-, MFC Bulletin 177 – 178, Nov / Dec 1991

## 17. VOLUNTARY HEALTH SERVICES (VHS)

*State:* Tamil Nadu

*Address:* Adyar – Chennai 600113 Tamil Nadu

*Phone:* 91 (0)44 – 2254 1965, 2254 1048, 2254 2971 / 72 / 73 / 74

*Fax:* 91(0)44 – 2254 2018

*Mail:* vhsnsm@hotmail.com

### *MI scheme at a glance*

<i>Starting date:</i>	1961
<i>Risk coverage</i>	Health care
<i>Rural/urban</i>	Rural / urban
<i>Total benef.</i>	124.715
<i>Pot. benef.</i>	Data not available
<i>MF linkage</i>	No
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

### ***1. The Organization***

An innovative approach to primary health care services was devised by Dr. K.S.Sanjivi in the Chengalpattu –MGR district of Tamil Nadu. The concept governing health care was one of voluntary health services which laid emphasis on the principles of preventive care rather than curative care, that the family as a unit for medical care and community participation. In pursuit of these objectives, Dr K.S.Sanjivi founded a non-profit society known as Voluntary Health Services and it was registered in July 1958. Dr Sanjivi evolved a health plan for the residents of South Madras (now called Chennai) and set up a comprehensive sophisticated referral hospital. The nodal point of the delivery of health care was the mini health care (MHC) centre.

VHS is now a 400-plus bedded medical centre that provides almost all specialized services. Both the Government of India and the Tamil Nadu State Government provide financial support to VHS. The hospital has various departments for almost all the major disciplines in medicine and surgery, including laboratory, X-ray and other allied facilities for diagnostic data. An acute care centre, with adequate specialists and equipment, is available. Physiotherapy facilities, 24-hour ambulance and mortuary van services are also available. VHS has a maternity-cum-family welfare centre and a de-addiction centre to treat alcoholics and drug addicts.

Activities include:

*Community Health Programs* - Fourteen mini health centers (MHCs), each covering a population of 5000, function under VHS to deliver health care to the door step of the rural community adjoining Chennai city.

*Medical Aid Plan* - Members are enrolled under various income groups, on a nominal subscription fee, for treatment. 25% of concession is given for all services excluding diet and drugs.

*Training Programs* – VHS provides a Diploma in the National Board of Examination for medical graduates in programs related to General Medicine, General Surgery, Neuro Surgery and Family Medicine. Also offers 3 Post Graduate Diploma Courses of one-year duration, for non-medical graduates in Medical Laboratory Technology, Nutrition & Dietetics, and Health and Hospital Administration

The key to the VHS approach to micro insurance was the involvement of the community in planning, executing and financing of the MHC. The communities generated awareness about the MHC and encouraged enrolment of people as subscribers to the scheme and also participated in decisions about the provision of physical infrastructure of the MHC. The concept of prepayment was also introduced into the health care system. Each family registering in the VHS had to pay an annual subscription based on income.

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## ***2. The Micro insurance Scheme***

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Name of the scheme:	Medical Aid Plan
Starting date:	1961
Status:	Ongoing
Ownership:	Owned by the organization
Organizational structure:	Part of the regular ongoing activities of the organization
Risk coverage:	Health care
Registration	Not registered separately
Rural / urban:	Both rural and urban
Outreach:	Covers 14 villages and selected wards in Chennai city in Tamil Nadu
Target group:	Poor rural villagers and urban dwellers
Potential target	Data not available

## ***3. Assistance to the scheme***

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Initiators:	VHS
External funding:	Yes, for purchase of equipment
External assistance:	No
N0 of people working for the scheme	Data not available

## ***4. Membership and Beneficiaries***

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Registration of members:	Individual and group voluntary registration
Membership fee:	Yes
Contributors:	Data not available
Beneficiaries:	124.715 (1995)

## ***5. Contributions and Benefits***

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Waiting period:	Data not available
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<ul style="list-style-type: none"><li>Entitles the family to free annual health check-ups. Prides coverage not only for sickness but also a wide range of health activities – maintenance of family records, mother and child care, immunizations, nutrition family welfare, control of communicable diseases especially leprosy, tuberculosis, malaria, filarial and water borne diseases.</li></ul>	<p>Ranges according to different income groups from Rs. 12 to Rs. 300. All hospitalized patients have to pay Rs. 10 regardless of income group.</p> <p>Non-subscribers have to pay at different rates</p>	<p>124.715 in 1995 (sex disaggregated data not available)</p>

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*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

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#### **6. Health-related information**

Co-payment:	None
Payment modality:	Direct payment by contributors
Other health related services:	None
Type of health care insured:	Primary, secondary and tertiary health care
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

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#### **7. Other financial information**

Financial reserve:	Data not available
Guarantee fund:	Data not available
Bank account:	Data not available

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#### **8. Problems and Constraints**

- ☐ Data not available

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	None
Use of state/public sector insurance:	None
Re-insurance:	None
Reductions on contributions:	Not applicable
Upgradation of services:	Not applicable
Complementarity of other insurance scheme benefits:	Not applicable
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	No

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#### **10. Sources of information**

- ☐ ILO/STEP questionnaire
- ☐ Paper by Dr R.K.A Subrahmanya, Social Security Association of India, Bangalore, 2002
- ☐ “Socio Economic Security in the context of Pervasive Poverty: A case study of India” by K. Seeta Prabhu, SES papers, ILO.

## 18. MATHADI HOSPITAL TRUST

*State:* Maharashtra

*1.1.1.1.12 Address:* Mumbai City

### *MI scheme at a glance*

<i>Starting date:</i>	1982
<i>Risk coverage</i>	Health care
<i>Rural/urban</i>	Urban
<i>Total benef.</i>	110.000
<i>Pot. benef.</i>	Data not available
<i>MF linkage</i>	No
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

### ***1. The Organization***

Mathadis are workers who carry heavy loads on their head, back, and neck. With the help of a strong labor movement and after long deliberations with the government, the Maharashtra Mathadi, Hamal and other Manual Workers (Regulation of Employment and Welfare) Act was finally passed in 1969. As a result of this Act, the mathadi labour market is now regulated by the Mathadi Tripartite Boards.

There are now about 50,000 employers and 150,000 workers registered under 30 different boards all over Maharashtra. The role of the boards, in addition to negotiating between employers and the unions, getting employers and workers registered and distributing wages and implementing welfare schemes, is also to provide health care for the workers.

Since the ESIS was not applicable to this labour market - as the workers were still paid on a piece rate and did not receive salaries - the Grocery Markets and Shops Labour Board and the Goods Transport Labour Board decided to start up their own medical facilities in 1976. The initial part-time dispensary was converted into a full-time dispensary in 1978 and into a polyclinic in 1979. In 1982, the health facilities were registered as a Charitable Trust gradually taking up new boards.

Today, 6 out of 10 boards in Mumbai with 36,600 workers form the Mathadi Hospital Trust. The trust operates 12 dispensaries all over Mumbai and Navi Mumbai (New Bombay). Furthermore, the trust established two hospitals. The first hospital was set up in Mumbai and is at present under reconstruction, functioning only as an outpatient department (OPD). In the near future, ten beds are planned. Another hospital in Navi Mumbai was necessary as most of the companies and employers moved there. Today, Navi Mumbai is the main hospital with 82 beds.

### ***2. The Micro insurance Scheme***

Name of the scheme:	Mathadi Hospital Scheme
Starting date:	1982
Status:	Ongoing
Ownership:	Owned by the Trust
Organizational structure:	Part of the regular ongoing activities of the organization
Risk coverage:	Health care
Registration	Not registered separately
Rural / urban:	Urban

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Outreach:	Covers selected ward in Mumbai and New Mumbai cities in Maharashtra
Target group:	Poor head load workers
Potential target	Data not available

### ***3. Assistance to the scheme***

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Initiators:	Mathadi Hospital Trust
External funding:	None
External assistance:	None
N0 of people working for the scheme	200 full-time staff

### ***4. Membership and Beneficiaries***

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Registration of members:	Individual compulsory registration
Membership fee:	No
Contributors:	36.600 (1999)
Beneficiaries:	110.000 (1999)

Any worker registered with the boards, whether employed or unemployed, is entitled to the benefits. In addition, the spouse, sons up to the age of 18, and daughters until they get married as well as dependant parents (i.e. unemployed, retired) are covered.

### ***5. Contributions and Benefits***

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Waiting period:	Data not available
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

*Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<ul style="list-style-type: none"> <li>Entitles the family to all the medical services offered by the dispensaries and the hospitals. Essential drugs are free of charge. Referral services provided in case of specialized treatment..</li> </ul>	Rs. 20 per family – Exemption applies in case the worker is unemployed.	110.000 in 1999 (sex disaggregated data not available)

Hospitals have prepared an identity card with the photograph of each worker and his wife. The remaining beneficiaries are listed on the card. The ID cards have initiated a system of social control and facilitate frequent interaction that avoids fraud and abuse of the facilities. Possible moral hazard is tackled through education and awareness building among the beneficiaries and through the gate-keeping function of the dispensaries.

Apart from the premium charged on the workers, the hospital has one other source of fixed monetary income, namely through the employers' contributions. Each employer pas an additional levy to finance the welfare activities on the labour board. Depending upon the board, this levy ranges between 20 and 50 % of the wages disbursed to the workers. 2 % of the levy is used for medical allowance by the Hospital Trust. The employers' contribution forms the largest and more important share of the financial revenue.

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*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

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#### **6. Health-related information**

Co-payment:	No
Payment modality:	Direct payment by contributors
Other health related services:	No
Type of health care insured:	Primary, secondary and tertiary health care
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

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#### **7. Other financial information**

Financial reserve:	Data not available
Guarantee fund:	Data not available
Bank account:	Data not available

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#### **8. Problems and Constraints**

- ☐ Data not available

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	None
Use of state/public sector insurance:	None
Re-insurance:	None
Reductions on contributions:	Not applicable
Upgradation of services:	Not applicable
Complementarity of other insurance scheme benefits:	Not applicable
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	No

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#### **10. Sources of information**

- ☐ “Non-profit Insurance Schemes for the Unorganized sector in India”, by Patrick Krause, Social Policy Working Papers, N0 22 e, GTZ.



## 19. STUDENTS HEALTH HOME (SHH)

*State:* West Bengal  
*Address:* 144/2, A.J.C Bose Road  
Kolkata, 700 014  
West Bengal  
*Phone:* 91(0)2244 2866 / 2444 8738  
*Fax:* 91(0)2246 7120  
*E.mail:* [shh\\_cp@vsnl.net](mailto:shh_cp@vsnl.net)

### *MI scheme at a glance*

<i>Starting date:</i>	1952
<i>Risk coverage</i>	Health care
<i>Rural/urban</i>	Rural / urban
<i>Total benef.</i>	1.587.890
<i>Pot. benef.</i>	5.600.000
<i>MF linkage</i>	No
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

### **1. The Organization**

The Student Health Home - a non-profit organization – is based on the philanthropic goals of a few socially concerned doctors. It has grown from humble origins in the 1940's and 50's into a larger institution, housed in a six-storied building in Calcutta with its own dry store and 15 clinics run by 40 doctors as well as 28 regional centres.

Its main objects are: I) to render medical aid to the students, ii) to impart to the students modern knowledge about the preventive and social aspects of medicines, and iii) to establish clinics or hospitals or both for rendering medical aid to the students.

The initiators of the Home saw it as a multi faceted institution which would not only render medical aid to students, but also impart to them modern knowledge about the preventive and social aspects of medicine and develop in them the idea of civic and social responsibilities towards themselves as well as the larger community. In addition, the Home would make arrangements with educational authorities to ensure that sick and convalescent students could continue with their academics and appear for examinations. Medical, clinical and other diagnostic assistance would also be provided to the members of the general public for a fee.

The health education, illness prevention and other related activities of the Home generated considerable publicity, which led members of the public to voluntarily contribute their time, energy and effort to its development. Despite its name, the Home was never a charitable institution; members received medical benefits by paying for it. They also had the right to select members of the governing body of the Home. No government funds were solicited for the Home, which received support from other sources, including student organizations within the state as well as abroad. The State Government offered financial assistance only several years after it began functioning.

The management of the organisation is the Working Committee and 80 % members of the Committee are the student members.

### **2. The Micro insurance Scheme**

Name of the scheme:	Students Health Home
Starting date:	Data not available
Status:	Ongoing
Ownership:	Owned by the community based organization

Organizational structure:	Part of the regular ongoing activities of the organization
Risk coverage:	Primary health care, accidents and hospitalisation, all medical facilities
Registration	Not registered separately
Rural / urban:	Both rural and urban
Outreach:	Covers all districts and wards in West Bengal
Target group:	Poor students including a high proportion of students belonged to scheduled castes
Potential target	Data not available

### ***3. Assistance to the scheme***

Initiators:	Students Health Home
External funding:	From students organizations in India and abroad as well as from the West Bengal State Government – equipment and benefit grants
External assistance:	No
N0 of people working for the scheme	267 honorarium holders and 1.165 volunteers

### ***4. Membership and Beneficiaries***

Registration of members:	Group and Individual voluntary registration
Membership fee:	The Home collects funds to pool risks and redistributes them to affected members
Contributors:	Data not available
Beneficiaries:	1.587.890

### ***5. Contributions and Benefits***

Waiting period:	No
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Main payments made through educational institutions, contributions and benefits have increased
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2003)</i>
<ul style="list-style-type: none"> <li>Various medical services – out-door consultation, hospitalisation, operation, X-ray, pathological tests and/or obtain medicines, spectacles etc, free of cost or at a concessional rate. Also makes arrangements to ensure that sick and convalescent students can continue with their academics and appear for examination.</li> </ul>	Rs. 10 each patient as a user fee in addition to an annual premium of Rs.12 – one Re. a month.	1.587.890 (sex disaggregated data not available)

#### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2003	Data not available	7.842.454

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*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2003	Data not available	8.367.841

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#### ***6. Health-related information***

Co-payment:	Yes, Rs. 2 a day
Payment modality:	Direct payment by contributors, reimbursement in case of use of other health facilities
Other health related services:	Services provided covered the treatment of HIV/AIDS
Type of health care insured:	Primary, secondary and tertiary health care through organisation's hospital in Kolkata (70 beds) and other private not for profit clinics (54)
Privileges negotiated with health care providers:	Quality of services offered
Contractual agreement with service provider:	No

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#### ***7. Other financial information***

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

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#### ***8. Problems and Constraints***

- ☐ Contribution defaults
- ☐ Financing deficit

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#### ***9. Linkages with National/State/Private organizations***

Use of commercial insurance:	None
Use of state/public sector insurance:	None
Re-insurance:	None
Reductions on contributions:	No
Upgradation of services:	Not applicable
Complementarity of other insurance scheme benefits:	Not applicable
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Data not available

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#### ***10. Sources of information***

- ☐ ILO/STEP questionnaire
- ☐ Paper by Dr R.K.A Subrahmanya, Social Security Association of India, Bangalore, 2002

## 20. TRIBHUVANDAS FOUNDATION / AMUL DIARY COOPERATIVE (TF)

*State:* Gujarat

*Address:* Rajodipura  
Near Chikhodra Railway Crossing  
Anand – 388 001  
1.1.1.1.13 Gujarat

*Phone:* 91(0) 2692 51166 / 2692 51266

*Fax:* 91(0) 2692 40394

### *MI scheme at a glance*

<i>Starting date:</i>	2001
<i>Risk coverage</i>	Health care
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	100,000 families
<i>Pot. benef.</i>	Data not available
<i>MF linkage</i>	No
<i>Comm. Ins. Co</i>	No
<i>Public Ins. Co</i>	No

### 1. The Organization

Tribhuvandas Patel, the founder chairman of the Amul Dairy Cooperative in Anand, Gujarat, established the Tribhuvandas Foundation (TF) in 1975. In 1980, the Foundation initiated activities with the aim of providing mother and child-care for the rural population in Kheda District (today, Kheda is divided into Kheda and Anand districts). The Foundation now has four main objectives: i) maternal and child health care; ii) family viability; iii) day care centre; and iv) environmental sanitation.

Through its link with Amul, TF organized its activities with the help of the Dairy Cooperative Societies (DCS) in the villages of Kheda and Anand districts. Out of 900 villages, 638 are covered by TF. While the headquarters are in Anand, four sub centres are located in Kapadvanj, Balasinor, Kheda and Tarapur.

Membership is not confined solely to milk producers. TF makes primary health care available for the whole community. In each village one part-time female village health worker is employed. One female field worker is employed for 8-10 villages. She is expected to visit each village once every fortnight for monitoring and supervision work. In turn, for every 5-7 field-workers there is a female group leader who supervises their work. Each of the four sub-centers and the headquarters in Anand can provide OPD services through their links with the Shri Krishna Hospital in Karamsad, which is registered as a trust. Specialists in medicine, TB, gynecology/obstetrics and pediatrics from this hospital visit the sub-centres and the headquarters regularly to provide specialist services. Patients requiring hospitalization are referred to the Shri Krishna Hospital.

The health care programme is managed autonomously by the Foundation. In the villages, annual meetings are conducted during which the villagers can assess the performance of the services delivered. Finally, the quality of the Shri Krishna Hospital tertiary services is also being reviewed on a periodical basis.

Initially, the organization confined itself to mother and child-care only. Gradually, over the years, they have expanded their activities not only to include other health care services but also services that cater for the broader needs of the target population. Day care centres were established in order to allow women to pursue their daily activities. In addition, income-generating activities were also taken up such as patchwork, this included both the marketing and selling of the products. TF has started to produce Safe Delivery Kits on a large scale.

For the significant number of home deliveries in the villages, the organization is preparing pre-sterilized disposable delivery kits to reduce the risks for the mothers. This device has proved to be so important in the rural areas that TF receives numerous orders for Safe Delivery Kits – in 1998, there were requests

from the state governments of Gujarat, Maharashtra and Jammu & Kashmir for these kits.

## ***2. The Micro insurance Scheme***

Name of the scheme:	Sardar Patel Arogya Mandal (SPAM)
Starting date:	2001
Status:	Ongoing
Ownership:	Owned by the Foundation
Organizational structure:	Part of the regular ongoing activities of the Foundation
Risk coverage:	Health care
Registration:	Not registered separately
Rural / urban:	Rural
Outreach:	Selected districts – Kheda and Anand, in Gujarat
Target group:	Rural dairy farmers
Potential target	Data not available

## ***3. Assistance to the scheme***

Initiators:	TF
External funding:	Data not available
External assistance:	TF receives management training and other capacity building inputs from the National Dairy Development Board (NDDB) and the Institute for Rural Management Anand (IRMA)
N0 of people working for the scheme	Data not available

## ***4. Membership and Beneficiaries***

Registration of members:	Individual voluntary registration – those who are members of the DCS and TF can enrol in SPAM
Membership fee:	Yes
Contributors:	Data not available
Beneficiaries:	More than 100.000 families from 645 dairy cooperatives

## ***5. Contributions and Benefits***

Waiting period:	None, though membership may not be claimed by paying premium at the time of illness
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
• Covers member and his family for all hospitalization expenses (excluding medicine, OPD costs, transport, some specified illnesses and other indirect costs).	Rs. 26 in July each year. Members must also deposit a minimum of 300 litres of milk per year.	Covers more than 100.000 families (sex disaggregated data not available)

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*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	2.700.000

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	1,25 crores or 2 million US \$ on hospitalization

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#### **6. Health-related information**

Co-payment: No  
Payment modality: Direct payment by contributors  
Other health related services: None  
Type of health care insured: Inpatient care only  
Privileges negotiated with health care providers: None  
Contractual agreement with service provider: None

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#### **7. Other financial information**

Financial reserve: None  
Guarantee fund: Data not available  
Bank account: Data not available

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#### **8. Problems and Constraints**

- ☐ Amount collected through contributions falls short to cover hospitalization costs

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance: None  
Use of state/public sector insurance: None  
Re-insurance: None  
Reductions on contributions: No  
Upgradation of services: No  
Complementarity of other insurance scheme benefits: No  
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people: Data not available

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#### **10. Sources of information**

- ☐ “Non-profit Insurance Schemes for the Unorganized Sector in India”, by Patrick Krause, Social Policy Working Papers, N0 22 e, GTZ.

## 21. HEALTH PROGRAMME OF AGA KHAN HEALTH SERVICES (AKHS)

*State:* Gujarat  
*Address:* Meloj and Methan Cooperatives  
Sidhpur  
Patan District  
Gujarat

### *MI scheme at a glance*

<i>Starting date:</i>	1995
<i>Risk coverage</i>	Health care
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	3.000 families
<i>Pot. benef.</i>	Data not available
<i>MF linkage</i>	No
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

### 1. The Organization

Health services in the Sidhpur and Junagadh area in the Patan district of Gujarat were primarily inadequate and of poor quality. A full-fledged hospital with diagnostic, curative and maternal care facilities in Sidhpur town, and primary health care facilities at the village level, were the immediate needs of the people. It was in such a scenario that the Meloj and Methan dairy cooperatives with partnership with the Agha Khan Health Services (AKHS) initiated a health insurance scheme for the members of the cooperatives.

Covering all communities in 26 villages in this area, the AKHS project aims to establish a financially and organizationally sustainable health system capable of effectively addressing the priority health needs of people living in these communities

In the Sidhpur area, there are 11 health centres, which, on an average, cater to around 4-5 villages. With fully equipped personnel and all facilities, Sidhpur town now also has a diagnostic centre that provides various testing services. Facilities are provided at user charges that are highly subsidized.

There are two schemes under the AKHS project. Under the first scheme which is called the “*Cooperative Health Financing*”, AKHS has entered into an agreement with dairy producers in *Meloj and Methan villages* (who are share-holders in the cooperatives) wherein a stipulated amount is deducted from the net profits. Net profits are distributed to the shareholders in proportion to the quantity of milk given by them – therefore, the contribution by each shareholder will be proportionate to their income.

Under the second scheme, called the “*Community Health Fund*”, people (villagers) of the 26 villages who are not members of the dairy cooperatives are eligible to avail of services

### 2. The Micro insurance Scheme

Name of the scheme:	Cooperative Health Financing and Community Health Fund
Starting date:	1995
Status:	Ongoing
Ownership:	The Community Health Fund is undertaken by AKHS in collaboration with the communities and the Cooperative Health Financing in undertaken in collaboration with the Meloj and Methan cooperatives
Organizational structure:	Part of the regular ongoing activities of AKHS
Risk coverage:	Health care

Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Selected districts – Patan district of Gujarat
Target group:	Rural dairy farmers and village communities
Potential target	Data not available

### ***3. Assistance to the scheme***

Initiators:	AKHS
External funding:	From donors like USAID
External assistance:	Data not available
N0 of people working for the scheme	Data not available

### ***4. Membership and Beneficiaries***

Registration of members:	Compulsory registration for members of cooperatives under the Cooperative Health Financing and voluntary registration under the Community Health Fund
Membership fee:	Yes
Contributors:	Data not available
Beneficiaries:	Covers more than 1.127 families from the Meloj and Methan dairy cooperatives under the Cooperative Health Financing and more than 1.837 families under the Community Health Fund

### ***5. Contributions and Benefits***

Waiting period:	Data not available
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Contributions under the Community Health Fund have gone down
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Cooperative Health Financing:</i></u> <ul style="list-style-type: none"> <li>Benefits include waiver in registration and medical examination fees, free outpatient consultation, immunization and discounted drugs and 20 % discount on diagnostic services as well as a 10 % discount on delivery (irrespective of whether the delivery is in the house or in the health centre). People over 35 years of age receive free medical check-up and women get breast cancer screening free.</li> </ul>	Stipulated amount is deducted from the net profits – net profits are distributed to the shareholders in proportion of the quantity of milk given by them – therefore, the contributions by each shareholder will be proportionate to their income.	1.127 families (550 under Meloj and 720 under Methan) (sex disaggregated data not available)
<u><i>Community Health Fund:</i></u> <ul style="list-style-type: none"> <li>Same benefits as above</li> </ul>	Rs. 200 per family per year	1.837 families (sex disaggregated data not available)



*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	1,127 families under the Cooperative Health Financing scheme and 1,837 families under the Community Health Fund	Rs.30,000 from Meloj Cooperative and Rs. 15,000 from Methan cooperative  Data not available on contributions received under the Community Health Fund

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

## **6. Health-related information**

Co-payment: No  
 Payment modality: Direct payment through cooperatives  
 Other health related services: None  
 Type of health care insured: Outpatient care  
 Privileges negotiated with health care providers: No  
 Contractual agreement with service provider: No

## **7. Other financial information**

Financial reserve: None  
 Guarantee fund: Data not available  
 Bank account: Data not available

## **8. Problems and Constraints**

- ☐ Amount collected through contributions falls short to cover costs

## **9. Linkages with National/State/Private organizations**

Use of commercial insurance: None  
 Use of state/public sector insurance: None  
 Re-insurance: None  
 Reductions on contributions: Not applicable  
 Upgradation of services: Not applicable  
 Complementarity of other insurance scheme benefits: Not applicable  
 Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people: Data not available

## **10. Sources of information**

- ☐ "Non-profit Insurance Schemes for the Unorganized Sector in India", by Patrick Krause, Social Policy Working Papers, N0 22 e, GTZ.

## 22. MALLUR HEALTH COOPERATIVE

*State:* Karnataka  
*Address:* C/O Gram Bhivuruddhi Sangha  
Mallur  
Karnataka

### *MI scheme at a glance*

<i>Starting date:</i>	1973
<i>Risk coverage</i>	Health care
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	20.000
<i>Pot. benef.</i>	Data not available
<i>MF linkage</i>	No
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

### ***1. The Organization***

In Mallur, a rural village in Karnataka state, a local health cooperative provides health care to a population of more than 7,000 people. However, the health centre serves a catchment area of around 20,000 drawn from six surrounding villages. Health activities were started by the dairy cooperative, and they were financed initially from an earmarked tax on each liter of milk produced. At present, health activities are planned and managed by a separate committee.

The Mallur health project was established in 1973 by the local dairy cooperative. At the start of the health project, the dairy cooperative approached the community medicine department of St. Johns Medical College for technical support. This support continues today. A faculty member from the college sits on the management committee. Almost all the support provided by the college has been in-kind, mostly in the form of clinical inputs. The project site has been used by the medical college for training students. All newly qualified doctors are required to fulfill a three-year bond of rural service. Since Mallur is one of the designated rural sites, the project is able to hire doctors at below the market rate.

Health services were initially provided from a rented building in the village. Costs were shared on a declining basis between the Bangalore dairy (which purchased the milk from the Mallur cooperative) and individual milk vendors (members of the Mallur cooperative). In the fourth year, the Mallur dairy cooperative withdrew from the Bangalore dairy, choosing instead to sell milk at a higher price to the private sector. Around this time, the method of financing health activities also changed. Instead of an earmarked tax on milk sales of individual cooperative members, health services were funded from overall profits generated from milk sales. Approximately five percent of profits were given to the health cooperative. Over the years a considerable surplus was accumulated in this way. In addition to health services, the dairy cooperative began to fund and provide other social services, such as primary education and mahila mandals (women's groups). The dairy cooperative also helped establish sericulture as an additional income-generating activity.

In 1985, separate committees were established to manage individual economic and social activities, namely for health, education and sericulture. A parent body called Gram Bhivuruddhi Sangha was formed to oversee the individual projects. This is a registered non-profit body with the status of society. The society gave the health committee funds to build its own health centre on land donated by the government. Seed capital was also provided to start a revolving drug fund. An endowment was given to the health committee to meet other operational expenditures. Financing and management of health activities thus became independent of the parent body.

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## 2. The Micro insurance Scheme

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Name of the scheme:	Mallur Health Scheme
Starting date:	1973
Status:	Ongoing
Ownership:	Owned by the Mallur dairy cooperative
Organizational structure:	Part of the regular ongoing activities of the parent body – the Gram Bhivuruddi Sangha
Risk coverage:	Health care
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Mallur and surrounding six villages in Karnataka
Target group:	Rural dairy farmers and village communities
Potential target	Data not available

## 3. Assistance to the scheme

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Initiators:	Mallur dairy cooperative
External funding:	No
External assistance:	Yes
N0 of people working for the scheme	Data not available

## 4. Membership and Beneficiaries

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Registration of members:	Individual voluntary membership
Membership fee:	No
Contributors:	Data not available
Beneficiaries:	Recent data not available. Covered more than 20.000 people across six villages in 1996

## 5. Contributions and Benefits

---

Waiting period:	Data not available
Schedule of contributions:	Charges are levied per item of services rendered
Contributions and benefit fluctuation:	Benefits have fluctuated
Benefit package and contributions:	As follows in the table below:

### Description of services:

Benefits	Contributions (yearly)	N0 of people covered (2002)
• Outpatient and inpatient care: referral services to St Johns in Bangalore, MCH clinics held monthly; immunization services; emergency home services and home deliveries, etc.	User fee for each item of services rendered. Scheduled Castes and Scheduled Tribes pay only Re. 1 for a consultation and fees are waived for those unable to pay.	20.000 (1996) (sex disaggregated data not available)

### Total amount of contributions collected in last year:

Year	Number of contributions	Amount in Rs.
2002	Data not available	Data not available

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*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

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#### **6. Health-related information**

Co-payment:	Not applicable
Payment modality:	Direct payment by contributors
Other health related services:	Specialized medical camps held on eye care, gynecology, etc. by St. Johns on a regular basis
Type of health care insured:	Inpatient and outpatient health care
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

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#### **7. Other financial information**

Financial reserve:	None
Guarantee fund:	Data not available
Bank account:	Data not available

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#### **8. Problems and Constraints**

- ☐ Amount collected through contributions falls short to cover costs

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	None
Use of state/public sector insurance:	None
Re-insurance:	None
Reductions on contributions:	Not applicable
Upgradation of services:	Not applicable
Complementarity of other insurance scheme benefits:	Not applicable
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Data not available

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#### **10. Sources of information**

- ☐ “Community Control of Health Financing in India: A Review of Local Experiences”, by Priti Dave Sen, Technical Report N0 8, Partnerships for Health Reform, Abt Associates Inc, Bethesda, Maryland, 1997.

## 23. GOALPARA

*State:* West Bengal  
*Address:* Shantiniketan  
West Bengal

### *MI scheme at a glance*

<i>Starting date:</i>	1984
<i>Risk coverage</i>	Health care
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	1.247
<i>Pot. benef.</i>	Data not available
<i>MF linkage</i>	No
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

### ***1. The Organization***

Goalpara is a not-for-profit organization operating in the Shantiniketan area of West Bengal. Its activities are centered around rural villages in this area.

The organization has implemented a health micro insurance scheme for its members wherein members have access not only to an outpatient dispensary but also to community health workers (who provide mainly preventive and promotive care). It also has a village health committee that determines its own spending priorities.

### ***2. The Micro insurance Scheme***

Name of the scheme:	Goalpara Health Scheme
Starting date:	1984
Status:	Ongoing
Ownership:	Owned by the organization
Organizational structure:	Part of the regular ongoing activities of the organization
Risk coverage:	Health care
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	175 villages in the Shantiniketan area of West Bengal
Target group:	Village communities
Potential target	Data not available

### ***3. Assistance to the scheme***

Initiators:	Goalpara
External funding:	None
External assistance:	None
N0 of people working for the scheme	Data not available

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#### **4. Membership and Beneficiaries**

---

Registration of members:	Individual voluntary membership
Membership fee:	No
Contributors:	Data not available
Beneficiaries:	Recent data not available. Covered 1.247 people in 1993 Non-members can use the services but are charged commercial rates for doctor consultations and drugs.

#### **5. Contributions and Benefits**

---

Waiting period:	None
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

##### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
• Outpatient care: free doctor consultations and drugs at cost price. User and drug fees waived for those unable to pay.	Premium of Rs. 18 either in cash or in kind	1.247 people in 1993 (sex disaggregated data not available)

##### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

##### *Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

#### **6. Health-related information**

---

Co-payment:	No
Payment modality:	Direct payment by contributors
Other health related services:	None
Type of health care insured:	Outpatient health care
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

#### **7. Other financial information**

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Financial reserve:	None
Guarantee fund:	Data not available
Bank account:	Data not available

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## **8. Problems and Constraints**

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- Amount collected through contributions often falls short to cover costs

## **9. Linkages with National/State/Private organizations**

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Use of commercial insurance:	None
Use of state/public sector insurance:	None
Re-insurance:	None
Reductions on contributions:	Not applicable
Upgradation of services:	Not applicable
Complementarity of other insurance scheme benefits:	Not applicable
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Data not available

## **10. Sources of information**

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- “*Community Control of Health Financing in India: A Review of Local Experiences*”, by Priti Dave Sen, Technical Report N0 8, Partnerships for Health Reform, Abt Associates Inc, Bethesda, Maryland, 1997.

## 24. SEBA COOPERATIVE HEALTH SOCIETY

*State:* West Bengal

*Address:* DD – 35 Salt Lake  
Kolkata – 700 064  
West Bengal

*Phone :* 91(0)33 – 2337 3486 / 2334 5790

*Fax :* 91(0)33 – 2337 6290

*Website :* [www.sebahospital.org](http://www.sebahospital.org)

### *MI scheme at a glance*

*Starting date:* Data not available  
*Risk coverage* Health care

*Rural/urban* Urban  
*Total benef.* Data not available  
*Pot. benef.* More than 10.000  
*MF linkage* No  
*Comm.Ins.Co* No  
*Public Ins.Co* Yes

### 1. The Organization

The Seba Cooperative Health Society Limited is based in Kolkata, West Bengal. The hospitalization treatment at this institute is provided to its members without any need to pay at the time of treatment against an annual premium.

Membership is open to any resident of the Kolkata Metropolitan area, primarily having a Mediclaim policy of the National Insurance Company Limited or to a member of any other health plan to cover hospitalization treatment. Any such member can receive treatment at Seba without making any payment towards the cost of the treatment. The insurance company pays directly to Seba.

### 2. The Micro insurance Scheme

Name of the scheme:	Seba Health Scheme
Starting date:	Data not available
Status:	Ongoing
Ownership:	Owned by Seba Health Cooperative Limited
Organizational structure:	Part of the regular ongoing activities of the organization
Risk coverage:	Health care
Registration	Not registered separately
Rural / urban:	Urban
Outreach:	Covers Kolkata city in West Bengal
Target group:	Any person who is availing of Mediclaim policy of the National Insurance Company Limited
Potential target	More than 10.000

### 3. Assistance to the scheme

Initiators:	Seba Health Cooperative Limited
External funding:	Yes
External assistance:	Yes
N0 of people working for the scheme	Data not available



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#### 4. Membership and Beneficiaries

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

#### 5. Contributions and Benefits

---

Waiting period:	Data not available
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Benefits have increased
Benefit package and contributions:	As follows in the table below:

##### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>No of people covered (2002)</i>
<ul style="list-style-type: none"><li>For a sum between Rs. 15.000 and Rs. 500.000 (depending on the type of contribution paid), a member is entitled to reimbursement of hospitalisation and domiciliary hospitalisation costs within limits of benefit for persons between the age of three months to seventy five years. Also, benefits payable will be increased 5 %, each claim free year, up to a maximum of 50 % for continuous policy periods only.</li></ul>	Contribution varies according to age of the person and the sum insured	Data not available

##### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

##### *Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

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#### 6. Health-related information

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Co-payment:	Not applicable
Payment modality:	Direct payment by contributors
Other health related services:	None
Type of health care insured:	Access to primary, secondary and tertiary health care
Privileges negotiated with health care providers:	Yes, for low cost of services
Contractual agreement with service provider:	Data not available
Others:	Excludes treatment for pre-existing diseases, dental care and pregnancy

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### ***7. Other financial information***

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

### ***8. Problems and Constraints***

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☐ Data not available

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	No
Use of state/public sector insurance:	Health scheme implemented in collaboration with National Insurance Company Limited, a public sector insurance company
Re-insurance:	No
Reductions on contributions:	Yes
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	No

### ***10. Sources of information***

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☐ Official website: [www.sebahospital.org](http://www.sebahospital.org)

## 25. FRIENDS OF WOMEN'S WORLD BANKING (FWWB)

*States:* Andhra Pradesh, Uttar Pradesh, Tamil Nadu

*Address:* G7, Sakar I, Ashram Road  
Almedabad – 880 009  
Gujarat

*Phone :* 91(0)79 – 6584 199

*Email :* [mail@fwwbindia.org](mailto:mail@fwwbindia.org)  
[fwwb@wilnetonline.net](mailto:fwwb@wilnetonline.net)

*Website :* [www.fwwbindia.com](http://www.fwwbindia.com)

### *MI scheme at a glance*

<i>Starting date:</i>	1999
<i>Risk coverage</i>	Health care, life, livestock, assets
<i>Rural/urban</i>	Rural / urban
<i>Total benef.</i>	85.522
<i>Pot. benef.</i>	Data not available
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	Yes
<i>Public Ins.Co</i>	Yes

### ***1. The Organization***

Friends of Women's World Banking (FWWB - India) was established in 1982, in Ahmedabad, as an affiliate of Women's World Banking, New York. The objective of the organization was to promote direct participation of women in the economy through access to financial services.

During the first seven years - from 1982 to 1989 - FWWB India's service area was limited to Gujarat. During this period, FWWB India undertook to provide loan guarantees to banks advancing loans to poor women micro entrepreneurs, and to provide technical assistance and counseling to NGOs and women's savings and credit groups (SCGs). Cooperative banks were encouraged to give loans to poor women micro entrepreneurs, and FWWB provided guarantees for these loans.

In June 1989, it was decided to expand the scope of FWWB India's operations, and the organization's service area was extended to the entire nation. New by-laws were framed, a new board was constituted, and a new shape was given to the organization.

*Mission:* "To assist in the formation and strengthening of people's organizations, bringing them into the mainstream of the economy, and making them active partners in the process of nation building. FWWB is committed to building a society based on equity and social justice where women are leaders in social change."

*Objectives:* To advance and promote the direct participation of women in the economy by providing loan funds and technical assistance to poor women. FWWB India also aims at expanding and strengthening networks in addressing policy issues related to women and finance. Thus, its strategy focuses on building the capacity of promising and committed micro finance institutions to play a leading role in providing financial services to the poor.

### ***2. The Micro insurance Scheme***

Name of the scheme:	Integrated Social Security Project
Starting date:	1999
Status:	Ongoing
Ownership:	Owned by FWWB – India
Organizational structure:	Part of the regular ongoing activities of the organization
Risk coverage:	Health care, life, livestock, assets

Registration	Not registered separately
Rural / urban:	Both rural and urban
Outreach:	Covers selected districts and wards in Andhra Pradesh, Tamil Nadu and Uttar Pradesh
Target group:	Members of micro finance organizations supported by FWFB India (SHEPERD, ASA, BIRDS, SPANDANA, ACTS, Casphor, SYA, PSA and Ankuram)
Potential target	Data not available

### ***3. Assistance to the scheme***

Initiators:	FWFB - India
External funding:	From GTZ
External assistance:	Yes
N0 of people working for the scheme	Data not available

### ***4. Membership and Beneficiaries***

Registration of members:	Both individual and group registration is used by the 9 organizations implementing micro insurance with support from FWFB India
Membership fee:	This varies depending on the organization implementing the scheme
Contributors:	Individual data is available in this inventory while listing the various organizations implementing the scheme
Beneficiaries:	85.522

### ***5. Contributions and Benefits***

Waiting period:	Individual data is available in this inventory while listing the various organizations implementing the scheme
Schedule of contributions:	Individual data is available in this inventory while listing the various organizations implementing the scheme
Contributions and benefit fluctuation:	Individual data is available in this inventory while listing the various organizations implementing the scheme
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<ul style="list-style-type: none"> <li>This varies depending on the organization implementing the scheme – benefits mostly cover health care, life, livestock, assets</li> </ul>	This varies depending on the organization implementing the scheme	85.552 (sex disaggregated data not available)

#### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Individual data available with the various organizations implementing the scheme	Individual data available with the various organizations implementing the scheme

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*Total amount of benefits paid in last year:*

Year	Number of benefits paid	Amount in Rs.
2002	Individual data available with the various organizations implementing the scheme	Individual data available with the various organizations implementing the scheme

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#### **6. Health-related information**

Co-payment:	Depending on the organization
Payment modality:	Depending on the organization
Other health related services:	Depending on the organization
Type of health care insured:	Depending on the organization
Privileges negotiated with health care providers:	Depending on the organization
Contractual agreement with service provider:	Depending on the organization

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#### **7. Other financial information**

Financial reserve:	No
Guarantee fund:	No
Bank account:	No

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#### **8. Problems and Constraints**

- ☐ Reaching target audience

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	Yes
Use of state/public sector insurance:	Yes
Re-insurance:	No
Reductions on contributions:	Yes
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Data not available

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#### **10. Sources of information**

- ☐ Official website: [www.fwwbindia.com](http://www.fwwbindia.com)
- ☐ Annual report of FWWB India – 2002

## 26. SELF EMPLOYED WOMEN'S ASSOCIATION (SEWA)

*State:* Gujarat

*Address:* SEWA Reception Centre  
Opp. Victoria Garden  
Bhadra, Ahmedabad  
Gujarat

*Phone :* 91(0)79 – 550 6477 / 550 6444

*Fax:* 91(0)79 – 550 6446

*Email :* [sewaacdy@wilnetonline.net](mailto:sewaacdy@wilnetonline.net)

*Website :* [www.sewa.org](http://www.sewa.org)

### MI scheme at a glance

<i>Starting date:</i>	1992
<i>Risk coverage</i>	Health care, life, assets
<i>Rural/urban</i>	Rural / urban
<i>Total benef.</i>	102.897
<i>Pot. benef.</i>	535.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	Yes

### 1. The Organization

The Self-Employed Women's Association (SEWA) was founded in 1972 in Headband, Gujarat. Registered as a trade union, it works with women in the informal economy – home-based workers, street vendors, manual labourers, service providers and small producers.

*Goal:* SEWA has two main goals – the first is to organize women workers to achieve full employment (work security, income security, food security and social security); the second is to make them individually and collectively self-reliant, economically independent and capable of making their own decisions

To help achieve these goals, SEWA has set up an organizational structure which consists of the i) SEWA Union, ii) SEWA cooperatives; iii) SEWA Bank; iv) SEWA Academy; and v) SEWA Social Security and vi) Policy Action.

Though its primary work is centered in Gujarat, SEWA works in six other Indian states and has also started extending its services/activities to other countries like Turkey, Yemen and South Africa. SEWA's membership strength in 2002 for the state of Gujarat was 535, 674 while its all-India membership totalled 689, 551.

### 2. The Micro insurance Scheme

Name of the scheme:	Sewa Insurance or Vimo SEWA
Starting date:	1992
Status:	Ongoing
Ownership:	Owned by SEWA through its team called Vimo SEWA
Organizational structure:	Part of the regular ongoing activities of the institution
Risk coverage:	Health care, life, assets
Registration	Not registered separately
Rural / urban:	Both rural and urban
Outreach:	Covers 11 districts in Gujarat State
Target group:	Women working in agriculture diversified products, animal husbandry, trade and crafts and informal sector employment
Potential target	535.000 in Gujarat – 689.000 in overall India

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### 3. Assistance to the scheme

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Initiators:	SEWA
External funding:	For equipment and for the reserve fund
External assistance:	For training and advisory services
N0 of people working for the scheme	44 volunteers and 120 grassroots level women workers

### 4. Membership and Beneficiaries

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Registration of members:	Individual and family voluntary registration
Membership fee:	Policy holders (women) are all union members
Contributors:	Women: 78.308, Men: 21.844 (total 100.152)
Beneficiaries:	Women: 78.308, Men: 21.844, children: 2.745 (total: 102.897)

### 5. Contributions and Benefits

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Waiting period:	1 month for the first year of the policy for all kind of coverage – with the exception of some illnesses like hysterectomy, cataract and piles, etc: one year waiting period
Schedule of contributions:	Monthly
Contributions and benefit fluctuation:	Contributions have increased since the beginning of the scheme
Benefit package and contributions:	As follows in the table below:

#### Description of services:

Benefits	Contributions (yearly)	N0 of people covered (2002)
<b>Package 1:</b> <ul style="list-style-type: none"><li>Up to Rs. 2000 for Mediclaim expenses, Rs. 3.000 for natural death, Rs. 40.000 for accidental death, Rs. 5.000 for assets and Rs. 15.000 on widowhood</li></ul>	Women: Rs.: 85 Men: 55 Children: Rs 100	98.808 (76.539 women, 31.235 men, 2.034 children)
<b>Package 2:</b> <ul style="list-style-type: none"><li>Up to Rs. 5.500 for Mediclaim expenses, Rs. 20.000 for natural death, Rs. 65.000 for accidental death, Rs. 10.000 for assets and Rs. 15.000 on widowhood</li></ul>	Women: Rs.: 200 Men: Rs. 150 Children: Rs 100	2.162 (1.473 women, 595 men, 94 children)
<b>Package 3:</b> <ul style="list-style-type: none"><li>Up to Rs. 10.000 for Mediclaim expenses, Rs. 20.000 for natural death, Rs. 65.000 for accidental death, Rs. 20.000 for assets and Rs. 15.000 on widowhood</li></ul>	Women: Rs.: 400 Men: Rs. 325 Children: Rs 100	927 (296 women, 14 men, 617 children)

#### Total amount of contributions collected in last year:

Year	Number of contributions	Amount in Rs.
2002	Data not available	4.449.494,25

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*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	6.966.217

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#### **6. Health-related information**

Co-payment:	No
Payment modality:	Reimbursement for services
Other health related services:	Benefits given to members who have fixed deposits with SEWA – these cover maternity, dentures, hearing aids and linkages with SEWA health programme
Type of health care insured:	Primary and secondary
Privileges negotiated with health care providers:	Yes, for cost of quality of services offered and priority treatment
Contractual agreement with service provider:	None

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#### **7. Other financial information**

Financial reserve:	Yes, Rs. 30.000.000 at present
Guarantee fund:	No
Bank account:	Yes

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#### **8. Problems and Constraints**

- ☐ Communications / reaching target population
- ☐ Low or no income is a major problem for collecting contributions

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	No
Use of state/public sector insurance:	Uses the National Insurance Company for all its covers (hospitalisation, accidents, life and assets)
Re-insurance:	No
Reductions on contributions:	Yes
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Yes

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#### **10. Sources of information**

- ☐ ILO/STEP questionnaire
- ☐ Official website: [www.sewa.org](http://www.sewa.org)



## 27. NIDAN

*State:* Bihar  
*Address:* Sudama Bhavan, Boring Road  
Patna – 800 001  
Bihar  
*Phone :* 91(0)612 – 257 0705 / 227 7589  
*Fax:* 91(0)612 – 257 0705  
*Email :* [nidanpat@hotmail.com](mailto:nidanpat@hotmail.com)

### *MI scheme at a glance*

<i>Starting date:</i>	2000
<i>Risk coverage</i>	Health care, disability, life
<i>Rural/urban</i>	Rural / urban
<i>Total benef.</i>	6.327
<i>Pot. benef.</i>	More than 10.000
<i>MF linkage</i>	No
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	Yes

### **1. The Organization**

NIDAN is a not-for-profit organization based in Patna, Bihar.

The organization works into organizing the poor into self-help groups, cooperatives and market committees for developmental activities. These are the basic building blocks upon which clusters are formed. A move is also being made now to federate these self-help groups and cooperatives.

NIDAN uses these groups to link people with insurance programs. Information is disseminated at cluster meetings where all the self-help group members of a cluster participate to take up issues common to them.

Since 2000, NIDAN has been offering various insurance products to the members of the self-help groups.

### **2. The Micro insurance Scheme**

Name of the scheme:	Insurance Programme
Starting date:	2000
Status:	Ongoing
Ownership:	Owned by NIDAN
Organizational structure:	Part of the regular ongoing activities of the institution
Risk coverage:	Health care, disability, life
Registration	Not registered separately
Rural / urban:	Both rural and urban
Outreach:	Selected districts in Bihar
Target group:	People working in the informal sector
Potential target	Data not available

### **3. Assistance to the scheme**

Initiators:	NIDAN
External funding:	Data not available
External assistance:	Data not available

N0 of people working for the scheme      Data not available

#### **4. Membership and Beneficiaries**

Registration of members:      Individual voluntary registration  
 Membership fee:      Data not available  
 Contributors:      Data not available  
 Beneficiaries:      6.327

#### **5. Contributions and Benefits**

Waiting period:      Data not available  
 Schedule of contributions:      Yearly  
 Contributions and benefit fluctuation:      Contributions have increased since the beginning of the scheme  
 Benefit package and contributions:      As follows in the table below:

##### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Life: Janshtree Bhima Yojana:</i></u> <ul style="list-style-type: none"> <li>Up to Rs. 20.000 for natural death, Rs. 50.000 for accidental death, Rs. 50.000 for permanent disability due to accidents, Rs. 50.000 for loss of two eyes or two limbs or one eye and one limb due to accident, and Rs. 25.000 for one eye or one limb due to accident (between ages 18 to 60 years)</li> </ul>	Rs. 100 per person	6.031 (sex disaggregated data not available)
<u><i>Health: Package 1 (Mediclaime)</i></u> <ul style="list-style-type: none"> <li>Up to Rs. 15.000 for reimbursement of hospitalisation / domiciliary hospitalisation expenses for illnesses/disease suffered or accidental injury suffered during policy period (between ages 5 to 80 years)</li> </ul>	Rs. 240 per person	140 (sex disaggregated data not available)
<u><i>Health: Package 2 (Jan Arogya)</i></u> <ul style="list-style-type: none"> <li>Up to Rs. 5.000 for reimbursement of hospitalisation / domiciliary hospitalisation expenses for illnesses/disease suffered or accidental injury suffered during policy period (between ages 5 to 80 years)</li> </ul>	Between Rs. 70 and Rs. 100, depending on age	156 (sex disaggregated data not available)

##### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	6.031 under Janshree Bhima Yojana	603.100

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*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	11 under Janshree Bhima Yojana	220.000

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#### **6. Health-related information**

Co-payment:	No
Payment modality:	Direct payment by contributors for services
Other health related services:	Members are linked to various governmental and non-governmental health programmes on immunization, family planning, nutrition, ante natal and post-natal care and treatment of tuberculosis
Type of health care insured:	Primary and secondary
Privileges negotiated with health care providers:	Data not available
Contractual agreement with service provider:	None

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#### **7. Other financial information**

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

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#### **8. Problems and Constraints**

- ☐ Communications / reaching target population
- ☐ Low or no income is a major problem for collecting contributions

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	No
Use of state/public sector insurance:	Yes, for all its covers (hospitalisation, disability, and life) While life and disability cover is provided by the Life Insurance Corporation of India, health coverage is provided by General Insurance Corporation
Re-insurance:	No
Reductions on contributions:	Yes
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	No

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#### **10. Sources of information**

- ☐ NIDAN report « *Meeting Social Security Needs of Poor: An Assessment of Insurance Needs* », 2003

## 28. LEAGUE FOR EDUCATION AND DEVELOPMENT (LEAD)

*State:* Tamil Nadu

*Address:* N0 8/40, 1<sup>st</sup> Street  
Trichirapalli – 620 006  
Tamil Nadu

*Phone :* 91(0)431 – 243 2803

*Fax:* 91(0)431 – 243 2521

*Email :* [radha\\_lead@hotmail.com](mailto:radha_lead@hotmail.com)  
[radha\\_lead@rediffmail.com](mailto:radha_lead@rediffmail.com)

### *MI scheme at a glance*

<i>Starting date:</i>	2000
<i>Risk coverage</i>	Health care, life, disab. accid. death livestock
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	Data not available
<i>Pot. benef.</i>	Data not available
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	Yes
<i>Public Ins.Co</i>	No

### ***1. The Organization***

League for Education and Development (LEAD) started in 1987 primarily to promote women's empowerment in selected districts of Tamil Nadu. Currently, LEAD works in four districts of Tamil Nadu – Karur, Pezmbalur, Dindigul and Tiruchirapalli.

*Focus:* On marginalized and disempowered women, LEAD has a focus on dalits, bonded (and also liberated) workers, marginal farmers, etc. Programs generally are focused on savings and credit management; life-saving hygiene education; infrastructure development; and, environment. LEAD also networks on different programs related to micro finance, etc. with different NGOs across the country.

As with other organizations working on micro finance, LEAD has also formed self-help groups (sangams) with the different groups it works with. These groups are primarily poor groups where membership ranges from 15 to 20 members per group. It has been observed that after a period of six months in which these members meet regularly and indulge in savings and lending activities, most of these groups are eligible for linkages with different commercial banks and from state institutions like the Rashtriya Mahila Kosh, SIDBI, Rabo Bank, etc. Apart from savings and credit activities, these groups also implement various needs-based programmes as well as offers insurance products to its members.

### ***2. The Micro insurance Scheme***

Name of the scheme:	1) The Cattle Insurance Programme, 2) The Social Security Scheme; 3) The Raja Rajashwari Mahila Kalyana Bima Yojana; 4) The HDFC Development Insurance Plan
Starting date:	2000
Status:	Ongoing
Ownership:	Owned by LEAD
Organizational structure:	Part of the regular ongoing activities of the institution
Risk coverage:	Health care, life, accidental death, disability, livestock
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Selected districts in Tamil Nadu: Karur, Pezmbalur, Dindigul and Tiruchirapalli
Target group:	Rural women members
Potential target	Data not available

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### 3. Assistance to the scheme

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Initiators:	LEAD
External funding:	None
External assistance:	None
N0 of people working for the scheme	Data not available

### 4. Membership and Beneficiaries

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Registration of members:	Both compulsory and voluntary individual registration
Membership fee:	No
Contributors:	Data not available
Beneficiaries:	Data not available – covers women members and their spouses

### 5. Contributions and Benefits

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Waiting period:	Data not available
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>I. Cattle insurance:</i></u> <ul style="list-style-type: none"><li>Covers, for two years, death of cattle. Also covers cattle care and vaccination for additional charges</li></ul>	Insurance is provided against death of cattle brought from loans and cattle care with annual contribution of Rs. 420 collected upfront during loan disbursement, Rs. 100 per year extra covers cattle care and vaccinations	820 (sex disaggregated data not available)
<u><i>II. Social Security Scheme</i></u> <ul style="list-style-type: none"><li>Covers up to Rs. 500 for death and up to Rs. 250 for hospitalisation above 15 days</li></ul>	Rs. 50 per member for three years	Data not available for LEAD as a whole as each federation implements the scheme. Details are with each federation.
<u><i>III. Raja Rajashwari Mahila Kalyana Bima Yojana</i></u> <ul style="list-style-type: none"><li>Covers up to Rs. 25.000 death of husband and disablement of women due to accidents (women between 10 to 75 years.)</li></ul>	Rs. 23 per member	3.000 (sex disaggregated data not available)
<u><i>IV. HDFC Development Insurance Plan</i></u> <ul style="list-style-type: none"><li>Covers death of the member – both natural and accidental</li></ul>	Rs. 95 per member	500 (sex disaggregated data not available)

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*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	289.800 collected under cattle assurance, Data not available for contributions collected under other schemes

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	10 under the cattle Insurance	Data not available

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#### **6. Health-related information**

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	Not applicable
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

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#### **7. Other financial information**

Financial reserve:	None
Guarantee fund:	Data not available
Bank account:	Data not available

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#### **8. Problems and Constraints**

- ☐ Data not available

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	Life Insurance scheme undertaken in collaboration with HDFC Development Insurance Plan
Use of state/public sector insurance:	No
Re-insurance:	No
Reductions on contributions:	Data not available
Upgradation of services:	Data not available
Complementarity of other insurance scheme benefits:	Data not available
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Date not available

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#### **10. Sources of information**

- ☐ Sa-Dhan Newsletter, Volume I, Issue 4, March 2002

## 29. ANNAPURNA MAHILA MANDAL

*State:* Maharashtra

*Address:* 10, Navnit, 125 Ram Maruti Road, Dadar,  
Mumbai – 400 028  
Maharashtra

*Phone :* 91(0)22 – 2430 4474 / 2430 8874

*Fax:* 91(0)22 – 2430 8704

*Email :* [amm1@vsnl.com](mailto:amm1@vsnl.com)  
[ammd@vsnl.net](mailto:ammd@vsnl.net)

### *MI scheme at a glance*

<i>Starting date:</i>	<i>Data not available</i>
<i>Risk coverage</i>	<i>Pension</i>
<i>Rural/urban</i>	<i>Rural / urban</i>
<i>Total benef.</i>	<i>Data not available</i>
<i>Pot. benef.</i>	<i>Data not available</i>
<i>MF linkage</i>	<i>Yes</i>
<i>Comm.Ins.Co</i>	<i>No</i>
<i>Public Ins.Co</i>	<i>Yes</i>

### ***1. The Organization***

The Annapurna Mahila Mandal is based in Mumbai with outreach in select locations across Maharashtra. Its objectives are to motivate, empower, and train women for self-employment, fight social evils, and bring them together. The rehabilitation of rural and urban women exploited by society is also one of their goals.

Their current programmes include the provision of credit facility, self-employment, vocational training, shelter, legal and medical aid, counseling, literacy, education, rehabilitation of divorcees, widows, destitute women, a day-care centre for children of working women as well as a hostel. The group also arranges for the adoption of girls from orphanages as well as marriages of women living there.

The mandal has so far touched the lives of over 200,000 women in Mumbai, Pune, Belgaum, Marathwada and other places. Of these, around 25-30% of the members are based in Mumbai. Annapurna works in 60 slums in this city. There are usually 10,000-15,000 borrowers at a time. While earlier the members were only engaged in cooking and serving food, today they are also involved in selling fruits, vegetables, fish, flowers, bangles and grain as well as in stitching and beading.

AMM's primary activity seems to be its micro credit program. The Annapurna Cooperative Credit Society was formed in 1986 to provide an easy credit facility for income generating activities. To apply for a loan, a group is formed consisting of a minimum of 10 women belonging to the same locality. By taking a loan, these women become members of the organization and from then on have to pay an annual membership fee of Rs.16. Thus the beneficiaries are shareholders in the organization

Rs.2000 per person is fixed as the first amount to be given to each chosen group, which has to be paid back in 20 equated monthly installments. Each person has to save Rs.50 per month, which is included in the monthly installment. Recovery of loans is carried out on fixed days from fixed areas by the field staff together with the group leaders. Though loans are to be paid back in full installments, they can be bifurcated if the women have a genuine problem in paying. To ensure that the members pay back loans, the organization has involved their families by making them signatories on the loan application forms and holding joint meetings with them before giving loans. On repayment of the first loan a member is entitled to another loan of Rs.3000. In this way the loan amount increases in proportion to the member's savings.

Though AMM regards its micro credit program as a tool for women's empowerment, it believes that mere income generation does not empower women; overall social empowerment is necessary. This is the reason much emphasis is laid on the organization's supportive systems.

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## ***2. The Micro insurance Scheme***

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Name of the scheme:	Data not available
Starting date:	Data not available
Status:	Ongoing
Ownership:	Owned by AMM
Organizational structure:	Part of the regular ongoing activities of the institution
Risk coverage:	Old age pensions
Registration	Not registered separately
Rural / urban:	Both rural and urban
Outreach:	Selected districts: Pune, Belgarum, Marathwada...in Maharashtra
Target group:	Women members
Potential target	Data not available

## ***3. Assistance to the scheme***

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Initiators:	AMM
External funding:	Data not available
External assistance:	Data not available
N0 of people working for the scheme	Data not available

## ***4. Membership and Beneficiaries***

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Registration of members:	Data not available
Membership fee:	No
Contributors:	Data not available
Beneficiaries:	Data not available

## ***5. Contributions and Benefits***

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Waiting period:	Data not available
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<ul style="list-style-type: none"><li>Savings amounts invested by LIC in sound securities and doubles every six years and after 20 years, amounts to Rs. 50.000. On this principal amount, a fixed amount of Rs. 500 per month is paid to the woman as old age pension. The principal can be paid to her nominee at the time of her death and the nominee is not eligible for the amount if the death is not natural</li></ul>	Women mobilize their small savings and once the amount reaches Rs. 5.000, the amount is invested in LIC pension scheme	Data not available



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*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

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#### **6. Health-related information**

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	Not applicable
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

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#### **7. Other financial information**

Financial reserve:	Data not available
Guarantee fund:	Data not available
Bank account:	Data not available

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#### **8. Problems and Constraints**

- ☐ Data not available

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	No
Use of state/public sector insurance:	Scheme undertaken in collaboration with the Life Insurance Corporation (LIC)
Re-insurance:	No
Reductions on contributions:	Yes
Upgradation of services:	Data not available
Complementarity of other insurance scheme benefits:	Data not available
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Data not available

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#### **10. Sources of information**

- ☐ Humanscape magazine
- ☐ Paper by Dr R.K.A. Subrahmanya, Social Security Association of India, Bangalore, 2002

### 30. ASSOCIATION FOR SARVA SEWA FARMS (ASSEFA)

*State:* Tamil Nadu

*Address:* 279, Awai Hhanmugan Road  
Royapettah, Chennai – 600 014  
Tamil Nadu

*Phone :* 91(0)44 – 2824 0026 / 2827 5843

*Fax:* 91(0)44 – 2427 5763

*Email :* [assefa@md2.vsnl.net.in](mailto:assefa@md2.vsnl.net.in)

#### MI scheme at a glance

<i>Starting date:</i>	Data not available
<i>Risk coverage</i>	Health care, life, livestock
<i>Rural/urban</i>	Rural / urban
<i>Total benef.</i>	4.000 families
<i>Pot. benef.</i>	More than 10.000
<i>MF linkage</i>	No
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

#### 1. The Organization

The Association for Serva Sewa Farms (ASSEFA) is an NGO based in Chennai. Founded in 1969, the organization encourages the formation of people's associations and is running various people-centered developmental programmes through the community/ies

*Operations:* Presently operating in seven states of India viz., Tamil Nadu, Andhra Pradesh, Bihar, Maharashtra, Rajasthan, Karnataka, and Madhya Pradesh.

#### 2. The Micro insurance Scheme

Name of the scheme:	ASSEFA Social Security Scheme
Starting date:	Data not available
Status:	Ongoing
Ownership:	Owned by ASSEFA
Organizational structure:	Part of the regular ongoing activities of the organization
Risk coverage:	Health care, life, livestock
Registration	Not registered separately
Rural / urban:	Both rural and urban
Outreach:	Selected blocks and wards in Tamil Nadu
Target group:	People belonging to the poorest sections of society
Potential target	More than 10.000 people

#### 3. Assistance to the scheme

Initiators:	ASSEFA
External funding:	Initial assistance from Plan
External assistance:	Data not available
N0 of people working for the scheme	Data not available

#### 4. Membership and Beneficiaries

Registration of members:	Data not available
Membership fee:	No

Contributors: Data not available  
Beneficiaries: Data not available

### 5. Contributions and Benefits

Waiting period: Data not available  
Schedule of contributions: Yearly  
Contributions and benefit fluctuation: Data not available  
Benefit package and contributions: As follows in the table below:

#### Description of services:

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u>Life:</u> <ul style="list-style-type: none"> <li>Covers natural and accidental death and suicide for the insured member up to a sum of Rs. 3.000</li> </ul>	Rs. 10 per family	Data not available
<u>Health care:</u> <ul style="list-style-type: none"> <li>Under the scheme, members can avail of various services from the centres that are run by ASSEFA's own staff. Referral arrangements made with NGO hospitals in Madurai where free beds, meals and nursing care are provided. For the cost of medicines, one-third of the costs are borne by the beneficiary while two-thirds are borne by ASSEFA</li> </ul>	Rs. 50 per family	Covered 4.000 families in 2000 (sex disaggregated data not available)
<u>Livestock:</u> <ul style="list-style-type: none"> <li>Death cover for the animal, services of a full-fledged qualified veterinarian, free immunization, free medicines for minor ailments and medicines given for major illnesses are prescribed besides providing professional assistance</li> </ul>	Payment equivalent to 4 % of the cost of the animal	Data not available

#### Total amount of contributions collected in last year:

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

#### Total amount of benefits paid in last year:

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

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## ***6. Health-related information***

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Co-payment:	No
Payment modality:	Direct contribution by individuals
Other health related services:	None
Type of health care insured:	Primary and secondary health care
Privileges negotiated with health care providers:	No
Contractual agreement with service provider:	No

## ***7. Other financial information***

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Financial reserve:	Data not available
Guarantee fund:	Data not available
Bank account:	Data not available

## ***8. Problems and Constraints***

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- ☐ Drop in membership
- ☐ Political differences in villages

## ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	Data not available
Use of state/public sector insurance:	Data not available
Re-insurance:	Data not available
Reductions on contributions:	Data not available
Upgradation of services:	Data not available
Complementarity of other insurance scheme benefits:	Data not available
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Data not available

## ***10. Sources of information***

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- ☐ “Health Micro Insurance: A compendium” ILO/STEP Programme, Geneva – Working paper, 2000

## 31. TRIVANDRUM DISTRICT FISHERMEN'S FEDERATION (TDFF)

*State:* Kerala

### *MI scheme at a glance*

<i>Starting date:</i>	<i>Data not available</i>
<i>Risk coverage</i>	<i>Accident expenses,</i>
<i>assets, loans</i>	
<i>Rural/urban</i>	<i>Rural / urban</i>
<i>Total benef.</i>	<i>Data not available</i>
<i>Pot. benef.</i>	<i>Data not available</i>
<i>MF linkage</i>	<i>No</i>
<i>Comm.Ins.Co</i>	<i>No</i>
<i>Public Ins.Co</i>	<i>Yes</i>

### **1. The Organization**

The Trivandrum District Fishermen's Federation (TDFF) has started a scheme to maintain a 'Craft and gear Fund' where each member of the Society is required to contribute Rs.150 per year. The proceeds of the fund are utilized for meeting various losses. Appropriate rules and regulations have been framed to provide for compensation depending on the age and value of the assets of the member. Normally, no compensation is payable to those who have taken insurance from the National Insurance Corporation. However, in the event of delays in getting compensation from the Corporation, the federation advances some amount to provide immediate relief and recovers it from the proceeds of the insurance claims as and when received.

Apart from the Federation, almost all the Mahila Mandals' (Women's Associations) SHGs affiliated to the Federation, have similar funds which are raised by them by collecting Rs.2 per member per month to meet some of the damages occurring to the fishing nets, boats, and also injuries sustained while working. The maximum amount payable in each case does not exceed Rs.250 per family at any one point of time. Model rules have been framed by TDFF in this respect.

Moreover, following the implementation of Rashtriya Mahila Kosh (RMK) loan scheme, TDFF has now come out with a centralized scheme of 'Contingency Fund'. The fund is used for meeting claims arising out of death, and loss of work due to rough weather at sea, accidents etc. All beneficiaries who propose to procure loans under RMK scheme are required to contribute Rs.25 per annum towards the Contingency Fund. The contingency amount received from the beneficiaries is deposited in a bank and is jointly operated by the Director and the Chairman. All claims out of the contingency fund are scrutinized by a committee constituted for this purpose representing members from TDFF / SHGs and beneficiaries.

### **2. The Micro insurance Scheme**

Name of the scheme:	Craft and Gear Fund and Contingency Fund
Starting date:	Data not available
Status:	Ongoing
Ownership:	Owned by the Federation
Organizational structure:	Part of the regular ongoing activities of the federation
Risk coverage:	Accident expenses, assets, loans
Registration	Not registered separately
Rural / urban:	Both rural and urban

Outreach:	Covers selected blocks and wards in the Trivandrum district in Kerala
Target group:	Fischer folks and their families
Potential target	Data not available

### ***3. Assistance to the scheme***

Initiators:	TDFF
External funding:	Some loans from Rahstriya Mahila Kosh (RMK)
External assistance:	Data not available
N0 of people working for the scheme	Data not available

### ***4. Membership and Beneficiaries***

Registration of members:	Data not available
Membership fee:	No
Contributors:	Data not available
Beneficiaries:	Data not available

### ***5. Contributions and Benefits***

Waiting period:	Data not available
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Craft and Gear Fund - Plan I:</i></u> <ul style="list-style-type: none"> <li>Covers losses of fishing gears and compensation in case of accidents occurring while fishing in the sea (depending on the age and value of the assets of the member).</li> </ul>	Rs. 150 per member	Data not available

The compensation package consists of an interest-free loan and subsidy. Compensation is payable for the engine, plywood board fishing nets, and catamaran. Not payable for those covered under the National Insurance Corporation. However, in the event of delays in getting compensation from the Corporation, the Federation advances some amount to provide immediate relief and recovers it from proceeds of the insurance claims as and when received.

<u><i>Craft and Gear Fund – Plan II:</i></u> <ul style="list-style-type: none"> <li>Initiated by women's SHGs to meet some of the damages occurring to the fishing nets, boats, and also injuries sustained while working</li> </ul>	Rs. 24 per member (Rs. 2 per month) – does not exceed Rs. 250 per family	Data not available
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<u><i>Contingency Fund:</i></u> <ul style="list-style-type: none"> <li>Entire outstanding loan written off following death of beneficiary if family unable to pay back</li> <li>Up to 50 % of the outstanding loan written off in case of natural calamities</li> <li>Up to 50 % written off in case of loss by fire</li> </ul>
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- Up to 25 % written off in case of personal accident to the beneficiary
  - Up to Rs. 20 per day for days of loss of work
- All beneficiaries who propose to procure loans under RMK scheme are required to contribute Rs. 25 per annum
- Data not available

*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

## **6. Health-related information**

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	Not applicable
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

## **7. Other financial information**

Financial reserve:	Data not available
Guarantee fund:	Data not available
Bank account:	Data not available

## **8. Problems and Constraints**

- ☐ Data not available

## **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	Data not available
Use of state/public sector insurance:	Loans from the Rashtriya Mahila Kosh
Re-insurance:	Data not available
Reductions on contributions:	Data not available
Upgradation of services:	Data not available
Complementarity of other insurance scheme benefits:	Data not available
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Data not available

## **10. Sources of information**

[www.planetfinance.org](http://www.planetfinance.org)

## 32. BASIX

*State:* Andhra Pradesh

*Address:* 501-502, Nirmal Towers  
Dwarakapuri Colony, Panjagutta  
Hyderabad – 500 082  
Andhra Pradesh

*Phone :* 91(0)40 – 5563 5461 / 5561 8846  
91(0)40 – 2335 0566 / 2335 0171

*Fax:* 91(0)40 – 2335 8846

*Email :* [info@basixindia.com](mailto:info@basixindia.com)

*Website :* [www.basixindia.org](http://www.basixindia.org)

### *MI scheme at a glance*

<i>Starting date:</i>	2000
<i>Risk coverage</i>	Life, livestock, crops, loans
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	2.400
<i>Pot. benef.</i>	83.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	Yes
<i>Public Ins.Co</i>	No

### ***1. The Organization***

BASIX is a community-based micro finance institution that was set up in 1996 to promote sustainable livelihoods for poor marginalized sections, including for the rural poor and women, through the provision of financial services and technical assistance in an integrated manner.

Aims to yield a competitive rate of return to its investors so as to be able to access mainstream capital markets and human resources on a continuous basis. A vast majority of the borrowers of BASIX are the rural poor, particularly the landless and women. BASIX lends to them to promote self-employment. However, all the poor do not want to be self-employed. Thus BASIX also lends to rural commercial farmers and non-farm enterprises, which generate much-needed wage employment for the rural poor. BASIX thus addresses customer segments in different sectors – the agriculture and allied sectors (poultry, fish farming) as well as non-farm sectors (handicrafts, furniture-making, etc.).

*Operations:* In select districts in the states of Andhra Pradesh, Karnataka, Tamil Nadu, Maharashtra and Orissa with new operations in Madhya Pradesh, BASIX has instituted a number of mechanisms to deliver financial and credit services to its clients as follows:

The *Bhartiya Samruddhi Finance Limited (Samruddhi)*, registered with the Reserve Bank of India as a non-banking finance company, is the main operating entity through which credit is delivered. BASIX has also registered the *Indian Grameen Services (IGS)* as an NGO to provide technical assistance and support services to Bharitiya Samruddhi borrowers and other rural producers and institutions. The two are held together by *BASICS Ltd*, the holding company, through which initial equity investments were made in Samruddhi.

The *Krishna Bhima Samruddhi Local Area Bank* - with a license from the Reserve Bank of India and promoted by BASICS Ltd - commenced operations in March 2001 in the districts of Mahaboobnagar in Andhra Pradesh and Raichur and Gulbarga in Karnataka.

*MPLEAP* is an action research program launched in May 2001 with the goal to promote large number of livelihoods especially for the rural poor in Madhya Pradesh. The objective of MPLEAP is to field test and demonstrate innovative strategic and operational approaches for effective livelihood promotion. BASIX has also initiated an information technology (IT) program called BASIX-ITSL to provide solutions to broaden and deepen the outreach of and reduce the transaction cost and enhance the accuracy and flexibility of transactions related to micro finance and livelihood support services.

Through the Bharatiya Samruddhi Finance Ltd., BASIX has initiated a micro insurance scheme for its members since 2000.



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## 2. The Micro insurance Scheme

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Name of the scheme:	Credit Plus and Cattle Insurance Scheme
Starting date:	2000
Status:	Ongoing
Ownership:	Owned by BASIX
Organizational structure:	Part of the regular ongoing activities of Bhartiya Samruddin Finance Ltd
Risk coverage:	Life, livestock, crops, loans
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers 2.348 villages in 21 selected districts in Andhra Pradesh
Target group:	Members who are engaged in agriculture and allied sectors, animal husbandry and trade and craft
Potential target	To cover 83.000 people by 2004-2005

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## 3. Assistance to the scheme

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Initiators:	BASIX
External funding:	No
External assistance:	Yes
N0 of people working for the scheme	Over 260 people with fixed and variable salaries

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## 4. Membership and Beneficiaries

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Registration of members:	Individual compulsory registration
Membership fee:	No
Contributors:	1.475
Beneficiaries:	2.400

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## 5. Contributions and Benefits

---

Waiting period:	No
Schedule of contributions:	Monthly
Contributions and benefit fluctuation:	Contributions have increased
Benefit package and contributions:	As follows in the table below:

### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Life - Product I "Salam Zindagi":</i></u> <ul style="list-style-type: none"><li>Social security product of ICICI Prudential Life Insurance Company</li><li>Covers life of its members in case of natural and accidental death</li></ul>	For every Rs. 1.000 covered, members have to pay Rs. 18	2.400 (sex disaggregated data not available)
<u><i>Life – Product II Credit Plus:</i></u> <ul style="list-style-type: none"><li>Jointly with AVIVA – exclusively for BASIX's credit customers</li></ul>	Data not available	Data not available

<ul style="list-style-type: none"> <li>Provides death cover on a group basis, and in the event of death, families of borrowers receive some financial payment, while outstanding loan is written off</li> </ul>		
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<u>Livestock Insurance:</u> <ul style="list-style-type: none"> <li>BASIX extends 15-20 % of its loans for livestock activity. Has facilitated insurance services to farmers of the AP Dairy cooperatives in Nandyal and Vanaparathi</li> </ul>	Data not available	200 units
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<u>Crop insurance:</u> <ul style="list-style-type: none"> <li>For dry land customers</li> <li>For mitigating yield risks, based on self-insurance, mutual insurance and reinsurance with a due role for the insured to participate in product administration</li> </ul>	20 % of loan amount – for the borrowers only	Data not available
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*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	108.913

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	30.000

## ***6. Health-related information***

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	Not applicable
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

## ***7. Other financial information***

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

## ***8. Problems and Constraints***

- ☐ Low awareness
- ☐ Complicated reporting needs

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### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	Life insurance schemes implemented with ICICI Prudential Insurance and AVIVA. Livestock insurance undertaken with Royal Sundaram Alliance Insurance Company
Use of state/public sector insurance:	No
Re-insurance:	No
Reductions on contributions:	Data not available
Upgradation of services:	Data not available
Complementarity of other insurance scheme benefits:	Data not available
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	None

BAIX is now focusing on developing process, systems and capacities for distribution of insurance. The present information system is being upgraded to incorporate insurance business data for effective tracking and monitoring. This forms a core requirement for insurance distribution. A senior manager, who is well versed with the credit operations and other systems in the organization, is heading this function. It has also been conducted appropriate training for the staff involved. The head of insurance operations has already undergone the regulatory prescribed training, which has qualified BASIX for incorporate agency. The plan is now to grow to distribute life and non-life insurance services in 10 units during 2003-2004 and in all units by 2004-2005, covering about 83.000people.

### ***10. Sources of information***

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- ❑ ILO/STEP questionnaire
- ❑ Official website: [www.basixindia.org](http://www.basixindia.org)

### 33. WORKING WOMEN'S FORUM (WWF)

*States:* Tamil Nadu, Andhra Pradesh, Karnataka

*Address:* 54/55, Bhimasena Garden Road  
Mylapore  
Chennai – 600 004  
Tamil Nadu

*Phone :* 91(0)44 – 499 3937

*Fax:* 91(0)44 – 499 2853

*Email :* [wwforum@md2.vsl.net.in](mailto:wwforum@md2.vsl.net.in)

*Website :* [www.workingwomensforum.org](http://www.workingwomensforum.org)

#### *MI scheme at a glance*

<i>Starting date:</i>	1983
<i>Risk coverage</i>	Health care, disab, life, accid. death, assets
<i>Rural/urban</i>	Rural / urban
<i>Total benef.</i>	423.404
<i>Pot. benef.</i>	560.000
<i>MF linkage</i>	No
<i>Comm.Ins.Co</i>	Yes
<i>Public Ins.Co</i>	Yes

#### **1. The Organization**

Initiated in 1978 with a membership of 800 women, the Working Women's Forum (WWF) is a mass movement of over 567,653 poor women workers engaged in 167 different occupations spread over 15 geographical regions in three southern Indian states and who are organized into neighbourhood groups of 8 to 10 members.

Works with and empowers women beedi workers, lace makers, sex workers, fisherwomen, silk weavers and slum dwellers through access to legal justice and health facilities, skill training, livelihood options and formation of credit groups. Be it the problem of unfair trade practices, better occupational safety measures, better wages according to stipulated legislative provisions and legal norms, child labour, child bondedness or exploitative working conditions, the Forum helps women fight for their rights and entitlements.

#### **2. The Micro insurance Scheme**

Name of the scheme:	Social Security Scheme, Janashree Bhima Yojana (JBY), Sakthi Security Scheme, Sakthi Health Scheme
Starting date:	1983
Status:	Ongoing
Ownership:	Owned by National Union of Working Women
Organizational structure:	Part of the regular ongoing activities of the institution
Risk coverage:	Health care, disability, life, assets, accidental death
Registration	Not registered separately
Rural / urban:	Both rural and urban
Outreach:	12 villages and 3 towns in Tamil Nadu, Andra Pradesh and Karnataka
Target group:	Members who are engaged in agriculture, diversified products, animal husbandry, fishing, trade and crafts
Potential target	567.000

#### **3. Assistance to the scheme**

Initiators:	WWF
External funding:	No
External assistance:	Training and sensitization / awareness

N0 of people working for the scheme

Three salaried staffs

#### ***4. Membership and Beneficiaries***

Registration of members:	Group compulsory and voluntary registration
Membership fee:	No
Contributors:	Social Security Scheme: 385.953 JBY: 28.959 Sakthi Security Scheme: 8.088 Sakthi Health Scheme: 322
Beneficiaries:	Social Security Scheme: 385.953 JBY: 28.959 Sakthi Security Scheme: 8.088 Sakthi Health Scheme: 404 Total: 423.404 (55 % urban – 45 % rural)

#### ***5. Contributions and Benefits***

Waiting period:	One year
Schedule of contributions:	Monthly
Contributions and benefit fluctuation:	Both contributions and benefits have increased
Benefit package and contributions:	As follows in the table below:

##### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Product I "Janashree Bhima Yojana" (JBY):</i></u> <ul style="list-style-type: none"><li>Rs. 5.000 in case of normal death and Rs. 20.000 in case of accidental death</li><li>Rs. 12.000 in case of partial disability</li><li>Rs. 25.000 in case of complete disability</li></ul>	Contribution varies according to age	28.959 (sex disaggregated data not available)
<u><i>Product II: Sakthi Health Scheme</i></u> <ul style="list-style-type: none"><li>Rs. 7.000 for hospitalisation</li></ul>	Some percentage of the loan amount of the members used to maintain this scheme	404 (sex disaggregated data not available)
<u><i>Product III: Sakthi Security Scheme</i></u> <ul style="list-style-type: none"><li>Rs. 25.000 in case of accidental death</li><li>Rs. 1.000 in case of damage to properties due to natural calamities (fire, flood and earthquake)</li><li>Rs. 1.000 in case of hospitalisation due to accident</li><li>Rs. 25.000 in case of accidental death or death during pregnancy, abortion, removal of uterus</li><li>Rs. 12.500 in case of partial disability</li><li>Rs. 25.000 in case of complete disability</li></ul>	Some percentage of the loan amount of the members used to maintain this scheme	8.088 (sex disaggregated data not available)

<b><i>Product IV: Social Security Scheme</i></b> <ul style="list-style-type: none"> <li>Up to Rs. 5.000 in case of natural death</li> <li>Rs. 25.000 in case of accidental death</li> <li>Rs. 12.500 and Rs. 25.000 are the respective compensations in case of partial or complete disability</li> </ul>	Each member pas Rs. 25 as an annual premium	385.953 (sex disaggregated data not available)
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*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	1.634.325 contributed under JBY 1.191.929 contributed under Social Security Scheme 246.210 contributed under Sakthi Scheme

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	3.173.700 paid under JBY 460.000 paid under Social Security Scheme

## ***6. Health-related information***

Co-payment:	No
Payment modality:	Reimbursement
Other health related services:	None
Type of health care insured:	Access and clinics and hospitals
Privileges negotiated with health care providers:	Yes, for quality of services offered
Contractual agreement with service provider:	Signed contracts

## ***7. Other financial information***

Financial reserve:	No
Guarantee fund:	No
Bank account:	No

## ***8. Problems and Constraints***

- ☐ Contribution defaults

## ***9. Linkages with National/State/Private organizations***

Use of commercial insurance:	Yes
Use of state/public sector insurance:	Janashree Bhima Yojana of the Life Insurance Company of India for life and disability cover
Re-insurance:	No

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Reductions on contributions:	Yes
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	Yes
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	None

### ***10. Sources of information***

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- ☐ ILO/STEP questionnaire
- ☐ Official website: [www.workingwomensforum.org](http://www.workingwomensforum.org)

## 34. BANDHAN

*State:* West Bengal  
*Address:* BA/74, Salt Lake City  
Kolkata – 700 064  
West Bengal  
*Phone :* 91(0)33 – 2334 7602  
*Email :* [bandhanmf@hotmail.com](mailto:bandhanmf@hotmail.com)  
[bandhanmf@vsnl.net](mailto:bandhanmf@vsnl.net)  
*Website:* [www.bandhanmf.com](http://www.bandhanmf.com)

### MI scheme at a glance

<b>Starting date:</b>	<b>Data non available</b>
<i>Risk coverage</i>	<i>Life, loans</i>
<i>Rural/urban</i>	<i>Rural</i>
<i>Total benef.</i>	<i>905</i>
<i>Pot. benef.</i>	<i>3.000</i>
<i>MF linkage</i>	<i>Yes</i>
<i>Comm.Ins.Co</i>	<i>No</i>
<i>Public Ins.Co</i>	<i>No</i>

### 1. The Organization

To keep pace with the newly emerging concepts of micro finance through promotion of self help groups (SHGs) in India - specially in West Bengal - it had become a crying need for the NGOs who wanted to reach out to more numbers of prospective members/ borrowers of SHG within short span of time in every organized manner, to get trained on dealing with the subject authentically. As there were not many organizations in West Bengal from whom this type of support services could be availed as and when necessary, Bandhan came into being to give value added quality and extension support services to those NGOs who are committed for the sustainable development of the people.

It was in 2000 that some like-minded people felt the importance for an organized approach to social restructuring and registered their movement, which came to be known as BANDHAN-Konnagar. Since then, BANDHAN has been taking up a variety of social issues and programs to provide meaningful opportunities to rural poor and vulnerable groups, specifically the differentially vulnerable including women and old persons.

Bandhan believes that creating opportunities for the poor can have a vastly improved influence on social economy. Added opportunities leading to improved production automatically leads to employment generation, thereby reducing the overall burden on the people. Thus, BANDHAN believes in providing that critical link between people's inherent strength and access to resources, while acting as a facilitator in capacity building and overall management. Formation of women's self-help groups forms part of this strategy.

Bandhan has developed a loan product attuned to the needs of its clientele (women's SHGs). These products and the terms at which they are lent were developed through a detailed market study in consultation with the SHG, and as per the consultation of the Governing Body. These products are flexible and responsive to the changing needs of the members.

The organization has also created an in-house insurance provision for its members. This provides some relief in case of the death of the borrower.

### 2. The Micro insurance Scheme

Name of the scheme:	Insurance Scheme
Starting date:	Data not available
Status:	Ongoing
Ownership:	Owned by Bandhan
Organizational structure:	Part of the regular ongoing activities of the institution



Risk coverage:	Life, loans
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers selected villages in West Bengal
Target group:	Poor rural women – members of Self help Groups (SHG)
Potential target	3.000

### **3. Assistance to the scheme**

Initiators:	Bandhan
External funding:	No
External assistance:	No
N0 of people working for the scheme	Regular staff of the organization

### **4. Membership and Beneficiaries**

Registration of members:	Group compulsory registration
Membership fee:	No
Contributors:	905 women
Beneficiaries:	905 women

### **5. Contributions and Benefits**

Waiting period:	None
Schedule of contributions:	Data not available
Contributions and benefit fluctuation:	Both contributions and benefits have not changed
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<ul style="list-style-type: none"> <li>Covers life of its members in case of natural and accidental death. It has developed a loan insurance facility for the borrowers. In case of death, the nominee is not required to pay the outstanding loan amount.</li> </ul>	2 % of the loan amount of the borrower	905 women

#### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	905	54.160

#### *Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	None	None

### **6. Health-related information**

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable

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Type of health care insured:	Not applicable
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

### ***7. Other financial information***

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Financial reserve:	No
Guarantee fund:	No
Bank account:	No

### ***8. Problems and Constraints***

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- ☐ None

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	No
Use of state/public sector insurance:	No
Re-insurance:	No
Reductions on contributions:	Not applicable
Upgradation of services:	Not applicable
Complementarity of other insurance scheme benefits:	Not applicable
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Not applicable

### ***10. Sources of information***

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- ☐ ILO/STEP questionnaire  
 Website: [www.planetfinance.org](http://www.planetfinance.org)

### 35. SOCIETY FOR THE PROMOTION OF AREA RESOURCES (SPARC)

*State:* Maharashtra  
*Address:* PO Box 9289, Meghraj Sethi Marg  
Byculla, Mumbai – 400 026  
Maharashtra  
*Phone :* 91(0)22 – 2309 6730 / 2621 2661  
*Fax :* 91(0)22 – 2494 2115 / 2621 1658  
*Email :* [sparc@vsnl.in](mailto:sparc@vsnl.in)

#### *MI scheme at a glance*

*Starting date:* 1997  
*Risk coverage* Health care, disability,  
accid. death, assets  
*Rural/urban* Urban  
*Total benef.* Data not available  
*Pot. benef.* Data not available  
*MF linkage* Yes  
*Comm.Ins.Co* No  
*Public Ins.Co* Yes

#### **1. The Organization**

The Society for the Promotion of Area Resources (SPARC) initially started work amongst the slum and pavement dwellers in Mumbai in 1984 with a survey of 5000 slum and pavement dwellers. Since then, its work has spread to around 14 cities in India. It works on the principles of participation, which includes making local governments responsible (and accountable) for service delivery to the poor. This approach also involves making the poor organize and fight for their rights rather than making them dependent on service delivery.

Has organized its women members into groups called “Mahila Milans” - a federation of women’s collectives. The Milans have been able to acquire land, housing and basic infrastructure services for its members by mobilizing members’ own savings, then negotiating land with local authorities and accessing additional finance through the Housing and Finance Development Corporation of India. Under the Crisis Credit Scheme, small amounts of Rs. 1 to Rs. 5 are saved daily and given to collectors who in turn deposit the total amount at a central meeting place. Needy members can borrow from this fund without having to turn to formal banks. Repayments are also normally made promptly. A year after the savings scheme was initiated, the organizers started to give out loans for consumption purposes with a lending ceiling of Rs. 500.

Is also an alliance member of the National Slum Dwellers Federation (NSDF), an organization working with poor urban settlers in 24 Indian cities. More than 60% of the clients of NSDF are female. Their various activities include savings and credit schemes, consumer cooperatives, ration shops, housing cooperatives, liaising with police and municipal authorities, training and capacity building. The alliance was successful in diversifying the sources of credit for their members. Today, they draw upon resources from the various government programmes like the Self-employment Programme of the Urban Poor (SEPUP), Differential Rate of Interest (DRI) and the Rashtriya Mahila Kosh (RMK).

#### **2. The Micro insurance Scheme**

Name of the scheme:	Data not available
Starting date:	1997
Status:	Ongoing
Ownership:	Owned by SPARC
Organizational structure:	Part of the regular ongoing activities of the organization
Risk coverage:	Health care, disability, accidental death, assets
Registration	Not registered separately
Rural / urban:	Urban

Outreach:	Data not available
Target group:	Data not available
Potential target	Data not available

### ***3. Assistance to the scheme***

Initiators:	SPARC
External funding:	Data not available
External assistance:	Data not available
N0 of people working for the scheme	Data not available

### ***4. Membership and Beneficiaries***

Registration of members:	Data not available
Membership fee:	No
Contributors:	Data not available
Beneficiaries:	Data not available

### ***5. Contributions and Benefits***

Waiting period:	Data not available
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

SPARC supplements the contribution with interests accrued from the Rashtriya Mahila Kosh (RMK) loans made to its members. Whenever a member takes out a loan, which is made available through the RMK programme, he has to pay an interest. Out of this interest, the contribution is paid. Thus, the contribution is not tied to individuals but is borne by all loanees.

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<ul style="list-style-type: none"> <li>Rs. 25.000 for accidental death of member</li> <li>Rs. 25.000 for loss of two eyes and two limbs</li> <li>Rs. 12.000 for loss of one eye and one limb</li> <li>Same benefits accrue for a spouse in case of accidental death, loss of eyes or limbs</li> <li>Under hospitalisation, up to Rs. 1.000 for all major illnesses and Rs. 4.000 for cancer</li> <li>Rs. 3000 as cover for loss of home, household goods and tools for self-employment</li> </ul>	Rs. 30 per member	Data not available

#### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

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*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

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#### **6. Health-related information**

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

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#### **7. Other financial information**

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Financial reserve:	Data not available
Guarantee fund:	Data not available
Bank account:	Data not available

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#### **8. Problems and Constraints**

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- ☐ Data not available

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#### **9. Linkages with National/State/Private organizations**

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Use of commercial insurance:	No
Use of state/public sector insurance:	Scheme undertaken with the Oriental Insurance Company
Re-insurance:	No
Reductions on contributions:	Data not available
Upgradation of services:	Data not available
Complementarity of other insurance scheme benefits:	Data not available
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Data not available

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#### **10. Sources of information**

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- ☐ « *Health Micro Insurance: A compendium* » ILO/STEP Programme, Geneva, 2000

## 36. ORGANIZATION FOR DEVELOPMENT OF PEOPLE (ODP)

*State:* Karnataka  
*Address:* Pragati, Banimantap B Lay out  
Mysore – 570 015  
Karnataka  
*Phone :* 91(0)821 – 494 195 / 491 161

### *MI scheme at a glance*

<i>Starting date:</i>	1993
<i>Risk coverage</i>	Health care, disability, life
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	1.137
<i>Pot. benef.</i>	3.130
<i>MF linkage</i>	No
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	Yes

### **1. The Organization**

The Organization for Development of People (ODP) is a not-for-profit organization based in Karnataka and was established in 1981.

ODP's work is currently focused on women and other such marginalized groups belonging to lower strata of society and who are economically disempowered.

It has about 100 women Sanghas (groups) with a membership base of around 3,130 women in selected rural districts of Karnataka

ODP has implemented a health and life/accidents insurance scheme for its Sangha members since 1993.

### **2. The Micro insurance Scheme**

Name of the scheme:	ODP Health Nalathittam Scheme
Starting date:	1993
Status:	Ongoing
Ownership:	Owned by ODP
Organizational structure:	Integrated into the Organization's programme and activities
Risk coverage:	Health care, disability, life
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Selected districts in Karnataka
Target group:	Sanghas of women (SHG) and their spouses
Potential target	3.130 women

### **3. Assistance to the scheme**

Initiators:	ODP
External funding:	Data not available
External assistance:	Data not available
N0 of people working for the scheme	Data not available

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#### 4. Membership and Beneficiaries

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Registration of members:	Voluntary registration
Membership fee:	No
Contributors:	Data not available
Beneficiaries:	1.137

#### 5. Contributions and Benefits

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Waiting period:	No
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

##### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Health care:</i></u> <ul style="list-style-type: none"><li>Up to a maximum compensation of Rs. 2.500 per member (between 18 - 50 years) per year, under the Mediclaim Policy</li></ul>	Rs. 23,75 per head paid out of ODP's Welfare Fund and recovered at the rate of Rs. 2 per head per month	1.137 (sex disaggregated data not available)

##### *Mediclaim Policy:*

- Rs. 30 hospital charges per day
- Up to Rs. 1.000 total admissible hospital charges for one year
- Up to Rs. 450 for surgeon and anaesthetist's fees
- Up to Rs. 300 for anaesthesia, blood, oxygen, operation theatre and surgical appliances
- Up to Rs. 300 for diagnostic tests / materials and X rays
- Up to Rs. 200 for attending doctors' consultants and/or specialists' fees
- Up to Rs. 250 payable for medicines and drugs

<u><i>Life and disability:</i></u> <ul style="list-style-type: none"><li>Rs. 10.000 in case of death</li><li>Rs. 10.000 in the event of loss of two hands or two eyes</li><li>Rs. 5.000 in case of permanent total disability</li><li>Rs. 2.000 in the event of loss of one hand, eye, foot or hearing</li><li>Rs. 4.000 in case of total and irrecoverable loss of use of hand or a foot of the insured without physical separation</li></ul>	Covered under the same amount as stated above	Same as above
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##### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

##### *Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

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## ***6. Health-related information***

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Co-payment:	No
Payment modality:	Direct payment by contributor for services – the scheme reimburses beneficiary
Other health related services:	None
Type of health care insured:	Both primary and secondary
Privileges negotiated with health care providers:	Data not available
Contractual agreement with service provider:	Data not available

## ***7. Other financial information***

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Financial reserve:	Yes, through the Welfare Fund, which has been created out of an excess of income over expenditure of the Sanghas
Guarantee fund:	No
Bank account:	Yes

## ***8. Problems and Constraints***

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- ☐ Data not available

## ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	No
Use of state/public sector insurance:	Uses National Insurance Corporation, for health care, disability and life insurance
Re-insurance:	No
Reductions on contributions:	Yes
Upgradation of services:	None
Complementarity of other insurance scheme benefits:	Data not available
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	None

## ***10. Sources of information***

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- ☐ From paper of Dr D.R.K. Subrahmania, Social Security Association of India, Bangalore, 2002



## 37. ACTIVISTS FOR SOCIAL ALTERNATIVES (ASA)

*State:* Tamil Nadu

*Address:* Sathia Illam, 2A-10<sup>th</sup> cross  
Alli Street, Annamalai Nagar,  
Tiruchirappalli – 620 018  
Tamil Nadu

*Phone :* 91(0)431 – 2763 980  
*Fax :* 91(0)431 – 2763 356  
*Email :* [asadev@eth.net](mailto:asadev@eth.net)  
[Try\\_asadev@sancharnet.in](mailto:Try_asadev@sancharnet.in)  
*Website :* [www.asadev.com](http://www.asadev.com)

### *MI scheme at a glance*

<i>Starting date:</i>	1995
<i>Risk coverage</i>	Life, livestock, emergency
<i>Rural/urban</i>	Rural / urban
<i>Total benef.</i>	69.851
<i>Pot. benef.</i>	80.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	Yes
<i>Public Ins.Co</i>	Yes

### ***1. The Organization***

Registered in 1986 under the Public Charitable Trusts Act, The Activists for Social Alternatives (ASA) started its work with women and *dalit* empowerment activities at Marungapuri village of Tiruchirappalli District in Tamil Nadu.

*Operations:* Its activities, at present, are expanded over Tiruchirappalli, Pudukottai, Sivagangai, Madurai and Dindigul districts of Tamil Nadu in South India.

ASA's activities are focused on the poor women, landless labourers, small and marginal farmers, land tenants and dalits to ensure them a better quality of life. This is done by capacity building through organizing campaigns and workshops and networking them around the existing social structure that affects their lives for facilitating easy lobbying and advocacy.

ASA's programmes promote sustainable development of the community through drought and disaster management, watershed development, shelter, eradicating child labour, and training. ASA initially started literacy classes and established a network of women's sanghas [unions] for educating the local workers and identifying local issues.

*Vision:* "A just, humane, self-reliant and sustainable society, achievable by helping the rural poor to organize, network, and gain access to services".

*Mission:* Addressing poverty among the poorest of poor families, especially of women in Tamil Nadu, with an effective sustainable micro finance program offering "Credit Plus" and "Beyond Credit" services; and, by promoting SHGs and networking them into a federation for enforcement of *dalit* and women's rights.

ASA provides credit through its Grama Vidiyal Micro credit program, to the poorest women among the rural poor (identified through participatory wealth ranking and housing index exercises) for various income generation activities based on tradition, skills and knowledge. Today, in the 25 branches over 38,000 women have easy access to savings, credit and insurance services and other credit plus services.

Since 1995, ASA has implemented various micro insurance schemes for its members.

### ***2. The Micro insurance Scheme***

Name of the scheme:	Social Welfare Security Scheme
Starting date:	1995
Status:	Ongoing

Ownership:	Owned by ASA
Organizational structure:	Integrated into the organization's programme and activities
Risk coverage:	Life, livestock, emergency
Registration	Not registered separately
Rural / urban:	Both rural and urban
Outreach:	Covers 5 districts in Tamil Nadu
Target group:	Villagers who are engaged in animal husbandry and trade and craft
Potential target	80.000

### ***3. Assistance to the scheme***

Initiators:	ASA
External funding:	Operations grant from Friends of Women's World Banking (FWWB - India)
External assistance:	No
N0 of people working for the scheme	Four salaried staff

### ***4. Membership and Beneficiaries***

Registration of members:	Compulsory and voluntary registration
Membership fee:	No
Contributors:	Data not available
Beneficiaries:	62.100

### ***5. Contributions and Benefits***

Waiting period:	No
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Amounts of contributions have not increased
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2003)</i>
<u><i>Social Security Scheme:</i></u> <ul style="list-style-type: none"> <li>Rs. 5.000 in case of natural death and Rs. 25.000 in case of accidental death (between ages 18-50)</li> </ul>	Rs. 500 to be paid by Vidayal members towards the capital fund for insurance (lifetime contribution refundable if members drop out) with payments of Rs. 100 in 5 monthly instalments each. In case of yearly insurance, the member pays Rs. 60 each year. The capital fund is used for on-lending and the interest from the capital fund will be paid as contribution	5.069 (sex disaggregated data not available)
<u><i>Life with Allianz Bajaj &amp; AMP Sanmar Insurance</i></u> <ul style="list-style-type: none"> <li>Rs. 20.000 in case of natural or accidental death (between 18 to 60)</li> </ul>	Rs. 36 per person	62.100 (sex disaggregated data not available)

<u><i>Animal Husbandry Insurance Scheme: with United India Insurance</i></u> <ul style="list-style-type: none"> <li>Up to Rs. 12.000 for replacement of livestock</li> </ul>	4,2 % of the insured amount (which is the loan amount) is charged as insurance fees while 0,8 % goes to the doctor	2.682 (sex disaggregated data not available)

<u><i>Emergency Scheme: Initiated by ASA</i></u> <ul style="list-style-type: none"> <li>An emergency fund of Rs 1.000 is available to all members and used for repaying outstanding loans of members who were unable to make their payments on time due to some external factors. Also given for purchase of crops, for cattle insurance and also for funeral expenses</li> </ul>	1 % of the loan amount goes towards sustaining this fund	Data not available
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*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2003	61.200	6.120.000 for life 187.500 for livestock

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2003		1.920.000 for life 93.000 for livestock

## ***6. Health-related information***

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	Not applicable
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

## ***7. Other financial information***

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

## ***8. Problems and Constraints***

☐ None as stated by the organization

## ***9. Linkages with National/State/Private organizations***

Use of commercial insurance:	No
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Use of state/public sector insurance:	Uses United India Insurance for social security and livestock insurance
Re-insurance:	No
Reductions on contributions:	No
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	No

### ***10. Sources of information***

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- ☐ ILO/STEP questionnaire

## 38. ACTION FOR COMMUNITY SERVICES SOCIETY (ACTS)

*State:* Andhra Pradesh

*Address:* V. Kota – 517 424  
Chittoor district,  
Andhra Pradesh

*Phone :* 91(0)8587 – 257 297

*Email :* [actsgd@rediffmail.com](mailto:actsgd@rediffmail.com)

### *MI scheme at a glance*

<i>Starting date:</i>	2000
<i>Risk coverage</i>	Life, disability, assets, livestock, housing
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	46.469
<i>Pot. benef.</i>	More than 60.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	Yes

### ***1. The Organization***

Action for Community Services Society (ACTS) was registered as a Society in 1985 under Societies Registration Act XXI of 1860.

*Mission:* “To empower the most marginalized women for equal opportunities, control over incomes and quality of life”.

*Programmes:* The programme activities are centered around training programmes for income generation activities, insurance and sustainable agriculture

### ***2. The Micro insurance Scheme***

Name of the scheme:	Social security Project
Starting date:	2000
Status:	Ongoing
Ownership:	Owned by ACTS
Organizational structure:	Part of the regular ongoing activities of the organization
Risk coverage:	Life, disability, livestock, assets, housing
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Operates in 350 villages at the block level in Chittoor district in Andhra Pradesh
Target group:	Members who are engaged in informal sector employment, trade and crafts and agriculture-diversified products
Potential target	More than 60.000

### ***3. Assistance to the scheme***

Initiators:	ACTS
External funding:	Operations grant from Friends of Women’s World Banking (FWWB - India)
External assistance:	For training, monitoring/evaluation and advisory services
N0 of people working for the scheme	Three salaried staff

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#### 4. Membership and Beneficiaries

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Registration of members:	Both voluntary and compulsory individual registration
Membership fee:	No
Contributors:	46.469 – direct payment by contributor
Beneficiaries:	46.469

#### 5. Contributions and Benefits

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Waiting period:	None
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Amounts of contributions have increased since the beginning of implementation of the scheme
Benefit package and contributions:	As follows in the table below:

##### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2003)</i>
<u><i>Life: ACTS in-house scheme</i></u> <ul style="list-style-type: none"><li>Covers life of its members in case of natural death from Rs. 5.000 to 20.000, accidental death for Rs. 25.000; loss of each body part for Rs. 1.500 (up to a total of Rs. 25.000), and Rs. 1.000 for immediate relief</li></ul>	Ranges from Rs. 50 to Rs. 200 per scheme	29.598 women
<u><i>Livestock: with United Insurance</i></u> <ul style="list-style-type: none"><li>Sum insured is the value of the animal ranging from Rs. 7.000 to 15.000</li></ul>	2,25 % of animal value	1.998
<u><i>Huts: part of ACTS in-house scheme</i></u> <ul style="list-style-type: none"><li>Up to Rs. 1.000 for damage to huts</li></ul>	Covered along with the life package	14.799
<u><i>Pump sets: with United Insurance</i></u> <ul style="list-style-type: none"><li>Repair to a maximum of Rs. 3.000</li></ul>	Rs. 50 for an ordinary set and Rs. 250 for a submersible one	74
<u><i>Life-assets: new in-house scheme</i></u> <ul style="list-style-type: none"><li>Rs. 25.000 in case of natural/accidental death (18 to 60)</li><li>Rs. 25.000 in case of natural/accidental death of spouse</li><li>Rs. 2.000 in case of loss of assets</li><li>Rs. 2.000 in case of permanent disability</li></ul>	Rs. 500	-

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*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2003	46.469	2.254.225

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2003	217	894.840

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#### **6. Health-related information**

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	Not applicable
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

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#### **7. Other financial information**

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

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#### **8. Problems and Constraints**

- ☐ Contribution defaults
- ☐ Relations with health service providers
- ☐ Communication / reaching target population

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	No
Use of state/public sector insurance:	Uses United India Insurance for livestock and pump sets insurance schemes
Re-insurance:	No
Reductions on contributions:	Yes
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	Yes
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	No

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#### **10. Sources of information**

- ☐ ILO/STEP questionnaire

## 39. DHAN FOUNDATION

*State:* Tamil Nadu

*Address:* 18, Pillaiyar Koil Street  
S.S. Colony  
Madurai – 625 010  
Tamil Nadu

*Phone :* 91(0)452 – 610 794 / 610 805

*Fax :* 91(0)452 – 602 247

*Email :* [ghan@md3.vsnl.net.in](mailto:ghan@md3.vsnl.net.in)

*Website :* [www.dhan.org](http://www.dhan.org)

### *MI scheme at a glance*

<i>Starting date:</i>	1997
<i>Risk coverage</i>	Health care, life, livestock, pension
<i>Rural/urban</i>	Rural / urban
<i>Total benef.</i>	4.655
<i>Pot. benef.</i>	More than 10.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	Yes
<i>Public Ins.Co</i>	Yes

### ***1. The Organization***

The Development of Humane Action (DHAN) Foundation was founded in October 1997 and incorporated under the Indian Trusts Act (1882) in January 1998. It stands as a spin-off organization from PRADAN (Professional Assistance for Development Action), operating at the national level.

*Governing principle:* Believes that poverty and resource degradation are best addressed through the process of promotion of democratically managed people's organisations. Placement of high quality professionals at the field level and working with the "mainstream" sectors (like banks, government agencies, etc) are the core guiding principles of the organisation since it believes that the poor have a legitimate right over the resources available in such sectors. Basic philosophy is building people's organisations institutions.

*Operations in three southern states:* Tamil Nadu, Andhra Pradesh and Karnataka as well as the Union Territory of Pondicherry. The work is spread around 20 districts of these states.

*Donor and other support:* i) International - Ford Foundation and NOVIB; ii) National - Sir Ratan Tata Trust; and, iii) to run its programs, Indian agencies like the specific government departments, the apex banks (NABARD, HUDCO, HDFC, and SIDBI) and CAPART as well as district level agencies and commercial banks support the lending activity under the Kalanjiam Community Banking Program (KCBP) and the Vayalagam Tankfed Agricultural Development Program. Funds are directly received by the peoples' organisations.

*Formation of institutions:* Formation of 20 registered federations of self-help groups (SHGs), federated at block level - three are urban, one is semi urban, 16 are rural. (*Study on Social Mobilization and Micro Credit for women's Empowerment: A case study of Dhan Foundation, By Veena Padia, UNDP Delhi*).

*Main activities:* Implementation of field programs is the core activity of the organisation. The two main field programs are:

*The Kalanjiam Community Banking Program (KCBP)* creates sound local financial institutions managed by women at each hamlet, cluster, and block level to link with mainstream financial institutions. The Program evolved as an alternative banking system managed by the poor themselves. Peoples' Organisations at three levels - hamlet level self help groups (SHGs), Cluster Development Associations at the level of a cluster of villages and Federations of SHGs at Block level - have been promoted by the program. The KCBP has three components of Savings, Credit and Insurance with specialised products in each of these.

*The Vayalagam Tankfed Agricultural Development Program (Tank Farmers Associations)*



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## ***2. The Micro insurance Scheme***

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Name of the scheme:	Nalathittan Scheme of the Kalanjian Federation (Mention is made here of only the scheme implemented by one out of the twenty Federations)
Starting date:	1997
Status:	Ongoing
Ownership:	Community based and owned insurance scheme
Organizational structure:	Integrated into the Federations' programme of activities
Risk coverage:	Health care, life, livestock, pension
Registration	Not registered separately
Rural / urban:	Both rural and urban
Outreach:	Federation activities cover several districts in Tamil Nadu. On the whole, the twenty Federations cover 1.848 villages in 24 blocks of 10 districts in the rural areas and 185 municipal wards, 7 municipal zones, 3 cities in the urban area
Target group:	Self Help Groups of women (SHGs) and their spouses, mainly centered on informal economy workers
Potential target	More than 10.000 SHGs in all the 20 Federations

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## ***3. Assistance to the scheme***

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Initiators:	Federation of SHGs
External funding:	None
External assistance:	Technical assistance provided by the Dhan Foundation
N0 of people working for the scheme	Regular staff of the Federations, no special scheme staff

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## ***4. Membership and Beneficiaries***

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Registration of members:	Voluntary registration – registration may be for individuals or family - only restriction being to exclude those above the age of 55 and those with a history of chronic illness
Membership fee:	None
Contributors:	Data not available
Beneficiaries:	4.655 (of the Kalanjian Federation)

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## ***5. Contributions and Benefits***

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Waiting period:	None
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

*Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Life:</i></u> <ul style="list-style-type: none"> <li>Life insurance cover of Rs. 10.000 for natural death of member or spouse</li> <li>Life insurance cover of Rs. 25.000 for accidental death of spouse only</li> </ul>	Rs. 100 if both member and spouse are covered and Rs. 50 if only member is covered	4.655 (2.342 women and 2.313 men)
<u><i>Hospitalization</i></u> <ul style="list-style-type: none"> <li>Up to Rs. 10.000 for the member, her husband and all the unmarried children</li> </ul>	Rs. 150 if the coverage is for a family and at least one beneficiary and Rs. 100 if coverage is only for the member	2.222 (sex disaggregated data not available)

*New schemes:* Along with the above, insurance of *Productive Assets* have also been undertaken. For instance, in Kurinji Vattara Kalanjiam Federation at Alanganallur – where the main occupation of the members is dairy farming – 889 milk animals have been insured with the Oriental Insurance Company through the federation. The premium amount is negotiated, disbursal of money and replacement of assets ensured. 10 members could replace their animals within a short period.

The latest scheme that is being offered is the *Pension-cum-Insurance Scheme* – the Krishi Sharmik Samajik Suraksha Yojana – in collaboration with the Life Insurance Corporation of India and the Indian Government. Each member pays a premium of Rs 365 per year (Re 1 per day) and this is matched by a contribution of Rs 730 per year by the government. The benefits include a monthly pension of Rs 2000 from the 60<sup>th</sup> year onwards, Rs 20,000 in case of death, Rs 30,000 in case of accidental death, Rs 50,000 in case of permanent disability and Rs 25,000 in case of partial disability. There is also a money-back policy incorporated in the scheme for every 10 years as follows: Rs 4,000, Rs 8,000, Rs 12,000 and then, Rs 16,000. The age of entry in the scheme is Rs 18-50 years. Currently around 5,500 members in 3 federations of Kurinji, Vaigai in Madurai district and Ammapetai in Tanjavur district have enrolled under this scheme.

*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

## **6. Health-related information**

Co-payment:	No
Payment modality:	Direct payment by contributor for services – Schemes reimburses beneficiary (claims reviewed by Insurance Programme Committee and settled within one week)
Other health related services:	Sanitation programmes and Health Camps are held periodically
Type of health care insured:	Both primary and secondary
Privileges negotiated with health care providers:	Reduced costs of services
Contractual agreement with service provider:	No official contract

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### ***7. Other financial information***

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Financial reserve:	Yes, from Rs. 50.000 to Rs. 400.000 depending on the Federation
Guarantee fund:	No
Bank account:	Yes

### ***8. Problems and Constraints***

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- ☐ Management of the scheme
- ☐ Contribution defaults
- ☐ Lack of awareness among members

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	Uses Salam Zindigi of ICICI Prudential and Group Insurance Scheme of AMP Sanmar Insurance Company for life insurance
Use of state/public sector insurance:	Uses Janshri Bhima and KSSSY 2001 of Life Insurance Corporation and Janata Accident Policy of New Assurance Company and United Indian Insurance Company
Re-insurance:	Yes
Reductions on contributions:	Yes, for life insurance
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	Data not available
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	No

### ***10. Sources of information***

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- ☐ ILO/STEP questionnaire
- ☐ « *Towards Poverty Reduction* », Annual Report of the Dhan Foundation, 2002

## 40. SELF HELP PROMOTION FOR HEALTH AND RURAL DEVELOPMENT

*State:* Tamil Nadu  
*Address:* N0. 2-A, Ishwarya Apartment N0 68  
Officers Colony  
Trichy – 620 017  
Tamil Nadu  
*Phone :* 91(0)431 – 2780648 / 2793533  
*Fax :* 91(0)431 - 2791300  
*Email :* [sheperddevorg@sify.com](mailto:sheperddevorg@sify.com)

### *MI scheme at a glance*

*Starting date:* 1999  
*Risk coverage* Health care, disability,  
life, livestock, assets  
*Rural/urban* Rural  
*Total benef.* 13.948  
*Pot. benef.* 100.000  
*MF linkage* Yes  
*Comm.Ins.Co* Yes  
*Public Ins.Co* Yes

### **1. The Organization**

Registered under the Societies Registration Act of 1975, Self Help Promotion for Health and Rural Development (SHEPHERD), based in Trichy, Tamil Nadu, works with poor women in 3 districts of the state.

Working with these women through the self-help group (SHG) approach, it specializes in building people's institutions owned and managed by women, dealing with savings, credit, micro insurance and micro enterprise.

SHEPHERD has initiated its micro insurance program for the women members associated with the SHGs with the assistance of Friends of Women's World Banking (FWWB -India).

### **2. The Micro insurance Scheme**

Name of the scheme:	Social Security Net for the Unorganized Poor
Starting date:	1999
Status:	Ongoing
Ownership:	Owned by SHEPERD
Organizational structure:	Interlinked with the organization's community banking initiatives, namely the Nanayasurabai Development Financial Services that is responsible for insurance cover and claim settlement
Risk coverage:	Health care, disability, life, livestock, assets
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers villages in three districts in Tamil Nadu
Target group:	Self Help Groups of women belonging to the very poor sections of the population and their spouses
Potential target	Aims to cover 100.000 people by year 2007

### **3. Assistance to the scheme**

Initiators:	SHEPERD
External funding:	Operations grant from Friends of Women's World Banking (FWWB)/GTZ

External assistance:	Training given by National Insurance Academy on product development and pension plan
N0 of people working for the scheme	Two salaried staff and women volunteers part-time

#### ***4. Membership and Beneficiaries***

Registration of members:	Voluntary registration – registration may be for individuals or family - only restriction being to exclude those above the age of 58 and those with a history of chronic illness
Membership fee:	None
Contributors:	Data not available
Beneficiaries:	13.948, including spouses

#### ***5. Contributions and Benefits***

Waiting period:	15 days for life and 30 days for non-life (health and assets)
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	None, they have remained the same
Benefit package and contributions:	As follows in the table below:

##### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2003)</i>
<u><i>Life - disability:</i></u> <ul style="list-style-type: none"> <li>Life insurance cover of Rs. 5.000 for natural death of member or spouse</li> <li>Life insurance cover of Rs. 25.000 for accidental death of member or spouse</li> <li>In case of partial disability, cover is Rs. 12.500 for member or spouse</li> </ul>	Rs. 35 if both member and spouse are covered	12.424 (sex disaggregated data not available)
<u><i>Hospitalization:</i></u> <ul style="list-style-type: none"> <li>Up to Rs. 5.000 for the member for charges pertaining to hospital bed, medicines and consultation fees</li> </ul>	Rs. 64 for the member	579
<u><i>Assets:</i></u> <ul style="list-style-type: none"> <li>Cover of Rs. 5.000 for house and its content</li> </ul>	60 paisa for every Rs. 1000 worth of goods insured	592
<u><i>Livestock:</i></u> <ul style="list-style-type: none"> <li>Value of animal</li> </ul>	4 % of the value of insured animal	353

##### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2003	12.424	475.440

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*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2003	Data not available	223.500

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#### **6. Health-related information**

Co-payment:	No
Payment modality:	Direct payment by contributor for services – Scheme reimburses beneficiary
Other health related services:	Conducts health-care camps on preventive care, education and promotion
Type of health care insured:	Secondary – at present, members can receive treatment at private nursing homes
Privileges negotiated with health care providers:	Currently negotiating with hospitals that are providing good services
Contractual agreement with service provider:	No formal contract

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#### **7. Other financial information**

Financial reserve:	Yes, Rs. 5 paid by members towards social security fund
Guarantee fund:	No
Bank account:	Yes

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#### **8. Problems and Constraints**

- ☐ Management of the scheme
- ☐ Reaching target population (100 %)
- ☐ Lack of awareness among members of technical issues
- ☐ Technology for management information system

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	Uses Housing Development Finance Company (HDFC) and ICICI for providing life insurance to the members and their spouses
Use of state/public sector insurance:	Uses Life Insurance Corporation of India for life insurance and United India Insurance Company for hospitalisation, life and assets
Re-insurance:	None
Reductions on contributions:	Yes
Upgradation of services:	Yes
Complementarity of other insurance scheme benefits:	Yes, for reduction of premiums
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	None

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#### **10. Sources of information**

- ☐ ILO/STEP questionnaire

## 41. STAR YOUTH ASSOCIATION (SYA)

*State:* Andhra Pradesh

*Address:* NO. 17-178-17/1, Besides Telephone  
Exchange, Velgode (K) – 518 533  
1.1.1.1.20 Kurnool District  
Andra Pradesh

*Phone :* 91(0)8517 – 235 072 / 235 756

*Fax :* 91(0)8517 – 235 455

*Email :* [staryouth2002@yahoo.com](mailto:staryouth2002@yahoo.com)

### *MI scheme at a glance*

<i>Starting date:</i>	2000
<i>Risk coverage</i>	Life, livestock, assets, crops
<i>Rural/urban</i>	Rural / urban
<i>Total benef.</i>	6.783
<i>Pot. benef.</i>	10.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

### ***1. The Organization***

In November 1979, a group of rural youth from Velgode Village in the Kurnool district of Andhra Pradesh came together to form a youth association to primarily take up work relating to community development. Named the Star Youth Association (SYA), it has now developed into a team of professionally trained young development workers who have chosen to live with the poor people and promote development welfare programmes for the children, youth and women.

SYA is registered under the Societies Registration Act, 1860, as well as under the Foreign Contribution (Regulation) Act with the Government of India, Ministry of Home Affairs.

*Operations* in the state of Andhra Pradesh, in Kurnool district, in the five *mandals* (groups) of Velgode, Sirvel, Atmakur, Pamulapadu and Kotthapalli.

*Vision:* “To promote and strengthen self-managed and self-sustainable 3- tier people’s institutions for holistic development”.

*Mission:* The SYA is a youth movement working under the principles of self-help, equality, social justice, poverty alleviation, peace and freedom. Its mission is to contribute to sustainable socio-economic development and promote quality of living styles in each project village and to the well-being and fulfillment of the needy poorest people.

*Management:* The 7-member Executive Body that is elected by the General Body every 4 years directs the programmes/activities of the SYA. The management is vested in the Executive Body. Its responsibilities are clearly defined and laid down in a written constitution.

*Institutional Memberships/Affiliations:* SYA is a member of the Network of Voluntary Organizations of Kurnool Dist. (NOVOK), Forest, Trees and people Network in Asia (FTPP), Voluntary Action Network – India (VANI), India Council of Youth Organization (ICYO), Microcredit Summit Council of NGOs, Andhra Pradesh Voluntary Health Association (APVHA), Nehru Yuva Kendra (NYK), CACL – Campaign Against Child Labor and Rashtriya Mahila Kosh (RMK).

*Donor and other support:* Membership fees and regular contributions from its members finance SYA. Funds are generated through person –to- person contacts with individual donors. It also actively solicits grants and support required for its work from the Government, inter-governmental bodies, international aid agencies, private foundations as well as loans from people and from financial institutions. So far, the main funding received has been from the Government of India, Government of Andhra Pradesh, CAPART, Central Social Welfare Board, Rashtriya Mahila Kosh, Swedish International Development Agency, United Nations Development Programme, ActionAid India, The Bridge Foundation, Friends of

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Women's World Banking (I), etc.,

*Main Programmes:* With a major focus on reaching out to women, youth and disadvantaged children in rural and interior areas, SYA's major programmes currently are as follows:

- ❑ Dalit empowerment programme: Formation and strengthening of dalit CBOs; formation and registration of scheduled caste labour contract societies; identification and building up of a dalit activist cadre; campaign on dalit rights and issues; legal support; women care and protection etc.,
- ❑ Sexual health project: Care and counseling on STD/HIV/AIDS.
- ❑ People's forestry programme: Joint forest management and strengthening of the VSS committee and networking
- ❑ Micro credit programme: Poor women's access to short- term loans with low interest rates for income generation activities.
- ❑ Integrated social security project: Initiating social security schemes for the poor.
- ❑ Social mobilization of women SHGs in Atmakur Mandal: Social mapping and wealth ranking exercises; formation and capacity building of networks of SHGs; leadership training; gender workshops; bookkeeping trainings.
- ❑ Child labour special school: Regular school education from Std. I to V classes for 50 child laborers; provision of mid-day meals and incentives to parents; mainstreaming to regular schools.

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## ***2. The Micro insurance Scheme***

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Name of the scheme:	Family Protection Scheme (FPS) – for poor women who are enrolled in SHGs (their ages – wife/husband, should not be over 55 years), and Micro Credit Protection Scheme (MCPS) – for those who have taken loan from SYA under MCP. This scheme is not applicable to those who do not use the loan for the specified purpose.
Starting date:	2000
Status:	Ongoing
Ownership:	Owned by SYA
Organizational structure:	Interlinked with the organization's regular micro credit programmes
Risk coverage:	Life, livestock, assets, crops
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers three blocks in one district in Andhra Pradesh
Target group:	Self Help Groups of women (SHGs) and Grameen groups belonging to the very poor sections of the population
Potential target	Aims to cover 10.000 people

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## ***3. Assistance to the scheme***

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Initiators:	SYA
External funding:	Operations grant from Friends of Women's World Banking (FWWB)/GTZ
External assistance:	Training, monitoring and advisory services provided by external groups on an occasional basis
N0 of people working for the scheme	Four salaried staff



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#### 4. Membership and Beneficiaries

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Registration of members:	Voluntary registration – registration may be for individual or family
Membership fee:	Yes
Contributors:	Data not available
Beneficiaries:	6.783, including spouse of member

#### 5. Contributions and Benefits

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Waiting period:	No
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	None, they have remained the same
Benefit package and contributions:	As follows in the table below:

##### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Life:</i></u> <ul style="list-style-type: none"><li>Rs. 5.000 in case of natural death of client or client's husband</li><li>Rs. 10.000 in case of accidental death of spouse</li></ul>	Rs. 150 if both member and spouse are covered, and Rs. 75 if the member is alone, unmarried, orphan, widow, a destitute or handicapped	6.763 (sex disaggregated data not available)
<u><i>Livestock (diary):</i></u>	3,5 % of the loan amount to cover the risk for dairy units	Data not available
<u><i>Assets and crops:</i></u>	2,5 % of the loan amount to cover the risk for non-dairy units	Data not available

##### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	10.949.047

##### *Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	652.844

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#### 6. Health-related information

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Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

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### ***7. Other financial information***

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

### ***8. Problems and Constraints***

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- ☐ Reaching target population
- ☐ Small membership

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	No
Use of state/public sector insurance:	No
Re-insurance:	None
Reductions on contributions:	Not applicable
Upgradation of services:	Not applicable
Complementarity of other insurance scheme benefits:	Not applicable
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	No

### ***10. Sources of information***

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- ☐ ILO/STEP questionnaire

## 42. GRAM VIKAS

State: Orissa

Address: Mohuda Village  
Berhampur  
Orissa

Phone : 91(0)680 – 2222 752/3/6  
Fax : 91(0)680 – 2209 754  
Email : [info@gramvikas.org](mailto:info@gramvikas.org)  
Website : [www.gramvikas.org](http://www.gramvikas.org)

### MI scheme at a glance

<i>Starting date:</i>	1997
<i>Risk coverage</i>	Life, assets
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	3.500
<i>Pot. benef.</i>	More than 10.000
<i>MF linkage</i>	No
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	Yes

### 1. The Organization

Gram Vikas is a voluntary organization registered under the Societies Registration Act. It works in partnership with the *adivasis* (tribals), dalits and other poor and marginalized communities in the south and southwestern parts of Orissa.

Gram Vikas' interventions are concentrated around a very participatory approach wherein entire villages/habitations are involvement in planning, implementation and monitoring. The organization recognizes that empowering the communities through strengthening institutions of local-self governance (the Panchayati Raj Institutions) is essential

Its core programmes consist of the following:

The Integrated Tribal Development Programme (ITDP) was initiated in 1979 to enable *adivasis* (tribals) overcome centuries of isolation and marginalization, develop the capacities needed to effect sustainable improvements in their lives and collectively fight for their rights. Currently, ITDP reaches 4,815 families in 165 villages through eight project areas in Ganjam, Gajapati and Kalahandi districts of Orissa.

The Rural Health and Environment Programme (RHEP) was initiated in 1992 with the goal of improving the economic opportunities and living conditions of poor rural communities and the creation of sustainable habitations through convergent community action. At present, RHEP reaches 5,070 families in 67 villages through four project areas in 12 districts of Orissa.

The Housing Programme, initiated in 1985, provides loan funds to poor people for building disaster proof houses, with a view to improving living conditions in villages. Over 3,500 families have been supported by Gram Vikas so far. Simultaneously, skills development in building materials and technologies, as well as other livelihoods, are promoted to diversify local options for productive economic activities.

Gram Vikas has also started a micro insurance scheme for the people in the communities it works with.

### 2. The Micro insurance Scheme

Name of the scheme:	Janashree Bhima Jojana
Starting date:	1997
Status:	Ongoing
Ownership:	Owned by Gram Vikas
Organizational structure:	Interlinked with the organization's regular ongoing programmes
Risk coverage:	Life, assets

Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Operates in selected districts in Orissa
Target group:	Rural people belonging to the very poor sections
Potential target	More than 10.000

### ***3. Assistance to the scheme***

Initiators:	Gram Vikas
External funding:	None
External assistance:	None
N0 of people working for the scheme	No full-time staff – the organization's staff manages the scheme

### ***4. Membership and Beneficiaries***

Registration of members:	Voluntary registration – registration may be for individual or family
Membership fee:	Yes
Contributors:	Data not available
Beneficiaries:	3.500

### ***5. Contributions and Benefits***

Waiting period:	1 month
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Contributions have increased
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Life:</i></u>	Data not available	3.500 (sex disaggregated data not available)
<ul style="list-style-type: none"> <li>Rs. 20.000 in case of natural death of client or client's spouse</li> <li>Rs. 40.000 in case of accidental death of spouse</li> </ul>		
<u><i>Assets:</i></u>	Data not available	Data not available
<ul style="list-style-type: none"> <li>Rs. 25.000 in case of destruction of property</li> </ul>		

#### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	3.500	238.000

#### *Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	220.000

### ***6. Health-related information***

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable

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Type of health care insured:	
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

### ***7. Other financial information***

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

### ***8. Problems and Constraints***

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- ☐ Reaching target population
- ☐ Small membership

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	No
Use of state/public sector insurance:	Implemented in collaboration with the New India Assurance Company and the Life Insurance Corporation of India
Re-insurance:	No
Reductions on contributions:	Yes
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	No

### ***10. Sources of information***

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- ☐ ILO/STEP questionnaire
- ☐ Official website: [www.gramvikas.org](http://www.gramvikas.org)

### 43. SPANDANA

*State:* Andhra Pradesh

*Address:* 3-30-45/2  
Opp: Bonmidala Kalyna Mandapam  
Nalanda Nagar, Guntur - 2  
Andhra Pradesh

*Phone :* 91(0)863 – 2350 733  
*Fax :* 91(0)863 – 2236 092  
*Email :* [padmaja\\_67@yahoo.com](mailto:padmaja_67@yahoo.com)  
*Website:* [www.spandanaindia.com](http://www.spandanaindia.com)

#### *MI scheme at a glance*

<i>Starting date:</i>	1999
<i>Risk coverage</i>	Life, housing
<i>Rural/urban</i>	Rural / urban
<i>Total benef.</i>	98.080
<i>Pot. benef.</i>	160.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

#### ***1. The Organization***

Registered in 1992 as a society, SPANDANA was set up to promote and undertake rural development activities in the Guntur district of Andhra Pradesh. Its micro finance program was initiated from early 1998 and while it also undertook work in areas such as health, its primary focus has been, and continues to be, micro finance.

Initial funding for the micro finance program included the Rashtriya Mahila Kosh (RMK), private donations from promoters and collections of earnings from door to door newspaper collection from houses in Guntur town. Subsequently, SPANDANA also raised loans from Friends of the Women's' World Banking (FWWB) and grants from foreign donors like MISEREOR and Caritas.

Micro finance program started by providing small loans to women rag pickers in urban slums in Guntur towards the end of 1997. In 1998, using funds from donors, SPANDANA's micro finance program gathered gradual momentum and enabled a spread of the program to rural areas close to Guntur Town

Was able to increase its outreach to rural villages and promote self-help groups (SHGs) in these villages. Eventually, it started work based on the Grameen methodology and established a branch based on the Grameen model. This served to enhance SPANDANA's outreach and credit absorption capacity rapidly.

*Operations:* In 6 branches (one urban and five rural) in and around the Guntur district. Of these branches, all but the Guntur Rural Branch follow a weekly meeting system derived from the Grameen system. In September 2001, it initiated the process of establishing two new branches in Guntur town where the head office is also located.

Groups promoted generally consist of either five or ten members and are well laid out in terms of group formation, savings, lending and repayment. Process of group formation starts with group identification; a group is considered identified when all its members belong to the same locality, are economically active and show signs of being able to cooperate, obey rules and ensure repayment of loans. Following a Group Recognition Test (GRT) and based on the results, a decision on the establishment/recognition of the group is taken. Following group recognition, members are provided passbooks for recording savings deposits that are collected during the weekly/monthly meetings.

Several groups together called a Centre comprising - between 30 to 40 members – meet during the weekly or monthly transactions meetings. All transactions are recorded at the centre level. Soon after the initiation of the savings activity, loans are extended to group members. All credit transactions take place at the group level and prepayments are allowed in both urban and rural branches.

SPANDANA has started a micro insurance scheme in 1999 with assistance from Friends of Women's World Banking (FWWB- India).

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## ***2. The Micro insurance Scheme***

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Name of the scheme:	Spandana Social security Scheme
Starting date:	1999
Status:	Ongoing
Ownership:	Owned by SPANDANA
Organizational structure:	Integrated into the organization's micro finance programme
Risk coverage:	Life, housing
Registration	Not registered separately
Rural / urban:	Both rural and urban
Outreach:	Operates in selected districts in Andhra Pradesh
Target group:	Members of the SPANDANA micro finance programme and their spouses
Potential target	160.000

## ***3. Assistance to the scheme***

---

Initiators:	SPANDANA
External funding:	Funds received from Friends of Women's World Banking (FFW – India) to cover operational expenses
External assistance:	No
N0 of people working for the scheme	98 salaried staff work part-time for the scheme

## ***4. Membership and Beneficiaries***

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Registration of members:	SPANDANA has made insurance compulsory for all active borrowers, though non-borrowing members are also encouraged to buy insurance policies
Membership fee:	None
Contributors:	50.254
Beneficiaries:	98.080

## ***5. Contributions and Benefits***

---

Waiting period:	No
Schedule of contributions:	Varies according to the amount of loan taken
Contributions and benefit fluctuation:	Amount of contributions has diminished
Benefit package and contributions:	As follows in the table below:

### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2003)</i>
<u><i>Life:</i></u> <ul style="list-style-type: none"><li>Equal to loan amount. In case of death, outstanding loan is written off and amount already paid is refunded</li><li>Rs. 5.000 in case of death of member's spouse</li></ul> <u><i>Assets (huts):</i></u> <ul style="list-style-type: none"><li>Rs. 1.000 in case of damage to huts (fire accident relief)</li></ul>	1 % of loan amount or Rs. 50 – whichever is more	98.080 (sex disaggregated data not available)

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*Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2003	Data not available	6.231.226

*Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2003	830 (Member's death: 172 Spouse's deaths: 512 Damages to huts: 146)	3.747.547

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#### **6. Health-related information**

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

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#### **7. Other financial information**

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

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#### **8. Problems and Constraints**

- ☐ None, as stated by SPANDANA

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	No
Use of state/public sector insurance:	No
Re-insurance:	No
Reductions on contributions:	Not applicable
Upgradation of services:	Not applicable
Complementarity of other insurance scheme benefits:	Not applicable
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Not applicable

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#### **10. Sources of information**

- ☐ ILO/STEP questionnaire



## 44. ANKURAM

*State:* Andhra Pradesh

*Address:* Plot No. 142-143  
Transport Road, AP Text book Colony  
Karkhana, Secunderabad – 500 009  
Andhra Pradesh

*Phone :* 91(0)40 – 2789 4574 / 2550 4147

*Fax :* 91(0)40 – 2789 4573

*Email :* [info@ankuram.com](mailto:info@ankuram.com)

*Website:* [www.ankuram.com](http://www.ankuram.com)

### *MI scheme at a glance*

<i>Starting date:</i>	2002
<i>Risk coverage</i>	Life, disab, livestock, assets, acc.death, fees
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	2.000
<i>Pot. benef.</i>	More than 10.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

### ***1. The Organization***

Ankuram is based in Andhra Pradesh, with its head office in Secunderabad city. Its mission states as follows: “To work for all round development of the children; to provide adequate care and affection to all the children; and, to ensure that women enjoy the same status as the men

Its development goals are focused on issues relating to children, education and training, health and nutrition, and women’s rights

In its micro insurance scheme, Ankuram partners with Friends of Women’s World Banking (FWWB - India).

### ***2. The Micro insurance Scheme***

Name of the scheme:	NEEDA – which means “shade/cover” in local dialect
Starting date:	2002
Status:	Ongoing
Ownership:	Owned by Ankuram
Organizational structure:	Interlinked with the organization’s regular ongoing programmes: micro finance and micro insurance are carried out by a division called the Financial Services Group
Risk coverage:	Life, accidental death, disability, livestock, assets, legal fees
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers 1.000 villages in 100 mandals in 12 districts in Andhra Pradesh
Target group:	People belonging to the very poor sections – mostly informal sector workers
Potential target	More than 10.000

### ***3. Assistance to the scheme***

Initiators:	Ankuram
External funding:	Operations grant from Friends of Women’s World Banking (FWWB) to cover operational expenses

External assistance:	For training, monitoring/evaluation and some advisory services
N0 of people working for the scheme	1 managerial, 1 secretarial, 16 area-level and 2-3 salaried staff in each block level. Except for the managerial and secretarial staff, all others simultaneously carry out the micro insurance activity along with the micro finance activity. The Board members at different levels and on a voluntary basis participate in policy promotion

#### ***4. Membership and Beneficiaries***

Registration of members:	Life and personal accidental coverage is compulsory for the borrowers and voluntary for the non-borrowing members. Similarly, the assets purchased out of the loan should compulsorily be insured. Other coverage is on voluntary offer.
Membership fee:	None. Uses direct payment by contributors as well as deduction from paycheck or some other sources
Contributors:	Data not available
Beneficiaries:	2.000

#### ***5. Contributions and Benefits***

Waiting period:	The duration between premium collected and paid to the insurer is the waiting period. It varies between 10-15 days as of now, in case of life insurance
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Yet to be experienced as it is a relatively new scheme
Benefit package and contributions:	As follows in the table below:

##### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Life – Plan I:</i></u> <ul style="list-style-type: none"> <li>Rs. 20.000 in case of natural death of client or spouse and Rs. 50.000 in case of accidental death of spouse (between ages 18 to 59 years)</li> <li>Rs. 50.000 in cause of total and permanent disability due to accident (both limbs, both eyes)</li> <li>Rs. 25.000 in case of loss of one eye/limb due to accident (between ages 18 to 50 years)</li> </ul>	Rs. 100 per person	2.000 (sex disaggregated data not available)
<u><i>Life – Plan II:</i></u> <ul style="list-style-type: none"> <li>On death, one hundred times the amount paid is returned to the nominee or 1,1 times the amount is paid if members survives the duration of the plan (between ages 18 to 50 years)</li> </ul>	One-time payment of Rs. 50, Rs. 100 or Rs. 200	Data not available

<u>Life – disability – assets – legal fees - Plan III:</u> <ul style="list-style-type: none"> <li>Rs. 25.000 in case of accidental death of member or spouse; and Rs. 25.000 to children in case of accidental death of parents (between ages 5–70 years)</li> <li>Rs. 25.000 in case of total and irrecoverable loss of two limbs/eyes due to accident</li> <li>Rs. 500 (for 3 months) in case of temporary disablement (between ages 5-70 years)</li> <li>Rs. 2.000 in case of loss of assets/livestock (between ages 5-70 years)</li> <li>Rs. 2.000 for legal expenses in case of divorce</li> </ul>	Rs. 62 per person	Data not available
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*Total amount of contributions collected in last year:*

Year	Number of contributions	Amount in Rs.
2002	Data not available	200.000

*Total amount of benefits paid in last year:*

Year	Number of benefits paid	Amount in Rs.
2002	Data not available	Data not available

## **6. Health-related information**

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

## **7. Other financial information**

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

## **8. Problems and Constraints**

- ☐ Trying to forge relations with health-service providers
- ☐ Lack of fund for operation costs

## **9. Linkages with National/State/Private organizations**

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Use of commercial insurance:	Data not available
Use of state/public sector insurance:	Data not available
Re-insurance:	No
Reductions on contributions:	No
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Not applicable

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### ***10. Sources of information***

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- ☐ ILO/STEP questionnaire

## **45. ACTION FOR COMMUNITY ORGANIZATION, REHABILITATION AND DEVELOPMENT (ACCORD)**

*State:* Tamil Nadu

*Address:* 12/669 B Thottamoola  
Gudalur  
Tamil Nadu

*Phone :* 91(0)42 – 626 1504  
*Fax :* 91(0)42 – 626 1504  
*Email :* [admin@accord.ilban.ernet.in](mailto:admin@accord.ilban.ernet.in)  
*Website :* [www.ashwini.org](http://www.ashwini.org)

### *MI scheme at a glance*

<i>Starting date:</i>	1990
<i>Risk coverage</i>	Health care, disability, life, assets
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	12.500
<i>Pot. benef.</i>	25.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	Yes
<i>Public Ins.Co</i>	Yes

### **1. The Organization**

Action for Community Organization, Rehabilitation and Development (ACCORD) was started in 1986 to work with tribal people in the town of Gudalur in Tamil Nadu. With a holistic approach for the development of this group - which includes education, community organization, economic development, health, housing and cultural development - the organization's overall strategy is to empower the tribals to the extent that ACCORD's role would gradually diminish as the community gains more control over the process of change.

The holistic approach to development is fostered by the organizing of tribal people into small groups at the village level (sangams) with a federative body called the 'Adivasi Munnetra Sangam' (AMS). This has now developed into a federation of 167 village sangams. All the development activities are implemented by the sangams.

One of the main programs of AMS is to run a credit fund that allows members to contribute a rupee per week, with a matching share from ACCORD, so that in times of emergency and serious indebtedness, members can borrow from the credit fund. The main emphasis is on participation and collective action and self-help.

ACCORD has also set up "Ashwini" - a health welfare association - as well as opened an alternative education school for the disadvantaged tribal children.

### **2. The Micro insurance Scheme**

Name of the scheme:	Ashwini Health Scheme (Association for health welfare in the Nilgwis)
Starting date:	Data not available
Status:	Ongoing
Ownership:	Owned by the community-based organization ASHWINI / AMS
Organizational structure:	Part of the regular ongoing activities of the organization
Risk coverage:	Health care, disability, life, assets
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers selected locations of Gundahar district in Tamil Nadu

Target group:	Poor tribals
Potential target	Data not available

### ***3. Assistance to the scheme***

Initiators:	ACCORD
External funding:	Data not available
External assistance:	Data not available
N0 of people working for the scheme	Data not available

### ***4. Membership and Beneficiaries***

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

### ***5. Contributions and Benefits***

Waiting period:	None
Schedule of contributions:	Monthly
Contributions and benefit fluctuation:	Data not available
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Composite Social Security Package:</i></u> <ul style="list-style-type: none"> <li>Covers death and permanent disability of head of family for Rs.3.000</li> <li>Up to Rs. 1.500 as damages for hut and belongings</li> <li>Up to Rs. 1.500 for all illnesses covering hospitalisation</li> </ul>	Rs. 22 per head	12.500 (sex disaggregated data not available)

#### *Total amount of contributions collected in last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

#### *Total amount of benefits paid in last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2002	Data not available	Data not available

### ***6. Health-related information***

Co-payment:	None
Payment modality:	Data not available
Other health related services:	Data not available
Type of health care insured:	Primary and secondary

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Privileges negotiated with health care providers:	Data not available
Contractual agreement with service provider:	None

### ***7. Other financial information***

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Financial reserve:	Data not available
Guarantee fund:	Data not available
Bank account:	Data not available

### ***8. Problems and Constraints***

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- ☐ Insurance renewals
- ☐ Collection of contributions

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	Royal Sundaram
Use of state/public sector insurance:	Uses New India Assurance Company for its hospitalisation, disability, life and assets cover
Re-insurance:	Data not available
Reductions on contributions:	Data not available
Upgradation of services:	Data not available
Complementarity of other insurance scheme benefits:	Data not available
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Data not available

### ***10. Sources of information***

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- ☐ ILO/STEP questionnaire

## 46. PEOPLE'S RURAL EDUCATION MOVEMENT (PREM)

*State:* Orissa

*Address:* Mandiapalli, Rangailunda, Bhanja Vihar  
Berhampur,  
District Ganjam – 760 007  
Orissa

*Phone :* 0680 – 2242 266 / 2204 338  
*Fax :* 0680 - 2242 401 / 2203 523  
*Email :* [premooffice\\_1@sify.com](mailto:premooffice_1@sify.com)  
*Website* [www.premindia.com](http://www.premindia.com)

### *MI scheme at a glance*

<i>Starting date:</i>	2003
<i>Risk coverage</i>	Health care
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	75.000
<i>Pot. benef.</i>	100.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

### ***1. The Organization***

The People's Rural Education Movement (PREM) started as a comprehensive development project implemented at the community level with the support the international NGO called PLAN. It aimed primarily to assist women SHGs to address the main local development issues such as health, education and income generating activities, through a network of community-based micro finance organizations.

Health became quickly the prime concern of PREM, as in both the project's areas, health problems such as: malaria, diarrhea and water borne diseases were reaching alarming heights. A special health care programme was set up in order: to develop malaria prevention and control, to promote early childhood care and safe motherhood, and to provide, through a social security component, assistance to members in need of health care services provided at both the local and district level.

This service-oriented approach regarding health care and social security assistance had to be transformed in order to become fully sustainable. The whole programme was thus redesigned and reorganized with the active participation of the community. The new health promotion scheme, based on the solidarity motto "one for all and all for one", transferred the responsibilities at the community level, and set up a new micro insurance mechanism where regular contributions from all members could progressively substitute to external funding.

The new scheme covers both primary care services provided at the local level and hospitalisation costs at referral centres at the district level. It includes the training of SHG volunteers to take care of health education and first aid and to maintain record at village level, the setting up of village medicines depots, the engagement of nurses, and the intervention of contact persons to organize referral cases at selected hospitals which became partners with the scheme under contractual arrangements.

### ***2. The Micro insurance Scheme***

Name of the scheme:	People's Rural Health Promotion Scheme
Starting date:	2003
Status:	Ongoing
Ownership:	Owned by an Apex Organization of micro finance organizations: UTKAL MAHILA SANCHAY BIKAS O SAMAJ MANGAL SANGATHAN
Organizational structure:	Interlinked with the organization's regular ongoing micro finance programme



Risk coverage:	Health care
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers 1.400 villages in 7 blocks in Gajapati and Puri Districts in Orissa
Target group:	People belonging to the very poor sections – mostly informal sector workers
Potential target	100.000

### ***3. Assistance to the scheme***

Initiators:	20 community-based micro finance institutions
External funding:	Through a development partner, matching fund (during five years), reserve fund and operations grant
External assistance:	For sensitisation/awareness, training, management and monitoring/evaluation
N0 of people working for the scheme	Information not available

### ***4. Membership and Beneficiaries***

Registration of members:	Compulsory for SHG women members – voluntary for family members
Membership fee:	None. Uses direct payment by contributors.
Contributors:	Members and family members of some 1.400 SHGs
Beneficiaries:	75.000

### ***5. Contributions and Benefits***

Waiting period:	None
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Yet to be experienced as it is a relatively new scheme
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u>Health care:</u> <ul style="list-style-type: none"> <li>All primary health care services provided for free at health care facilities set up at the village level</li> <li>Reimbursement of hospitalisation expenses up to Rs. 3.000</li> </ul>	Rs. 20 per person	75.000 (38.000 women – 37.000 men)

#### *Total amount of contributions collected last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2003	Data not available	3.700.000

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*Total amount of benefits paid last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2003	Data not available	2,200,000

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#### **6. Health-related information**

Co-payment:	None
Payment modality:	Direct payment by contributor
Other health related services:	Health promotion and education, medicine depots at the village level
Type of health care insured:	Primary health care – hospitalisation costs
Privileges negotiated with health care providers:	Discounts on costs, quality care, priority treatment
Contractual agreement with service provider:	Yes, signed contracts

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#### **7. Other financial information**

Financial reserve:	Yes – Rs. 1,500,000
Guarantee fund:	Yes
Bank account:	Yes

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#### **8. Problems and Constraints**

- ☐ Data not available

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	Project under discussion
Use of state/public sector insurance:	Project under discussion
Re-insurance:	No
Reductions on contributions:	Yes
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Not applicable

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#### **10. Sources of information**

- ☐ ILO/STEP Questionnaire

## 47. CASP PLAN ORGANIZATION

**State:** Maharashtra

**Address:** Sai Baba Seradhnem Bldg NO 46  
Khane Phata, Mumbai Pune Road  
District Pune  
Maharashtra

**Phone :** 02114 263 185

**Fax :** 02114 162 576

**Email :** [caspplan@poz.vsnl.net.in](mailto:caspplan@poz.vsnl.net.in)  
[Pune.pu@plan-international.org](mailto:Pune.pu@plan-international.org)

### *MI scheme at a glance*

<i>Starting date:</i>	2000
<i>Risk coverage</i>	Health care
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	25.000
<i>Pot. benef.</i>	40.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

### 1. The Organization

The international NGO called PLAN supports community-based organizations to deal with various development issues such as health and income generating activities, through a network of community-based micro finance organizations.

In its various interventions, PLAN supports the setting up of new insurance services, thus complementing the financial services provided by community-based organizations.

### 2. The Micro insurance Scheme

Name of the scheme:	Medi-claim policy
Starting date:	2000
Status:	Ongoing
Ownership:	Owned by the NGO Casp Plan Organization
Organizational structure:	Interlinked with the organization's regular ongoing micro finance programme
Risk coverage:	Health care
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers 67 villages in Pune District in Andhra Pradesh
Target group:	People belonging to the very poor sections – mostly agricultural workers
Potential target	40.000

### 3. Assistance to the scheme

Initiators:	NGO supporting community-based organizations involved in micro finance activities
External funding:	No
External assistance:	Development partner: for sensitisation/awareness, training, advisory services
N0 of people working for the scheme	Information not available

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#### **4. Membership and Beneficiaries**

---

Registration of members:	Compulsory for members and their families
Membership fee:	None
Contributors:	Members of community-base micro finance institutions
Beneficiaries:	25.000

#### **5. Contributions and Benefits**

---

Waiting period:	None
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Increased contributions – benefits reduced to hospitalisation expenses
Benefit package and contributions:	As follows in the table below:

##### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2003)</i>
<i>Health care:</i> <ul style="list-style-type: none"><li>Reimbursement of hospitalisation expenses up to Rs. 30.000</li></ul>	Rs. 400 per family	25.000 (sex disaggregated data not available)

##### *Total amount of contributions collected last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2003	Data not available	1.953.000

##### *Total amount of benefits paid last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2003	Data not available	323.000

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#### **6. Health-related information**

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Co-payment:	None
Payment modality:	Direct payment by contributor
Other health related services:	None
Type of health care insured:	Hospitalisation costs (domiciliary expenses reimbursed the first two years, but abandoned in year 3)
Privileges negotiated with health care providers:	Discounts on costs, quality of health care
Contractual agreement with service provider:	None

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#### **7. Other financial information**

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

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### ***8. Problems and Constraints***

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- ☐ Contribution defaults

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	No
Use of state/public sector insurance:	No
Re-insurance:	No
Reductions on contributions:	No
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Not applicable

### ***10. Sources of information***

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- ☐ ILO/STEP questionnaire

## 48. YESHASVINI

*State:* Karnataka

*Address:* Yeshasvini Co-operative Trust

### *MI scheme at a glance*

<i>Starting date:</i>	2002
<i>Risk coverage</i>	Health care
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	1.700.000
<i>Pot. benef.</i>	2.500.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

### **1. The Organization**

Family Health Plan Limited is the first Third Party Administrator and the largest in the country with extensive and in-depth domain experience in health insurance scheme administration. FHPL was the first to conceptualise, design and implement a Self-Funded health scheme in India, aiming to bring a qualitative improvement in the standard of living of the work-force based in the unorganised sector.

One of the main reasons of rural indebtedness being the cost of healthcare, the idea was to provide access to even the most complex and costly medical procedures without financial burden, to the primary segment of the population. With the new insurance scheme, any farmer who was a member of a registered cooperative society in Karnataka could get the necessary treatment and have access to expensive medical procedures by paying a small premium.

The launch of the insurance scheme was prepared in close collaboration with the government of Karnataka which has accepted to contribute to an additional 50 % of the premium to be paid by the members. The preparatory phase also allowed to enrol some 70 hospitals across the state which provide the covered surgical procedures at a pre-negotiated tariff.

### **2. The Micro insurance Scheme**

Name of the scheme:	Yeshasvini
Starting date:	2002
Status:	Ongoing
Ownership:	Owned by the Yeshasvini Cooperative Trust
Organizational structure:	Linked with the Government of Karnataka and the Karnataka State Cooperative Bank Limited, Bangalore
Risk coverage:	Health care
Registration	Registered as a NGO
Rural / urban:	Rural
Outreach:	Covers most districts in Karnataka
Target group:	People belonging to cooperatives for at least the last six months (cooperative credit societies, milk marketing federations...)
Potential target	2.500.000

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### 3. Assistance to the scheme

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Initiators:	NGO supporting cooperative organizations involved in various micro finance and productive activities
External funding:	State Government of Karnataka contributes to Rs 30 per member per annum
External assistance:	No
N0 of people working for the scheme	Information not available

### 4. Membership and Beneficiaries

---

Registration of members:	Voluntary for cooperative members
Membership fee:	None
Contributors:	Members of cooperatives
Beneficiaries:	1.700.000

### 5. Contributions and Benefits

---

Waiting period:	None
Schedule of contributions:	Yearly
Contributions and benefit fluctuation:	Yet to be experienced as the scheme is at its first implementation stage
Benefit package and contributions:	As follows in the table below:

#### Description of services:

Benefits	Contributions (yearly)	N0 of people covered (2003)
<u>Health care:</u> <ul style="list-style-type: none"><li>Coverage of surgical interventions up to Rs 100.000 per procedure</li><li>Free out-patient consultations and diagnostic tests</li></ul>	Rs. 60 per member (plus a subsidy of Rs 30 from State Government)	1.700.000 (sex disaggregated data not available)

#### Total amount of contributions collected last year:

Year	Number of contributions	Amount in Rs.
2003	1.700.000	140.000.000

#### Total amount of benefits paid last year:

Year	Number of benefits paid	Amount in Rs.
2003	Data not available	Data not available

### 6. Health-related information

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Co-payment:	None
Payment modality:	No direct payment to the health providers - registered hospitals send their bills to the Trust
Other health related services:	None

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Type of health care insured:	Surgical interventions costs (1.600 surgical procedures covered: gastro-intestinal surgeries, orthopedic surgeries, ophthalmic surgeries, gynecological surgeries, cardiac surgeries, ENT surgeries, neurological surgeries, etc.), free out-patient services
Privileges negotiated with health care providers:	Cashless services, discounts on costs, quality of health care
Contractual agreement with service provider:	Yes, agreements concluded with 74 hospitals across the state

### ***7. Other financial information***

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

### ***8. Problems and Constraints***

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- ☐ None so far

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	No
Use of state/public sector insurance:	No
Re-insurance:	No
Reductions on contributions:	No
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Not applicable

### ***10. Sources of information***

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- ☐ Yeshasvini information document – 2003



## 49. COMMUNITY HEALTH INSURANCE

*State:* Karnataka  
*Address:* Karuna Trust  
Old Thirumakudlu, T. Narsipura  
Mysore – 571 124  
Karnataka  
*Phone :* 0821 261565  
*Fax:*  
*Email :* [karunatrustnn@eth.net](mailto:karunatrustnn@eth.net)

### *MI scheme at a glance*

<i>Starting date:</i>	2002
<i>Risk coverage</i>	Health care, loss of income
<i>Rural/urban</i>	Rural/urban
<i>Total benef.</i>	137.000
<i>Pot. benef.</i>	150.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	Yes

### **1. The Organization**

In close collaboration with various support organisations, the Karuna Trust has been recently engaged in a new pilot project aiming to develop and test a model of community health financing suited to the rural community. The objectives of this project were: I) to increase access to public medical care by rural poor and lower income groups, ii) to enhance the use of primary healthcare facilities, and iii) to enhance awareness of the need for preventive health care.

These objectives were to be achieved through a health insurance mechanism, developed at the community level while interacting with the organised insurance sector. This prepaid insurance scheme was designed to ensure equitable distribution of medical care among the different income-level groups.

The current scheme relies on various innovations such as: the intervention in the insurance marketing and claim settlement of social workers, the setting up of a revolving fund at the health institution for immediate claims settlement, and the adoption of a general health coverage (no exclusion of any disease).

At the same time, the scheme is developing preventive health care programmes (promoting the use of herbal gardens), while organising, in addition to its inpatient insurance cover, micro credit activities facilitating the financing of outpatient services.

### **2. The Micro insurance Scheme**

Name of the scheme:	Community health insurance
Starting date:	2002
Status:	Ongoing
Ownership:	Organised and managed by the NGO Karuna Trust
Organizational structure:	Interlinked with the organization's regular ongoing development activities
Risk coverage:	Health care, loss of income
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers the population in T. Narsipur and Bailonghal taluks in Karnataka
Target group:	People belonging to the very poor sections – mostly women and agricultural workers

Potential target 150.000

### 3. Assistance to the scheme

Initiators: NGO supporting community-based organizations involved in multiple development and micro finance activities  
 External funding: Yes, covering technical assistance and premium subsidy  
 External assistance: Development partner: for sensitisation/awareness, training, advisory services  
 NO of people working for the scheme Information not available

### 4. Membership and Beneficiaries

Registration of members: Voluntary for members and their families  
 Membership fee: None  
 Contributors: Members of SHGs  
 Beneficiaries: 137.000

### 5. Contributions and Benefits

Waiting period: None  
 Schedule of contributions: Yearly  
 Contributions and benefit fluctuation: Increased membership and contributions  
 Benefit package and contributions: As follows in the table below:

#### Description of services:

Benefits	Contributions (yearly)	NO of people covered (2003)
<u>Health care:</u> <ul style="list-style-type: none"> <li>Reimbursement of hospitalisation expenses up to Rs. 2.500</li> </ul>	Rs. 30 per person (with total or partial external subsidy for BPL)	137.000 (sex disaggregated data not available)
<u>Loss of income:</u> <ul style="list-style-type: none"> <li>Rs 50 a day for loss of income in case of hospitalisation</li> </ul>		

#### Total amount of contributions collected last year:

Year	Number of contributions	Amount in Rs.
2003	Data not available	Data not available

#### Total amount of benefits paid last year:

Year	Number of benefits paid	Amount in Rs.
2003	Data not available	Data not available

### 6. Health-related information

Co-payment: None  
 Payment modality: Direct payment by contributor

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Other health related services:	Micro credit financing for out-patient care through SGGs, revolving fund at the health institution level to settle claim immediately, referral cases to public hospitals
Type of health care insured:	Hospitalisation costs
Privileges negotiated with health care providers:	Discounts on costs, contribution to the cost of drugs, quality of health care
Contractual agreement with service provider:	Yes, with public health facilities

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### ***7. Other financial information***

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

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### ***8. Problems and Constraints***

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- ☐ Information not available

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### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	No
Use of state/public sector insurance:	Yes – National Insurance Company
Re-insurance:	No
Reductions on contributions:	No
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Not applicable

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### ***10. Sources of information***

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- ☐ Information document on the Community Health Insurance experience in Karnataka

## 50. ANTHYODAYA HEALTH PROMOTION SCHEME

*State:* Andhra Pradesh

*Address:* Gandhi Vidyalayam, Janagoan Rd  
Suryapet  
District Nalgonda – 508 213  
Andhra Pradesh

*Phone :* 08684 – 253 878  
*Fax :* 08684 – 253 706  
*Email :* [vijayawada.pu@plan-international.org](mailto:vijayawada.pu@plan-international.org)

### *MI scheme at a glance*

<i>Starting date:</i>	2003
<i>Risk coverage</i>	Health care
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	11.500
<i>Pot. benef.</i>	20.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

### 1. The Organization

The international NGO called PLAN supports community-based organizations to deal with various development issues such as health and income generating activities, through a network of community-based micro finance organizations.

In its various interventions, PLAN supports the setting up of new insurance services, thus complementing the financial services provided by community-based organizations.

### 2. The Micro insurance Scheme

Name of the scheme:	Anthyodaya Health Promotion Scheme
Starting date:	2003
Status:	Ongoing
Ownership:	Owned by the NGO Arthik Samata Mandal, registered under the Societies Registration Act
Organizational structure:	Interlinked with the organization's regular ongoing micro finance programme
Risk coverage:	Health care
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers 103 villages and hamlets, through 380 SHGs and 11 CBOs in two blocks in Nalgonda district in Andhra Pradesh
Target group:	People belonging to the very poor sections – mostly informal sector workers and agriculture workers
Potential target	20.000

### 3. Assistance to the scheme

Initiators:	NGO supporting community-based organizations involved in micro finance activities
External funding:	Through a development partner: operations grant, capacity building grant and core administrative support
External assistance:	Yes, for sensitisation/awareness, training and management

N0 of people working for the scheme

Regular staff of 10 professional health personnel, one resident doctor and 123 community based health volunteers residing in 99 locations, simultaneously carry out micro insurance activities along with micro finance activities

#### **4. Membership and Beneficiaries**

Registration of members: Individual voluntary registration  
Membership fee: None  
Contributors: Members and family members of some 103 hamlets and villages  
Beneficiaries: 11.500

#### **5. Contributions and Benefits**

Waiting period: None  
Schedule of contributions: Yearly  
Contributions and benefit fluctuation: Yet to be experienced as the scheme is at its first implementation stage  
Benefit package and contributions: As follows in the table below:

##### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u><i>Health care:</i></u> <ul style="list-style-type: none"><li>• Primary health care services provided at health posts and health clinics</li><li>• Reimbursement of referral hospitalisation expenses up to Rs. 3.000</li></ul>	Rs. 20 per person	11.5000 (5.000 women – 6.500 men)

##### *Total amount of contributions collected last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2003	Data not available	Scheme in starting phase

##### *Total amount of benefits paid last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2003	Data not available	Scheme in starting phase

#### **6. Health-related information**

Co-payment: Yes  
Payment modality: Direct payment by contributor  
Other health related services: None  
Type of health care insured: Primary health care - hospitalisation costs  
Privileges negotiated with health care providers: Quality of health care services  
Contractual agreement with service provider: Yes, signed contracts

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### ***7. Other financial information***

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

### ***8. Problems and Constraints***

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- ☐ Management capacities
- ☐ Small membership

### ***9. Linkages with National/State/Private organizations***

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Use of commercial insurance:	No
Use of state/public sector insurance:	No
Re-insurance:	No
Reductions on contributions:	No
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Not applicable

### ***10. Sources of information***

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- ☐ ILO/STEP questionnaire

## 51. SOUTH ASIA RESEARCH SOCIETY (SARS)

*State:* West Bengal  
*Address:* 93, Jodhpur Park  
Kolkata - 700 068  
West Bengal  
*Phone :* 033 24724374 / 24724375  
*Fax :* 033 247939175  
*Email :* [sars@vsnl.net](mailto:sars@vsnl.net)  
*Website :* [www.sarsociety.com](http://www.sarsociety.com)

### *MI scheme at a glance*

<i>Starting date:</i>	2003
<i>Risk coverage</i>	Life, loans
<i>Rural/urban</i>	Rural
<i>Total benef.</i>	10.212
<i>Pot. benef.</i>	20.000
<i>MF linkage</i>	Yes
<i>Comm.Ins.Co</i>	No
<i>Public Ins.Co</i>	No

### **1. The Organization**

In November 1992, South Asia Research Society (SARS) registered itself under the West Bengal Societies Registration Act of 1961, while launching its Nirdhan project, a project for the poorest of the poor in rural areas. Asia Pacific Development Centre and the Grameen Trust (an associate of the Grameen Bank of Bangladesh) supplied recoverable grants to SARS, allowing it to start its micro finance programme.

SARS interventions aim not only at removing poverty but also at arousing consciousness so that the rural poor develop their skills for money-earning as well as for creative activities which can contribute to the all-round development of the community. Empowerment of women resulting in a truly integrated rural development is one of its principal goals. The organisation replicates the Grameen Bank Financial System of Bangladesh in pursuit of such empowerment.

All recipients of SARS activities are women in the below-poverty line category, belonging overwhelmingly to Scheduled Castes, Scheduled Tribes, other backward Castes and minorities.

Research and training activities are considered as major components of the micro finance programme. SARS has tied up with several organisations, such as universities, research centres, the Ford Foundation and the Canadian International Development Agency in order to conduct multidimensional research activities in both social and financial fields. With a view to taking up its capacity building programme in earnest, SARS, in collaboration with reputed institutions also undertake various training programmes throughout the year.

In order to reduce the high vulnerability affecting its target group, SARS introduced in July 2003 a new micro insurance scheme, closely linked to its micro finance activities.

### **2. The Micro insurance Scheme**

Name of the scheme:	Risk fund
Starting date:	2003
Status:	Ongoing
Ownership:	Owned by the NGO South Asia Research Society (SARS), registered under the West Bengal Societies Registration Act, 1961

Organizational structure:	Interlinked with the organization's regular ongoing micro finance programme
Risk coverage:	Life, loans
Registration	Not registered separately
Rural / urban:	Rural
Outreach:	Covers 286 remote villages and hamlets in 5 districts of West Bengal
Target group:	People belonging to the poor sections – mostly informal sector women workers involved in agriculture diversified products, animal husbandry, fishing and trade and craft
Potential target	20.000

### ***3. Assistance to the scheme***

Initiators:	South Asia Research Society
External funding:	None
External assistance:	Yes, for training and monitoring/evaluation
N0 of people working for the scheme	52 salaried people are involved in the micro finance activities, they also intervene in the micro insurance activities

### ***4. Membership and Beneficiaries***

Registration of members:	Individual compulsory registration
Membership fee:	None
Contributors:	All women receiving loans from the organisation
Beneficiaries:	10.212

### ***5. Contributions and Benefits***

Waiting period:	None
Schedule of contributions:	At the time of disbursement of loan which is normally once a year
Contributions and benefit fluctuation:	Yet to be experienced as the scheme is at its first implementation stage
Benefit package and contributions:	As follows in the table below:

#### *Description of services:*

<i>Benefits</i>	<i>Contributions (yearly)</i>	<i>N0 of people covered (2002)</i>
<u>Life:</u> <ul style="list-style-type: none"> <li>Outstanding loan is written off in case of death of borrower</li> <li>Refund of thrift money of the deceased member to the nominees</li> </ul>	2 % of loan amount	10.212 women

#### *Total amount of contributions collected last year:*

<i>Year</i>	<i>Number of contributions</i>	<i>Amount in Rs.</i>
2003	Data not available	Scheme in starting phase



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*Total amount of benefits paid last year:*

<i>Year</i>	<i>Number of benefits paid</i>	<i>Amount in Rs.</i>
2003	Data not available	Scheme in starting phase

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#### **6. Health-related information**

Co-payment:	Not applicable
Payment modality:	Not applicable
Other health related services:	Not applicable
Type of health care insured:	Not applicable
Privileges negotiated with health care providers:	Not applicable
Contractual agreement with service provider:	Not applicable

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#### **7. Other financial information**

Financial reserve:	No
Guarantee fund:	No
Bank account:	No

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#### **8. Problems and Constraints**

- ☐ Legal framework
- ☐ Communications / reaching target population

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#### **9. Linkages with National/State/Private organizations**

Use of commercial insurance:	Not yet, but discussions under way with several insurance companies who propose a coverage under their rural/social sector obligations
Use of state/public sector insurance:	No
Re-insurance:	No
Reductions on contributions:	No
Upgradation of services:	No
Complementarity of other insurance scheme benefits:	No
Legislation requesting participation of private/public insurance schemes with schemes for rural/poor people:	Not applicable

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#### **10. Sources of information**

- ☐ ILO/STEP questionnaire
- ☐ Document: A profile of South Asia Research Society - 2003

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## **4 THE NEW ACTORS**

1. Professional Assistance for Development in Action
2. Society for Helping Awakening Rural Poor
3. Indian Association for Savings and Credit
4. Indore Financial Services for the Poor
5. Swayam Krishi Sangham
6. BAIF Development Research Foundation
7. Sabuj Sangha
8. Emmanuel Hospital Association (EHA)
9. Cashe Innovation Fund

## 1. PROFESSIONAL ASSISTANCE FOR DEVELOPMENT ACTION (PRADAN)

*States:* Jharkhand, Bihar, Chattisgarh, Madhya Pradesh, Orissa, Rajasthan, West Bengal

*Address:* P.O Box 3827  
1.1.1.1.25 Niti Bagh – 110 049  
New Delhi

*Phone :* 91(0)11 – 2652 8534

*Fax :* 91(0)11 – 2651 4682

*Email :* [pradhanho@ndb.vsnl.net.in](mailto:pradhanho@ndb.vsnl.net.in)

### *Highlighting the potential*

- Operates in 26 districts across 7 States
- Works with more than 68.000 families in 2.048 villages
- Extension of coverage to 15.000 families each year

### 1. The Organization

Professional Assistance for Development Action (PRADAN) was established in 1983. It is registered in the National Capital Region of Delhi under the Societies Registration Act, as also under the relevant income tax laws governing charitable organizations.

It currently works in selected villages in 26 districts across 7 states through small teams based in the field.

The focus of its work is to promote and strengthen livelihoods for the rural poor. This involves organizing them, enhancing their capabilities, introducing ways to improve their incomes and linking them to banks, markets and other economic services. PRADAN comprises of professionally trained people motivated to use their knowledge and skills to remove poverty by working directly with the poor. PRADAN recruits such people from campuses, provides them year-long apprenticeship in its village projects and then puts them to work in villages in small teams.

Presently there are 211 personnel in PRADAN of whom 156 (39 women, 117 men) are trained in professions like agriculture, engineering, management, rural management and social work at reputed institutions in India and abroad. 52 are development apprentices. The 55 support staff provides office and logistical support. While PRADAN works with both men and women within a household, particular attention is paid to work with women.

PRADAN follows a broad “area saturation approach”, focused on creating sustainable livelihoods. A brief outline of PRADAN's projects in different states are as follows:

- ❑ In *Jharkhand* and *Bihar*, PRADAN is promoting tasar sericulture; watershed development (including improved upland cultivation and conservation of rain water); small-scale irrigation from streams and irrigated agriculture; and, women's savings and credit groups
- ❑ The focus of work in *Chattisgarh* is on developing small-scale irrigation infrastructure and irrigated agriculture, and promotion of women's savings and credit groups.
- ❑ Non-farm village enterprises, small scale irrigation and irrigated agriculture, and women's savings and credit groups constitute PRADAN's work in *Madhya Pradesh*.
- ❑ Small scale irrigation, better upland husbandry, promoting *siali* leaf plate and women's savings and credit groups are the focus of PRADAN's work in *Orissa*.
- ❑ Improved husbandry of farmland through revival of traditional rainwater conservation techniques for improved agriculture; and organization of women for self-help and credit in *Rajasthan*.
- ❑ Watershed development incorporating improved husbandry of farm land and water resources through innovative techniques of moisture conservation and upland cultivation; small scale irrigation; and promoting women's self-help groups for savings, credit and income generation are the core of PRADAN's work in *West Bengal*, which works closely with *panchayati raj* institutions.

PRADAN projects work with more than 68,000 poor families in 2,048 villages, excluding activities now

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managed by local communities that have graduated from PRADAN's assistance. 70% of these families belong to scheduled castes and tribes. Every year, projects expand coverage to 15,000-20,000 new families

PRADAN continues to be one of India's more effective NGOs, specializing in rural livelihoods and micro finance. It is now planning to introduce *micro insurance schemes* for its members in select sectors. Hence, it is included in this exercise as an organization that could be included as a potential organization that is going to work on micro insurance.

## ***2. Sources of information***

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- Documents submitted via e-mail by PRADAN

## 2. SOCIETY FOR HELPING AWAKENING RURAL POOR THROUGH EDUCATION (SHARE)

*State:* Andhra Pradesh

*Address:* 1-244/58, Rajeen Nagar  
Nacharam, Hyderabad – 17  
Andhra Pradesh

*Phone :* 91(0)40 – 2715 8387 / 2715 8184  
*Fax :* 91(0)40 – 2717 3358  
*Email :* [share@hdl.vsnl.net.in](mailto:share@hdl.vsnl.net.in)  
[share@india.com](mailto:share@india.com)  
*Website* [www.sharemicrofin.com](http://www.sharemicrofin.com)

### *Highlighting the potential*

- Operates in 13 districts
- Provides micro finance services to 106.000 clients
- Projects aimed to reach 300.000 women in 2006

### 1. The Organization

Society for Helping Awakening Rural Poor through Education (SHARE) was registered as an NGO in 1989 under the Public Societies Act, 1350.

*Mission:* To mobilize resources in order to provide financial and support services to poor women in Andhra Pradesh for viable productive income generation enterprises that enable them to reduce their poverty.

SHARE's micro finance program initially was modeled on the Grameen Bank. The organization has since continued to innovate and adapt its financial services, learning from a range of models and methodologies. The organization offers several types of loans: general, seasonal, housing, sanitary and family. It also offers other products through a network of 36 branches in 592 villages of Andhra Pradesh. The products that are offered are based on clients' needs and are designed in consultation with clients. The repayment period varies for each loan product and is based on the repayment capability of the client.

With a view to developing a community-owned financial institution, SHARE has promoted a new corporate institution, SHARE MICROFIN LIMITED (SML). This is a public limited company registered under the Indian Company's Act of 1956. The equity of SML is owned by the community. About 20,000 clients of SHARE have contributed to the equity of the company. With the formation of this new institution, SHARE will be able to increase its outreach and be able to leverage more funds from financial institutions.

*Operations:* SHARE began operations in 1993 with two branches and 117 clients. As of February 2002, SML had 57 branches operating in 13 districts. 105,696 members - all poor rural women - formed 21,152 borrower groups. In total, over US\$22.5 million has been disbursed since 1993 by SHARE and SML with a repayment rate of 100%. SML's operational self-sufficiency stands at 104%, with a financial self-sufficiency of 96%. By March of 2006, SML plans to have served 300,377 women at 150 branches with total loan disbursements of US\$64,919,564. The non-quantitative results are impressive as well – a recent UNDP study on the empowerment of women found that SML clients have become much more active in making family decisions, sending their children to school, and practicing proper hygiene.

SHARE became an Associate of the Women's' World Banking (WWB) Network in 1999. It plans to introduce *micro insurance loans* for its members in the near future and thus, is included in this exercise as a potential organization that could be a part of the network.

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## ***2. Sources of information***

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- ❑ Official website: [www.shareindia.org](http://www.shareindia.org)

### 3. INDIAN ASSOCIATION FOR SAVINGS AND CREDIT (IASC)

*States:* Tamil Nadu, Kerala

*Address:* 3-100 G, Reboboth, Crystal Street  
PB N0 19, Marthandam – 629 165  
Kanyakumari District  
Tamil Nadu

*Phone :* 91(0)4651 – 672 738 / 672 745  
*Fax :* 91(0)4651 – 672 738  
*E-mail:* [iascmrtdm@satyam.net.in](mailto:iascmrtdm@satyam.net.in)

#### *Highlighting the potential*

- Works with 1.100 villages in 8 districts
- Reaches 35.000 families

#### **1. The Organization**

The Indian Association for Savings and Credit (IASC) is a company registered on February 13, 1998 under section 25 of the Company Act, 1956. It is the outcome of a seven-year association between the Housing Development Finance Corporation (HDFC) and the Palmyrah Workers Development Society (PWDS).

HDFC has emerged as a premier finance institution for housing in India with diversification now in infrastructure finance, consumer finance, auto finance, credit rating, property management and development, mainstream banking and of late, into micro finance and insurance. PWDS is an NGO in southern India operating in the states of Tamil Nadu and Kerala from its base in Kanyakumari district in Tamil Nadu. Since its inception in 1977, PWDS has been consistently working for the upliftment of the palmyrah workers and other weaker sections of the society. Currently, its services reach out to 35,000 families and 1600 groups in 1100 villages of 25 *taluks* in 8 districts. HDFC, in collaboration with PWDS, has financed over 1800 dwelling units of economically weaker sections in the communities PWDS work in. The close rapport that developed between them paved the way for the emergence of IASC as a new micro finance institution (MFI).

IASC's aim is to professionalize the micro finance delivery channels in India and bring them into the mainstream so as to match the formal financial sector and global best practices. It seeks to adopt in the areas of dispensation, timely adequate financial services, flexibility and responsiveness to the needs of the underprivileged sections of the community, so as to bring about amelioration in the quality of their lives. IASC customers are primarily groups of people (Sangams) from the weaker sections - both rural and urban - formed with the aim of self-help through savings and credit. A linkage is established with the Sangam and such linkages are intended to be concrete and of a long term nature. The affiliated Sangams would continue to save and lend out of their collective savings and IASC's role would be only to supplement the credit facility to the group.

IASC has started to play the role of a preferred service provider of the insurance products launched by various government and private insurance companies in order to meet the *comprehensive insurance needs* of the clientele. Rather than compelling the clients to join the schemes, IASC have gone about educating them, so that they may understand the benefits and join the scheme. The process has been very slow. Currently, it has managed to cover only 5% of the clientele group. As of 30<sup>th</sup> June 2001, IASC had 6965 members. It is therefore included in this exercise as a potential organization that could be a part of the network.

#### **2. Sources of information**

- Documents submitted via e-mail by IASC

#### 4. INDORE FINANCIAL SERVICES FOR THE POOR PROJECT (IFSP)

State: Madhya Pradesh

##### *Highlighting the potential*

- *Developed successful micro finance services with DFID support*
- *Works with 2.000 clients organized in 4 sanghs*

##### ***1. The Organization***

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The Indore Financial Services for the Poor (IFSP) is a Friends of the Women's World Banking Women (FWWB-India) initiated project, which started in November 1997 in the city of Indore, Madhya Pradesh, with support from the Department For International Development (DFID). It saw an increase in the number of self-help groups from 72 to 120 and in membership, from 1180 to 2001 in 2001-2002. As planned, FWWB has been able to form four separate cluster-level federations or *Sanghs* during the year, with each *Sangh* having approximately 500 members. Presently, all the four *Sanghs* have developed their training teams and have also successfully accessed external loans from FWWB.

Voluntary savings schemes have been initiated in all the four *Sanghs*. Two of the four *Sanghs* have ventured into providing their members health services by linking up with a local health clinic. The *Sanghs* are also developing suitable group insurance schemes for their members, and plan to implement them soon. Moreover, the *Sanghs* are linking up with external financial and not-for-profit organizations for better delivery of services (like SIDBI, State Bank of India (SBI), Life Insurance Corporation of India (LIC) and local NGOs etc.)

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##### ***2. Sources of information***

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Official website: [www.fwwbindia.com](http://www.fwwbindia.com)



## 5. SWAYAM KRISHI SANGAM (SKS)

*State:* Andhra Pradesh

*Address:* 839-S, Road N0 44-A  
Jubilee Hills  
Hyderabad – 500 033  
Andhra Pradesh

*Phone :* 91(0)40 – 2354 8512  
*Fax :* 91(0)40 – 2355 5319  
*E-mail:* [info@skindia.com](mailto:info@skindia.com)

### *Highlighting the potential*

- *Develops successful micro finance services using the Grameen methodology*
- *Provides services to 13.000 poor rural women*

### 1. The Organization

Swayam Krishi Sangam (SKS) is micro finance institution (MFI) based in Hyderabad city, Andhra Pradesh, which adapts Grameen Bank methodology to provide loans and savings products to about 13,000 poor rural women. This enables them to purchase productive assets, generate income, and deposit savings for future needs.

Over 85% of SKS's clients are marginalized members of society (women, backward castes, scheduled castes and scheduled tribes), virtually all are illiterate, and few earned more than US\$0.40 per day as agricultural labourers prior to joining. SKS has adapted the Grameen Bank (Bangladesh) approach to local conditions of the Deccan region. It lends to five-member groups of women and designates the group the ultimate guarantor of each of its members. If one member does not repay, no individual in the group is eligible to receive another loan. SKS's operating philosophy is to focus on providing financial services only. It believes that its clients are best able to decide which enterprises to establish, and do not require business development or other training services. The keys to this approach include:

- ❑ *Social Collateral:* The poorest do not have physical assets that can be used as security. Instead, borrowers organize themselves into groups that take collective responsibility for repayment of one another's loans.
- ❑ *Doorstep Banking:* Providing financial services in the villages enables the rural poor to collect that day's wages and avoid the costs of travel to mainstream banks. The illiterate poor are also unable to complete loan applications, which often require several trips.
- ❑ *Customized Products:* SKS designs loans with small, weekly repayments corresponding to wage structures, consumption and income generating loans to prevent emergency "distress sales," and small first loans to inculcate credit discipline and collective responsibility. Interest and loan repayments are made equal for easy comprehension
- ❑ *Focus on Women:* SKS works exclusively with women because they are the most marginalized among the poor and because they tend to invest the majority of their income into the household and for their children. Women also typically undertake small, manageable activities.

SKS offers its members basic loan and savings products to enable them to build a productive base of assets, earn income, and develop a savings habit and credit discipline. SKS's basic "income generating" loan product is a 50-week loan, repaid weekly, and with an interest rate of 15% flat (28.1% effective). SKS also charges a fee of 1% of the loan amount up-front for processing. Each SKS client is required to save Rs. 5 (US\$ 0.10) weekly, and may also save voluntary amounts for withdrawal at any time to help with loan repayments or sudden consumption needs.

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Through rigorous poverty assessments, SKS ensures that at least 50% of new clients are from among the “poorest” (whom SKS defines as earning less than Rs. 6,000 (US\$ 120) per year). SKS is also the first Indian MFI to use activity-based costing to optimize product delivery. SKS achieved break-even in early 2003 and is transforming into a regulated, for-profit company – to be named SKS Microfinance Limited. Since inception in 1998, SKS has experienced no willing defaults. Balances in arrears due to borrower deaths are written off quarterly.

SKS shortly plans to introduce *insurance schemes* designed for the rural sector by various insurance companies. The modalities are being worked out and the services are expected to be launched soon. It is therefore included in this exercise as a potential organization that is going to implement micro insurance schemes and hence, to be a part of the network.

## ***2. Sources of information***

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- Website Planet Finance: [www.planetfinance.org](http://www.planetfinance.org)

## 6. BAIF DEVELOPMENT RESEARCH FOUNDATION (BAIF)

*State:* Maharashtra  
*Address:* BAIF Bhavan, Dr. Manibhai  
Desai Nagar, N.H. 4, Warje  
Pune – 411 052  
Maharashtra  
*Phone :* 91(0)20 – 523 1661  
*Fax :* 91(0)20 – 523 1662  
*E-mail:* [baif@vsnl.com](mailto:baif@vsnl.com)  
*Website* [www.baifindia.com](http://www.baifindia.com)

### *Highlighting the potential*

- Operates in 8 States
- Provides multiple services to more than 1 million families

### 1. The Organization

The Bharatiya Agro Industries Foundation (BAIF) was founded at Urulikanchan near Pune, Maharashtra, in 1967, and was later renamed as BAIF Development Research Foundation.

*Focus:* A very effective rural development organization, BAIF focuses on poor rural families and has initiated a multi-disciplinary programme which focuses on providing sustainable livelihoods, health, literacy, clean environment, using degraded natural resources like land, water, livestock and vegetation. The programmes are implemented through various associate organizations. BAIF's operational areas are spread over 12,000 villages in Maharashtra, Karnataka, Gujarat, Rajasthan, Uttar Pradesh, Madhya Pradesh, Andhra Pradesh and Uttaranchal states.

Its major programmes are centered around:

- ❑ **Livestock Development:** BAIF organizes development of good quality dairy animals, as it is a powerful tool for gainful self-employment that reaches over 1.0 million families through 739 centers. The operating costs of these centers are met from Swarnjayanti Gram Swarozgar Yojana or from farmers' cooperatives, service charges and other donors. With a view to improve the profitability of dairy farming without competing with food grain production, research on non-conventional forage and feeds has been undertaken and relevant technologies are being disseminated in the field.
- ❑ **Water Resources Development:** The Water Resources Development Programme is being implemented in selected village clusters in Maharashtra, Gujarat, Karnataka, Rajasthan and Uttar Pradesh. It has incorporated some innovative components like a network of farm ponds, conservation of natural springs, contour bunding and lift irrigation to promote and improve the agricultural productivity, particularly of degraded lands and to ease the supply of clean drinking water.
- ❑ **Tree Based Farming:** Development of degraded wastelands through tree based farming systems and technical guidance and critical inputs, provided to small families have converted their unproductive land into productive orchards. Establishment of 500-1000 multipurpose tree species on bunds and borders as windbreaks and sources of green manure, herbal medicine, fodder, fuel and timber and use of the inter-space for growing cereals and vegetables help the farmers to generate regular income and also ensures food security. To reduce the dependence on external inputs and to promote sustainable agriculture, use of biofertilisers and organic farming is being organized. Production of biofertilisers, seeds and planting material is undertaken in various BAIF campuses

BAIF has started some pilot approaches on improving reproductive and child health extension services with the involvement of community organizations, thereby resulting in their empowerment. In collaboration with the German Technical Cooperation (GTZ) and Government of Maharashtra, the project is being implemented with the active involvement of 45 self-help groups from 13 villages around

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Urulikanchan with a population of 36,386. 8 training modules covering participatory rural appraisals, formation of SHGs, record keeping and monitoring of SHGs, raising kitchen gardens, establishing primary treatment centres, adolescent education and care during pregnancy and lactation period have been prepared. Training programmes for SHGs and community-based organizations have been organized. The SHGs have established linkages with extension workers of health services that are being operated with support from the State Government.

BAIF has also started a self-managed *health insurance scheme* for the benefit of the members of the above SHGs in relation to expenditures incurred in reproductive health care. Primary treatment centers have been established in all the villages. It is therefore included in this exercise as a potential organization that is going to implement micro insurance schemes and hence, to be a part of the network.

## ***2. Sources of information***

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Official website: [www.baifindia.com](http://www.baifindia.com)

## 7. SABUJ SANGHA

*State:* West Bengal  
*Address:* PO Nandakumarpur  
District South 24  
Parganas – 743 349  
West Bengal  
*Phone :* 91(0)2434 3849 / 2428 0239  
*Fax :* 91(0)2428 0239  
*E-mail:* [sabuj@vsnl.net](mailto:sabuj@vsnl.net)  
*Website* [www.sabujsangha.org](http://www.sabujsangha.org)

### *Highlighting the potential*

- Relies on a network of women SHGs already involved in micro finance activities
- Support already provided by the CARE - CASH programme

### **1. The Organization**

Sabuj Sangha was formed in 1954 in a remote and backward village – Nandakumarpur – at Maturapur II Block in the South 24 Parganas, West Bengal. Initially, it was engaged in organising cultural events and sports. In 1975, Sabuj Sangha was registered under the West Bengal Societies Registration Act. After registration, the organisers envisaged the necessity of garnering the community patronage that it already enjoyed in reconstruction and development work and by involving people in a participatory process. In 1997, Sabuj Sangha adopted the concept of sustainable rural development through a non-traditional alternative development approach in which the local people participate in strategic planning, implementation, monitoring as well as in evaluation of projects that restore and sustain the natural resources of the area.

Domain of work: For the last few years Abuj Sangha has carried out its development efforts in two separate operational areas – rural and peri-urban. In the rural sector, its operational area covers Heramba Mathurapur – II Block. In the peri-urban, the Sangha has opened new operational areas in Campahati on the Sonarbur – Canning railway axis as well as in Dakhin Barasat area in Sonarpur-Lakshmikantapur railways axis, while retaining all its previous operational areas. South Parganas district remains its greater geographical ambit. The focus area in the peri-urban sector remains child protection and child rights with specific services interventions for rehabilitation on street and railway platform children – the Sangha has also been able to open a night shelter for adolescent girls from the red light area of Ghutiary Shariff with assistance from Railway Children, UK and Child Hope, U.K. In the rural areas, the focus remains on sustainable agriculture and organic farming and development of women through micro finance using the self-help group model and propagation of alternative development process. In the micro finance sector the Sangha has been able to enlist capacity building support from CARE, West Bengal under its CASHE programme.

The Sangha is now planning to implement micro insurance programmes for members of its self-help groups and is hence included in this exercise as a potential organisation.

### **2. Sources of information**

- ❑ ILO/STEP questionnaire
- ❑ Official website: [www.sabujsangha.org](http://www.sabujsangha.org)

## 8. EMMANUEL HOSPITAL ASSOCIATION (EHA)

States: Uttar Pradesh, Uttaranchal, Orissa,  
Jharkhand, Madhya Pradesh, Gujarat,  
Bihar, Assam, Chattisgarh, Manipur...

1.1.2 Address: 808/92, Deepali building

1.1.3 Nehru Place  
New Delhi – 110 019

Phone : 91(0)11 2643 2055 / 2646 1487

Fax : 91(0)11 2646 1487

E-mail: [info@ehaindia.org](mailto:info@ehaindia.org)

Website: [www.eha.org.uk](http://www.eha.org.uk)

### *Highlighting the potential*

- Network of 29 hospitals
- Curative health services for 530.000 people a year
- Works in 379 villages covering a population of 2,7 million inhabitants

### **1. The Organization**

Emmanuel Hospital Association (EHA) was founded in 1970 as an indigenous Christian health and development agency serving the people of North India. Its primary focus is the poor, largely in rural areas. With a catchment population of nearly seven million, EHA treats more than 500.000 patients each year in some of India's most needy areas. EHA's founding 13 hospitals have since grown to a network of 19 hospitals and 24 community health with a cumulative bed strength of 1.240. In 2001 – 2002, it provided health services to some 530.000 persons, treated as in-patients 60.000, and carried out some 25.000 surgical interventions. EHA is also currently involved in wide range development programmes.

The organization is committed to the transformation of communities with programmes that invest in the health and well being of everyone, irrespective of caste, creed or race. It aims to focus on the development and empowerment of women and the health and nurture of under five.

In the 1990s, EHA sharpened its vision for growth by replication of innovative programmes in areas such as HIV/AIDS, slum renewal, community dentistry, reproductive and child health and functional literacy. The underlying aim is that these programmes should be sustainable and build capacity in the local communities to bring about an ongoing change in the quality of life with decreasing dependence on external resources. In order to achieve these aims, EHA works in partnership with the government, voluntary agencies and other organizations, both nationally and internationally. Underlying causes of poor health are also addressed through literacy, socio-economic programmes and income generation activities.

EHA's combination of essential clinic services and primary health care and development tackles the health needs in poverty stricken areas. In order to provide long-term solutions to long-term problems, it also attempts to tackle the underlying causes that will result in elimination rather than alleviating of poverty and poor health.

The poorest of the poor rarely access health facilities even at a charitable hospital – therefore EHA is committed to promotive and preventive health programmes. A core activity is training local village women in areas from basic health and hygiene to antenatal care of pregnant women, which together can transform a whole community. Added to this are non-medical interventions in health. Wherever literacy programmes are in place one of the first effects is a fall in the infant mortality rate. Teaching and training in income generation skills and cooperative banking schemes allows villagers to resolve problems in their own way, giving them hope for the future. The long-term result is a community with increased capacity to deal with the challenges it faces and able to enjoy sustainability in their own development.

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Being committed to set up a pilot health micro insurance scheme within its network of hospitals and health centres, EHA has engaged contacts with several insurance companies and has organised in August 2003 a workshop aiming at learning from the experiences conducted by various other organizations involved in health micro insurance schemes.

## ***2. Sources of information***

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- ❑ EHA: Annual report: 2001 – 2002
- ❑ EHA health micro insurance workshop's support documents: August 2003

## 9. CASHE INNOVATIONS FUND

*State:* Andhra Pradesh, West Bengal, Orissa

*Address:* CARE India  
27, Hauz Khas Village  
New Delhi – 110 016

*Phone :* 91(0)2656 4101

### *Highlighting the potential*

- *Wide network of micro finance partner organisations*
- *Availability of resources to support new innovative micro insurance schemes*
- *National coverage*

### ***1. The Organization***

Credit and Savings for Household Enterprises (CASHE) is CARE India's biggest micro finance project, initiated in 1999.

The objective is to give visibility and scale up the good and effective work done in the micro finance field by individuals, small NGOs and SHGs. CASHE takes the onus on itself in a small way of identifying such efforts and encouraging innovations in this field. For this purpose, CARE India has established the Innovation Fund that is available to Indian NGOs who have shown initiative and have benefited the micro finance sector through their efforts in their own way. A notable feature of the Fund is that it is open not only to CASHE's partner NGOs working in the three operational states on Andhra Pradesh, Orissa and West Bengal, but also for companies, NGOs, mutual societies and government/quasi-government organisations operating in all other states of India.

Along with supporting projects related to savings products which reflects needs of clients; trade-linked finance related to sector and trade-linked credit as a means to build in technical assistance support to borrowers and increase employment potential; services in-kind, and projects related to establishing systems for the non-literate, especially for poor illiterate women in understanding and managing financial transactions and processes, one of the possible projects that the Fund would support relates to insurance. CARE India's website define insurance projects as those "ways to help clients hedge their risks with various types of insurance (life, health, crops, loans taken, and general accident and hazards)."

### ***2. Sources of information***

- ❑ CARE India official website: [www.careindia.org](http://www.careindia.org)



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## **ANNEXES**

1. Questionnaire
2. Websites

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#### 4.1 QUESTIONNAIRE

### **Inventory of Micro insurance Schemes/Community-based Risk Pooling Initiatives in India**

#### *Questionnaire*

**Conducted by the International Labour Organisation (ILO), New Delhi, under the Strategies and Tools against Social Exclusion and Poverty (STEP) Programme**

Name of Organisation:

Region:

Name of informant:

Title:

Contact Details (Please list Address, Phone, Fax, Email and Website):

Date:

*Please attach background information on your organisation to this questionnaire, using additional pages if necessary. See at the end of this questionnaire, the section on definitions used in the questionnaire.*

#### ***Development Status***

1. Your micro insurance scheme is

Operational (for over one year at least) ☐

Starting (less than one year) ☐

At project level (feasibility study on-going) ☐

*Please attach background information on your organisation to this questionnaire, using additional pages if necessary. See at the end of this questionnaire, the section on definitions used in the questionnaire.*

#### ***Identification of micro insurance scheme/organisation***

2. Is the micro insurance scheme a part of your regular programme activities or has a separate organisation been created for the operationalisation of the micro insurance scheme/s?

3. What is the name of the micro insurance scheme?

4. What type is the micro insurance scheme?

5. Which organisation is responsible for the micro insurance scheme?

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6. What is the address of the headquarters of the organization responsible for the micro insurance scheme at?

Village Level  
Block Level  
District Level  
State Level

7. What is the type of organisation responsible for the micro insurance scheme?

Association ☐  
Cooperative ☐  
CBO ☐  
NGO ☐  
Health service provider ☐  
Workers association ☐  
Micro finance institution ☐  
Other (please describe) ☐

8. What are the risks covered by your micro insurance scheme/s?

Health ☐  
Life ☐  
Accidents ☐  
Hospitalisation ☐  
Loans ☐  
Crops ☐  
Livestock ☐  
Pension ☐  
Others (please specify) ☐

9. What is the legal status of your organisation?

Registered under the Societies Registration Act ☐  
Registered under the Indian Trust Act ☐  
Registered under the Cooperative Act ☐  
Others ☐

10. Does your organisation belong to?

A federation or umbrella association ☐  
A network of civil society organisations ☐  
Other ☐

### ***C. Local context***

11. In which geographical area/s does the micro insurance scheme operate? If working in more than one state, please specify with particulars.

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Rural

Numbers ☐

- Village level ☐
- Block level ☐
- District level (give name) ☐

Urban

Numbers ☐

- Municipal Ward ☐
- Municipal Zone ☐
- Entire city/town ☐

National

12. The micro insurance scheme targets which group?

- Population within a specific geographical area ☐
- Social group ☐
- Occupation based group in informal economy ☐
- Other ☐

13. What is the main economic activity of the target group or of the area covered by the micro insurance scheme?

- agriculture with one basic product (tea, sugar, etc) ☐
- agriculture diversified products ☐
- animal husbandry ☐
- fishing ☐
- trade and crafts ☐
- mostly informal economy employment ☐
- mostly salaried employment (private & public) ☐

14. What is the potential target population for your micro insurance scheme?

- Precisely known: ☐
- Estimate: less than 3,000 ☐
  - from 3,000 to 5,000 ☐
  - from 5,000 to 10,000 ☐
  - more than 10,000 ☐
- Unknown ☐

#### ***D. History of the organisation***

15. Who was involved in the implementation of your micro insurance scheme? (Multiple answers possible)

- National/state ☐
- Regional administration ☐
- Local administration ☐
- Political or civil person (if the role was on a personal basis) ☐
- Community (village, neighbourhood) ☐
- Enterprise ☐
- Public officers ☐

- Trade union/workers association ☐
- Health care service provider ☐
- Doctor or health professional ☐
- Development partner (donor, bilateral cooperation or multilateral) ☐
- NGO or charity organization working in development ☐
- Foreign organization ☐
- Cooperative ☐
- Other (Specify) ☐

16. When were the first contributions for the micro insurance scheme collected (date)?

17. When were the first benefits/payments delivered (approximate date)?

18. Did/does your micro insurance scheme receive any financial assistance?

<i>Initial assistance</i>	<i>Present assistance</i>
Equipment <input type="checkbox"/>	Equipment <input type="checkbox"/>
Reserve Fund <input type="checkbox"/>	Reserve Fund <input type="checkbox"/>
Guarantee Fund <input type="checkbox"/>	Guarantee Fund <input type="checkbox"/>
Operations grant <input type="checkbox"/>	Operations grant <input type="checkbox"/>
Benefits grant <input type="checkbox"/>	Benefits grant <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>

19. Did/does your micro insurance benefit from external technical assistance?

<i>Initial technical assistance</i>	<i>Present technical assistance</i>
<i>Training</i> <input type="checkbox"/>	<i>Training</i> <input type="checkbox"/>
Sensitisation/awareness <input type="checkbox"/>	Sensitisation/awareness <input type="checkbox"/>
Management <input type="checkbox"/>	Management <input type="checkbox"/>
Monitoring/evaluation <input type="checkbox"/>	Monitoring/evaluation <input type="checkbox"/>
Advisory services <input type="checkbox"/>	Advisory services <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>

### ***E. Characteristics of the micro insurance scheme***

20. What is the nature of registration of the members?

<u><i>Voluntary registration</i></u>	<u><i>Compulsory registration</i></u>
Individual <input type="checkbox"/>	Individual <input type="checkbox"/>
Family <input type="checkbox"/>	Family <input type="checkbox"/>
Group <input type="checkbox"/>	Group <input type="checkbox"/>

#### *Participants*

21. *Is there a membership fee or initial fee to become a member of the micro insurance scheme? If so, how many members have paid a membership fee?*

22. How many contributors does your micro insurance scheme have?

At the beginning? ☐

At present? ☐

- 
23. How many beneficiaries does your micro insurance scheme cover?  
At the beginning? ☐  
At present? ☐
24. Does your micro insurance scheme cover persons who are not contributors or beneficiaries?  
Yes ☐ No ☐  
If yes, please specify

*Contributions*

25. Is there a waiting period between the first contribution and being able to collect benefits? If so, what is the duration of the observation/waiting period for the members?
26. Are contributions made  
Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Every 6 months? ☐ Yearly? ☐  
Other (please specify) ☐
27. What payment modalities does the micro insurance scheme practice?  
Direct payment by contributor ☐  
Deduction from pay check or some other source ☐  
Payment by third party (employer, NGO, benefactor, national, diaspora, etc) ☐  
Other (please specify) ☐
28. Since the beginning of the micro insurance scheme implementation, has the amount (s) of contributions  
- diminished? Yes ☐ No ☐  
- increased? Yes ☐ No ☐

*Benefits*

29. Does your micro insurance scheme offer different benefit packages?  
Yes ☐ No ☐  
If so, how many options are available? 2 ☐ 3 ☐ more than 3 ☐
30. Please describe what are the different benefits/packages that are offered and their corresponding contributions?

*Benefits/Packages (please describe) Contributions*

*\* No 31 below is primarily related to health and its allied services*

31. If the micro insurance scheme is **health-related**, is there a co-payment of service costs from the members?  
Yes ☐ No ☐
- i) If yes, please indicate a general description of the type of co-payment

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ii) If it covers health and accidents, which mode of payment (third party, reimbursement, capitation, etc) is used by the scheme to pay for services?

iii) Have the benefits changed since the beginning of the micro insurance scheme?

Yes ☐

No ☐

If so, have they diminished? ☐

Increased? ☐

iv) Does the micro insurance scheme offer other related services and benefits such as services for HIV/AIDS prevention, disease control, etc?

Yes ☐

No ☐

v) To what type of health care service providers do the micro insurance scheme members have access to under the scheme?

(Please specify – health post, clinic, hospital, etc, adding if they are public, private not-for-profit or private-for-profit)

vi) Did the micro insurance scheme negotiate with health care providers for?

Cost of services? ☐

Quality of services offered? ☐

Waiting period for services? ☐

Priority treatment? ☐

Other aspects negotiated? ☐

vii) Did the micro insurance scheme enter into contractual agreements with some of the health care service providers?

Signed contracts ☐

Verbal agreements ☐

None ☐

### ***F. Organization and activities***

32. What is the total amount of benefits paid by the micro insurance scheme during the scheme's last financial year?

Amount

Year

33. What is the total amount of contributions received for the micro insurance scheme's last financial year?

Amount

Year

34. Does the micro insurance scheme have a financial reserve?

Yes ☐

No ☐

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If, what is the amount?

35. Does the micro insurance scheme have access to a Guarantee fund?

Yes ☐

No ☐

36. Does your micro insurance scheme use a commercial insurance for some benefits (If yes, please describe).

37. Is the micro insurance scheme re-insured?

Yes ☐

No ☐

38. Does the micro insurance scheme have a bank account?

Yes ☐

No ☐

39. How many people work for the micro –insurance scheme?

Salaried ☐

Volunteers ☐

### ***G. Problems and constraints***

40. *What problems/constraints does the micro insurance scheme have?*

Management ☐

Contribution defaults ☐

Legal ☐

Relations with health service providers ☐

Communications/ reaching target population ☐

Small membership ☐

Other (specify) ☐

### ***H. Linkages with state/national systems***

41. Is the micro insurance scheme linked to or benefit from a state/national programme or private sector insurance programme?

Yes ☐

No ☐

Reduction on premiums ☐

Complementarity of benefits for the micro insurance scheme ☐

Upgradation of services ☐

Use of existing services/programmes to complement scheme ☐

Legislation/regulation facilitating commercial & community schemes relations ☐

Others ☐



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***I. Network of micro insurance schemes***

42. The ILO is setting up a web site of micro insurance schemes in South Asia in order to allow for an independent network of micro insurance schemes to be created. This is in response to a recommendation in a workshop held in 2002 in Kathmandu. We would like to post the information on your scheme on this web site?

Do you agree? Yes ☐

No ☐

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## 4.2 WEBSITES

Action for Community Organisation, Rehabilitation and Development (ACCORD)	<a href="http://www.ashwini.org">www.ashwini.org</a>
Activists for Social Alternatives (ASA)	<a href="http://www.asadev.com">www.asadev.com</a>
Ankuram	<a href="http://www.ankuram.com">www.ankuram.com</a>
Apollo Hospitals	<a href="http://www.apollohospitals.com">www.apollohospitals.com</a>
BAIF Development Research Foundation (BAIF)	<a href="http://www.baifindia.com">www.baifindia.com</a>
Bandhan	<a href="http://www.bandhanmf.com">www.bandhanmf.com</a>
Basix	<a href="http://www.basixindia.org">www.basixindia.org</a>
CARE – India	<a href="http://www.careindia.org">www.careindia.org</a>
Dhan Foundation	<a href="http://www.dhan.org">www.dhan.org</a>
Emmanuel Hospital Association (EHA)	<a href="http://www.eha.org.uk">www.eha.org.uk</a>
Friends of Women’s World Banking (FWWB)	<a href="http://www.fwwbindia.com">www.fwwbindia.com</a>
Gram Vikas	<a href="http://www.gramvikas.org">www.gramvikas.org</a>
Grameen Development Services (GDS)	<a href="http://www.gdsindia.org">www.gdsindia.org</a>
Indo-Dutch Project Management Services (IDPMS)	<a href="http://www.hdfcinsurance.com">www.hdfcinsurance.com</a>
Indore Financial Services for the Poor Project (IFSP)	<a href="http://www.fwwbindia.com">www.fwwbindia.com</a>
Mayapur Trust / Sri Mayapur Vikas Sangha (SMVS)	<a href="http://www.mayapurtrust.org">www.mayapurtrust.org</a>
Raigarh Ambikapur Health Association (RAHA)	<a href="http://www.wee.coe.org">www.wee.coe.org</a>
People’s Rural Education Movement (PREM)	<a href="http://www.premindia.com">www.premindia.com</a>
Sabuj Sangha	<a href="http://www.sabujsabgha.org">www.sabujsabgha.org</a>
Sanghamitra	<a href="http://www.sanghamitra.net">www.sanghamitra.net</a>
Seba Cooperative Health Society	<a href="http://www.sebahospital.org">www.sebahospital.org</a>
Self-Employed Women’s Association (SEWA)	<a href="http://www.sewa.org">www.sewa.org</a>
Society for Helping Awakening Rural Poor through Education (SHARE)	<a href="http://www.sharemicrofin.org">www.sharemicrofin.org</a>
South Asia Research Society (SARS)	<a href="http://www.sarsociety.com">www.sarsociety.com</a>
South Indian Federation of Fishermen Society (SIFFS)	<a href="http://www.siffs.org">www.siffs.org</a>
Spandana	<a href="http://www.spandanaindia.com">www.spandanaindia.com</a>
Sri Mayapur Vikas Sangha	<a href="http://www.smvs.org">www.smvs.org</a>
Swayam Krishi Sangham (SKS)	<a href="http://www.planetfinance.org">www.planetfinance.org</a>
The Bridge Foundation (TBF)	<a href="http://www.bridgefoundation.org.in">www.bridgefoundation.org.in</a>
Working Women’s Forum (WWF)	<a href="http://www.workingwomensforum.org">www.workingwomensforum.org</a>