ShantiMicrofinance

Developing a Health Strategy in the Slums

Focus: Microfinance Loan Recipients in Ahmedabad

A Pilot Study with SAATH Charitable Trust

SAATH

Developing a Health Strategy in the Slums

Focus: Microfinance Loan Recipients in Ahmedabad

ShantiMicrofinance

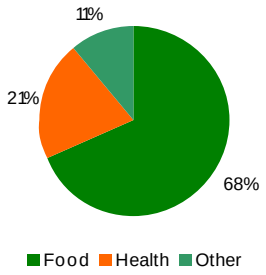
Introduction

Microfinance loans have been successful in helping bring poor families out of poverty. However, a sudden illness in the family, or a disease resulting in time taken off work can have devastating effects on their already delicate financial situation Microfinance itself may be the most promising avenue of exploration to help alleviate inaccessibility and inefficiency of healthcare. This report outlines preliminary surveys conducted to ascertain the demographics of the group in question: loanee members, with respect to health, business and financial burden due to illness. The overall goal of this project is to ultimately create and sustain a working model for healthcare subsidization and accessibility for the people with whom our charity interacts.

Here we evaluate the characteristics of loanee members relevant to developing a healthcare strategy

Background

At present 20% of slum dwellers' salary is being put toward health expenditure. This may be prevented by the elimination of high costs due to serious illness. Healthcare subsidies are available to lessen the financial burden brought about by illness, however, these do not target the real problem: disease prevention. A lack of standardized preventive treatment may lead to compounding problems, which in turn facilitates serious illnesses, negatively affecting the individual and their family as well as the entire community by decreasing productivity. Some form of preventative healthcare within high risk populations such as slum dwellers is a necessity. We propose implementing a percent utilization of all future loans offered by SAATH's MFI to be put towards a communal healthcare 'pot'. These funds, contributed by all members of the MFI community, may then be used to mobilize greater accessibility to health resources to detect early signs of serious disease or illness and highlight early lifestyle modification and disease progression.



Survey

- Family background
- Loan information
- Income and employment
- Individual/family health
- Health services and cost
- Physician information
- Community health
- Health cost
- Healthcare suggestions
- Healthcare pilot project

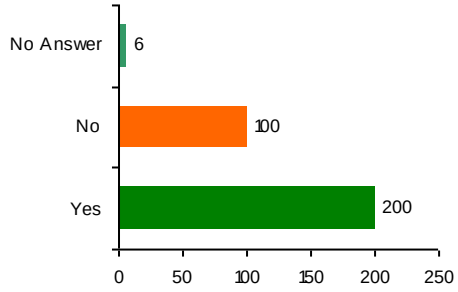
Survey Details: A total of 306 loanee members were surveyed from each of the 6 MFI loan branches across Ahmedabad.

ShantiMicrofinance

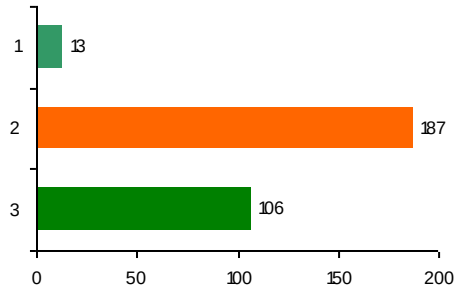
Developing a Health Strategy in the Slums

Focus: Microfinance Loan Recipients in Ahmedabad

Financial Participation



Percent of Loan for Health Care Contribution



Loan Details

Avg Loan Size: Rs. 8610

Avg Loans Number: 193

Avg Members per Loan: 4

Healthcare Price per Capita: Rs. 100

Healthcare Deductions: Rs. 77,200

% of Total Loan: 4.6

Results

Question	Label	Number	Percentage (%)
Members in immediate family	*unanswered* *1-2* *3-5* *5+*	*3* *15* *166* *122*	*0.9* *4.9* *54.2* *39.9*
Most recent loan amount	*unanswered* *Rs. 3000-10000* *Rs. 10000-20000* *Rs. 20000+*	*30* *177* *49* *50*	*9.8* *57.8* *16.0* *16.3*
Number of earners in the family	*unanswered* *1-2* *2-3* *3-5*	*44* *196* *51* *15*	*14.4* *64.1* *16.7* *4.9*
General health of family	*unanswered* *excellent (2/yr)* *good (5/yr)* *poor (every month)*	*13* *86* *144* *63*	*4.2* *28.1* *47.1* *20.6*
Preventative checkup	*unanswered* *yes* *no*	*9* *136* *161*	*2.9* *44.4* *52.6*
Community members requiring constant medical attention	*unanswered* *yes* *no*	*27* *153* *126*	*8.8* *50.0* *41.1*
Average monthly health expenditure	*unanswered* *Rs. <500* *Rs. 500-1000* *Rs. >1000*	*20* *213* *53* *20*	*6.5* *69.6* *17.3* *6.5*
Most spent on healthcare in one sitting	*unanswered* *Rs. <5000* *Rs. 5000-10000* *Rs. 10000+*	*96* *104* *52* *54*	*31.3* *34.0* *17.0* *17.6*

Loan Data

Month	Total	Number	Av. Loan
April	*1,158,000*	*140*	*8,271*
May	*1,096,000*	*146*	*7,507*
June	*1,190,000*	*163*	*7,301*
July	*1,962,000*	*251*	*7,817*
August	*1,364,000*	*172*	*7,930*
September	*1,927,000*	*213*	*9,047*
October	*1,965,000*	*189*	*10,397*
November	*2,533,000*	*259*	*9,780*
December	*1,926,000*	*204*	*9,441*
TOTAL	***18,772,000***	***2,155***	*8,711*

N.B. Branch 104 is not included in the data so origination levels are conservative

Developing a Health Strategy in the Slums

Focus: Microfinance Loan Recipients in Ahmedabad

ShantiMicrofinance

Summary

- Over 50% of families include 3-5 members
- 58% of loan sizes range between Rs. 3,000-10,000
- Less than half of loanee members visit the doctor for preventative checkups
- Average monthly expenditure is less than Rs. 500 per month
- 65.4% of those surveyed would be willing to contribute to a healthcare 'pot' focused on bringing needed resources into the slums
- 61.1% of those surveyed would be willing to contribute 2-5% of their loan to this healthcare 'pot'
- A healthcare price per capita of Rs. 100 per loan would contribute Rs. 77,200 to bringing in needed resources at at an average of 4.6% per loan

Recommendations

Based upon the results of this survey, the vast majority of loanee members would be willing to contribute a small percentage of their loan amount to bringing needed healthcare resources into the slums. The price per capita would be inclusive of all family members of the loanee. Given a rough amount of Rs. 77,000 the next step will be to determine how best to utilize these funds to benefit the participants. Based on the survey results and our extensive work within the slums, we offer the following recommendations:

- Membership to the URC
- Establishment of a eye care facility
- Introduction of technology to allow for personal health monitoring
- Youth ambassadors to disseminate awareness on major healthcare issues
- CVU video on health related lifestyle modification

Conclusion

Our results indicate that people are aware of the healthcare limitations within their community and are willing to contribute financially and productively to the establishment of a better healthcare strategy within the slums of Ahmedabad. This positive response is heartening and strengthens our resolve to help create a more accessible, self-sustainable and productive community within the impoverished slum residents.

Contacts

Leena Desai
[Global Health Advisor]

ShantiMicrofinance
Phone:
Email: