Mitra Community Health Insurance Project
Or
The Mitra Peoples Health Fund

- A Status Report as of 30th September 2006 -

Mitra presently has three kinds of community health insurance / health fund initiatives running in 3 different clusters of villages. Each has evolved out of the dialogue in that set of villages, and is therefore localized and delightfully different. No attempt has been made to homogenize or force conformity. Each is allowed to grow or wither according to its own genius. Mitra provides inputs – technical and administrative. We describe the three initiatives below, in the order in which they took birth.

1. The Daklguda Cluster : Womens Health Insurance Initiative

When Started : 1st January 2003

Present Enrollment :	Individuals =	577
	Families =	129
	Self Help Groups =	16
	Villages =	7

Description :

The Daklguda Model is an activity of the Womens Self Help Groups nurtured by the Mitra Team. It evolved in response to the realization that Income Generating Activity is all very well, but one unpredicted hospital admission can take that all away.

The process : Participation is open only to Womens Groups from vulnerable communities – their members and their families. Free-standing individuals are not enrolled. Each year, each Womens Group decides whether to participate or not ; a minimum of half the members must enroll to make it a member-group. Each Group sends two representatives to the Womens Group Federation or Mahasangho, that is named the Maa Basoda Mahila Maha Sangha after a local village goddess. This Committee meets every quarter to review accounts and make policy decisions.

The Mitra Team facilitates the process by handling the money and payments per se, the recording-keeping and reporting, as our contribution.

The Daklguda model presently has a premium of Rs 30 per family-member, once a year. It provides free care at the Community Level (Swasthya Sevika level and Community Health Nurse level), and subsidizes care at the Christian Hospital, Bissamcuttack (Outpatient level and In-patient level). The premium and degree of subsidy is decided by the Womens Group Federation Committee each year.

At the meeting on 25th September 2006 held at Tadingpai village, over 50 women met and reviewed the accounts as presented by the Mitra team. They decided to go on with the programme as it was useful to them – 772 patients had been helped by their fund so far this year. They recognized that the Premium amount is inadequate for their health care needs, and yet as much as they can afford to pay. So they voted to explore the possibility of opening a grocery shop of their own : they would all buy their provisions from it, and the profits would add to the Health Fund.

This is currently being explored.

2. The Malkondh Anchalika Society Model, Kachapaju :

The Mitra team in this difficult hill area facilitated the launch of another model that is more suited to the needs there.

When Started :	1st March 2005	
Present Enrollment :	Individuals =	668
	Families =	143
	Villages =	4

Description :

The unit in this model is the Village. At least half the families in the village have to opt to join the Fund, for the village to be accepted. An annual premium of Rs 10 per family-member is collected by the village and deposited with the Mitra team. The Fund covers the cost of medicines as available at the Community Level – that is, Swasthya Sevika level and Community Health Nurse level. It does not cover hospital treatment. Any money left over at the end of the year is carried over to the new year, and the premium is decreased appropriately for old members, while kept at Rs 10 for new members.

The Mitra team stationed at Kachapaju administers the whole project, and the report is shared with village leaders annually.

3. The Dukum-Sahada Cluster Model :

This model is very similar to the MAS Kachapaju Model, except for the degree of community ownership and involvement.

When Started :	1st March 2006	
Present Enrollment :	Individuals =	998
	Families =	212
	Villages =	7

Description :

The unit in this model is the Village. At least half the families in the village have to opt to join for the village to be accepted. An annual premium of Rs 10 per family-member is collected by the village and deposited with the Mitra team. The Fund covers the cost of medicines as available at the Community Level – that is, Swasthya Sevika level and Community Health Nurse level. It does not cover hospital treatment.

A Committee consisting of two or three people from each village oversee this Health Fund, meeting every quarter to review accounts and to discuss health-related issues.

We are still in the first year of operations. As of date, expenditure is well within the funds budgeted for the same. At the end of the year, the Village Committee will decide hat should be done with the left-over money. They may decide to handle it just as in the MAS area model.

The Mitra team administers the initiative based on the decisions made at the Village Committee meetings.

Summary :

Each of the models is different and has its own strengths and weaknesses. Each Cluster Team presents a Status Report every month at the Mitra Team Meeting and trends are discussed.

The overall coverage is described in the table below :

Indicator	Daklguda Model	MAS Model	Dukum Sahada Model	Total
Started	2003	2005	2006	
Levels of Care Covered	ABCD	AB	AB	
No of Villages Participating	7	4	7	18
Unit of Entry	SHG & Family	Village & Family	Village & Family	
Present Enrollment				
Units	16 SHGs	4 Villages	7 Villages	
Families	129	143	212	484
Individuals	577	668	998	2243
Size of Health Fund at start of this year	17,310	6,680	9,980	33, 970

Spin-Offs :

1. Women have learnt to manage their own meetings and look at accounts – something unheard of in this area before this.
2. A sense of satisfaction is felt in being able to help each other
3. Health Care Utilisation is much higher ; people access care sooner. There is a community variation seen in this with the Dalit community utilizing more care than the Adivasi community.
4. We are recognized as part of a Community Health Micro-Insurance movement in India, and have been able to share our experience in a national workshop at Raipur. We keep receiving enquiries from other not-for-profit groups and exchange notes and ideas.

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