CARE Arogya Kendra [1]

About the Product(s)

Countries of Operation: India  
Product status: Active  
Number of Members: Care Arogya Kendra had 600 families and 300 members as of 2010.  
Institutional Model: Community-based health insurance/mutuelle  
Type of Coverage: Voluntary  
Type of Policy: Individual + family policy

Currently, more than 65% of primary care treatments are addressed at village level by health workers through remote doctor support and 35% are treated at referral primary health centers.

Sum insured:

The sum insured is 2500 INR (US$47) (as of 2011).

Benefits and services covered: In-patient and out-patient care

The product covers consultations, drugs, blood tests, IV fluids, and injections.

Premium Amount: The annual premium for a family of 4 (2 adults and 2 children) is US$5.60 (300 INR) (as of 2010).

Healthcare provider paid by: Capitation (fixed payment per person per period- determined by enrolment, and not influenced by utilization)

About the organization(s)

CARE Foundation is a non-profit organization with the mandate to make quality health care affordable and accessible to all through the appropriate use of technology. The Foundation implements its mission in three main ways: a) conducting research and providing specialized training, b) developing cost-effective medical products, and c) providing healthcare to low-income populations.

To increase access to health in rural areas, the Foundation relies on local capacity building and technology solutions, implements solutions to create a more efficient supply chain, and has launched a microinsurance program. The Foundation works with innovative health care approaches such as tele-medicine, digital catheterization laboratory, and robotic surgery.

Lessons from the scheme

Click on the links below to view more details on the emerging lessons.

- Pharmacy management is a leading determinant of the sustainability of an outpatient insurance product.
- Prospective clients in rural Maharashtra, India do not appear to understand the concept of insurance, so it can be useful to avoid use of insurance terms, and emphasize good health, avoidance of disease, etc. [2]
- It is difficult to get specialist doctors to visit the hub clinic when patient volume is low, and difficult to attract patients to the clinic without an array of specialists.

More about the scheme/information sources

Source:

- Center for Health Market Innovations: Care Foundation Profile[3]
- Microinsurance Innovation Facility: Care Foundation Profile and Learning Journey (2011) [4]

Last updated January 2013.