PAREL

STRENGTHENING LOCAL ECONOMIES IN SENEGAL THROUGH ACCESS TO MEDICAL INSURANCE AND SAVINGS GROUPS

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CONTEXT

Senegal is a poor country in the Sahel, one of the world's most difficult geographic zones. Limited access to financial services, clean water, quality health care, and other basic infrastructure and services creates obstacles to household health and limits sustainable economic development. This reality is exacerbated by the lack of affordable health insurance programs for all segments of the Senegalese population. Until recently, health insurance in Senegal was readily available for only formal sector and government workers, providing social protection to only about 20% of the population through traditional systems. This left 80% of the Senegalese population without coverage, 73% of whom are farmers and pastoralists who practice subsistence agriculture or animal husbandry as their main source of income and people working in the informal economy as petty traders. The absence of health insurance for many, including the majority of vulnerable households, often means that families and individuals only prioritize medical expenses or seek medical care once a health problem has reached a point of serious concern, ultimately making costs higher and posing a greater risk to overall recovery and long-term health.

In September 2013, the Government of Senegal (GoS) launched the Universal Health Coverage (CMU) program, which envisions every community and household in Senegal accessing quality promotional, preventative, curative, and adaptive health services without exclusion by 2022. Through this vision, the government is committed to ensuring that every Senegalese is healthy enough to be economically and socially productive, contributing to the fight against social inequality and towards social cohesion and security in what it terms an "Emerging Senegal." As part of the program, the GoS has promoted the development of community health mutuals and subsidizes insurance premiums at 50%, maintaining a cost of 3,500 CFA (or approximately $7 USD) per person, per year, for all people participating in the mutual health insurance programs. A special system has also been put in place to fully cover the most vulnerable community members at 100%.

Photo taken during community mobilization activity. (Carla Fajardo for CRS)

CRS' PILOT PROJECT: PAREL

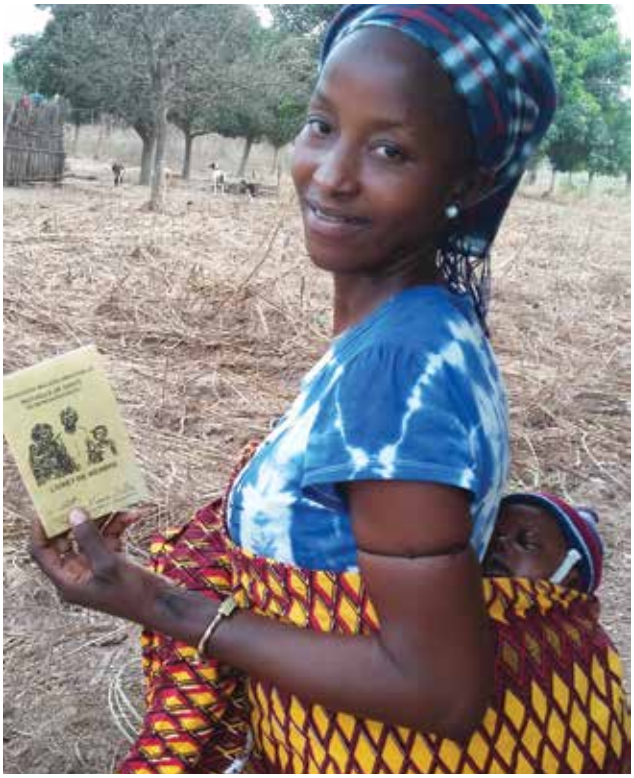
In line with its global mission to promote human development by fighting disease and poverty, Catholic Relief Services (CRS) and its local partner Ndéyi Jirim initiated a pilot called *Project for Strengthening the Local Economy Through Access to Medical Insurance and SILC (PAREL)*,[1] PAREL signifies "be prepared" in Wolof, the most commonly spoken language in Senegal, and serves the dual purpose of calling on communities to take ownership of the initiative and play an active role in preventing disease. Working hand in hand with the GoS' Agency for Universal Health Coverage (ACMU), this project was initiated with nearly $75,000 from CRS private funds towards the newly launched ACMU strategy. Leveraging existing CRS Savings and Internal Lending Communities (SILC)[2] in the project area, the pilot aims to improve access to health services and strengthen prevention behaviors among vulnerable populations through health mutuals, which are comprised of and managed by volunteer community members.

The general objective of PAREL is to **help expand CMU in Senegal by engaging SILC groups**. In order to achieve this goal, the PAREL project set five

FIGURE 1: DIOURBEL MAP

[1] Projet d'Assurance et de Renforcement de l'Economie Locale.

[2] CRS' SILC groups consist of fifteen to thirty self-selecting members. Groups meet on a regular basis (weekly in the first cycle) to allow members to save, to contribute to the Solidarity Fund, and to access needed loans or subsidies. At the end of the annual cycle, all loans must be repaid and the loan fund is shared. Members receive their savings with a proportional share of the profits of the cycle. The group then starts a new cycle, adjusting its membership and functioning as desired. SILC groups are highly resilient. After completing the first cycle (under the supervision of an agent), they continue to operate without additional external support.



SILC member holding her health insurance membership card. Photo by Daouda Sonko for CRS

specific objectives to gauge progress. Specifically, through the PAREL project, CRS aims to:

- Adapt and promote the ACMU health insurance approach to improve the social and economic conditions of the most vulnerable through access to affordable health care.
- Help and encourage vulnerable populations to subscribe to community health insurance options through awareness-raising and basic education on the costs and benefits of the ACMU's subsidized health insurance options.
- Leverage existing CRS SILC groups and Private Service Providers (PSPs) as key influencers in raising community awareness about CMU, serving as early adopters in CMU registration.
- Reinforce the financial and organizational systems and structures of health mutuals to ensure quality services and adequate coverage for registered members.
- Inspire a long-term commitment to community health insurance for members of SILC groups and the general population.

To achieve its objectives, CRS and Ndéyi Jirim used a participatory approach, engaging key stakeholders to ensure that administrative authorities, the private sector, the public sector, religious leaders, opinion leaders, and communities could appropriate the GoS' CMU initiative in the project target area.

THE COMMUNITY HEALTH MUTUAL is an association of people based on the principles of volunteerism, solidarity, and mutual assistance which, through the contributions of its members, conducts contingency activities to support, totally or partially, the health costs of its beneficiaries.

JUSTIFICATION AND LOCATION

The PAREL pilot was launched in June 2015 in the region of Diourbel, where CRS is currently implementing large-scale community health and savings-led microfinance programs. These programs were leveraged to test a sustainable solution to financing community health insurance for the most vulnerable.

In the health districts of Diourbel and Bambey, as part of the USAID-funded community health program (PSSCII), CRS provides training, equipment, management, monitoring, and support of health huts and community sites. In these same zones, CRS also implements a MasterCard Foundation-funded Expanding Financial Inclusion (EFI) in Africa program, where it uses CRS' signature SILC model to help populations mobilize their savings, which gives rise to income generating activities and livelihood diversification opportunities while creating social solidarity among members. In each SILC group, the members also set up a social fund to be used in case of urgent social needs, such as an illness in the family or the birth of a child.

PAREL was initiated as an intersection of these two projects and aims to contribute to the success of the GoS' CMU strategy, promoting CMU to SILC groups so that the poorest populations can access health insurance through community health mutuals. Through this strategy, CRS aims to promote SILC both as an effective way to ensure members' health insurance registration fees and as a means to promote greater financial autonomy.

In early 2015, CRS conducted a preliminary assessment in Diourbel, which showed that only

12% of the people there had used the services offered by health mutuals and had a general idea about what health insurance was. The PAREL project aimed to raise awareness—especially among the members of SILC groups—on the benefits of health insurance for improving family health. The aim was to encourage members of the SILC groups to use their own resources to cover their health insurance membership fees, as well as those of their families, and subscribe to health insurance through the health mutuals in their communes.

PAREL ACHIEVEMENTS

At the beginning of the project during the months of June and July 2015, activities were devoted to dialogue with the administrative, local and health authorities and community actors village chief, imam, community liaisons, "badianou gokh", ASC, traditional leaders, etc.). This strategy ensured an approach that included all project stakeholders and also improved community awareness through standardized messages about the CMU, ensuring consistent messaging in CMU demand creation at the community level. These activities also enabled community buy-in and understanding of CMU by key community leaders, who would facilitate the CMU promotion post intervention.

While the project targets the general population in the areas of intervention, it is specifically focused on reaching the members of SILC groups, of which 80% of members are women, as they can leverage their financial resources invested in SILC to facilitate enrollment and renewal of premium with health mutuals. In order to reach SILC group members, the PAREL team worked with community health mutuals to train existing CRS PSPs on the CMU initiative and position them as intermediaries between SILC members and community mutuals. As a result, interested SILC group members, their spouses and members of their households were given the opportunity to register for health insurance with the PSP serving as a facilitator and guide in the process.

In addition to these investments, CRS organized training workshops for managers of health mutuals and facilitated group exchanges between different stakeholders creating a community dialogue about the benefits of CMU and the requirements for engaging larger segments of the population. As part of this strategy, PAREL distributed flyers and t-shirts, invited guest speakers to SILC group meetings, organized large scale and widely publicized social mobilization events and caravans, and broadcasted interactive radio programs in order to promote universal health coverage and encourage vulnerable populations to register. These awareness-raising activities allowed PAREL to reach a total of 2,309 people directly, including 1,508 people belonging to SILC groups and 801 non-members.

At the onset of CRS' initiative, the project team realized that as a necessary precursor to the promotion of CMU, community health mutuals were in serious need of training and support in order to ensure that there would be effective operation at the mutual level with the influx of new clients generated through CRS' demand creation. PAREL offered financial management and organizational development trainings and donated 2.74 million CFA of equipment (computers, printers, and digital cameras for the creation of membership photos, and member books) to support their basic operations. These investments ensured that community members have access to quality care.

As a result of all of these efforts, local community health mutuals credit CRS for the majority of the 1,439 registrations between August and December 2015 (see Table 1) and see this influx of members as a direct impact of CRS' various awareness raising efforts in the pilot area.

For example, the community health mutual in Refane created in 2007 had only registered a total of 527 clients over the course of their eight years of existence as of August 1, 2015. Between August and December 2015 the mutual experienced an increase of 458 members, nearly doubling their membership rates, which they attribute to PAREL outreach efforts (see Table 1).

SILC members meet to discuss CMU.
(Joshua Voges for CRS)

TABLE 1: SUBSCRIPTION RATE IN COMMUNITY HEALTH MUTUALS FROM AUGUST TO DECEMBER 2015

	M.S Dangalma	M.S Refane	M.S Be. Fallou Ngogom	M.S Ndem (Ngogom)	M.S MuSCOM Bambey	M.S Ndieyenne Sirakh
Creation date	2004	2007	2007	2009	2013	2015
Number of members as of August	746	527	144	2132	284	00
Number of additional members registered between August and December 2015	265	458	76	399	22	219
Rate of increase in three months	35%	87%	53%	19%	8%	N/A

In addition to the above achievements, the PAREL project has used the SILC approach to effectively engage community health mutuals and families in a dialogue about CMU and to leverage SILC savings to pay health insurance premiums. The

SILC members proudly displaying their health insurance membership cards. (Daouda Sonko for CRS)

community health mutual officials in PAREL promoted SILC through their collaboration with SILC PSPs as a means to generate income for health insurance. These awareness-raising activities created increased demand for SILC training. Of the six community health mutuals in the pilot, the Beugu Fallou of Ngogom mutual, the Refane mutual, and the Ndieyenne Sirakh mutual have expressed the desire to integrate SILC PSPs into their community awareness campaigns and to actively work with them in PAREL. Even more striking, the president of the Sope Mama Diarre mutual expressed interest in becoming a PSP to train people in the SILC methodology.

The results achieved by PAREL are a powerful testimony to communities' determination to protect themselves against disease despite their financial difficulties. The PAREL initiative demonstrated that CRS' SILC methodology, combined with CMU awareness-raising, offers a unique and realistic opportunity to reach vulnerable populations, increase health insurance registration, and make universal health coverage a reality. In only a three-month period, PAREL helped register 1,439 people for health insurance through community health mutuals. Of those who recently registered, 495 (34%) are members of SILC groups. (See Table 2 for list of PAREL outputs.)

PERSPECTIVES

Through PAREL, CRS and its local partner, Ndéyi Jirim, have emerged as innovators in micro-insurance promotion and have shown a way forward for uptake among poor populations. Although the GoS, specifically the ACMU, has made advancements in the roll-out of CMU nationally, there was an identified gap in reaching Senegal's most vulnerable and offering a sustainable solution to help members make even the subsidized registration payment. Initiatives like PAREL offer a community-centered, practical solution to reaching the most vulnerable through engagement and dialogue between mutuals and community leaders, promoting CMU through various communication channels, and offering SILC as a means to save for and invest in health insurance coverage for vulnerable families. Investing in community health mutuals through capacity building trainings and equipment donations helped ensure that those seeking health insurance through PAREL were met with quality services and support. Convincing vulnerable households to invest their strained resources in the somewhat abstract concept of health insurance is already a challenge and both community health

mutuals and community health structures must maintain quality preventative care and services if they are to remain sustainable. In order for CMU to succeed, a variety of actors (NGOs, private sector health insurance agencies, the government, the public health system, community leaders, financial sector actors, etc.) must continue to work together to ensure that actors on various levels are on the same page regarding the new strategy.

Through national, regional, departmental, communal, and community-level meetings with government actors, local authorities, health system staff, community health mutuals, and the general public, CRS and Ndéyi Jirim reinforced their organizational positions as leaders in advancing human development using a community participatory approach to promote universal health coverage. By developing a SILC/community health mutual expansion strategy based on the results and lessons learned from the PAREL pilot phase, CRS could extend PAREL activities to new regions, even nationally, to increase community-level CMU adoption by the most vulnerable. SILC offers both a unique means to finance community health registration for the poor and a solution to community health mutuals which regularly have difficulty guaranteeing their subscribers' payments. CRS hopes to secure outside funding in order to continue its promising approach at scale.

CASE STUDY

Fatou lives in Mbambey, a small village in the Refane commune characterized by increasingly degraded farmlands severely affected by climate change. For years the never-ending school fees and medical bills for her eight children strained Fatou's finances, forcing her to continually appeal to neighbors and family for support.

Participation in a CRS SILC group through the EFI program has enabled Fatou to regain control. With small loans, she has been able to launch a profitable coffee business. The SILC PSP of her village also taught her and her fellow SILC group members how to take advantage of Senegal's new Universal Health Coverage program.

With the money she makes from her coffee sales, Fatou was able to subscribe to her commune's community health insurance plan. Fatou's entire family is now officially covered by health insurance. "I used to be constantly worried about my kids," she explains. Because of SILC, she is now financially independent and confident that, in the event that one of her children falls ill, she now has the means to support them.

A PSP shares moments of joy with SILC members. (Daouda Sonko for CRS)

In addition to expanding to new regions, CRS is exploring adding an information and communication technology for development (ICT4D) innovation that would integrate Mobile Money into the PAREL system. In late 2016, CRS will again invest private funds to pilot Mobile Money as a means for members to pay subscription fees and premiums through cell phones and local Mobile Money providers.

RECOMMENDATIONS

Based on its modest experience through the PAREL pilot, CRS puts forward the following recommendations to make universal health coverage a reality in Senegal.

1. There must be an accessible and realistic financing mechanism or platform, such as SILC, to help households organize their savings and invest in health insurance coverage to ensure that the most vulnerable are being reached.

2. Awareness is key to convincing households of the need to invest in preventative health care and the benefits of health insurance. Limited resources make decisions on where and how to invest even more critical. Vulnerable households must understand and be convinced that health insurance is a worthy investment.

3. Although mass media messages are successful in reaching large and diverse segments of the population, this does not replace the need for more personalized outreach based on established trust relations. Messages need to

be affirmed by trustworthy community actors (SILC PSPs, iNGOs, local NGOs, community health mutual members, etc.) who have an established anchor in the community, can accurately respond to questions and concerns, and who can facilitate the registration process. Members of this trusted network must remain in the community after initial registration to troubleshoot problems and respond to follow-on questions as they emerge.

4. In order to continually pay premiums, potential health insurance members need a mechanism to organize their savings and ensure that they have the dedicated resources necessary at the end of each year to renew their membership. CRS SILC methodology serves this purpose well and has proven itself a success.

5. Continual training and quality support services are required to ensure that vulnerable community members are receiving the best quality care and services available. CRS' financial education, organizational development, and business and marketing skills trainings, among others, keep PSP and community health mutual leadership accountable and strong in their capacity to serve and reach the most vulnerable.

Finally, health huts, health posts, and other rural community health care services need continual capacity building and support to ensure quality services and adequate human and material resources to serve the influx of preventative care-oriented populations at scale.

CRS is well positioned to continue its work and hopes to have the opportunity to collaborate further with fellow INGOs, the ACMU, and donors to make universal health coverage a reality in Senegal.

LP Staff mapping areas during initial training. (Daouda Sonko for CRS)

TABLE 2: PAREL OUTPUTS

Type of information	Ngohé Number	Touré Mbonde Number	Dangalma Bambey Ngogom[6] Number	Réfane Number	Ndieyenne Sirakh Number
Community trainings					
Number of villages trained	8	9	11	12	7
Number of social mobilizations organized	0	1	3	1	0
Number of radio broadcasts organized	0	0	28	0	0
Number of meetings with local authorities and health structures	2	2	6	6	5
Number of females that participated	209	260	686	774	185
Number of males that participated	31	38	103	19	4
Number of female heads of household that participated	110	64	282	21	29
Number of male heads of household that participated	28	28	95	13	2
Number of SILC groups affected	8	13	15	12	8
Number of SILC group members trained	240	251	387	441	189
Adherence to health mutuals					
Number of female members	70	0	464	245	147
Number of male members	5	0	415	20	72
Total number of members (male and female)	75	0	879	265	219
Number of female beneficiaries	70	0	3377	391	361
Number of male beneficiaries	5	0	1671	101	227
Total beneficiaries (male and female)	75	0	5048	492	588
Number of female SILC members that joined	70	0	105	206	54
Number of male SILC members that joined	5	0	43	2	10
Total members in a SILC groups	75	0	148	208	64

[6] Dangalma: 458 members (239 H et 219 F)
Muscom Bambey: 22 members (11 H et 11 F)
Beug Fallou Ngogom: 76 members (29 H et 45 F)
Sop Mame Diarra Ndem (Ngogom): 323 members (127 H et 196 F)

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Cover photo: Field supervisor using check list. (Daouda Sonko for CRS)

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