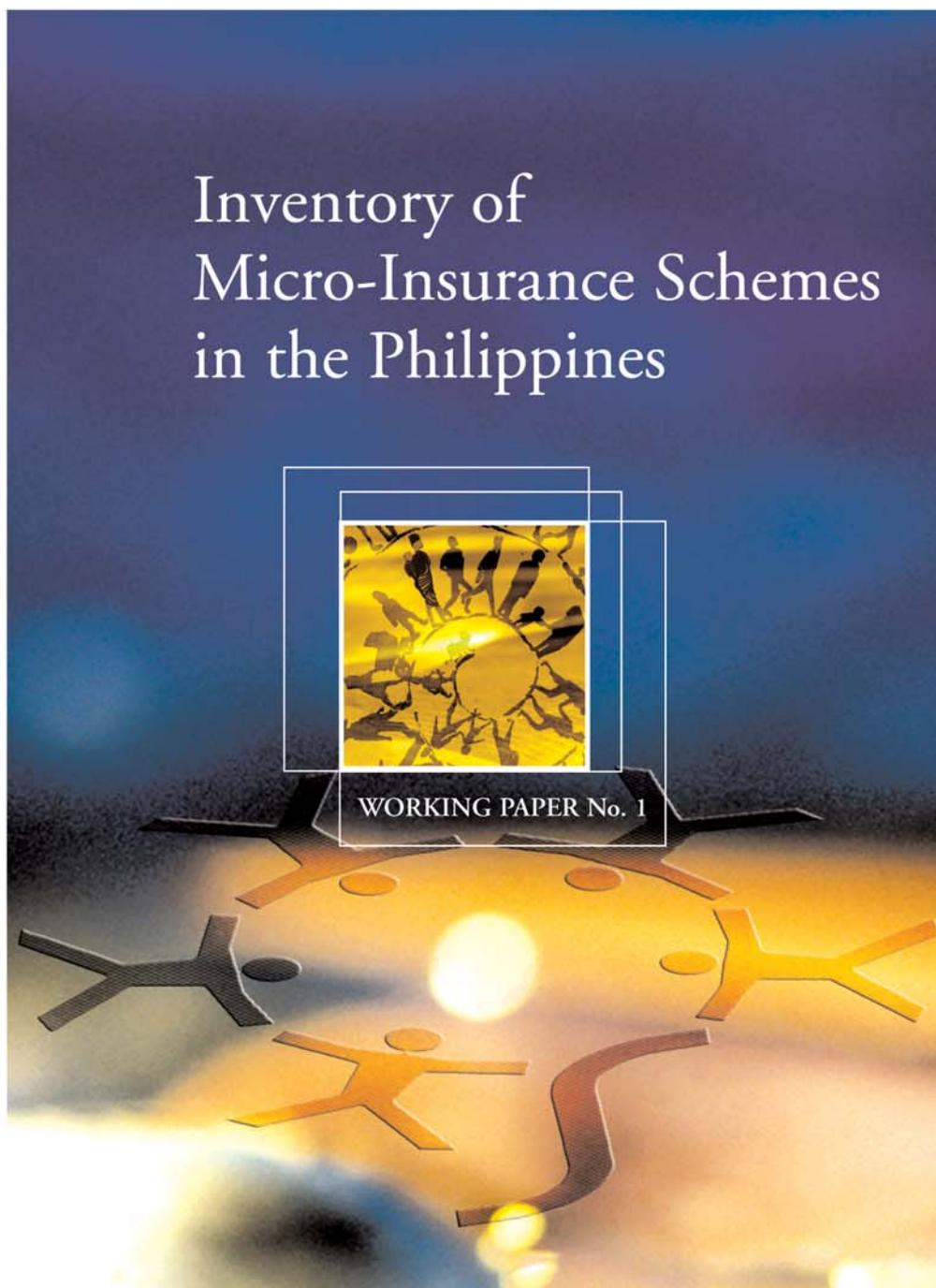




International
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COMMUNITY-BASED SCHEMES

COMMUNITY-BASED SCHEMES



GLOBAL CAMPAIGN ON SOCIAL SECURITY AND COVERAGE FOR ALL

ILO/STEP
Programme

The Global Campaign on Social Security and Coverage for All

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Inventory of Micro-Insurance Schemes in the Philippines

Working Paper No. 1

International Labour Office

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Inventory of Micro-Insurance Schemes in the Philippines

International Labour Office

Strategies and Tools against social Exclusion and Poverty (STEP) Programme, 2005

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Inventory of Micro-Insurance Schemes in the Philippines

Working Paper No. 1

The ILO Subregional Office for South-East Asia and the Pacific, located in Manila, serves Australia, Fiji, Indonesia, New Zealand, Papua New Guinea, the Philippines, Solomon Islands, Timor Leste and Vanuatu. It also works with other countries in the Pacific on their road to the ILO membership.

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The Strategies and Tools against social Exclusion and Poverty global programme (STEP) of the International Labour Organization (ILO) is active in two interdependent thematic areas: the extension of social protection to the excluded and integrated approaches to social inclusion.

STEP supports the design and dissemination of innovative systems intended to extend social protection to excluded populations, particularly in the informal economy. It focuses in particular on systems based on the participation and organization of the excluded. STEP also contributes to strengthening links between these systems and other social protection mechanisms. In this way, STEP supports the establishment of coherent national social protection systems, based on the values of efficiency, equity and solidarity.

STEP's action in the field of social protection is placed in the broader framework of combating poverty and social exclusion. It gives special emphasis to improving understanding of the phenomena of social exclusion and to consolidating integrated approaches at the methodological level which endeavour to reduce this problem. STEP pays special attention to the relationship between the local and national levels, while at the same contributing to international activities and agenda.

STEP combines different types of activities: studies and research; the development of methodological tools and reference documents, training, the execution of field projects, technical assistance for the definition and implementation of policies and the development of networking between the various actors.

The programme's activities are carried out within the Social Security Policy and Development Branch of the ILO, and particularly its Global Campaign on Social Security and Coverage for All.

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ACRONYMS & ABBREVIATIONS

ARMM	Autonomous Region of Muslim Mindanao
BHW	Barangay health worker
CAR	Cordillera Autonomous Region
CBO	Community-based organization
CDA	Cooperative Development Authority
DOH	Department of Health
HMO	Health Maintenance organization
HSP	Health Service Provider
ILO	International Labour Organization
LGU	Local government unit
MBA	Mutual Benefit Association
MED	Micro-enterprise development
MFI	Microfinance Institution
NCR	National Capital Region
NGO	Non-government organization
PHC	Primary Health Care
Php	Philippine peso
PMCC	Philippine Medical Care Commission
SEC	Securities and Exchange Commission
STEP	Strategies and Tools against social Exclusion and Poverty
USAID	United States Agency for International Development

FOREWORD

Social security is a basic a human right. Yet more than half of the world's population lacks any form of social security coverage. Lack of social security is largely concentrated in the informal economy in which women are disproportionately represented.

However, experience has shown that people are willing to contribute to social security benefits that satisfy their priority needs. Many communities all over the world have organized schemes as a response to their social security needs and to access basic services such as healthcare.

This study, "Inventory of Micro-Insurance Schemes in the Philippines", gives an overview of existing micro-insurance schemes in the Philippines. The study is part of a global effort to document ongoing experiences of communities, local organizations, trade unions and the like. It attempts to capture the differences, the outreach, the types of organizations providing micro-insurance, the extent of coverage, in terms of population and benefits, and the linkages that these schemes may have with public or private programmes and with other schemes. Similar studies are conducted in selected countries in Africa, Asia and Latin America.

The study was carried out in the context of the Global Campaign on Social Security and Coverage for All, which aims at raising awareness and encouraging partnership and focuses on technical assistance and knowledge development.

This study was made possible through the project through the project "Extending Social Protection through Health Micro-insurance Schemes for Women in the Informal Economy" being funded by the Government of Norway and being implemented by the ILO Subregional Office for South-East Asia and the Pacific and ILO's global programme, Strategies and Tools against Social Exclusion and Poverty (STEP) in the Philippines. This report was prepared by Mr. Michael Casey in September 2004 in collaboration with Mr. Kenichi Hirose, Social Protection Specialist; Ms. Naomi Cassirer, Senior Gender Specialist; Ms. Ginette Forgues, Senior Local Development Specialist and Dr. Anna Lucila A. Asanza, National Project Coordinator of STEP.

We also express our appreciation to the following collaborators: Institute of Public Health Management (IPHM), a health NGO in the Philippines, who provided logistics and administrative support to the study in collecting, collating, and preparing the data; Ms. Fayda Uy, researcher, who verified collected data and confirmed survey findings; and to all the managers and implementers of micro-insurance schemes nationwide who participated in the study. Appreciation is also extended to Ms. Eloisa Raymundo who provided secretarial support in finalizing the study.

Werner Konrad Blenk
Director
ILO Subregional Office for South-East Asia and the Pacific

This Inventory was prepared under the aegis of the ILO's STEP programme, to identify and document the various community-based micro-insurance schemes currently operating in the Philippines. Extensive effort was made to identify and document as many community-based initiatives as possible within the time frame of the research and review. However, given various constraints involved in conducting the research in a geographically widespread country, it is impossible that this exercise has identified and documented all currently active schemes in the Philippines.

The documentation relies on responses received from the participating groups to the data collection instruments specifically designed for the survey, including telephone and email communications and interviews. Secondary data was extensively used from various sources to support and supplement direct responses. In some cases, given a general lack of primary data / documentation on existing schemes, as well as lack of response by identified organizations, the secondary data provided the principal information in the profile of the scheme.

However, since this Inventory is a working document and is clearly to be considered as a continuing process, it represents a foundation step in documenting the emerging sector of microinsurance in the Philippines. It is anticipated that more schemes will be identified, documented, and added to the Inventory as further research activity in the sector is undertaken.

Introduction

1. This publication summarizes results of a national survey to inventory and document micro-insurance schemes currently active in the Philippines. The Inventory was undertaken by the “Strategies against Social Exclusion and Poverty Programme” (STEP) of the Social Protection Division of the ILO, as part of a multi-country initiative to promote and document community based risk-pooling schemes and micro-insurance schemes as one of the solutions to extend social protection to the excluded and the poor.
2. Social protection, in its holistic definition, includes various public and private provisions for a country’s protection of its citizens against current livelihood risks. These provisions usually include income security, health and medical care, old age pension, compensation for workers accidents and disability, etc. Social protection is considered to be a basic human right and a fundamental means of facilitating social cohesion and social inclusion.
3. Though the ILO promotes a series of conventions and instruments aiming at social security for all (Conventions 102, 175, 177, 182), a large proportion of the population in most regions of the world still does not enjoy any social protection or is covered only partially. Although many developed countries have endorsed universal social protection schemes, experience shows that most developing countries’ level of economic development, social institutions and labor markets make them incapable of providing adequate social protection for their citizens. Also, as social protection measures are most often implemented through the formal economy, a large number of the population is left out of the statutory social protection schemes. The excluded include employees in small workplaces, the self-employed, migrant workers and most people, many of them women, active in the informal economy. This huge segment of excluded citizens has a low contributory capacity excluding them even more from statutory social protection schemes.
4. Consequently, only a small percentage of the population of developing countries benefit from any form of social protection. In response to this need for security and greater access to social services, many communities all over the world have organized schemes, with or without the help of government. Hence, a variety of actors, of levels of intervention and of formulas have been developed: micro-insurance schemes in Asia, Africa and Latin America, as well as mutual health organizations in Africa and Welfare Funds in India have provided some answers to needs through risk-pooling mechanisms. These schemes are organised by trade unions, municipalities, private insurance companies, micro-finance institutions, health service providers mutual health organizations (set up for this specific purpose), NGOs, CBOs, etc. The underlying principles are participation, solidarity, equity and good management. By matching their protection priorities with contributions they can afford, members of these schemes share the burden of risks. Membership is voluntary and, depending on the set-up, members can participate, in one way or the other, in various decision-making process thereby control the operations of their scheme.
5. The Philippines has been a leader in this domain, with numerous community-based organizations, cooperatives, and NGOs spearheading health and other micro-insurance schemes.

Overview of Methodology and Scope of Work

6. The Inventory aims at identifying the main community-based micro-insurance schemes currently operating in the Philippines. The study seeks to identify and provide basic documentation on these schemes in various sectors, including: (i) health care, (ii) life insurance, (iii) accidents, (iv) asset insurance, and others.
7. For purposes of the Inventory, micro-insurance schemes are defined as those organised and managed by community-based organisations, cooperatives, health service providers, NGOs, trade unions, micro-finance institutions, and others for workers in the informal economy, people excluded from insurance coverage in the formal economy, and the poor and marginalized.
8. The scope of the Inventory covers the Philippines as a whole, providing a basic profile and summary information listing of as many schemes as could be identified during the term of the survey (mid-November 2003 – end-March 2004). It is anticipated that the information will be useful for organizations and programs actively engaged in the promotion of micro-insurance in the Philippines. Findings may also prove useful for comparative studies of micro-insurance among several countries or programs of international agencies.

2.1 Conceptual Definition: Micro-insurance

9. A conceptual working definition of micro-insurance was adopted to guide the survey, given a general lack of clarity in the available literature on the definition of '*micro-insurance*' and the application of a commonly accepted understanding of the premise of '*community-based*'.
10. Micro-insurance is defined in this document as the pooling of a group or community's resources to share risks, such as those associated with disease, ill health, death, old-age, accidents, etc. The members of a micro-insurance scheme are covered against a set number of risks, in line with a defined benefits package and payment of contributions.
11. Micro-insurance schemes are organised by a variety of actors: community-based organisations, health service providers, associations, municipalities, districts, trade unions, cooperatives, micro-finance institutions, employer associations, women's groups, etc. Micro-insurance schemes can cover risks associated to people (members and their families) and/or risks associated to their assets (livestock, equipment, houses, etc).
12. Three principles underlie micro-insurance: (i) the pooling of defined resources and risks; (ii) non-refundable payment made in advance according to a payment schedule; and (iii) a guarantee that the risks defined will be covered in case of bad fortune.

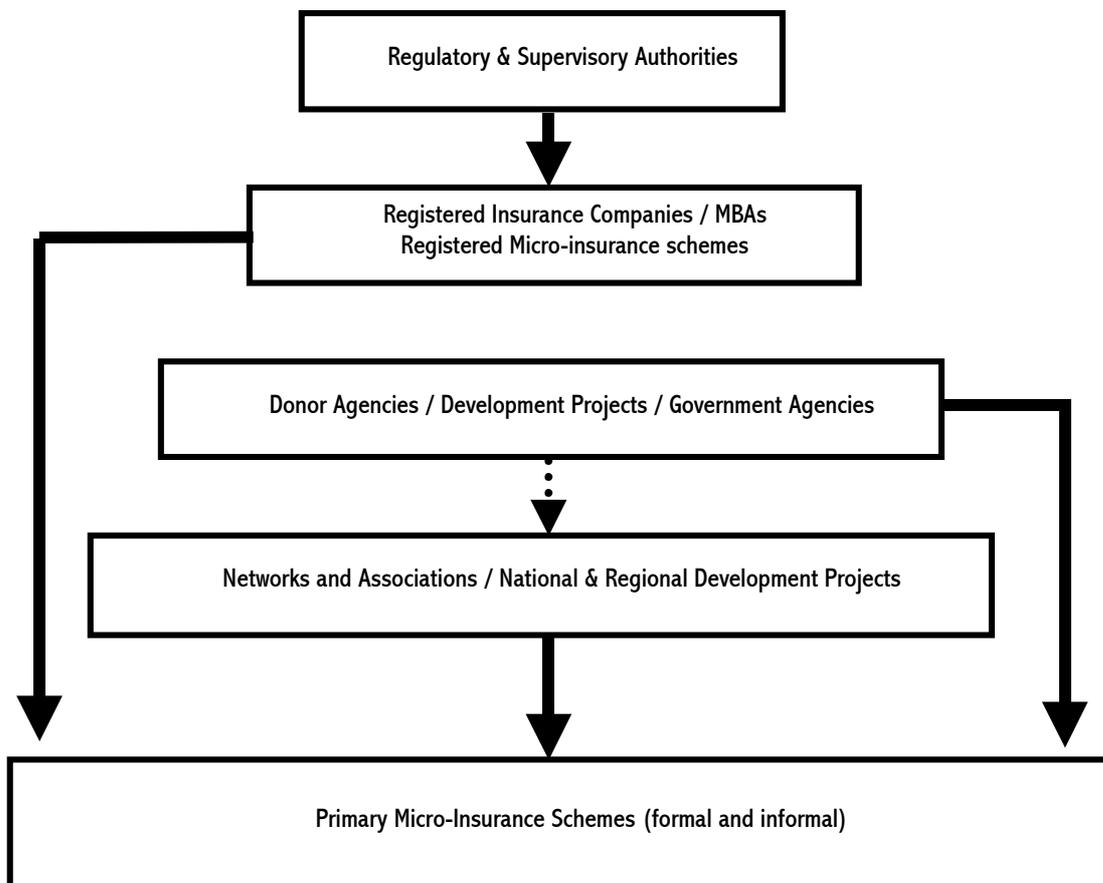
2.2 Methodology and Approach

13. The Survey/Inventory methodology utilized a questionnaire as the principal survey instrument, supplemented by literature review, and semi-structured Key Informant interviews with principals of micro-insurance organizations and networks.
14. The data collection process was iterative. Since available formal data on the number of active schemes is limited, respondents to the questionnaires and interviews were actively solicited to

provide further referrals on information regarding other micro-insurance schemes. Follow-up on these anecdotal referrals helped expand the base of inquiry for the survey.

15. Identification of the micro-insurance schemes currently operating in the Philippines focused on a 'pyramid' of the active participants in the sector, beginning with consultation with formal regulatory and supervisory authorities, formally registered schemes, and key networks. Consultation at each level enlarged the scope of the inquiry through referral and enabled wider distribution of the survey instrument. A schematic diagram of this process is outlined below.

Scheme of micro-insurance in the Philippines



2.3 Survey Instrument

16. The principal survey instrument was a **Basic Profile Questionnaire**, adapted from the survey instrument used in a similar inventory of micro insurance schemes undertaken by the ILO-STEP program in India in mid-2003.¹
17. The **Basic Profile** of the identified schemes provides a ‘snapshot’ identification of their current status – a listing of the contact information; simple organizational profile of the scheme; an outline of micro-insurance products and services provided by the scheme to members; and basic financial indicators.
18. The Basic Profile is based on the most recent available information of the scheme, until September 2004, and does not document historical evolution/growth of the scheme nor seek to assess organizational strengths/weaknesses, management issues or opportunities/constraints. No specific operational details of the management of the scheme (e.g. collections, payments, etc) were solicited for this profile. Data is based on the most recently available financial and other information (latest annual report, etc) provided through the response. A copy of the Basic Profile questionnaire is included as an Appendix to this report.

¹India: A Compendium of Community-Based Micro-insurance Schemes. ILO-STEP Delhi 2003

Summary of Findings

3.1 Scope and Range of Survey

19. Working through the various agencies and groups identified as potential participants in the survey, approximately 150 organizations were contacted in preliminary screening to provide information and direction in conducting the research. Through the exclusion criteria established for the project (including the requirement for direct verification and contact of the scheme by the researchers), **41 respondent groups have formed the database for this survey**, based on the principal survey instrument.
20. In total, **32 completed questionnaires**² were returned directly by the groups, and information was compiled for an additional **9 groups** through follow-up telephone and email contact, using the questionnaire form as the interview guide and survey instrument. Supplementary information was collected for many of the respondent groups from secondary published data sources and Internet-based information. Because of the difficulties faced in verifying some secondary data sources, no groups were documented exclusively using these sources, although several studies and databases in the health sector provided information on a number of schemes.
21. A preliminary estimate of the number of active micro-insurance schemes in the Philippines, done in an earlier study, suggested approximately 50 active schemes³. However, this estimate apparently represents formal, registered schemes, or those informal groups with sufficient organizational and institutional structure to be recognized as going concerns. This did not include the numerous informal and ‘semi-formal’ schemes operating throughout the Philippines in the form of the culturally traditional *damayan*⁴ solidarity groups, active in almost every community in the country, or the recent emergence of specific health-related *damayang pangkalusugan (DpK)* groups (modelled on the *damayan* solidarity cultural norm)⁵. Indeed, many of the formally structured and documented schemes in the survey named themselves or included reference to *damayan* or *DpK* in identifying their insurance product or service.
22. These informal and semi-formal schemes operate sporadically and intermittently, with minimal organizational structure, and are often supported and encouraged by community-based development projects. Their foundation in cultural tradition and practice enables easy affiliation and understanding by members. However, the schemes are generally very ‘micro’ in size (frequently with less than 50 active members) and contribution, and limited in outreach to members of the small community or neighbourhood solidarity group. Groups supported by development projects frequently disband at the conclusion of the project, or are amalgamated into larger, more sustainable schemes.
23. Tracking and documenting these community-based *damayan* / *DpK* groups, informally estimated in the hundreds of schemes throughout the country, was beyond the scope and resources of this survey.
24. Other considerations in determining the landscape of micro-insurance for this survey included an

² Although designated as ‘completed’ documents, not one questionnaire was returned fully completed (i.e. with all requested information provided). Every response required extensive follow-up by the survey team. See ‘Notice to Reader’ in the Introduction section of the Compendium— Part II.

³ Narrative Report On The Social Reinsurance Baseline Study p.5 — Dror, David et al ILO December 2002

⁴ Literally: “caring”. *Damayan* is a traditional practice in Filipino communities of ‘passing the hat’ among community members attending a funeral to contribute to sharing with the bereaved family the costs of the funeral.

⁵ *Damayang Pangkalusugan (DpK)* is defined as a scheme for mobilizing and utilizing resources through a risk-sharing mechanism to finance the health care needs of the members in a manner that reflects values of solidarity and shared responsibility for health care. (Soriano, Dr. E. — 1999 — IPHM Website)

assessment of the insurance programs of the credit cooperatives. The Philippines is home to an active and dynamic cooperative movement, with primary cooperative societies numbering in excess of 34,000, with more than 4 million individual members. More than 50% of these cooperatives have credit or savings-and-loan programs as their primary purpose and most have some kind of savings and loan program included in their other programs (marketing, consumer, etc). Affiliated with these credit programs are insurance schemes usually identified as 'loan protection plans', whereby loan beneficiaries pay a small premium to insure the loan balance in the event of their death. The insurance benefit is usually equivalent to the outstanding balance on the loan at the time of death of the cooperative member, absolving the member's family from the obligation to repay the debt.

25. Given that the average loan size taken by members of many of these credit cooperatives is generally small (and certainly within the definition of 'micro'), the loan protection plan insurance carries a correspondingly small premium (usually as a percentage of the monthly loan payment), well within any working definition of '*micro-insurance*'. The cooperative structure under which these loans are made and administered also arguably lends itself to inclusion as a community-based micro-insurance scheme.
26. Including these cooperative-based loan protection plans as part of the survey landscape would expand the range of this survey into the thousands of schemes, far beyond the scope of available resources or timeframe of this survey. Hence, a definitional constraint was adopted to include only those loan protection plans, which offered a supplementary benefit to the borrower/member or his/her beneficiary in the event of death. This supplementary benefit could include provision for burial or funeral expenses (a *damayan* - type fund, for instance), beyond provision for the retirement or forgiveness of the outstanding loan balance.

3.2 Overall Coverage

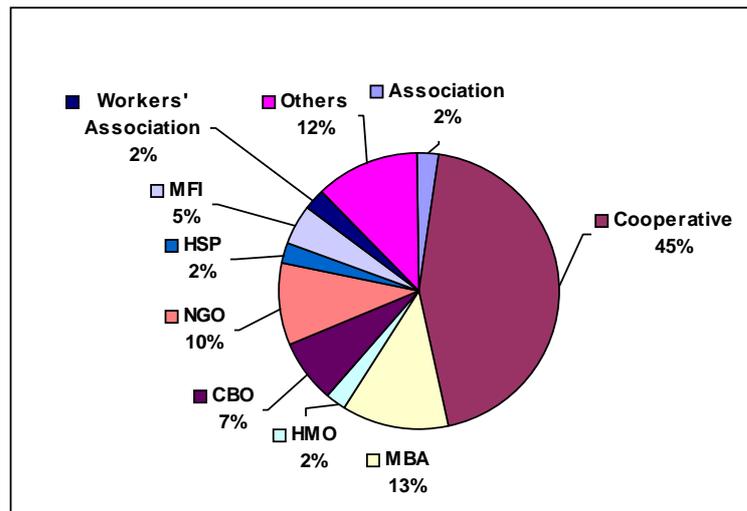
27. The aggregate number of individual members / contributors currently active in the documented schemes totals **935,612**⁶.
28. The schemes were asked to identify numbers of beneficiaries (or persons covered), reporting **1,252,520** persons. However, the data was somewhat unclear in the reporting of beneficiaries, as policies were widely diverse between groups. 30 of the schemes responded to this part of the questionnaire.
29. Analysis of the data indicates an apparent misunderstanding or misinterpretation of the survey question by those surveyed groups, with some respondents providing estimates of numbers of beneficiaries using a simple multiplier, ranging from 3 to 5 times the number of contributors (indicating potential family benefit for individual schemes based on average family size). Other schemes simply reported the number of contributors as the number of beneficiaries. Although a terminology definition of 'beneficiary' and 'contributor' was included with the questionnaire, the terms seem to remain unclear, and hence the reported data is assumed to be under-stated/reported.

⁶ Based on the reported number of member/contributors from 40 of the documented schemes.

3. 3 Ownership Profile of the Schemes

30. A community-based organization is the foundation of most of the documented schemes, whether as ‘initiator’ of the scheme or as ‘owner’ once the scheme has been established. Cooperatives and mutual benefit associations (MBAs) comprise more than half (59%) of the documented schemes in this survey.

Figure 1: Ownership Profile



Notes:

- 2 schemes classified themselves in 4 of the categories
- 3 schemes classified themselves in 2 of the categories
- ‘Others’ includes those schemes identifying themselves as local government units or social service agencies

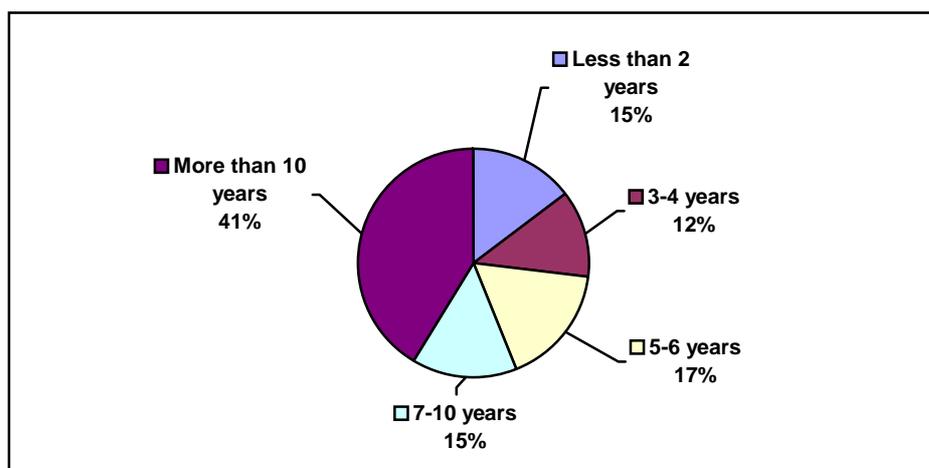
31. While many of the schemes had their origins through other types of associations (micro finance projects, health care projects, NGOs), considerations of institutional sustainability and ‘critical mass’ (achieving sufficient numbers of members to ensure financial stability and continuity of operations) led many of the groups to adopt a cooperative-type of model of organizational structure and governance. The cooperative model supports the principle of community ownership and management, and community pooling of risk.
32. Schemes initiated by health-sector organizations (health management organizations (HMOs), health service providers, etc) seem to be smaller in size and more project-dependent than community-based initiatives. Literature review of health sector initiatives indicated a proliferation of health insurance schemes in the late 1990s, many formed and supported by local government units (LGUs) in communities throughout the Philippines. These LGU-based schemes were generally related specifically to projects linked with the national health system (PhilHealth) and with donor-funded support.
33. Data was very difficult to collect for the LGU-based schemes, in the absence of any centralized information database (either within or outside of government sources), the relatively small size of most schemes (usually less than 50 active members), and the decentralized local nature of the groups, which made contact with them very difficult for the survey team based in the national capital region. Hence, although anecdotal evidence obtained through interviews with health-care professionals indicates that there are numerous active small-scale health schemes

operating under LGUs, substantiation and documentation of this sector will require a commitment of further resources and time.

34. Solidarity-based groups (workers’ associations, unions) were also participants in initiating schemes designed to cover members. Some of these groups (4% of respondents) participated in the survey.

3.4 Level of Experience

Figure 2: Length of Micro-Insurance Service

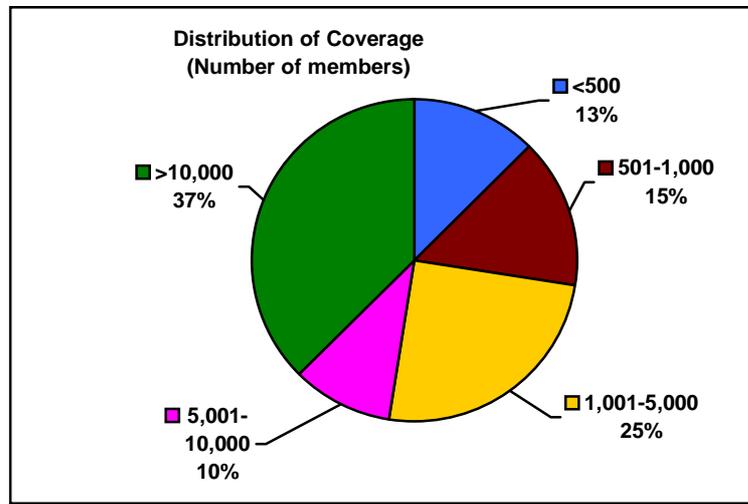


Note: 69 of 76 schemes (90%) responded to this question

35. Review of the institutional ‘age’ of the schemes indicates an evolving and maturing sector. The institutional profile of the schemes indicates that nearly half (41%) of the documented schemes have been operating for more than 10 years, and 56% operating for more than seven years. Included in this total are most of the larger schemes (1,000 members and above). Micro-insurance in the Philippines is no longer a new phenomenon or model, but is emerging as key foundation in community development programs and provision of social protection for the poor and marginalized.
36. Although the ‘snapshot profile’ of the schemes presented in this survey does not track or analyse trends over time, review of the literature and interviews with key informants indicate that micro insurance groups are growing – in numbers of members, premium revenue, and asset base. Most of the survey respondent groups are experiencing steady growth rates in attracting members and adding to the base clientele. One of the largest documented schemes, CARD-MBA, doubled the number of its members and contributors over the past year through an expansion program in its target districts.

3.5 Membership Size

Figure 3: Membership in Schemes



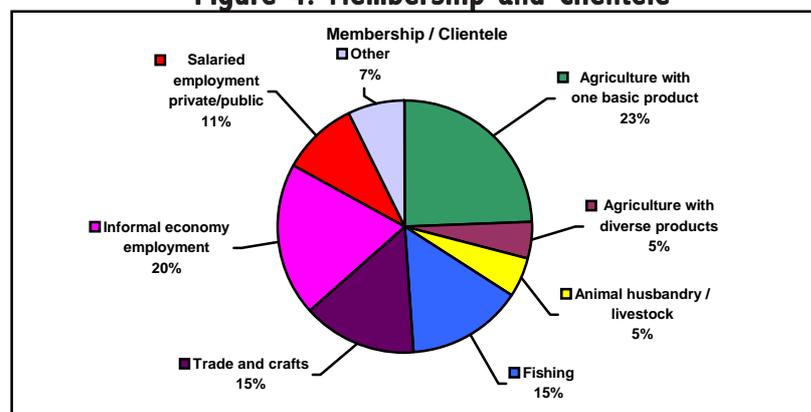
37. A total of **40 schemes** reported on their total number of active members. Almost half (47%) of the schemes cover more than 5,000 members. This finding seems to reinforce the trend toward stronger institutional sustainability of well-established schemes, which continue to grow after reaching organizational ‘critical mass’ and building a solid business foundation.

3.6 Membership and Clientele

38. The members of micro-insurance schemes come from various backgrounds and occupational pursuits. One-third (33%) of the respondent schemes covered members in the agricultural sector (farmers). Informal economy employment represented the next largest group (20%).

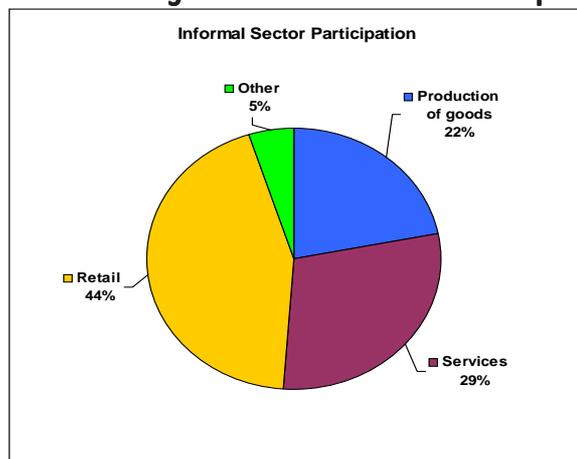
39. Among the informal sector respondents, the largest group was the retail sector, representing market vendors, food stall operators, and small *sari-sari* convenience-type retail stores.

Figure 4: Membership and Clientele



3.7 Informal Sector Participation

Figure 5: Informal Sector Participation



Notes:

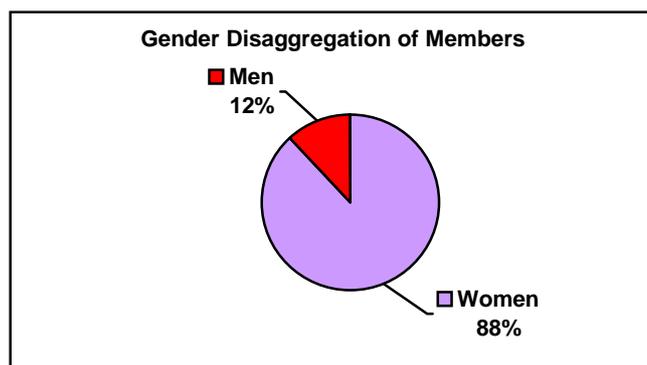
- 52 of 76 schemes (67%) responded
- 9 schemes identified 2 categories of informal sector clientele
- 12 schemes identified 3 categories of informal sector clientele
- not all organizations in the survey consider the informal sector as a target group

40. Because of the significance of informal sector participation in micro-insurance schemes, representing a major population demographic outside of the national formal insurance program and generally not participating in any commercial insurance program, the sector was profiled to outline the type of informal sector employment was most prevalent among those participating in micro insurance.

41. Almost half (44%) of those insured through micro-insurance schemes were in the small retail sector. 9 schemes identified 2 categories of informal sector clientele, and 12 schemes identified 3 categories of informal sector clientele. Not all organizations in the survey considered the informal sector as a target group – although there were members from the informal sector, many of the groups (particularly cooperatives) served members as members, regardless of occupation or economic activity.

3.8 Gender Disaggregation

Figure 6: Gender Disaggregation



Note:

- 19 of the 41 schemes (46%) provided gender disaggregated data of membership

42. Micro-insurance in the Philippines has a feminine face. The contributors and participants in the documented schemes were overwhelmingly women (88% of members of respondent schemes). However, ***only 19 of the 41 respondent schemes (46%) reported the gender disaggregated data of their membership and clientele that support this analysis.*** The percentage of male representation overall is undoubtedly higher among all the schemes in aggregate, although it seems apparent that women represent at least a simple majority of the members of micro insurance schemes.
43. This interpretation is also supported by the findings that several of the largest operating schemes documented (CARD-MBA; Negros Women for Tomorrow Foundation; etc) arose from women-focused micro finance projects, and that membership in these groups remains limited to women in the target communities. Among the cooperative groups, estimated women participation and membership is approximately 50%.⁷

3.9 Geographic Outreach

44. The Philippines is divided into 16 administrative regions, including the National Capital Region (NCR) in the geographic vicinity of Manila⁸. Survey responses were received from all but four regions⁹. The NCR accounted for approximately 24% of the total responses, and the regions in the central Philippines (southern Luzon, northern Visayas – Regions 3, 4, and 7) for approximately 44% of the responses.
45. This geographic response rate reflects three factors: 1) larger population base and larger number of operational schemes; 2) relative accessibility and ease of communications (better telephone links, ISP providers) in the NCR and vicinity; and 3) headquarters of national and regional federations and groups which assisted in collecting information from member primary groups based in the other regions.
46. The schemes were geographically grouped in this table by place of registration or head office of the scheme, not exclusively by coverage. Several of the schemes, particularly the Mutual Benefit Associations, are national organizations, with coverage extending over several regions and serving both rural and urban-based clientele. For purposes of this survey, these national-level schemes were geographically designated from the location of their headquarters, usually in Manila or the NCR.
47. A breakdown of the response rate by region is as follows:

Region	No. of Responses	%	Region	No. of Responses	%
ARMM	0	-	Region 6	2	5%
CAR	1	2%	Region 7	5	12%
NCR	10	24%	Region 8	0	-
Region 1	1	2%	Region 9	0	-
Region 2	1	2%	Region 10	4	10%
Region 3	6	15%	Region 11	1	2%
Region 4	7	17%	Region 12	1	2%
Region 5	2	5%	Region 13	0	-
			Total	41	100%

⁷ Estimate provided by Cooperative Development Authority (CDA) – interview March 26, 2004.

⁸ An administrative map of the Philippines outlining the various regions and districts is included for reference in this report.

⁹ No schemes were documented from the Autonomous Region of Muslim Mindanao (ARMM) or from its adjacent Regions 8 and 9 in the southwest of the Philippine archipelago.

3.10 Products and Services / Risk Coverage

48. Micro-insurance schemes tend to be focused on certain risk categories, limiting their risk coverage to those identified needs of their membership. All of the schemes surveyed reported on the number of risks covered, with the majority (36%) of schemes limiting their risk coverage to not more than 2 risks (usually hospitalization and primary health care or life insurance).

Figure 7: Number of Risks Covered

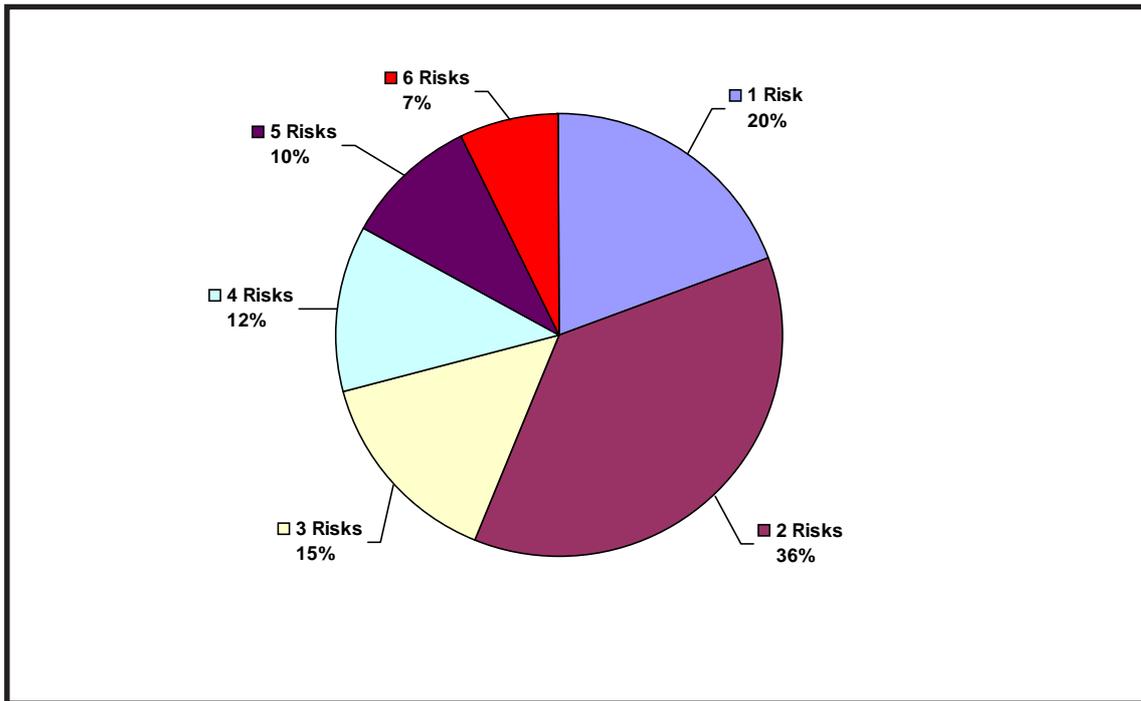
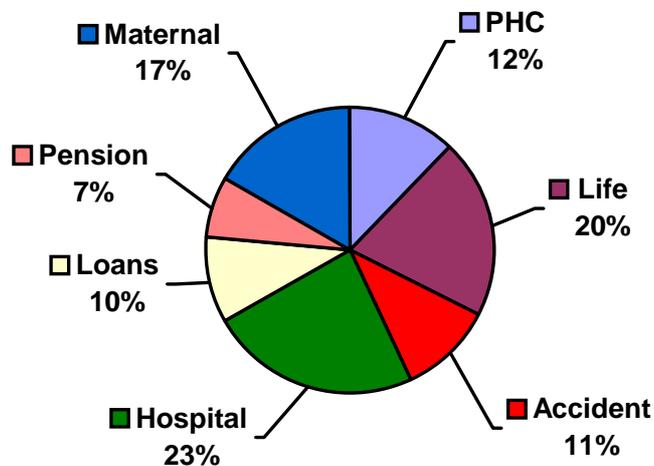


Figure 8: Risk Coverage – Principal Risk



49. The largest percentage of schemes (23%) covered hospitalization as a principal risk, followed by life insurance (20%) and maternal health care (17% of the schemes reporting). Many of the schemes covered more than one risk, with various product options and premium plans. In those cases where only one type of coverage was provided, schemes generally tended to cover hospitalization expenses or primary health care.

50. Figure 9 summarizes in table form the various risk categories covered by each of the sectors reviewed.

Figure 9: Summary Table - Risk Coverage by Sector

Name of Microinsurance Scheme	Risks Covered							Total Risks
	PHC	Life	Accident	Hospital	Loans	Pension	Maternal	
Cooperatives (18 respondents)								
Angono Credit and Development Co-operative (ACDECO)	X							1
ASSCOM Multi-Purpose Cooperative, Inc.				X			X	2
Claveria Agri-Based Multi-Purpose Cooperative				X			X	2
G.M.A. Multi-Purpose Cooperative				X			X	2
Imus Vendors Development Cooperative		X						2
Apalit Small Christian Communities Foundation		X		X				2
Baao Parish Multi-Purpose Cooperative	X			X				2
Cavite Farmers' Credit Cooperative		X			X			2
Federation of Free Farmers Cooperatives, Inc. (FFFCI)		X	X					2
Medical Mission Group Hospitals and Health Services Cooperative (MMGHHS)	X			X			X	2
ORT Community Multipurpose Cooperative	X			X			X	3
Tarlac Health Maintenance Co-operative (THMP)	X			X			X	3
Cooperative Insurance System of the Philippines, Inc. (CISP)		X	X	X				3
St. Jude Multi-Purpose Cooperative (SJMPC)	X			X	X		X	4
Valenzuela Development Cooperative	X		X	X			X	4
First Community Cooperative (FICCO)		X		X	X	X	X	5
Cooperative Union of the Philippines	X	X	X	X		X	X	6
Novaliches Development Cooperative, Inc. (NOVADECI)	X	X	X	X	X		X	6
Total	9	8	5	14	4	2	12	

Name of Microinsurance Scheme	Risks Covered							Total Risks
	PHC	Life	Accident	Hospital	Loans	Pension	Maternal	
Mutual Benefit Associations (5 respondents)								
Praxis Fides Mutual Benefit Association, Inc.		X					X	2
Center for Agriculture and Rural Development- Mutual Benefit Association, Inc. (CARD - MBA)		X			X	X		3
Pambansang Kilusan Ng Mga Samahang Magsasaka (PAKISAMA) – Mutual Benefit Association		X	X	X			X	4
Philippine Public School Teachers Association (PPSTA)		X	X			X		3
Coop Life Mutual Benefit Services Association, Inc. (CLIMBS)		X	X	X	X		X	5
Total	0	5	3	2	2	2	3	
		100%	60%	40%	40%	40%	60%	

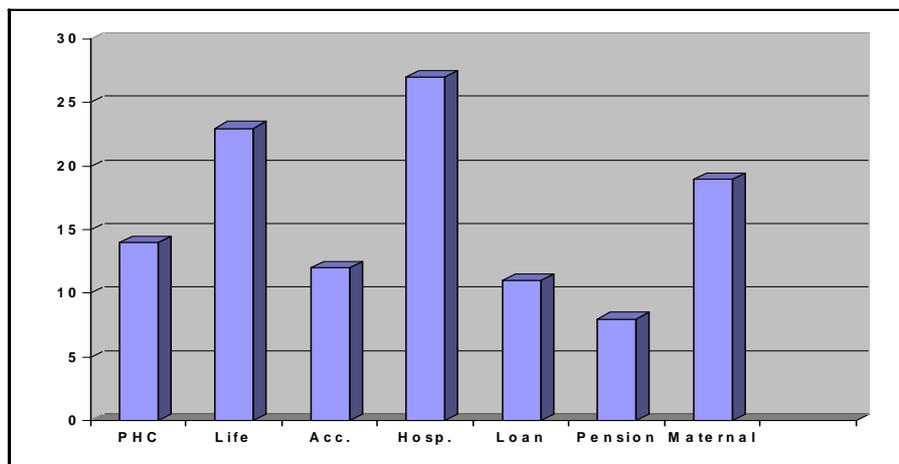
Name of Microinsurance Scheme	Risks Covered							Total Risks
	PHC	Life	Accident	Hospital	Loans	Pension	Maternal	
NGOs and Microfinance Institutions (9 respondents)								
Alalay Sa Kauswagan Sa Gitnang Luzon, Inc. (ASKI)		X						1
Community Economic Ventures, Inc.		X						1
FCB Foundation, Inc.		X						1
Jaime V. Ongpin Foundation, Inc.		X						1
ABS-CBN Bayan Foundation, Inc.		X			X			2
MILAMDEC Foundation, Inc. - Tibod		X		X	X		X	4
Cebu Micro-Enterprise Development Foundation, Inc.		X	X	X		X		4
Agricultural and Rural Development for Catanduanes, Inc. (ARDCI)		X	X	X	X	X		5
Negros Women for Tomorrow Foundation, Inc.		X	X	X	X	X		5
Total	0	9	3	4	4	3	1	
		100%	33%	44%	44%	33%	11%	

Name of Microinsurance Scheme	Risks Covered							Total Risks
	PHC	Life	Accident	Hospital	Loans	Pension	Maternal	
Other (9 respondents)								
Bustos LGU – Philhealth Project				X				1
Notre Dame Business Resource Center Foundation, Inc.	X							1
Norfil Foundation, Inc.				X				1
Mercy Community Hospital	X						X	2
Provincial Government of Guimaras				X			X	2
Peso for Health Program	X			X				2
UP Diliman Health Maintenance Organization, Inc.	X			X				2
Medicare Program II Scheme	X			X			X	3
DAR Employees Association – Darea Foundation, Inc.	X	X	X	X	X	X		6
Total	5	1	1	7	1	1	3	
	63%	13%	13%	88%	13%	13%	38%	

Figure 10: Summary of Risk Coverage- Aggregate

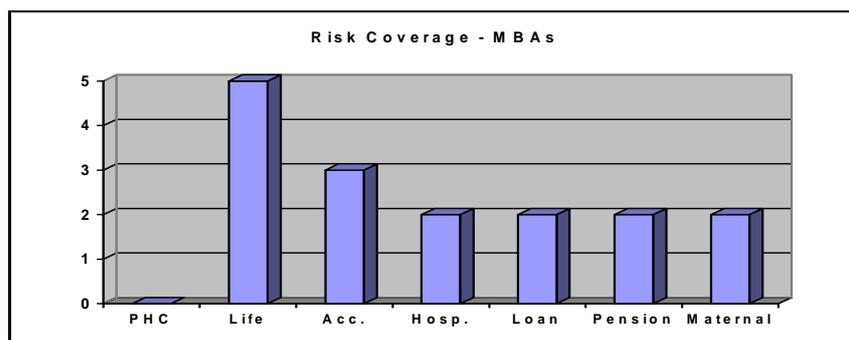
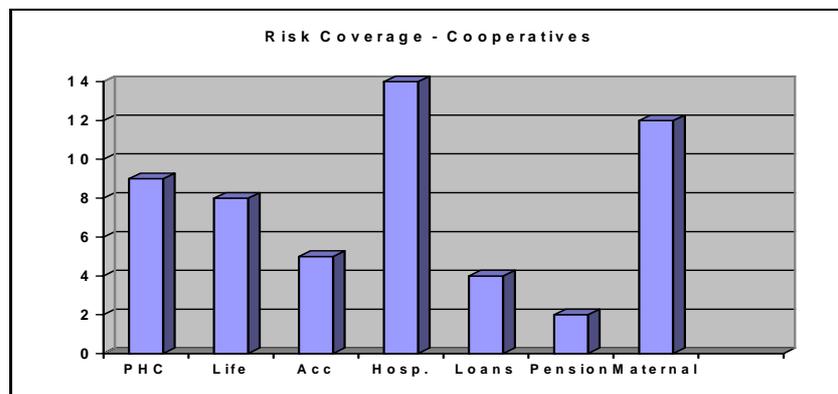
Sector	# Resp.	Risks Covered							
		PHC	Life	Accident	Hospital	Loans	Pension	Other	Maternal
Cooperatives	18	9	8	5	14	4	2	0	12
Mutual Benefit Associations	5	0	5	3	2	2	2	0	3
NGOs and Microfinance Institutions	9	0	9	3	4	4	3	0	1
Others	9	5	1	1	7	1	1	0	3
Total Respondents	41	14	23	12	27	11	8	0	19
	100%	34%	56%	29%	66%	27%	20%	-	46%

Figure 11: Risk Coverage - Aggregate (All Schemes)

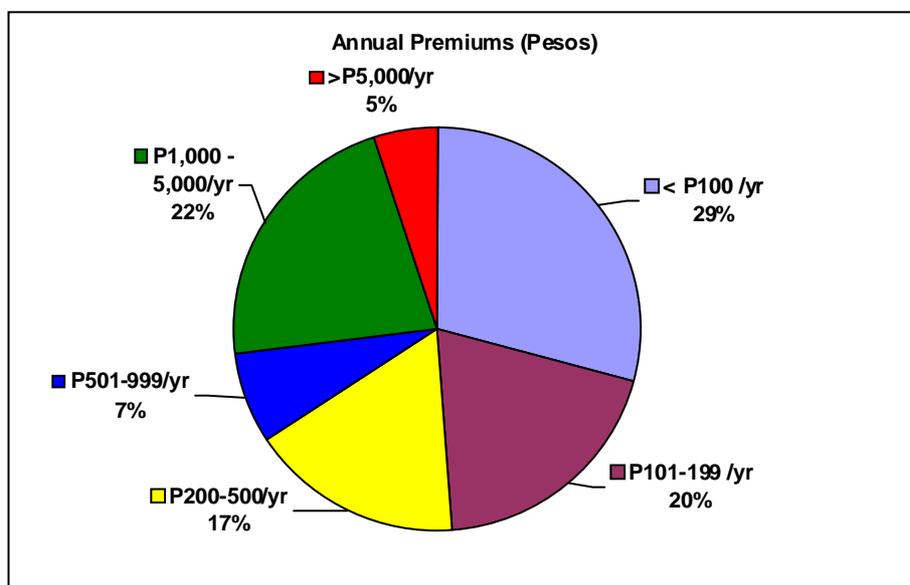


51. Figure 11 summarizes in graph form the aggregate information from the table in Figure 10. Most of the schemes (66%) covered hospitalization, followed by life insurance (56%), maternal health care benefits (46%), and primary health care (34% of schemes). A segregated breakdown by sector is presented in graph form in the following charts included in Figure 12.

Figure 12: Risk Coverage - Sectoral



3.11 Annual Premiums



52. A total of 40 schemes responded with information on itemized premium rates for their insurance products. Figure 13 outlines the breakdown by premium rate for the various schemes. In cases where more than one insurance product or coverage is offered by a scheme, only the principal product or those with the most number of members was used for purposes of this analysis.
53. All premium calculations were annualized for comparative purposes among the schemes, although, in the majority of schemes, the premiums are assessed and collected over shorter terms – either monthly or weekly.
54. Premiums range from ‘free’ (as in one case – Baa0 Community Cooperative, for their active members only) to a high of Php15,000 per annum for two of the larger cooperative groups (Cooperative Insurance System of the Philippines (CISP), and Cooperative Union of the Philippines). The majority of the schemes assess premiums of less than Php500 per year (less than USD\$10).
55. Popular assessment options include ‘Peso-per-day’ and schemes collecting premiums of Php20.00 per week (Php1,000 per year). In most cases, the premium option has a marketing appeal or is tied directly to a membership obligation in a savings-and-credit or solidarity group.
56. The larger and more developed schemes (MBAs, cooperatives) tend to have more options, and provide products that were available at fixed multiples of the ‘regular’ premium (e.g. CISP offers policy holders the option of purchasing up to 3 ‘units’ of coverage at an annual premium of Php.15,000 per unit).

¹⁰ The average exchange rate for the Philippine peso to the US Dollar at the time of the survey (January-March 2004) was approximately 55 Philippine pesos (Php) = 1 USD\$.

3.12 Linkage with Micro-Finance Activities

57. Micro-insurance is a seemingly natural offshoot of micro-finance programs. Many of the documented schemes had their origins in micro finance projects being promoted by various NGOs and development agencies. As the micro lending activities of small community groups expand, a natural supplementary financial service frequently requested by members is insurance. Through the practices of the micro lending programs, members are familiar with regular savings and money management principles, and group discipline ensures regular collection of loan repayments and insurance premiums.
58. Among the more effective models of promoting micro-insurance, the Grameen Bank model, through Grameen Bank 'replicator' projects, demonstrates high participation rates and membership by women in micro-insurance schemes. The Micro finance Council of the Philippines, an umbrella group of micro finance institutions, commented that in its recent conferences and seminars on micro-finance practices, the programs on micro-insurance attracted the highest level of interest and participation by Council members.¹¹ Grameen Bank replicators (such as CARD-MBA) have experienced increased rapid growth in membership once micro- insurance services are introduced to the micro-finance programs, as the network established through the micro finance programs facilitates easy affiliation by members (usually women borrowers).
59. Although only 11% of the survey respondents designated themselves specifically as micro-finance institutions (MFIs), most of the cooperative groups are also engaged in micro- finance-type savings and lending programs.

3.13 Linkages with Commercial Insurance Companies

60. Most of the respondent schemes did not have any direct affiliation or relationship with public or commercial insurance companies for the provision of their programs. In the main, this is part of a deliberate strategy of the schemes, to create, promote, manage, and administer their own respective micro-insurance program for members. Some organizations contacted in the preliminary screening for the survey suggested that their program with commercial insurers did not qualify under our working definition of micro insurance, as the risk coverage for their members was provided by the commercial entity, with the organization acting more as a broker or agent for the commercial insurance.
61. One group, Praxis Fides MBA, had begun providing insurance coverage for its members through a linkage with a commercial insurance provider, acting as an agent for the insurance company. After several years, the members of the group opted to cancel the working arrangement with the commercial insurer and incorporate themselves as a mutual benefit association, assuming the risk coverage and administration of the micro-insurance program themselves. The rationale of the members for effecting this change was the perceived financial benefit being made by the commercial insurer on providing the coverage – a benefit that members felt could rest within their own association.¹²
62. A network of 43 rural development banks working with a USAID-supported bilateral development project¹³ provides insurance coverage for thousands of rural-based clients through specific 'micro'

¹¹ Interview with Ed Garcia, Executive Director, Microfinance Council of the Philippines December 2003

¹² Email interview with Aurelio Joaquin, Executive Director Praxis Fides – March 2004

¹³ Microenterprise Access to Banking Services (MABS) project – Rural Bankers Association of the Philippines / USAID 1998-2004.

policies designed and tailored to the needs of the bank clientele. The rural banks serve as the intermediary for commercial insurance companies, referring bank clients receiving micro-loans to the insurance for coverage. This project and network was not included in the data for this survey, as the coverage, although '*micro*' in nature, does not conform with the risk pooling provisions of micro insurance among members and communities as provided in our definition.

63. Nevertheless, the active development and promotion of micro-size insurance programs to the target client sector being served by micro-insurance entities indicates an emerging potential market for commercial insurance providers. With barriers to market entry and access being increasingly eased through the interventions of community organizations and NGOs and facilitated by improving technology, commercial insurers are developing micro-products that can be profitably sold and distributed, even to a poor and socially marginalized clientele. Five commercial insurance companies active in the Philippines were identified as providing micro- insurance products, serving as supportive partners to some of the respondent groups, and as competitor to others¹⁴.

¹⁴ The five commercial insurers identified are: 1) Mercantile Insurance; 2) Philam Life; 3) Cocolife; 4) Country Bankers Insurance; and, 5) AXA.

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¹⁵ Does not include URLs of specific schemes profiled in the Compendium

Index of Micro-Insurance Schemes

1. ANGONO CREDIT AND DEVELOPMENT CO-OPERATIVE (ACDECO)

Address:	Col. JP Guido St., San Roque, Angono, Rizal 1930
Region:	4: Southern Tagalog
Telephone / Fax:	(02) 651-0601 / (02) 295-4245 (02) 651-0603
Contact Person:	Mr. Josefino Miranda
Position:	General Manager

ORGANIZATIONAL PROFILE

ACDECO started as a community co-operative in 1966 with 27 members. By 1999, its membership reached 3,500. ACDECO operates various financially viable social programmes and has become a multi-purpose cooperative. Its programmes include loan protection plan, the *Damayan*, enterprise development training, grocery and pharmacy services, medical and optometry services, sale of consumer products, printing services, mortuary services and memorial lots. In 1991 alone, ACDECO extended capital loans to small business in the amount of P14.48 million, some P3.3 million for repair of houses and over a million pesos for medical and educational purposes.

The *Damayan* service was introduced in 1983 providing mortuary and funeral assistance to the family of a member who died. The annual *Damayan* contribution was set at P30 and the amount of benefit is multiplied according to the number of members and not fixed.

In 1988, ACDECO put up a clinic with 2 doctors. Later, the set-up was complemented by a dentist and an optician. The clinic provided free medical consultations to members. In 1992, the *Damayan* premium was raised to P120 with a corresponding increase in the benefit package. In 1993, the Pension Plan was introduced for members having rendered 15 years of service to the cooperative, and incorporated into the *Damayan* Program. Disability benefits for members were added to the benefit package.

In 1994, health care benefits (covering only medicines) were offered to members with the initial contribution set at P240 per year and the maximum benefit at P4,000. The Health Care Program was also linked to other services of the coop. If a member is found to be not of good standing in the cooperative, the amount of Health Care benefits he can claim is adjusted.

Micro-finance activities/loan or lending activities remain the prime activity and prime source of income for ACDECO. The coop also lends out to other smaller cooperatives and to members who require some funds for agricultural or emergency use. The coop also has investments in various savings and business activities to generate income.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	ACDECO – Health Care
Starting date / years of operation:	More than 10 years (1994)
Legal Status / Registration:	Registered with Cooperative Development Authority (CDA)
Ownership:	
Organizational structure:	Cooperative
Risk coverage:	Primary Health Care
Rural / urban:	Both rural and urban
Outreach:	Angono, Rizal
Target group:	Members of the cooperative

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:

External technical assistance: No
 Number of people working for the scheme: 1 staff member

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary individual membership
 Membership fee: P 100 lifetime membership fee
 Number of paid-up members: N/A
 Number of Contributors: 2,078 (1,556 women; 522 men)
 Number of Beneficiaries: 2,078
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Number of members
	Out-patient care, medicines, discount on dental services	Various rates depending on the paying capacity of the individual member	

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php. 203,145
 Total Benefits Paid (latest fiscal year): Php. 126,657
 Financial reserve: Php. 461,884
 Guarantee fund: Yes
 External financial support:
 Co-payment of service costs: No
(health schemes only):

INSTITUTIONAL LINKAGES

Use of state/public sector insurance: No
 Re-insurance: No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- ILO STEP Health Micro-insurance Schemes: A Compendium

2. APALIT SMALL CHRISTIAN COMMUNITIES FOUNDATION

Address: ASCCOM Foundation, Inc., Gonzales Ave., San Juan,
2016 Apalit Pampanga

Region: 3: Central Luzon

Telephone: (045) 302-6609

Fax: (045) 302-5914

Contact Person: Romana A. Cortez

Position: OIC-PKAO

ORGANIZATIONAL PROFILE

In 1971, a group of medical doctors in Apalit formed a small Bible study group. After each weekly meeting of the group, the doctors provided free medical consultation to the community. The group formalized their arrangement into the Apalit Small Christian Communities Foundation, constructed a hospital (ASSCOM De La Salle Friendship Hospital), and began to implement community projects.

So as to make the foundation and its projects self-sustaining, ASSCOM Multipurpose Cooperative, Inc. was founded. To assist members and non-members of the coop, the insurance program *Programang Kalingapan Ning ASSCOM Kaning Me Ospital (PKAO)* was set up as a social program of the coop.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Programang Kalingapan Ning ASSCOM Kaning Me Ospital (PKAO)
Starting date / years of operation:	More than ten years (1996)
Legal Status / Registration:	Registered with Cooperative Development Authority
Ownership:	Cooperative / members
Organizational structure:	Cooperative
Risk coverage:	Life / Hospitalization
Rural / urban:	Rural
Outreach:	Apalit, Pampanga
Target group:	Residents of the area, farmers, fisherfolk and the informal economy (production of goods)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:	Cooperative
External technical assistance:	From Non-Government Organizations
Number of people working for the scheme:	1 staff and 1 volunteer

MEMBERSHIP AND BENEFICIARIES

Registration of members:	Voluntary individual membership
Membership fee:	
Number of paid-up members:	200
Number of Contributors:	200
Number of Beneficiaries:	200
Coverage of non-members:	No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions
Programang Kalingakapang ASSCOM Kaning Me Ospital (PKAO)	Hospitalization benefit according to the number of members in the Program. Hospitalization must be for at least 24 hours and not more than 3 times a year.	<p>From an initial balance of P70, P 5.00 is deducted each time a member dies. At the end of the month, whatever has been deducted from the fund must be replenished by the individual.</p> <p>Initial P70 maintaining balance must be replenished each year, as a form of membership fee. P5.00 is deducted from the balance of each member, each time an enrollee is hospitalized.</p>

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php. 424,765 (1999)
Total Benefits Paid (latest fiscal year):	Php. 321,351 (1999)
Financial reserve:	
Guarantee fund:	
External financial support:	
Co-payment of service costs: <i>(health schemes only):</i>	No

INSTITUTIONAL LINKAGES

Commercial Insurer:	
Use of state/public sector insurance:	<i>Not Applicable</i>
Re-insurance:	

SOURCES OF INFORMATION / REFERENCE

- Resource Book of CBHCO-SHIs – GTZ/PhilHealth 2003
- ILO-STEP Questionnaire / Survey

3. ASSCOM MULTI-PURPOSE COOPERATIVE, INC.

Address: ASSCOM Foundation, Inc., Gonzales Ave., San Juan,
2016 Apalit Pampanga

Region: 3: Central Luzon

Telephone: (045) 302-6609

Fax: (045) 302-5914

Contact Person Petronila G. San Diego

Position: General Manager

ORGANIZATIONAL PROFILE

Apalit Small Christian Communities Multi-Purpose Cooperative was formed in 1990 with 36 initial incorporators comprised of professionals, market vendors, farmers, government and private employees, and students. The initial aim was to provide livelihood training to improve the standard of living of its members and the community as a whole.

Members of the Cooperative enjoy numerous benefits such as Bank Savings and Time Deposit Plans, and Loans Scholarships for children of members, Enhanced Death Benefit, and Medical / Health Benefits.

In 1992, the Coop introduced the Death Benefit Plan, followed (in 1993) by the Sickness Benefit and Death Benefit Plan. Other plans include the *Kabalikat Plan* for singles and the *Kaakbay ng Pamilya Plan* for married members, a three-tiered benefit scheme of Life, Accidental Death and Medical Reimbursement and a College Scholarship Benefit program for children of members.

THE MICRO-INSURANCE SCHEME

Name of the scheme: Sickness and Death Benefit Plan

Starting date / years of operation: 7-10 years

Legal Status / Registration: Registered with the Securities and Exchange Commission (SEC)

Ownership:

Organizational structure: Cooperative

Risk coverage: Hospitalization

Rural / urban: Rural

Outreach: Apalit, Pampanga

Target group: Residents of the area, farmers, fisherfolk and from the informal sector (services)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:

External technical assistance: No

Number of people working for the scheme: 2 staff members

MEMBERSHIP AND BENEFICIARIES

Registration of members:	Voluntary individual membership
Membership fee:	Yes. P100 lifetime membership
Number of paid-up members:	2,234 (1,619 women; 615 men)
Number of Contributors:	2,234 (1,619 women; 615 men)
Number of Beneficiaries:	
Coverage of non-members:	Yes
Maternal Health Benefits	Yes

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Beneficiaries
Sickness Benefit Plan	If a member gets sick, a minimum of 3 days confinement is a requirement before she could avail of the -P-3500.00 benefit	P250 a year	Member only
Death Benefit Plan	Member dies, benefit depends on his/her length of membership (1-3 yrs. = 10,000;4-6 yrs.=15,000;7-9 yrs.-20,000;10 &above=30,000). DBP for death of beneficiaries - with payment of fifty annual premiums. Benefit depends on the years of membership. (1-3 yrs.:spouse=1,500;parent=1,000;Child=500) (4-6 yrs.:spouse 2,000;parent = 1,500; child=1,000) (7 yrs. & above: spouse=3,000;parent=2,500;child=2000). Grandparent/aunt/uncle living with the member shall receive the same amount as that of the parent	P100 a year for member and P50 a year for beneficiary	
Sickness and Death Benefit Plan (Kabalikatan Plan for Singles and Kaakbay ng Pamilya for married members)	Free consultation and P 3,500 per annum for hospitalization and outpatient services with surgery or operation. Death Benefit according to membership starting from P10,000 for the 1st year and up to P100,000 for those with 15 years or more of membership with good standing	400 to P450 per annum (P200 for member, P150 for both parents of member, P75 for spouse and P50 for each child. Note: up to two children only)	Member names either parent, spouse or children
Life, Accidental Death and Medical Reimbursement (for member only)	Graduated scheme starting from members with 1 year membership with benefit package is P45,000 to members with at least 15 years membership with good standing with benefit package of P45,000	Amount taken from Dividends and Patronage Refund	Member only
Life, Accidental Death and Medical Reimbursement (for member only)	Graduated scheme starting from members with 1 year membership with benefit package of P45,000 to members with at least 15 years membership with good standing with benefit package of P450,000	Amount taken from Dividends and Patronage Refund	Member only

MATERNAL HEALTH BENEFITS

A	Pregnancy Check-up	Yes (if with complications)
B	Childbirth	
	NSD	
	CS	Yes (linked to hospitalization)
	Others	
C	Others	
	Only if hospitalized	Yes
	Vitamins	
	Pregnancy with complications only	Yes
	Home births	

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php. 48,548 (1999)
Total Benefits Paid (latest fiscal year):	Php. 32,400 (1999)
Financial reserve:	
Guarantee fund:	
External financial support:	
Co-payment of service costs: (health schemes only):	No

INSTITUTIONAL LINKAGES

Commercial Insurer:	
Use of state/public sector insurance:	<i>Not Applicable</i>
Re-insurance:	

SOURCES OF INFORMATION / REFERENCE

- Resource Book of CBHCO-SHIs – GTZ/PhilHealth 2003
- ILO-STEP Questionnaire / Survey

4. BAAO PARISH MULTI-PURPOSE COOPERATIVE

Address: San Nicolas,
Baao,
Camarines Sur 4432

Region: V

Telephone: (054) 266-3199

Fax: (054) 266-3199

Email Address: baaocoop@yahoo.com

Contact Persons: Julette B. Lacuin (General Manager)
Cecille-Olaño (in charge of DpK)
Vangie Bingoa (Staff)

ORGANIZATIONAL PROFILE

The Baao Parish Multi-Purpose Cooperative (BPMPCO) was first registered as Baao Parish Cooperative Credit Union, Inc (BPCCUI) in 1963 with an initial paid up capital of Php.1,193 and 50 members. The word "Parish" refers to the Parishioners, particularly the "Hijas de Maria" (Children of Mary), a group of religious women, who through the help of the Baao Parish Council was able to make the co-op operational to provide loans for the underprivileged.

The Cooperative aims to elicit solidarity and the spirit of cooperation among the members through the system of micro-financing and uplift the community's standard of living through its pro-poor programs/schemes, providing livelihood and income earning opportunities, and constant development of their services and programs.

In 1991, after the passage of RA 6938, the cooperative was conferred a confirmation of registration by Cooperative Development Authority (CDA) on March 25, 1991, with the name, Baao Parish Multi-Purpose Cooperative (BPMPCO).

After 40 years, the cooperative has accumulated total assets of P33M, 2,460 members and depositors, share capital of P 8M and has released loans in the amount of P49 M. The coop has currently employs 15 office staff and two security guards.

THE MICRO-INSURANCE SCHEME

Name of the scheme: Damayang Pangkalusugan (DpK) with Death Aid Plan (for members)

Years of operation: Less than 2 years

Legal Status / Registration: Co-operative

Ownership: Members

Organizational structure: Co-operative

Risk coverage: Primary health care; hospitalization

Rural / urban: Mostly urban

Outreach: Baao, Camarines Sur

Target group: Informal economy workers – market vendors, retail

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:

External technical assistance: Yes. Training, management advisory, monitoring from national federation

Number of people working for the scheme: One (1) salaried staff person

MEMBERSHIP AND BENEFICIARIES

Registration of members:	Voluntary; individual
Membership fee:	No
Number of paid-up members:	
Number of Contributors:	629 (462 women; 167 men)
Number of Beneficiaries:	
Coverage of non-members:	No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Beneficiaries
DpK	<p>PLAN P100 - free consultation, DAP of P500, hospitalization allowance of P1,000;</p> <p>PLAN 200 - free consultation, DAP of P1,000, HA of P1,500;</p> <p>PLAN 350 - free consultation, 20% discount on fees of other doctors (not retainer), HA of P2,000 and DAP of P2,000. If the benefit has not been availed, at the end of the year, member has the option to undergo free physical check-up with either urinalysis, fecalysis, CBC or Chest X-ray;</p> <p>PLAN 700 - same as PLAN 350 but the HA is P4,000 and DAP is P3,000.</p> <p>PLAN 1000 - same as PLAN 350 but the HA is P 6,000 and DAP is P4,000.</p> <p><i>NOTE: If either parent of a member dies, DAP is just P300 plus a death wreath. DAP also covers unpaid loan of a deceased member.</i></p> <p>MATERNAL BENEFITS: only if hospitalized (except NSD) and only if with complications. Pre-natal check-up not included except if with other illness.</p> <p><i>Exclusions to all plans: dental, osmetic/elective surgery, organ transplant, crime-related cases, congenital deformities/illnesses, induced abortion</i></p>	<p>Yearly payments of P100, P200, P350, P700, and P1000 according to benefit package chosen by member</p>	<p>Not for DpK (Health benefits) only but for Death Aid, beneficiaries may include spouse and children or parents for singles</p>
Damayang Pangkalusugan (DpK) for non-members of the Coop	<p>Same benefits per package as described above but non-members have no Death Aid</p>		

MATERNAL HEALTH BENEFITS

A Pregnancy Check-up

B Childbirth

NSD Yes

CS Yes

Others

C Others

Only if hospitalized Yes

Vitamins

Pregnancy with complications only Yes

Home births

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php. 85,903

Total Benefits Paid (latest fiscal year): Php. 26,228

Financial reserve: Php.

Guarantee fund: No

External financial support: No

Co-payment of service costs: No

(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer: *Not Applicable*

Use of state/public sector insurance:

Re-insurance:

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- BPMPC 39th Annual General Assembly Annual Report

5. CAVITE FARMERS' CREDIT COOPERATIVE

Address: 12 Madlangacay St. Brgy. 2,
Silang Cavite

Region: 4: Southern Tagalog

Telephone: (046) 414-2445

Fax: (046) 414-2445

Contact Person: Concepcion R. Bukiran

Position: Manager

ORGANIZATIONAL PROFILE

In 1976, a group of farmers pooled their assets to form the Cavite Farmers Milling Cooperative (CFMC). 10 years later, they set-up a credit union called the Cavite Farmers' Credit Cooperative (CFCC), and registered under the Cooperative Development Authority. In 1993, under new management, and with funding assistance of P1M from BTI, the coop started a loan-sharing fund for members to obtain a salary loan payable every 15 and 30th of the month. Members of the cooperative may also obtain livelihood capital loans up to P500,000.

CFCC also widened its membership base to include not just farmers, but also market vendors, professionals, housewives, and store owners (sari-sari store owners, etc.)

THE MICRO-INSURANCE SCHEME

Name of the scheme: Lingap Buhay

Starting date / years of operation: 3-4 years

Legal Status / Registration: Registered with Cooperative Development Authority

Ownership: Primary cooperative

Organizational structure: Cooperative

Risk coverage: Life / Loans

Rural / urban: Rural

Outreach: Municipality of Silang

Target group: Informal sector (retail)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: Primary cooperative

External technical assistance: No

Number of people working for the scheme: 5 staff members

MEMBERSHIP AND BENEFICIARIES

Registration of members: Compulsory individual membership
 Membership fee: No
 Number of paid-up members: N/A
 Number of Contributors: 400 members
 Number of Beneficiaries:
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Number of members
Loan insurance	loans insured Pays for outstanding payments for loans of a deceased member-borrower up to P10,000. This covers only Regular loans and Appliance loans. <i>Loans are insured under AXA loan insurance program.</i>	loan amount divided by 1,000 x .47 x no. of months to pay loan	all borrowers Families of deceased member-borrower are relieved of the burden of paying for outstanding payments of the borrower.
Lingap Buhay	Cash benefits (from P5,000 to P15,000) for the family of the member who died, depending on length of membership years. If member dies with loan, outstanding balance is deducted from total benefits.	P500 a year for 5 years for old members; P1,000/year for 7 years for new members.	

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php. 246,928
 Total Benefits Paid (latest fiscal year): Php. 15,000
 Financial reserve: No
 Guarantee fund: No
 External financial support:
 Co-payment of service costs: No
(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer: Yes - AXA
 Use of state/public sector insurance: No
 Re-insurance: Yes

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire

6. COOPERATIVE INSURANCE SYSTEM OF THE PHILIPPINES, INC. (CISP)

Address: CISP Building
80 Malakas St.
Brgy. Pinyahan Central District
Diliman, Quezon City

Region: NCR

Telephone: (02)924-0333

Fax: (02)924-0471

Email Address: cisp_coopins@i-manila.com.ph

Contact Person: Mr. Ambrosio M. Rodriguez

Position: General Manager

ORGANIZATIONAL PROFILE

The **Cooperative Insurance System of the Philippines Inc. (CISP)** is a national federation of cooperatives, registered on April 8, 1974 with the Department of Local Government & Community Development under the Cooperative Code of the Philippines. On February 4, 1991, registration of CISP was confirmed by Cooperative Development Authority.

CISP is regulated, supervised, and licensed to operate as a life insurance company by the Insurance Commission of the Philippines. Membership in CISP is open to all types of cooperatives, *samahang nayongs*, farmers' or workers' organizations, trade unions, and other cooperative oriented groups, including civic, professional, or fraternal organizations. Members subscribe and pay for shares with a par value of P100 per share.

Members of CISP are entitled to all the services and benefits provided for under the usual terms and conditions for life insurance policy coverage. As in all cooperatives, members may vote and be voted for office in accordance with cooperative principles and CISP bylaws. Members are entitled to patronage refunds and interest on capital according to cooperative principles.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Basic Life Insurance Security Services (BLISS); Special packages of coverage per request of clientele
Years of operation:	More than 10 years
Legal Status / Registration:	Co-operative / Registered with Insurance Commission / Registered with Cooperative Development Authority
Ownership:	Members
Organizational structure:	Co-operative
Risk coverage:	Life; Accident; Hospitalization
Rural / urban:	Both rural and urban
Outreach:	Regions 3, 4, 7, 10 and 11
Target group:	Cooperative members

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: Coop members
 External technical assistance: No
 Number of people working for the scheme: 54

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary - group
 Membership fee: No
 Number of paid-up members: 64,108 (members of 390 cooperatives)
 Number of Contributors:
 Number of Beneficiaries:
 Coverage of non-members: Yes. Special package of benefits upon request which may include the spouse, and dependents/or the parents/sisters/brother

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Number of persons covered
Basic Life Insurance Security Services (BLISS)	Life insurance, accidental death, accidental dismemberment, total and permanent disability, burial benefit, in-hospital income	Annual premium of P15,000 per unit, to a maximum of 3 units per individual insured, payable annually or semi-annually.	
Camarines Norte Special Plan <i>(example of customized program for member cooperative)</i>	Life insurance coverage for members and dependents with accidental death and dismemberment		

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php. 43,400,000
 Total Benefits Paid (latest fiscal year): Php. 11,850,000
 Financial reserve: Php. 4,100,000
 Guarantee fund: No
 External financial support: No
 Co-payment of service costs: Yes
(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer:	No
Use of state/public sector insurance:	No
Re-insurance:	Yes

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- Interview

7. CLAVERIA AGRI-BASED MULTI-PURPOSE COOPERATIVE

Address:	C-2, Claveria, Cagayan 3519
Region:	2
Telephone:	(078) 866-1084
Fax:	(078) 866-1085
Email Address:	claveria_agribased_coop@hotmail.com
Contact Person:	Petra C. Martinez
Position:	General Manager

ORGANIZATIONAL PROFILE

In 1984, a cooperative known as Claveria-Sta. Praxedes Consumers Association was formed with 23 members. Around the same time, another cooperative - the Claveria Grassroots Multi-Purpose Service Store - was created. Due to limited capital, the two cooperatives merged into the Claveria Grassroots Mart, Inc., with total capitalization of Php. 61, 433. The cooperative diversified into lending activities for members in October 1987, and adopted a new name: Claveria Agri-Based Multi-Purpose Cooperative, Inc. From its original focus on the basic agricultural and socio-economic needs of each member, the coop has expanded its services to supporting the socio-economic needs of the entire community and neighboring towns. Current active membership is 10,000 and 4,136 associates. Total capitalization (end-2001) is Php.212.2 million, with net savings (end-2001) of Php.6.174 million. Land Bank of the Philippines (LBP) has been a strong supporter of the coop, providing funding support for new facilities and technical assistance and training to staff. The coop has received several awards from Land Bank, including the prestigious GAWAD PITAK award for two consecutive years, and is a member of the Coop Hall of Fame (since 2002).

The Claveria Agri-based MPC's largest source of income is in its Credit Accessibility program for members, providing financial assistance in the following sectors: agri-fishery (irrigation, farming, fishing); business, entrepreneurial, housing, transportation and resorts (business ventures, cable antennae television, consumers' One-Stop Shop Service, hotel, restaurant and catering services, laboratory cooperative); social services; scholarship program; Young Entrepreneurs' and Savers Club; radio-telecommunication system.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Claveri Agri-based <i>Damayang Pangkalusugan (DpK)</i>
Years of operation:	Less than 2 years
Legal Status / Registration:	Cooperative / Registered with Coop Development Authority
Ownership:	Members
Organizational structure:	Cooperative
Risk coverage:	Hospitalization
Rural / urban:	Rural (geographic area)
Outreach:	Cagayan province
Target group:	Farmers; fisherfolk

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: Coop members
 External technical assistance: No
 Number of people working for the scheme: 3 staff (paid by another department of the coop)

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary - individual
 Membership fee: Yes. P50 lifetime membership fee
 Number of paid-up members: 8,000 (6,000 women; 2,000 men)
 Number of Contributors: 8,000 (6,000 women; 2,000 men)
 Number of Beneficiaries: 8,000 (6,000 women; 2,000 men)
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Number of persons covered
DpK	Hospitalization benefits, Maternal Benefits (pre-natal, NSD, CS, etc.) with a maximum coverage of P10,000 up to a maximum of 3 confinements per year.	P600 a year	Payer only

MATERNAL HEALTH BENEFITS

A Pregnancy Check-up Yes
B Childbirth
 NSD Yes
 CS Yes
 Others
C Others
 Only if hospitalized
 Vitamins
 Pregnancy with complications only
 Home births

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php.	729,600
Total Benefits Paid (latest fiscal year):	Php.	153,009
Financial reserve:	Php.	
Guarantee fund:	No	
External financial support:	No	
Co-payment of service costs: <i>(health schemes only):</i>	N/A	

INSTITUTIONAL LINKAGES

Commercial Insurer:	No
Use of state/public sector insurance:	No
Re-insurance:	No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- CABMPCI Brochure

8. COOPERATIVE UNION OF THE PHILIPPINES

Address:	CUP Bldg., A. Roces Ave. corner Mother Ignacia St. Quezon City
Region:	National Capital Region
Telephone:	(02) 413-1602 (02) 413-1603
Fax:	(02) 413-1602
Email Address:	cup@pworld.net.ph
Contact Person:	Felix Borja
Position:	Secretary-General

ORGANIZATIONAL PROFILE

Cooperative Union of the Philippines (CUP) was established in 1979 as an apex organization of national cooperative federations and unions in the Philippines at the regional, provincial and city levels. CUP is governed by a Board of Directors elected from among the duly authorized representatives of member-organizations, and is collectively owned by the cooperatives. CUP's mandate is to work for the benefit of all cooperatives in the Philippines regardless of type or affiliation.

CUP believes that cooperative development is the responsibility of the Cooperative Movement, with the role of government to provide an enabling environment for the growth and development of cooperatives.

The CUP's main objective is the institutionalization of the Cooperative Movement of the Philippines as a cohesive and dynamic vehicle for the economic, social, moral and spiritual advancement of the people.

Programs and services include advocacy and policy initiatives, public relations, legal and audit services, institutional relations, expansion of development activities, development of financial base and monitoring and evaluation.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Insurance and Retirement Plan of Coop Members
Starting date / years of operation:	
Legal Status / Registration:	Registered with Cooperative Development Authority
Ownership:	Federation and the National Apex Union of Cooperatives
Organizational structure:	Cooperative
Risk coverage:	Primary health care / Life / Accidents / Hospitalization / Pension
Rural / urban:	Both rural and urban
Outreach:	Nationwide
Target group:	Members of coop

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: Cooperative Insurance System of the Philippines
 External technical assistance: CISP handles the retirement and insurance plan
 Number of people working for the scheme:

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary membership for individuals, families and groups
 Membership fee: No
 Number of paid-up members: N/A
 Number of Contributors:
 Number of Beneficiaries:
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Number of members
Basic Life Insurance Security Services (BLISS)	Life insurance, accidental death, accidental dismemberment, total and permanent disability, burial benefit, in-hospital income	Annual premium of P15,000 per unit, to a maximum of 3 units per individual insured, payable annually or semi-annually.	
Hospitalization / Health Benefits	Hospitalization coverage including room and board and medicines consumed during confinement, free consultation with retainer physician, dental services, stratified diagnostic/laboratory discounts depending on laboratory exam performed, pregnancy and childbirth benefits (NSD and Caesarian sections)	Available in individual, family or group packages. Premiums vary according to package.	

MATERNAL HEALTH BENEFITS

A	Pregnancy Check-up	Yes
B	Childbirth	
	NSD	Yes
	CS	Yes
	Others	
C	Others	
	Only if hospitalized	
	Vitamins	
	Pregnancy with complications only	
	Home births	

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	
Total Benefits Paid (latest fiscal year):	
Financial reserve:	Yes
Guarantee fund:	No
External financial support:	
Co-payment of service costs: <i>(health schemes only):</i>	Yes

INSTITUTIONAL LINKAGES

Commercial Insurer:	No
Use of state/public sector insurance:	No
Re-insurance:	No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- CUP Brochure

9. FEDERATION OF FREE FARMERS COOPERATIVES, INC. (FFFCI)

Address: 41 Highland Drive
Blue Ridge
Quezon City 1109

Region: NCR

Telephone: (02) 647-1093

Fax: (02) 647-1451

Email Address: freefarm@mozcom.com

Contact Person: Raul Q. Montemayor

Position: National Business Manager

ORGANIZATIONAL PROFILE

The Federation of Free Farmers Cooperatives, Inc. (FFFCI) is the economic arm of the Federation of Free Farmers (FFF), a national peasant organization established in 1953 to liberate the country's farmers from social, political, economic, moral and cultural bondage and oppression. The FFFCI was organized in 1966 primarily to address the emerging need of FFF members for economic services, particularly as they weaned themselves from their traditional dependence on landlords following the implementation of agrarian reform.

Initially set up as a national cooperative, the FFFCI has graduated into a national federation of cooperatives, with 40 provincial affiliates and about 400 village chapters. The process of converting the federation into a tertiary cooperative, following the gradual registration of village chapters as primary cooperatives, is underway.

The FFFCI currently serves as an advocacy and support arm for its chapters who in turn assume the responsibility for most operational activities under the federation's decentralized structure. The federation provides education and training, financing, audit, marketing, and insurance services. Its FREEFARM Insurance program was established in the mid-80s to provide insurance protection to members and their families on a voluntary basis. In many cases, local cooperative chapters insure their members on a group basis under the program. Recently, the FFFCI established a special program by which selected leaders are insured at varying rates depending on their positions, with the national federation shouldering the full cost of insuring them with a private insurance company.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	FREEFARM Insurance Program
Years of operation:	More than 10 years
Legal Status / Registration:	Cooperative Federation / Registered with Cooperative Development Authority
Ownership:	Owned by member cooperatives
Organizational structure:	Cooperative
Risk coverage:	Life; Accidents
Rural / urban:	Rural
Outreach:	Nationwide
Target group:	Cooperative members (farmers)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: Cooperatives
 External technical assistance: No
 Number of people working for the scheme: 2 staff; 50 volunteers

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary - individual
 Membership fee: No
 Number of paid-up members: N/A
 Number of Contributors: 2,000
 Number of Beneficiaries: 2,000
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Beneficiaries
FREEFARM Insurance	Yearly renewable term life insurance with accidental death and dismemberment benefit	(Units of P1,000 up to 3 units) Premium paid in full by insured members	Member (for dismemberment), parents, spouse or children (for death)

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php. 7,400
 Total Benefits Paid (latest fiscal year): Php. 1,000
 Financial reserve: Php.
 Guarantee fund: No
 External financial support: No
 Co-payment of service costs: N/A
(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer: No
 Use of state/public sector insurance: No
 Re-insurance: No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- Interview

10. FIRST COMMUNITY COOPERATIVE (FICCO)

Address:	Montano E. Sabanal, Jr. Hall, Fernandez and Corrales Sts. Cagayan de Oro City 9000
Region:	X
Telephone:	(088) 857-2119 / (08822) 722-450
Fax:	(08822) 722-450 loc 110
Email Address:	ficcomain@yahoo.com totz@myway.com / toti26@yahoo.com
Website:	sni.ph/~fccm.com
Contact Person:	Vicente B. Rana / Paterno Romeo F. Patrimonio Jr.
Position:	General Manager / Chief Accountant

ORGANIZATIONAL PROFILE

FICCO is a credit union founded in 1954. Its microfinance activities began in 1999, and it currently participates in the technical assistance program supported by the World Council of Credit Unions (WOCCU). FICCO offers credit and voluntary savings services to members.

FICCO has a wide roster of members (totalling 66,877 as of July 2004) including housewives, private employees, government employees, teachers, dressmakers, market vendors, buy and sell entrepreneurs, sari-sari store owners, farmers, drivers, etc.

Benefits offered to members include hospitalization, death aid, maternal care, loan protection, financing loans (for construction of new homes or renovation of homes, and the purchase of appliances or motor vehicles)

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Mutual Aid Fund (MAF)
Years of operation:	7-10 years
Legal Status / Registration:	Cooperative / Registered with Cooperative Development Authority
Ownership:	Members
Organizational structure:	Cooperative
Risk coverage:	Life; Hospitalization; Loan protection; Pension; Maternal Care
Rural / urban:	Both rural and urban
Outreach:	Cagayan de Oro, Iligan, Bukidnon, Gingoog
Target group:	Coop members – farmers; small entrepreneurs; salaried workers; informal economy workers

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:	Coop members
External technical assistance:	No
Number of people working for the scheme:	2 salaried employees; 15 volunteers

MEMBERSHIP AND BENEFICIARIES

Registration of members:	Voluntary – Family, group; Compulsory - Individual
Membership fee:	No
Number of paid-up members:	50,840 (33,046 women; 17,794 men)
Number of Contributors:	50,840 (33,046 women; 17,794 men)
Number of Beneficiaries:	16,952
Coverage of non-members:	No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Beneficiaries
Mutual Aid Fund	Hospitalization benefits of P600/day/person with a maximum of 5 days confinement per person per year, maternity benefits (member receives P3,000 for NSD and P5,000 for CS), accident benefit without confinement is P1,500	P100 annual fee for members and P110 contribution for every beneficiary included. NOTE: Member must have P3,000 minimum share and with 6 months contestability period. Up to four children may be enrolled.	Spouse and up to four children
Death Aid	If a member dies, his family gets up to P30,000 Death Aide dependent on the length of membership; If a registered beneficiary dies, member gets P6,000	P 3 per month for old members (5 years or more) and P5 per month for members with less than 5 years membership	Depends on who died
Loan Protection Program	Payment of outstanding loans of a deceased member	A certain amount is subtracted from a member's loan upon release and channeled to a loan protection fund.	Family members of the deceased will not have to worry about outstanding loans incurred

MATERNAL HEALTH BENEFITS

A Pregnancy Check-up

B Childbirth

NSD Yes

CS Yes

Others

C Others

Only if hospitalized

Vitamins

Pregnancy with complications only

Home births

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php. 8,153,719

Total Benefits Paid (latest fiscal year): Php. 4,634,719

Financial reserve: Php. 39,042,526

Guarantee fund: No

External financial support: No

Co-payment of service costs:
(*health schemes only*): N/A

INSTITUTIONAL LINKAGES

Commercial Insurer: No

Use of state/public sector insurance: No

Re-insurance: No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- Website

11. G.M.A. MULTI-PURPOSE COOPERATIVE

Address:	Tahanan Compound, Congressional Road, GMA Center, GMA Cavite
Region:	4: Southern Tagalog
Telephone:	(046) 890-2168
Fax:	(046) 890-2168
Contact Person	Mrs. Consuelo Bautista (OIC) Mrs. Nene Espropigan (Board Sec)
Position:	General Manager

ORGANIZATIONAL PROFILE

GMA Multi-Purpose Cooperative is a financial institution, managed and operated by its members. The cooperative was founded as an informal group in 1974, registering with the Bureau of Cooperatives as a “pre-cooperative” in 1978 and as a regular cooperative in 1983.

From an initial base of Php.3,500 in capital and 35 members, GMA Multi-Purpose Cooperative now has more than 1,600 members. Services to members include savings, loans, and others benefits such as Life insurance Benefit, Loan Protection Insurance, etc.

GMAMPC's objective is to improve the status of living of its members through savings and loans, and by providing other community services.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	PhilHealth
Starting date / years of operation:	Less than two years
Legal Status / Registration:	Registered with Cooperative Development Authority
Ownership:	Members
Organizational structure:	Cooperative
Risk coverage:	Hospitalization; Maternity benefits
Rural / urban:	Rural
Outreach:	GMA, Cavite
Target group:	Residents of GMA, Cavite mostly from the informal economy (retail)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:	Cooperative / Members
External technical assistance:	Trainings from government agency
Number of people working for the scheme:	2 staff members

MEMBERSHIP AND BENEFICIARIES

Registration of members:	Voluntary individual membership
Membership fee:	Yes (P200)
Number of paid-up members:	157
Number of Contributors:	157
Number of Beneficiaries:	157
Coverage of non-members:	No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Number of members
PhilHealth	Hospitalization	P1,200 a year (P300 quarterly)	157
Loan Insurance Protection	Shoulders unpaid outstanding balance on loans previously incurred by a deceased member. (NOTE: Loans range from P1,000 to P10,000 only)	1% of loan amount deducted from the loan upon release.	

MATERNAL HEALTH BENEFITS

A Pregnancy Check-up

B Childbirth

NSD Yes. May only claim once.

CS Yes.

Others

C Others

Only if hospitalized Yes.

Vitamins

Pregnancy with complications only

Home births

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php. 72,000

Total Benefits Paid (latest fiscal year): N/A

Financial reserve: No

Guarantee fund: Yes

External financial support: No

Co-payment of service costs: No

(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer: Yes

Use of state/public sector insurance: Yes

Re-insurance:

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- GMAMPC Brochure

12. IMUS VENDORS DEVELOPMENT COOPERATIVE

Address:	Market Road, Imus Public Market, Imus 4103 Cavite
Region:	4: Southern Tagalog
Telephone:	(046) 471-4524
Fax:	(046) 472-3362
Contact Person	Edna Samson
Position:	General Manager

ORGANIZATIONAL PROFILE

In 1991, 28 market vendors formed a group to help the poorer communities in Cavite through a group savings plan. Successfully raising P585,000 in their first year, the group set up a loan program for small entrepreneurs. The loan program grew to its current size of P19 million in assets, and provides loans to members up to P300,000. Types of loans include regular loans, appliance loans, transportation loans (transport vehicles to be used for business), educational loan, dental loan.

As members and assets increased, the Coop widened their area of operations to improve benefits and facilities, purchasing their own lot and computerizing their operations. Health insurance was set up as a group program with PhilamCare (group insurance) to reduce premium cost. The cooperative set up its own dental clinic, providing members with a 50% discount in services and medicines, as well as a drugstore selling affordable generic medicines to members.

The Coop has been linked with Philhealth and an HMO for 5 years, providing members with a HealthCard a P100/month premium.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	<i>Damayan</i>
Starting date / years of operation:	More than 10 years
Legal Status / Registration:	Registered with Cooperative Development Authority
Ownership:	Members
Organizational structure:	Cooperative
Risk coverage:	Life
Rural / urban:	Both rural and urban
Outreach:	Province of Cavite
Target group:	Occupation-based groups, mostly from the informal sector (services and retail)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: Cooperative / members
 External technical assistance: No
 Number of people working for the scheme: 1 staff member and 1 volunteer

MEMBERSHIP AND BENEFICIARIES

Registration of members: Compulsory individual membership
 Membership fee: Yes (P200 one-time fee)
 Number of paid-up members: 501 (401 women and 100 men)
 Number of Contributors: 501 (401 women and 100 men)
 Number of Beneficiaries:
 Coverage of non-members: Yes

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Number of members
Damayan	Cash mortuary aid of P40,000 to be given to the family of a member who dies. Family has the option to avail of either P15,000 funeral service plus P25,000 cash or all the P40,000 in cash. A member also get mortuary aid if either of his dependent dies, following this scheme: (1) death of spouse - P5,000; (2) death of a child - P2,500; (3) death of a mother- or father-in-law or a daughter- or son-in-law - P1,000; (4) death of relatives till first degree of consanguinity - P1,000.	P500 Damayan deposit maintained and periodically replenished.	Upon submission of death certificate the members can claim P1,000.00 for deaths of relatives up to the first level of consanguinity and for the deaths of in-laws (mother-, father-, daughter- or son-in-law).

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php. 224,725
 Total Benefits Paid (latest fiscal year): Php. 207,348
 Financial reserve: Php. 399,497
 Guarantee fund: No
 External financial support:

Co-payment of service costs: N/A
(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer: No

Use of state/public sector insurance: No

Re-insurance: No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire

13. MEDICAL MISSION GROUP HOSPITALS AND HEALTH SERVICES COOPERATIVE (MMGHHS)

Address: MMG Philippine Federation
 c/o Medical Mission Group of Davao City, Leon Garcia St.
 Agdao, Davao City

Region:

Telephone: (082) 221-9118

Fax: (082) 221-7521

Contact Person: Dr. Jose Bacaltos, Jr. (Chief Executive Officer)
 Agnes Loma (Secretary of CEO)

ORGANIZATIONAL PROFILE

The Medical Mission Group Hospitals and Health Services Cooperative (MMGHHS) started in 1990 as a cooperative Medical Mission Group in Davao City. An 80-bed tertiary MMG hospital has been set up to cater to the needs of the growing number of patients who benefit from the organization. MMG's sole micro-insurance and benefit scheme- the Cooperative Health Fund - was set up in 1991. Since then, various primary health care cooperatives were set up in other adjacent regions to provide health care to cooperative members and/or employees.

THE MICRO-INSURANCE SCHEME

Name of the scheme: Cooperative Health Fund

Starting date / years of operation: More than 10 years

Legal Status / Registration:

Ownership:

Organizational structure: Cooperative

Risk coverage:

Rural / urban:

Outreach: Provinces of Lanao del Norte, Davao, Eastern Visayas, Quezon, Sorsogon, Bulacan

Target group: Coop members and employees

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:

External technical assistance: *No Data*

Number of people working for the scheme:

MEMBERSHIP AND BENEFICIARIES

Registration of members:

Membership fee:

Number of paid-up members:

Number of Contributors: 38,000

Number of Beneficiaries: 38,000

Coverage of non-members:

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Beneficiaries
Plan A	Out-patient benefits including free consultation, free treatment of minor burns and minor surgery. Hospitalization benefit of up to P5,000/mo (primary hospital) and P10,000/mo (tertiary hospital) or ward accommodation in the Medical Mission Group Hospital of up to P2,000/month after Philhealth benefits have been subtracted from the bill.	for a minimum group of 20 members, P 186 / month / individual but for a minimum group of 5, P2,000/month	
Plan B (for dependents of Plan A)	free outpatient consultations, 10% discount on mediations, diagnostic exams (CBC, urine/stool exam, FBS, cholesterol, uric acid) hospitalization benefits not exceeding P20,000 for admitting room and P40,000 per confinement after PhilHealth, free Papsmear for principal enrollees aged 35 and above	P350/person/month for dependents or P3,000/year for principal enrollees	principal enrollees and beneficiaries
Plan C	upon renewal, principal enrollee gets free diagnostic exams (chest x-ray, urine/stool tests, CBC, Papsmear) and 20% on all other diagnostic exams; confinement benefits of up to P30,000 in admitting room and P60,000 per member in semi-private room	P5000 a year	principal enrollee

PLAN D (individual)	upon renewal, principal enrollee gets free diagnostic exams (chest x-ray, urine/stool tests, CBC, Papsmear) and 20% on all other diagnostic exams; confinement benefits of up to P30,000 in admitting room and P60,000 per member in semi-private room	P800/month	
Group Package for 5	free consultation, free hospitalization of up to P20,000 after PHILHEALTH, free medicines, free take home meds, free diagnostic exams. Maternal benefits not included except if they pay P1950/month and if they do not have pre-existing illness.	P3,000/year per member	Enrollees
COMPANY PLAN (for not less than 100 members)	Out-patient benefits including free consultation, free treatment of minor burns and minor surgery. Hospitalization benefit of up to P5,000/mo (primary hospital) and P10,000/mo (tertiary hospital) or ward accommodation in the Medical Mission Group Hospital of up to P2,000/month after Philhealth benefits have been subtracted from the bill.	P 2,400/individual/year	enrollees

MATERNAL HEALTH BENEFITS

A Pregnancy Check-up

B Childbirth

NSD

Yes. May only claim once.

CS

Yes.

Others

C Others

Only if hospitalized

Yes.

Vitamins

Pregnancy with complications only

Home births

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):

Total Benefits Paid (latest fiscal year):

Financial reserve:

No Data

Guarantee fund:

External financial support:

Co-payment of service costs:

(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer:

Use of state/public sector insurance:

Not Applicable

Re-insurance:

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- ILO STEP Health Micro-Insurance Schemes: A Compendium

14. NOVALICHES DEVELOPMENT COOPERATIVE, INC. (NOVADECI)

Address: 1 Buenamar corner Sarmiento Sts. NOVADECI Bldg.,
Novaliches, Quezon City 1117

Region: NCR

Telephone: (02) 937-1644
(02) 419-2991; (02) 937-1644;
(02) 418-4638

Fax: (02) 419-2992

Email Address: novadeci@hotmail.com

Contact Person: Christeta S. Viesca (General Manager)
Myrna Ramos (Head, Health Care Plan)

ORGANIZATIONAL PROFILE

Novaliches Development Cooperative, Inc. was founded in September, 1976 to serve members in Novaliches and neighboring towns. Formerly known as the Novaliches Vendors Credit Union, Inc. (NVCUI), the coop was established to assist members affected by increasing problems in the economy and as an answer to the growing number of usurers lending money at high interest rates. (e.g. "5/6 lenders"). NOVADECI's vision is to be the Number 1 sustainable, viable, financial institution. Its mission is to improve the cost of economic well-being of its members through excellent financial and allied services (social protection programs and other services of our cooperative).

NOVADECI's programs and services include savings deposits, loan products, health services, mutual benefit services, marketing services, the NOVADECI Training Center, legal services, livelihood program, sports program, and educational scholarships. Loans remain the cooperative's major source of income. NOVADECI now has a membership base of more than 17,000, including both regular and associate members.

NOVADECI has been a recipient of the *Gawad Pitak Award* every year since 1997 for the excellence and the quality of its products/benefit packages.

THE MICRO-INSURANCE SCHEME

Name of the scheme 1: NOVADECI Health Care Plan (HCP)

Name of the scheme 2: Damayan or Mutual Benefit Fund

Years of operation: More than 10 years

Legal Status / Registration: Cooperative / Registered with Cooperative Development Authority

Ownership: Members

Organizational structure: Cooperative

Risk coverage: Primary Health Care; Life; Accidents; Hospitalization; Loans ; Pension or Disability Benefits: Death

Rural / urban: Primarily urban

Outreach: Quezon City, Caloocan

Target group: Residents of Quezon City and Caloocan

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: Coop members
 External technical assistance: Training support from national federation
 Number of people working for the scheme: 3 staff

MEMBERSHIP AND BENEFICIARIES

Registration of members: Compulsory – Individual
 Membership fee: Yes
 Number of paid-up members:
 Number of Contributors for Scheme 1: 5,400 (Health Care Program),
 Number of Contributors for Scheme 2: 8,000+ (Damayan or Mutual Benefit Fund)
 Number of Beneficiaries for Scheme 1: 7,814
 Number of Beneficiaries for Scheme 2: 8,000
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Beneficiaries
PLAN A (if married) (includes up to 2 children)	Maximum of P20 000 hospitalization benefit per year (Member – P10 000, Spouse – P5 000, 2 children below 21 years old – P5 000), major operations (maximum of P10,000/year for member and P5,000/year for beneficiaries), minor operations (member – P1,000; beneficiaries – P500). MATERNITY BENEFITS (for member only) of P5,000 for Caesarian Section and P2,500 for NSD, and P2,500 for D and C. Hospitalization benefit includes medicines as long as they are purchased within the time of confinement. Confinement must be for at least 24 hours. Benefit package includes free consultation with retainer doctor only, discounted laboratory fees (NOVADECI laboratory) and dental and optical services (NOVADECI Clinic). If the benefit was not availed for the year, member may undergo free annual physical check-up. <i>NOTE: Health Care Program has a 24-month contestability period from the time of first payment and excludes pre-existing diseases.</i>	P600 yearly (with membership fee of P200)	
PLAN A (if single)	Same benefits as Plan A for married members but maximum hospitalization benefit covers the member (P20 000) and his parents (P5 000).	P600 yearly (with membership fee of P200)	
PLAN B (for member with more than 2 children)	Same as plan A but maximum of P2 000 for each child enrolled after the second child.	Additional P360 P600 yearly (with membership fee of P200) and additional P360 for each child in excess of 2.	
DAMAYAN DEATH BENEFIT	Mortuary Aid for beneficiary of deceased member from P29,000 to P290,000 depending on length of years of	P 400 Damayan Fund that must be replenished each	

Product	Description / Benefits	Contributions	Beneficiaries
	membership to the Damayan, amount of shared capital and amount of Damayan Deposit. For death of a spouse, member may collect P5,000 to P50,000. If a child dies, member collects P4,000 to P40,000, for up to the death of two children.	month.	
LIVING BENEFITS (Gabay sa Katandaan and Disability Benefit)	Lump sum of P50,000 upon retirement or P2,000 per month. For disability, lump sum of P10,000 and monthly pension of P2,000.	Taken from total Damayan Benefit of Member	Member only

MATERNAL HEALTH BENEFITS

A	Pregnancy Check-up	1 (retainer doctor only)
B	Childbirth	
	NSD	1
	CS	1
	Others	
C	Others	D and C
	Only if hospitalized	
	Vitamins	
	Pregnancy with complications only	
	Home births	

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php.	2,719,776
Total Benefits Paid (latest fiscal year):	Php.	1,332,359
Financial reserve:	Php.	
Guarantee fund:	No	
External financial support:	No	
Co-payment of service costs: (health schemes only):	No	

INSTITUTIONAL LINKAGES

Commercial Insurer:	No
Use of state/public sector insurance:	No
Re-insurance:	No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- NOVADECI Brochure

15. ORT COMMUNITY MULTIPURPOSE COOPERATIVE

Address: Guerrero Road, San Fernando City, La Union

Region: 1

Telephone: (072)242-5158; (072) 888-5080
(0919) 707-9868 (cellphone of Mrs. Ordinario)

Fax:

Email Address: ocmclaunion@yahoo.com

Contact Persons: Mr. Michael Joseph Paderon (Managing Director)
Mrs. Gloria Ordinario (Staff)

ORGANIZATIONAL PROFILE

ORT Community Multi-Purpose Cooperative's purpose is to ensure the sustainability of development programs and services through a participatory process that is community driven, led and owned in partnership with local government units, national line agencies, non government organizations, people's organizations and other institutions.

Programs include education, training, and resource development; health and nutrition; community development; enterprise, livelihood development; micro credit/micro finance; and cooperative development.

Formed in 1992, ORT Community Multi-Purpose Cooperative initially managed programs on maternal and child care. To ensure sustainability of the program and its services, the cooperative worked with the support of the local government, national agencies, some non-government organizations and other institutions. Currently, there are 14 ORT satellite offices in La Union.,

The ORT Health Plus Scheme (OHPS) is among the coop's major programs. OHPS members may avail of free consultation in the OHPS clinic. A retainer doctor goes on duty at the clinic weekly once or twice a month depending on the number of members of the satellite offices. They have also made arrangements with the Regional Hospital in La Union and were allocated some space within the hospital which would serve as the OHP clinic where members may seek consultation daily. For cases requiring specialists, a referral system to the other doctors of the Tertiary Hospital may be made.

Aside from their health schemes, their projects and benefits include lending (all-purpose, emergency, business, etc.) livelihood training (through tie-ups with TESDA, DTA, and LGUs), scholarship (sponsored by politicians and the rich members of society) and Mortuary Aid.

THE MICRO-INSURANCE SCHEME

Name of the scheme: ORT Health Plus Scheme (OHPS)

Starting date / years of operation: 10 years (1994)

Legal Status / Registration: Registered with Securities and Exchange Commission and Cooperative Development Authority

Ownership: Owned by members

Organizational structure: Cooperative

Risk coverage: Primary health care and hospitalization

Rural / urban: Rural

Outreach: La Union

Target group: People from La Union, social groups, farmers, fisherfolk, traders

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: ORT Community MultiPurpose Cooperative, members
 External technical assistance: Training, sensitisation/awareness, actuarial services and monitoring/evaluation provided by a private individual/consultant and/or an international agency.
 Number of people working for the scheme: 8 staff; 16 volunteers

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary individual or family membership
 Membership fee: Yes
 Number of paid-up members: 2,400 –individual and 703 families
 Number of Contributors: 2,400 –individual and 703 families
 Number of Beneficiaries: 2,400 –individual and 703 families (approximately 3 to 4 members in a family)
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Beneficiaries
Standard family	Out-patient: consultation, medicines, laboratories, dx tests, minor surgery; In-patient: room and board, medicines, lab and dx tests, doctor's services (45 days/yr)	P120 a month	2 – 6 (persons covered)
Large family	Out-patient: consultation, medicines, laboratories, dx tests, minor surgery; In-patient: room and board, medicines, lab and dx tests, doctor's services (45 days/yr)	P150 a month	7 above (persons covered)
Single	Out-patient: consultation, medicines, laboratories, dx tests, minor surgery; In-patient: room and board, medicines, lab and dx tests, doctor's services (45 days/yr)	P70 a month	1 (person covered)
Standard family: 2-6 members; large family: 7 above; single: 1 (<i>Note: family packages may include the principal member, the spouse and children below 18 years of age</i>)	OUT-PATIENT: consultation, medicines (up to 15,000), laboratories (up to 10,000), diagnostic tests, minor surgery (Operating room fee of up to 30,000); IN-PATIENT: room and board, medicines, lab and dx tests, doctor's services (limit for hospitalization is 45days/yr/individual), MATERNITY BENEFITS (conditional) – free prenatal check-up/consultation with the OHPS doctor and the OB Department of the Regional Hospital, hospitalization for both NSD and CS cases. For members giving birth through home delivery, the coop coordinates with the barangay midwives or a trained <i>hilot</i> and provides the pregnant mother a maternity kit which contains antibiotics, pain relievers (mefenamic acid) and other supplies needed by the mother after giving birth		

SARANAY	Mortuary Aid	P 500 savings deposit/mortuary fund that must be maintained and replenished every month	
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MATERNAL HEALTH BENEFITS

A	Pregnancy Check-up	Yes
B	Childbirth	
	NSD	Yes (conditional: must pay one yr advanced premium, etc.)
	CS	Yes (conditional: must pay one yr advanced premium, etc.)
	Others	D/C (must not be induced abortion)
C	Others	pregnancy with complications
	Only if hospitalized	
	Vitamins	
	Pregnancy with complications only	
	Home births	with maternity kit

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php. 862,696
Total Benefits Paid (latest fiscal year):	Php. 642,573
Financial reserve:	
Guarantee fund:	
External financial support:	
Co-payment of service costs: <i>(health schemes only):</i>	No

INSTITUTIONAL LINKAGES

Commercial Insurer:	
Use of state/public sector insurance:	<i>Not Applicable</i>
Re-insurance:	

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- Philippine NGOs: A Resource Book Social Development NGOs

16. ST. JUDE MULTI-PURPOSE COOPERATIVE (SJMPC)

Address: Purok Bagong Silang, Brgy. Cotta, 4301 Lucena City, Quezon

Region: 4: Southern Tagalog

Telephone: (042) 710-3804
(042) 710-6978

Fax: (042) 710-7126

Email Address: sjcoop@mozcom.com

Contact Persons: Josefina Patriarca (General Manager)
Karen Pontiveros (Health Coordinator)

ORGANIZATIONAL PROFILE

St. Jude Multi-Purpose Cooperative (St. Jude MPC), initially named St. Jude Cooperative Credit Union, Inc., was founded by a group of lay leaders and a priest with Php. 673 in initial capital. The coop was registered as a non-profit, non-stock and non-sectarian association with the Cooperative Administration Office (CAO) on August 17, 1967.

The cooperative currently has more than 3, 000 full members, of which 75% belong to poverty groups. Services to members include credit (regular loans, instant, petty cash, emergency loans), consumer and marketing, social services (death assistance, scholarship and health), training and other assistance.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Coop Bantay Kalusugan Program (CBKP)
Starting date / years of operation:	Less than 2 years
Legal Status / Registration:	Registered with Cooperative Development Authority
Ownership:	Under a federation or umbrella association (Quezon Federation and NATCCO)
Organizational structure:	Cooperative
Risk coverage:	Primary health care / Hospitalization / Loans
Rural / urban:	Both rural and urban
Outreach:	Municipalities of Pagbilao, Tayabas, Sariaya and Lucena City
Target group:	Cooperative members, salaried employees, small entrepreneurs, employees from the informal sector (services and retail)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: Cooperative / members
 External technical assistance: Training and Monitoring/evaluation from NATCCO-IPHM
 Number of people working for the scheme: 1 staff and 1 accredited doctor

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary individual membership, compulsory individual membership for the members of the cooperative
 Membership fee: Yes
 Number of paid-up members: 550 members (401 women and 149 men)
 Number of Contributors: 550 members (401 women and 149 men)
 Number of Beneficiaries: 550 members (401 women and 149 men)
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Number of members
Coop Bantay Kalusugan Program	Primary Health Care/Free consultation in their mini-clinic including laboratory exam discounts. Hospitalization benefit of P5,000 per year including medicines if purchased within the period of confinement. Maternal benefits included (prenatal check-ups, childbirth, postnatal check-up), and also surgical cases (with exclusions such as elective surgery, etc.)	P900 a year	One beneficiary (member only)

MATERNAL HEALTH BENEFITS

A Pregnancy Check-up Yes
B Childbirth
 NSD Yes
 CS Yes
 Others
C Others Pregnancy with complications
 Only if hospitalized
 Vitamins
 Pregnancy with complications only
 Home births

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php. 75,857
Total Benefits Paid (latest fiscal year):	
Financial reserve:	No
Guarantee fund:	No
External financial support:	
Co-payment of service costs: <i>(health schemes only):</i>	Yes, annual premium of P900; P300 initial payment, balance payable in 6 months

INSTITUTIONAL LINKAGES

Commercial Insurer:	No
Use of state/public sector insurance:	No
Re-insurance:	No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- Evaluation of *Damayang PangKalusugan*

17. TARLAC HEALTH MAINTENANCE CO-OPERATIVE (THMP)

Address:	Tarlac Provincial Hospital, Tarlac City, Tarlac
Region:	3: Central Luzon
Telephone:	(045) 982-0368
Fax:	(045) 982-3436
Contact Person:	Dr. Roman Belmonte (Chairman) Mrs. Yen Bandasan (OIC-Claims and Assessment)

ORGANIZATIONAL PROFILE

The Tarlac Health Maintenance Cooperative (THMP) is a joint undertaking of the former mayor, the Department of Health (DOH), World Health Organization (WHO), Medicare and the Chiefs of Hospitals in Tarlac. THMP was set up in March 1995, with 30 founding members, most of whom were doctors and bank managers.

The Health Maintenance Program is THMP's insurance scheme, originally planned to be a 'local version' of PhilHealth. Initially, the members were mostly farmers. With urbanization, most current members are now government employees, small scale business entrepreneurs, and those employed in the private sector.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Tarlac Health Maintenance Program
Starting date / years of operation:	7-10 years
Legal Status / Registration:	Registered with the local government unit
Ownership:	
Organizational structure:	Cooperative
Risk coverage:	Hospitalization
Rural / urban:	Both rural and urban
Outreach:	Province of Tarlac
Target group:	Farmers, from trade and crafts and salaried employees

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:	Coop founders
External technical assistance:	Technical services from a non-government organization, private individual/consultant and international agency or project
Number of people working for the scheme:	8 staff members and 150 volunteers

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary individual membership
 Membership fee:
 Number of paid-up members:
 Number of Contributors: 3,821 (women)
 Number of Beneficiaries: 11,149 (est.)
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions
Tarlac Health Maintenance Project	(1) Outpatient care (P100 discount from fees of accredited doctors, P50 for others) (2) Discount for diagnostic services for outpatient care such as CBC (P60), Chest x-ray (P100), FBS (P60), Urine/Stool Exam (P30), ECG (P100); (3) Hospitalization outpatient per member, (Primary hospital at P55 per day, Tertiary hospital at P145 per day) hospital treatment; (4) Hospitalization (confinement) For primary hospital (if ordinary P595. If intensive P1350) for Tertiary Hospital (P150 if ordinary, 325 if intensive) (4) Medicines per hospitalized member in primary hospitals (Ordinary cases - P 1,015; Intensive cases - P2915; Catastrophic cases P 4,170) (5) Drugs and medicines (with hospitalization at tertiary hospitals) (Ordinary - P 635, Intensive - P1,250; Catastrophic - 3845); (6) Doctor's fee per day, if hospitalized (Specialist doctor - P 80 per day; General practitioner - P55 per day) (7) Operating room rates (for 5+ relative unit value or RUV - 400; for RUVs of 10 and above - 1,550. (8) Maternity benefits - for NSD only 1st child; for C/S, up to 3 to four are covered; The program does not cover prenatal and post-natal check-ups except if with complications.	P1,980 a year

MATERNAL HEALTH BENEFITS

A Pregnancy Check-up Yes (if with complication)
B Childbirth
 NSD Yes (1st only)
 CS Yes (up to 4 CS births only)
 Others
C Others
 Only if hospitalized
 Vitamins
 Pregnancy with complications only
 Home births

18. VALENZUELA DEVELOPMENT COOPERATIVE

Address:	6-A Rincon St., Malinta, Valenzuela City Valenzuela 1440
Region:	NCR
Telephone:	(02) 443-3048
Fax:	(02) 444-3007
Email Address:	valdeco_valdeco@yahoo.com
Contact Person:	Rosalie C. Valencia
Position:	General Manager

ORGANIZATIONAL PROFILE

Valenzuela Community and Vendors Credit Cooperative, Inc. (VCVCCI) was formed by a group of market vendors, and registered with the Bureau of Cooperatives Development (BCOD) in October, 1980. The cooperative was re-registered with Cooperative Development Authority (CDA) in April, 1991. In January 1993, the name of the cooperative was changed to **Valenzuela Development Cooperative (VALDECO)** at the request of the members. Although founded by market vendors, the cooperative is open to membership by any resident of Valenzuela.

While it started as a savings and credit cooperative, VALDECO now offers a wide array of products and benefits to its members including: Pondong Damayan, Livelihood Projects and Damayang Pangkalusugan (with six accredited hospitals to date). The coop holds social programs for members every year (bowling, badminton, billiards tournaments, etc.), in partnership with the barangay. As part of member education programs, VALDECO conducts courses on income-generating projects, recycling, and small business management.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	<i>Damayang Pangkalusugan (DpK)</i>
Years of operation:	Less than 2 years
Legal Status / Registration:	Registered with Cooperative Development Authority
Ownership:	Members
Organizational structure:	Cooperative
Risk coverage:	Health; Accident; Hospitalization
Rural / urban:	Mostly urban
Outreach:	Valenzuela City
Target group:	Small entrepreneurs; members of coop

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:	
External technical assistance:	Yes. Training, management advisory, monitoring services from national federation.
Number of people working for the scheme:	4 committee members

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary
 Membership fee: No
 Number of paid-up members: 988 (747 women; 241 men)
 Number of Contributors: 988 (747 women; 241 men)
 Number of Beneficiaries:
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Number of persons covered
<i>Damayang</i> Pangkalusugan (DpK)	Free check-up (unlimited), including prenatal check-up, hospitalization (confinement) (amount of coverage depends on nature of illness or reason for confinement), minor operation (P5,000) and major operation (P10,000). Medicines purchased during confinement are also included.	P600 a year	
Pondong Damayan	Mortuary Aid for the family of the deceased member computed according to length of membership.		

MATERNAL HEALTH BENEFITS

A Pregnancy Check-up Yes

B Childbirth

NSD

CS

Others

C Others

Only if hospitalized

Vitamins

Pregnancy with complications only

Home births

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php.	349,387
Total Benefits Paid (latest fiscal year):	Php.	70,292
Financial reserve:	Php.	No
Guarantee fund:		No
External financial support:		No
Co-payment of service costs: <i>(health schemes only):</i>		

INSTITUTIONAL LINKAGES

Commercial Insurer:	No
Use of state/public sector insurance:	No
Re-insurance:	No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- VALDECO 22nd General Assembly Annual Report

19. CENTER FOR AGRICULTURE AND RURAL DEVELOPMENT- MUTUAL BENEFIT ASSOCIATION, INC. (CARD - MBA)

Address: 20 M.L. Quezon St.,
City Subd.
San Pablo City
Laguna

Region: IV

Telephone: (049) 562 2878

Fax: (049) 562 2878

Email Address: cardmba9999@yahoo.com /
card@msc.net.ph

Contact Person: Alex M. Dimaculangan

Position: General Manager

ORGANIZATIONAL PROFILE

CARD-MBA is a mutual benefit association formed to promote the welfare of marginalized women; to extend financial assistance to its members in the form of death benefits, medical subsidy, pension and loan redemption package; and to actively involve the members in the direct management of the association including formulation and implementation of policies and procedures geared towards sustainability and improved services.

CARD began as a Member's Mutual Fund (MMF) in April, 1994 to serve as an insurance fund in providing financial assistance for burial expenses of members and their legal dependents and loan redemption in the event of member-borrower's death. In December 1996, a pension plan was added for older members incapacitated by old age, and an emergency medical assistance in the event of serious illness or injury.

CARD-MBA was registered with the Securities and Exchange Commission (SEC) on October 29, 1999 after the management of MMF was turned over to the members. Following amendments in the provisions of the MMF to conform with SEC regulations, CARD-MBA was registered with the Office of the Insurance Commission and given a license on May 22, 2001.

CARD-MBA is part of the CARD group of 'mutually reinforcing institutions' founded by and with the development NGO *Center for Agriculture and Rural Development (CARD)*. These institutions include CARD NGO Microfinance, CARD Bank, CARD Training Institute, CARD Housing Company, and CARD Marketing.

THE MICRO-INSURANCE SCHEME

Name of the scheme: Life Insurance Program

Years of operation: 3 years

Legal Status / Registration: Registered with Insurance Commission / Securities & Exchange Commission

Ownership: Owned by members

Organizational structure: Mutual Benefit Association (MBA)

Risk coverage: Life / loan protection / provident/retirement savings

Rural / urban: Both rural and urban

Outreach: 10 provinces: Batangas, Bulacan, Laguna, Quezon, Oriental Mindoro, Occidental Mindoro, Marinduque, Masbate, Camarines Norte, Camarines Sur

Target group: Members of CARD, Inc. and CARD Bank / other micro-finance beneficiaries; informal sector entrepreneurs (market vendors, small-scale production); farmers; fisherfolk

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: CARD NGO / Members

External technical assistance: Training, actuarial services provided by external independent consultant

Number of people working for the scheme: 11 staff; 17 volunteers

MEMBERSHIP AND BENEFICIARIES

Registration of members: Compulsory individual membership for those joining the scheme

Membership fee: No

Number of paid-up members: 118,415 (118,400 women; 15 men)

Number of Contributors: 118,415 (118,400 women; 15 men)

Number of Beneficiaries: 473,600 (members + families, including 110,000 husbands)

Coverage of non-members: Yes – limited to life insurance and total and permanent disability coverage

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Number of persons covered
Life Insurance Program	Members: <2 yrs P3, 000; > 2 yrs P16,600 / Legal dependents: <2 yrs P3,000; >2 yrs P6, 000	P5 per week	592, 075 (Oct 31,2003)
Provident/Retirement Program	An administered fund intended for the retirement of members that can be availed of in lump sum at age 65.	Active member pays a weekly contribution of Php 5 until age 65.	118,415 members
All Loans Insurance Package (Loan Redemption Fund)	Loan Redemption Fund paying total amount of loan per Promissory Note upon death of a member –borrower	1.5% per year of principal amount of loan; P10, 000 per member	107,576 members (91% of total membership)

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php. 48,884,760
Total Benefits Paid (latest fiscal year):	Php. 6,896,868
Financial reserve:	Php. 17,269,997
Guarantee fund:	Yes
External financial support:	No
Co-payment of service costs: <i>(health schemes only):</i>	N/A

INSTITUTIONAL LINKAGES

Commercial Insurer:	No
Use of state/public sector insurance:	No
Re-insurance:	No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- CARD 2002 Annual Report; Information brochure
- Interview

20. COOP LIFE MUTUAL BENEFIT SERVICES ASSOCIATION, INC. (CLIMBS)

Address: Tiano - Pacasa Sts.
Cagayan de Oro City 9000

Region: X

Telephone: (08822) 72-38-06

Fax: (08822) 72-38-06

Email Address: climbs@philwebinc.com.ph /
climbscompany@yahoo.com

Contact Person: Fermin Gonzales

Position: Chief Executive Officer

ORGANIZATIONAL PROFILE

Coop Life Mutual Benefit Services Association, Inc. (CLIMBS) is a national cooperative insurance provider owned by coops, organizations / NGOs / Self-Help Groups nationwide. Founded in 1971 by the Misamis Oriental-Bukidnon-Camiguin (MBC Federation of Cooperatives) in the southern Philippines *“to develop a scheme of cooperative banking and insurance service among its members”*, CLIMBS was originally established to provide savings and loan protection plans for cooperative members. A member-cooperative is entitled to appoint a delegate to the annual or special general assembly and receives dividend/patronage refund from earned funds of the cooperative.

In 1975, CLIMBS registered with Securities and Exchange Commission (SEC) as a non-stock corporation. In 1992, CLIMBS registered with Cooperative Development Authority (CDA) as a stock cooperative, and became licensed as a Mutual Benefit Association (MBA) with the Insurance Commission of the Philippines in 1993.

CLIMBS is affiliated with the National Confederation of Cooperatives (NATCCO), the International Cooperative Alliance (ICA), and the International Cooperative and Mutual Insurance Federation (ICMIF).

In 2004, to respond to members' requests for health benefits, CLIMBS launched the Family/Group Insurance Plan, a life and hospitalization insurance package for a group of 5 members or more, customized according to the needs of the cooperative members in a specific location.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Coop-Loan Protection Plan, Coop-Life Savings Plan, Mutual Aid System
Years of operation:	More than 10 years
Legal Status / Registration:	Registered with Insurance Commission / Cooperative Development Authority / Securities & Exchange Commission
Ownership:	Member-owned mutual
Organizational structure:	Co-operative / Mutual Benefit Association (MBA)
Risk coverage:	Life /Accidents / Hospitalization / Loans
Rural / urban:	Both rural and urban
Outreach:	National (Philippines)
Target group:	Various geographic area and social groups and occupation-based groups / members of cooperatives

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:	Cooperatives / Members
External technical assistance:	Yes - actuarial and training technical assistance provided through coop development project with national federation (NATCCO)
Number of people working for the scheme:	43 staff; 3 agents

MEMBERSHIP AND BENEFICIARIES

Registration of members:	Voluntary – Individual; Compulsory - Group
Membership fee:	Yes -- for 1 product P2 per month; No -- for most products
Number of paid-up members:	200,000
Number of Contributors:	200,000
Number of Beneficiaries:	200,000
Coverage of non-members:	No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Beneficiaries
Coop-Loan Protection Plan	P1,000 loan In case of death of a borrower with outstanding loan, the insurance pays for the remaining balance. NOTE: Loan ceiling is P1M	P1.25 a month (P15/annum) per P1,000 amount of loan, payable until the loan has been fully paid for.	Family members of the deceased member-borrower
Coop-Life Savings Plan	P1,000 / savings deposit, share capital In case of death of a member with a Savings Plan, whatever amount of total savings plus the insurance benefit equivalent is given to the member's beneficiary.	P1.25 a month (P15/annum) per P1000 savings deposit or share capital.	Family members of the deceased member-borrower
Mutual Aid System	P5,000 to P100,000 / life and equity P5 000 to P100,000 life insurance and equity face value amount, with accident rider of P5,000 in case of accidental death before maturity of policy (when member reaches 65). If member is still alive at 65, member receives 50% of the benefit amount and the remaining 50% will be credited as equity, to be given to member's beneficiaries when member dies.	P14.33 to P217 a month depending on policy subscribed to by the member	Member, if still alive at 65; elected beneficiary of member when he dies.
Family or Group Insurance Plan	Face value of insurance ranges from P15T to P100T. Death Benefits - Amount of face value for Natural death; Face value of insurance times 2 for Accidental death of each member. Hospital Reimbursement - from P25 up allowance per person per day up to 5 days confinement per year; Maternity Benefit - NSD and CS coverage. In case of death related to maternal condition or for pregnancy with complications, insured gets face value of amount insured; Consultation - yearly physical examination for all members; Laboratory Coverage - depends on selected options of the cooperative.	P720 per year for a group of 5. Additional P71/person/year for every person insured in excess of 5.	Insured members; or their elected beneficiary in case of death

MATERNAL HEALTH BENEFITS

A Pregnancy Check-up

B Childbirth

Yes

NSD

CS

Others

C Others

Maternal death

Only if hospitalized

Vitamins

Pregnancy with complications only

Home births

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php 40,097,411

Total Benefits Paid (latest fiscal year): Php. 8,798,905

Financial reserve: Php 18,443,016

Guarantee fund: Yes

External financial support: No

Co-payment of service costs:
(health schemes only): N/A

INSTITUTIONAL LINKAGES

Commercial Insurer: No

Use of state/public sector insurance: No

Re-insurance: Yes. For Coop-Loans Protection Plan, CLIMBS has a reinsurance agreement with a local life insurance company to cover the risk over Php.100, 000 per life. Type of reinsurance: individual excess-of-loss.

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- CLIMBS Annual Report, Information brochure
- Interviews (CEO; Technical Advisor)

21. PAMBANSANG KILUSAN NG MGA SAMAHANG MAGSASAKA (PAKISAMA) – MUTUAL BENEFIT ASSOCIATION

Address: School of Labor and Industrial Relations (SOLAIR) Building
University of the Philippines
Diliman Campus
Quezon City 1101

Region: NCR

Telephone: (02) 426-7785

Fax: (02) 426-7784

Email Address: pksmutual@tri-isys.com

Website: <http://pakisamamutual.tripod.com/>

Contact Person: Rainier V. Almazan

Position: General Manager

ORGANIZATIONAL PROFILE

PAKISAMA Mutual Benefit Association, Inc. is the insurance service arm of the *Pambansang Kilusan ng mga Samahang Magsasaka* (PAKISAMA) - a national peasant confederation founded in 1986, comprising 30 local peasant federations with a combined reach of 100,000 small farmers, fishers and rural women in 28 provinces nationwide. PAKISAMA is recognized as one of the leading peasant organizations in the revitalization of the Philippines peasant movement in the pursuit of genuine agrarian reform, fishery reform and rural development.

As a mutual aid organization, PAKISAMA's traditional services include a farmer-to-farmer extension program aimed at promoting sustainable agriculture and improving farm productivity, credit, trading, and insurance. Members contribute membership dues and other fees to support the programs and services of the confederation. PAKISAMA's core values are self-help, self-responsibility, democracy, equality, equity and solidarity.

The primary objective of the PAKISAMA Mutual Benefit Association is to provide social protection benefits to members of PAKISAMA and other people's organizations, their beneficiaries and families upon the occurrence of covered contingencies. The PMBA was registered with the Securities and Exchange Commission in August, 2002 and licensed by the Insurance Commission as a mutual benefit association.

As of August 2004, the PMBA has established partnerships with 37 people's organizations and 3 NGOs who are promoting the PMBA's insurance service among their constituency.

THE MICRO-INSURANCE SCHEME

Name of the scheme: *Damayan*

Date of Incorporation /Years of operation: August 17,2002

Legal Status / Registration: Registered with Insurance Commission / Securities & Exchange Commission

Ownership: Owned by members

Organizational structure: Mutual Benefit Association (MBA)

Risk coverage: Life; Accidents; Hospitalization

Rural / urban: Mostly rural
 Outreach: National; rural communities
 Target group: Farmers; fisherfolk; micro-entrepreneurs; informal sector

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: PAKISAMA / members
 External technical assistance: International partners include Interpolis, Agriterra, and LTO (Netherlands) providing technical support in actuarial services, management information systems, training, and product development.
 Number of people working for the scheme: 3 staff; 9 volunteers; 147 agents (*kadamays*)

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary
 Membership fee: No
 Number of paid-up members: 3,146 (1,982 women; 1,164 men)
 Number of Contributors: 3,146 (1,982 women; 1,164 men)
 Number of Beneficiaries: 6,200 (*est.*)
 Coverage of non-members: Yes

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Beneficiaries
<i>Damayan</i>	<p>DISABILITY BENEFIT – Allowance for disability in the form of a pension (from P10,000 to P60,000), deducted from the total collectible Damayan upon death of a member. In case of 100% disability, the membership ceases with the benefit payment;</p> <p>HOSPITALIZATION BENEFIT – Allowance (from P35 to P185 per day) for a maximum of 15 days hospitalization/year, with contestability period of 6 months;</p> <p>MORTUARY AID – Mortuary aid for accidental death (from P10,000 to P60,000), death from natural causes (from P5,000 to P30,000) and death of dependent (from P1,000 to P6,000) who must be 1 to 65 years of age and may either be the spouse, children (below 18 years of age), parents sibling, cousin, niece, nephew, uncle or aunt of the member who has been a member for 2 years.</p>	Range: Php. 35 – 185 per month, depending on plan type	Spouse, children, etc. for death of a member. Member, for hospitalization, disability benefit and death of dependents.

MATERNAL HEALTH BENEFITS

A Pregnancy Check-up

B Childbirth

NSD

CS

Others

C Others

Only if hospitalized

Yes. Must be hospitalized for at least 24 hrs.

Vitamins

Pregnancy with complications only

Home births

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php.	1,400,000
Total Benefits Paid (latest fiscal year):	Php.	1,068
Financial reserve:	Php.	1,006,950
Guarantee fund:	Php.	270,000
External financial support:	Yes. Project funding with Agriterra (Dutch insurer)	
Co-payment of service costs: <i>(health schemes only):</i>	N/A	

INSTITUTIONAL LINKAGES

Commercial Insurer:	No
Use of state/public sector insurance:	No
Re-insurance:	Yes. INTERPOLIS RE- a Dutch re-insurer affiliated with Rabobank provides reinsurance with a quota share of 100%, the Mutual pays 20% of premium income per year to INTERPOLIS. If the total claims incurred in a given year are less than 20%, the difference is paid back to the Mutual. INTERPOLIS deducts 5% of reinsurance premium for administration costs.

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- Website; Brochure
- Interview

22. PHILIPPINE PUBLIC SCHOOL TEACHERS ASSOCIATION (PPSTA)

Address: 245 Banawe St.,
1101 Quezon City

Region: National Capital Region

Telephone: (02) 711-4463

Fax: (02) 742-5351

Contact Person: Primo Mina

Position: OIC / General Manager

ORGANIZATIONAL PROFILE

The Philippine Public School Teachers Association (PPSTA) is a private non-stock, non-profit organization duly registered with the Securities and Exchange Commission and governed by its own by-laws. Incorporated in 1947, PPSTA operates as a mutual benefit association that safeguards the money of teachers and provides benefits and services. Among the programs of the association are loans (which remain the most popular program), a Mutual Aid Benefit or Abuloyan System (which was fully operational by 1950), a Multi-Retirement System, and Trust Funds.

At present, there are about 250,000 public school teachers who are members of the PPSTA. Membership is voluntary or optional and not all public school teachers or employees of the Department of Education are members of PPSTA.

THE MICRO-INSURANCE SCHEME

Name of the scheme: Mutual Aid

Starting date / years of operation: More than 10 years

Legal Status / Registration: Registered with the Securities and Exchange Commission (SEC) and the Insurance Commission

Ownership: Teachers Organization

Organizational structure: Mutual Benefit Association (MBA)

Risk coverage: Life / Accidents / Retirement (Pension)

Rural / urban: Both rural and urban

Outreach: Nationwide

Target group: Educators

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: PPSTA members

External technical assistance: No

Number of people working for the scheme: 94 staff

MEMBERSHIP AND BENEFICIARIES

Registration of members:	Voluntary individual membership
Membership fee:	
Number of paid-up members:	
Number of Contributors:	250,000
Number of Beneficiaries:	
Coverage of non-members:	No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Number of members
Mutual Aid System (Abuloyan Ssystem)	P150,000 goes to the family of the deceased member	P210/month	
Mutual Retirement System	P50,000 lump sum plus equity when teacher-member retires	Ranges from P100 – P310 Payment scale ranges from P100 – P310 (term insurance – amount of payment depends on the length of time, from 11 to 20 years, that the teacher opts to pay for the premium)	

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php. 491,900,000
Total Benefits Paid (latest fiscal year):	Php. 263,100,000
Financial reserve:	Php. 201,300,000
Guarantee fund:	
External financial support:	
Co-payment of service costs: (<i>health schemes only</i>):	No

INSTITUTIONAL LINKAGES

Commercial Insurer:	No
Use of state/public sector insurance:	
Re-insurance:	Yes

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- Philippine Public School Teachers Association (PPSTA) primer

23. PRAXIS FIDES MUTUAL BENEFIT ASSOCIATION, INC.

Address: 35 Paseo Del Congreso,
Catmon, City of Malolos
Bulacan 3000

Region: 3

Telephone: (044) 791-3558

Fax: (044) 662-4047

Email Address: praxis@pacific.net.ph

Contact Person: Mr. Aurelio C. Joaquin

Position: General Manager

ORGANIZATIONAL PROFILE

Praxis Fides Mutual Benefit Association, Inc. was registered with the Securities and Exchange Commission on February 17, 1987, and the license to operate as an MBA (mutual benefit association) granted by the Insurance Commission January 11, 1995.

The idea of putting up Praxis Fides MBI originated in the context of voluntary Church workers, especially catechists, to encourage thrift and savings. Money is generated by a member's subscription in specific pension plans – value of money grows in time over and above contributions. Members are covered by a life-insurance, which at one time was partly ceded to a commercial insurer, until PFMBAI opted for self-insurance. Members are encouraged to borrow in order to put up economic/livelihood projects. Membership is open to any resident of the province who shares in the MBA's objectives. The majority of the field workers (agents/area reps) are church workers.

The life insurance program started as an arrangement where a portion of the risk was retained by the Association, but the greater portion was ceded to a commercial insurer. In 1998, after more than 10 years of experience, the Association realized that the re-insurer had always been a net earner from the premiums paid it, and a decision was made to self-insure in full.

The long-term vision of Praxis Fides is to be instrumental in forming smaller well-knit communities where people share resources and jointly undertake economic activities at their own level. Three (3) cooperatives have already spun off from Praxis Fides membership.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Praxis Fides Life Insurance
Years of operation:	5-6 years
Legal Status / Registration:	Registered with Insurance Commission / Securities & Exchange Commission
Ownership:	Owned by members
Organizational structure:	Mutual Benefit Association (MBA)
Risk coverage:	Life
Rural / urban:	Mostly rural
Outreach:	Bulacan province
Target group:	Residents of Bulacan province

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:

External technical assistance: No
 Number of people working for the scheme: 11 staff; 100 agents

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary – individual
 Membership fee: No
 Number of paid-up members: 19,300 (12,159 women; 7,141 men)
 Number of Contributors: 18,301 (11,555 women; 6,746 men)
 Number of Beneficiaries:
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Number of persons covered
Life Insurance		P0.75 per thousand pesos of coverage. Usual computation of coverage is 300 times periodic contribution. Maximum coverage is P200,000.	

MATERNAL HEALTH BENEFITS

- A **Pregnancy Check-up** Yes.
- B **Childbirth**
 - NSD
 - CS
 - Others
- C **Others**
 - Only if hospitalized
 - Vitamins
 - Pregnancy with complications only
 - Home births

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php. 2,947,281
 Total Benefits Paid (latest fiscal year): Php. 930,000
 Financial reserve: Php.

Guarantee fund:	No
External financial support:	No
Co-payment of service costs: <i>(health schemes only):</i>	N/A

INSTITUTIONAL LINKAGES

Commercial Insurer:	No
Use of state/public sector insurance:	No
Re-insurance:	No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- Interview

24. ABS-CBN BAYAN FOUNDATION, INC.

Address: 14-A Scout Borromeo St.
Quezon City 1103

Region: NCR

Telephone: (02) 372-8577

Fax: (02) 371-1427

Email Address: info@absbayan.pinoycentral.com

Website: www.abs-cbnfoundation.com/microfinance

Contact Person: Reno R. Rayel

Position: Executive Director

ORGANIZATIONAL PROFILE

The KALINGANG BAYAN serves as insurance, i.e., in case a borrower dies within the loan term, the balance of the loan is written off. In case of group loans, the group responsibility and accountability to the members are also lifted. In addition, the family of the deceased member also gets the principal amount of loan as life insurance. The Kalingang Bayan is computed as two peso per thousand of loan amount multiplied by the number of months of payment or amortization.

To renew access to the loan programs, the clients must have demonstrated proper use of previous loans and a good savings and credit performance. There has to be a 95% attendance at weekly group meetings and a 100% group repayment of loans. It is also important that there is a manifestation of trust, unity, discipline and responsibility among group members. This is ensured through active and continuing evaluation among group members and BAYAN.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Kalingang Bayan
Years of operation:	5-6 years
Legal Status / Registration:	Micro-finance institution (MFI) / Registered with Securities & Exchange Commission
Ownership:	Foundation
Organizational structure:	MFI
Risk coverage:	Life; loan protection
Rural / urban:	Both rural and urban
Outreach:	National (all over Philippines)
Target group:	Informal economy workers – retail

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:	Foundation
External technical assistance:	No
Number of people working for the scheme:	73 salaried employees

MEMBERSHIP AND BENEFICIARIES

Registration of members:	Compulsory with loans
Membership fee:	No
Number of paid-up members:	N/A
Number of Contributors:	18,053 (16,920 women; 1,133 men)
Number of Beneficiaries:	18,053 (16,920 women; 1,133 men)
Coverage of non-members:	No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Number of persons covered
Gaan Hulog Scheme	loan redemption life insurance	contribution automatically deducted from loan proceeds	
Todo Kapital 1 st time borrower	loan redemption life insurance	contribution automatically deducted from loan proceeds	
Active Member w/o listing loan	loan redemption life insurance	contribution automatically deducted from loan proceeds	

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php.	2,029,556
Total Benefits Paid (latest fiscal year):	Php.	85,404
Financial reserve:	Php.	1,390,407
Guarantee fund:	No.	
External financial support:	No.	
Co-payment of service costs: <i>(health schemes only):</i>	N/A	

INSTITUTIONAL LINKAGES

Commercial Insurer:	No
Use of state/public sector insurance:	No
Re-insurance:	No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- Website

25. AGRICULTURAL AND RURAL DEVELOPMENT FOR CATANDUANES, INC. (ARDCI)

Address:	Former Chinese School, Sta. Elena Virac, Catanduanes 4800
Region:	Region 5 (Bicol)
Telephone:	(052) 811-1738
Fax:	(052) 811-1110
Email Address:	ardci@digitelone.com
Website:	www.ardci.org
Contact Person:	Mario O. Nota Jr.
Position:	Managing Director

ORGANIZATIONAL PROFILE

Agricultural and Rural Development for Catanduanes, Incorporated (ARDCI) is an NGO operating a microfinance project and was registered with the Securities and Exchange Commission on September 11, 1998. It received funding from the European Union and the Government of the Philippines until 2002.

ARDCI takes on the following responsibilities:

- to serve as a democratic membership organization which articulates members' needs for microfinance service,
- to provide non-financial services and undertake expansion activities; and
- to maintain the quality of its membership.

ARDCI's microfinance program was inherited from the Catanduanes Agricultural Support Programme (CatAg), a 5-year development project first established by the European Union and the Department of Agriculture. ARDCI was created to continue the operations of CatAg's savings and lending activities (after its 5-year project life) and to serve as the sustainable home for its operations.

In October 2002, ARDCI set up the **VisionBank** as a rural financial institution to house its saving and lending activity. ARDCI owns 87% of the capital stock and 99% of the voting stock of VisionBank.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Life Insurance Package with health and accident rider
Date of Incorporation / Years of operation:	September 11, 1998
Legal Status / Registration:	NGO/Micro-finance institution / Registered with Securities & Exchange Commission
Ownership:	NGO-MFI
Organizational structure:	NGO-MFI
Risk coverage:	Life; accident; hospitalization; loan; pension
Rural / urban:	Both rural and urban

Outreach: 4 provinces: Catanduanes, Albay, Sorsogon, Camarines Sur
 Target group: Farmers, informal economy workers (in geographic area)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: NGO
 External technical assistance: No
 Number of people working for the scheme: 106 (4 head office staff and 102 field staff)

MEMBERSHIP AND BENEFICIARIES

Registration of members: Group; compulsory
 Membership fee: Yes (P50 lifetime fee)
 Number of paid-up members: N/A
 Number of Contributors: 17,057 (14,498 women; 2,559 men)
 Number of Beneficiaries: 34,114 (*est*)
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Number of persons covered
Life Insurance Package with Health and Accident rider (For member and spouse or secondary insured)	<p>HEALTH INCOME BENEFIT - Hospital allowance of P150/day of confinement up to 30 days per year/member;</p> <p>MEDICAL REIMBURSEMENT - Reimbursement of medicines if within confinement period for confinement due to accidents;</p> <p>DEATH CLAIM BENEFIT - P100T if member died of natural causes, and P200T for accidental death. If member's spouse (secondary insured) died of natural causes, member receives P25T. For accidental death of spouse, member gets P50T.</p> <p>PENSION - On the 25th year after the first payment, assuming 10-year payment has been completed, member receives lump sum of P25T.</p> <p>LOAN REDEMPTION - For members who died with outstanding balance on loans, amount would be deducted from the benefit package.</p> <p><i>NOTE: Pension benefit has a 25-year maturity. This means that after the 10th year of payment, and the member dies, elected beneficiaries may still claim the P25T on the 25th year after the first premium payment has been made.</i></p>	P18 per week with 10 years to pay and with 25 years maturity	Principal, if spouse died; member's family, if the principal died

Inventory of Micro-Insurance Schemes in the Philippines

Health Income Benefit	Allowance of P150 per day of confinement	P20 per week	17,057
Medical Reimbursement	Reimbursement of medicines (due to accident)	P20 per week	17,057
Death Claim Benefit	P25,000 for the death of the secondary assured; P100 000 for the death of the member	P20 per week	17,057
Weekly Indemnity	Allowance of P20 per week of confinement (due to accident)	P20 per week	17,057

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php.	9,930,619
Total Benefits Paid (latest fiscal year):	Php.	3,798,736
Financial reserve:	Php.	
Guarantee fund:		
External financial support:		
Co-payment of service costs: (<i>health schemes only</i>):	N/A	

INSTITUTIONAL LINKAGES

Commercial Insurer:	No
Use of state/public sector insurance:	No
Re-insurance:	No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- Website

26. MILAMDEC FOUNDATION, INC. - TIBOD

Address: 38 - 18th Nazareth,
Cagayan de Oro City, 9000

Region: X

Telephone: (088) 723-469

Fax: (088) 710-363

Email Address: MilamdecTibod@yahoo.com

Contact Person: Emeterio J. Barcelon, S.J. / Executive Director
Linda Mae Lunaan (Manager)

ORGANIZATIONAL PROFILE

MILAMDEC Cooperative started as a center of Xavier Science Foundation and was established through a grant given by USAID to MILAMDEC Foundation for its Mindanao Integrated Development Project. The main objective of the project was to organize Indigenous Peoples in Mindanao.

In 1992, with the Foundation's savings from the USAID Project, and thinking that they might not be granted further funding, they registered MILAMDEC Multipurpose Cooperative with the Securities and Exchange Commission. The savings were used as capital for micro-financing projects, applying the GRAMEEN Trust method in the community..

In an Anti-Poverty summit attended by MILAMDEC, the foundation has pledged to help 20,000 women in the Philippines, with outreach programs for women in Pagadian, Lanao del Norte, Camiguin, Agisan del Norte, Agusan del Sur and Misamis Oriental. Their staff also increased from 7 people to 75 field workers.

Name of organization with micro-financing is MILAMDEC Multipurpose Cooperative.

THE MICRO-INSURANCE SCHEME

Name of the scheme: Milamdec Tibod Mutual Benefits (MTMB)

Years of operation: Less than 2 years (2002)

Legal Status / Registration: Registered with Securities & Exchange Commission

Ownership:

Organizational structure: Microfinance institution (MFI)

Risk coverage: Life; Hospitalization; Loan protection

Rural / urban: Primarily rural

Outreach: CARAGA, Lanao del Norte, MISCU, Surigao

Target group: Businesswomen; informal economy retail sector entrepreneurs

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:

External technical assistance: No

Number of people working for the scheme: 2 employees

MEMBERSHIP AND BENEFICIARIES

Registration of members:	Compulsory - individual
Membership fee:	No
Number of paid-up members:	
Number of Contributors:	14,000
Number of Beneficiaries:	14,000 (except for Health insurance – which covers <i>staff</i> of the microfinance program only)
Coverage of non-members:	No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Number of persons covered
Loan and Life LOAN INSURANCE - Borrower's loan is insured so that beneficiaries do not have to pay outstanding loan. BURIAL BENEFITS - If a borrower-member dies, the family gets P30,000. If the member-borrower's spouse dies, member gets P30,000. If any of the member's children dies, member gets P5,000.	Burial: P5,000 / Life: P25,000 less loan balance	P150 semi-annual	One
Health Benefits for members	Free dental and medical consultation with mission doctors every 3 months, plus free medicines. Free pre-natal check-up	Free	
Hospitalization benefit for microfinance staff	P5000/year hospitalization allowance, including medicines. For childbirth of up to 4 children: P10,000 for NSD and P14,000 for Caesarian Section. (microfinance staff only) (largely limited for non-microfinance staff because the organization supports the population control program of the DOH)	P 300/month	microfinance staff only

MATERNAL HEALTH BENEFITS

A	Pregnancy Check-up	Yes
B	Childbirth	
	NSD	Yes (microfinance staff only)
	CS	Yes (microfinance staff only)
	Others	
C	Others	
	Only if hospitalized	
	Vitamins	Yes
	Pregnancy with complications only	
	Home births	

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php.	1,203,000
Total Benefits Paid (latest fiscal year):	Php.	180,000
Financial reserve:	Php.	1,480,000
Guarantee fund:	No	
External financial support:	No	
Co-payment of service costs: <i>(health schemes only):</i>	N/A	

INSTITUTIONAL LINKAGES

Commercial Insurer:	No
Use of state/public sector insurance:	No
Re-insurance:	No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire

27. NEGROS WOMEN FOR TOMORROW FOUNDATION, INC.

Address: 102 San Sebastian and Verbena Sts.
Bacolod City
Negros Occidental 6100

Region: VI

Telephone: (034) 432-3718 to 19;
(034) 434-7864

Fax: (034) 433-0228

Email Address: info@nwtf.ph

Website: www.nwtf.ph

Contact Person: Dr. Cecilia D. del Castillo

Position: Executive Director

ORGANIZATIONAL PROFILE

The Negros Women for Tomorrow Foundation, Inc. (NWTF) was founded in 1984 in response to the crisis in the sugar industry in Negros Occidental. The collapse of the monocrop sugar economy severely aggravated the prevailing poverty conditions of the rural poor of the province, who had been fully dependent on the sugar industry for their livelihood for decades.

NWTF began as a non-government organization (NGO) that aims to fight poverty in depressed rural communities, with particular focus on empowering women through education and access to capital, increasing women's awareness of their economic potential; increase their skills and productivity; and eventually improve women's quality of life. The Mission of NWTF is: *To create opportunities for the self-employed by providing poor people with access to integrated credit facilities, and to reduce the exploitation of the poor by moneylenders through a comprehensive credit program.*

In 1986, NWTF was registered as a foundation and since then has been an active entity in the delivery of financial assistance to women's cooperatives, replicating the Grameen Bank model of microfinance. Currently, it has 25 branches scattered in the provinces of Negros Occidental, Negros Oriental, Cebu, and Palawan. With 44,000 members, NWTF-Project Dungganon remains an institution devoted to poverty alleviation with about 30% of its members who have been with the Project for more than 5 years crossing the poverty line.

Aside from its micro financial services, NWTF-Project Dungganon is also known for their non-financial service which is the Micro-Insurance Program for Clients.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Mutual Aid Fund
Years of operation:	Microinsurance: 7-10 years (Foundation: 1984)
Legal Status / Registration:	NGO (MFI) / Registered with Securities & Exchange Commission
Ownership:	Foundation
Organizational structure:	Microfinance Institution (MFI)
Risk coverage:	Life; Accident; Loan; Hospitalization; Retirement
Rural / urban:	Mostly rural

Outreach: 4 provinces: Negros Occidental, Negros Oriental, Cebu, Palawan
 Target group: Rural, self-employed poor women (bottom 30% of the economy)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: Negros Women for Tomorrow Foundation
 External technical assistance: Yes. Training, management advisory, actuarial and technical services from commercial insurer.
 Number of people working for the scheme: 3 staff for microinsurance; (Foundation staff: 282 -- 160 women).

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary; individual
 Membership fee: No
 Number of paid-up members: N/A
 Number of Contributors: 36,000
 Number of Beneficiaries: 36,000
 Coverage of non-members: Yes. Life policy: P10,000 accident and dismemberment (secondary assured)

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Number of persons covered
Project Dunganon Insurance Package (Mutual Aid Fund I)	Life (member): P5,000; Life (spouse): P2,000	Equal to 5% per year of loan amount, distributed over the loan term	
Project Dunganon Insurance Package (Mutual Aid Fund II)	Life (member): P50,000, life (secondary assured) P10,000 / accident: death (member) P50,000, death (secondary assured) P10,000 *if cause of death is accident, life benefits doubled Medical reimbursement due to accident: member only P5,000 max a year / weekly indemnity due to accident: if a member cannot work due to bodily injury caused by accident, P200 will be deducted from her weekly payment for a maximum of 4 weeks per year Hospital income: member only: P150 per day maximum of 30 days per year *this will include all sickness as long as members is hospitalized except pregnancy and cosmetic related Retirement benefit: each member or beneficiary will receive P25,000 after 25 years Life: P10,000, accident and dismemberment (secondary assured)	1st to 10th yr: P1,000 a year or P20 a week; 11th to 15th: P500 a year or P20 a week; 16th to 25th: NONE but still will complete coverage; after 25th year: if the member decides not to withdraw her retirement benefit, her fund will earn 12% per year and will still have complete coverage with no contribution * if MAFII insured member dies, her beneficiary will receive P25,000 after 25 years even if she has not completed payment period	

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php.	34,988,292
Total Benefits Paid (latest fiscal year):	Php.	7,710,623
Financial reserve:	Php.	No (N/A)
Guarantee fund:		No
External financial support:		No
Co-payment of service costs: <i>(health schemes only):</i>		N/A

INSTITUTIONAL LINKAGES

Commercial Insurer:	All policies insured with commercial insurance provider. NWTF manages collection and policy making.
Use of state/public sector insurance:	No
Re-insurance:	Yes (through commercial insurer)
Federation / Civil society networks	MLLAD, ACCORD; Network of MFIs (Philnet, Microfin Council of the Philippines, Women's World Banking, Cashpor)

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- Information brochure
- Website

28. ALALAY SA KAUSWAGAN SA GITNANG LUZON, INC. (ASKI)

Address: 105 Maharlika Highway,
Cabanatuan City, Nueva Ecija

Region: 3: Central Luzon

Telephone: (044) 463-1246
(044) 463-5779

Fax: (044) 463-5779

Email Address: admin@aski.com.ph

Website: www.aski.com.ph

Contact Person

Position:

ORGANIZATIONAL PROFILE

Alalay sa Kaunlaran sa Gitnang Luzon, Inc. (ASKI) was started by a group of Christian leaders of Tulay sa Pag unlad, Inc (TSPI) in the province of Nueva Ecija in October 1986.

ASKI was registered with the Securities and Exchange Commission (SEC) on March 23, 1987 as a non-stock, non-profit organization with a starting capital of Php. 460,000. The mission of ASKI is promoting and developing micro-enterprise and social services.

As of September 30, 2003, ASKI's members comprise 18,605 micro-entrepreneurs from 17 municipalities and 5 cities of the province of Nueva Ecija. 85% of the total clients are women. From a loan portfolio of P460,000 in 1988, ASKI now has P67,510,494 with eight (8) branches and 157 employees.

THE MICRO-INSURANCE SCHEME

Name of the scheme: Mutual Aid Fund Program (MAF)

Starting date / years of operation: 5-6 years

Legal Status / Registration: Registered with the Securities and Exchange Commission (SEC)

Ownership:

Organizational structure: Non-government Organization

Risk coverage: Life

Rural / urban: Both rural and urban

Outreach: Nueva Ecija

Target group: Residents of Nueva Ecija, micro-entrepreneurs

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: Initiated by TSPI

External technical assistance: Sensitisation/awareness from a NGO

Number of people working for the scheme:

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary individual membership

Membership fee:

Number of paid-up members:

Number of Contributors: 184

Number of Beneficiaries: 184

Coverage of non-members:

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Number of members
MAF	Death or disability: financial benefits based on the number of active member of the program after extinguishing the indebtedness of the member	P300 and 1% exceeding P30,000 of loan released	

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):

Total Benefits Paid (latest fiscal year): Php. 14,160,000

Financial reserve:

Guarantee fund:

External financial support:

Co-payment of service costs: N/A
(*health schemes only*):

INSTITUTIONAL LINKAGES

Commercial Insurer: No

Use of state/public sector insurance: No

Re-insurance:

SOURCES OF INFORMATION / REFERENCE

- ASKI website
- ASKI Brochure

29. CEBU MICRO-ENTERPRISE DEVELOPMENT FOUNDATION, INC.

Address: 35 Lopez Jaena St.
Cebu City 6000

Region: VII

Telephone: (032) 255-5626 or 27

Fax: (032) 253-2380

Email Address: ccastano@rafi.org.ph

Contact Person: Cauchie G. Castano

Position: Executive Director

ORGANIZATIONAL PROFILE

Cebu Micro-Enterprise Development Foundation, Inc. (CMEDFI) is a microfinance institution (MFI) formed and organized by the Ramon Aboitiz Foundation, Inc. (RAFI), and registered with the Securities and Exchange Commission December 10, 1998.

CMEDFI provides opportunities for self-employment among women micro-entrepreneurs especially in the rural areas in the province of Cebu by giving them increased access to financial services in order to uplift their economic conditions. CMEDFI works closely with local government units for coordinated efforts and effective partnership-building in community development.

In addition to microfinance services, CMEDFI provides opportunities for leadership training, skills and enterprise development training, and health services coordinated with other programs of RAFI (such as the Eduardo Aboitiz Cancer Center and the Office of the Humanitarian Services).

THE MICRO-INSURANCE SCHEME

Name of the scheme: CMEDFI Insurance

Years of operation: 3-4 years

Legal Status / Registration: NGO / Registered with Securities & Exchange Commission

Ownership: Foundation

Organizational structure: NGO

Risk coverage: Life/Accident, Pension, Hospitalization, Death on Secondary Assured

Rural / urban: Mostly urban

Outreach: Cebu Province

Target group: Informal economy workers – production, services, retail

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: CMED Foundation

External technical assistance: No

Number of people working for the scheme: 27 directly (staff from the operations); 6 indirectly (staff from main office)

MEMBERSHIP AND BENEFICIARIES

Registration of members:	Voluntary
Membership fee:	Yes (P20 'admission fee')
Number of paid-up members:	N/A
Number of Contributors:	3,160 (all women)
Number of Beneficiaries:	3,160
Coverage of non-members:	Yes. claims for secondary assured - death claims

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Number of persons covered
CMEDFI Insurance	Life/Accident, Pension, Hospital Income, Death on Secondary Assured HOSPITAL INCOME: P150/day for maximum of 30 days confinement within the year. MEDICAL REIMBURSEMENT: Maximum of P5,000 per year. DEATH AID: P 50,000 for natural death and P100,00 for accidental death of member. For death of secondary assured, member gets P10,000; PENSION BENEFITS for member who retires.	P20 per week	2,200

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php.	1,100,000
Total Benefits Paid (latest fiscal year):	Php.	300,000
Financial reserve:	Php.	N/A
Guarantee fund:		N/A
External financial support:		N/A
Co-payment of service costs: (<i>health schemes only</i>):		N/A

INSTITUTIONAL LINKAGES

Commercial Insurer:	Yes. Insurance program arranged with Mercantile Life
Use of state/public sector insurance:	No.
Re-insurance:	Yes (through commercial insurer)

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- Interview

30. COMMUNITY ECONOMIC VENTURES, INC.

Address:	2/f Manalo-Go Bldg., CPG Avenue, Tagbilaran City 6300
Region:	VII
Telephone:	(038) 235-5463
Fax:	(038) 235-5463
Email Address:	erniem@mozcom.com
Contact Person:	Engr. Ernesto I. Macabenta
Position:	Executive Director

ORGANIZATIONAL PROFILE

Community Economic Ventures, Inc. (CEV) is a microfinance institution registered under the Securities and Exchange Commissions (SEC) as a Christian, non-stock, non-profit, non-government organization. It is also a member of the Microfinance Council of the Philippines.

CEV began operations in October 1998 in 2 municipalities in Bohol with 2 volunteers motivated by the mission of providing credit, training and savings services to the economically active poor.

Aside from the financial, technical and consultancy and death benefit assistance that the organization offers to its partners, CEV values the integration of education to its pre-credit and leadership trainings, weekly/monthly meetings and even in its annual entrepreneurs' congress. Trainings vary from business to health issues to scriptural studies/sharing.

After more than five years of operation, CEV is serving small entrepreneurs in its 7 branches in the provinces of Bohol, Cebu, Leyte, Davao and SOCSARGEN (South Cotabato, Sarangani, General Santos), Agusan and Palawan. With a total number of 66 highly committed staff, where 45 are loan officers, CEV continually provides development trainings through seminars, exposure to other Christian MED, career development programs to enhance capacity of staff.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Tulong Alay sa Kapwa (TASAKA)
Years of operation:	6 years (1998)
Legal Status / Registration:	NGO / Registered with Securities & Exchange Commission
Ownership:	Owned / operated by Community Economic Ventures (NGO)
Organizational structure:	NGO
Risk coverage:	Life
Rural / urban:	Both rural and urban
Outreach:	9 provinces; 7 cities
Target group:	Farmers; informal economy workers

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:	Community Economic Ventures (NGO)
External technical assistance:	No
Number of people working for the scheme:	66 staff in NGO; 3 full-time on TASAKA insurance program

MEMBERSHIP AND BENEFICIARIES

Registration of members: Compulsory - group
 Membership fee: Yes – PhP. 200 per member (one-time payment)
 Number of paid-up members: 14,104 (12,400 women;1,704 men)
 Number of Contributors:
 Number of Beneficiaries:
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Number of persons covered
Tasaka – life insurance	Borrower: redemption of loan, burial assistance Loan redemption and burial assistance (P30,000) upon the death of a member-borrower. All types of death (natural or accidental) is covered under TASAKA except when the death is caused directly or indirectly, wholly or partly: (a.) by suicide or parricide or any attempt thereat, whether sane or insane; (b.) while under the influence of alcohol or unprescribed drugs; (c.) by alcoholism or drug addiction; d. by excessive smoking; and (e.) while resisting lawful arrest. NOTE: Outstanding loan payments will be deducted from the Burial Assistance package	P50 per cycle (5 months)	Spouse, minor children, immediate family member

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php. 375,000
 Total Benefits Paid (latest fiscal year): Php. 290,000
 Financial reserve: Php.
 Guarantee fund: No
 External financial support: No
 Co-payment of service costs: N/A
(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer: No
 Use of state/public sector insurance: No
 Re-insurance: No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire

31. FCB FOUNDATION, INC.

Address: 10 Mendoza St.
6300
Tagbilaran City

Region: 7

Telephone: (038) 411-2462

Fax: (038) 501-9877

Email Address: fcbfi@mozcom.com

Contact Person: Panfilo Asares / President
Victoriana Ente / Alternative Rural Financing
Manager

Position: President

ORGANIZATIONAL PROFILE

FCRB Livelihood Foundation, Inc. is the corporate social responsibility vehicle of the First Consolidated Rural Bank. The foundation addresses the socio-economic needs of targeted poverty groups (primarily in the province of Bohol); provides continuous training, education, consultancy, financial assistance and access to formal financial services to help targeted groups and individuals achieve self-reliance and economic sufficiency.

The Foundation links with, become partners, and/or acts as agent of government and other NGOs, both local and foreign, in the delivery of services to targeted groups and to promote the proper use and conservation of natural resources. It continuously upgrades the professional and spiritual growth of its staff to effectively deliver institutional services, and develops and implements projects and services to attain self-sufficiency.

THE MICRO-INSURANCE SCHEME

Name of the scheme: FCBFI Mortuary

Starting date / years of operation: 7-10 years

Legal Status / Registration: Registered with the Securities and Exchange Commission (SEC)

Ownership: Non-Government Organization

Organizational structure: Non-Government Organization

Risk coverage: Life

Rural / urban: Rural

Outreach: Bohol

Target group: Members of the microfinance who are mostly farmers, fisherfolk and the informal sector (retail)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: Non-Government Organization

External technical assistance: No

Number of people working for the scheme: 1 staff

MEMBERSHIP AND BENEFICIARIES

Registration of members:	Compulsory individual membership
Membership fee:	Yes
Number of paid-up members:	5,000 (4,250 women and 750 men)
Number of Contributors:	5,000 (4,250 women and 750 men)
Number of Beneficiaries:	5,000
Coverage of non-members:	No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Number of members
FCBFI Credit Plus Mortuary	Family gets P20,000 Mortuary Aid if member-borrower dies; Member-borrower gets P5,000 for every secondary insured who dies (may be spouse, child, or parent up to 2 secondary insured only). If a member dies with outstanding loan, payment is deducted from benefit to be received.	P100 a year Upon release of loan, P50 is deducted for every cycle of loan (6 months).	If member dies, elected beneficiary; If any secondary insured dies, member gets the benefit.
FCBFI Mortuary (for those without loan)	Family gets P20,000 upon death of member and member gets P5,000 upon death of a secondary insured	P 100/year	If member dies, elected beneficiary; If any secondary insured dies, member gets the benefit.
Capital Build-Up	Depends on the number of loans availed by the member	6% of total loan is deducted upon loan release. The more loans made, the more money is channeled to his Capital Build-Up fund. Upon termination of membership or upon death of the borrower, amount accumulated is released.	Borrower, if still alive; Elected beneficiary if borrower died.

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php. 346,800
Total Benefits Paid (latest fiscal year):	Php. 232,500
Financial reserve:	Yes
Guarantee fund:	Yes
External financial support:	
Co-payment of service costs: <i>(health schemes only):</i>	N/A

INSTITUTIONAL LINKAGES

Commercial Insurer:	No
Use of state/public sector insurance:	No
Re-insurance:	No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- Philippine NGOs: A Resource Book of Social Development NGOs

32. JAIME V. ONGPIN FOUNDATION, INC.

Address: 27 Sofia de Veyra corner Road 2,
Quezon Hill
Baguio City 2600

Region: Cordillera Administrative Region

Telephone: (074) 446-2807 / (074) 446-2843

Fax: (074) 446-2807

Email Address: jvofi@codewan.com.ph
jvofi@mozcom.com

Website: <http://www2.mozcom.com/~jvofi>

Contact Person: Ma. Rosario R. Lopez

Position: Executive Director

ORGANIZATIONAL PROFILE

Jaime V. Ongpin Foundation, Inc. (JVOFI) was founded by Benguet Corporation, the Philippines' oldest mining company, on December 17, 1980. Formerly known as Benguetcorp Foundation, Inc., its creation was inspired by the late Jaime V. Ongpin, the company's first Filipino president, who envisioned the development of self-reliant communities.

JVOFI's development approach is guided by the Strategic Area Management Framework with a well-defined geographic focus. As such, the Foundation currently supports projects in selected areas in Northern Luzon. Its core programs are Enterprise Development, Ecological Enhancement, Internal Capacity-Building and Resource Generation. JVOFI works in partnership with local and foreign donors, business, government, other NGOs, and people's organizations in pursuing development programs with target communities.

JVOFI is a private, non-stock, non-profit organization registered with the Securities and Exchange Commission and the Bureau of Internal Revenue. As a duly certified foundation by the Philippine Council for NGO Certification, it received in April 2001 its 5-year tax-exempt donee institution status from the Bureau of Internal Revenue.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	<i>Damayan</i>
Years of operation:	3-4 years
Legal Status / Registration:	NGO / Registered with Securities & Exchange Commission
Ownership:	NGO
Organizational structure:	NGO
Risk coverage:	Life
Rural / urban:	Mostly urban
Outreach:	Baguio City; La Trinidad; Benguet
Target group:	Occupation-based group, workers in informal economy

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: Members of microfinance group
 External technical assistance: Yes. Support from UNDP project in 2002
 Number of people working for the scheme:

MEMBERSHIP AND BENEFICIARIES

Registration of members:
 Membership fee: No
 Number of paid-up members:
 Number of Contributors: 1,269 (1,142 women; 147 men)
 Number of Beneficiaries: 1,269 (1,142 women; 147 men)
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description / Benefits	Contributions	Number of persons covered
<i>Damayan</i>	Maximum amount of loan is P10,000. Like a loan insurance fund, upon death of the member-borrower who has an outstanding balance, the amount released will equivalent to loan amount net of remaining loan balances, if any, and provided client has maintained good repayment record and has no more than 2 late payments.	1% of loan amount	Family of the deceased member-borrower need not pay outstanding balance

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php. 71,499
 Total Benefits Paid (latest fiscal year): Php.
 Financial reserve: Php.
 Guarantee fund: No
 External financial support: No
 Co-payment of service costs: N/A
(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer: No
 Use of state/public sector insurance: No
 Re-insurance: No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- Website

33. BUSTOS LGU – PHILHEALTH PROJECT

Address:	Office of the Mayor, Poblacion, Bustos, Bulacan
Region:	3: Central Luzon
Telephone:	(044) 766-2176 / (044) 617-1035 (DSWD)
Fax:	(044) 766-2543
Contact Persons:	Milagros Santiago (Head of DSWD) Linda (OIC of Medicare for Sto. Niño Hospital)

ORGANIZATIONAL PROFILE

Bustos LGU Philhealth Project ("Medicare Para Sa Masa" -- Health Aid for the Common People) is a project initiated by the local government of Bustos to help assist the poor in accessing services for health and hospitalization. The project has been operating for six years, offering services similar to those of PhilHealth.

Initially, the project was sponsored by the municipal government who contributes half of the cost of premiums. In the past year, in line with the goal of having self-managed health care systems, sponsorship has been devolved to the barangay level.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Medicare para sa Masa
Starting date / years of operation:	1998 (6 years)
Legal Status / Registration:	Local government unit
Ownership:	Local government unit
Organizational structure:	Local government unit
Risk coverage:	Hospitalization
Rural / urban:	Rural
Outreach:	Bustos, Bulacan
Target group:	Residents of Bustos, farmers, salaried employees, and from the informal sector (production of goods)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:	
External technical assistance:	Actuarial services and monitoring/evaluation from non-government organization and private individual/consultant
Number of people working for the scheme:	122 municipal staff and 5 volunteers

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary individual membership
 Membership fee:
 Number of paid-up members:
 Number of Contributors: 3,000
 Number of Beneficiaries:
 Coverage of non-members: Yes

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Number of members
Medicare para sa Masa	Hospitalization/confinement in private and general hospitals (amount of coverage bracketed according to type of illness or reason for confinement), unlimited free check-up at the health center Also offers maternal care inclusive of free prenatal check-up, NSD for the first child only, and Ceasarian Section (unlimited) in-patient dugs (P6,500 - 1,500); room and board, professional fees, laboratory	P 120 per year with government counterpart of P120	parents of member, spouse, all children below 18 years of age

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php. 154,226
 Total Benefits Paid (latest fiscal year): Php. 35,165
 Financial reserve:
 Guarantee fund:
 External financial support:
 Co-payment of service costs: No
(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer:
 Use of state/public sector insurance: *Not Applicable*
 Re-insurance:

SOURCES OF INFORMATION / REFERENCE

- Resource Book of CBHCO-SHIs – GTZ / PhilHealth 2003
- ILO-STEP Questionnaire / Survey

34. DAR EMPLOYEES ASSOCIATION – DAREA FOUNDATION, INC.

Address:	DAR Compound, Elliptical Road, Diliman, Quezon City
Region:	National Capital Region
Telephone:	(02) 920-0521 (0917) 846-8185 (Violeta Bonilla)
Fax:	(02) 920-0521 (02) 921-3985
Contact Person:	Violeta Bonilla
Position:	National President Chairman and President

ORGANIZATIONAL PROFILE

The Department of Agrarian Reform Employees' Association (DAREA) was organized to promote the welfare of DAR employees. Initial members were employees of DAR Central Office only and held yearly elections. Beginning in 1993, the range and scope of operations and benefits was expanded to include hazard pay, anniversary bonus, and medical allowances.

In 1997, an operational decision of management threatened the job security of 6,500 DAR employees. To provide some form of livelihood to employees who are to be displaced, the DAREA Foundation was established. Although the displacement did not take effect, the Foundation developed more projects, and expanded its membership coverage to DAR employees in all provinces, regions and chapters of the country.

To provide for health needs of members, DAREA launched a health benefit program in 1998 - the DAREA Medicare Plus Plan (or DAREA Health Care Plan).

DAREA has a wide range of self-managed and self-sustaining programs including: Savings and loan Benefit, livelihood programs, outreach programs, Study Now Pay Later Project, Mortuary Aid, Calamity Fund, and Retirement fund. The Foundation operates and supports *Bente Mo, Buhay Ko*, a fund raising activity for members requiring kidney transplants or dialysis (members are given P3,000/week for dialysis treatments). Another initiative is *Buhay Ko, Kailangan Ko*, a hospitalization and legal assistance package for medico-legal cases.

DAREA now has more than 11,000 members and is recognized as an empowered employees union providing for the basic needs of its members.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	DAREA Medicare Plus Plan and DAREA RISE
Starting date / years of operation:	5-6 years
Legal Status / Registration:	Registered with the Securities and Exchange Commission and the Civil Service Commission
Ownership:	Belongs to an umbrella foundation
Organizational structure:	Organization, Health Maintenance Organization, Health Service Provider
Risk coverage:	Primary health care / Life / Accidents / Hospitalization / Loans / Pensions
Rural / urban:	Both rural and urban
Outreach:	Nationwide
Target group:	DAR employees and dependents

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: Association
 External technical assistance: No
 Number of people working for the scheme: 30+ staff and Provincial/Regional Coordinators

MEMBERSHIP AND BENEFICIARIES

Registration of members: For RISE: voluntary individual and family membership
 For Medicare Plus Plan: compulsory individual and family membership
 Membership fee: Yes (P10 lifetime fee)
 Number of paid-up members: 11,137
 Number of Contributors: 11,137
 Number of Beneficiaries: 30,000+
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Number of members
Option I: Family Package (old employees)	A. Semi-private: P80,000 B. Private: P120,000	Annual fees: A. P4,900 P5,400 P5,900 Additional P1,000 each dependent B. P7,500 P8,000 P8,500 Additional P1,500 each dependent	4 dependents 4-8 dependents 8-10 dependents More than 10 dependents 4 dependents 4-8 dependents 8-10 dependents More than 10 dependents
Option II: Individual/Employees Only (old employees)	A. Semi-private: P80,000 B. Private: P120,000	P4,400 P5,900	
Option III: Extended Family / Per Dependents (old employees)	A. Semi-private: P60,000 B. Private: P80,000	P6,000 P8,000	
Option IV: Individual II (new employees)	A. Semi-private: P60,000 B. Private: P100,000	P5,500 P6,500	
Option IV: Family (new employees)	A. Semi-private: P80,000 C. Private: P100,000	P6,500 P7,000 P7,500 Additional P1,000 each dependent P8,000 P8,500 P9,000 Additional P1,500 each dependent	4 dependents 4-8 dependents 8-10 dependents More than 10 dependents 4 dependents 4-8 dependents 8-10 dependents More than 10 dependents

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php. 50,000,000+
Total Benefits Paid (latest fiscal year):	
Financial reserve:	Yes
Guarantee fund:	Yes
External financial support:	
Co-payment of service costs: (<i>health schemes only</i>):	Yes, a) employees premium for the health care maintenance program, b) retirement and investment savings premium payable in five years

INSTITUTIONAL LINKAGES

Use of state/public sector insurance:	No
Re-insurance:	No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire

35. PROVINCIAL GOVERNMENT OF GUIMARAS

Address: Provincial Health Office, San Miguel, Jordan, Guimaras

Region: 6

Telephone: (033) 581-3350 or 3331
(0919) 420-6997

Fax: (033) 581-3350
(033) 581-3349

Contact Persons: Mrs. Emma Trongco (Coordinator)
Sandy Garanita (in-charge of Guimaras Health Project)

ORGANIZATIONAL PROFILE

Guimaras Health Insurance Project was established as a province-wide health insurance program in 1993 under the auspices of the Philippine Medical Care Commission (PMCC), in cooperation with the local government of Guimaras, the Provincial Health Office, the Provincial Health Board and the Provincial Hospital. The project concept was based on 'filling the gap' in providing for health care needs of indigents and those belonging to the informal sector, since the national Medicare program serviced only the salaried sector.

THE MICRO-INSURANCE SCHEME

Name of the scheme: Guimaras Health Insurance Project

Starting date / years of operation: More than 10 years

Legal Status / Registration: Local Government Unit

Ownership:

Organizational structure: Local Government Unit

Risk coverage: Hospitalization

Rural / urban: Rural

Outreach: Municipalities of Nueva Valencia, Buenavista, Jordan, San Lorenzo and Sebung

Target group: Farmers and the informal sector (services)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:

External technical assistance: Actuarial services from a non-government organization and an international agency/project

Number of people working for the scheme: 9 staff members

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary individual membership
 Membership fee:
 Number of paid-up members:
 Number of Contributors: 5,058
 Number of Beneficiaries:
 Coverage of non-members: Yes

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Beneficiaries
PLAN A	hospitalization (benefit ceiling is P800 for ordinary cases, P 1,400 for intensive cases and P2,500 for catastrophic cases), discounts on diagnostic exams when hospitalized and limited coverage of medicines	P 85 (individual), P25/person for middle sized families and P40 per person for large sized families	enrollee, spouse and children below 21 years of age
PLAN B	hospitalization (benefit ceiling is P1000 for ordinary cases, P 1,900 for intensive cases and P3,500 for catastrophic cases), discounts on diagnostic exams when hospitalized and limited coverage of medicines	P200 per family	enrollee, spouse and children below 21 years of age
PLAN C	hospitalization (benefit ceiling is P1500 for ordinary cases, P 2,000 for intensive cases and P5,000 for catastrophic cases), discounts on diagnostic exams when hospitalized and limited coverage of medicines	P300 per family	enrollee, spouse and children below 21 years of age
Members confined outside Guimaras	reimbursement of medicines and laboratory fees but must produce receipts. (no room and board benefits)		

MATERNAL HEALTH BENEFITS

A Pregnancy Check-up

B Childbirth

NSD Yes (first baby only)

CS Yes (unlimited)

Others

C Others

Only if hospitalized

Vitamins

Pregnancy with complications only

Home births

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php. 650,900

Total Benefits Paid (latest fiscal year): Php. 372,229

Financial reserve:

Guarantee fund:

External financial support:

Co-payment of service costs:

(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer:

Use of state/public sector insurance: *Not Applicable*

Re-insurance:

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Health Micro-Insurance Schemes: A Compendium
- Resource Book of CBHCO-SHIs – GTZ / PhilHealth 2003
- ILO-STEP Questionnaire / Survey

36. MEDICARE PROGRAM II SCHEME

Address: Bauan General Hospital,
S. Ilagan Street,
Bauan, Batangas

Region: 4: Southern Tagalog

Telephone: (043) 727-4153

Fax: (043) 727-1004

Contact Person: Jenelle Marasigan

Position: OIC - Medicare Phase II

ORGANIZATIONAL PROFILE

Medicare Phase II of Bauan, Batangas is a joint initiative of the Mayor's office and Medicare (now PhilHealth). The objective of the project is to provide some form of health insurance for informal workers not covered by the regular Medicare Benefit Scheme for the employed sector. The project started in November 1991.

THE MICRO-INSURANCE SCHEME

Name of the scheme: Medicare Program II Scheme

Starting date / years of operation: 1991 - More than 10 years

Legal Status / Registration: Local government unit

Ownership:

Organizational structure:

Risk coverage: Hospitalization

Rural / urban: Both rural and urban

Outreach: Bauan, Batangas

Target group: Residents of Bauaun, farmers, from trade and crafts and the informal sector (retail)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:

External technical assistance:

Number of people working for the scheme: 1 staff member from municipal office

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary individual membership

Membership fee:

Number of paid-up members: 200 families (Approximately 5 members per family, based on National Statistics Office, Philippines)

Number of Contributors: 200 families

Number of Beneficiaries:

Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions
Medicare Program II Scheme	<p>Outpatient Benefit: free consultation in health center, laboratory discount of P20 (for CBC, Urinalysis, Fecalysis).</p> <p>In-Patient Benefit: Room & Food OF P45 for a maximum of 30 days confinement/year for members and legal dependents. P600.00 allowance for medicines. P130.00 discount on laboratory fees; P30/day discount on Professional fees (Doctor's fee) for up to 30 days a year.</p> <p>Maternal Benefits: Free check-up in health center, hospital allowances apply for NSD with hospitalization (up to the first birth only) and for Caesarian section (no limit as to the number of births).</p>	P90 a year

MATERNAL HEALTH BENEFITS

A	Pregnancy Check-up	Yes
B	Childbirth	
	NSD	Yes (once only)
	CS	Yes (unlimited)
	Others	
C	Others	Medicines, laboratory fees, doctor's fees included if hospitalized
	Only if hospitalized	
	Vitamins	
	Pregnancy with complications only	
	Home births	

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php. 44,937 (1999)

Total Benefits Paid (latest fiscal year): Php. 77,333 (1999)

Financial reserve:

Guarantee fund:

External financial support:

Co-payment of service costs:
(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer:

Use of state/public sector insurance: *Not Applicable*

Re-insurance:

SOURCES OF INFORMATION / REFERENCE

- Resource Book of CBHCO-SHIs – GTZ / PhilHealth 2003
- ILO-STEP Questionnaire / Survey

37. MERCY COMMUNITY HOSPITAL

Address:	Mercy Community Hospital Camague 9200 Iligan City
Region:	10
Telephone:	(063) 221-3587 (063) 341-5157 (0919) 296-6871
Fax:	(063) 221-1156
Contact Person:	Sis. Rose Palacio
Position:	Medical Director

ORGANIZATIONAL PROFILE

Mercy Mobile Clinic was established in 1971 to make health services available and affordable by the poor. At that time, there were no hospitals catering to health needs of indigent patients. The Clinic receives a 1 million peso a year subsidy from Mercy Community Hospital to cover operational costs and to purchase required medicines it provides its patients. Through its Medical Director, the clinic has sourced additional funding of P500,000 a year from groups abroad.

The clinic's health team is made up of 2 doctors, a dentist, a nurse, 3 Pharmacy Aides, a midwife (employed by the government/Department of Health) and a social worker. The clinic's members are usually jobless members of society, those who are self-employed or those belonging to the informal sector.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Mercy Mobile Clinic
Starting date / years of operation:	More than 10 years
Legal Status / Registration:	Registered with the Securities and Exchange Commission (SEC) and Cooperative Development Authority
Ownership:	
Organizational structure:	
Risk coverage:	Primary Health Care
Rural / urban:	Both rural and urban
Outreach:	Iligan City
Target group:	Farmers, fisherfolk, salaried employees

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:	Mercy Community Hospital
External technical assistance:	From non-government organization
Number of people working for the scheme:	3 staff members and 2 volunteers

MEMBERSHIP AND BENEFICIARIES

Registration of members:	Voluntary family membership
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Membership fee: P2.00 per month per family
 Number of paid-up members:
 Number of Contributors: 13,333
 Number of Beneficiaries:
 Coverage of non-members: Yes

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Number of members
	Consultation, medicines	P10 a year per family; service in kind; other forms of contribution (crops, etc) like a barter system	

MATERNAL HEALTH BENEFITS

A Pregnancy Check-up Yes. Referred to midwife of Mercy Clinic.
B Childbirth
 NSD
 CS
 Others
C Others
 Only if hospitalized
 Vitamins Yes.
 Pregnancy with complications only
 Home births

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):
 Total Benefits Paid (latest fiscal year):
 Financial reserve: *No Data*
 Guarantee fund:
 External financial support:
 Co-payment of service costs:
(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer:
 Use of state/public sector insurance: *Not Applicable*
 Re-insurance:

SOURCES OF INFORMATION / REFERENCE

- Resource Book of CBHCO-SHIs – GTZ / PhilHealth 2003
- ILO-STEP Questionnaire / Survey

38. NORFIL FOUNDATION, INC.

Address:	Airbase Road, Sangi, Lapu-lapu City, Cebu
Region:	7
Telephone:	(032) 340-1169
Fax:	(032) 340-1170
Contact Persons:	Jaime Glomar (General Manager) Cynthia Cabiso (Staff)

ORGANIZATIONAL PROFILE

NORFIL Foundation, Inc - Cebu branch was established in 1985. It organizes community groups and cooperatives in select provinces of the country and performs consultancy work assisting local groups with micro-insurance or social insurance programs in their barangays. Currently, NORFIL has established seven groups in Cebu: (1) Acuda Multipurpose Cooperative, (2) Bangkal MPC, (3) Mactan MPC, (4) Subaspa MPC, (5) Bupo MPC, (6) Katanhay MPC and Kinulao MPC.

NORFIL provides hospitalization benefits to its members in partnership with CARITAS Health Card. The CARITAS card augments funds for hospitalization, claimable only after PhilHealth claims have been deducted from the total bill. To help its members, NORFIL subsidizes half of the premium payment for the CARITAS card.

NORFIL's Mission/Purpose:

- To transform individual and group values for the promotion of human dignity, social justice and peace.
- To stimulate people's awareness of realities and develop their capabilities for self actualization.
- To provide equitable access to opportunities for the growth of meaningful and effective services enabling people and communities as active and accountable participants in the management of their lives.
- To activate the participation of the disadvantaged sector particularly women, youth and elderly persons in development efforts and for the advocacy of their rights.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Subsidized Caritas Health Card
Starting date / years of operation:	More than 10 years
Legal Status / Registration:	Registered with the Securities and Exchange Commission (SEC)
Ownership:	
Organizational structure:	
Risk coverage:	
Rural / urban:	Urban
Outreach:	Lapu-lapu City
Target group:	Fisherfolk, the informal sector (production of goods, services and retail)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:

External technical assistance: From non-government agency

Number of people working for the scheme:

MEMBERSHIP AND BENEFICIARIES

Registration of members:

Membership fee:

Number of paid-up members: 121 families (100 families in Manila)

Number of Contributors: 121 families – approx. 600 individuals

Number of Beneficiaries: 121 families – approx. 600 individuals

Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Beneficiaries
Plan A	Hospitalization but with ceiling	7,200 per annum (half is subsidized by Norfil)	member only
Plan B	Hospitalization coverage slightly greater the Plan A	P 9,000.00/ annum (Norfil pays for half)	member only

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):

Total Benefits Paid (latest fiscal year):

Financial reserve: *No Data*

Guarantee fund:

External financial support:

Co-payment of service costs:
(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer: *No Data*

Use of state/public sector insurance:

Re-insurance:

SOURCES OF INFORMATION / REFERENCE

- Philippine NGOs: A Resource Book of Social Development NGOs
- Resource Book of CBHCO-SHIs – GTZ / PhilHealth 2003
- ILO-STEP Questionnaire / Survey

39. NOTRE DAME BUSINESS RESOURCE CENTER FOUNDATION, INC.

Address: Mother and Child Center,
General Santos City

Region: 12

Telephone: (083) 552-5401
(0917) 972-0542; (083) 552-5401

Fax: (083) 552-5400

Contact Persons: Bro. Robert B. McGovern (Founder)
Christine Ladera (Coordinator)
Judy Punzalan (Staff)

ORGANIZATIONAL PROFILE

Notre Dame Business Resource Foundation, Inc (NDBRFI) started in 1978 as Notre Dame Business Assistance Center, part of the assistance program of Notre Dame School. In 1984, the name was changed to Notre Dame Business Resource Foundation, Inc, after project funding was provided by USAID. In 1992, the Board of Directors of the College formalized operations and registered under the Securities and Exchange Commission as a non-stock, non-profit NGO.

NDBRFI specializes in entrepreneurial training and business consultation, research and economic profiling. It also does small enterprise feasibility studies for small-scale entrepreneurs. The Foundation also works with strengthening management of cooperatives before providing loan capital. NDBRFI works with Badjaos and Muslims, who comprise 95% of their borrowers.

NDBRFI provides loans to members through the Mini-Micro Loan Program. The micro-program includes loans of P10T to P25T. The Mini-Loan Program covers loans from P25T to P100T. The Foundation also operates a Bridge Financing Program in collaboration with the Department of Trade and Industry (DTI) in Region 11 to stimulate entrepreneurship for those who plan to invest P100T to P500T.

THE MICRO-INSURANCE SCHEME

Name of the scheme: Primary Health Care Delivery Program
Sagip Ka/Dugtong Buhay

Starting date / years of operation: More than 10 years

Legal Status / Registration: Local government unit, Local NGO

Ownership:

Organizational structure:

Risk coverage: Primary Health Care

Rural / urban: Urban

Outreach: General Santos City

Target group: Residents of the area, farmers, fisherfolk, informal sector (services)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:

External technical assistance: From local non-government organization

Number of people working for the scheme: 21 staff members and 238 volunteers

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary individual membership
 Membership fee: P200 (renewable annually)
 Number of paid-up members:
 Number of Contributors: 200
 Number of Beneficiaries: 200
 Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Number of members
Sagip Ka/Dugtong Buhay	Low cost health insurance that provides hospitalization allowance of P1,000/day of confinement with a minimum of 3 day stay or 2 nights' stay at the hospital plus 15 hours on the next day. Hospitalization benefits range from P10,000 to P15,000. If the member dies, family receives P15,000. <i>(with contestability period of 3 years)</i> . Out-patient (consultation) services are done through the 10 health center services established by the school.	P600/year	

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):
 Total Benefits Paid (latest fiscal year):
 Financial reserve: *No Data*
 Guarantee fund:
 External financial support:
 Co-payment of service costs:
(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer:
 Use of state/public sector insurance: *No Data*
 Re-insurance:

SOURCES OF INFORMATION / REFERENCE

- Philippine NGOs: A Resource Book of Social Development NGOs
- Resource Book of CBHCO-SHIs – GTZ / PhilHealth 2003
- ILO-STEP Questionnaire Survey

40. PESO FOR HEALTH PROGRAM

Address:	Sta. Bayabas District Health System (ILHZ), Bayawan District Hospital, Bayawan City, Negros Oriental
Region:	7: Central Visayas
Telephone:	(035) 531-0169
Fax:	(035) 531-0485
Contact Person	Dr. Fidencio Aurelia
Position:	Chief Executive Officer Chief of Hospital

ORGANIZATIONAL PROFILE

The PESO for Health Program was established in 1992, when health services were devolved to the local government units, this project was conceived to address emerging health and health-related problems needing applicable, innovative and creative solutions. It's major purpose is to address these emerging problems in line with the health development program of the government and to generate or mobilize and allocate health resources for sustainability. The founders believe that Health Care Management and Health Care Financing should be community-based to become sustainable and thus, the project's mantra is "Holistic Health Care Management with the People, for the People and by the People." This bottom-up approach was also expected to foster a sense of ownership and belongingness to the program, leading to community solidarity.

PESO is an acronym for *People Empowerment Saves One*. This means that one empowers oneself by contributing a minimal amount so that one can save someone. The one peso a month contribution, is in fact a symbolic act of the community that they are willing to take care of their health and that they would like to participate in saving or helping other members of the community. Because the project is not cash-oriented, those who are really unable to pay for the required contribution have the option to pay in kind or through some sort of service so that they, too may take part in helping others while also being helped by the community.

The Bayawan District Hospital and the Sta. Bayabas Integrated Health Workers Association, in partnership with the local government units and other sectors, will ensure quality, equitable, accessible and affordable health access to each beneficiary by the year 2020.

THE MICRO-INSURANCE SCHEME

Name of the scheme:	Peso for Health Program
Starting date / years of operation:	More than 10 years
Legal Status / Registration:	Registered with the Securities and Exchange Commission (SEC) and is accredited by the local government unit
Ownership:	Local government
Organizational structure:	A community-based organization and a health service provider
Risk coverage:	Primary Health Care / Hospitalization
Rural / urban:	Rural
Outreach:	Sta. Bayabas District, Negros Oriental; Bontoc, Mountain Province; Kalinga; Quezon Province; Samar; Leyte; Zamboanga del Norte; Iligan City; Bohol; Cebu; Negros Occidental; Davao Oriental
Target group:	From the informal sector (production of goods, services, retail) and the low income, labor group

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners: Decentralization up to Community Level
 External technical assistance: No
 Number of people working for the scheme: Hospital staff, RHU staff and Barangay Health Workers

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary individual, family or group membership
 Membership fee: Yes
 Number of paid-up members: 20,000
 Number of Contributors: 20,000
 Number of Beneficiaries: 20,000
 Coverage of non-members: *Yes. All Barangay Health Workers (BHW) are extended the full benefit as an incentive for their involvement and voluntary service*

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions
Category A	P200 - drugs/medicines plus discount services and other medical facilities.	P1 a month per member of the family
Category B	P1,000- drugs/medicines plus discount services and other medical facilities.	P5 a month per member of the family
Category C	P2,000 - drugs/medicines plus discount services and other medical facilities.	P10 a month per member of the family

MATERNAL HEALTH BENEFITS

- A Pregnancy Check-up** Yes. (amount depends on the amount of contribution)
- B Childbirth** Yes. (amount depends on the amount of contribution)
 - NSD
 - CS
 - Others
- C Others**
 - Only if hospitalized
 - Vitamins
 - Pregnancy with complications only
 - Home births

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year):	Php. 661,560
Total Benefits Paid (latest fiscal year):	Php. 436,246
Financial reserve:	25% of the total annual 'common health fund' of the Inter-local Health Zone of the Sta. Bayabas District Health Zone
Guarantee fund:	No
External financial support:	Yes
Co-payment of service costs: (<i>health schemes only</i>):	Yes, 1) medical assistance fund from 3 provincial board members, 2) direct subsidy from LGU within the District Health System

INSTITUTIONAL LINKAGES

Commercial Insurer:	No
Use of state/public sector insurance:	Yes, 1) complementarily of the micro-insurance scheme to a public insurance scheme, 2) use of existing services/programmes to complement micro-insurance scheme
Re-insurance:	No

SOURCES OF INFORMATION / REFERENCE

- ILO STEP Questionnaire
- Peso for Health Brochure
- Resource Book of CBHCO-SHIs – GTZ / PhilHealth 2003

41. UP DILIMAN HEALTH MAINTENANCE ORGANIZATION, INC.

Address: Room 9, UP Health Service,
UP Campus Diliman, Quezon City

Region: National Capital Region

Telephone: (02) 433-4464
(02) 925-4647

Fax: (02) 932-4123

Contact Person: Tess Noval

Position: OIC-UPHTMO

ORGANIZATIONAL PROFILE

UPHMO was a USAID-supported project to pilot community-based HMOs in the country. HEWSPECS (a health consulting firm) piloted the project in two areas: **University of the Philippines (UP)** Diliman campus, representing the formal sector, to see if employees would be amenable to acquiring another insurance scheme to add-on to their MEDICARE benefits. The other was in San Antonio, Biñan, Laguna, representing home-based industries and the informal sector. The project started operations late 1989 as the first project on a health insurance scheme that is community-based and non-profit in orientation.

When the pilot study has been completed, a group of UP Faculty members upon realizing the benefits of a community based health insurance, decided to continue with the project. While they first designed their new endeavor for the low income teachers of UP, they soon decided to accept the non-teaching staff who reside within the UP Compound, those with businesses in UP, and teachers with higher incomes.

THE MICRO-INSURANCE SCHEME

Name of the scheme: UP Diliman Health Maintenance Organization, Inc.

Starting date / years of operation:

Legal Status / Registration: Registered with the Securities and Exchange Commission (SEC) and the Local Government Unit

Ownership: More than 10 years

Organizational structure: Health Maintenance Organization

Risk coverage: Primary health care / hospitalization

Rural / urban: Urban

Outreach: UP Diliman

Target group: Residents of the area, salaried employees, from trade and crafts, from the informal sector (retail)

TECHNICAL ASSISTANCE AND SUPPORT

Initiators / Owners:

External technical assistance: Training, sensitisation/awareness, technical services from non-government organizations and private individual/consultant

Number of people working for the scheme: 7 staff members and 2 volunteers

MEMBERSHIP AND BENEFICIARIES

Registration of members: Voluntary individual, family, group membership

Membership fee:

Number of paid-up members:

Number of Contributors: 850

Number of Beneficiaries: 850

Coverage of non-members: No

BENEFITS, PACKAGES, AND PRODUCTS

Product	Description	Contributions	Number of members
Plan A (only for UP Employees)	(1) Hospitalization benefits: Room and board. P300 per day. Including medications, etc., benefit ceiling is: P35,000 for catastrophic, and P 8,500 for non-catastrophic. (2) Emergency Out-patient P400, (3) Emergency In-patient P3,000	P95/month per individual	
PLAN B (for UP and outsiders)	(1) Hospitalization benefits: Room and board. P300 per day. Including medications, etc., benefit ceiling is: P50,000 for catastrophic, and P 10,500 for non-catastrophic. (2) Emergency Out-patient P550, (3) Emergency In-patient P4,000	P145/month per person for UP, P155/month/person for outsiders	enrollees only
PLAN C (for UP and outsiders)	(1) Hospitalization benefits: Room and board P500 per day. Including medications, etc., benefit ceiling is: P60,000 for catastrophic, and P 12,000 for non-catastrophic. (2) Emergency Out-patient P850, (3) Emergency In-patient P5,000	P 195/person/month for UP and P205/person/month for outsiders	enrollees only
PLAN D (UP and outsiders)	(1) Hospitalization benefits: Room and board P650 per day. Including medications, etc., benefit ceiling is: P70,000 for catastrophic, and P14,000 for	P 250/person/month for UP and P260/person/month for outsiders	enrollees only

Product	Description	Contributions	Number of members
	non-catastrophic. (2) Emergency Out-patient P1000, (3) Emergency In-patient P6,000		
PLAN E (UP and outsiders)	(1) Hospitalization benefits: Room and board P700 per day. Including medications, etc., benefit ceiling is: P80,000 for catastrophic, and P 16,000 for non-catastrophic. (2) Emergency Out-patient P1200, (3) Emergency In-patient P7,000	P 300/person/month for UP and P310/person/month for outsiders	enrollees only

FINANCIAL INFORMATION AND INDICATORS

Total Contributions (latest fiscal year): Php. 771,189

Total Benefits Paid (latest fiscal year): Php. 422,403

Financial reserve:

Guarantee fund:

External financial support:

Co-payment of service costs: Yes
(health schemes only):

INSTITUTIONAL LINKAGES

Commercial Insurer:

Use of state/public sector insurance: *Not Applicable*

Re-insurance:

SOURCES OF INFORMATION / REFERENCE

- Resource Book of CBHCO-SHIs – GTZ / PhilHealth 2003
- ILO-STEP Questionnaire / Survey



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

QUESTIONNAIRE

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

BASIC INFORMATION

Name of Organisation: _____	
Address: _____ _____	
City / Town / Municipality: _____	
Postal Code: _____	Region: _____
Telephone: _____	Fax: _____
Email Address: _____	
Website: _____	
Name of principal contact person: _____	
Title: _____	
Date: _____	

Please attach background information on your organisation to this questionnaire, using additional pages if necessary.

NOTE: an Appendix of terms used in this questionnaire is attached. (pp.10-11). Footnote and endnote references are included in the document.

ORGANISATION PROFILE

1. What type of organization are you?

- A. Association
- B. Cooperative
- C. Mutual Benefit Association (MBA)
- D. Health Maintenance Organization (HMO)
- E. CBO
- F. NGO
- G. Health service provider
- H. Micro-finance institution
- I. Workers association
- J. Self-Help group
- K. Other (specify) _____

2. What is the legal status of your organisation?

- A. Registered with the Securities and Exchange Commission (SEC)
- B. Registered with the Insurance Commission
- C. Registered with the Cooperative Development Authority (CDA)
- D. Non-formal / un-registered
- E. Others (specify) _____

3. Does your organization belong to?

- A. A federation or umbrella association *Specify:* _____
- B. A network of civil society organisations *Specify:* _____
- C. Other (*specify*) _____

4. How long have you been providing micro-insurance services?ⁱ

- A. Less than two years
- B. 3-4 years
- C. 5-6 years
- D. 7-10 years
- E. More than 10 years

5. Is providing micro-insurance services part of your regular programme activities?

- A. Yes
- B. No

6. Have you set up a separate organization or subsidiary to provide micro-insurance services or to manage your micro-insurance scheme?

- A. Yes If yes, why? _____
- B. No

7. Does your organization benefit from external technical assistance on micro-insurance?

- A. Yes
- B. No

8. If yes, what types of technical assistance are provided?

- A. Training
- B. Sensitisation/awareness
- C. Management advisory services
- D. Technical services (actuarial, etc)
- E. Monitoring/evaluation
- F. Other (specify) _____

9. Who provides the technical assistance to your micro-insurance program?

- A. Private insurance company
- B. NGO
- C. Government agency
- D. Private individual / consultant
- E. Community organization
- F. International agency or project
- G. Other (specify) _____

MARKETS, PRODUCTS, AND SERVICES

10. What is the name of your micro-insurance scheme? _____

11. In which geographic area/s does your micro-insurance scheme operate? If working in more than one region, please specify with particulars.

	Geographic Area	Rural	Urban	Municipality / City / Province
A.	Barangay			
B.	Group of Barangays			
C.	Municipality			
D.	Group of municipalities			
E.	City			
F.	Group of cities			
G.	Other			

*Note: For A and B, please indicate municipality /city and province.
For C,D,E,and F, indicate province only.*

12. Which group does your micro-insurance program target?

- A. Population within a specific geographic area
- B. Social group (*pls. specify*) _____
- C. Occupation-based group in informal economy
- D. Other (specify) _____

13. What is the main economic activity of the target group or of the area covered by the micro-insurance scheme?

- A. agriculture with one basic product (rice, sugar, etc)
- B. agriculture with diversified products
- C. animal husbandry / livestock
- D. fishing
- E. trade and crafts
- F. mostly informal economy employment
- G. mostly salaried employment (private & public)
- H. Other (specify) _____

14. If your response to Question 13 (above) is (F) – Informal Economy Employment, please provide more specific information (*more than one answer may be appropriate*):

- A. Informal economy - production of goods (carpentry, etc)
- B. Informal economy - services (hairdressing, etc),
- C. Informal economy - retail (market vendors, sari-sari store, etc)
- D. Other (specify) _____

15. What are the risks covered by your micro-insurance scheme/s?

- A. Primary Health Care
- B. Life
- C. Accidents
- D. Hospitalisation
- E. Loans
- F. Crops
- G. Livestock
- H. Pension
- I. Other (pls. specify) _____

16. Does your micro-insurance scheme offer different benefit packages?

- A. Yes
- B. No

17. If so, how many packages/options are available?

- A. 2 options
- B. 3 options
- C. More than 3 options

18. Please describe the different benefits / packages / products offered by your micro-insurance scheme, and their corresponding contributions. (per package – benefits / contributions / beneficiaries)

Package or Product No. 1 _____

<u>Benefits</u>	<u>Contribution</u>	<u>No. of beneficiaries</u>

Package or Product No. 2 _____

<u>Benefits</u>	<u>Contribution</u>	<u>No. of beneficiaries</u>

Package or Product No. 3 _____

<u>Benefits</u>	<u>Contribution</u>	<u>No. of beneficiaries</u>

(Note: if additional packages or products are available, please list on a separate attached sheet).

Note: The following questions 19 and 20 apply to health-related micro-insurance schemes only:

19. Is there a co-payment of service costs from the members?ⁱⁱ

- A. Yes
- B. No

20. If yes, please indicate a general description of the type of co-payment.

21. How many people work for the micro –insurance scheme?

- A. Salaried employees _____
- B. Volunteers _____
- C. Agents _____

22. How do your members register for micro-insurance coverage?

Voluntary registration

- Individual
- Family
- Group

Compulsory registration

- Individual
- Family
- Group

23. Is there a membership fee or initial fee to become a member of the micro-insurance scheme?

- A. Yes
- B. No

24. If so, how many members (women and men) have paid a membership fee?

Women _____ Men _____

25. How many contributors does your micro-insurance scheme have?ⁱⁱⁱ

Contributors	Women	Men	Total
<500			
501-1,000			
1,001- 5,000			
5,001- 10,000			
More than 10,000 (<i>specify number</i>)			

26. How many beneficiaries does your micro-insurance scheme cover?

Beneficiaries	Women	Men	Total
< 500			
501-1,000			
1,001- 5,000			
5,001- 10,000			
More than 10,000 (<i>specify number</i>)			

27. Does your micro-insurance scheme cover persons who are not contributors or beneficiaries?

- A. Yes
- B. No

If yes, please specify number and type of services _____

FINANCIAL INFORMATION AND INDICATORS

28. What is the total amount of contributions received for the micro-insurance scheme's last financial year?

Amount of contributions received (*in pesos - Php*) _____
Year _____

29. What is the total amount of benefits paid out by your micro-insurance scheme during the scheme's last financial year?

Amount of benefits paid out (*in pesos - Php*) _____
Year _____

30. Does the micro-insurance scheme have a financial reserve?

- A. Yes
- B. No

If so, what is the amount? _____

31. Does the micro-insurance scheme have access to a Guarantee Fund?

- A. Yes
- B. No

32. Does your micro-insurance scheme use a commercial insurance provider to cover some benefits?

- A. Yes
- B. No

(f yes, please describe) _____

33. Is the micro-insurance scheme re-insured?

- A. Yes
- B. No

(f yes, please describe) _____

34. Is the micro-insurance scheme linked to a state/national programme or a commercial insurance programme?^{iv}

- A. Yes
- B. No

If yes, please specify types of linkage:

- A. Reduction on commercial or public insurance premiums
- B. Complementarity of the micro-insurance scheme to a public insurance scheme
- C. Upgrade of services by public health services
- D. Use of existing services/programmes to complement micro-insurance scheme
- E. Legislation/regulation encouraging commercial/public schemes to work with micro-insurance scheme
- F. Others (specify) _____

Note: *Please feel free to attach any other information you think is useful and informative.*

Thank you for taking the time to respond.

Notes and Definitions of Terms used in the Questionnaire

i Definition of Micro-insurance and community-based risk pooling mechanisms:

Micro-insurance is defined as the pooling of a group or community's resources to share risks, such as those associated with disease, ill health, death, old age, accidents, etc. The members of a micro-insurance scheme are covered for a set number of risks, in line with a defined benefits package and payment of contributions.

Micro-insurance schemes are organised by a variety of actors: community-based organisations, health service providers, associations, municipalities, districts, trade unions, cooperatives, micro-finance institutions, employer associations, women's groups, etc.

Micro-insurance schemes can cover risks associated to people (members and their families) and/or risks associated to their assets (livestock, equipment, houses, etc).

Three principles underlie micro-insurance:

1. the pooling of defined resources and risks;
2. non refundable payment made in advance according to a payment schedule; and
3. a guarantee that the risks defined will be covered in case of bad fortune.

ii Co-payment

A mechanism allowing for risk-sharing between the insurance scheme and the insured. There are three types:

- Co-payment – a partial payment of services by the insured to ensure proper usage of services. Example: an amount of 100 pesos for each doctor visit
- Franchise – a fixed amount under which the costs are borne by the insured. Example: all services costing less than 100 pesos are paid by the insured or the first 100 pesos of a 1,000 pesos service
- Upper ceiling – a fixed amount or fixed number of benefits that is insured. Costs above this amount are borne by the insured. Example: the micro- insurance scheme pays for a maximum amount of 5,000 pesos and everything above is paid by the insured.

iii Difference between members, contributors and beneficiaries

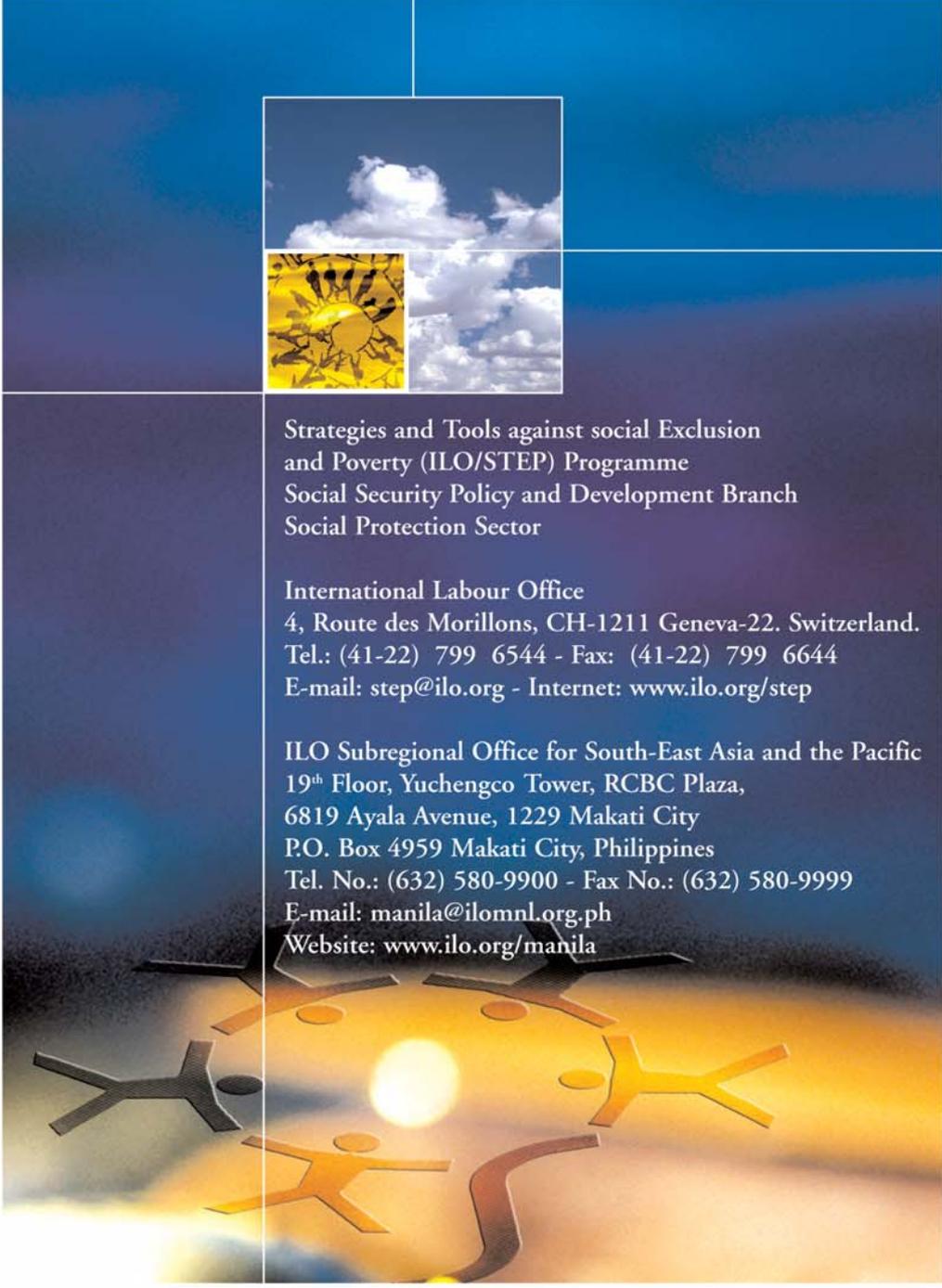
- **Members:** persons having paid membership fees and registered officially with the insurance scheme
- **Contributors:** members paying their contributions (for themselves and their dependents, if applicable). Some members of a scheme are members but have stopped contributing or have never contributed. They are not contributors.
- **Dependents:** persons for whom contributions are made to the scheme. Generally they are the spouses, children and other dependents as defined by the scheme.
- **Beneficiaries:** they are the contributors plus their dependents who are covered by the scheme because they have paid their contributions. Some people are beneficiaries without paying, because someone is paying for them (govt, NGO, etc).

iv Linkages with government / national / commercial systems

Those are the linkages with government, national and commercial programmes and systems – whereby members of a scheme benefit from the link that was established. Examples:

- i) *reduction on premiums* for life insurance with a national insurance scheme, because the scheme has negotiated it or because the government program offers this to micro-insurance members. Example: reduction on premiums of a public or commercial insurance scheme for members of a micro-insurance scheme.
- ii) *complementarity* of a micro-insurance scheme - Example: a welfare fund giving some benefits but not complete benefits. The benefits can be complemented by a micro-insurance scheme. Another example: medication can be covered by the micro-insurance scheme.
- iii) *upgrade of services* by a public health service provider - Example: if a group has a health-related micro-insurance scheme, it can negotiate with the public sector that the services be upgraded in the facilities they use (a qualified doctor or more equipment, etc).
- iv) *existing programmes to complement the scheme* - Example: joining a vaccination programme with the scheme, or an HIV programme, etc
- v) *legislation/regulation* encouraging commercial schemes to work with micro-insurance schemes – Example: legislation making it compulsory to have part of the portfolio addressing the poor.

GLOBAL CAMPAIGN ON SOCIAL SECURITY AND COVERAGE FOR ALL



Strategies and Tools against social Exclusion
and Poverty (ILO/STEP) Programme
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