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Micro Health Insurance (MHI) cards, protection plan to drive faster growth for Sindh's rural communities

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Two-fifth of the population in Pakistan lives below the poverty line and struggles to access adequate food, water and health facilities. In Sindh, 43.1% of the province's population is 'extremely poor' and lacks access to education, health facilities and faces poor living standards (Rana, 2016). Health facilities are poorly resourced in rural parts of Pakistan. While doctors are available in some areas, they do not perform their duties in the Basic Health Units established by the government. Private doctors are there to fill this gap, but charge high fee which is not always affordable by local people (Amir, 2017).

Therefore, health insurance is particularly important for those in the informal economy who are underserved by mainstream commercial and social insurance schemes. It provides a critical safety net, preventing households from falling into poverty by avoiding the damaging costs of emergencies. An unhealthy population cannot fully contribute to economic development as health issues reinforce poverty in the society.

To reduce the impact of health shocks on poor families, Micro Health Insurance (MHI) is provided



Women members showing their Micro Health Insurance (MHI) cards

under the EU funded SUCCESS Programme to 25% of the poorest households. This insurance covers their basic health needs and increase their resilience to health shocks. After the formation of community organisation by SUCCESS partner Rural Support Programmes (RSPs) in Sindh, the insurance package is offered to the selected poorest households in the village. For the selection of households, RSPs have determined the total number of eligible poorest households to be covered under the insurance package on the basis of a Poverty Scorecard (PSC) survey.

Ms Sajida, Social Organiser (SO), NRSP said, “once COs are formed, the eligible households are registered with the insurance company (Jubilee Insurance) hired by the RSP. Jubilee Insurance then issues a MHI card for each eligible household. For the distribution of cards, we contact the CO president and manager to call the members with the lowest band of poverty score (0-12) identified through the PSC survey. List of members is also shared with them. Later on, we hold a meeting to distribute these cards.” The beneficiaries of MHI cards will be provided with treatment for hospitalisation costing up to Rs. 25,000 (USD 250) per household member per year. They can avail the facility from the private panel hospital namely, Al-Khidmat Foundation, Tando Allahyar (other SUCCESS districts also have panel hospitals that are specified accordingly by the insurance company). If a CO member receives their treatment in hospitals other than the panel hospital, they can submit invoices for the reimbursement of claims.

Ms Naseem Social Organiser (SO), NRSP observed, “the major challenge, we faced during the process of distribution of cards, was the unavailability of members at the meetings. The community members are busy at fields due to the cotton crop. Another issue was their refusal to receive the MHI cards. A few members were refusing to collect their cards. Instead, they insisted to be paid Rs. 25,000 (USD 250) per household member in cash.” The NRSP staff had many dialogues with them. As a result, all the concerned members of the community organisation agreed to have MHI cards to avail the health facility provided under the EU-SUCCESS programme.

Mr Aslam (Capacity Building Officer, NRSP) said, “we are currently facing a problem of migration with some households. People have migrated and their cards remain undelivered. Another issue is of unavailability of CNIC cards of the members of the CO with 0-12 PSC. In addition, all the members of CO demand for the MHI cards. So we had several conversations with the members of the CO and explained to them why PSC was made a standard.” It is important to note that CO presidents and managers have become active in bolstering the efforts of getting CNIC cards for the members who do not have CNIC cards. In this way, all the members of COs have come to know about the importance of mutual cooperation to solve some of their development problems.

To record the views of MHI card holders, a field visit was carried out under the research component of SUCCESS in the union council Dad Khan Jarwar; district Tando Allahyar on 4th and 5th October 2017 and on 11th January 2018. Ms Zeenat said, “after the formation of our CO and VO, a CO meeting was arranged in the month of September 2017 by NRSP staff for the distribution of MHI cards. In this meeting, I also received an MHI card from Ms Naseem (Social Organiser, NRSP).” She continued further, “currently, my one-year-old son is in critical condition because he has been suffering from diarrhoea and fever. Due to the neighbour’s misguidance, I haven’t consulted with the doctors for his treatment because they said that these MHI cards are fake and forged.”

Zeenat has been surrounded by critical health issues since she got married. She had hepatitis and two of children died due to her inability to pay the cost of treatment and her lack of access to government hospitals. She also had two stillbirths for her twin children. Zeenat is pleased to receive the MHI card because her family often suffers from the health shocks but cannot afford treatment most of the time. Her one-year old son continued to suffer from fever and diarrhoea and her five years daughter also suffered from high fever, so in October 2017 she visited Al-Khidmat foundation hospital in Tando Allahyar. Zainat said, “In Al-Khidmat foundation hospital, the doctor told me that the MHI card can only be used for the purpose of an operation and in the case of an emergency. Then I went to government civil hospital Tando Allahyar where doctor consulted my children and I returned to my village afterwards.”

Ms Azeema, aged 31 years, resides with her husband and eight children. Her husband is a daily wage worker and earns Rs. 200- 300 (USD 2-3) a day. She said, “I have an intra-abdominal anti-tumour and before receiving the MHI card, I was unable to consult with a doctor for the operation due to our household’s low income. After receiving the MHI card, now I plan to go to the Al-Khidmat hospital for my treatment.”

Another member of CO Ismail Mehrani-I, Ms Bhaagi said, “my son had a kidney operation two months ago, in Isra-hospital Hyderabad where we paid Rs. 50,000 (USD 500) for the operation. If I had received the MHI card during that time, I would have availed the facility instead of selling our livestock and begging for money from others.” She added, “However, I am thankful to EU and NRSP for providing this facility as a social security and I will avail it for treatment in future.”

For addressing common health issues, the villagers usually visit nearby clinics but in complicated health issues, they remain worried about the treatment due to their weak financial condition. As observed during the visit, after receiving the MHI cards they are hopeful and feel secure that their household members can avail this facility in emergency cases without worrying to arrange money.

Shakooran said, “we earn to improve our household conditions but due to health issues, all our personal savings are used in medical expenses so we remain trapped with the same household conditions. We hope that now this MHI card will help us to improve our household conditions by reducing health related expenses.”

This report was documented by the researcher during field visits conducted in the first week of October 2017 and on 1st January 2018

References

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