Community-based micro-insurance schemes offering maternity health care

Philippine Experience

By Reginald Indon

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BACKGROUND OF THE STUDY

In June 2000, the General Conference of the ILO adopted Maternity Convention 183 with the objective of expanding social protection, specifically maternity protection, to women involved in atypical forms of work. The Convention was largely based on the Maternity Protection Convention (Revised) 1952 and the Maternity Protection Recommendations (Revised) 1952, and reflects the International Labour Organisation's advocacy of gender equality and women's empowerment in today's era of increasing globalization.

The ILO Global Programme STEP (Strategies and Tools against Social Exclusion and Poverty Programme) has actively pursued working with community-based organizations offering social protection for its women members, particularly in the area of maternal health care. Part of the work is identifying concrete tools, practices, and models that offer lessons and insights on how maternal health care and protection can be expanded to cover women working in the informal economy.

Along these lines, the pioneering work of Shook-Pui Lee (2001), which looked into 27 micro health-financing schemes from Africa, Asia and Latin America, provided not only empirical evidence of the rich experience of community-based organizations already providing some forms of maternal health care, but it also highlighted the demand and interest for maternal health care by women working in the informal economy. This paper takes off from Shook-Pui Lee's work by expanding the working knowledge of Philippine-based organizations/schemes offering such maternal care services. It explores new ways and practices through which maternity protection through community-based micro-insurance schemes can be expanded to cover women in the informal economy. Specifically, this paper intends to:

- Present a brief situation report on poor informal economy women workers’ access to maternity protection in the country.
- Identify and review some of the existing community-based micro-insurance schemes in the country that provide maternity support to its members.
- Provide a short analysis of the findings and provide recommendations for incorporating maternity protection services in micro-insurance schemes for informal economy workers.

A list of 35 health-financing schemes and 55 cooperatives offering health care services was obtained from SHINE and NATCCO, respectively, from which the author purposively selected nine case samples. The criteria for selection were:

- The scheme offered maternal health care services
- Availability of contact details (e.g. telephone, fax numbers)

Interviews with key informants from these nine case samples were conducted through phone and fax surveys. Meanwhile, five Philippine-based case samples were lifted from the paper of Shook-Pui Lee and were incorporated in this, bringing the paper's total number of case samples to fourteen.
Providing additional input to the paper are documents, reports, and materials obtained by the author from on-line web-sites of the ILO (www.iilo.org) and Philippine government agencies, specifically those of the Department of Health (www.doh.gov.ph), the National Statistics Office (www.census.gov.ph), the Philippine Health Insurance Corporation (www.philhealth.gov.ph), the Social Security System (www.sss.gov.ph) and the National Economic Development Authority (www.neda.gov.ph). Additional research materials were procured from the ILO Manila Office and from the Institute on Church and Social Issues, a non-governmental research and advocacy organization based in the Ateneo de Manila University.

Because of time and logistical limitations, however, it proved impossible to conduct interviews with the women members of the schemes featured in this paper, and to perform more probing questions with key informants. Although these would have greatly enhanced the amount and quality of information presented in this paper, it is the belief of the author that the current set of data provides sufficient information for an intelligent discussion of the topic.

Finally, the author acknowledges the following people for their support in the preparation of this paper: to Evy Messel of the STEP/ILO and Sylvia Fulgencio of the ILO Manila Office, for their invaluable comments and suggestions; to SHINE and NATCCO, for helping the author in identifying the cases featured in this paper; and Tomas and Manette Maulawin, for providing excellent research assistance.
SECTION ONE: MICRO-INSURANCE INITIATIVES IN THE PHILIPPINES

Introduction

For many years, the term informal sector has been used to identify and describe people working in atypical forms of work, and in the process has inadvertently prescribed the thinking of the existence of a dual economy composed of the formal sector and the informal sector. This dualistic characterization of the economy has led to many false perceptions and conclusions about informal workers, one of which is that these people operate outside the economic and labor market system, and therefore are beyond the purview of statutory regulations and support, including social protection and social security coverage (Lund & Srinivas, 2000).

Today, the term informal sector has given way to the term informal economy, thus reflecting new understanding of this particular segment of society. The new thinking sees the economy as a continuum, composed of a more formal type in one end, and a more informal type at the other end. And within these types are subsectors representing the different types of people and work within the continuum. By seeing people engaged in atypical or informal work as part of the total economy, it becomes relevant and valid to argue that these people deserve to be covered by statutory social protection and social security schemes. Not only is the argument founded on issues concerning basic human rights, but also because the argument posits that social protection is a pragmatic approach to reducing the economic cost of income and job distress, which more often than not is the risk faced by people working in the informal economy (Ibid.).

Noteworthy is that fact that the informal economy is highly heterogeneous, composed of people with different needs and capabilities, engaged in a multiplicity of work and work settings, and situated in varying stages of growth and development. Therefore, it must be emphasized that expanding coverage of social protection and social security to the informal economy follows a priori sensitivity to nuances and peculiarities within the informal economy (Ibid.).

One major nuance to consider is the increasing participation of women in the labour force within the formal and, more so, within the informal economy. Increasingly, despite retaining their reproductive and domestic functions, women have expanded their role in the economic sphere by becoming productive economic agents, principally through atypical forms of work. However, despite their economic contributions, they remain excluded from statutory social protection and social security coverage, particularly maternal health care services.

Present social situation

Similar to other developing countries, the population of informal workers in the Philippines has rapidly been increasing. At present, the number of informal workers in the country is estimated at 4.4 million, half of which are female workers who are engaged in various economic activities, including retail and wholesale trade, home-based manufacturing, and domestic and home-care services.

Notwithstanding their reproductive and domestic role in the country, women in the Philippines have increasingly made their presence in contributing to the country’s economic growth, principally through participation in informal economic activities. Yet, they remain excluded from statutory social protection and social security schemes, primarily because of the nuances resulting
from their informal status and because of institutional limitations of current statutory social protection and social security schemes.\(^1\)

Farolan (1998) describes the primary factors affecting informal women workers' exclusionary status as resulting from the "absence of enabling laws or provisions in the Labor Code for the enjoyment of [social protection rights] leave out members of the informal [economy]. The contradiction between the intention of the law and its implementation is seen in some provisions of the Code that spell out certain rights to employees and mandate employers to recognize these rights. The existence of an employer-employee relationship is, therefore, a pre-requisite for the applicability of the provision." Because Philippine statutory social security schemes rely on a contributory system that is largely based on an employer-employee relationship, the system has become virtually exclusionary due to the fact that such an employer-employee relationship is non-existent or non-formalized in the informal economy.

Further complicating the problem are:

- The limited financial capacity of informal women workers to finance contributory social security schemes.
- Identifying correct or necessary contribution amounts and modes of collection.
- Difficulty in the regulation and adjudication of benefits, particularly for the self-employed.
- Inadequate infrastructure.
- Workers in the informal economy are highly unorganized.

As a result of the exclusion of women informal workers from statutory social protection and social security schemes including maternal health care, the level of maternal morbidity in the country has gone up to levels considered one of the highest in the Asia. According to the DOH, the estimated maternal mortality rate in the country is 90 to 203 per 100,000 live births, and cites hemorrhage, hypertension, and infections as the leading causes of maternal mortality.\(^2\)

The 1999 Maternal and Child Health Survey, meanwhile, reveals that the most sought after care providers among rural pregnant Filipino women are nurses and midwives, primarily because of the limited number of hospitals and medical doctors in the countryside. However, in urban areas where there is a greater supply of hospitals and medical doctors, pregnant Filipino women prefer doctors as care providers. (Please refer to Table 1.1)

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\(^1\) The Social Security System has, however, through the years initiated various reform programs that expanded its coverage to farmers, fishermen, and home workers—those who do not ordinarily have employer-employee relationships, and are technically own-account workers. But participation of these groups has remained low. In December 2000, the number of self-employed members in the SSS was 3.68 million only—a far cry from the total number of 10.4 million own account workers in the country.

\(^2\) "The other name for maternity is safety," Philippine Daily Inquirer, 23 July 2000.
Table 1.1
Maternal and Child Health Survey, 1999 (in percent)

<table>
<thead>
<tr>
<th>Type of provider</th>
<th>Total</th>
<th>Urban</th>
<th>Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Doctor</td>
<td>44.7</td>
<td>61.2</td>
<td>29.2</td>
</tr>
<tr>
<td>Nurse/ Midwife</td>
<td>49.4</td>
<td>35.9</td>
<td>62.2</td>
</tr>
<tr>
<td>Traditional Birth Attendants</td>
<td>5.8</td>
<td>2.8</td>
<td>8.5</td>
</tr>
<tr>
<td>Others</td>
<td>0.1</td>
<td>0.1</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Source: www.doh.gov.ph

Meanwhile, the 1998 National Demographic and Health Survey reveal that prenatal care and delivery assistance among pregnant Filipino women remains low, especially among the lesser educated population. (Please refer to Table 1.2)

Table 1.2
National Demographic and Health Survey, 1998 (in percent)

<table>
<thead>
<tr>
<th></th>
<th>Tetanus Toxoid</th>
<th>Prenatal care</th>
<th>Delivery care assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From doctor</td>
<td>From nurse/ midwife</td>
<td>From doctor</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 20</td>
<td>67.9</td>
<td>28.9</td>
<td>53.5</td>
</tr>
<tr>
<td>20-34</td>
<td>70.4</td>
<td>40.4</td>
<td>46.8</td>
</tr>
<tr>
<td>36-49</td>
<td>62.8</td>
<td>35.0</td>
<td>46.0</td>
</tr>
<tr>
<td>Residence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>69.3</td>
<td>56.7</td>
<td>35.9</td>
</tr>
<tr>
<td>Rural</td>
<td>69.0</td>
<td>23.3</td>
<td>56.8</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No education</td>
<td>24.8</td>
<td>4.5</td>
<td>22.7</td>
</tr>
<tr>
<td>Elementary</td>
<td>65.6</td>
<td>15.7</td>
<td>59.9</td>
</tr>
<tr>
<td>Secondary</td>
<td>76.0</td>
<td>37.6</td>
<td>53.7</td>
</tr>
<tr>
<td>Post secondary/ college</td>
<td>67.0</td>
<td>74.1</td>
<td>22.2</td>
</tr>
</tbody>
</table>

Source: www.census.gov.ph

At present, the Philippine government has taken serious steps towards expanding maternity protection to all Filipino women, including those working in the informal economy. Realizing the limited maternal health care services available to Filipino women, two major initiatives are currently being undertaken: the "Indigent Program" (also know as the Medicare Para sa Masa) of the Philippine Health Insurance Corporation and the "Women’s Health and Safe Motherhood Project (WHISMP)" of the Department of Health.
The *Medicare Para sa Masa* aims to provide universal social security coverage of all Filipinos, and targets specifically those belonging to the poorest 25 percent of Philippine society. Because of the financial limitation of the national and local governments in providing social security benefits for all, the *Medicare Para sa Masa* is implemented through the partnership of the Local Government Units (LGU), the National Government, and the Philippine Health Insurance Corporation (PHIC).

The scheme employs a tiered-sharing of insurance premiums through the PHIC. The national and local government shares in paying for the P1,188 annual premium of target beneficiaries. The share of the LGU corresponds to its income classification. Poorer LGUs pay lesser counterparts. The national government pays for the discount. (Please refer to Table 1.3 for schedule of premium contributions.)

<table>
<thead>
<tr>
<th>LGU CLASS</th>
<th>YEAR</th>
<th>% COUNTERPART</th>
<th>ANNUAL PREMIUM</th>
<th>MONTHLY PREMIUM</th>
<th>PER CAPITA*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st to 3rd</td>
<td>1st onwards</td>
<td>50</td>
<td>594.00</td>
<td>49.50</td>
<td>9.90</td>
</tr>
<tr>
<td>4th to 6th</td>
<td>1st and 2nd onwards</td>
<td>10</td>
<td>118.00</td>
<td>9.90</td>
<td>1.98</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20</td>
<td>237.60</td>
<td>19.80</td>
<td>3.96</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30</td>
<td>356.40</td>
<td>29.70</td>
<td>5.94</td>
</tr>
<tr>
<td></td>
<td></td>
<td>40</td>
<td>475.20</td>
<td>39.60</td>
<td>7.92</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50</td>
<td>594.00</td>
<td>49.50</td>
<td>9.90</td>
</tr>
</tbody>
</table>

* Monthly premium per person for an average family size of five members

Source: [www.philhealth.gov.ph](http://www.philhealth.gov.ph)

The program also aims to optimize the use of existing health care facilities (e.g., Government Hospitals, Rural Health Units, and Barangay Health Centers) by using these as accredited health care providers of the program. Program services and benefits are classified in two phases: Phase 1 is an in-patient care service while Phase 2 is an out-patient care service. (Please refer to Table 1.4 for the summary of benefits and services offered by the *Medicare Para sa Masa* Program.) As of June 2001, the *Medicare Para sa Masa* Program has a total household membership of 512,568 (or roughly 2,357,813 beneficiaries) from 116 cities and provinces.

<table>
<thead>
<tr>
<th>Table 1.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary of Benefits and Services offered by the <em>Medicare Para sa Masa</em> Program</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patient</td>
<td>Out-patient</td>
</tr>
<tr>
<td>Room and board</td>
<td>Chemotherapy</td>
</tr>
<tr>
<td>Services of health care professionals</td>
<td>Radiotherapy</td>
</tr>
<tr>
<td>Laboratory and other medical examination services</td>
<td>Hemodialysis</td>
</tr>
<tr>
<td>Prescription drugs and biologicals</td>
<td>Cataract Extraction</td>
</tr>
<tr>
<td>Surgeon's fee,</td>
<td>Minor surgical procedures performed in an operating room complex</td>
</tr>
</tbody>
</table>
anesthesiologist's fee,
operating room fees
- Surgical family planning procedures

Source: www.philhealth.gov.ph

The "Women's Health and Safe Motherhood Project" of the Department of Health, meanwhile, is more specific to the needs of pregnant Filipino women. Its objective is "to improve the health status of women, with particular focus on women of reproductive age, and thereby support the Government's long-term goal of reducing female morbidity and maternal mortality."

The WHSFP is a five-year project of the DOH in partnership with the LGUs, and will be implemented in 77 provinces nation-wide. The project is co-financed by the National Government, ADB, WB, KfW, AusAID, and EU. Among the many services it offers are:

- Maternity care
- Civil Works for the construction and rehabilitation of health infrastructures
- Training
- Logistics
- Care for reproductive tract infections
- Care for cervical cancer
- Utilization of the life-cycle approach to women's health care delivery
- Information education campaign
- Social marketing
- Community participation and development
- Research

These two major initiatives—the Medicare Para sa Masa and the WHSFP—of the Philippine government in expanding social protection and social security for women informal workers holds much promise, and are in fact opening new opportunities for possible partnerships and networking with existing local and community-based insurance schemes. As will be shown later in this paper, the Medicare Para sa Masa, for instance, is already being integrated into some of the community-based insurance schemes in the country, while other community-based schemes are in the process of integrating or linking their system with the PHIC.

Micro-insurance schemes offering maternity services

The following is a brief description of fourteen micro-insurance schemes offering maternal health care services operating in the country, mostly in the rural areas. As mentioned earlier, five of the micro-insurance schemes featured in this paper are lifted from Shook-Pui's paper, and are used to provide additional inputs for this paper's analysis and recommendations.

Angono Credit and Development Cooperative (ACDECO), Angono, Rizal

Questionnaire answered by: Mr. Nemesio Miranda
Position: Senior Manager
Address: Col. JP Guido Street, San Roque, Angono Rizal
Telephone: +63-2-651 06 01 to 03

3 www.deh.gov.ph
4 Case sample lifted from Shook-Pui Lee's paper.
ACDECO began operations in 1966, providing a micro-financing scheme for its members. But through the years, it has managed to expand its range of financial services to include enterprise development, health care, and social insurance.

At present, ACDECO offers three types of social insurance schemes: the Damayan scheme, which is a life and pension scheme; the Health Care Benefit, which is a pre-need health care plan covering expenditures on pharmaceutical, laboratory, and hospital supplies; and the Mountain of Eternal Peace scheme, which is a pre-need memorial plan. In addition, ACDECO offers its members free access to its in-house community clinic.

ACDECO members with a minimum share capital of Php300 enjoy free consultation at the clinic. At present, there are 2,600 members (70 percent of which are women) who are eligible to receive consultation services.

Although the majority of the members use the services provided by the ACDECO clinic, it was observed that pregnant women members seldom use the free consultation services. This is because the clinic is staffed with general practitioners and not by specialists. Pregnant women members preferred consulting with obstetricians and specialists.

The ACDECO clinic also sells certain types of medicines. ACDECO purchases these medicines in bulk, which enables it to get discounts. The savings is passed on to the members through the sale of affordable medicines.

ACDECO plans to expand its clinic services and facilities in the near future to provide more quality health care services. Also, the cooperative plans to enroll its members with the Social Security System and with the Philippine Health Insurance System to augment health care benefits available to ACDECO members.

Bukidnon Health Insurance Programme (BHIP), Malay Balay City, Bukidnon

The program was launched in February 1994 by the Philippine Medical Care Commission and the Local Government, and was one of the very first community-based insurance schemes set up in the area. The program offers insured members in-patient and out-patient care, including laboratory and dental services.

The annual premium is Php720 per person, with a waiting period of two to five months. Per years, members enjoy a maximum insurance benefit of Php7,500. These include:

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5 The monetary exchange rate used for this paper is US$ 1.00 = Php 51.50.
6 Case sample lifted from Shook-Pui Lee's paper.
- Maximum cash reimbursement of PHP1,500 (minimum of PHP100) for outpatient consultation and medicines.
- Maximum cash reimbursement of PHP5,000 (minimum of PHP1,000) for inpatient care.
- Maximum of PHP500 on routine laboratory and diagnostic services.
- Maximum of PHP500 on dental services.

Insurance benefits, however, are proportionate to annual premium paid. Non-payment of the total annual premium means reduced insurance benefits.

The program covers maternity benefits, which include:

- Pre-natal care: For pregnancies showing dangerous symptoms and complications, the BHIP provide referrals.
- Delivery care: Maximum insurance benefit of PHP10,000 for the first delivery, which is more than sufficient to cover the cost of normal delivery care in government hospitals. There is a ten-month waiting period before an insured member can avail of this benefit.
- Postnatal care: The program provides inpatient and outpatient care for mothers who become ill after delivery. Also, the newborn baby can be added as a dependant, but only after the baby is given the free vaccination that is provided by government hospitals.

The program at present has a total membership of 28,000, nearly half of which are women. From 1997 to 2000, 43 women have availed of the maternity care services of the BHIP. There are plans to link the program with the Philippine Health Insurance System to expand the health care benefits of the program, particularly its maternity care services.

_Bustos LGU-PhilHealth Project (Medicare Para sa Masa), Bulacan_\(^7\)

Questionnaire answered by: Mr. Jason C. Galeon  
Position: Department of Health Representative  
Address: Office of the Mayor, Poblacion, Bustos, Bulacan  
Telephone: +63-919 812 8257 or +63-44-766 2176  
Fax: +63-44-791 6414  
Email: drjcg_18@edsamail.com.ph  
Questionnaire answered: 12 June 2001

The _Medicare Para sa Masa_ program is a joint effort by the Philippine Health Insurance Corporation and the Local Government of Bustos. It affords the poorest of the poor among the local population to enjoy health insurance coverage.

With an annual contribution of PHP119 per year per family, and one month waiting period, insured household enjoy various health care benefits, including maternity care benefits which include:

- Delivery care: The cost of normal deliveries are assumed by the rural health units or the Barangay Health station. For Deliveries with complications, PhilHealth reimburses up to 40 percent of the total cost of care.

\(^7\) Case sample lifted from Shook-Pui Lee’s paper.
• Postnatal care: Routine check up, nutritional education, nutritional and pharmaceutical supplements

The program does not anymore cover prenatal care since this is already provided by the Rural Health Unit and the Barangay Health Station.

_Cebu Peoples' Multi-Purpose Cooperative, Cebu City_

Questionnaire answered by: Ms. Nenita Pacilan
Position: Department Head, Social Development
Address: 10th Street, North Reclamation Area, Cebu City
Telephone: +63 (32) 416 63 27, 232 92 19
Fax: +63 (32) 232 32 21
Email: cpcmcoop@cebu.weblink.com
Questionnaire answered: 21 September 2001

Members of the Cebu People’s Multi-Purpose Cooperative are various wage earners including employees, teachers, and doctors. Informal economy workers such as market and ambulant vendors, small entrepreneurs, drivers, even children have also joined the cooperative.

Members are classified into two categories: a) associates who deposit money with the cooperative, and b) regular members whose savings become part of the shared deposits with the cooperative. With an initial membership of 26 in 1972, the cooperative now has 12,000 associate members and 8,000 regular members.

To become a regular member, a person is required to attend a two-day orientation seminar and pay a one-time registration fee of Php 150.00. The initial share capital of Php 500.00 paid upon membership matures in three months, thereby allowing the new member to automatically avail of the cooperative’s health micro-insurance benefits. Aside from health micro-insurance, the cooperative also provides other services such as productive loans, providential loans, and petty cash loans.

A member can avail of expanded social services through accrued interest of shared capital or by adding to one’s fixed deposits. Member’s benefits in the social services component, including coverage for dependents, are based on the dividends accumulated by a member’s fixed deposit. (Please refer to Table 1.5.)

The cooperative has been able to increase the services covered by its health program without increasing the annual premium since 1996 by tapping the expertise of member with medical backgrounds. In January of 2001, dental and optical services were added into the benefits package. The cooperative’s premium per package and its corresponding benefits is summarized as follows:
Table 1.5
Benefits schedule of Cebu People’s Multipurpose Cooperative health care scheme

<table>
<thead>
<tr>
<th>Required dividend amount (in Php)</th>
<th>Package 1</th>
<th>Package 2</th>
<th>Package 3</th>
<th>Package 4</th>
<th>Package 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Premium (in Php)</td>
<td>500 - 10,000</td>
<td>10,000 - 15,000</td>
<td>15,000 - 20,000</td>
<td>20,000 - 25,000</td>
<td>25,000 and up</td>
</tr>
<tr>
<td></td>
<td>520.00</td>
<td>670.00</td>
<td>760.00</td>
<td>880.00</td>
<td>1,000.00</td>
</tr>
</tbody>
</table>

Member’s Benefits

| Free consultations for members and dependents below 18 years old. | Yes | Yes | Yes | Yes | Yes |
| Medical allowance for medicines and laboratory fees (in Php) | 1,000.00 | 5,000.00 | 5,000.00 | 5,000.00 | 5,000.00 |
| Mortuary aid (in Php) | 10,000.00 | 20,000.00 | 30,000.00 | 40,000.00 | 50,000.00 |
| Dental services (unlimited cleaning; 2 tooth fillings per year) | -- | -- | Yes | Yes | Yes |
| 20 percent discount for relatives | -- | -- | -- | Yes | Yes |
| Optical services (consultation and prescription of eye glasses) | -- | -- | -- | -- | Yes |

Hospitalization is primarily provided by the Medical Mission Group (MMG) Hospital.

In addition, the government-run Philippine Health Insurance System also covers 40 percent of the total hospital bill for members who are enrolled with the system. Some members have also availed of other health insurance plans such as the one being run by the MMG. However, the cooperative does not have a formal agreement with these other institutions for fund collection and remittances or for handling delinquencies. Refunds from the cooperative, computed according to the member’s benefits package, are processed and received by members within 30 minutes.

The cooperative’s Board of Directors sets policies on the maternity care covered by each package. At present, pre-natal care is limited to refunds for medicine expenses – except for multi-vitamins, which is shouldered by the member. An in-house physician is available for medical consultations and prescriptions for medicines. The cooperative plans to provide additional maternity care services depending on the availability of specialists who are members of the cooperative.

There is no available information on the total number of insured women or those who availed of the cooperative’s maternity care benefits. However, regular women members 17 years old and above are automatically covered by the health program’s maternity care benefits for Package A until such time when their shared capital entitles them to a more comprehensive benefits package.
Consolacion Multi-Purpose Cooperative, Consolacion, Cebu

Questionnaire answered by: Ms. Judith Quiapo
Position: Manager
Address: Poblacion Occidental, Consolacion, Cebu
Telephone: +63 (32) 346 64 62
Questionnaire answered: 20 September 2001

This multi-purpose cooperative caters to a broad spectrum of clients: vendors, farmers, fisher folk, government employees, teachers, and other wage earners. Started in 1984 as the Consolacion Credit Cooperative, Inc., the name was changed to the present one in 1992 together with an expansion in the services they offered. Today, the cooperative has a membership base of 1,265 of which 70 percent are female.

The cooperative offers microfinance facilities, mortuary assistance, and social security assistance which include a micro-insurance health care scheme. The health scheme began as a primary health care self-help concept with the assistance of Cebu Caritas which did a two-year fund raising campaign for the project.

From 1996 to 1998, members paid an annual premium of Php 1,437.00. In 1999, this was increased to Php 2,098 without modifying the benefit package. Members also paid additional fees for inclusion of their dependents into the program. Payment was made either daily, weekly, monthly, quarterly, or annually.

The cooperative’s primary health care provider in cases of hospitalization is the Medical Mission Group (MMG) Hospital with which the cooperative has made formal arrangements. The scheme provides coverage for ward accommodation, with the member paying for room upgrading and additional services. In general, members receive their refunds approximately one month after filing their claim.

The cooperative’s arrangements with the MMG hospital also covers the scheme’s maternity care package. However, women have to be members prior to pregnancy to avail of maternity care benefits. (The regional health units are also being tapped to provide pre- and postnatal care.) The current maternity package includes the following:

- Prenatal care: Referrals to the Medical Mission Group Hospital for dangerous symptoms of and complications during pregnancy
- Delivery care: Medical supplies, medicines, and food; Php 500.00 cash refund for medicines and laboratory fees; assistance in processing documents for maternity benefits from the government-run Social Security System (SSS)
- Postnatal care: Routine medical examination for mother and baby at the Medical Mission Group hospital

The provision for maternity care emerged as an identified need of the members. Continuing members’ education and promoting the health scheme form part of the cooperative’s current plan to expand the current program. The characteristics of the members’ pool (e.g., average age of members) assists the cooperative Board of Directors and the Medical Mission Group in deciding what services form part of the maternity care package. Since many of the members are wage earners, they can and do avail of other health insurance plans including government-provided (PhilHealth) maternity care. PhilHealth reimburses up to 40 percent of the total cost of maternity care expenses. Members nevertheless, find in the cooperative an accessible health scheme that gives additional financial security. The low premiums are an added plus.
In 2001, there were 20 insured women with the scheme. However, no information was being actively collected on the number of women who benefited from maternity care.

**Gubat St. Anthony Credit Cooperative**

Questionnaire answered by: Mrs. Leonisa L. Ferreras  
Position: Manager  
Address: Corner Luna and Quezon Streets, Gubat, Sorsogon  
Telephone: +63 (56) 311 12 64, 311 17 65  
Questionnaire answered: 25 September 2001

The members of this cooperative are composed of professionals, farmers, fisher folk, drivers, and employees from the government and private sectors. Organized in April 1964 with an initial membership of 30 and a starting capital of Php 222.00, they now have 3,700 member of which 70 percent are women.

Their health scheme is called the Damayan 3 Fund to which members pay an amount between Php 500.00 to Php 3,500.00 upon joining. Members may then avail of an interest-free loan of up to Php 14,500.00 from this Fund for medical needs including maternity care.

A multiplier is used to compute the amount of loan available to a member. For contributions up to Php 1,999.00, the amount is multiplied by a factor of five. Members’ shares from Php 2,000.00 to a maximum of Php 3,500.00 use four (4) as a multiplier. The loan is received on the day the claim is filed if the proper receipts are presented and is payable in one year.

Aside from the Fund, the cooperative does not have specific maternity care benefits for its members. However, the loan helps defray hospital costs incurred by members and covers all expenses including doctor’s fees, medicines, laboratory costs, and other hospital bills. Cooperative members enrolled with the Philippine Health Insurance System also avail of the program’s 40 percent coverage of hospital bills. Benefits covered by the health scheme are based on the decision of the cooperative’s Board of Directors.

Available data during the interview puts the number of women enrolled in the scheme at 20 percent of all the women members. In 1999 and 2000, only one member availed of the program’s maternity care benefits.

Plans are being drawn to expand the medical care coverage to include members’ dependents.

**Guimaras Health Insurance Project (GHIP), Guimaras Province**

Questionnaire answered by: Ms. Ma. Emma Tronco  
Position: GHIP Coordinator  
Address: San Miguel, Jordan, Guimaras  
Telephone: +63 (33) 581 33 31, 581 33 50  
Questionnaire answered: 21 September 2001

The Guimaras Health Insurance Project (GHIP) began in 1976 as a pilot activity of the provincial government. Initially centered in Nueva Valencia, a town in the island province of Guimaras, it has become a province-wide undertaking covering 96 barangays in five municipalities. (The barangay is the smallest political unit of governance in the Philippines.) Under the supervision of the Provincial Health Office, the health insurance scheme currently provides medical coverage...
for approximately 20,000 households in the province coming from the low income, self-employed, and unemployed sectors, including members’ dependants.

Classified into Plans A, B, and C, approximately 40 percent of the member’s annual premium is contributed by the municipal and provincial governments. From 1996 to 2000, a member paid PhP 60.00 as premium for Plan A. In 2001, the Project modified the yearly premium as follows:

<table>
<thead>
<tr>
<th>Member (in PhP)</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
</tr>
</thead>
<tbody>
<tr>
<td>90.00</td>
<td>120.00</td>
<td>180.00</td>
<td></td>
</tr>
<tr>
<td>Local government (in PhP)</td>
<td>60.00</td>
<td>80.00</td>
<td>120.00</td>
</tr>
<tr>
<td>Annual Premium (in PhP)</td>
<td>150.00</td>
<td>200.00</td>
<td>300.00</td>
</tr>
</tbody>
</table>

The scheme’s benefits include maternity health care for members and their dependants. To avail of these, new members wait for 15 days after membership approval before being able to file an insurance claim. While maternity care is available only for the member’s first-born child, this policy is waived for members who give birth through caesarian section.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refunds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ordinary (in PhP)</td>
<td>800.00</td>
<td>1,000.00</td>
<td>1,500.00</td>
</tr>
<tr>
<td>Intensive care (in PhP)</td>
<td>1,400.00</td>
<td>1,900.00</td>
<td>2,800.00</td>
</tr>
<tr>
<td>Catastrophic, e.g., cancer (in PhP)</td>
<td>2,500.00</td>
<td>2,500.00</td>
<td>5,000.00</td>
</tr>
<tr>
<td>Confinement days per year</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>Laboratory fee discount</td>
<td>10 percent</td>
<td>10 percent</td>
<td>10 percent</td>
</tr>
<tr>
<td>Prescribed medicines</td>
<td>Free</td>
<td>Free</td>
<td>Free</td>
</tr>
<tr>
<td>Cash refund (with receipt, in PhP)</td>
<td>1,000.00 – 2,500.00</td>
<td>1,900.00 – 3,500.00</td>
<td>2,400.00 – 5,000.00</td>
</tr>
</tbody>
</table>

Maternity benefits for members are confined to prenatal services and hospital care.

- Prenatal care: Covers refunds for medicines.
- Delivery care: Includes all required services and medication during the first 24 hours of hospital confinement in any of the island’s government-run hospitals.

However, these are in addition to the basic health benefits members can avail of in the scheme. Members who avail of Plans B and C and are enrolled in the Philippine Health Insurance System and are entitled to an additional 40 percent refund of the total maternity cost.

In 2000, 68 members benefited from maternity care. No other data was available aside from this. There was also no information on the number of women insured with the scheme. However, the
informant did point out that all dependents were also covered by one’s membership with the program.

Three hospitals in the province, including the Provincial Hospital, provide the health care facilities. Members may also be sent to hospital facilities in the neighboring province of Iloilo. Claims have to be applied for within two months from the member’s release from the hospital and refunds generally take three to four months to process and release.

The Project has formulated policies to govern coverage of maternity care being provided to members. A Health Council assists the Local Chief Executives – the Municipal Mayors and the Provincial Governor – in providing oversight functions. At the time of the interview, there were plans to augment the two full-time staff of the Project. Vis-à-vis the total membership of the scheme, the small number of staff is seen as a primary reason for the limited amount of statistical data on the number of insured women who have benefited from maternity care.

Studies are also being undertaken to examine the possibilities of expanding the current maternity care services being provided. The increasing cost of medicines and the accessibility of the scheme to most of the population have been cited as among the main reasons why women choose to be enrolled in the program.

_Lingayen Catholic Credit Cooperative, Inc. (LCCrCI), Lingayen, Pangasinan_

Questionnaire answered by: Ms. Azucena Mapula
Position: General Manager
Address: Epiphany of Our Lord Parish, Lingayen, Pangasinan
Telephone: +63 (75) 542 60 01, 542 48 97
Questionnaire answered: 3 October 2001

Originally know as the Lingayen Catholic organization in 1964, the groups slowly evolved in a full-fledge cooperative. Today, membership is open to all the residents of the towns that comprise the Municipality of Lingayen. Membership requirements now include attending a pre-membership seminar and credit coop investigation to establish proof of residence. LCCrCI offers various services such as savings and credit facilities, scholarships, mortuary assistance, and health care insurance.

Awarded as the Most Outstanding Community-Type Cooperative for the year 2000, the LCCrCI’s innovations in health micro-insurance include funding the health scheme from a percentage of the members’ annual patronage refund from the cooperative. (The Php 50,000.00 cash reward that was part of the prize was shared among the members.)

The cooperative’s health care benefits are available to all members with fixed deposits. For new members, insurance claims for maternity benefits can be filed one month after joining. The maternity care package mainly focus on delivery care and consists of a reimbursement worth Php 1,500.00 per year for caesarian operation including operating room medicines, ward accommodation in the member's hospital of choice, and physician's fees. For cooperative members who are employees, this amount is augmented by the 40 percent hospital coverage benefit of the government-run health insurance system.

The decision to provide maternity care was made by the cooperative’s administration. However, the types of maternity care covered by the scheme are decided on by the LCCrCI Board of Directors using Cooperative Development Authority (CDA) guidelines.
In 2001, LCCrCI reimbursed a total of Php 200,000.00 for maternity care. There was no data available either on the number of women who availed of maternity benefits prior to this year or the total number of insured women. The reasons of women who decide to be enrolled with the scheme include limited finances, transparency of the cooperative's financial operations, and because it is revolving fund.

**Novaliches Development Cooperative, Inc. (NOVADECI), Quezon City, Metro Manila**

Questionnaire answered by: Ms. Christeta Viesca
Position: Manager
Address: NOVADECI Bldg., Buenamar-Sarmiento Streets, Novaliches Proper, Quezon City
Telephone: +63-2-936 6212
Fax: +63-2-937 1644
Email: novadeci@expert.net.ph
Questionnaire answered: 13 June 2001

Founded 1976, NOVADECI is considered one of the premiere cooperatives in the country, offering varied financial and non-financial services, including social insurance and health care.

The NOVADECI Health Care Plan (NHCP) was launched in 1993 to expand the range of health care services already offered by the cooperative to its members. Members of the cooperative with a fixed deposit of Php 2,000 are eligible to join in the NHCP. For a one-time membership fee of Php 200, and an annual fee of Php 600, NHCP members are provided with a range of health care services, including maternity care. There is a 12-month waiting period before maternity care benefits can be availed.

Maternity care services include:

- Prenatal care: Three free consultations in the NOVADECI clinic
- Delivery care: Maximum cash reimbursement of Php 5,000 for hospital delivery. This amount sufficiently covers cost of delivery care in government hospitals and maternity clinics.

NOVADECI has over 6,200 members, 72 percent of whom are women. Membership into the NHCP was made compulsory in January 2001.

**ORT Health Plus Scheme (OHPS), La Union**

Questionnaire answered by: Mr. Avi Kupferman
Position: Regional Director ORT-Asia
Address: 5 San Ignacio Street, Urdaneta Village, Makati City
Telephone: +63-2-815 4093
Fax: +63-2-815 4093
Email: ortphil@attglobal.net
Questionnaire answered: 15 June 2001

The ORT Health Plus Scheme is managed by the ORT Community Multi-purpose Cooperative in La Union, which has been in operation since 1994. OHP members are usually enrolled in family units. A family of six pays a monthly fee of Php 120, while a family with more than 6 members pay a monthly fee of Php 150. In return, members benefit from free immunization, free

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Case sample lifted from Shook-Pui Lee's paper.

Case sample lifted from Shook-Pui Lee's paper.
laboratory tests, x-rays, and medicines, and inpatient and outpatient care. Included in the health care package is maternity care for pregnant women members. The maternity package includes:

- Prenatal care: 6 obligatory free prenatal check-ups, free prescribed medicine, free referrals.
- Delivery care: free normal and caesarian section delivery at the Ilocos Training and Regional Medical Center.
- Postnatal care: free routine check-up for mother and baby, nutritional education, prescribed medicines and supplements.

From an initial 160 membership in 1994, the number of OHPS members have increased to 800 in June 2001. During this period, the OHPS have paid insurance benefits for 27 hospital deliveries.

Programa Han Katilingban Para Han Maupay nga Panaulas (MAKAPAWA), Tacloban City

Questionnaire answered by: Ms. Marilou Fuisiler, RN  
Position: Health and Nutrition Coordinator 
Address: Mother of Perpetual Help Parish, Tacloban City, Leyte  
Telephone: +63 (53) 325 98 16  
Questionnaire answered: 13 September 2001

This program, who’s name roughly translates to Community Health Program, was initiated in 1978 by the Mother of Perpetual Help Parish in partnership with the Rural Missionaries, St. Paul’s Hospital, and several Barangay Health Workers.

MAKAPAWA initially offered a comprehensive health care package for its members which included free clinics for adults and regular medical consultation and active medical intervention program for children 5 years old and below. Financial support was provided by its members who are organized into “savings cells” similar to the Grameen banking process.

In 1988, MAKAPAWA evolved into an independent association. Changes to the implemented programs included adding other church-related services such as a catechism program and a forum for the youth, shifting the health program focus from active intervention to preventive medicine, and making the health program available to members and non-members.

Members continued their savings scheme, which also functioned as their premiums to the health program. Meanwhile, the program also started to get financial support from benefactors and the parish for its operations.

The maternity care component of the health program includes:

- Prenatal care: Routine check-ups by a community nurse; vitamins and iron supplements at half price when supplies are available; referrals to the City Health Office for women showing danger signs during pregnancy; and referrals to hospitals for major pregnancy complications.
- Delivery care: Provided on a case to case basis by a trained birth attendant and through financial assistance from community fund drives.
- Postnatal care: One-time nutritional supplements equivalent to Php 100.00 for the mother and baby.
The cooperative’s involvement with providing maternity benefits emerged from the devolution of health services to the local governments as a result of the passage of the Local Government Code of the Philippines. Even then, the availability of funds and medical supplies still determine whether other benefits such as free or low-priced medicines or monetary refunds for laboratory fees and hospitalization are provided to its members. It also influences the organization’s decision on which maternity care component is covered by the scheme. However, members with social security also avail of services from the Social Security System and the Philippine Health Insurance System.

Hospitalization is still primarily provided by St. Paul’s Hospital, but members have started to utilize the prenatal and postnatal services being offered by the City Health Office and the Rural Health Units.

At present, the program has a total membership of 2,350, of which 60-70 percent are women.

San Carlos City Health Office, San Carlos City

Questionnaire answered by: Dr. Arniel Laurence Q. Portugaluz, MD; Ms. Prudencia C. Fabros
Position: City Health Officer
Address: City Health Office, San Carlos City, Negros Occidental
Telefax: +63 (34) 312 54 47
Questionnaire answered: 2 October 2001

The provision for health care is an inherent component of the City Health Program. The organization provides outreach field clinics, medical consultations, population management, and environmental sanitation programs, which are basically aimed at addressing the health concerns of the indigents in the city.

The current maternity care package provides constituents with the following services:

- Delivery care: Assistance by untrained birth attendants and/or volunteer community health workers
- Postnatal care: Follow-up check ups and providing iron supplements for postpartum mothers, immunization for babies 0-11 months old

There are plans to expand the present maternity care services by January 2002 to provide more services to the lower 20 percent of the area’s indigent population. This will involve:

- Establishing linkages with neighboring local governments and forming an inter-local health zone.
- Identifying the proper clients for the expanded health services. Still to be done by neighboring local governments, this has started in San Carlos City where approximately 20,000 indigents have been identified.
- Fund generation through a proposed fifty-fifty cost-sharing scheme between the local government and Philhealth under the Medicare Para sa Masa program.

The following services are some of the planned additions to the maternity care package:

- Tetanus toxoid immunization of pregnant women
- Additional provisions for iron supplementation
- Referrals for mothers with complications during pregnancy
- Laboratory services
- Medical services
- Hospitalization
- Provision for medicines or necessary drugs

Tanay Market Vendors' and Community Multi-Purpose Cooperative, Tanay, Rizal

Questionnaire answered by: Ms. Fe Bendaña
Position: Secretary
Address: Tanay, Rizal
Telephone: +63 (2) 654 11 26
Fax: +63 (2) 654 05 57
Questionnaire answered: 18 September 2001

This cooperative is composed mainly of market vendors, teachers, and laborers. Registered in 1978, the cooperative has approximately 70 percent women in its membership. However, information on the actual number of members insured with the health scheme or those who claimed maternity benefits was not available. Aside from health micro-insurance, the cooperative also offers various loan packages such as general loans, micro-enterprise loans, and salary loans.

To become a member of the cooperative, an individual pays Php 120.00 covering the membership fee and meals for the one-day seminar. Upon approval of the application, they have six months to complete payment of their share capital that has a minimum of Php 500.00 and a maximum of Php 5,000.00.

Members who decide to join the health scheme – Coop Tulungan (Help) Fund – pay an annual premium of Php 400.00 in addition to the Php 200.00 joining fee. The scheme provides members and their dependents with additional loan windows for hospitalization, medical, and mortuary expenses. Lump-sum payments have a maximum of Php 2,200.00.

Included in the health scheme is a maternity care package composed of routine check-ups for mothers in the prenatal and postnatal stages of pregnancy and a provision for low-cost medicines. These services are provided by an in-house clinic. As part of the health scheme, a new woman member waits a maximum of six months before being able to file an insurance claim for maternity care.

The limitation on maternity care services covered by the scheme is a Board of Directors decision that categorizes maternity needs as anticipated or elective measures and not emergency cases. This is also the reason for the absence of an active move to expand the present provisions for maternity care.

Tribal Women's Health Project, Koronadal City

Questionnaire answered by: Ms. Melchi Uyusan
Position: Executive Director
Address: PO Box 286, Koronadal City, South Cotabato
Telephone: +63 (83) 228 56 78, 228 23 13
Email: lavagtwh@ohlwebine.com
Questionnaire answered: 21 September 2001
The Project's clients are limited to women from the T'boli and Ubo ethnic groups around Koronadal City. They have approximately 1,600 members and offer various services including the following:

- Adult literacy training
- Family health classes
- Training and organizing of women
- Community Enterprise Development loans including optional health credits and emergency loans package
- Community health care training focused on setting up a community drug store

At the time of the survey, the health micro-insurance package was considered an indirect result of the Community Enterprise Development (CED) component and was in the process of being concretely defined. Primarily, this was because all forms of the savings and loans window was managed and operated through the CED. Thus, members who availed of CED or those with savings became eligible for membership with the health scheme where benefits included optional health credits - loans without interest used for medical needs – and emergency loans. Started in 2000, membership to the CED involved paying an annual premium of Php 500.00 that was tapped for both IGP and health insurance.

Aside from this, the Project also provides free maternity health assistance that includes:

- Prenatal care: Referrals to the regional health units or hospitals for pregnancies with danger symptoms, complications, or sexually-transmitted diseases
- Delivery care: Provided by trained birth attendants
- Postnatal care: Nutritional education with emphasis on breast feeding

Health care providers include the local hospitals, regional health units, and some components of the on-going AusAID-funded Integrated Community Health Services Pilot Project. PhilHealth services are also being introduced into the community.

Being a pilot project with no established policies, the community uses participatory mechanisms to decide what types of maternity benefits the scheme will provide. Plans for integrating the Project with current provincial health services structures and expanding maternity care services that respect ethnic groups' culture and tradition are being studied at present.
SECTION TWO: FINDINGS AND ANALYSIS

Findings

Employing the same conceptual analysis used in Shook-Pui’s paper, analysis of the data looks into the following variables: (1) the classification or type of health care provided by the health financing schemes, (2) the characteristics of the health financing schemes, (3) the number of years the schemes have been operating, (4) the number of women beneficiaries, and (5) the kind of maternity care services offered by the schemes.

Type of health care scheme

Shook-Pui Lee identified five types of health financing schemes: the micro-insurance type, the prepayment type, the health savings and loan type, the free health type, and the self-help type. The micro-insurance type employs an insurance scheme where members—who are mostly excluded from statutory social security systems—contribute in the financing of benefits; and where the scheme is establish beyond statutory social security systems. The prepayment type does not employ an insurance scheme, but nonetheless utilizes a financial system where prepayment is indirectly used for health care benefits. The health savings and credit type is basically a savings and credit scheme set up by individuals for the purpose of financing future health care needs. The free health type is a non-contributory health care system, and which relies on external financing of health benefits. And lastly, the self-help type is a fund pooling mechanism in cases when a member of the group requires service or credit. (For a comprehensive definition of these health financing types, consult Shook-Pui Lee’s paper.)

Majority (9 out of 14) of the schemes featured in this paper are the micro-insurance types. Two are the prepayment types, another two are the free health types, and one is the health savings and credit type. (Please refer to Table 2.1)

<table>
<thead>
<tr>
<th>Micro-insurance</th>
<th>Pre-payment</th>
<th>Health savings/ Credit</th>
<th>Free health</th>
</tr>
</thead>
<tbody>
<tr>
<td>• BHIP</td>
<td>• MAKAPA WA</td>
<td>• Tribal Women’s</td>
<td>• ACDECO</td>
</tr>
<tr>
<td>• Bustos LGU-</td>
<td>• LCCrCI</td>
<td>Health Project</td>
<td>• San Carlos City</td>
</tr>
<tr>
<td>PhilHealth Project</td>
<td></td>
<td></td>
<td>Health Office</td>
</tr>
<tr>
<td>• Cebu People’s Multi-Purpose Cooperative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Talal Market Vendors’ and Community Multi-Purpose Cooperative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Gubat St. Anthony Credit Cooperative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Consolacion Multi-Purpose</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2.1
Type of health care scheme
Characteristics of the health financing scheme

The majority of the schemes are non-health care provider-based, meaning these schemes do not directly provide health care services, but performs primarily as an intermediary finance system between the clients and the health care providers. Meanwhile, those which directly offer health care services are mostly cooperatives who have been in operation for a long time, or who have been offering health care services prior to introducing their respective health-financing schemes. (Please refer to Table 2.2)

<table>
<thead>
<tr>
<th>Health care provider-based</th>
<th>Non-health care provider-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACDECO</td>
<td>BHIP</td>
</tr>
<tr>
<td>MAKAPAWA</td>
<td>Bustos LGU-PhilHealth Project</td>
</tr>
<tr>
<td>Tanay Market Vendors and Community</td>
<td>Cebu People’s Multipurpose Cooperative</td>
</tr>
<tr>
<td>Multipurpose Cooperative</td>
<td>LCCrCI</td>
</tr>
<tr>
<td>San Carlos City Health Office</td>
<td>Tribal Women’s Health Project</td>
</tr>
<tr>
<td>NOVADECI</td>
<td>Gubat St. Anthony Credit Cooperative</td>
</tr>
<tr>
<td>ORT Health Plus Scheme</td>
<td>Consolacion Multipurpose Cooperative</td>
</tr>
</tbody>
</table>

Number of years of operation

Six out of the fourteen schemes have been operating for more than ten years. Except for one scheme (i.e., GHIP), those which have been operating for more than ten years are authentic people’s organisations established under a cooperative framework. Scheme which have been operating for less than five years are mostly (with the exception of the Cebu People’s Multipurpose Cooperative) government-initiated health financing projects. (Please refer to Table 2.3)

<table>
<thead>
<tr>
<th>Five or less</th>
<th>More than five but less than ten</th>
<th>Ten or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bustos LGU-PhilHealth Project</td>
<td>BHIP</td>
<td>ACDECO</td>
</tr>
<tr>
<td>Cebu People’s Multipurpose Cooperative</td>
<td>Consolacion Multipurpose Cooperative</td>
<td>MAKAPAWA</td>
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<tr>
<td>Tribal Women’s Health project</td>
<td>NOVADECI</td>
<td>LCCrCI</td>
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<td>San Carlos City Health Office</td>
<td>ORT Health Plus Scheme</td>
<td>Tanay Market Vendors and Community Multipurpose Cooperative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gubat St. Anthony Credit Cooperative</td>
</tr>
</tbody>
</table>
**Number of women beneficiaries**

Availability of data on the number of women beneficiaries was problematic for three schemes. Ironically, two of these schemes (i.e., LLLCRI and Tanay Market Vendors and Community Multipurpose Cooperative) have been operating for more than ten years, which presupposes that these schemes would have taken the initiative to improve its documentation and data handling operations. But this may be due to the fact that the maternal services offered by these two schemes are not really substantial relative to the other schemes.

Meanwhile, schemes having more than 2,000 beneficiaries are operated by well-financed organisations. NOVADECI, for example, is considered one of the top multi-million cooperatives in the country. (Please refer to Table 2.4)

<table>
<thead>
<tr>
<th>Table 2.4: Number of beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>No data available</td>
</tr>
<tr>
<td>• Cebu People’s Multipurpose Cooperative</td>
</tr>
<tr>
<td>• LLRCRI</td>
</tr>
<tr>
<td>• Tanay Market Vendors and Community Multipurpose Cooperative</td>
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</tbody>
</table>

**Maternal health care services offered**

Nearly all of the schemes offered both prenatal and delivery care services. Prenatal care was provided by ten of the schemes, mostly in the form of free consultations and free referrals to external health care providers. Delivery care was also provided by eleven of the schemes (not necessarily the same schemes which offered prenatal care), mostly in the form of cash benefits or cash reimbursements.

Only five of the schemes offered all types of maternal care services: prenatal, delivery, and postnatal. These five are: BHIP, Consolacion Multipurpose Cooperative, ORT Health Plus Scheme, MAKAPAWA, and Tribal Women’s Health Project. (Please refer to Table 2.5)

<table>
<thead>
<tr>
<th>Table 2.5: Maternal health care services offered</th>
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<tbody>
<tr>
<td>Organisation</td>
</tr>
<tr>
<td>ACDECO</td>
</tr>
<tr>
<td>BHIP</td>
</tr>
<tr>
<td>Project/Town</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td><strong>Bustos LGU-PhilHealth Project</strong></td>
</tr>
<tr>
<td><strong>Consolacion Multi-Purpose Cooperative</strong></td>
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<tr>
<td><strong>Gubat St. Anthony Credit Cooperative</strong></td>
</tr>
<tr>
<td><strong>GHIP</strong></td>
</tr>
<tr>
<td><strong>LCCrCI</strong></td>
</tr>
<tr>
<td><strong>NOVADECI</strong></td>
</tr>
<tr>
<td><strong>ORT Health Plus Scheme</strong></td>
</tr>
<tr>
<td><strong>MAKAPAWA</strong></td>
</tr>
</tbody>
</table>
| San Carlos City Health Office | by the community nurse  
• Discounted medicines and supplements  
• Free referrals | to case basis depending on the availability of birth attendants and financial assistance | nutritional supplements  
• Free routine check up  
• Provision of nutritional supplements for mother and baby |
| Tanay Market Vendors’ and Community Multi-Purpose Cooperative |  
• Free routine check up  
• Provision of low-cost medicines |  
• Assistance by birth attendants and volunteer community health workers |
| Tribal Women’s Health Project |  
• Free referral to Rural Health Units and hospitals for pregnancies with complications |  
• Provided by birth attendant |
|  
• Free routine check up  
• Provision of low-cost medicines |  
• Free nutritional education |

**Brief analysis**

Among the nine micro-insurance health-financing types, six are non-health care provider-based. Among the six, only two offer all types of maternal health care services (i.e., prenatal, delivery, postnatal). These are BHIP and Consolacion Multipurpose Cooperative. These two schemes have been operating for more than five years.

Both schemes have managed to successfully link with other groups, either with private sector groups (as is the case with the Consolacion Multipurpose Cooperative) or with government institutions (as is the case with the BHIP). By doing so, these groups have not only improved the quality and types of maternal health care services they offered, but they have also increased the success and survival rate of their schemes. Note that “the extent to which these schemes succeed in pooling risks depends on the size of the groups covered and the extent to which they are able to join up with each other in networks (World Labour Report, 2000).”

Six of the schemes have been operating for more than ten years, only MAKAPAWA offers all types of maternal health care (i.e., prenatal, delivery, postnatal). And even then, its delivery care services is dependent on the availability of birth attendants and financial assistance. And among the six, only GHIP and Gubat St. Anthony Credit Cooperative provide substantial delivery care services. The rest of the schemes provide only free prenatal and postnatal check up and nutritional supplements. It may be inferred from this observation that the number of years of operation do not necessarily translate into provision of quality better maternal health care services.

Other schemes such as NHIP, Bustos LGU-PhilHealth project, NOVADEC, and QRT Health Plus Scheme which have operated for less than ten years are better able to provide quality and significant maternity care services, including more than sufficient delivery care insurance benefits.
Similarly observed is that the number of women beneficiaries does not necessarily have a correlation to the amount, quality or type of services provided by the scheme. The Consolacion Multipurpose Cooperative and the ORT Health Plus Scheme, for instance, have less than 500 women beneficiaries, but are able to provide a wide array of prenatal, delivery, and postnatal services. ACDECO, meanwhile, has over 1,800 women members (representing 70 percent of the cooperative’s total membership). Yet, it only offers free prenatal consultation services despite apparent demand for more maternal health care services.
SECTION THREE: CONCLUSIONS AND RECOMMENDATIONS

Success factors

Apparently, the number of years of operation and the number of women beneficiaries do not necessarily indicate the amount, quality, and type of maternal health care a scheme provides. Although these two variables are indeed critical factors to consider in analysing any community-based health financing schemes and their effectiveness and impact, what is more important to consider is the extent or depth of networking or linkaging the schemes have managed to develop.

Micro-insurance schemes, especially those which evolved from self-help initiatives, also exhibit the best position to provide maternity health care. Although other health-financing schemes may prove to be more suitable in other situations or environments, the micro-insurance proves to be the most advantageous.

Dror & Jacquier (1999) describes micro-insurance as “the enterprise of the community”, and as such provides several advantages such as:

- Quick to identify priorities fix qualifying conditions, and monitor unwanted insurance risks
- Autonomous decision making
- Control over funds maintained within community
- Self-management facilitates cost-saving and right-sizing
- Provide leverage for individuals to engage other institutions

Financing of social protection and social security systems has always been problematic in the Philippines, primarily because of the low tax-base and low contribution-based that exists in the country. This is not necessarily because of the inability of the larger population to pay for the cost of social protection or social security, but is largely due to the inability of current system to effectively attract more Filipinos to participate in statutory social security schemes. Micro-insurance is proving to be a viable solution to this problem. What are needed are mechanisms that: (1) strengthen the institutional capacities of groups offering micro-insurance schemes, (2) provide incentives for the creation of networks and alliances between these micro-insurance groups, and (3) spur greater collaboration between these groups or network and government agencies involved in the delivery of social protection services. In all three counts, the state plays an integral and invaluable role.

The ILO has been very straightforward about the need for greater state involvement, not only in providing social security for all persons, but also in ensuring that the amount, quality, and type of services offered are commensurate and responsive to the actual needs of people, particularly those belonging in the lower rungs of society. Micro-insurance schemes help ensure that such services reflect what is actually needed at the grassroots level, and that the delivery mechanism is suited to the social situation of the target clients. State support for the development of micro-insurance schemes can come in two ways: financial support and legislative-regulatory support.

The Philippine Government’s Medicare Para sa Masa Program is an innovative approach to expanding social security coverage (e.g. health care services) to the excluded, particularly women involved in atypical forms of work. It not only provides for the proper financial mechanisms to
support the extension of social security services to the poor, but it also generates social interests and convergence within the target communities. Moreover, it opens new opportunities for existing micro-insurance groups to tap into government resources and energies, and in the process enable them to further improve the amount, quality, and types of services they offer.

It must be emphasized, however, that the “extent to which micro-insurance schemes have been successful has depended on the characteristics of the bodies that set up the schemes, on their design and on the context in which they operate. The organization should be based on trust among its members, which is enhanced by factors such as strong and stable leadership, its economic base, the existence of participative structures and a reliable financial and administrative structure. Scheme design should include measures to control fraud and abuse, to promote some form of mandatory participation, to contain costs and to foster preventive and promotive health services. Important context variables concern the availability of good-quality and affordable health care services and a favourable climate for the development of micro-insurance schemes.”

Recommendations

The author gives two recommendations as to how maternal health care services can be integrated in community-based health-financing schemes. The first is to conduct in-depth follow up research on women’s perceptions concerning community-based health-financing schemes offering maternal health care services. The focus should be to identify: (a) the social situation of these women, (b) their particular maternal health care needs, (c) how they propose such needs may be served and delivered, and (d) how much are they willing to pay for such services, and how they propose to pay for such services.

Even among groups that have very strong democratic backgrounds (e.g. cooperatives) and where women-members are the majority, there is very little service provided for maternal health care. The problem may be rooted in a lack of awareness of maternal health care needs and mechanisms for providing maternal care services. By identifying the particular maternal health care needs of women, particularly those working in the informal economy, and by engaging these women to participate actively in the identification of possible solutions to the problem, not only is social awareness within the community enhanced, but a form of social capital is produced. These are necessary ingredients in developing responsive and sustainable maternal health care schemes.

The second recommendation is to explore the potential of the Medicare Para sa Masa Program as a mechanism to support existing local and community-based micro-insurance schemes, and as a mechanism to integrate maternal health care services within the schemes. Also, it is a concrete step towards integrating local and community-based micro-insurance schemes to statutory social security schemes.

Note that existing groups are already operating within the communities, and are in fact providing some level or degree of maternal health care service. What is propounded is that these groups, in order to expand the range of services they offer and increase the number of their beneficiaries, need greater and closer government support. The Medicare Para sa Masa provides such an opportunity for government-civil society interaction.

The ILO could not have said it more eloquently: “The role of the government is critical for the successful upscaling of [micro-insurance] schemes. Local government can play an important role

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in setting up area-based social protection schemes—in partnership with local groups of civil society. At the national level, governments are in the best position to ensure that particular experiences can be replicated to embrace other occupations, sectors, and areas. Moreover, governments can create an enabling environment for the development of micro-insurance schemes.\textsuperscript{11}

Further research into the area holds much promise since there are over 116 cities nation-wide which have participated in the Medicare Para sa Masa Program. A detailed look into the experience of some of these cases may provide more information on how the program can further improved, and how local and community-based health-financing schemes can be integrated into the program.

\textsuperscript{11} Ibid.
REFERENCES


“The other name for maternity is safety.” Philippine Daily Inquirer. 23 July 2000.
ANNEX

Questionnaire on Maternity Care for Organisations with Health Micro-Insurance Schemes

Name of organisation:
Address:
Contact Numbers (telephone / fax / email):
Person interviewed and position:
Interview date:

1) Brief description of the organisation
   a. When did the organisation begin operation?
   b. Who are its members/clients? How many members/clients at present?
   c. Apart from Health Micro-Insurance, what other services are offered by the organisation?

2) Does your Health Micro-Insurance Scheme cover maternity care (i.e. health care and other related services to insured pregnant women)?
   a. Yes (Please kindly answer questions 3 to 15)
   b. No (Please go directly to question 16)

3) Please list the health care and other related services that are covered specifically for insured pregnant women and for which the costs are covered by the Health Micro-Insurance Scheme. Please also state from which year to which year the relevant services have been covered by the insurance scheme.
   a. Before delivery (prenatal care):
      i. Routine prenatal check-ups by health care worker, nurse, midwife and/or medical practitioner
      ii. Medicines
      iii. Referral for danger symptoms of pregnancy
      iv. Referral of women with sexually transmitted diseases
      v. Referral for major pregnancy complications
      vi. Others ____________
   b. Delivery care:
      i. Trained birth attendant, qualified midwife, doctor, surgeon
      ii. Hospital care
      iii. Medical supplies, pharmaceuticals, food
      iv. Others ____________
   c. Transportation costs between home and the clinic/hospital for delivery
   d. After delivery (postnatal care)
      i. Routine check-up for mother and baby
      ii. Nutritional education, especially information and encouragement of breast feeding
      iii. Nutritional supplements for mother and baby
      iv. Medicines
v. Others

4) Who is eligible to join the Health Micro-Insurance Scheme offered by your organisation?

5) After joining a Health Micro-Insurance Scheme, how many months does an insured woman have to wait before she can make an insurance claim for maternity care provided by your organisation? _______ months

6) Please state the type(s) of benefits that is/are provided (please circle appropriate answer(s))
   a. Cash benefits
      i. Specific lump-sum payment (amount: ____________________)
      ii. Other cash payments (please specify: ____________________)
   b. Medical benefits
      i. Provision of health care and other related services by health care provider(s) and other related service provider(s). Please state condition(s) and limitations that are applied, if there is any.
      ii. Total or partial refund of the medical costs when presented with receipts
         (up to amount: ____________________)
         (How long does it take to get the refund? _______ weeks / _______ months)

7) Annual premium of the Health Micro-Insurance Scheme (Please also state the currency):
   1996
   1997
   1998
   1999
   2000
   2001

8) Total number of insured women of the Health Micro-Insurance Scheme in 2001 is
   i. women members¹² ____________________
   ii. wives of male members ____________________

9) Total number of insured women (member and beneficiary), who benefited from maternity care each year is
   1996
   1997
   1998
   1999
   2000
   2001

¹² A member of an insurance scheme is automatically a beneficiary of the insurance coverage. Certain insurance schemes allow family members, e.g. spouse and children, of an insured member to be covered under the insurance package. The spouse and children, in this case, are beneficiaries, but they are not members, of the insurance scheme. This has implications when members of an insurance scheme may participate in the decision-making process regarding the management of an insurance scheme.
10) Why has the organisation chosen to provide maternity care? (Reasons for providing maternity care)

11) How does the organisation decide which maternity care to cover by the insurance scheme?

12) Who are the health care provider(s)\(^{13}\) and other related service provider(s)?

13) Does your organisation intend to continue or expand the types of maternity care covered through your insurance scheme? If so, how?

14) Are insured women of the Health Micro-Insurance Scheme of your organisation entitled to government provided maternity care? If so, what types of maternity care do they receive?

15) Why do these women choose to be insured by your organisation's Health Micro-Insurance Scheme?

*The following question is only relevant to those organisations that do not offer maternity care as part of the Health Micro-Insurance Scheme.*

16) Would your organisation consider providing maternity care? If yes, please give more details regarding the provision of the planned maternity care as part of the present benefits package offered. If no, please briefly explain the reasons.

\(^{13}\) Examples: hospitals, medical clinics, health centers, etc.