VimoSEWA [1]

About the Product(s)

Countries of Operation: India
Product status: Active
Number of Members: SEWA has 200,000 members enrolled as of 2010.
Institutional Model: Partner-agent
Type of Coverage: Savings linked
Type of Policy: Individual + family policy
Provider of health services: Both public and private providers

To complement services from health care providers, SEWA trains community health workers to provide health education and linkages with out-patient services, provision of herbal medicines and referral to government services.

Benefits and services covered: Hospitalization

Sukhi Parivar - bundled scheme 1: Member: US$4 (175 INR), Spouse: US$3 (125 INR), Children: US$2 (100 INR) per year (as of 2010).
Sukhi Parivar - bundled scheme 2: Member: US$4 (175 INR), Spouse: US$3 (125 INR), Children: US$2 (100 INR) per year (as of 2010).
Sukhi Parivar - bundled scheme: Member: US$4 (175 INR), Spouse: US$3 (125 INR), Children: US$2 (100 INR) per year (as of 2010).
Swastha Jiva - unbundled health product: Member: US$4 (175 INR), Spouse: US$3 (125 INR), Children: US$2 (100 INR) per year (as of 2010).
Swastha Parivar - family floater health product: Member: US$4 (175 INR), Spouse: US$3 (125 INR), Children: US$2 (100 INR) per year (as of 2010).


Frequency of premium payment: Payment in regular installments

About the organization(s)

SEWA is a trade union of 1.1 million poor, self-employed women workers. Established in 1972, its main goals are to organize women for full employment and self-reliance. VimoSEWA is SEWA’s insurance unit in which the workers themselves are the users and managers of all services. It was developed in 1992 in response to members’ needs for protection. VimoSEWA promotes an integrated insurance product of life, health, accident and asset coverage for poor workers and their families.

Lessons from the scheme

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

- It is essential to analyze health claims on a frequency and cost basis per member (or per 1000 members) to uncover what is really driving results. [2]
- Hysterectomies may be a leading source of expenditure and claims.
- Hospital claims data require significant time and effort to sort and code to obtain more useful analysis. [3]
- Urban clients have more claims and the cost per claim is higher than their rural counterparts.
- Drugs are a key driver of claims costs. [4]
- Implementing guidelines on how to conduct health education sessions can ensure consistent quality.

More about the scheme/information sources
Sources:

- SEWA Website [5]
- Ranson et al. 2005. Making health insurance work for the poor: Learning from SEWA community-based health insurance scheme in India [8]

Last updated January 2013.

Source URL: http://www.impactinsurance.org/hwg/products/vimosewa

Links: