

The logo for VimoSEWA features a vertical black line on the left side, intersected by a horizontal black line. To the left of the vertical line are three overlapping squares: a blue one at the top, a red one in the middle, and a yellow one at the bottom. The text 'VimoSEWA' is written in a blue, sans-serif font to the right of the vertical line.

VimoSEWA

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The logo for the 'Description' section is similar to the VimoSEWA logo, featuring a vertical black line on the left, intersected by a horizontal black line. To the left of the vertical line are three overlapping squares: a yellow one at the top, a red one in the middle, and a blue one at the bottom. The text 'Description' is written in a blue, sans-serif font to the right of the vertical line.

Description

- Partner-agent model
 - For a period VimoSEWA kept the risk, however had large earthquake claims and moved back to partner agent model
- VimoSEWA manages
 - Product design
 - Distribution
 - Data
 - Claims payment
 - Provides full service
- Insurance company manages risk

Product Jan 1, 2006 in Rs

Scheme 1	Member	Spouse	Child	Family
Coverage				
Natural Death	5,000	5,000		
Health	2,000	2,000	2,000	
Asset & Loss	10,000			
Accidental Death	35,000	20,000		
Spouse Accidental Death	15,000			
Price				
Annual Pay	100	70	100	250
Fixed Deposit	2,100	1,500		

Product Jan 1, 2006 in Rs

Scheme 2	Member	Spouse	Child	Family
Coverage				
Natural Death	20,000	20,000		
Health	6,000	6,000	2,000	
Asset & Loss	20,000			
Accidental Death	45,000	30,000		
Spouse Accidental Death	15,000			
Price				
Annual Pay	225	175	100	480
Fixed Deposit	5,000	4,000		



Product changes over time

- Premiums have increased over the years to cover claims cost and administration cost
- Benefits have been improved, partly to improve ability to sell increase
- Less options offered to focus sales effort
- Added coverage to make product more integrated



Premium

- Annual premium
 - Increasing over time, will increase Jan 1, 2007
- Fixed Deposit
 - Lowers expense, increases admin and communication
 - Must be increased over time...so maybe a problem
 - Need good administration to contact clients



Distribution

- Mainly via Vimo Aagewans
 - Other SEWA Aagewans
 - NGO's Shepherd and Nidan
 - This continues to evolve
- After earthquake sales increased, however clients may not have clearly understood benefits
- Over time work has been to improve communication
- Annual campaign, in 2006 started quarterly campaign
- Annual renewal rates increasing now over 70%
- Meeting with clients to provide health information
- Promoting Whole family coverage and greater community participation.



Claims

- For health moving to cashless
 - Aagewan meets member in hospital and pays claims to member, collects required forms
 - Evidences is claims cost reduced for cashless
 - Better monitoring of hospital treatment
 - More efficient quality care
 - Working to reduce time for claim to be paid...this has improve over time. Improving communication and assisting members to submit claims
 - Have developed procedures for disasters



Data

- MIS system
 - Captures all premium and demographic information
 - Captures claims information
 - Permits management to understand and manage plan
 - Aim education campaigns
 - Aim renewal efforts
 - Historically they did not have good data...but continue to improve data quality



Partners

- Insurance companies
- Hospitals
- NGO's
- SEWA Bank
- SEWA Health



Management

- Developed management team
 - Progressed to manage all aspects of programme
 - Training programme for staff
 - Working on process improvements
- Produces financial statements and uses key indicators
- The management team has improved since 2000 and now are managing the business
- Management team focused on achieving viability



Donors

- Mostly on their own now
- Ford Foundation
- GTZ
- CGAP
- Wellcome Trust (for research component)
- ILO-STEP
- CCA
- ICMIF



Results

- Viable on Life and Accident
- Asset protection has high claims due to floods
- Health claims ratio still too high
- Expenses of operation too high

- Can be viable if concentrates efforts and moves to cash less health benefit



Lessons learned

- General
 - Self insurance can be a big risk
 - A good MIS system is required from the start
 - Stay focused on your objectives
 - Rapid reimbursement is necessary
 - Monitoring and measure results necessary



Lessons learned

- General (Continued)
 - Someone has to be ultimately responsible for the success of the product and viability
 - Manage the product and process
 - Train staff
 - Continuously look at process improvement to drive down expenses



Lessons learned

- Product
 - Integrated product should be offered
 - Few options to stay focused
 - Cash less benefit for health
 - Negotiate discounts on services to members
 - Monitor quality and necessity of services provided
 - Monitor appropriate treatment protocols
 - Periodic medical audits of treatment
 - Link to primary health
 - Data used to monitor and direct health education campaigns



Lessons learned

- Price
 - FD would not be offered, too difficult to administer
 - Prices would vary by geographical situations
 - Rolling campaigns, i.e. more than annual



Lessons learned

- Outreach
 - Target whole communities, in concentrated geographic area
 - Target family coverage and high renewal rates
 - Find methods to enroll groups of people
 - Regular monitoring and training of outreach staff
 - Thresholds incentives for renewals, family coverage and deepening
 - Clear messages on product, access and exclusions



Lessons for donors

- Ensure grantee willing to do what it takes to succeed
- Do not create inefficiencies for grantee
- Help fund resources centers to improve overall skills and develop common technologies for MI in regions