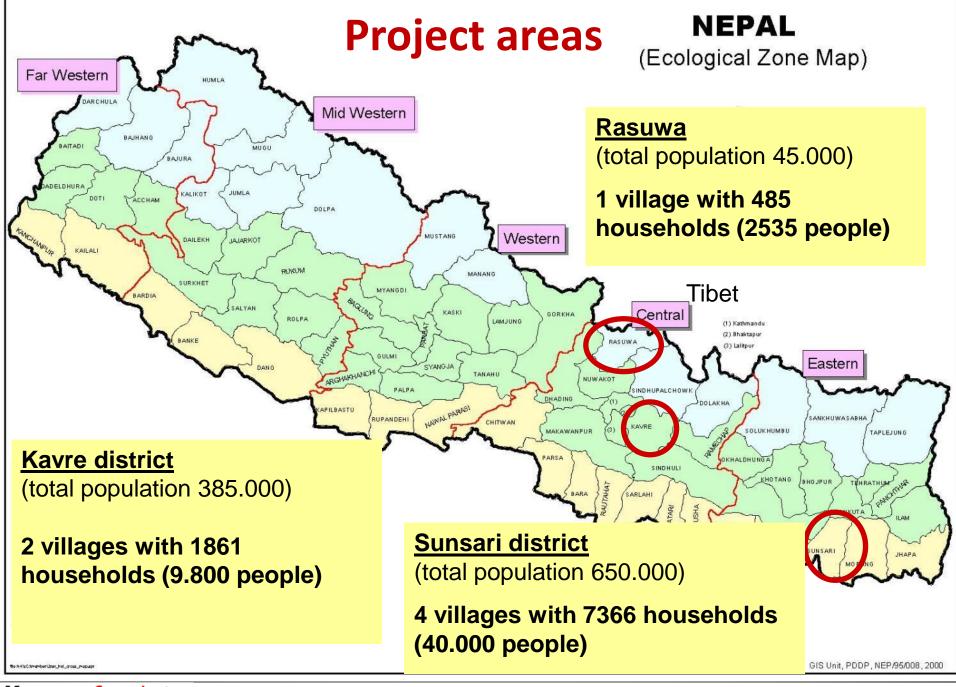


Community Based Health Insurance in Nepal

HIP Platform meeting 24 May 2012

Karunafoundation
Saving children from disability, one by one





Process & Coverage so far

July 2007- preparation phase

(1) Develop vision& mission, (2) Start projects, learning by doing (3) Build up Karuna Nepal and Holland

Mid 2008 - 2 pilot villages - On average 28% in a village is member

•1.340 households member (24% of total), 18.500 people access to improved health care

In 2009 – 6 villages - On average 23% in a village is member

•1.326 households member (12% of total), 38.252 people access to improved health care

In 2010 - 5 villages - On average 26% in a village is member

•1517 households member (21% of total), 26.350 people access to improved health care

In 2011 – 7 villages - On average 28% in a village is member

· 2.306 households member (24% of total), 34.675 people access to improved health care



Components of the scheme

Basic Health Care Referral to hospital

Prevention of Disabilities

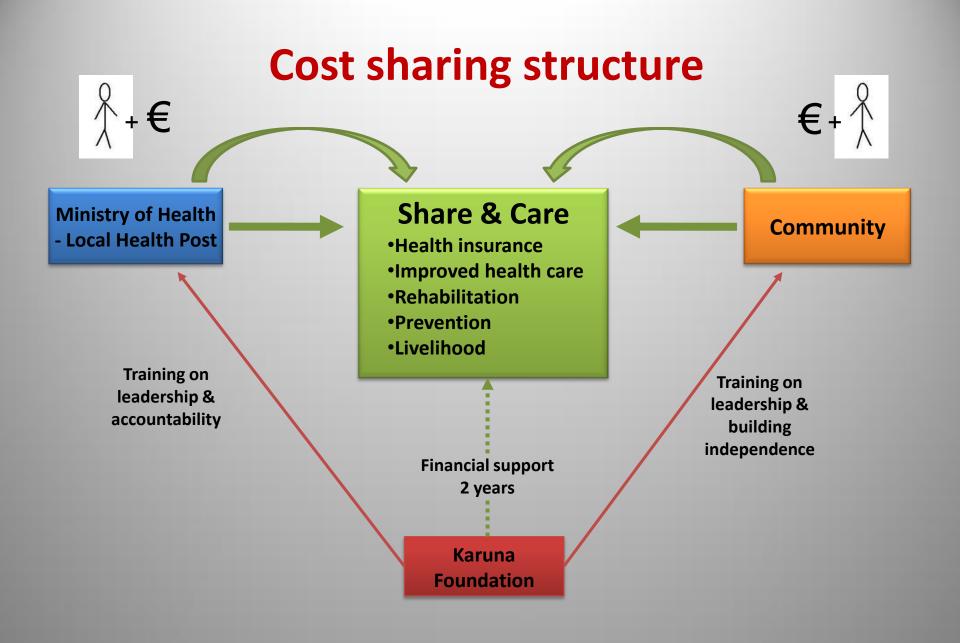
Rehabilitation of children with disability

Micro-credit for the poor

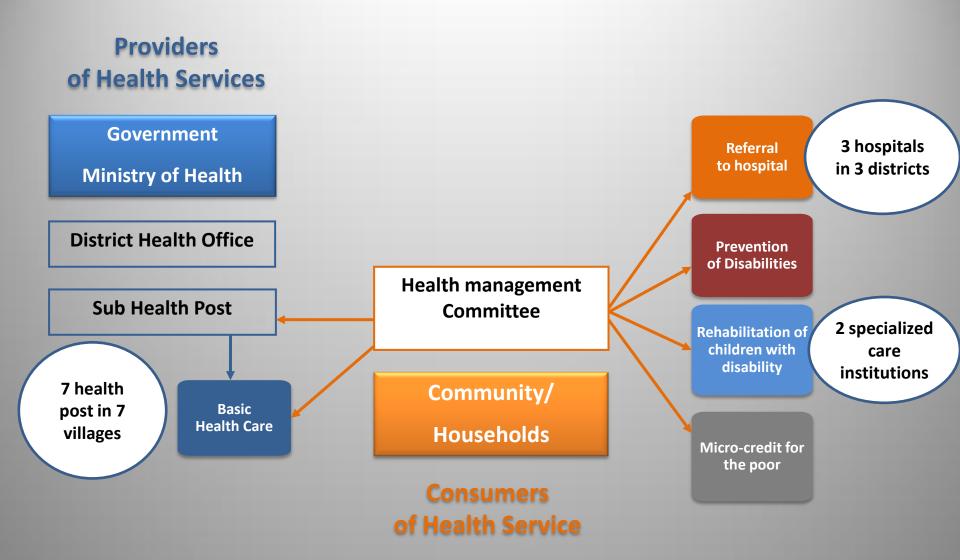


Share & Care Working principles

- Entrepreneurial and innovative approach (Blue Guideline)
- Local responsibility & ownership. Decentralized approach with Local structures, Local resources, Local leaders
- Working with government
- Karuna's cost participation
 - Initial investment costs
 - Running costs
 50 % in the 1st year
 30 % in the 2nd year
 - Karuna financially supports for 2 years and technically 4 years.



Structure of Share & Care



PROCESS of implementation

Supervision/ Monitoring and Evaluation

Meeting with local leaders/in-charge of (S)HP

Recruit HR/Upgrade Health Facility/ Service Delivery

Community ready to implement/ initial agreement

Annual Planning and final Agreement

Training Capacity building/ Defining package

Membership Campaign

Current membership fee and Benefit Packages

	Kavre district		Sunsari district				Rasuwa district
	Mechhe	Chapa- khori	Bhokraha	Madhesha	Aurabani	Bhaluwa	Syafru
Membership contribution	€ 5	€ 5	€ 5	€ 12	€ 12	€ 12	€ 10
Total benefit /referral	Only from SHP	€ 50 /Person	€ 120 /family	€ 306 / family	€ 165 /family	€ 218 /family	€ 200 /family
In local health institution (Per Family)	Added service Free	Additional drugs € 20	Additional drugs € 3 Lab € 2	Additional drugs € 10 Lab € 10	Additional drugs € 8	Addition al drugs €8	Within total package
Life insurance	-	€ 100 /family	€ 25 /person	€ 50 / person	€ 25 /person	€ 50 /person	€ 100 / person

Membership progress

Program	Total	Member households						
villages	НН	1st year	2nd year	3rd year	4th year			
Chapakhori	555	230	155	191	-			
Mechchhe	1306	468	295	220	115			
Madhesha	1375	527	419	600*	-			
Bhokraha	3361	164	451	507	-			
Bhaluwa	904	414	425*	-	-			
Aurabani	1726	394	500*	-	-			
Syafru	485	188	164	225*	-			

^{*} Currently ongoing membership enrollment

• Current Coverage: on average 28% of households in a village is

member

• Drop out: on average 35% (different years combined)

Results of Share&Care

Basic Health Care Referral to hospital

Prevention of Disabilities

Rehabilitation of children with disability

Micro-credit for the poor

Services have improved.

Patient flow has increased.

35.000 people have access to better health care services

12.500 people are member of the health insurance.

750 patients have been referred to hospital for treatment, costs were covered.

Maternal child health indicators have improved with 5%

150 babies have been born without a birth defect

300 children
with a
disability are
supported in
physical,
social,
financial,
educational
rehabilitation

230 poor families participated in skill and entrepreneuri al training and have received microcredit.

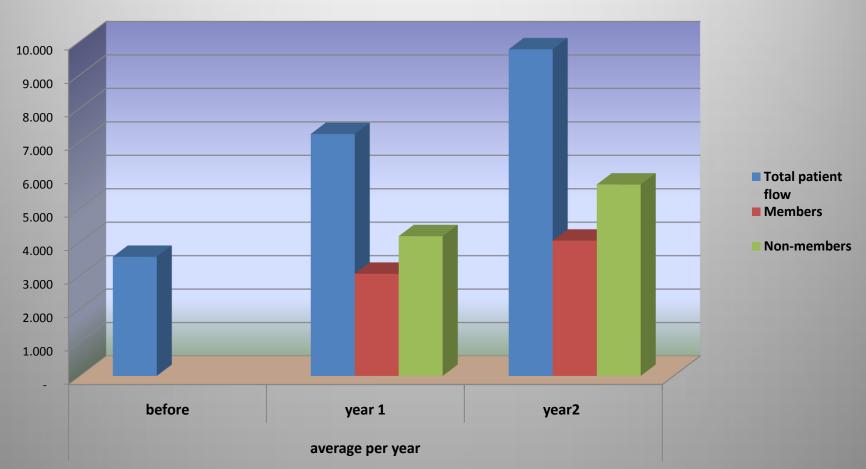
All of them became member of S&C

Improvement in Health Care

General Situation BEFORE	With Share&Care AFTER				
Three rooms	• Extra staff (Health Worker, CBR facilitator, Admin staff)				
Three Health workers (AHW, MCHW, VHW)	Additional medicines (as per the essential drug list)				
Female community health volunteers	Referral service to secondary health care				
• 25 free medicines	Basic laboratory establishment				
	Strengthening of Outreach Clinic				
	Support in equipments and furniture				
	Repair existing building and expansion				
	• Establishment of Birthing Center				
	Ambulance (Bhokraha)				
	Water and Sanitation				
	Computer/ Television /solar /telephone				
	General Health and UP camps				

Service utilization

Average patient flow before and during Share & Care (per year)



Case study: Bhokraha

	Year 1		Year 2		Year 3		Year 4	
Income for direct costs								
Community	€ 7.585	42%	€ 17.975	50%	€ 19.460	80%	€ 20.000	100%
Karuna Running	€ 7.025	39%	€ 5.300	15%	€0		€0	
Karuna investment	€ 3.270	18%	€ 12.400	35%	€0		€0	
Emergency seed capital after successful 3rd year	€0		€0		€ 5.000	20%	€0	
TOTAL to run S&C in village	€ 17.880	100%	€ 35.675	100%	€ 24.460		€ 20.000	
Indirect Costs for coaching, training, lobby, overhead, monitoring etc by Karuna	€ 7.500		€ 6.000		€ 4.000		€ 2.500	

	Year 1	Year 2	Year 3	Year 4	TOTAL
Total costs for Karuna	€ 17.795	€ 23.700	€ 9.000	€ 2.500	€ 52.995

Average Expenditure

Upgrading Health facilities: 38%

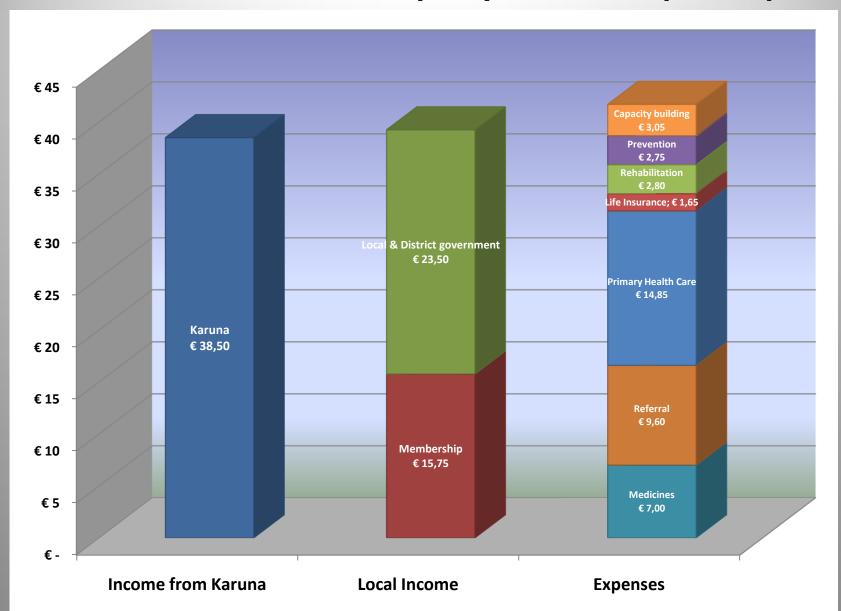
• Referral : 41%

Rehabilitation: 5%

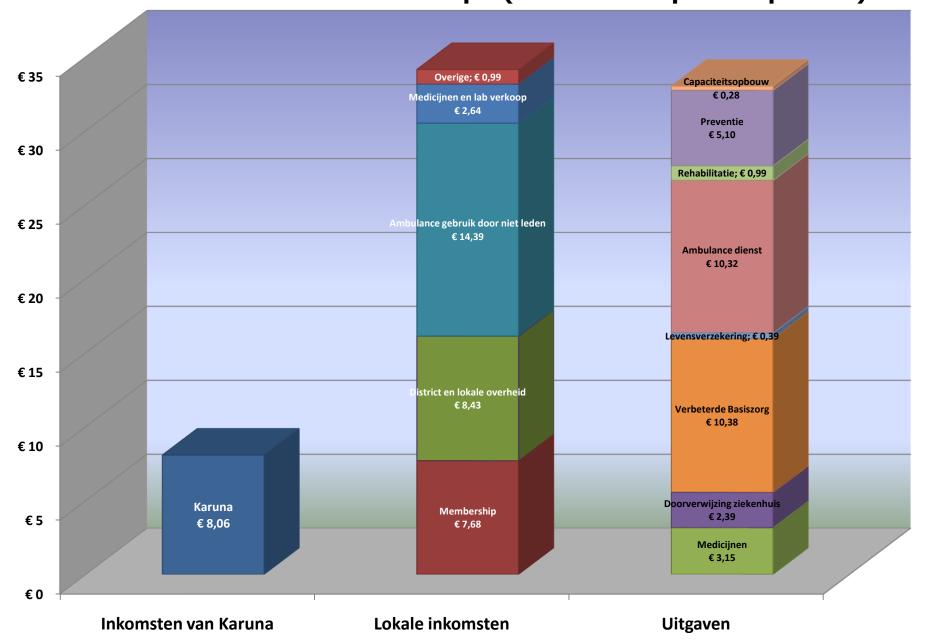
• Prevention : 3%

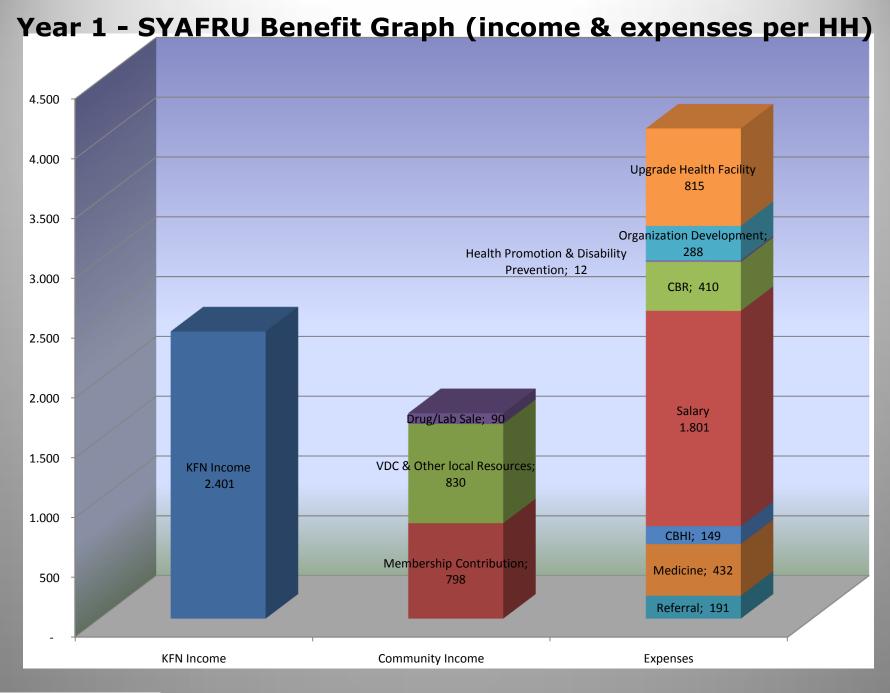
• Admin costs : 13%

Year 1 - BHOKRAHA Benefit Graph - (Income & expenses per HH)

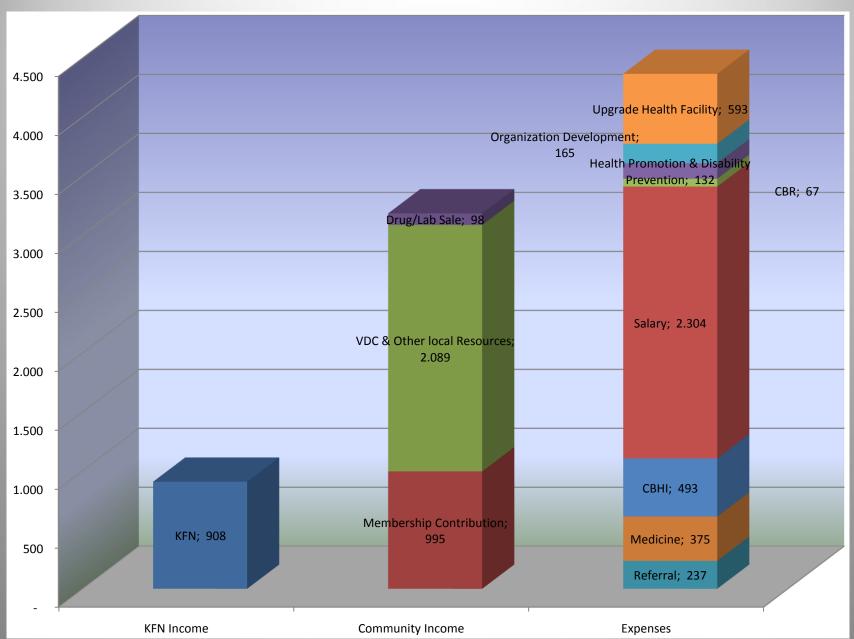








Year 2 - SYAFRU Benefit Graph (income & expenses per HH)



Strengths of Share&Care

In Health services

- Increase in Accessibility and quality of services
- Including Disability Prevention and Rehabilitation

In Community

- Community participation financially and technically
- Pro poor, Inclusion of families of disabled, disadvantaged and marginalized
 - Discount in membership, Livelihood program for marginalized people (5 % coverage).

In Sustainability

- Income generation at local level from different sources
- Strong partnerships at local and district level

Lessons

- High dependency on technical support from Karuna
- Lack of control on the performance of the health staffs (by health management committee)
- Motivation of voluntary Health Management Committee members
- Lack of responsibility and accountability from local leaders and health staffs
- → Adjust leadership & structure by introducing Consumer Committees in 2012

Replication

Karuna's 1st pilot phase nearly done (end 2012)

- Next phase (2013-2016)
 - Expansion to one or two districts in Nepal (50 villages) with adjusted model based on lessons from 1st phase.
 - Optionally in a new region/country (in partnership with others INGOs)
 - How, with whom, what role to be decided

- National pilot Health Insurance (2013-2016)
 - Ministry of Health, Worldbank, WHO, GIZ, Karuna, KOICA.



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