



An Inventory of Micro-Insurance Schemes in Nepal



Strategies and Tools against Social Exclusion and Poverty

This study was conducted under the aegis of the ILO's STEP program, as a very first attempt to identify and document the various micro-insurance schemes already operating in Nepal. The work had to rely on the responses provided to the questionnaire that was specifically designed for the purpose of this study and information provided by the organizations' authorities. Though every effort has been made to reach out as many community-based initiatives as possible, at no point of time can the consultant claim that every on-going experience has been documented. Since this is a working document, it is clearly to be considered as a continuing process.

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list of acronyms

ACP	- Association for Craft Producers
AIDS	- Acquired Immune Deficiency Syndrome
Appx	- Approximately
BDS	- Bachelor of Dental Surgery
BISCOL	- Bindhasvasini Saving Fund Cooperative Society Limited
BPKIHS	- B. P. Koirala Institute of Health Science
CAWUN	- Construction and Allied Workers' Union of Nepal
CCODER	- Center for Community Development and Research
CDHP	- Community Development and Health Project
CHI	- Community Health Insurance
CHICC	- Community Health Insurance Coordination Committee
CHIMC	- Community Health Insurance Management Committee
CMF	- Center for Micro-Finance
Co.	- Company
CSD	- Center for Self-help Development
CT	- Computerized Tomography
DECONT	- Democratic Confederation of Nepalese Trade Unions
DHSP	- District Health Strengthening Program
DICGC	- Deposit Insurance and Credit Guarantee Center
EFOW	- Expansion of Employment Opportunity for Women
GEFONT	- General Federation of Nepalese Trade Union
HEFU	- Health Economics and Finance Unit
HIV	- Human Immuno-deficiency Virus
ID	- Identity card
ILO	- International Labour Organization
INGO	- International Non-Government Organization
IPEC	- International Program for the Elimination of Child Labour
ITWAN	- Independent Transportation Workers' Association of Nepal
JRC	- Joint Relief Scheme
KMH	- Kathmandu Model Hospital
KU	- Kathmandu University
LDFB	- Local Development Fund Board
LMIS	- Lalitpur Medical Insurance Scheme
Ltd.	- Limited
MBBS	- Bachelor of Medicine and Bachelor of Surgery
MD/MS	- Masters of Doctor/Masters of Surgery
MGBB	- Madhyamanchal Grameen Bikash Bank Limited

list of acronyms

MIS	-	Micro-Insurance Scheme
MRI	-	Magnetic Resonance Imaging
NGO	-	Non-Government Organization
NLGI	-	National Life and General Insurance
NRS	-	Nepali Rupees
NTUC	-	Nepal Trade Union Congress
NYMS	-	Nepal Yatayat Majdoor Sangh
PDDP	-	Participatory District Development Project
phect-NEPAL	-	Public Health Concern Trust
PPN	-	Porters' Progress Nepal
Sahaj	-	Sahaj Health Cooperative Society Limited
SFCL	-	Small Farmers Cooperative Limited
SHI	-	Social Health Insurance
SOS	-	Save Our Soul
STEP	-	Strategies and Tools against social Exclusion and Poverty
UMN	-	United Mission to Nepal
UNDP	-	United Nations Development Program
UNITRAV	-	Union of Trekking Traveling and Rafting Workers Nepal
VDRC	-	Vijaya Development Resource Center/Nepal

a c k n o w l e d g e m e n t s

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foreword

This inventory gives an overview of existing and newly planned micro-insurance schemes in Nepal, called the MIS Inventory. The inventory is part of a worldwide compendium to document ongoing experiences of micro-insurance schemes, which is being compiled by the ILO's Strategies and Tools against Social Exclusion and Poverty Programme (STEP) simultaneously in Africa, Asia and Latin-America. In Asia, the inventories are being carried out in Nepal, India, Bangladesh and Sri Lanka. Other planned inventories in the region will cover the Philippines, Cambodia and Vietnam.

The inventory in Nepal is a result of the ILO/STEP's Programme in Nepal and its project entitled "Extending Social protection through health micro-insurance to women in the informal economy – SPHMI-Project". The project is funded by the Norwegian Government, to which I would like to express my sincere gratitude.

The inventory has been developed by Dr. Basanta Maharjan, consultant of the ILO/STEP programme in Nepal. I would like to express my gratitude for his excellent field research in tracking down many micro-insurance schemes in the country and his in-depth study findings of which the inventory is a result. I would also like to extend special thanks to Ms. Ismène Stalpers, Social Protection Advisor and Mr. Govinda Dahal, National Project Coordinator of the ILO/STEP programme in Nepal for their extensive technical inputs in the MIS Inventory. I also wish to express appreciation to Mr. Marc Socquet, Regional Coordinator of ILO/STEP of the ILO Sub-regional Office in New Delhi.

The ILO/STEP programme is setting up an Asia Micro-Insurance Network. The MIS inventory is part of this network and, therefore, the inventory in Nepal will be disseminated and shared with a wider audience of micro-insurance practitioners and promoters throughout the region. Other regional initiatives in mapping existing and newly planned MIS in countries such as India, the Philippines, Bangladesh and Sri Lanka will form part of this network.

I hope that many promoters and practitioners of micro-insurance schemes, including our social partners, the Government, Employer's Organization and Trade Unions, will largely benefit from this Inventory. Through the network, I hope that a rich sharing and learning experience between countries in the region will take place in order to promote, set-up and manage viable micro-insurance schemes in Nepal and elsewhere.

Leyla Tegmo-Reddy
Director
ILO Office in Nepal

mapping the MIS

NEPAL



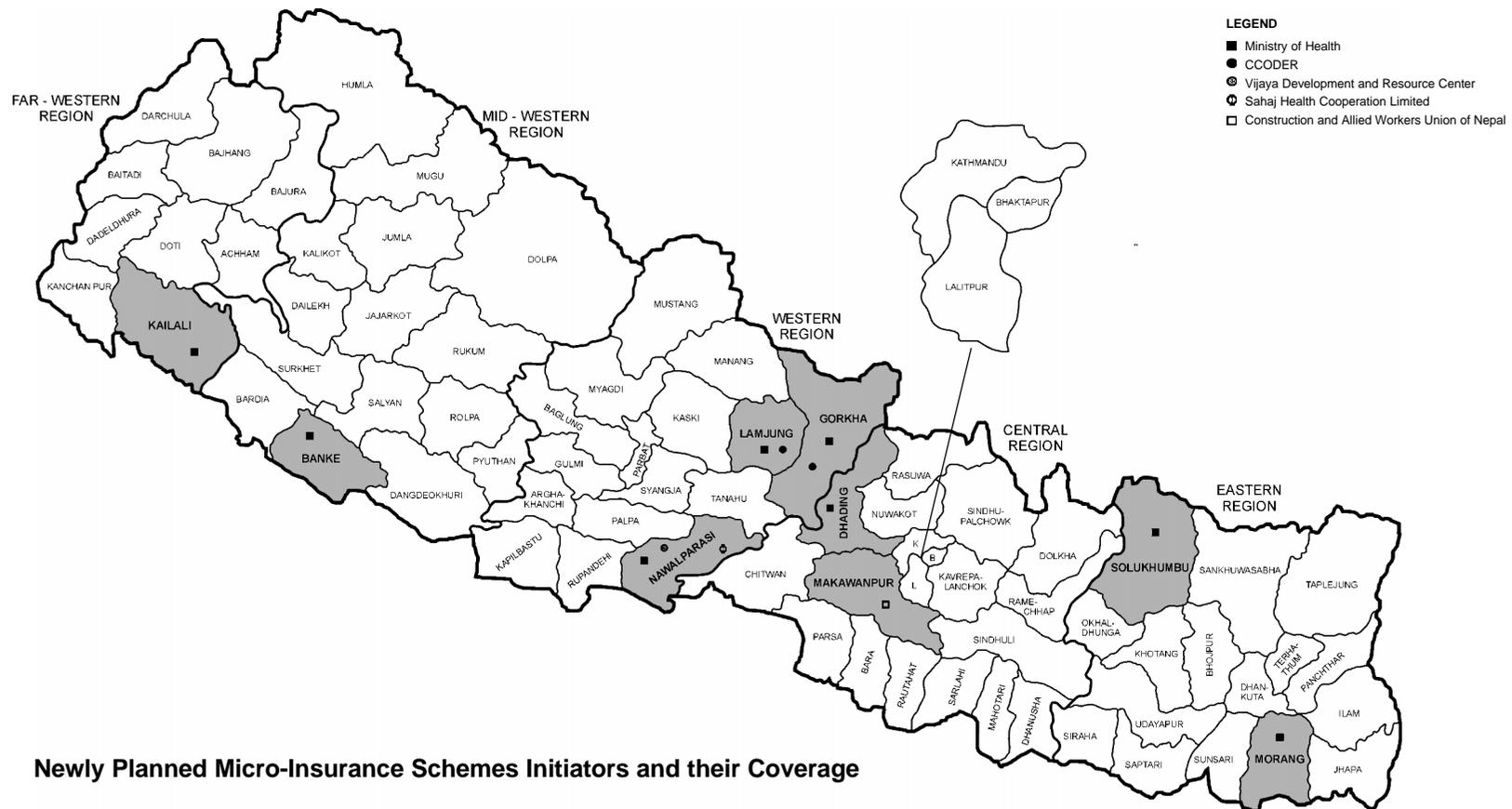
Geographical Distribution of Micro-Insurance Schemes

NEPAL



mapping the MIS

NEPAL



SUMMARY OF FINDINGS

1. RANGE OF SURVEY

Twenty-one organizations that have been operating micro-insurance schemes¹ were surveyed in this study. Also, newly planned schemes are examined, further described in Part 4. As far as possible, this study tries to include all the organizations that are currently running micro-insurance scheme in Nepal. In order to include most of the organizations, all the organizations were inquired if they know of other organizations that are running micro-insurance scheme in Nepal. During the process of this study, it is come to know that some more organizations are planning to launch micro-insurance schemes in the near future, especially in health care.

All the organizations have responded to the questionnaire formally, except for two organizations, and information of those organizations was gathered through informal meeting with the organizations' authorities and from secondary data. One organization has responded to the questionnaire via e-mail and other has responded face to face.

2. OWNERSHIP OF THE SCHEME

Organizations with much diversity are involved in the operation of micro-insurance schemes. Out of 21 organizations,

- 3 schemes (14.3 %) are implemented by community based organizations having community ownership
- 4 schemes (19.0 %) are implemented by NGOs involving in health and other different sectors
- 1 scheme (4.8 %) is implemented by an INGO involving in health and other developmental activities
- 5 schemes (23.8 %) are implemented by organizations providing micro-finance services in rural as well as city areas
- 5 schemes (23.8%) are implemented by national-level and district-level trade unions of different sectors
- 3 schemes (14.3 %) are implemented by health service providers

None of the micro-insurance schemes of these organizations are registered separately and all schemes are operating as a part of regular activities of the organization.

¹ A micro-insurance scheme is defined as the pooling of resources among people that are excluded from formal social protection mechanisms and that usually belong to the same community (village, cooperative, trade-union, micro-finance institution, etc.) to share risks (ILO/STEP, 2003).

3. LEVEL OF EXPERIENCE

Though most of the schemes have only a few years of experience of operating micro-insurance scheme, some have experience of more than two decades in this field. Out of 21 schemes, the breakdown is as follows:

- 3 schemes (14.3 %) are operating micro-insurance schemes for 20 years or more
- 6 schemes (28.6 %) have experience of between 10 to 19 years
- 7 schemes (33.3 %) have experience of between 4 to 6 years
- 5 schemes (23.8 %) are operating micro-insurance scheme for 3 years or less

On average, Nepal has 10 years of experience in operating micro-insurance scheme.

4. ASSISTANCE TO THE SCHEMES

The majority of the schemes could benefit from technical assistance to operate the micro-insurance schemes. Some receive financial assistance and some get both technical and financial assistance to operate the schemes. The breakdown is as follows:

- 8 schemes (38.1 %) received technical assistance from external in form of guideline development, training, advisory, monitoring and evaluation to operate the scheme
- 3 schemes (14.3 %) stated that they receive financial assistance from external in form of premium payment
- 5 schemes (23.8 %) stated that they receive both financial assistance (either initial support or premium support) and technical assistance from external
- 5 schemes (23.8 %) stated that they do not receive any external assistance to operate the micro-insurance scheme

5. HUMAN RESOURCES

In the majority the schemes (11 out of 21), no special staff has been recruited for the management of the micro-insurance scheme, and the activities in these schemes, have been managed either by the organizations' regular staff or volunteers. Some schemes (4 out of 21) have both special staff and volunteers to manage micro-insurance schemes and 6 schemes have special staff. Number of staff in the schemes that have special staff to manage the micro-insurance scheme varied as follows:

- 8 schemes have 1 to 3 people working for the schemes
- 2 schemes have 10 to 12 people working for the schemes

6. AREAS OF INTERVENTION

Most of the schemes included in this compendium are operating their activities in both rural and urban areas, and a few are in rural areas only. There is no purely urban based scheme.

- 16 schemes (76.2 %) cover both urban and rural areas
- 5 schemes (23.8 %) are based in rural areas

7. GEOGRAPHICAL OUTREACH

Most of the schemes operate in Central Development Region of the country and the least in Far-Western Development Region. One scheme is operating in almost all districts (68 out of 75 districts).

- 15 schemes operate in Central Development Region
- 4 schemes operate in Western Development Region
- 3 schemes operate in Mid-Western Development Region
- 3 schemes operate in Eastern Development Region
- 2 schemes operate in Far-Western Development Region

8. SERVICES PROVIDED THROUGH THE SCHEMES

The overall micro-insurance schemes cover five spectrums of services. Among them, health care service is predominant. Out of 21 schemes, housing insurance is covered by one scheme only. The breakdown is as follows:

10 schemes (47.6 %) provide health insurance services

8 schemes (38.1 %) provide life insurance service

5 schemes (23.8 %) provide accident insurance service

4 schemes (19.0 %) provide livestock insurance service

1 scheme (4.8 %) provides housing insurance service

Most of the schemes deal only with one risk (15 out of 21). Five schemes deal with 2 types of risks, and one deals with 3 types of risks.

9. OVERALL COVERAGE

As regards to beneficiaries, the 21 schemes included in this compendium have a total coverage of about 173,447 people till date. All the schemes have a potential to increase the number of

beneficiaries. As per assumption of these organizations, the average total coverage in a few years will be almost double of current number.

10. DISTRIBUTION OF COVERAGE

The various schemes cover a wide range of population ranging from less than five-hundred to more than sixty-thousand. In some schemes, the number of population coverage varies from day-to-day. The breakdown of population coverage among the schemes is as follows:

- 6 schemes (28.6 %) cover less than 1,000 people
- 5 schemes' (23.8 %) coverage range from 1,000 to 3,000 people
- 6 schemes' (28.6 %) coverage range from 3,001 to 10,000 people
- 4 schemes' (19.0 %) coverage range from 10,001 to 60,000 people

11. TYPE AND SCHEDULE OF CONTRIBUTION

There are wide varieties in schedule of contribution. Most of the schemes have yearly contribution system. Some have daily or monthly contribution system and some have other types. The details are as follows:

- 11 schemes (52.4 %) have adopted yearly contribution system
- 2 schemes (9.5 %) have adopted daily or monthly contribution system
- 2 schemes (9.5 %) have adopted monthly contribution system
- 1 scheme (4.8 %) has adopted eighteen-monthly contribution system
- 1 scheme (4.8 %) has adopted fifteen-monthly contribution system
- 1 scheme (4.8 %) has adopted half-yearly, monthly and daily contribution system
- 1 scheme (4.8 %) has adopted bimonthly, half yearly and yearly contribution system
- 1 scheme (4.8 %) has adopted weekly and yearly contribution system
- 1 scheme (4.8 %) has adopted season based contribution system

Regarding type of contribution, most of the schemes rely on individual voluntary contribution while some schemes have imposed compulsory individual contribution. The breakdown of contribution types are as follows:

- 15 schemes (71.4 %) rely on voluntary contribution
- 3 schemes (14.3 %) have imposed compulsory contribution
- 3 schemes (14.3 %) have adopted both voluntary and compulsory contribution

12. LINKAGE WITH MICRO-FINANCE ACTIVITIES

The majority of the schemes (12 out of 21) do not have micro-finance activities in their respective organizations whereas 9 schemes have micro-finance activities within the organization. Five schemes are run by specialized micro-finance organizations.

13. USE OF PUBLIC OR PRIVATE INSURANCE COMPANIES

Most of the schemes (16 out of 21) have no relation with any private or public insurance companies. Only five schemes use private insurance companies for insurance benefits.

14. FINANCIAL ISSUES

Out of 21 schemes, only one scheme has access to a guarantee fund. Four schemes (19.0 %) have reserve fund and 5 schemes (23.8 %) operate through a special bank account of the micro-insurance schemes.

COMPARATIVE DATA

TABLE 1 INITIATORS OF MICRO-INSURANCE SCHEMES

Organizations	Initiated by communities	Initiated by I/NGOs	Initiated by micro-finance organizations	Initiated by trade unions	Initiated by health providers
ONGOING SCHEMES					
1. Public Health Concern Trust		X			
2. Bikalpa Cooperative Limited	X				
3. Porters Progress Nepal		X			
4. United Mission to Nepal		X			
5. Deposit Insurance and Credit Guarantee Corporation			X		
6. General Federation of Nepalese Trade Union				X	
7. Participatory District Development Project	X				
8. B. P. Koirala Institute of Health Science					X
9. Nirdhan Utthan Bank			X		
10. Small Farmers Cooperative Limited, Piple			X		
11. Bindhabasini Saving Fund Cooperative Society Limited			X		
12. Center for Self-help Development		X			
13. Union of Trekking Travel Rafting Workers Nepal				X	
14. Independent Transportation Workers' Association of Nepal				X	
15. Highway Community Health Cooperative Limited	X				
16. Democratic Confederation of Nepalese Trade Union				X	
17. Nepal Yatayat Majdoor Sangh				X	
18. Association of Craft Producers'		X			
19. Dhulikhel Hospital					X
20. Bhattedanda Health Post					X
21. Madhyamanchal Grameen Bikash Bank Ltd.			X		
Total	3	5	5	5	3

Organizations	Initiated by communities	Initiated by NGOs	Initiated by Mfin. organizations	Initiated by trade union	Initiated by health providers
NEWLY PLANNED SCHEMES					
1. CHI programme of the MoH (8 HMI schemes)	X	X		X	X
2. Center for Community Development and Research		X			
3. Vijaya Development and Resource Center		X			
4. Sahaj Health Cooperative Limited	X				
5. Construction and Allied Workers Union of Nepal				X	

TABLE 2 DISTRICTS COVERED BY MICRO-INSURANCE SCHEMES

Organizations	Eastern Develop. Region	Central Develop. Region	Western Develop. Region	Mid-Western Develop. Region	Far-Western Develop. Region	Total
ONGOING SCHEMES						
1. Public Health Concern Trust		3 districts	1 district			4 districts
2. Bikalpa Cooperative Limited		1 district				1 district
3. Porters Progress Nepal **						
4. United Mission to Nepal		1 district				1 district
5. Deposit Insurance and Credit Guarantee Corporation	16 districts	18 districts	15 districts	10 districts	9 districts	68 districts
6. General Federation of Nepalese Trade Union		3 districts				3 districts
7. Participatory District Development Project		1 district				1 district
8. B. P. Koirala Institute of Health Science	2 districts					2 districts
9. Nirdhan Utthan Bank		2 districts	1 district			3 districts
10. Small Farmers Cooperative Limited, Piple		1 district				1 district
11. Bindhabasini Saving Fund cooperative Society Limited		1 district				1 districts
12. Center for Self-help Development				1 district		1 district
13. Union of Trekking Travel Rafting Workers Nepal *						
14. Independent Transportation Workers' Association of Nepal ***						
15. Highway Community Health Cooperative Limited		1 district				1 district
16. Democratic Confederation of Nepalese Trade Union		3 districts				3 districts
17. Nepal Yatayat Majdoor Sangh ***						
18. Association of Craft Producers'	5 districts	6 districts	3 districts	1 district	2 district	17 districts
19. Dhulikhel Hospital		1 district				1 district
20. Bhattedanda Health Post		1 district				1 district
21. Madhyamanchal Grameen Bikash Bank Ltd		12 district				12 districts

* All districts where trekking or rafting routes lie

** All districts where trekking routes lie

*** All districts where access of public transportation available

Organizations	Eastern Development Region	Central Development Region	Western Development Region	Mid-Western Development Region	Far-Western Development Region
NEWLY PLANNED SCHEMES					
1. CHI Programme under the MoH	2 districts	1 district	3 districts	1 district	1 district
2. Center for Community Development and Research			2 districts (part of CHI programme MoH)		
3. Vijaya Development and Resource Center			1 district (part of CHI programme MoH)		
4. Construction and Allied Workers Union of Nepal		1 district			
5. Sahaj Health Cooperative Limited				1 district	
Total	2 districts	2 districts	6 districts	2 districts	1 district

TABLE 3 SERVICES COVERED BY MICRO-INSURANCE SCHEMES

Organizations	Life	Accident	Health care	Disability	Livestock	Housing
ONGOING SCHEMES						
1. Public Health Concern Trust			X			
2. Bikalpa Cooperative Limited			X			
3. Porters Progress Nepal	X	X				
4. United Mission to Nepal			X			
5. Deposit Insurance and Credit Guarantee Corporation					X	
6. General Federation of Nepalese Trade Union			X			
7. Participatory District Development Project					X	
8. B. P. Koirala Institute of Health Science			X			
9. Nirdhan Utthan Bank	X					
10. Small Farmers Cooperative Limited, Piple					X	
11. Bindhasasini Saving Fund cooperative Society Limited	X		X			
12. Center for Self-help Development	X				X	X
13. Union of Trekking Travel Rafting Workers Nepal	X	X				
14. Independent Transportation Workers' Association of Nepal		X				
15. Highway Community Health Cooperative Limited			X			
16. Democratic Confederation of Nepalese Trade Union	X	X				
17. Nepal Yatayat Majdoor Sangh	X	X				
18. Association of Craft Producers'			X			
19. Dhulikhel Hospital			X			
20. Bhattedanda Health Post			X			
21. Madhyamanchal Grameen Bikash Bank Ltd.	X					
Total	8	5	10	0	4	1

TABLE 4 CURRENT AND POTENTIAL COVERAGE BY MICRO-INSURANCE SCHEMES

Organizations	Starting date	Rural / Urban	Current coverage	Potential coverage
1. Public Health Concern Trust	1993	Rural / urban	3500	5000 (by 2005)
2. Bikalpa Cooperative Limited	2001	Rural / urban	513	1500 (by 2005)
3. Porters Progress Nepal	2002	Rural / urban	150	2000 (by 2004)
4. United Mission to Nepal	1976	Rural	8080	> 10,000
5. Deposit Insurance and Credit Guarantee Corporation	1987	Rural / urban	7655	Data not available
6. General Federation of Nepalese Trade Union	2000	Rural / urban	2000	10,000 (by 2005)
7. Participatory District Development Project	1998	Rural	3522	Data not available
8. B. P. Koirala Institute of Health Science	2000	Rural / urban	18,867	28,800 (by 2004)
9. Nirdhan Utthan Bank	2003	Rural / urban	1191	> 10,000
10. Small Farmers Cooperative Limited, Piple	1992	Rural	30	2200
11. Bindhabasini Saving Fund cooperative Society Limited	2000	Rural / urban	2445	10,000 (by 2008)
12. Center for Self-help Development	1996	Rural / urban	5000	15,000
13. Union of Trekking Travel Rafting Workers Nepal	1983	Rural / urban	1500	> 10,000
14. Independent Transportation Workers' Association of Nepal	1974	Rural / urban	60,000	Data not available
15. Highway Community Health Cooperative Limited	2001	Rural	378	4000
16. Democratic Confederation of Nepalese Trade Union	2002	Rural / urban	500	3,000 (by few years)
17. Nepal Yatayat Majdoor Sangh	1991	Rural / urban	15,500	> 10,000
18. Association of Craft Producers'	1988	Rural / urban	600	1000 (by 2007)
19. Dhulikhel Hospital	1999	Rural / urban	3210	6,000
20. Bhattedanda Health Post	1986	Rural	2532	5000
21. Madhyamanchal Grameen Bikash Bank Ltd.	1999	Rural / urban	36,274	55,000 (by 2005)
Total			173,447	Appx. 300,000

THE INVENTORY

1. Public Health Concern Trust

Region : Central Development
 District : Kathmandu

Address : Kathmandu Metropolitan City,
 Exhibition Road, Kathmandu

Phone : 01-4222450/4240805/4240806
 Fax : 01-4256917
 P. O. Box : 6064
 E-mail : pfectnp@mos.com.np

MI SCHEME AT A GLANCE

Starting date	1993
Risk coverage	Health care
Initiator of MIS	NGO
Rural/urban	Rural/Urban
Total beneficiaries	3,500
Pot. Beneficiaries	5,000 (by 2005)
MF linkage	No

1. The Organization

Public Health Concern Trust, Nepal (pfect-NEPAL) is a secular, not for profit, national non government organization committed to health development, established in 1991. It is registered with the Social Welfare Council and the District Administration Office in Kathmandu. Pfect-NEPAL is guided by the vision of people's empowerment through health action. It aims to create a model of sustainable health care based on the principles of equity, social justice, people's participation and self-reliance.

To empower people and promote the health status of people in need, pfect-NEPAL has been working amongst the people through its different wings. These are a Community Health Development Program and Health Cooperatives to reach community people and the Kathmandu Model Hospital for advanced clinical health services. Besides, the School of Nursing and the School of Oral Health is set up for training to middle level health professionals to serve the country.

Through the Community Health Development Program, pfect-NEPAL has been implementing a health insurance program in selected communities since 1993 with two major purposes: i) to familiarize the people about the necessity of savings for health and ii) as a means of cost-sharing in order to ensure health services to the large sector of the population. It also promotes preventive health care in the communities so that liabilities of the people and the hospital could be decreased.

Currently, pfect-NEPAL is adopting a health insurance program through community-based self-help groups, mainly through local health cooperatives. The initial strategy of the scheme was revised in 2000. Kathmandu Model Hospital then started to collect premiums from the community to increase community ownership over the scheme. The scheme covers only secondary and tertiary health care at the Kathmandu Model Hospital, run by the organization and primary care is provided at local health clinics.

To date, pfect-NEPAL has enrolled the following six local self-help groups in its health micro-insurance scheme: Bikalpa Cooperative in Kirtipur (Kathmandu district), Setidevi Health Cooperative in Setidevi Village Development Committee (Kathmandu district), Women's Health Cooperative in Tikathali (Lalitpur district), Rajmarga Health Cooperative in Baireni (Dhading district), Sahaj Health Cooperative in Gaiindakot (Nawalparasi district) and the General Federation of Nepalese Trade Unions Health Cooperative in Kathmandu. Pfect-NEPAL is now promoting for the establishment of health cooperatives in other communities. It is trying to minimize managerial problems and to ensure quick service to the insured patients. It targets to increase insured units up to 5000 by the year 2005.

2. The Micro-insurance Scheme

Name of the scheme	: Pfect Community Health Insurance Scheme
Starting date	: 1993
Status	: Ongoing
Ownership	: Owned by pfect-NEPAL
Organizational structure	: Part of the regular ongoing activities of pfect-NEPAL
Risk coverage	: Health care
Registration	: Not registered separately
Rural / urban	: Both rural and urban
Outreach	: Covers four Village Development Committee-level and one municipal-level organized groups, and one district-level trade union group in Kathmandu Valley and outside the valley
Target group	: People who are mostly engaged in agriculture and informal economy work
Potential target	: To cover 5,000 people of different organized communities by 2005

3. Assistance to the scheme

Initiators	: Public Health Concern Trust
External funding	: No
External assistance	: No
No. of people working for the scheme	: No separate staff

4. Membership and Beneficiaries

Registration of members	: Group voluntary registration
Membership fee	: No
Contributors	: 3500
Beneficiaries	: 3500

5. Contributions and Benefits

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		
Benefits	Contributions (yearly)	No of people covered (2003)
HEALTH CARE Generally, the insurance covers 80% subsidy on general and specialized doctor consultation fees, and 50% subsidy on medical and surgical procedures including major surgery, maternity care and the hospitalization charges at the Kathmandu Model Hospital.	The groups pay at the rate of NRS 60 per year per member (NRS 90 in some groups) to the Kathmandu Model Hospital	About 3,500 people from different communities have enrolled in the scheme for the year 2003 (gender disaggregated data not available)

The beneficiary must carry a referral slip from the respective local health clinic to claim these benefits at the Kathmandu Model Hospital except in emergency cases. The scheme does not cover investigation and medicine costs.

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
2002	2,500	106,950

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR		
Year	Number of benefits paid	Amount in NRS.
2002	Data not available	139,540

6. Health-related information

Co-payment : Yes
 Payment modality : Direct contribution by individuals
 Other health related services : None
 Type of health care insured : Secondary and tertiary health care
 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 : No separate bank account for the MIS

8. Problems and Constraints

- There is no separate official or dealing unit for insured patients at the hospital
- Reaching and selecting the needy people (problem of targeting)
- Not being able to enrol several groups who have approached the organization for insurance coverage

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 : No
Up-gradation of services : No
Complementarily 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

- ILO Inventory Questionnaire completed by the organization
- Official document of pfect-NEPAL and information provided by the organization's authority

2. Bikalpa Cooperative Limited

Region : Central Development
District : Kathmandu

Address : Kirtipur Municipality - 3, Kirtipur
Phone : 01- 4331617/4331727
Fax : 01-4423549
P. O. Box : 7050

MI SCHEME AT A GLANCE

Starting date	2001
Risk coverage	Health care
Initiator of MIS	Health Cooperative
Rural/urban	Rural / urban
Total beneficiaries	513
Pot. Beneficiaries	1,500 (2005)
MF linkage	Yes

1. The Organization

Bikalpa Cooperative Limited, established in July 1998 by some like-minded men and women of Kirtipur is a multi purpose cooperative. It is registered with the District Cooperative Office in Kathmandu. Its prime objective is to unite local people and lead them to better lives through their own efforts. The cooperative's aim is to improve the livelihood of the members and help each other during crisis through collective support.

The cooperative is headed by an Executive Committee with remarkable women's participation. Every issue in the cooperative is decided through democratic and participatory discussion. There are a few small sub groups called "Tole Groups" based at the ward or village level and the decisions made by them in turn represent the central level decision. In the beginning, the cooperative started with 39 men and women members and now it has grown to 223 members.

It has started its first activity with a saving and credit scheme and every member deposits a certain amount of money on a monthly basis, in addition to the initial share money. The money can be lent by any member for the sake of treatment, business, self employment or some reasonable cause. Bikalpa Cooperative also realized that health care is an important aspect to every family. Health care requires a lot of money of the family and proper information on how to cope with illnesses, which was often difficult to obtain. Hence, the community established the cooperative in 1998. The cooperative initiated health education at the community level targeted at women, a subsidized health check-up service at a local clinic, and periodic health campaigns with help of Public Health Concern Trust (pfect-NEPAL) and other health service providers.

In the year 2001, Bikalpa Cooperative initiated a health micro-insurance scheme for its members and their families in collaboration with pfect-NEPAL and the Kathmandu Model Hospital. At present there are 513 members in the scheme. Though the registration in the scheme is voluntary, all members in the family must be enrolled once one gets registered. There is a separate health committee in the cooperative to reinforce the health program of the cooperative. The cooperative has given much focus on preventive and promotive health care activities. The unit regularly organizes a health education program and a general health check up program is once a year for its members. The cooperative has its own health clinic and has made a contractual agreement with the Kathmandu Model Hospital for higher level health care services.

Other activities of the cooperative are joint purchasing, a social reform movement that intends to preserve useful traditions and values and eradicate or improve harmful traditions both for economically and health. It has been launching Yoga classes as an alternative therapy for its members.

2. The Micro-insurance Scheme

Name of the scheme	: Bikalpa Community Health Insurance Program
Starting date	: 2001
Status	: Ongoing
Ownership	: Owned by Bikalpa Cooperative Ltd.
Organizational structure	: Part of the regular ongoing activities of the cooperative
Risk coverage	: Health care
Registration	: Not registered separately
Rural / urban	: Both rural and urban
Outreach	: Covers two Village Development Committees and 17 wards of the Kirtipur Municipality in Kathmandu district
Target group	: People who are mostly engaged in the informal economy
Potential target	: To cover 1500 needy people by the year 2005

3. Assistance to the scheme

Initiators	: Bikalpa Cooperative Limited
External funding	: Yes - for the cooperative clinic establishment and operation for a year
External assistance	: Yes – technical support
No. of people working for the scheme	: Two salaried and 15 volunteers

4. Membership and Beneficiaries

Registration of members	: Individual voluntary registration (but all family members must be included)
Membership fee	: Yes
Contributors	: 513
Beneficiaries	: 513

5. Contributions and Benefits

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

DESCRIPTION OF SERVICES		
Benefits	Contributions (yearly)	No of people covered (2003)
<p>HEALTH CARE</p> <p>Entitles the members to have doctor's consultation, paramedic and maternity care personnel services at the Bikalpa Health Clinic at 35% subsidized charge.</p> <p>The insurance also covers 80% subsidy on general and specialized doctor consultation fees, and 50% subsidy on medical and surgical procedures including major surgery, maternity care and hospitalization charges at the Kathmandu Model Hospital (KMH) for secondary and tertiary care. Other expenses must be paid by the beneficiary at the time of service used.</p>	<p>Contribution charge is flat for all members irrespective of age and sex. The charge is NRS. 120 per member per year.</p>	<p>513 (men 248 and women 265) for the year 2003</p>

The beneficiary must carry a referral slip from the Bikalpa Health Clinic to claim these benefits at the KMH except in emergency cases. The benefits cover the same facility for a new born baby in the family within the contract period. The scheme does not cover investigation and medicine costs.

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
2002	513	61,560.00

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR		
Year	Number of benefits paid	Amount in NRS.
2002	Data not available	55,300.00

6. Health-related information

Co-payment	: Yes – at the time of service use
Payment modality	: Direct payment by the contributors
Other health related services	: Regular health awareness activities
Type of health care insured	: Primary, secondary and tertiary health care
Privileges negotiated with health care providers	: No
Contractual agreement with service provider	: Yes – for secondary and tertiary health services

7. Other financial information

Financial reserve : No
Guarantee fund : No
Bank account : Yes – but not separate for the insurance scheme

8. Problems and Constraints

- Reaching all needy people in the community
- Limited services at the organization's own clinic
- The scheme does not cover laboratory investigations and dental care at the referral centre

9. Linkages with National/State/Private organizations

Use of commercial insurance : No
Use of state/public sector insurance : No
Re-insurance : Yes – with Kathmandu Model Hospital in Kathmandu for secondary and tertiary health care
Reductions on contributions : No
Up-gradation of services : No
Complementarily 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

- ILO/STEP Inventory questionnaire completed by the organization
- Official document of the Bikalpa Cooperative Ltd. and information provided by the cooperative's authority.

3. Porters Progress Nepal

Region : Central Development
District : Kathmandu

Address : Kathmandu Metropolitan City,
Thamel
Phone : 01- 4410020
P. O. Box : 19234
Mail : porter@wlink.com.np
Web site : www.portersprogress.org

MI SCHEME AT A GLANCE

Starting date	2002
Risk coverage	Life and Health care
Initiator of MIS	NGO
Rural/urban	Both rural and urban
Total beneficiaries	150
Pot. Beneficiaries	2,000 (by 2004)
MF linkage	No

1. The Organization

Porters Progress Nepal (PPN) is a Non-Governmental Organization established in May 2000. It is registered with the District Administrative Office Kathmandu and is affiliated with the Social Welfare Council in Nepal. PPN has established its branch office in Lukla of Solukhumbu district in September 2000. PPN is the first program in Nepal to directly tackle issues of workplace exploitation amongst porters by working collaboratively and exclusively with porters.

PPN aims to improve the working conditions of Nepali porters who are working in the mountain trekking route through programs that emphasize advocacy, education and empowerment. Its main goal is to raise the professional standard of trekking porters and to promote a trekking industry that is sustainable and justice for everyone involved.

All the members, including the executive board in PPN, are porters. PPN started with a Clothing Bank as its first program in assistance of the International Porters' Protection Group and the Himalayan Express Connection. The Clothing Bank lends clothing to porters to make them warm and safe on the trail against NRS 1,000 per season.

PPN is also promotes porters' life and accident (medical) insurance while the porters are on a trek. Currently, the insurance is a trekking episode-based insurance and it is voluntary. Before setting out for a trek, the porter registers with PPN and a premium of NRS 1500 is paid by the employer for the porter. PPN reinsures the porter with a private insurance company and claims make as per need usually a fixed amount of maximum ceiling of NRS 100,000 to 200,000 for death and NRS 10,000 to 20,000 for medical benefits. PPN insures its members through a private insurance company entitled Neco Insurance Company in Kathmandu. PPN is thinking about a reformulation of the porters' health insurance system in implementing health service facilities throughout the year, by establishing its own clinic or collaborating with other health service providers. PPN is working with the ILO/STEP project on "Extending Social Protection through Health Micro-insurance for Women and Men in the Informal Economy – SPHMI-project" for developing new schemes in three districts. PPN registers all porters working in trekking routes all over Nepal, and each porter now has a registration (ID) card. Besides, PPN gives education and empowerment classes regarding the trekking situation such as high altitude sickness prevention, basic health care and hygiene, trekking safety, HIV/AIDS, environment awareness, Basic English language classes and small income-generating activities. Porters take these classes when they are not trekking. Finally, PPN advocates employers for maintaining standard porters' outfits.

2. The Micro-insurance Scheme

Name of the scheme	: Porters Insurance Program
Starting date	: 2002
Status	: Ongoing
Ownership	: Owned by Porters Progress Nepal
Organizational structure	: Part of the regular ongoing activities of the Porters Progress Nepal
Risk coverage	: Life and Health care
Registration	: Not registered separately
Rural / urban	: Both rural and urban
Outreach	: Covers all mountaineering routes of Nepal
Target group	: Porters who are involved in the mountain trekking business
Potential target	: To cover 2,000 porters by the year 2004

3. Assistance to the scheme

Initiators	Porters Progress Nepal
External funding	: Yes – the premium for the porters are paid by the mountaineering team / employer
External assistance	: No
No. of people working for the scheme	: No specified staff

4. Membership and Beneficiaries

Registration of members	: Individual voluntary registration
Membership fee	: No
Contributors	: 150 (per trek episode)
Beneficiaries	: 150

5. Contributions and Benefits

Waiting period	: No
Schedule of contributions	: Trek episode basis
Contributions and benefit fluctuation	: No
Benefit package and contributions	: As follows in the table below :

DESCRIPTION OF SERVICES		
Benefits	Contributions (per trek)	No. of people covered (2003)
<p>PACKAGE 1</p> <p>Life insurance offers NRS. 100,000 to the porter's family in the case of death of the porter when he/she is on trek.</p> <p>Medical benefit covers medical expenses up to NRS. 10,000 if the porter falls sick while trekking. The benefits are paid by a private insurance company.</p>	<p>The amount of contribution is NRS. 705 per person per trek for both life and medical insurance premium</p>	<p>150 (almost 50-50 % in package 1 and package 2)</p> <p>(about 5% out of 150 are female porters)</p>
<p>PACKAGE 2</p> <p>Life insurance offers NRS. 200,000 to the porter's family in the case of death of the porter when he/she is on trek.</p> <p>Medical benefit covers medical expenses up to NRS. 20,000 if the porter falls sick while trekking. The benefits are paid by a private insurance company.</p>	<p>The amount of contribution is NRS. 1410 per person per trek for both life and medical insurance</p>	

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
2002	150	150,000

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR		
Year	Number of benefits paid	Amount in NRS.
2002	Payment to the beneficiary was not required	-

6. Health-related information

Co-payment	: No
Payment modality	: Contribution payment by employer
Other health related services	: Trekking and high altitude safety education
Type of health care insured	: Not applicable
Privileges negotiated with health care providers	: No
Contractual agreement with service provider	: No

7. Other financial information

Financial reserve : No
Guarantee fund : No
Bank account : No separate account for the MIS

8. Problems and Constraints

- Management of the MIS
- Reaching all porters
- Small number of members
- No compulsory insurance policy for employers of the porters, even though it is very risky job
- Medical benefits only covers the illness that occurred while on the trek

9. Linkages with National/State/Private organizations

Use of commercial insurance : Yes
Use of state/public
sector insurance : No
Re-insurance : Yes
Reductions on contributions : No
Up-gradation of services : No
Complementarily 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

- ILO/STEP Inventory questionnaire completed by the organization
- Official document of the Porters Progress Nepal and information provided by the organization authority.
- Web site of the organization

4. United Mission to Nepal

Region : Central Development
District : Lalitpur

Address : Lalitpur Sub-Metropolitan City,
Lagankhel

Phone : 01-5544485/5522405
Fax : 01-4225559
P. O. Box : 126, Kathmandu
E-mail : cdhp@umn.org.np

MI SCHEME AT A GLANCE

Starting date	1976
Risk coverage	Health care
Initiator of MIS	INGO
Rural/urban	Rural
Total beneficiaries	8,080 (average)
Pot. Beneficiaries	> 10,000
MF linkage	No

1. The Organization

The United Mission to Nepal (UMN) is an international non-governmental organization working in Nepal in different fields including health care services. The Community Development and Health Project (CDHP) is one important wing of the UMN working for community health. The CDHP, under the UMN, is the institution to ensure health care services to the poor, informal workers in several communities through a community-based health micro-insurance scheme in Nepal.

CDHP, an integrated project, aims to stimulate communities to participate and take responsibility for uplifting their own lives, thereby improving the status of their health, education, environment, and economic situation. CDHP encourages communities to realize their potential and direct their abilities to bring about and sustain their own development.

The CDHP initiated health care services at the community level through local public health posts. It has started a health micro-insurance scheme in some health posts entitled 'Lalitpur Medical Insurance Scheme' (LMIS). The Lalitpur Medical Insurance Scheme is the oldest health micro-insurance scheme in Nepal, initiated in 1976 by UMN under the CDHP. The public health post in the target area is responsible for running the scheme, and the CDHP monitors the scheme. The health post and the insurance scheme are managed by the health post staff, the Health Post Management Committee and CDHP staff. The scheme covers the cost of health services and essential drugs supplied to the health posts that the CHDP works with. Under this scheme, the beneficiaries pay an annual premium to receive free essential drugs and other primary health care services. These primary health care services are provided at the government run health post in Bhattedanda Village Development Committee and to individual households in the area. This focuses mainly on the provision of essential drugs, maternal and child health, awareness creation and health education on safe motherhood.

The LMIS was initiated in one health post at first and then replicated to other health posts. At the beginning, the scheme only covered medicines, but after some years, benefits were increased and now it covers service charges as well. The premium for insurance is slightly different per health post and is fixed by the health post management committee and CDHP. The scheme is currently implemented in Chapagaon Health Post, Ashrang Health Post, Gotikhel Health Post and Chaughare Health Post of Lalitpur district. Charity memberships to the insurance scheme are also provided to those people who cannot afford the premium. This way, the scheme ensures coverage to the poorest population as well.

The patients referred from the health posts are receiving special treatment at Patan Hospital in Lalitpur district. For instance, members can go to a specialists' consultation and as such, bypass the generalists' clinic. The referred patients get some subsidy in hospital service charges (free registration, discount up to NRS. 150 on medicines at out patient care and NRS. 400 for in-

patient care) and free admission to high risk pregnancies though it is not part of the insurance scheme coverage.

Bhattedanda Health Post's Insurance scheme was under the LMIS of CDHP until 2 years back. It is now running independently by the health post itself. Some health posts' that are implementing the insurance scheme have not been reporting information regularly to CDHP because of managerial problems.

The CDHP is also providing a safe drinking water project, environmental sanitation, latrine construction, community forestry, a school health program, non formal education, women's development and income generating activities in addition to health care services in some Village Development Committees of Lalitpur and Makawanpur district. All the health post in-charge covered under the insurance scheme are provided with basic dental care training by UMN at the Oral Health Program of Patan Hospital in Lalitpur district.

2. The Micro-insurance Scheme

Name of the scheme	: Lalitpur Medical Insurance Scheme
Starting date	: 1976
Status	: Ongoing
Ownership	: Owned by the United Mission to Nepal
Organizational structure	: Part of the regular ongoing activities of CDHP/UMN
Risk coverage	: Health care
Registration	: Not registered separately
Rural / urban	: Rural
Outreach	: Covers seven Village Development Committees of Lalitpur district
Target group	: People who are mostly engaged in agriculture with diversified products
Potential target	: More than 10,000 (100 % coverage of the target population in the Village development Committee catchments area)

3. Assistance to the scheme

Initiators	: The United Mission to Nepal
External funding	: Yes – the INGO i. e. UMN itself
External assistance	: Yes – sensitization/awareness, management, advisory services by UMN to the health post staff and health post management committee
No. of people working for the scheme	: No separate staff for the scheme (but managed by volunteers)

4. Membership and Beneficiaries

Registration of members	: Family voluntary registration
Membership fee	: No
Contributors	: Approximately 8,080 members (1496 families)
Beneficiaries	: 8,080

5. Contributions and Benefits

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

DESCRIPTION OF SERVICES		
Benefits	Contributions (yearly)	No. of people covered (2002)
HEALTH CARE		
Free health services at the health post	The contribution is different per health posts and size of the family: For a 1-7 member family, the premium is NRS. 125, and for more than seven member in a family, the premium is NRS. 150 in Ashrang Health Post. In Chapagaon Health Post, the premium for a 1-7 member family is NRs. 75 and it is NRS. 100 for more than 7 member in a family.	1496 families (approximately 8080 members)
Free essential drugs available at the facility		

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
2002	1,496	165,772

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR		
Year	Number of benefits paid	Amount in NRS.
2002	Data not available	258,326

6. Health-related information

Co-payment	: No (except NRS. 5 registration charge)
Payment modality	: Direct contribution by individuals
Other health related services	: Promotive and preventive health care such as: free maternal and child health services to all people, health awareness and sanitary improving activities
Type of health care insured	: Primary health care
Privileges negotiated with health care providers	: No
Contractual agreement with service provider	: No

7. Other financial information

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

8. Problems and Constraints

- Low coverage rate – average 50%
- High expectation of the beneficiaries e. g. coverage for hospital care
- Poor reporting from some health posts
- Transfer of health posts by UMN to local government is problematic in terms of management and financial capacity (capacity strengthening has been poor)

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	: No
Up-gradation of services	: No
Complementarily 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

- ILO Inventory Questionnaire completed by the organization
- Official document of CDHP/UMN and information provided by the CDHP authority
- A case Study of Lalitpur Medical Insurance Scheme, Nepal, Working Paper, STEP/ILO, 2002
- Extending Maternity Protection to Women in the Informal Economy, The Case of Nepal, STEP/ILO, 2002

Note:

1. The figures mentioned in this paper represents only of Chapagaon and Ashrang Health Posts only
2. Approximate number of the members is based on average family size of Nepal i.e. 5.4 (National Census 2001)

5. Deposit Insurance and Credit Guarantee Corporation Private Limited

Region : Central Development
 District : Kathmandu

Address : Kathmandu Metropolitan City,
 Tangal

Phone : 01- 4410659/4421241
 Fax : 01-4410127
 Mail : dicgc@ntc.com.np
 Web site : www.dicgc.com.np

MI SCHEME AT A GLANCE	
Starting date	1987
Risk coverage	Livestock
Initiator of MIS	Semi Government Organization
Rural/urban	Both rural and urban
Total beneficiaries	7,655
Pot. Beneficiaries	Data not available
MF linkage	Yes

1. The Organization

Deposit Insurance and Credit Guarantee Corporation Private Limited (DICGC) is a semi-governmental organization established in 1973 with the purpose to guarantee the priority sector loans provided by different banks (e. g. agriculture loans, animal husbandry and livestock products, small scale industry). It is registered with the Ministry of Industry under the Company Act of Nepal.

The major objectives of DICGC are: 1) to guarantee the credit deposits of different banks and finance corporates and 2) to compensate concerned parties if loss occurs given by reasonable cause.

DICGC is governed by an Executive Committee representing different banks and the Ministry of Finance and DICGC. It works through its central office in Kathmandu, two branch offices of DICGC (one each in Birgunj and Bhairahawa), and branch offices of different banks at both rural and urban levels. Besides deposit and credit guaranties, it also insures livestock through a Livestock Guarantee Program and Credit Cards issued by the Rastriya Banijya Bank.

The Livestock Guarantee Program for livestock micro-insurance started in 1987 with the aim to minimize financial loss of farmers engaged in animal husbandry due to unproductiveness or death of livestock, and to guarantee the return of credit of banks provided for animal husbandry. At present, the program works through 361 branches of banks, 3 cooperatives and 2 Non-Governmental Organizations in 68 districts of the country. Veterinary technicians of the government and the organization's own technicians also help in the program to examine the health of the livestock. Fifty percent of premium for the insurance of livestock is paid by the government and another 50% is paid by the members themselves to the organization. DICGC also has a provision of a reduction of the premium rate if the premium is paid in advance for more than one year (i.e. the farmer needs to pay only 45.8% of the total premium for second year, 41.6% for the third year and 37.5% for the fourth year).

2. The Micro-insurance Scheme

Name of the scheme : Livestock Guarantee Scheme
 Starting date : 1987
 Status : Ongoing
 Ownership : Owned by DICGC

Organizational structure	: Part of the regular ongoing activities of DICGC
Risk coverage	: Livestock
Registration	: Not registered separately
Rural / urban	: Both rural and urban
Outreach	: Covers 68 districts of Nepal
Target group	: Farmers who have taken loan from banks for animal husbandry
Potential target	: To cover all 75 districts of Nepal

3. Assistance to the scheme

Initiators	: Deposit Insurance and Credit Guarantee Corporation
External funding	: Yes – Shares of different banks and the government
External assistance	: Yes – Different banks and their branches, and veterinary technicians of the government's veterinary services
No of people working for the scheme	: 10 salaried staff

4. Membership and Beneficiaries

Registration of members	: Individual compulsory registration (those who have taken loan from banks for animal husbandry)
Membership fee	: No
Contributors	: 7,655 farmers (8,088 livestock) for the year 2001/2002
Beneficiaries	: 7,655 farmers

5. Contributions and Benefits

Waiting period	: No
Schedule of contributions	: Yearly
Contributions and benefit fluctuation	: Yes – premium decreased by 4% compare to beginning of the program
Benefit package and contributions	: As follows in the table below :

DESCRIPTION OF SERVICES		
Benefits	Contributions (yearly)	No. of people covered (2002)
LIVESTOCK		
80 % of the total cost of the livestock for death of the livestock	The amount of contribution is 6% of the total cost of the livestock. Out of that, 3% is paid by the government as subsidy and 3% is paid by the farmer. If the farmer pays a premium for more than one year in advance, s/he needs to pay only 2.75% for the second year, 2.5% for the third year and 2.25% for the fourth and subsequent years.	7,655 farmers (8,088 livestock)
40 % of the total cost of the livestock for unproductiveness of the livestock either due to accident or illness		

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
2001/2002	8,080	803,900

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR		
Year	Number of benefits paid	Amount in NRS.
2001/2002	Data not available	3,135,000

6. Health-related information

Co-payment	: Not applicable
Payment modality	: Not applicable
Other health related services	: No
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	: Yes
Guarantee fund	: Yes
Bank account	: Yes

8. Problems and Constraints

- Networking difficulties for working together among the organization, the banks and the veterinary service

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	: Yes – 50% premium is contributed by the government for the farmer
Up-gradation 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

- ILO/STEP Inventory questionnaire completed by the organization
- Official document of DICGC and information provided by the organization authority.
- Annual Report 2001/2002, Deposit Insurance and Credit Guarantee Corporation (Pvt.) Ltd.

6. General Federation of Nepalese Trade Unions Health Cooperative

Region : Central Development
 District : Kathmandu

Address : Kathmandu Metropolitan City,
 Putali Sadak, Manamohan Plaza

Phone : 01- 4248072/4245532
 Fax : 01-4248073
 P. O. Box : 10652 Kathmandu
 Mail : info@gefонт.org
 Web site : www.gefонт.org

MI SCHEME AT A GLANCE	
Starting date	2000
Risk coverage	Health care
Initiator of MIS	Trade Union
Rural/urban	Both rural and urban
Total beneficiaries	2,000
Pot. Beneficiaries	10,000 (by 2005)
MF linkage	No

1. The Organization

The General Federation of Nepalese Trade Unions (GEFONT) is a confederation of 15 national federations. One of the largest trade-unions in Nepal, GEFONT is dedicated to the rights, welfare and dignity of the workers from different economic sectors (such as carpet, textiles, tourism, transportation, rickshaw pulling, agriculture, public and civil construction). The trade union is established in July 1989 with four founder federations, and is registered with the Department of Labour /Ministry of Labour. GEFONT represents more than 350,000 members in the country, both formal and informal economy workers.

GEFONT works with the vision of 'Socialism for the dignified working class and a prosperous life'. It has adopted certain missions of its works, mainly to build awareness amongst the working class on rights and responsibilities, to strengthen the role of the working class in social movement and to strengthen unified pro-worker trade unionism.

The organization is headed by a National Executive Committee representing zonal and regional members. It covers different sectors: manufacturing and general works, textile-garments and jute works, transportation, carpet, hotel-restaurant, trekking-travel and rafting, tea plantation, printing press, auto-mechanics, construction, garbage cleaning, food and beverage, chemical, iron and allied industries, rickshaw-pulling, and agriculture including bonded agricultural labourers. GEFONT has a separate, special department for women called the Central Women Workers' Department, which carries a status equivalent to that of a national federation. Women workers in the organization are being mobilized with the slogan 'Not Mere Representation, but Participation'.

Some of the activities of the organization are need-based training for leadership development of affiliates, technical and skill training, a literacy program, an emergency fund project, legal service for workers, involvement in the formulation of a National Labour Policy and intervention as per need and advocacy against child labour and bonded labour in the country.

Besides these many activities of the organization, the trade union is active in promoting social protection for its workers. Since 1974, GEFONT has been running a comprehensive welfare fund for transport workers. And in 1999, the trade union started a GEFONT Health Cooperative with the major objective of meeting its members' necessity on health care and upgrading their socio-economic conditions. The cooperative has established a clinic with a pharmacy at its own building and also started the GEFONT Health Insurance Program in May 2000. The health cooperative aims to provide affordable health care and clinical services to its members. Since then, 1000 individuals have joined the health cooperative. GEFONT has made a negotiation

with Kathmandu Model Hospital founded by Public Health Concern Trust (pfect-NEPAL) for secondary and tertiary health care for its insurers. GEFONT has started to implement a new health micro-insurance scheme in Banke district and has planned a scheme in Bardiya district with support of the ILO/STEP project on “Extending Social Protection through Health Micro-insurance for Women and Men in the Informal Economy – SPHMI-project”. In each district the scheme is targeting approximately 4,000 male and female former bonded labourers, agricultural labourers and transport workers, who are very vulnerable due to precarious work and uncertain income.

2. The Micro-insurance Scheme

Name of the scheme	: GEFONT Health Insurance Program
Starting date	: 2000
Status	: Ongoing
Ownership	: Owned by GEFONT Health Cooperative
Organizational structure	: Part of the regular activities of GEFONT's Health Cooperative
Risk coverage	: Health care
Registration	: Not registered separately
Rural / urban	: Both rural and urban
Outreach	: Covers rural and urban areas of Kathmandu, Lalitpur and Bhaktapur districts (but in practice workers from other districts are also enrolled)
Target group	: Members who are engaged in trade union work
Potential target	: To cover more than 10,000 workers and dependants by the year 2004

3. Assistance to the scheme

Initiators	: General Federation of Nepalese Trade Unions
External funding	: No
External assistance	: Yes – in terms of sensitization and awareness raising at the initial phase
No of people working for the scheme	: Three salaried persons and one volunteer

4. Membership and Beneficiaries

Registration of members	: Individual voluntary registration
Membership fee	: Yes
Contributors	: 1,000
Beneficiaries	: 2,000

5. Contributions and Benefits

Waiting period	: No
Schedule of contributions	: Monthly
Contributions and benefit fluctuation	: No
Benefit package and contributions	: The contribution is NRS. 100 per membership fee and NRs 1 per day for the health insurance fee. One member of the family, defined as dependant, receives the same level of services as the health cooperative member under the same premium. The benefit package is as follows in the table below :

DESCRIPTION OF SERVICES		
Benefits	Contributions (monthly)	No. of people covered (2002)
<p>HEALTH CARE</p> <p>20% subsidy of total expenses for doctor's consultations at GEFONT's Health Cooperative Clinic</p> <p>6 – 15 % percent subsidy in medicine costs at GEFONT's Health Cooperative Clinic</p> <p>50 % subsidy (25 % by the secondary-level health care provider and 25% by GEFONT) for specialists' consultation, medical and surgical procedures including major operations, laboratory investigations and hospitalization charge at Kathmandu Model Hospital</p>	<p>The amount of contribution is NRS. 30 per member per month (one member covers one dependant in the family)</p>	<p>2,000 persons</p>

The beneficiary must carry a referral slip from GEFONT's Health Cooperative Clinic to claim these benefits at the Kathmandu Model Hospital except in emergency cases. A family member who receives benefits first from the health care centre is considered as the dependent in the family for the same year on first come, first serve basis.

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
2002/2003	1,000	360,000

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR		
Year	Number of benefits paid	Amount in NRS.
January 2002 to July 2002	Data not available	51,000

6. Health-related information

Co-payment	: Yes
Payment modality	: Contribution payment by the member
Other health related services	: Nation-wide campaigns on occupational safety and health, trainings on first aid treatment and occupational safety and health, conducting health camps etc.
Type of health care insured	: Primary, secondary and tertiary
Privileges negotiated with health care providers	: No
Contractual agreement with service provider	: Yes

7. Other financial information

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

8. Problems and Constraints

- Irregularity and late payment of the premium

9. Linkages with National/State/Private organizations

Use of commercial insurance	: No
Use of state/public sector insurance	: No
Re-insurance	: Yes – for secondary and tertiary health care
Reductions on contributions	: No
Up-gradation of services	: No
Complementarily 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

- ILO/STEP Inventory questionnaire completed by the organization
- Official document of GEFONT and information provided by the organization's authority.
- Workers news (bulletin), GEFONT, Vol. 33, August 2002

7. Participatory District Development Project, Kavrepalanchowk

Region : Central Development
District : Kavrepalanchowk

Address : Dhulikhel Municipality, Dhulikhel
Phone : 011- 661247
Fax : 011- 661246
Mail : ltfkavre@wlink.com.np
Web site : www.pddp.com.np

MI SCHEME AT A GLANCE	
Starting date	1998
Risk coverage	Livestock
Initiator of MIS	Cooperatives
Rural/urban	Rural
Total beneficiaries	3,522
Pot. Beneficiaries	Data not available
MF linkage	Yes

1. The Organization

District Development Committee is a committee under the His Majesty's Government of Nepal that looks after development work at the district level. To support the District Development Committee's activities, a Local Development Fund Board was established in 1998 under the Local Governance Act of 2055. Activities of the board were supported by the Participatory District Development Program (PDDP) until 2001. The PDDP started in 1994 as a follow up to 'Supporting Decentralization in Nepal', a National Planning Commission/UNDP project. The PDDP works primarily at the district-level to promote decentralized participatory development and to strengthen local governance in Nepal.

The Local Development Fund Board (LDFB) aims to establish a District Development Committee as a responsible unit for overall development of the district through practicing democratic, participatory, equitable, transparent and people-based activities. The overall objective of the PDDP was to empower people to take increasingly control over their own development and to enhance their capacities to mobilize and channel the resources required for poverty alleviation.

The PDDP supported the social empowerment process at the village-level through the development of self-governing community institutions, mainly Community Livestock Cooperatives. The community livestock cooperatives provide livestock micro-insurance to the community. Now the cooperatives are operating independently and the Local Development Fund Board, as an umbrella unit for the district development, supports the local cooperatives technically. The PDDP/LDFB, besides foundation and implementation of the community livestock cooperatives, has started different activities in the district such as credit-flow for micro-enterprises, capacity-building training for local cooperatives and local government, skill development / income generating trainings, trade promotion training and infrastructure development.

At present the Community Livestock Cooperatives are operating in 15 Village Development Committees of Kavrepalanchowk district; Dhung Kharka, Sathi Ghar, Kusha Devi, Mahadev Sthan, Shayam Pati, Bhumidanda, Kharel Thok, Methinkot, Tukucha, Balthali, Chandeni, Purana Gawn, Khana Thok, Chhalal and Mahendrajoti Village Development Committees. All the cooperatives have started a Livestock Insurance Program since 1998. Besides, the PDDP is considering a health micro-insurance scheme.

2. The Micro-insurance Scheme

Name of the scheme : Community Livestock Insurance Program
Starting date : 1998
Status : Ongoing

Ownership	: Local cooperatives of the Village Development Committees
Organizational structure	: Regular program of the community livestock cooperatives
Risk coverage	: Livestock
Registration	: Registered at District Cooperative Office, Kavre
Rural / urban	: Rural
Outreach	: Covers 15 Village Development Committees of Kavrepalanchowk district (each Village Development Committee has one cooperative)
Target group	: Farmers with animal husbandry
Potential target	: To cover all Village Development Committees of the district

3. Assistance to the scheme

Initiators	: Participatory District Development Project, Kavrepalanchowk
External funding	: No
External assistance	: Yes – training, monitoring, evaluation and advisory services
No. of people working for the scheme	: 11 salaried plus 135 volunteers in fifteen Village Development Committees

4. Membership and Beneficiaries

Registration of members	: Individual voluntary registration
Membership fee	: Yes
Contributors	: 3,522 farmers (more than 10,000 cattle)
Beneficiaries	: 3,522 farmers

5. Contributions and Benefits

Waiting period	: No
Schedule of contributions	: Yearly
Contributions and benefit fluctuation	: Contribution amount increased compare to the beginning of the program
Benefit package and contributions	: As follows in the table below:

DESCRIPTION OF SERVICES		
6. Health-related information Benefits	Contributions (yearly)	No. of people covered (2002/2003)
LIVESTOCK The benefit covers 80% of the total costs of the livestock in the case of death of the livestock	The amount of contribution is 10% of the total costs of the livestock	3,522 members (More than 10,000 livestock)

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
July 1998 to June 2003	Data not available	8,450,853

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR

Year	Number of benefits paid	Amount in NRS.
July 1998 to June 2003	Data not available	1,481,930

Co-payment : Not applicable
Payment modality : Not applicable
Other health related services : No
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 : Yes
Guarantee fund : No
Bank account : Yes

8. Problems and Constraints

- Lack of funds for sustainability, especially in the case of epidemic conditions

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 : No
Up-gradation of services : No
Complementarily 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

- ILO/STEP Inventory questionnaire completed by the organization
- Official document of the Local Development Fund Board/Participatory District Development Project, Kavre and information provided by the organization's authority.
- Web site of the PDDP

8. B. P. Koirala Institute of Health Science

Region : Eastern Development
District : Sunsari

Address : Dharan Municipality, Ghopa
Dharan

Phone : 25-521017/525555
Fax : 25-520251
Mail : bpkis@bpkis.edu
Web site : www.bpkis.edu

MI SCHEME AT A GLANCE

Starting date	2000
Risk coverage	Health care
Initiator of MIS	Health service provider
Rural/urban	Both rural and urban
Total beneficiaries	18,867
Pot. Beneficiaries	10,000 new members (within a year)
MF linkage	No

1. The Organization

B. P. Koirala Institute of Health Science (BPKIHS) is an autonomous Health Science University established in 1993. The BPKIHS project was set up as a joint venture by the Government of India and His Majesty's Government of Nepal under a bilateral agreement between the two countries.

The main mission of BPKIHS is to improve the health status of the people of Nepal. This is provided by providing holistic health care through training of compassionate, caring, communicative and socially accountable health workforce acting as a catalyst of change and through advancement in research and innovation in service as well as education to ensure healthy individuals and families by collaborating with all stakeholders.

The goal of the institute is to provide services not only to those coming to its hospital but also to those who have not been able to access the services through community outreach clinics. The community is also reached by implementing promotional activities to improve the health status of the community.

BPKIHS is headed by an Executive Committee for operations with different support committees. It started its activities in 1993 by taking over the management of Eastern Regional Hospital, which had 150 beds. And by now, it has strengthened its capacity to 646 beds with a wide variety of diagnostic and clinical services. The medical education at BPKIHS started in 1994 with the intake of MBBS students and currently, it runs different educational programs such as: Bachelor of Dental Surgery (BDS), Master of Doctor/Master of Surgery (MD/MS), Master of Nursing Science, Bachelor of Nursing Science, and a Certificate in Nursing.

The institute has been running a Social Health Insurance (SHI) program since 2000 with the objective to ensure accessible health care services to community people by providing health care at affordable costs. The program is based on a not-for-profit concept and on the principle of social solidarity. The philosophy of the program is to have the right to get treatment from the institute during ill health by investing when in good health. The insurance scheme is implementing in both rural and urban settings at different rates of premium. For the people who can not afford the premium, the concerned institution itself and the beneficiary jointly pay the premium (each 33%).

The institute is implementing the Social Health Insurance Scheme as a trial with regular monitoring, and when proved successful, could be replicated to other areas of the country.

To orient the community medical education, BPKIHS has launched the concept of 'Teaching Districts'. At present, it has three teaching district in Sunsari, Morang and Dhankuta, and in the future all sixteen districts of the Eastern Region will be included in such districts. The institute

gives high priority in research to areas requiring greater attention of health care and emerging health problems threatening the well-being of the population at large. It addresses these issues by using a community-oriented, multidisciplinary, integrated, and problem-solving approach.

2. The Micro-insurance Scheme

Name of the scheme	: Social Health Insurance
Starting date	: 2000
Status	: Ongoing
Ownership	: Owned by BPKIHS
Organizational structure	: Part of the regular ongoing activities of the institute
Risk coverage	: Health care
Registration	: Not registered separately
Rural / urban	: Both rural and urban
Outreach	: Covers 17 different groups from rural and urban areas of Sunsari and Morang districts
Target group	: People who are mostly engaged in agriculture and informal economy work
Potential target	: To increase 10,000 new members within a year

3. Assistance to the scheme

Initiators	: B. P. Koirala Institute of Health Science
External funding	: No
External assistance	: Yes – training
No of people working for the scheme	: No specified staff; but many community volunteers at the beneficiary level

4. Membership and Beneficiaries

Registration of members	: Individual voluntary registration (but all family members must be included)
Membership fee	: No
Contributors	: Data not available
Beneficiaries	: Data not available

5. Contributions and Benefits

Waiting period	: Yes – the member's registration is only valid from the first day of the next month
Schedule of contributions	: Yearly
Contributions and benefit fluctuation	: No

Benefit package
and contributions : As follows in the table below:

DESCRIPTION OF SERVICES		
Benefits	Contributions (yearly)	No. of people covered (2003)
HEALTH CARE		
Out patient clinic - unlimited free medical consultation and investigations	The amount of contribution are: NRS. 180 per year for adults and NRS. 90 per year for children for people living in rural areas NRS. 816 per year for adults and NRS. 408 per year for children living in urban areas.	18,867 (15,750 in 2002)
In-patient service – unlimited free medical consultation, investigations and use of general ward bed		
Subsidy of medicine cost up to NRS. 25,00 per year		
Subsidy for surgery up to NRS. 10,000 per year		

The scheme does not cover cost of CT scan, MRI, TMT, Echocardiography, Haemodialysis, Prosthesis and Implants

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
2002	15,750	3,521,689
2003	18,867	3,233,430

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR		
Year	Number of benefits paid	Amount in NRS.
2002	523	5,420,332

6. Health-related information

Co-payment : No – for unlimited consultation and investigation, and up to the fixed limit for surgery and medicines

Payment modality : Direct payment by the contributors

Other health related services : Health awareness activities

Type of health care insured : Primary, secondary and tertiary health care

Privileges negotiated with health care providers : Yes – 33 % premium for the member who can not afford full premium

Contractual agreement with service provider : Yes

7. Other financial information

Financial reserve : No
Guarantee fund : No
Bank account : No separate bank account for the insurance scheme

8. Problems and Constraints

- Membership default to some extent
- Not being able to enrol many groups who have approached the institute for insurance coverage

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 : No
Up-gradation of services : No
Complementarily 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

- ILO/STEP Inventory questionnaire
- A case-study on BPKIHS Social Health (Micro) Insurance Scheme, 2003, by the ILO/STEP Program in Nepal, December 2003
- Official document of the BPKIHS (Social Health Insurance Plan introductory book, BPKIHS brochure) and informal information provided by the institution's staff
- Annual Report 2001-2002 and plan of Action 2002-2003, BPKIHS, Dharan, Nepal
- Web site of the organization
- Extending maternity Protection to Women in the Informal Economy, The Case of Nepal, STEP/ILO, Nepal, 2002

9. Nirdhan Utthan Bank Limited

Region : Western Development
District : Rupandehi

Address : Siddharthnagar Municipality,
Janakpath, Bhairahawa

Phone : 071-523764/523768
Fax : 071-521647
Mail : nirdhan@bccci.com.np
Web site : www.nirdhan.com

MI SCHEME AT A GLANCE

Starting date	2003
Risk coverage	Life
Initiator of MIS	Micro Finance Organization
Rural/urban	Both rural and urban
Total beneficiaries	1,191
Pot. Beneficiaries	> 10,000
MF linkage	Yes

1. The Organization

Nirdhan Utthan Bank Limited is a banking organization registered as a company in 1998. It has a license from The Central Bank to undertake banking activities under the Development Bank Act of 1996. Before obtaining the license, its microfinance activities were operating by Nirdhan, which was registered as a tax-exempt non-governmental organization with His Majesty's Government of Nepal and with the Social Welfare Council in 1991. Nirdhan, began its microfinance operations in March 1993.

The Nirdhan NGO obtained a limited banking license from the Central Bank of Nepal in 1994, which permitted to mobilize voluntary savings from its clients. In July 1999, the Nirdhan NGO transferred all microfinance operations to Nirdhan Utthan Bank Limited.

The Nirdhan Utthan Bank is headed by an Executive Board at the central level. Currently, the organization is working in three districts (Bara, Parsa and Rupandehi) through four regional offices and twenty-six branch offices. The Nirdhan NGO, the parent organization is still in existence and has been running different training programs to the bank clients.

Besides operating microfinance, Nirdhan Utthan Bank Limited has started a Life Micro-insurance Scheme for its clients from February 2003 through its four branches in a pilot-testing phase in Bara, Parsa and Rupandehi districts. It has made contract with National Life and General Insurance Company Limited (NLGI) for the insurance program. The Centre for Micro Finance (CMF) developed the concept of life micro-insurance for micro-financing clients linking the scheme with NLGI. Until July 2003, 1148 members were enrolled in the life micro-insurance scheme.

2. The Micro-insurance Scheme

Name of the scheme : Life Micro-insurance Scheme
Starting date : 2003
Status : Ongoing
Ownership : National Life and General Insurance Co. Ltd.
Organizational structure : Part of the micro-financing activities of the Nirdhan Utthan Bank
Risk coverage : Life
Registration : Not registered separately
Rural / urban : Both rural and urban
Outreach : Covers two districts of Central Region (Bara and Parsa) and one district of Western Region (Rupandehi)
Target group : Nirdhan Bank's micro-finance clients
Potential target : More than 10,000 members

3. Assistance to the scheme

Initiators	: Nirdhan Utthan Bank Limited
External funding	: No
External assistance	: Yes – in the term of sensitization / awareness, training, monitoring / evaluation
No. of people working for the scheme	: No specified staff for the scheme

4. Membership and Beneficiaries

Registration of members	: Individual voluntary registration
Membership fee	: No
Contributors	: 1,148
Beneficiaries	: 1,191

5. Contributions and Benefits

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

DESCRIPTION OF SERVICES		
Benefits	Contributions (yearly)	No. of people covered (2003)
Life insurance offers NRS. 80,000 for accidental death and NRS. 40,000 for natural death	The amount of contribution is NRS. 280 per person per year	1191 persons (until July 2003)
Life insurance offers NRS. 40,000 for accidental death and NRS. 20,000 for natural death	The amount of contribution is NRS. 140 per person per year	
Life insurance offers NRS. 20,000 for accidental death and NRS. 10,000 for natural death	The amount of contribution is NRS. 70 per person per year	

(As beneficiary renew their registration in the following year, the benefit amount increases by 5% until the fourth year)

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
Feb. 2003 – July 2003	1,148	98,280

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR		
Year	Number of benefits paid	Amount in NRS.
Feb. 2003 – July 2003	Data not available	50,000

6. Health-related information

Co-payment : Not applicable
 Payment modality : Not applicable
 Other health related services : No
 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 : No separate account for the scheme

8. Problems and Constraints

- Low marketing during last six months of operation
- Small number of members (6% of total potential clients to the date)
- Increase of workload and time for share management (record-keeping)

9. Linkages with National/State/Private organizations

Use of commercial insurance : Yes
 Use of state/public sector insurance : No
 Re-insurance : Nirdhan Bank does not take vested interest from the insurance company whether NLGI has reinsured or not
 Reductions on contributions : No
 Up-gradation of services : No
 Complementarily 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

- ILO/STEP Inventory questionnaire completed by the organization

10. Small Farmers Cooperative Limited, Piple

Region : Central
District : Chitawan

Address : Piple Village Development
Committee, Gadeuli, Piple

MI SCHEME AT A GLANCE	
Starting date	1992
Risk coverage	Livestock
Initiator of MIS	Cooperative
Rural/urban	Rural
Total beneficiaries	30
Pot. Beneficiaries	2,200
MF linkage	Yes

1. The Organization

Small Farmers Cooperative Limited (SFCL) is a Village Development Committee level multi-purpose cooperative established in 1996 (B. S. 2052). It is registered with the District Cooperative Office of Chitwan under the Cooperative Act. Before this, the activities of the cooperative were operating by Small Farmers Development Centre established in 1989 (B. S. 2046) with support of the Agricultural Development Bank.

The major aims of SFCL are to: a) improve the economic and social statuses of small farmers through organizing them in groups; b) make them capable to mobilize their local resources and skills and; c) to reduce maternal and child mortality and morbidity through women and children-centred activities.

SFCL is governed by an Executive Committee. Groups and inter-groups of wards and ward representatives for Village Development Committees are involved in the operations of the cooperative's activities. By the mid of 2002, there were 223 women and 423 male members enrolled in the cooperative.

The major fields of activities of the cooperative are related to micro-saving and credit, market management (such as fertilizer, veterinary medicines, sugar, and seeds), social welfare (such as drinking water, sanitation and technical assistance in the villages through capacity building activities for farmers and veterinary health care).

The cooperative is running a Livestock Insurance Program since 1997 (B. S. 2053) which was operating by Small Farmers Development Centre from 1992. The program is for the farmers in the Piple Village Development Committee (both members and non members of the cooperative). The insurance program covers big livestock such as cows, buffalos, oxen and calves.

The insurance scheme offers an individual share increment program for the cooperative member's insurer. If the insured cattle do not need any insurance benefit for the same year, 50% of the premium goes into the individual share amount of the member. The cooperative is planning the running of a Milk Collection and Distribution Centre and a Public Transportation Service in the near future.

2. The Micro-insurance Scheme

Name of the scheme : Livestock Insurance Scheme
Starting date : 1992
Status : Ongoing
Ownership : Owned by Small Farmers' Cooperative Limited, Piple

Organizational structure	: Part of the regular program of SFCL
Risk coverage	: Livestock
Registration	: Not registered separately
Rural / urban	: Rural
Outreach	: Covers Piple Village Development Committee of Chitwan district
Target group	: Farmers who are involved in animal husbandry and agriculture
Potential target	: To cover all 2,200 small farmers in the Village Development Committee

3. Assistance to the scheme

Initiators	: Small Farmers Development Centre / Agriculture Development Bank
External funding	: Yes – 50% premium
External assistance	: Yes – training
No of people working for the scheme	: 1

4. Membership and Beneficiaries

Registration of members	: Individual compulsory registration for those who have taken loan from the cooperative for purchasing cattle. And the membership is voluntary for non-cooperative members
Membership fee	: No
Contributors	: 30 farmers (36 livestock) for the year 2002/2003
Beneficiaries	: 30 farmers

DESCRIPTION OF SERVICES		
Benefits	Contributions (one and half yearly)	No of people covered (2002/2003)
<p>LIVESTOCK INSURANCE</p> <p>80 % of the total cost of the livestock for death of the livestock</p> <p>40 % of the total cost of the livestock for unproductiveness of the livestock either due to accident or illness</p> <p>A free treatment up to NRS. 300 and offers 20% of the total cost if the treatment cost exceeds NRS. 300.</p>	<p>The amount of contribution is 10% of total cost of the livestock (5% paid by the farmer and 5% by Small Farmers Development Bank for the cooperative members)</p>	<p>30 farmers (36 livestock)</p>

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
2002/2003	36	33,000

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR		
Year	Number of benefits paid	Amount in NRS.
2002/2003	Data not available	25,000

5. Contributions and Benefits

- Waiting period : No
- Schedule of contributions : One and half yearly (18 months)
- Contributions and benefit fluctuation : No
- Benefit package and contributions : As follows in the table below:

6. Health-related information

- Co-payment : Not applicable
- Payment modality : Not applicable
- Other health related services : Drinking water and sanitation program in the community, and Decentralized Action for Children and Women to promote their health status through awareness and advocacy on immunization, nutrition and motherhood care
- 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	: No separate account for the scheme

8. Problems and Constraints

- Relatively small number of membership in the last year probably due to the economic loss of the community by flood and decrease in investment

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	: No
Up-gradation of services	: No
Complementarily 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

- ILO/STEP Inventory questionnaire completed by the organization
- Official document posted on the wall of the cooperative office and information provided by the organization's authority
- Livestock and Livestock Insurance in Nepal - by Vijaya Kumar Mathema , Dr. Durga Dutta Joshi, Nepal Rastra Bank, January 2000
- Livestock Insurance Scheme, A case study of SFCL, Piple, by ILO/STEP/CMF, 2001

11. Bindhavasini Saving Fund Cooperative Society Limited

Region : Central Development
District : Kavrepalanchowk

Address : Panauti Municipality, Khopasi
Phone : 011-662062/663156
Mail : biscal@mos.com.np

MI SCHEME AT A GLANCE	
Starting date	2000
Risk coverage	Health care and Life
Initiator of MSI	Cooperative
Rural/urban	Both rural and urban
Total beneficiaries	2,445
Pot. beneficiaries	10,000 by 2008
MF linkage	Yes

1. The Organization

The Bindhavasini Saving Fund Cooperative Society Limited (BISCOL) is a community-based cooperative institution established in December 1993. It is registered with the District Cooperative Office in Kavrepalanchowk district under the Cooperative Act. Its banking function started from October 1995 with the approval from Nepal Rastra Bank.

The organization is guided by the vision 'save today for a bright future'. It aims to improve basic economic and social status of people through their active participation.

The cooperative is headed by an Executive Committee at the central level. To make the services easily accessible throughout the district, the organization has formed four sub-regional committees. BISCOL is providing its services through four regional offices: Khopasi, Panauti, Banepa and Dhunikharka. The organization has started with 122 members and it is now increased to 2534 members.

The organization's major activities are: a) Micro-saving for self-funding (ten types of savings are in operation), b) Micro-credit for self-employment (ten types of credits are in operation), c) Micro-insurance for self-protection (two types are in operation), and d) Micro-training for self-confidence.

There is also a separate Women Development Program to address poor women and increase women's participation. It provides loans without collateral up to certain limits and a production-oriented training and observation tour to the women. BISCOL offers a share of the cooperative to their members; and, women can become a member with a smaller amount of shares as compared to men; which gives them easier access to the cooperative. BISCOL also provides social loans such as marriage loan, food purchase loans, and water tap installation loans besides productive loans. BISCOL received technical support from the Centre for Micro-Finance (CMF) and participated in a Micro-insurance Workshop organized by ILO/STEP and CMF.

Establishing a fund with 5% premium from members saving and 5% subsidy from BISCOL, the organization has started a Micro-Insurance Program since 2000 December. Currently, health care insurance and life insurance are in operation, and livestock insurance is under planning. To reform the health insurance modality, the organization is planning to work with Dhulikhel Hospital. For the time being, the health insurance program is working on the reimbursement basis up to a certain fixed limit. BISCOL is operating a Life Insurance Scheme through the organization itself and through a formal insurance company, the National Life and General Insurance Company (NLGC). The organization, in future, will operate a life insurance scheme in partnership with the formal insurance company only. The interest gained from the savings of

the members will be paid as a premium for the insurance. Besides, health care and life insurance, BISCOL has a provision of providing emergency health loans up to NRS. 5,000 at 5 percent interest up to three months for seeking immediate health care.

2. The Micro-insurance Scheme

Name of the scheme	: Micro-insurance Program
Starting date	: 2000
Status	: Ongoing
Ownership	: BISCOL
Organizational structure	: Part of regular activities of BISCOL
Risk coverage	: Health care and Life
Registration	: Not registered separately
Rural / urban	: Both rural and urban
Outreach	: Covers all rural and urban areas of Kavrepalanchowk district
Target group	: Members who are mostly engaged in diversified agricultural activities
Potential target	: 10,000 members by 2008

3. Assistance to the scheme

Initiators	: Bindhavasini Saving Fund Cooperative Society Ltd.
External funding	: No
External assistance	: Yes – in the term of sensitization / awareness, training
No of people working for the scheme	: One salaried staff

4. Membership and Beneficiaries

Registration of members	: Individual voluntary registration
Membership fee	: No
Contributors	: 2,445
Beneficiaries	: 2,445

5. Contributions and Benefits

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

DESCRIPTION OF SERVICES

Benefits	Contributions (yearly)	No. of people covered (2003)
<p>IN-HOUSE INSURANCE</p> <p>Health care benefit scheme offers double of the savings amount or up to NRS. 10,000 per year, whichever is low</p> <p>Life insurance benefit offers five folds of the savings amount or NRS. 25,000 to the family in the case of death of the member</p>	<p>The contribution amount is 10 % of the savings of the member (5% pays by the member and 5% by the organization)</p>	2,445 (1,118 women and 1,327 men)
<p>INSURANCE OUTSIDE THE ORGANIZATION</p> <p>Life insurance offers NRS. 80,000 for accidental death and NRS. 40,000 for natural death</p> <p>Life insurance offers NRS. 40,000 for accidental death and NRS. 20,000 for natural death</p> <p>Life insurance offers NRS. 20,000 for accidental death and NRS. 10,000 for natural death</p>	<p>The amount of contribution is NRS. 280 per person per year</p> <p>The amount of contribution is NRS. 140 per person per year</p> <p>The amount of contribution is NRS. 70 per person per year</p>	

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR

Year	Number of contributions	Amount in NRS.
2001/02 to 2002/03	Two time	4,000,000

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR

Year	Number of benefits paid	Amount in NRS.
2001/02 to 2002/03	Data not available	160,000

6. Health-related information

- Co-payment : Yes
- Payment modality : Direct payment by the members
- Other health related services : Yes – Monthly awareness raising and group discussions about different health-related issues including HIV/AIDS among the groups, occasional blood donation program, sanitation works and provision of emergency health loans for immediate health care
- Type of health care insured : Primary/secondary/tertiary
- Privileges negotiated with health care providers : No
- Contractual agreement with service provider : No

7. Other financial information

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

8. Problems and Constraints

- Difficult to reach poor women
- Difficult to make aware about the importance of insurance
- Problems on verifications of health benefit claim
- Constraints of lack of veterinary technicians in order to start the livestock micro-insurance

9. Linkages with National/State/Private organizations

Use of commercial insurance : Yes
Use of state/public
sector insurance : No
Re-insurance : No
Reductions on contributions : No
Up-gradation of services : Yes – linkage of life micro-insurance scheme with
commercial insurer
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

- ILO/STEP Inventory questionnaire completed by the organization
- Official documents of BISCOL (brochure and annual report 2001) and information provided by the organization's authority

12. Center for Self-help Development

Region : central Development
District : Kathmandu

Address : Kathmandu Metropolitan City,
Dillibazar

Phone : 01- 4425597/4424787
Fax : 01-4430363
P.O. Box : 8852
Mail : csd@mos.com.np
Web site : www.csdnepal.org.np

MI SCHEME AT A GLANCE	
Starting date	1996
Risk coverage	Life and Livestock
Initiator of MIS	NGO
Rural/urban	Both rural and urban
Total beneficiaries	5,000
Pot. beneficiaries	> 15,000
MF linkage	Yes

1. The Organization

The Centre for Self-help Development (CSD) is a national-level non-profit and non-governmental organization established in 1991. Its aim is to fight poverty and rural backwardness of the country. The organization is registered with the District Administration Office in Kathmandu and affiliated with the Social Welfare Council of Nepal.

The basic purpose of the organization is to work with the poor and the disadvantaged and create a self-reliant society through the promotion of self-help groups and organizations at the grassroots level, by enhancing their capacity for self-development. The major objectives of CSD are a) to promote socio-economic empowerment of the rural low-income households, especially women and; b) to enhance their access to control over and benefits from resources, to raise their productive capacity and income-level through mobilization of local resources and skills, to provide poor women with micro-finance and other business development services.

CSD is governed by a General Assembly at the highest level and a Governing Board at the secondary level. The Executive Director and Directors manage CSD, supported by professional staff at the centre and field level for day-to-day operations.

CSD has been launching different activities in various areas of the country. For example, CSD is implementing a Self-help Banking Program and through the Swabalamban Bikash Bank, a micro-finance program functioning in 8 districts (Siraha, Saptari, Udayapur, Dhanusha, Mahottary, Bara, Parsa and Makawanpur). In Dang district, the banking program is managed by the CSD branch office itself. Other activities include capacity building trainings. CSD is experiencing a positive impact through the Self-help Banking Program in poverty alleviation and thus, is planning to expand this program in other districts of the country. In the past, CSD has initiated health and development activities in Jumla and Kailali districts.

CSD is implementing a Life and Housing-Protection Scheme and a Livestock Protection Scheme for the Self-Help Banking members in Dang district since 1996. All members are women and the members' husbands are also considered as the beneficiaries of the protection scheme.

2. The Micro-insurance Scheme

Name of the scheme : Life and Housing Protection Scheme /
Livestock Protection Scheme

Starting date : 1996

Status : Ongoing

Ownership	: Owned by CSD
Organizational structure	: Part of the regular ongoing activities of CSD
Risk coverage	: Life, Housing and Livestock
Registration	: Not registered separately
Rural / urban	: Both rural and urban
Outreach	: Covers eight village development committees and two cities (Tulsipur and Ghorahi) of Dang district
Target group	: Women who are involved in a Self-help Banking Program
Potential target	: More than 15,000 members

3. Assistance to the scheme

Initiators	: Centre for Self-help Development
External funding	: No
External assistance	: No
No of people working for the scheme	: 10 partially paid staff

4. Membership and Beneficiaries

Registration of members	: Individual compulsory registration for those who have taken loan from banks for animal husbandry, and Individual voluntary registration for life and housing insurance scheme
Membership fee	: Yes
Contributors	: 3,100
Beneficiaries	: 5,000

5. Contributions and Benefits

Waiting period	: No
Schedule of contributions	: Fifteen monthly
Contributions and benefit fluctuation	: Contribution increased compare to initial stage
Benefit package and contributions	: As follows in the table below:

DESCRIPTION OF SERVICES

Benefits	Contributions (15 monthly)	No. of people covered (2002/2003)
<p>LIFE INSURANCE</p> <p>Benefit paid is NRS. 5,000 to 6500 upon death of the member and 50% of the benefits for the death of the husband of the female members, and</p> <p>An equal amount will be provided for housing if it is collapsed by natural calamities</p>	<p>The amount of contribution is initially NRS. 50 per member fifteen monthly, and NRS. 100 in subsequent years</p>	5,000
<p>LIVESTOCK INSURANCE</p> <p>80 % of the total cost of the livestock for death of the livestock</p> <p>40 % of the total cost of the livestock for unproductiveness of the livestock either due to accident or illness</p>	<p>The amount of contribution is 6% of the total costs of the livestock.</p>	

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR

Year	Number of contributions	Amount in NRS.
Within 6 years period	Data not available	816,000

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR

Year	Number of benefits paid	Amount in NRS.
Within the same 6 years period	Data not available	354,000

6. Health-related information

Co-payment	: Not applicable
Payment modality	: Not applicable
Other health related services	: No direct health related activities undertaking currently, but its women empowerment program supports to the improved health status of the community. It has launched a Community Health Initiative Project in Jumla focusing on health care services, nutrition education, rehabilitation and safer-motherhood program which were phased out from early 2003.
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

- Relatively small number of members, although a larger number was targeted
- Some difficulties in the legal process

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 : No
Up-gradation of services : No
Complementarily 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

- ILO/STEP Inventory questionnaire completed by the organization
- Official document of CSD (brochure) and information provided by the organization authority.
- CSD website

13. Union of Trekking Travels Rafting Workers Nepal

Region : Central Development
District : Kathmandu

Address : Kathmandu Metropolitan City, Putali
Sadak, GEFONT Plaza

Phone : 01-4248072/4245532
Fax : 01-4248073
P. O. Box : 10652 Kathmandu
Mail : info@gefont.org
Web site : www.gefont.org

MI SCHEME AT A GLANCE	
Starting date	1983
Risk coverage	Life and Accident
Initiator of MIS	Trade union
Rural/urban	Both rural and urban
Total beneficiaries	1,500
Pot. beneficiaries	> 10,000
MF linkage	No

1. The Organization

The Union of Trekking Travels Rafting Workers Nepal (UNITRAV) is a common forum for the workers involved in the trekking, travelling and rafting profession in Nepal. It is established in 1983 as a Nepal Trekking Workers Union and in 1998, it is renamed as the Union of Trekking Travels Rafting Workers Nepal, by organizing travelling and rafting workers as well. It is registered with the Department of Labour of the Ministry of Labour under the Labour Act in Nepal.

UNITRAV aims to improve the working environment of trekking, travel and rafting workers by organizing them, and protecting their professional rights.

UNITRAV is the national-level organization headed by the central committee representing many other local coordination committees based on specific target areas such as the Valley Coordination Committee, the Western Coordination Committee and the Jiri Coordination Committee. The trade union is affiliated to the General Federation of Nepalese Trade Unions.

The major activities undertaken by the organization are to support on legal procedures of its members, to protect their rights through job guarantee and security, medical and life insurance, to provide training for members to improve professional skills and to encourage the formulation and implementation of the Labour Act.

Besides these activities of the organization, UNITRAV is working as a pressure group for compulsory implementation of life micro-insurance and medical micro-insurance of the workers while they are located in the field. Currently, there are about 8,000 payable members and 150,000 support workers of UNITRAV throughout the country. The organization is also involved in a Cleaning-up Campaign of some trekking routes and holy, religious places. It has put forward a program entitled 'Think for you by yourself' which addresses the welfare of workers.

2. The Micro-insurance Scheme

Name of the scheme : Life / Accident Micro-Insurance
Starting date : 1983
Status : Ongoing
Ownership : Owned by UNITRAV
Organizational structure : Part of the regular activities of UNITRAV
Risk coverage : Life and Accident
Registration : Not registered separately
Rural / urban : Both rural and urban

Outreach : Covers the beneficiaries working in all the trekking and rafting routes of Nepal
 Target group : Workers involved in trekking, travelling and rafting
 Potential target : To cover more than 10,000 members

3. Assistance to the scheme

Initiators : Trekking Travels and Rafting Establishment
 External funding : Yes – premium payment by employer
 External assistance : No
 No of people working for the scheme : No specific staff (agency's responsibility)

4. Membership and Beneficiaries

Registration of members : Group compulsory registration (done by the agencies)
 Membership fee : No
 Contributors : Data not available
 Beneficiaries : 1,500

5. Contributions and Benefits

Waiting period : No
 Schedule of contributions : Yearly – collective payment of premium (not for specific individuals)
 Contributions and benefit fluctuation : No
 Benefit package and contributions : The benefit package is as follows in the table below :

DESCRIPTION OF SERVICES		
Benefits	Contributions (yearly)	No. of people covered (2002)
LIFE AND ACCIDENT INSURANCE The Life insurance scheme offers NRS. 200,000 in case of death of the worker while in the field Accident insurance benefits as prescribed by the Labour Act (But not working well because of a weak implementation of the act)	Collective contribution – data not available	-

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
-	Data not available	Data not available

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR

Year	Number of benefits paid	Amount in NRS.
-	Data not available	Data not available

6. Health-related information

Co-payment	: Not applicable
Payment modality	: Payment by the trekking / travelling agencies who employ the porters
Other health related services	: UNITRAV is conducting an awareness program on occupational related safety and health and training on first aid management of occupation-related problems while on the trek and raft
Type of health care insured	: Not applicable
Privileges negotiated with health care providers	: No
Contractual agreement with service provider	: No

7. Other financial information

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

8. Problems and Constraints

- Problem in the implementation of the regulations prescribed by the Labour Act on accidents and medical benefits
- Life micro-insurance is provided collectively to a group of workers, not individually

9. Linkages with National/State/Private organizations

Use of commercial insurance	: Yes
Use of state/public sector insurance	: No
Re-insurance	: No
Reductions on contributions	: No
Up-gradation of services	: No
Complementarily 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

- ILO/STEP Inventory questionnaire completed by the organization
- Official document of UNITRAV and information provided by the organization's authority.

14. Independent Transportation Workers' Association of Nepal

Region : Central Development
 District : Kathmandu

Address : Kathmandu Metropolitan City,
 Putali Sadak, GEFONT Plaza

Phone : 01- 4248072 / 4245532
 Fax : 01-4248073
 P. O. Box : 10652, Kathmandu
 Mail : info@gefont.org

MI SCHEME AT A GLANCE	
Starting date	1974
Risk coverage	Accident
Initiator of MIS	Trade union
Rural/urban	Both rural and urban
Total beneficiaries	About 60,000
Pot. Beneficiaries	Data not available
MF linkage	No

1. The Organization

The Independent Transportation Workers' Association of Nepal (ITWAN) is a common forum for all types of transportation workers in Nepal dedicated to the rights, welfare and dignity of transportation workers. It was established in 1979 and is registered with the Department of Labour of the Ministry of Labour in Nepal under the Labour Act.

ITWAN has set an ultimate goal as 'Socialism for the dignified working class and a prosperous life'. Some major objectives of the organization are to: a) protect the occupational rights of transportation workers by organizing all workers, b) promote the economic and social status of transportation workers by improving the working environment; and c) to operate a workers' welfare fund for welfare and prosperity of the workers.

ITWAN is a national organization headed by a central committee representing many zonal, district and unit-level unions at the local level. Till date, there are 12 zonal-level, 14 district-level and 123 unit-level committees working throughout the country under ITWAN. The trade union is affiliated to the General Federation of Nepalese Trade Unions.

The major activities undertaken by the organization are: involvement in the formulation of a Transportation Act and Transportation code of rules, work for the rights and social protection of workers and legal support at the time of injury.

Accident Micro-Insurance is a major activity implemented by ITWAN. It has started a welfare program for car accidents, covering all workers in the transportation sector since 1979. Before this period, the transportation workers' welfare fund started to provide assistance to workers on the public transport service since 1974. This makes this Accident Micro-Insurance scheme one of the oldest scheme in Nepal. The ITWAN collects contribution from the workers in 109 places throughout the country. Currently, there are about 60,000 members involving in this scheme including both regular fee-payee members and non fee-payee members. The rate of dues varies depending on vehicle, distance it travels and the local units. Similarly, the benefit packages vary from place to place or unit to unit.

In addition to the accident micro-insurance scheme implemented by ITWAN, life micro-insurance of the transportation workers is provided by the vehicle owners on a compulsory basis.

2. The Micro-insurance Scheme

Name of the scheme	: No specific name (Accident Micro-Insurance)
Starting date	: 1974
Status	: Ongoing
Ownership	: Owned by ITWAN
Organizational structure	: Part of the regular activities of ITWAN
Risk coverage	: Accident (traffic accident)
Registration	: Not registered separately
Rural / urban	: Both rural and urban
Outreach	: Covers all rural and urban areas of the country where public transportation services are available
Target group	: Public transportation workers
Potential target	: Maximum transportation workers

3. Assistance to the scheme

Initiators	: Independent Transportation Workers' Association of Nepal
External funding	: No
External assistance	: Yes – in terms of monitoring and evaluation
No of people working for the scheme	: Volunteer work by the committee members

4. Membership and Beneficiaries

Registration of members	: Individual voluntary registration
Membership fee	: No
Contributors	: About 60,000 – slight variable daily
Beneficiaries	: About 60,000

5. Contributions and Benefits

Waiting period	: No
Schedule of contributions	: Daily, monthly
Contributions and benefit fluctuation	: Yes - increased
Benefit package and contributions	: The benefit package is as follows in the table below:

DESCRIPTION OF SERVICES		
Benefits	Contributions (daily/monthly)	No. of people covered (2002)
<p>PACKAGE 1</p> <p>For regular fee-payee members,</p> <p>Accident benefits: Treatment cost at the time of traffic accident, NRS. 100 daily allowance while in police custody, support for legal assistance and food support for the family members for some days</p> <p>Illness benefits offer full support up to NRS. 1,000 and 25% support up to NRS. 25,000 total expenses</p> <p>Driving license cancellation compensation benefits offer NRs. 50,000 to those who are not allowed to drive heavy vehicles due to age bar i.e. 55 years over</p>	<p>The amount of contribution is NRS. 5 to 15 per day – varies according to the distance of travel and number of workers in the vehicle</p>	<p>About 16,000 persons</p>
<p>PACKAGE 2</p> <p>For non fee-payee members,</p> <p>Accident benefits: Treatment cost at the time of traffic accident, NRS. 100 daily allowance while in police custody and food support for the family members for some days</p>	<p>The amount of contribution is NRS. 5 to 15 per day – varies according to the distance of travel and number of workers in the vehicle</p>	<p>About 44,000 persons</p>

Note:

Those, who pay NRS. 25 yearly for the organization as a membership fee besides the insurance premium are considered as regular fee-payee members.

The stated benefit and contribution package except driving license cancellation compensation benefit is a particular example of Bagmati Zone, and the later one is adopted by the Arniko Bus Service Unit only.

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
2002/2003	Data not available	Average of 792,440 per month

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR		
Year	Number of benefits paid	Amount in NRS.
2002/2003	Data not available	Data not available

(The scheme in different sectors/places are operated by respective units or district or zone-level committees)

6. Health-related information

Co-payment	: No
Payment modality	: Contribution payment by the member
Other health related services	: Awareness raising activities on occupational related safety and health at the work-place
Type of health care insured	: Any type at the time of accident
Privileges negotiated with health care providers	: No
Contractual agreement with service provider	: No

7. Other financial information

Financial reserve	: No
Guarantee fund	: No
Bank account	: Yes – but not a separate account of the insurance scheme

8. Problems and Constraints

- Problem in the management sector for example, a lot of people are required to coordinate with different sectors such as traffic police, district police, court, vehicle owners, member's family
- No regular contribution from members who do not belong to any specific route or committee

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	: No
Up-gradation of services	: No
Complementarily 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

- ILO/STEP Inventory questionnaire completed by the organization
- Official document of ITWAN and information provided by the organization's authority
- Workers news (bulletin), GEFONT, Vol. 33, August 2002

15. Highway Community Health Cooperative Limited

Region : Central Development
 District : Dhading

Address : Baireni Village Development
 Committee, Baireni Bazar

Phone : 010-29123/01-4312155

MI SCHEME AT A GLANCE

Starting date	2001
Risk coverage	Health care
Initiator of MIS	Cooperative
Rural/urban	Rural
Total beneficiaries	378
Pot. Beneficiaries	4,000
MF linkage	No

1. The Organization

Highway Community Health Cooperative Limited (Rajmarga Health Cooperative) is a community-based cooperative established in July 1999 (B. S. 2056). It is registered with the District Cooperative Office in Dhading district.

The aim of the cooperative is to increase access of the poor section of the community in Baireni Village Development Committee and its surrounding villages of Dhading district to health services and to improve their health status.

The cooperative is headed by an Executive Committee elected by the General Assembly. The General Assembly ratifies the plan of activities of the cooperative, and the Executive Committee governs and operates its daily activities. Currently there are 70 members in the cooperative representing an equal number of families.

Most of the activities of the cooperative are related directly to health through the health awareness program on public health issues, the health clinic with dispensary, the health insurance program and sanitation work. Primary level health care is provided at the cooperative's own clinic. It has run a health insurance program for its members and their families to secure them while in a state of illness. The cooperative has made a contract with Kathmandu Model Hospital in Kathmandu for referral of the members for higher-level health care services.

Besides health care activities, some co-operative members have also promoting for silkworm farming among some cooperative members. It is also trying to negotiate with local health posts for primary health care services.

2. The Micro-insurance Scheme

Name of the scheme : Health Insurance Scheme

Starting date : 2001

Status : Ongoing

Ownership : Owned by the Highway Community Health Cooperative Ltd.

Organizational structure : Part of the regular ongoing activities of the cooperative

Risk coverage : Health care

Registration : Not registered separately

Rural / urban : Rural

Outreach : Covers one village development committee (Baireni Village Development Committee) in Dhading district

Target group : People who are mostly engaged in diversified agricultural activities

Potential target : To cover all families in the Village Development Committee

3. Assistance to the scheme

Initiators	: Highway Community Health Cooperative Limited
External funding	: No
External assistance	: Yes – in the term of sensitisation / awareness and monitoring of the program
No. of people working for the scheme	: One salaried staff (for the clinic) and about 10 volunteers

4. Membership and Beneficiaries

Registration of members	: Individual voluntary registration (but all family members must be included)
Membership fee	: No
Contributors	: 378
Beneficiaries	: 378

5. Contributions and Benefits

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

DESCRIPTION OF SERVICES		
Benefits	Contributions (yearly)	No. of people covered (2003)
<p>HEALTH CARE</p> <p>Entitles the members to have free paramedic services and 3% to 5% subsidy in the medicine costs at the cooperative's own health clinic and the dispensary</p> <p>The insurance also covers 80% subsidy on general and specialized doctor consultation fees, and 50% subsidy on medical and surgical procedures including major surgery, maternity care and the hospitalization charges at the Kathmandu Model Hospital (KMH) for secondary and tertiary care.</p>	<p>Contribution charge is flat for all members irrespective of age and sex. The charge is NRS. 120 per member per year.</p>	<p>378 (men 185 and women 193) for the year 2003/2004</p>

The beneficiary must carry a referral slip from the cooperative's own health clinic to claim these benefits at the Kathmandu Model Hospital run by Public Health Concern Trust. But, in emergency cases, the patients are treated directly. The benefits cover the same facility for a newborn baby in the family within the contract period. The scheme does not cover investigation and medicine costs.

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
2002/2003	378	47,760

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR		
Year	Number of benefits paid	Amount in NRS.
2002/2003	Data not available	Data not available

6. Health-related information

Co-payment	: Yes – at the time of service use
Payment modality	: Direct payment by the contributors
Other health related services	: Regular health awareness activities in the community, preventive care
Type of health care insured	: Primary, secondary and tertiary health care
Privileges negotiated with health care providers	: No
Contractual agreement with service provider	: Yes – for secondary and tertiary health services

7. Other financial information

Financial reserve	: No
Guarantee fund	: No
Bank account	: No separate account for the insurance scheme

8. Problems and Constraints

- Reaching all the needy people in the community
- A constraint of resources for efficient health care delivery at the local level
- Quite a long way to reach for higher level care (problem of accessibility)
- The scheme does not cover laboratory investigations, medicine costs and dental care at the referral centre

9. Linkages with National/State/Private organizations

Use of commercial insurance	: No
Use of state/public sector insurance	: No
Re-insurance	: Yes – for referral to Kathmandu Model Hospital of Public health concern Trust in Kathmandu
Reductions on contributions	: No
Up-gradation of services	: No
Complementarily 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

- ILO/STEP Inventory questionnaire completed by the organization
- Information provided by the organization's authority

16. Democratic Confederation of Nepalese Trade Unions

Region : Central Development
District : Kathmandu

Address : Kathmandu Metropolitan City,
Sinamangal

Phone : 01- 4486987
Fax : 01-4488486
P. O. Box : 13440, Kathmandu
Mail : udecont@wlink.com.np

MI SCHEME AT A GLANCE	
Starting date	2002
Risk coverage	Life and accident
Initiator of MIS	Trade union
Rural/urban	Both rural and urban
Total beneficiaries	500
Pot. beneficiaries	3,000
MF linkage	No

1. The Organization

The Democratic Confederation of Nepalese Trade Unions (DECONT) is a confederation of twelve National Trade Unions committed for the promotion of workers rights, protection, occupational safety and health and the dignity of workers throughout the country. It was established in May 1997 and is registered with the Department of Labour of the Ministry of Labour in Nepal.

DECONT commits itself for combating exploitation, suppression, injustice and discrimination of workers. The trade-union firmly commits to the elimination of child labour, bonded labour and prevalent gender discrimination in Nepalese societies and supports the promotion of an employable vocational education system as well as social security for all workers. Some of its major objectives are to organize workers represented in different trade-unions and occupations, and protect their occupational right and safety, to conduct welfare programs for the workers and their families and to represent workers in all issues related to workers.

DECONT is headed by a Central Council at the National level and District Council at the district level. The trade-union works through 12 departments including the Women Department, the Child Labour Department and others. It covers different sectors such as carpet manufacturing, textile-garments work, transportation, hotel-restaurant, printing press, agriculture, construction, factory work, film etc.

Besides many other activities of the organization, DECONT has started an Accident and Life micro-insurance scheme entitled the "Transport Workers Security Scheme", organized jointly with the Nepal Transport Workers Sabha (one of its alliances). The scheme is set up for transportation workers in Kathmandu valley since 2002, and DECONT is planning to start the same scheme in Jhapa and Hetauda also, as a welfare program for transportation workers. The scheme also provides some support (NRS. 500 to 1,000) to the members when the family members die.

DECONT is actively implementing an action program of ILO's International Program for the Elimination of Child Labour (IPEC) on the prevention and rehabilitation of child labourers engaged in the transport sector. It is also implementing an action program in collaboration with ILO's Expansion of Employment Opportunity for Women (EOW) program on involving women in self-employment and other income-generating activities, especially in agriculture in some districts of the country.

2. The Micro-insurance Scheme

Name of the scheme	: Transport Workers Security Scheme
Starting date	: 2002
Status	: Ongoing
Ownership	: Owned by DECONT and Nepal Transport Workers Sabha
Organizational structure	: Part of the regular activities of DECONT
Risk coverage	: Life and accident (traffic accident)
Registration	: Not registered separately
Rural / urban	: Both rural and urban
Outreach	: Covers rural and urban areas of Kathmandu, Lalitpur and Bhaktapur districts
Target group	: Public transport workers
Potential target	: 3,000 transport workers

3. Assistance to the scheme

Initiators	: Democratic Confederation of Nepalese Trade Unions
External funding	: No
External assistance	: No
No of people working for the scheme	: Two salaried staff

4. Membership and Beneficiaries

Registration of members	: Individual voluntary registration
Membership fee	: No
Contributors	: About 500 members
Beneficiaries	: About 500 members

5. Contributions and Benefits

Waiting period	: No
Schedule of contributions	: Daily, monthly
Contributions and benefit fluctuation	: No
Benefit package and contributions	: The benefit package is as follows in the table below :

DESCRIPTION OF SERVICES		
Benefits	Contributions (monthly)	No. of people covered (2002)
<p>ACCIDENT BENEFIT Accident benefits cover up to NRS. 10,000 at the time of a traffic accident</p> <p>LIFE INSURANCE Life insurance covers NRS. 17,500 if death occurs due to a traffic accident</p>	The amount of contribution is NRS. 10 per day and NRS. 50 per month according to vehicle operation system	About 500 persons

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
2002/2003	Data not available	Data not available

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR		
Year	Number of benefits paid	Amount in NRS.
2002/2003	Data not available	Data not available

6. Health-related information

Co-payment	: No
Payment modality	: Contribution payment by the member
Other health related services	: Awareness raising activities on occupational safety and health, environmental health at the workplace and conducting health camps etc.
Type of health care insured	: Any type at the time of accident
Privileges negotiated with health care providers	: No
Contractual agreement with service provider	: No

7. Other financial information

Financial reserve	: No
Guarantee fund	: No
Bank account	: No separate bank account for the insurance scheme

8. Problems and Constraints

- Irregularity in contribution
- Small number of members

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 : No

Up-gradation of services : No

Complementarily 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

- ILO/STEP Inventory questionnaire completed by the organization
- Official document of DECONT and information provided by the organization's authority.

17. Nepal Yatayat Majdoor Sangh

Region : Central Development
District : Kathmandu

Address : Kathmandu Metropolitan City,
Bijuli Bazar
Phone : 01- 4357344

MI SCHEME AT A GLANCE	
Starting date	1991
Risk coverage	Life and Accident
Initiator of MIS	Trade union
Rural/urban	Both rural and urban
Total beneficiaries	15,500
Pot. Beneficiaries	> 10,000
MF linkage	No

1. The Organization

Nepal Yatayat Majdoor Sangh (NYMS) is a common forum for all types of transport workers in Nepal affiliated to the Nepal Trade Union Congress (NTUC). It is dedicated to the rights, welfare and dignity of transport workers. It was established in 1990 (B. S. 2047) and is registered with the Department of Labour of the Ministry of Labour under the Labour Act of Nepal.

Some major objectives of NYMS are: a) to make the members aware about the rights of transport workers and protect the occupational rights of workers, b) to establish the workers in their society as equal as other members of society; c) and promote the economic and social status of the transport workers by improving the working environment and make the workers responsive to their work.

NYMS is the national-level organization headed by a National Central Committee representing regional, district and unit level committees. There are 5 regional level, 26 district level and 12 unit level committees working throughout the country under NYMS.

NYMS is working for the rights and social protection of workers, legal support at the time of accidents, compulsory appointment of transport workers, for the promotion of a separate Transport Labour Act and it provides leadership development training. NYMS also provides legal support and manages for allowances while in police custody to the members at the time of accident.

Besides other activities of the NYMS, it is also working in the field of life and accident insurance of transport workers with different modalities in several areas since 1991. Currently, there are about 15,500 members involved in this scheme. Vehicle owners also support in implementation of the insurance scheme by paying premium for workers. NYMS is planning to start a micro-insurance scheme to its members through a National Level Committee. It has already decided to start schools for the children of the transport workers in two districts.

2. The Micro-insurance Scheme

Name of the scheme : No specific name (Life/Accident Micro-Insurance)
Starting date : 1991
Status : Ongoing
Ownership : Owned by NYMS
Organizational structure : Part of the regular activities of NYMS
Risk coverage : Life and accidents

Registration	: Not registered separately
Rural / urban	: Both rural and urban
Outreach	: Covers rural and urban areas of the country where transportation services are available
Target group	: Transport workers
Potential target	: More than 10,000

3. Assistance to the scheme

Initiators	: Nepal Yatayat Majdoor Sangh
External funding	: Yes – premium paid by the vehicle owners - partial/full
External assistance	: No
No of people working for the scheme	: Many volunteer members

4. Membership and Beneficiaries

Registration of members	: Individual voluntary registration
Membership fee	: No
Contributors	: About 15,000
Beneficiaries	: 15,500

5. Contributions and Benefits

Waiting period	: No
Schedule of contributions	: Half yearly / yearly / daily (trip basis in some long route transportation)
Contributions and benefit fluctuation	: No
Benefit package and contributions	: The benefit packages are not similar in all districts. A few examples of the benefit packages are as follows in the table below:

DESCRIPTION OF SERVICES		
Benefits	Contributions (half-yearly/yearly/daily)	No. of people covered (2002)
In Surkhet, Jhapa, Morang Kailali, Kaski and other 12 districts Accident benefits (medical care compensation) up to NRS. 50,000 In the case of death in traffic accidents, benefit pays NRS. 200,000	The contribution is paid by the respective district level committees for medical benefits and by the employer for life insurance	15,500
In Kathmandu, Pokhara and Morang (some routes): Accident benefits (medical care compensation) up to NRS. 10,000 In the case of death in traffic accidents, benefit pays NRS. 150,000 to 200,000	50% of the premium is paid by the district level committee (trade-union) and 50% by the vehicle owner (NRS. 3 to 22 six monthly)	

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
2002	Data not available	Data not available

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR		
Year	Number of benefits paid	Amount in NRS.
2002	Data not available	Data not available

(The scheme indifferent sectors/places are operated by respective units or district or zone level committees)

6. Health-related information

- Co-payment : Not applicable
- Payment modality : Contribution payment by the vehicle owner / respective committees
- Other health related services : Training and awareness on occupational safety and health and HIV/AIDS, blood donation program and a sanitation program
- Type of health care insured : Not applicable
- Privileges negotiated with health care providers : No
- Contractual agreement with service provider : No

7. Other financial information

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

8. Problems and Constraints

- Problem of implementing rules and regulations of compulsory life micro-insurance of the workers before granting a routes permit

9. Linkages with National/State/Private organizations

Use of commercial insurance : Yes
Use of state/public
sector insurance : No
Re-insurance : No
Reductions on contributions : No
Up-gradation of services : No
Complementarily 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

- ILO/STEP Inventory questionnaire completed by the organization
- Information provided by the organization's authority.

18. Association for Craft Producers

Region : Central Development
District : Kathmandu

Address : Kathmandu Metropolitan City,
Rabi Bhawan Mode

Phone : 01- 4275108/4270721
Fax : 01-4272676
P. O. Box : 3701, Kathmandu
Mail : craftacp@mos.com.np
Web site : www.acp.org.np

MI SCHEME AT A GLANCE	
Starting date	1988
Risk coverage	Health care
Initiator of MIS	NGO
Rural/urban	Both rural and urban
Total beneficiaries	600
Pot. beneficiaries	1,000 by 2007
MF linkage	Yes

1. The Organization

Association for Craft Producers (ACP) is a private, professional group established in 1984 as a private, professional not-for-profit organization. It is registered with His Majesty's Government of Nepal under the Society Registration act of 1977 (2034 B. S.). ACP is Nepal's premier not-for-profit handicraft organization for both the domestic and export market (30 % domestic and 70 % export %).

The primary focus of ACP is to provide the full range of its services to low-income producers, mainly women craft producers. ACP's main goal is to create a permanent system of management that provides regular design, market, management and technical services to low-income craft producers that result in regular and adequate wages to supplement the family income and improve the overall standard of living. ACP provides services to both urban and rural craft producers. It is governed by an Executive Board at the policy level and is headed by an Executive Director for daily operations.

ACP products are a mixture of ethnicity and utility value. The main focuses of ACP are household textiles, decorative with utility value and related accessories. The organization started life with 38 producers in three skill areas and five full time staff in a rented building in 1984. Today, ACP is providing services to 1,000 artisans of which 90% constitute women. The organization has employed artisans from 17 districts of Nepal in 22 skill categories. It has now 50 full time staff and a permanent facility of 30,000 square feet area. The organization operates a four storied retail outlet called 'Dhukuti' in Kathmandu and a retail outlet in Pokhara. Export of products are handled through its sister company called the Nepali Craft Trading Private Limited.

ACP has launched different welfare packages for its members including medical allowances and paid maternity leave. A medical allowance was started as a Welfare fund in 1988 to reimburse medical expenses per claims. In 2000, the welfare fund package was converted to a Medical allowance package and started to provide medical allowances monthly to all members on the basis of individuals' earnings. Fifty- two-day paid maternity leave is provided to the women members for the first two deliveries. Only associate members are eligible to get these benefits. The organization provides associate memberships to the producers after evaluation of work performance. Regular and reliable production is major criteria for providing associate membership.

Besides medical allowances and maternity benefits, ACP is providing other services for its members such as a Producers' Saving Program, Financial loans, a Foresight Fund for Producers provided on the retirement from work, Producers' Counselling Services for emotional difficulties, legal problems, women's legal right, family planning, marital conflict and pre-marital pregnancy. ACP members are very much conscious about the issue of child labourers in their workplace. ACP has provision of a monthly education allowance for three years to the producers for their girl child education.

2. The Micro-insurance Scheme

Name of the scheme	: Benefit package (Medical and maternity benefits)
Starting date	: 1988
Status	: Ongoing
Ownership	: Owned by ACP
Organizational structure	: Part of the regular program of ACP
Risk coverage	: Health care (medical allowance and paid maternity leave)
Registration	: Not registered separately
Rural / urban	: Both rural and urban
Outreach	: Covers 20 ACP producers' groups representing two to 60 people in a group in 17 districts
Target group	: Low-income craft producers
Potential target	: To make 1,000 members by the year 2007

3. Assistance to the scheme

Initiators	: Association for Craft Producers
External funding	: No
External assistance	: No
No of people working for the scheme	: No separate staff for the scheme

4. Membership and Beneficiaries

Registration of members	: The organization provides associate membership once the producers start working regularly and proves they are reliable
Membership fee	: Yes
Contributors	: 600
Beneficiaries	: 600 associate members

5. Contributions and Benefits

Waiting period	: Yes – the producers must have completed at least 6 months in the ACP group
Schedule of contributions	: Monthly - No need of direct cash contribution by the individual
Contributions and benefit fluctuation	: Yes – paid maternity leave days increased up to 52 days from an initial 30 days
Benefit package and contributions	: The benefit package is as follows in the table below :

DESCRIPTION OF SERVICES		
Benefits	Contributions (monthly)	No. of people covered (2003)
<p>MEDICAL ALLOWANCE Medical allowance – equal to 7% of monthly earning not exceeding NRS. 213 per month)</p> <p>PAID MATERNITY LEAVE Paid maternity leave – equal to 52 days earning (calculated from total earnings in last fiscal year)</p>	No regular contribution is needed. The members' regular work is taken as contribution in kind	600 (90 % women)

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions (monthly)	Amount in NRS.
2002/2003	7,200	-

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR		
Year	Number of benefits paid	Amount in NRS.
2002/2003	7,209	637,156

6. Health-related information

Co-payment	: Not applicable
Payment modality	: Regular work is taken as contribution in kind
Other health related services	: Discussion programs on nutrition, occupation safety and health, impact of early marriage, child development, HIV/AIDS and maternity protection, girl education, women's legal rights and organize occasional health camps
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	: Not separate for the benefit package

8. Problems and Constraints

- No specific problems encountered

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 : No

Up-gradation of services : No

Complementarily 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

- ILO/STEP Inventory questionnaire completed by the organization
- Official document of ACP (brochure) and information provided by the organization's authority.
- ACP web page

19. Dhulikhel Hospital

Region : Central Development
District : Kavrepalanchowk

Address : Dhulikhel Municipality, Dhulikhel
Phone : 011-661497/661727
Fax : 011-661707
P. O. Box : 11008 Kathmandu
Mail : dhos@mail.com.np
Web site : www.schoolnet.or.jp/hospital

MI SCHEME AT A GLANCE

Starting date	1999
Risk coverage	Health care
Initiator of MIS	Health service provider
Rural/urban	Both rural and urban
Total beneficiaries	3,210 (in 2003)
Pot. Beneficiaries	6,000 (by 2005)

1. The Organization

Dhulikhel Hospital is a not-for-profit, non-governmental, community-based hospital opened in 1996. It is set up as a cooperative through a collaborative project of Dhulikhel Municipality, the Dhulikhel Health Services Association and supported by NepaliMed Vorarlberg of Austria. It is registered with the Ministry of Health of Nepal and it is affiliated with the Social Welfare Council of Nepal.

Dhulikhel Hospital is guided by the principles of social equity, sustainable development and harmony with nature. It respects and supports the dignity of each person as an individual.

The major services provided by the hospital are therapeutic services; outpatient services, inpatient services including maternity services and emergency and trauma services, and diagnostic services. It has three Primary Health Care outreach centres in Kavre, in Dhading and in Sindhupalchok district.

Dhulikhel Hospital launched an institution-based medical insurance program since 1998 for some institutions in Kavrepalanchowk district. Initially, the program had 500 members, enrolling students of Kathmandu University. Currently, under this scheme, the hospital has enrolled students of Kathmandu University (KU), staff and staff family of KU, students and staff of SOS Children Village of Kavre, students, staff members of Dhulikhel Medical Institution and Kathmandu University Preparatory School, and the Dhulikhel Hospital staff and their staff families. The premium rate is different for students living inside and outside of Dhulikhel, and different according to income of the staff and number of the staff family for the same benefit package. The premium varies from NRS. 25 to 200 per month per person. The benefit covers free registration, doctor consultation, simple procedures, basic laboratory investigation and emergency services, and 70% subsidy in medicine costs. The scheme also covers costs for health services received at out of this hospital if it is recommended by the hospital.

Dhulikhel Hospital has collaborative educational projects with Kathmandu University Medical School (offers MBBS program) and Dhulikhel Medical Institute (offers Proficiency Certificate in Nursing and General Medicine, technical training in Clinical Laboratory, Ophthalmology and Physiotherapy Programs).

The hospital also has a Reed Bed Waste Water Treatment System for biologically treating its wastewater.

2. The Micro-insurance Scheme

Name of the scheme	: Dhulikhel Hospital Health Insurance
Starting date	: December 1998
Status	: Ongoing
Ownership	: Owned by Dhulikhel Hospital
Organizational structure	: Part of the regular ongoing activities of Dhulikhel Hospital
Risk coverage	: Health care
Registration	: Not registered separately
Rural / urban	: Both rural and urban
Outreach	: Covers five institutions in Kavrepalanchowk district – Kathmandu University, SOS Children Village of Kavre, Kathmandu University Preparatory School, Dhulikhel Medical Institute and Dhulikhel Hospital
Target group	: Students, staff and the staff's family members of the institutions
Potential target	: To cover 6,000 by 2005

3. Assistance to the scheme

Initiators	: Dhulikhel Hospital
External funding	: No
External assistance	: No
No. of people working for the scheme	: One

4. Membership and Beneficiaries

Registration of members	: Compulsory group registration for Kathmandu University students and Individual voluntary registration for other students, staff and staff family
Membership fee	: No
Contributors	: 3,210
Beneficiaries	: 3,210

5. Contributions and Benefits

Waiting period	: No
Schedule of contributions	: Bimonthly / half yearly / yearly
Contributions and benefit fluctuation	: No
Benefit package and contributions	: As follows in the table below :

DESCRIPTION OF SERVICES

Benefits	Contributions (bimonthly/half-yearly/yearly)	No. of people covered (2002/2003)
THE INSURANCE COVERS Unlimited free care in all services available at Dhulikhel Hospital including investigation Seventy percent subsidy in medicine cost Covers cost of health care received at other health institutions within and out of the country per recommendation of Dhulikhel Hospital	THE CONTRIBUTION IS: 1. <i>For students of:</i> Kathmandu University (group insurance) – NRS. 500,000 per year Other institutions living in around Dhulikhel – NRS. 50 per month Other institutions living out of Dhulikhel – NRs. 25 per month	1,900 (students of KU) 700 (living around and out of Dhulikhel)
	2. <i>For staff of Dhulikhel Hospital and Dhulikhel Medical Institute – *</i> Category A – 1% of salary Category B – 2% of salary Category C – 3% of salary Category D – 4% of salary	450
	3. <i>For staff of Kathmandu University, KU Preparatory School and SOS Children Village who receive monthly salary up to NRS. 3,000 – *</i> Category A – NRS. 50 per month Category B – NRS. 100 per month Category C – NRS. 150 per month Category D – NRS. 200 per month	160 (both types of staff who receive monthly salary up to NRS. 3,000 and more than NRS. 3,000)
	4. <i>For staff of Kathmandu University, KU Preparatory School and SOS Children Village who receive monthly salary more than NRs. 3,000 –</i> Category A – NRS. 75 per month Category B – NRS. 125 per month Category C – NRS. 175 per month Category D – NRS. 225 per month	
Total		3,210

* Category A includes staff members only; Category B includes staff and spouse; category C includes staff, spouse and two children; and Category D includes staff, spouse, two children and two dependents. There is a special desk and channel in the hospital to receive insured patient first. The hospital issues insurance cards or uses staff identity cards for the insurance scheme. The SOS has also issued a special insurance card. For students, student identity card is used for the insurance scheme.

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR

Year	Number of contributions	Amount in NRS.
2002/2003	Data not available	1,191,000

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR

Year	Number of benefits paid	Amount in NRS.
2002/2003	Data not available	1,017,000

6. Health-related information

Co-payment	: Yes – for medicine
Payment modality	: Direct contribution by individuals and deduction from salary for the hospital staff
Other health related services	: Mobile rural health clinics, promotive and preventive health services in partnership with local organizations in the community, non-formal education in health for community service providers
Type of health care insured	: Primary, secondary and tertiary health care
Privileges negotiated with health care providers	: Yes – certain doctors are identified as first contact persons
Contractual agreement with service provider	: Not applicable

7. Other financial information

Financial reserve	: No
Guarantee fund	: No
Bank account	: No separate bank account for the MIS

8. Problems and Constraints

- No specified problem faced yet

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	: No
Up-gradation of services	: No
Complementarily 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

- ILO Inventory Questionnaire completed by the organization
- Official document of Dhulikhel Hospital and information provided by the organization's authority

20. Bhattedanda Health Post

Region : Central Development
District : Lalitpur

Address : Bhattedanda Village Development
Committee - 8, Bhattedanda

MI SCHEME AT A GLANCE	
Starting date	1986
Risk coverage	Health care
Initiator of MIS	Health service provider
Rural/urban	Rural
Total beneficiaries	2,532 (average)
Pot. Beneficiaries	5,000 (average)
MF linkage	No

1. The Organization

The Bhattedanda Health Post is a government health institution run under the Ministry of Health in Nepal. It provides primary health care services at the community level and covers the population of 4 Village Development Committees of Lalitpur district.

Since the health post is run under the Ministry of Health, it is partially monitored by the Central Regional Health Directorate and the District Health Office of Lalitpur. Day-to-day operations of the health post are conducted by the health post staff and the policy-level management is operated by locally formed Health Post Health Committees. The health post in-charge serves as a general secretary of the committee. There are six staff members in the health post (One Health Assistant, one Community Medical Assistant, one Auxiliary Nurse Midwife, one Village Health Worker and two helpers).

The Medical Insurance Scheme in the health post was started in 1986 by the Community Development and Health Project / the United Mission to Nepal (CDHP/UMN) based on the well-known Lalitpur Medical Insurance Scheme in Nepal. In 1997, the micro-insurance scheme was taken over by the local Health Post Health Committee and the health post itself. This is a family-based micro-insurance scheme and targeted to cover all households of its four catchment Village Development Committees of Lalitpur district (Bhattedanda, Ikudol, Malta and Shankhu). Currently, it covers about 50% of its target group. In the scheme, there is a provision of charity membership as per recommendation of the Health Post Health Committee to those people who cannot afford the premium.

Besides curative services, the health post also offers promotive and preventive services to the people of the target area. The health post provides free services regarding immunization, contraceptives, ante-natal care, anti tubercular therapy to all, irrespective whether they are members of the micro-insurance scheme or not. Non-members are entertained at high registration charge (five times as high) and are given similar facilities.

The members, referred from the health post, are given special treatment at Patan Hospital in Lalitpur city. For instance, they can go to specialists' consultation and thus are bypassing generalists' clinic, get a subsidy on medicine cost up to NRs. 100 for out-patient clinic visits and get a subsidy of NRs. 400 for admitted patients.

2. The Micro-insurance Scheme

Name of the scheme : Medical Micro-Insurance System
Starting date : 1986 (initiated by the Community Development and Health

	Project / the United Mission to Nepal and taken over by the Bhattedanda Health Post in 1997)
Status	: Ongoing
Ownership	: Owned by the Bhattedanda Health Post
Organizational structure	: Part of the regular ongoing activities of the Bhattedanda Health Post
Risk coverage	: Health care
Registration	: Not registered separately
Rural / urban	: Rural
Outreach	: Covers Bhattedanda, Ikudol, Malta and Shankhu Village Development Committees of Lalitpur district
Target group	: People who are mostly engaged in agriculture with diversified products
Potential target	: 100% coverage of the targeted village development committees

3. Assistance to the scheme

Initiators	: Bhattedanda Health Post and the Community Development and Health Project of the United Mission to Nepal
External funding	: Yes – health post building construction and remuneration for one additional staff by the Community Development and Health Project of the United Mission to Nepal
External assistance	: Yes – sensitization, awareness raising, management, advisory services by the Community Development and Health Project of the United Mission to Nepal to the health post staff members and the health post management committee
No. of people working for the scheme	: No separate staff for the scheme – looked after by the regular staff members of the health post and the health post management committee

4. Membership and Beneficiaries

Registration of members	: Family voluntary registration
Membership fee	: No
Contributors	: Approximately 2,532 (Total of 469 households)
Beneficiaries	: 2,532

5. Contributions and Benefits

Waiting period	: No
Schedule of contributions	: Yearly
Contributions and benefit fluctuation	: Contribution increased

Benefit package and contributions : As follows in the table below :

DESCRIPTION OF SERVICES		
Benefits	Contributions (yearly)	No. of people covered (2002)
HEALTH CARE		
Free health services at the health post	The amount of contribution is NRS. 100 for a 1 to 7 members' family, and NRS. 125 if there are more than 7 members in a family	469 families (approximately 2,532 members)
Free essential drugs available at the facility		

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
2002/2003	469	64,000

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR		
Year	Number of benefits paid	Amount in NRS.
2002/2003	Data not available	67,000

6. Health-related information

- Co-payment : No (except NRS. 5 registration charge)
- Payment modality : Direct contribution by the individuals
- Other health related services : Free ante-natal and post-natal care services, immunization, contraceptives and anti tubercular drugs to all people, health awareness raising activities on sanitation, nutrition, HIV/AIDS, and school health activities
- Type of health care insured : Primary health care
- 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 – but no separate bank account of the micro-insurance scheme

8. Problems and Constraints

- Low coverage rate – average 50% only
- Trend of enrolment in the scheme at the time of service needs only
- Contribution defaulter

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 : No

Up-gradation of services : No

Complementarily 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

- ILO Inventory Questionnaire completed by the organization
- Information provided by the Bhattedanda Health Post's authority
- A case Study on Lalitpur Medical Insurance Scheme, Nepal, Working Paper, ILO/STEP Program in Nepal

Note:

1. Approximate number of the members in a household is based on average family size of Nepal i.e. 5.4 (National Census 2001)

21. Madhyamanchal Grameen Bikash Bank Limited

Region : Central Development
District : Dhanusha

Address : Janakpur Municipality,
Khopasi
Phone : 0977-041-522469/522630
Fax : 0977-041-521642/522630

MI SCHEME AT A GLANCE	
Starting date	1999
Risk coverage	Life
Initiator of MIS	Micro-finance Institution
Rural/urban	Both rural and urban
Total beneficiaries	36,274
Potential beneficiaries	55,000 by 2005
MF linkage	Yes

1. The Organization

The Madhyamanchal Grameen Bikash Bank Limited (MGBB) is a profit seeking micro-finance institution (MFI) based in Janakpur Municipality of Dhanusha district of Nepal. The working area of MGBB is confined in Central Development Region of Nepal. It was established in 1996, and is registered under the Development Bank Act, 1996 of Nepal.

A Board of Directors is founded as a governing body of the bank. The Nepal Rastra Bank undertakes prudential regulation and supervision of MGBB.

MGBB is operating in 12 districts of the Central Development Region of Nepal: Dhanusha, Mahottari, Sarlahi, Rautahat, Bara, Parsa, Makawanpur, Chitawan, Lalitpur, Dhading, Kavrepalanchowk and Nuwakot. As of July 2003, MGBB serves to 37351 women beneficiaries of 246 Village Development Committees through 31 branch and 7 area offices. It has organized all members into 7721 groups in 1172 centres. Most of the members (about 80%) are from rural areas.

The main activity of MGBB includes provision of microfinance service to its members. The bank offers credit to married women of age between 18 to 45 years old from poor house-holds (per capita income less than NRS. 4350 and land having less than 0.5 hecter) without formal sector employment.

Besides micro-finance activity, other services offered by MGBB includes women's economic empowerment activities regarding group dynamism and group processes, social services such as education and literacy, general hygiene, sanitation, health awareness activities, and a life micro-insurance service through Joint Relief Scheme.

The JRS, started in 1999, is a life micro-insurance program of MGBB considered as a safety measure and instrument for social protection that is fully integrated under the micro-financing operation of MGBB. The scheme is primarily intended to reduce debt burden of its members' families upon untimely death of the group members. Only the MGBB clients can join in the Joint Relief Scheme. As of July 2003, the scheme has enrolled 36,274 (97 % of total MBB clients) members under this scheme. Considering this number, about 188,625 persons could be benefited with this scheme (estimating number of beneficiaries per member at 5.2).

Members pay a fixed amount of premium. The rate of contribution amount is based loan terms, and the rate of premium varies according to number of years of involvement in MGBB and loan cycles. Average annual amount of contribution paid by the members is NRS 50 or 75 or 100 to cover the maximum of Rs. 8,000; NRs. 12,000.00 and Rs. 16,000.000 respectively depending on years of services received by the members from MGBB. The bank issues a membership

card that contains personal details of participating clients including nominated descendant. The member has to pay initial registration charge (five Nepali rupees) to enrol in the scheme in addition to annual premium. The scheme has certain exclusions from entitlement of the benefit payments such as death of the member due to suicide, alcohol or drug abuse, infection of sexually transmitted diseases, madness, illicit abortion, murder with involvement of the nominated descendant and death during swimming or hunting.

2. The Micro-insurance Scheme

Name of the scheme	: Joint Relief Scheme
Starting date	: 1999
Status	: Ongoing
Ownership	: Madhyamanchal Grameen Bikash Bank Limited
Organizational structure	: One of the microfinance product of the MGBB
Risk coverage	: Life
Registration	: Not registered separately (integrated into MGBB regular system)
Rural / urban	: Both rural and urban
Outreach	: Covers all rural and urban areas of 12 districts (Dhanusha, Mahottari, Sarlahi, Rautahat, Bara, Parsa, Makawanpur, Chitawan, Lalitpur, Dhading, Kavrepalanchowk and Nuwakot) of Central Development Region.
Target group	: Members who are mostly engaged in diversified agricultural activities and in the informal economy.
Potential target	: 55,000 by 2005

3. Assistance to the scheme

Initiators	: Madhyamanchal Grameen Bikash Bank Limited
External funding	: No
External assistance	: Consultation was done with life insurance service provider (Rastriya Bima Sansthan and Life and General Insurance Company) initially for designing implementation guidelines of the scheme.
No of people working for the scheme	: There is no separate staff for the scheme. Regular MGBB staff are involved on implementing the scheme.

4. Membership and Beneficiaries

Registration of members	: The scheme is compulsory to group members of the MGBB receiving microfinance services.
Membership fee	: Rs. 5 as entry fee.
Contributors	: 36,274
Beneficiaries	: 36,274 (or 36278 family members)

5. Contributions and Benefits

Waiting period	: No
Schedule of contributions	: Initially weekly and later on annual basis.
Contributions and benefit fluctuation	: No
Benefit package and contributions	: As follows in the table below:

DESCRIPTION OF SERVICES		
Benefits	Contributions (yearly)	No. of people covered (2003)
LIFE INSURANCE		
Life insurance benefit offers NRS. 8,000 to the nominated family member upon her death.	The contribution amount is NRS. 1 per week or NRS. 50 per year	36,274
Life insurance benefit offers NRS. 12,000 to the nominated family member upon her death.	The contribution amount is NRS. 1.5 per week or 75 per year	
Life insurance benefit offers NRS. 16,000 to the nominated family member upon her death.	The contribution amount is NRS. 2 per week or 100 per year	

(The annual premium for first year's borrower member is NRs. 50, second years is NRs. 75 and third years or more is NRs. 100. Those, who have paid the previous year's loan but not continued borrowing are not eligible for the scheme).

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN 2002/03		
Year	Number of contributions	Amount in NRS.
2002/2003	36274	2,324,000

TOTAL AMOUNT OF BENEFITS PAID IN 2002/03		
Year	Number of benefits paid	Amount in NRS.
2002/2003	Data not available	1,017,000

6. Health-related information

Co-payment	: Not applicable
Payment modality	: Not applicable
Other health related services	: Awareness raising activities on different health-related issues, general and hygiene sanitation works
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 : There is no separate account for the insurance scheme, but there is separate but simple accounting system

8. Problems and Constraints

- Absence of mechanisms to link benefit payments during lifetime of the member
- Lack of the system to calculate JRS management cost separately
- Legal problem to expand services to the areas beyond Central Development Region by MGBB.
- Lack of policy to use the end use of the contribution balance.

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 : No
Up-gradation 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

- ILO/STEP Inventory questionnaire completed by the organization
- Dhakal, N. H., A Case Study in Nepal on the Joint Relief Scheme within the Madhyamanchal Grameen Bikash Bank Limited, ILO-STEP / CMF, 2003

PLANNED SCHEMES

His Majesty's Government of Nepal's Community Health Insurance

Social security on health to improve health status of people through equitable access of quality care services has been the priority agenda of His Majesty's Government (HMG) of Nepal. The Tenth Five-Year Plan (Poverty Reduction Strategy Paper), 2002-2007, is the government's main medium-term strategic planning document for poverty alleviation. To address health sector needs, the government formulated a Health Sector Strategy in August 2002, which provides a coherent strategic framework to involve all stakeholders.

The Tenth Five-Year Plan of the country has given emphasis on piloting a Health Insurance program to bring efficient and equitable provision of health care system at the public center. Further, in its 18-point policy's statement announced in October 2002, the Ministry of Health has recognized the potential of community and social health insurance as a major health care financing method and included programmes for implementation. Community Health insurance (CHI) is placed as the Priority One category by the Ministry of Health (MOH) of Nepal. Moreover, the Second Long Term Health Plan has adopted health insurance as one of the alternatives to sharing costs of health services from people's side as a way to ensure equitable and quality health care.

In the budget statement of 2003/2004, the Ministry of Health has declared that it is going to implement a Community Health Insurance Program in eight districts of the country representing one health facility in each district as a pilot from 2004. In the process of implementing the CHI program, the MOH has formulated a Community Health Insurance Coordination Committee (CHICC) in May 2003 with approval of the Health Minister. The committee comprises representatives from various departments of the MOH, led by the Health Economics and Finance Unit and some other organizations: the STEP programme of the International Labour Organization, the District Health Strengthening Program/DFID, GTZ, United Mission to Nepal, Public Health Concern Trust, the Center for Community Development and Research (CCODER), the General Federation of Nepalese Trade Unions (GEFONT) and B. P. Koirala Institute of Health Science as members. The eight districts that are selected as pilot for implementing the CHI program are: Morang, Banke, Kailali, Gorakha, Lamjung, Nawalparasi, Dhading and Solukhumbu. The Health Economics and Finance Unit (HEFU) of MOH is responsible for all the policy related issues of the CHI program.

In order to implement CHI program, several activities have been undertaken by the MOH under HEFU with help of the member organizations, such as: development of CHI operating manual and CHI information kit, conduction of CHI training for government personnel with initiation of ILO, conduction of a feasibility study in Dumkauli PHC of Nawalparasi with help of DHSP/DFID, visit of MOH representatives to pilot districts, etc. Some of the committee member organizations have committed to work as co-partner of MOH for facilitating implementation of CHI in certain districts, for instance; ILO/STEP through partnership with VDRC in Nawalparasi, with GEFONT in Banke and with Porters Progress Nepal and SHP in Solukhumbu, DHSP/DFID in Nawalparasi,

GTZ in Dhading, GEFONT in Kailali (and Banke with ILO/STEP), and CCODER in Gorakha and Lamjung. The facilitating partner organization will mainly help in technical aspects such as conducting orientation and training programs locally, mobilization of community people, advocacy, social marketing of community health insurance, etc.

To manage the CHI program locally, a Community Health Insurance Management Committee (CHIMC) will be formulated involving local people, local health facility staff and the partner organization. CHIMC will develop the insurance package, fix premiums, negotiate with referral health facilities and manage funds. MOH continues its existing support in terms of medicines and ensuring human resources at health facilities. The community health insurance programme will be developed on the basis of equity and social justice. Provision will be made to provide net contribution from better off and healthy and net benefits to the poorer and sick people. CHI will be a totally voluntarily scheme; however, more households will be covered to avoid adverse selection to spread risks to the larger population. The MOH will also provide partial subsidy on the premium to low income people who cannot afford.

1. Centre for Community Development and Research

Region : Central Development
District : Kathmandu

Address : Kathmandu Metropolitan City,
Samakhushi
Phone : 01-4351681/4354591
Post Box : 5716, Kathmandu
Mail : contact@ccoder.org
Web site : www.ccoder.org

MI SCHEME AT A GLANCE

Starting date	In process
Risk coverage	Health care
Initiator of MIS	NGO
Rural/urban	Both rural and urban
Total beneficiaries	-
Potential beneficiaries	-
MF linkage	Yes

1. The Organization

The Centre for Community Development and Research (CCODER) is a not-for-profit, non governmental organization established in 1990. CCODER has the mission of creating thriving and self-sustaining communities in Nepal. It is an institution of dedicated social workers who believe in the concept of self-reliant development of the underprivileged by the underprivileged. It is registered in the District Administration Office of Kathmandu and affiliated with the Social Welfare Council of Nepal.

CCODER believes that human development, which encompasses educational, organizational, and socio-economic development, is necessary in order to improve the quality of life of all members of the community in a sustainable manner. It is inspired with the slogan 'We are the Masters of Our Own Destiny'.

The organization is headed by an Executive Committee at the central level. At the community level, people organize themselves with plans and form Community Development Committees (CDC) to assess available resources and achieve individual goals and institute a community plan of action. Groups of CDC's unite to form a Regional CDC, and eventually form District CDCs. Each level of the committee has a different role but all nourish each other with the common goal of poverty alleviation and community development. To the date, 495 CDCs and 41 Regional CDCs have been formed under CCODER.

CCODER begins the development process in each village with a three-month Development Education course to help the villagers identifying the root causes of their problems, set clear goals, and make realistic plans for achieving their goals. In order to achieve socio-economic development of the communities, it has supported to establish a Community Bank for savings and credit as well as income-generating activities such as community tourism, a medicinal plants farm, livestock and agriculture and community-run shops. Other activities include community health care, quality education through community schools and infrastructure and environmental improvement.

To ensure the health care of the community people, in addition to other health programs, a Community Health Insurance Scheme is going to be implemented by CCODER in the near future. The preparatory works for the implementation of the insurance scheme is under-going, including the collection of some premiums from about 1400 members. The scheme is planned to start from April 2004. Important decisions about premium setting, benefits and other aspects of health insurance will be made during annual general assemblies. CCODER is currently working in five districts i.e. Palpa, Gorkha, Dhading, Nuwakot and Terhathum, but the micro-insurance scheme will be started in Palpa and Gorkha districts as a pilot.

2. The Micro-insurance Scheme

Name of the scheme	: Community Health Insurance Scheme
Starting date	: Planned for April 2004
Status	: Under process
Ownership	: Owned by CCODER
Organizational structure	: Part of the regular program of CCODER
Risk coverage	: Health care
Registration	: Not registered separately
Rural / urban	: Both rural and urban
Outreach	: Covers two districts – Palpa and Gorkha
Target group	: Members who are mostly engaged in agriculture of diversified products, animal husbandry and informal economy workers
Potential target	: To be operating in all five districts where CCODER is working in a few years

3. Assistance to the scheme

Initiators	: Centre for Community Development and Research
External funding	: Yes – operational grant
External assistance	: No
No of people working for the scheme	: No separate staff for the scheme

4. Membership and Beneficiaries

Registration of members	: Individual voluntary registration
Membership fee	: Yes (planning)
Contributors	: Not started yet
Beneficiaries	: Not fixed yet

5. Contributions and Benefits

Waiting period	: Not decided
Schedule of contributions	: Monthly (planning)
Contributions and benefit fluctuation	: Not applicable
Benefit package and contributions	: Under working phase

DESCRIPTION OF SERVICES		
Benefits	Contributions (monthly/yearly)	No. of people covered
Health care (Working phase)	Not started yet	Not started yet

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR		
Year	Number of contributions	Amount in NRS.
January 2001 to June 2003	-	400,000

(The money is collected as premium for the proposed insurance scheme)

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR (NOT STARTED YET)		
Year	Number of benefits paid	Amount in NRS.
-	-	-

6. Health-related information

Co-payment	: Not decided
Payment modality	: Not decided
Other health related services	: Community health program which emphasizes on preventive activities such as cleanliness, proper nutrition, family planning, HIV/AIDS campaign and encourage for the integration of herbal medicines at primary health care centres
Type of health care insured	: Primary, secondary and tertiary care (CCODER is under discussion with Aap Peepal Hospital of Gorkha district and Kathmandu Model Hospital in Kathmandu for secondary and tertiary health care of its insured members)
Privileges negotiated with health care providers	: Not yet
Contractual agreement with service provider	: Not yet

7. Other financial information

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

8. Problems and Constraints

- Problem of selecting an appropriate health insurance modality and services
- Reaching the whole population of the targeted areas

9. Linkages with National/State/Private organizations

Use of commercial insurance : Not decided

Use of state/

public sector insurance : No

Re-insurance : No

Reductions on contributions : -

Upgradation of services : -

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

- ILO/STEP Inventory questionnaire completed by the organization
- Official document (brochure) of the CCODER and information provided by the organization's authority.
- CCODER web page

2. Vijaya Development Resource Centre

Region : Western Development
District : Nawalparasi

Address : Gaidakot Village Development
Committee, Vijayanagar

Phone : 056-522965/525900
Fax : 056-522965
Mail : vdrc@mos.com.np

MI SCHEME AT A GLANCE

Starting date	In process for 2004
Risk coverage	Health care
Initiator of MIS	NGO
Rural/urban	Rural
Total beneficiaries	-
Pot. beneficiaries	-
MF linkage	No

1. The Organization

Vijaya Development Resource Center (VDRC-Nepal) is a national level, non-profit making non-governmental organization established in 1979 by the name of Vijaya Youth Club. It was registered as a non-governmental organization at the District Administration Office of Nawalparasi district in 1988 under the NGO act, and it is affiliated with the Social Welfare Council of Nepal.

VDRC-Nepal is dedicated to bring positive social change in society through various social welfare activities, and its actions are guided by the vision 'Building a Self-reliant society'. Its major goals are: a) to work as a resource organization to implement a micro-finance program b) work with children and excluded people for awareness raising, organizing and empowerment c) increase accessibility of excluded people on locally available human, physical and natural resources as well as preserve the traditional and indigenous skills and culture.

The organization is headed by an Executive Body that provides overall policy direction and guidance in the organization and ensures for smooth functioning. Besides, the organization has an Advisory Board. The Executive Director implements the decisions of the executive body and the director is responsible for the day-to-day management of the organization.

VDRC-Nepal currently has three types of programs: i) A fund-raising program such as a training centre with residential facility, training packages and conduction of trainings, and a public communication centre ii) Core programs for the promotion of a saving and credit program, self-help promotion, human resource development, social services such as a cooperative school, ambulance services and an early child development centre, and iii) A promotional program with partners in different districts.

VDRC-Nepal is working in seven districts (Nawalparasi, Parbat, Kapilbastu, Doti, Sankhuwasabha, Sindhupalanchowk and Tanahun) of the country with different partner organizations under its promotional programs. For example: Vijaya Youth Club Cooperative Union Saving and Credit Cooperative Limited (VYCCU), which is an organization set up and promoted by VDRC and it is running Maternal Support Fund for four years in the local community, a Self-help Initiative Promotion Program in Parbat and Kapilbastu districts with GTZ/FP, Expansion of Employment Opportunities for Women in Nawalparasi district with ILO/ISCL, rural Drinking Water Supply and Sanitation Program in Nawalparasi district with the World Bank/HMG-Nepal. Other partner organizations are LLINK, Helvetas, DANIDA and Plan Nepal. VDRC-Nepal is planning to start a Community Radio Station in near Future.

In addition to other different activities, to ensure the health care of community people, VDRC-Nepal is launching a Health Micro-Insurance Scheme in Nawalparasi district very soon. VDRC-Nepal has already formulated a sub-committee called Micro-Insurance Unit in 2003 to work specially for HMIS. This unit has organized several internal trainings on the implementation of

health micro-insurance for the VDRC-Nepal members. Preliminary workouts for the implementation of the insurance scheme are undergoing. The ILO/STEP programme in Nepal through its project on “Extending Social protection through health micro-insurance schemes to workers in the informal economy – SPHMI project” is working as a partner for advisory and technical support on this scheme. At the beginning, VDRC-Nepal is planning to start this scheme as a pilot project in three Village Development Committees of Nawalparasi district which are Gaidakot Village Development Committee, Dumkebas Village Development Committee and Dibyapuri Village Development Committee.

2. The Micro-insurance Scheme

Name of the scheme	: Health Micro-Insurance Scheme (HMIS)
Starting date	: Under preparatory phase (planned for 2004)
Status	: Under process
Ownership	: Owned by Vijaya Development Resource Centre
Organizational structure	: Part of the regular program of VDRC-Nepal
Risk coverage	: Health care
Registration	: Not registered separately
Rural / urban	: Rural
Outreach	: Covers three Village Development Committees of Nawalparasi district i. e. Gaidakot, Dumkebas and Dibyapuri Village Development Committees
Target group	: Members who are mostly engaged in agriculture of diversified products and animal husbandry
Potential target	: All families within the Village Development Committees

3. Assistance to the scheme

Initiators	: Vijaya Development Resource Centre
External funding	: No
External assistance	: Yes – ILO/STEP for training and advisory support
No. of people working for the scheme	: Voluntary work by a Health Micro-Insurance Scheme sub-committee

4. Membership and Beneficiaries

Registration of members	: Family voluntary registration
Membership fee	: Not decided
Contributors	: Planning phase
Beneficiaries	: Planning phase

5. Contributions and Benefits

Waiting period	: Not decided
Schedule of contributions	: Yearly
Contributions and benefit fluctuation	: Not started yet
Benefit package and contributions	: Under working phase :

DESCRIPTION OF SERVICES		
Benefits	Contributions (yearly)	No. of people covered (2002)
Health care (Working phase)		

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR (NOT STARTED YET)		
Year	Number of contributions	Amount in NRS.
-	-	400,000

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR (NOT STARTED YET)		
Year	Number of benefits paid	Amount in NRS.
-	-	-

6. Health-related information

Co-payment	: Not decided
Payment modality	: Not decided
Other health related services	: A campaign on HIV/AIDS and other epidemic diseases, a vaccination program on Hepatitis-B at subsidized price, 24 hours ambulance service, an occasional blood donation program and health camps, and drinking water and sanitation program
Type of health care insured	: Primary care (other types not decided yet)
Privileges negotiated with health care providers	: Not decided
Contractual agreement with service provider	: Not yet

7. Other financial information

Financial reserve	: Yes – contributed by the organization for HMIS
Guarantee fund	: No
Bank account	: No

8. Problems and Constraints

- The scheme is in a preparatory phase, no noticeable problem has been faced yet.

9. Linkages with National/State/Private organizations

Use of commercial insurance : Not decided

Use of state/

public sector insurance : No

Re-insurance : Not decided

Reductions on contributions : -

Upgradation of services : -

Complementarity of other
insurance scheme benefits : -

Legislation requesting
participation of private/public
insurance schemes with
schemes for rural/poor people: -

10. Sources of information

- ILO/STEP Inventory questionnaire completed by the organization
- Official document (brochure) of the VDRC-Nepal and information provided by the organization's authority.

3. Sahaj Health Cooperative Limited

Region : Western Development
District : Nawalparasi

Address : Gaindakot Village Development
Committee - 5

Phone : 056-524123
Fax : 056-526755
Mail : sahaj@gnet.com.np
sahamati@gnet.com.np

MI SCHEME AT A GLANCE

Starting date	2004 (proposed)
Risk coverage	Health care
Initiator of MIS	Cooperative
Rural/urban	Rural
Total beneficiaries	-
Pot. beneficiaries	3000

1. The Organization

The Sahaj Health Cooperative Limited (Sahaj) is a community-based health cooperative established in 2001 initiated by a social development organization named SAHAMATI. Sahaj is registered with the District Cooperative Office in Nawalparasi district.

Sahaj works to increase the access to quality health services. The main objectives of Sahaj are: a) to increase the access of the poor section of the community to health care services; b) to promote and develop community-based health institutions; and c) to raise awareness to community people regarding different health issues.

A General Assembly plans all the activities of Sahaj, and an Executive Committee elected by the General Assembly governs and operates its day-to-day activities.

Sahaj has started its first activity with a health clinic and pharmacy. It provides preventive as well as curative health services to its members and community people. Sahaj is currently providing curative health services through a clinic with daily doctor service, laboratory service and a drug dispensary. The cooperative has divided its activities in three stages for expansion. The first stage is establishment of the cooperative clinic which is almost completed. The second and third stage includes operation of emergency services, ambulance services, health micro-insurance, a health service card and a cooperative hospital.

Sahaj health cooperative is planning to launch a community health micro-insurance program focusing on pregnant women and on children who are from the most vulnerable target population. In 2002, the cooperative has launched a health micro-insurance scheme with Kathmandu Model Hospital in Kathmandu for secondary and tertiary health services last year. Currently, the cooperative clinic is offering free health check-up services to pregnant women. The organization is expecting to start the micro-insurance program by the end of 2003 in two Village Development Committees of Nawalparasi district as a pilot.

2. The Micro-insurance Scheme

Name of the scheme : Sahaj Health Insurance Scheme
Starting date : 2004 (proposed)
Status : Planning phase
Ownership : Owned by Sahaj Health Cooperative Ltd.
Organizational structure : Part of the regular activities of the Sahaj Health Cooperative
Risk coverage : Health care

Registration	: Not registered separately
Rural / urban	: Rural
Outreach	: Covers two village development committees (Gaindakot and Mukundapur) in Nawalparasi district as pilot
Target group	: Pregnant women and children of the member family in the targeted village development committees
Potential target	: Coverage up to, 3000 beneficiaries

3. Assistance to the scheme

Initiators	: Sahaj Health Cooperative Limited
External funding	: No
External assistance	: Yes – in terms of sensitisation / awareness raising by Public Health Concern Trust (pfect-NEPAL) initially, and advisory services by COADY Canada (study advisory support)
No. of people working for the scheme	: Voluntary services by the cooperative members for preparatory work

4. Membership and Beneficiaries

Registration of members	: Individual voluntary registration
Membership fee	: Yes (planning)
Contributors	: Memberships are not distributed yet
Beneficiaries	: Not implemented yet

5. Contributions and Benefits

Waiting period	: No
Schedule of contributions	: Yearly
Contributions and benefit fluctuation	: Not applicable
Benefit package and contributions	: Preparatory phase

DESCRIPTION OF SERVICES		
Benefits	Contributions (yearly)	No. of people covered
Health care (Planning phase)	Planning phase	-

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR (PLANNING PHASE)		
Year	Number of contributions	Amount in NRS.
-	-	-

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR (PLANNING PHASE)

Year	Number of benefits paid	Amount in NRS.
-	-	-

6. Health-related information

Co-payment : Not decided yet
Payment modality : Not decided yet
Other health related services : Regular health awareness raising activities
Type of health care insured : Planning phase
Privileges negotiated
with health care providers : No
Contractual agreement
with service provider : No

7. Other financial information

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

8. Problems and Constraints

- Problem not identified yet

9. Linkages with National/State/Private organizations

Use of commercial insurance : Not decided
Use of state/
public sector insurance : No
Re-insurance : Not decided, but planning to have re-insurance for
secondary and tertiary level health care
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

- ILO/STEP Inventory questionnaire completed by the organization
- Official document of the Sahaj Health Cooperative Limited (brochure) and information provided by the organization's authority

4. Construction and Allied Workers Union of Nepal

Region : Central Development
District : Makawanpur

Address : Hetauda Municipality - 9,
Hanuman Tole
Phone : 057-523351/522251
01-4488486
P. O. Box : 13440, Kathmandu

MI SCHEME AT A GLANCE	
Starting date	Proposed (2004)
Risk coverage	Accident
Initiator of MIS	Trade union
Rural/urban	Both rural and urban
Total benefit	-
Pot. benefit	-
MF linkage	No

1. The Organization

The Construction and Allied Workers' Union of Nepal (CAWUN) is a reformed joint organization of four national-level former trade-unions relating to construction work. The former four trade-unions are: Nepal Building Construction Workers Union, Nepal Wood Workers Union, Nepal Brick-Klin Workers Union and Nepal Painter, Plumber and Wiring Workers Union. CAWUN was established in 1999 (B. S. 2055, Falgun) and registered in the same year with the Department of Labour under the Ministry of Labour of Nepal.

CAWUN was established with the aim to protect the rights, dignity and welfare of construction related to the informal and non-organized workers. It is affiliated with the Democratic Confederation of Nepalese Trade Unions (DECONT).

The main objectives of the organization are: a) to organize all workers related to construction and protect them, b) to promote the economic, social and occupational status of workers through awareness raising programs, trainings, workshops and other educational programs, c) to launch welfare activities for the workers and their families, and d) to participate and help in the formulation of the labour act and policy.

The trade-union has different levels of committees for day-to-day operation besides National-level Central Committee such as District-level Committee and Local-level Committee.

Some of the activities of the organization are: training for national and district-level leadership development of affiliates, technical and skills training for workers to avoid discrimination as skilled and non-skilled workers and a literacy program. The organization has a future plan to publish books and booklets on Trade Union Rights and Human Rights.

Besides, the organization is planning to launch an Accident Insurance Program for its affiliate members. The program is going to start as a model for electrical workers of Makawanpur district as a pilot.

2. The Micro-insurance Scheme

Name of the scheme : CAWUN Accident Micro-Insurance Program
Starting date : In process
Status : Planning phase
Ownership : Owned by CAWUN, Makawanpur
Organizational structure : Part of the regular activities of CAWUN
Risk coverage : Accident

Registration	: Not registered separately
Rural / urban	: Both rural and urban
Outreach	: Covers the beneficiaries in Makawanpur district
Target group	: Workers involved in electrical work
Potential target	: To cover more than 50% electrical workers initially

3. Assistance to the scheme

Initiators	: Construction and Allied Workers Union of Nepal
External funding	: No
External assistance	: Yes – in terms of sensitization and awareness raising
No of people working for the scheme	: No specific staff – voluntary work by CAWUN members

4. Membership and Beneficiaries

Registration of members	: Individual voluntary registration
Membership fee	: Not decided
Contributors	: Planning phase
Beneficiaries	: Planning phase

5. Contributions and Benefits

Waiting period	: No
Schedule of contributions	: Monthly
Contributions and benefit fluctuation	: -
Benefit package and contributions	: Preparatory phase

DESCRIPTION OF SERVICES		
Benefits	Contributions	No. of people covered
Accident (Planning phase)	-	-

TOTAL AMOUNT OF CONTRIBUTIONS COLLECTED IN LAST YEAR (PLANNING PHASE)		
Year	Number of contributions	Amount in NRS.
-	-	-

TOTAL AMOUNT OF BENEFITS PAID IN LAST YEAR (PLANNING PHASE)		
Year	Number of benefits paid	Amount in NRS.
-	-	-

6. Health-related information

Co-payment	: Not decided
Payment modality	: Payment by the member
Other health related services	: Organize awareness-raising activities on occupational safety and health at the workplace
Type of health care insured	: Not applicable
Privileges negotiated with health care providers	: No
Contractual agreement with service provider	: No

7. Other financial information

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

8. Problems and Constraints

- The initiators are currently facing lack of technical expertise to develop benefit packages

9. Linkages with National/State/Private organizations

Use of commercial insurance	: Not decided
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:	: No

10. Sources of information

- ILO/STEP Inventory questionnaire completed by the organization
- Official document of CAWUN and information provided by the organization's authority.

QUESTIONNAIRE

Inventory of Micro-Insurance Schemes/Community-based Risk Pooling Initiatives in Nepal

Conducted by the International Labour Organisation (ILO), Kathmandu, under the Strategies and Tools against Social Exclusion and Poverty (STEP) Programme

Name of Organisation: _____

District: _____ Development Region: _____

Name of informant: _____

Title: _____

Contact Details (Please list Address, Phone, Fax, Email and Website):

Email: _____

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.

A. 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.

B. 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 scheme¹ ?
5. Which organisation is responsible for the micro-insurance scheme² ?
6. What is the address of the headquarters of the organization responsible for the micro-insurance scheme at?

VDC Level	<input type="checkbox"/>
District Level	<input type="checkbox"/>
Zone level	<input type="checkbox"/>
National Level	<input type="checkbox"/>
7. What is the type of organisation responsible for the micro-insurance scheme?

Association	<input type="checkbox"/>
Cooperative	<input type="checkbox"/>
CBO	<input type="checkbox"/>
NGO	<input type="checkbox"/>
Health service provider	<input type="checkbox"/>
Workers' association	<input type="checkbox"/>
Micro-finance institution	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>
8. What are the risks covered by your micro-insurance scheme/s?

Health	<input type="checkbox"/>
All type of healthcare (available at the facility)	<input type="checkbox"/>
Accidents	<input type="checkbox"/>
Hospitalisation	<input type="checkbox"/>
Others (please specify)	<input type="checkbox"/>
Life	<input type="checkbox"/>
Loans	<input type="checkbox"/>
Crops	<input type="checkbox"/>
Livestock	<input type="checkbox"/>
Pension	<input type="checkbox"/>
Others (please specify)	<input type="checkbox"/>

9. What is the legal status of your organisation?
- Registered under the Social Welfare Council Act
- Registered under the District Administration Office 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/s³ does the micro-insurance scheme operate? If working in more than one place, please specify with particulars.
- Rural Numbers
- VDC level
- District level (give name)
- Zone level
- Urban Numbers
- Ward
- Municipality
- Metropolitan city
- Entire city/town
- National
12. The micro-insurance scheme targets which group⁴?
- 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 (rice, wheat, lintel etc)
- Agriculture diversified products
- Animal husbandry
- Fishing
- Trade and crafts
- Mostly informal economy employment
- Mostly salaried employment (private & public)
- Others (please specify)

14. What is the potential target population to enrol in your micro-insurance scheme?

- Precisely known:
- Male Female
- 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 post, PHCC
- Doctor or health professional of a hospital/clinic
- 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 insurance scheme receive any financial assistance?

Yes No

If yes,

Initial assistance

Present assistance

- | | | | |
|------------------|--------------------------|------------------|--------------------------|
| Equipment | <input type="checkbox"/> | Equipment | <input type="checkbox"/> |
| Construction | <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?

Yes No

If yes,

Initial technical assistance

Present technical assistance

- | | | | |
|-------------------------|--------------------------|-------------------------|--------------------------|
| Training | <input type="checkbox"/> | Training | <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?

- | | | | |
|------------------------|--------------------------|-------------------------|--------------------------|
| Voluntary registration | <input type="checkbox"/> | Compulsory registration | <input type="checkbox"/> |
| 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?
- Yes No
- If so, how many members have paid a membership fee⁵?
22. How many contributors does your micro-insurance scheme have⁵?
- At the beginning? At present?
23. How many beneficiaries does your micro-insurance scheme cover⁵?
- At the beginning? At present?
24. Does your micro-insurance scheme cover persons who are not contributors or beneficiaries⁵?
- Yes No
- If yes, please specify

Contributions

25. Is there a waiting period between the first contribution and being able to collect benefits?
- Yes No
- If so, what is the duration of the observation/waiting period⁶ for the members?
26. Are contributions made
- | | | | |
|------------------------|--------------------------|-----------|--------------------------|
| Daily | <input type="checkbox"/> | Weekly | <input type="checkbox"/> |
| Monthly | <input type="checkbox"/> | Quarterly | <input type="checkbox"/> |
| Every 6 months? | <input type="checkbox"/> | Yearly? | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | | |
27. What payment modalities does the micro-insurance scheme practice?
- | | |
|---|--------------------------|
| Direct payment by contributor | <input type="checkbox"/> |
| Deduction from pay check or some other source | <input type="checkbox"/> |
| Payment by third party (employer, NGO, benefactor, national, diaspora, etc) | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> |

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 packages⁷?

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-payment⁸

ii) If it covers health and accidents, which mode of payment⁹ (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/inquire/discuss with health care providers for?
- Cost of services?
- Quality of services offered?
- Waiting period for services?
- Priority treatment?
- Other
- 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
- If so, 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).
- Yes No
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 programme¹⁰ ?

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

Provision for providing qualified staff

Others

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

43. Do you have the knowledge of other organizations who are implementing insurance schemes in Nepal

Yes No

If yes, (Please write down the names and addresses of those organisations)

Definition and precision on terms used in the questionnaire

- 1 Is the insurance scheme for life, health care, accident, crops, livelihoods, pension, etc?
- 2 The organization that takes responsibility for the operation of the insurance scheme. The scheme could be a sole activity or integrated as part of the organizations activities (micro-finance, production, etc).
- 3 Geographical or administrative area in which the scheme operates
- 4 The group of individuals who are potentially eligible to participate/benefit from the scheme
- 5 The following terms mean
 - *Members*: persons having paid membership fees and registered officially in the books of the insurance scheme
 - *Contributors*: members effectively making contributions (for themselves and their dependents). Some members of a scheme are still members but have stopped contributing or have never contributed. They are not contributors.
 - *Dependents*: persons for whom contributions are made to the scheme. Generally they are the spouses, children and other dependents as defined by the scheme.
 - *Beneficiaries*: contributors plus their dependents who are covered by the scheme via contributions
- 6 The observation period or waiting period is the period during which a new member makes contributions without having access to insurance benefits. Often, health insurance schemes will impose an initial waiting period of nine months for delivery benefits, on women of childbearing age, in order to protect the scheme from adverse selection.
- 7 The benefits given by the insurance to its insured in return for contribution, also called benefits package, because different sets of benefits can be defined for different contributions.
- 8 Co-payment is a mechanism allowing for risk sharing between the insurance scheme and the insured. There are three types:
 - Co-payment – a portion paid by the insured to ensure proper usage of services, i.e. an amount of 10 rupees for each service
 - Franchise – a fixed amount under which the costs are borne by the insured, i.e. all services costing less than 300 rupees
 - Upper ceiling – a fixed amount or fixed number of benefits that is insured. Costs above this amount are borne by the insured, i.e. insurance pays for a maximum amount of 5,000 rupees and everything above is borne by the insured
- 9 Many payment modes are possible, amongst which
 - Third party – the insurance scheme pays directly the service provider for the services, except for the co-payment which is the insured's responsibility

Reimbursement – the insured pays the service provider and is reimbursed by the scheme for the total or a part of the costs

Capitation – a payment per capita. The scheme pays the service provider for a fixed amount per member for a certain period – regardless of services (and related costs) used during the period

- ¹⁰ Linkages with state and national programmes & systems – when members of a scheme benefit from a link that was established with a state or national system, programme. Examples: i) reduction on premiums for life insurance with a national insurance scheme, because the scheme has negotiated it or because the state offers this to micro-insurance members; ii) complementarity of a micro-insurance scheme – for instance, if a welfare fund gives some benefits but not all, the missing benefits are complemented for by the community; iii) up gradation of scheme/s – for instance, if the group has a health-related insurance scheme, would the public sector (the government) upgrade the services of the scheme by providing the services of say, a qualified doctor?

For further information, please contact:

International Labour Office in Nepal

P.O.Box : 8971 Kathmandu, Nepal

Telephone : (+977) 1 554 2148, 552 2259, 555 0691

Facsimile : (+977) 1 555 0714

Website : www.ilo.org