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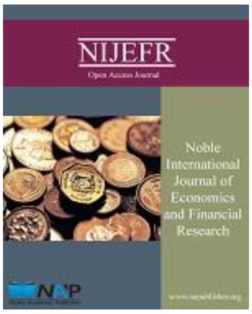

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A CRITIQUE OF MICRO-INSURANCE MODELS FOR MICROFINANCE BANKS TO BOOST SMEs IN NIGERIA

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ABSTRACT: This study is a critique of the diverse models adopted for micro insurance covers by microfinance banks in Nigeria. It is aimed at ascertaining the most functional model(s) which best fits the financial system and its low income earning entrepreneurs and businesses. Micro insurance is a financial arrangement to protect low income people against specific perils in exchange for regular premium payments. It is mostly provided by microfinance banks as an innovation to their micro financing activities such as lending, leasing, savings and cash transfer to the poor or those excluded by the mainstream retail banking sector. Diverse micro insurance models have been developed over the years but these are characterized by one flaw or the other such that little value is offered in contrast to the large sums involved. There is therefore a need for a model which could provide a comprehensive yet affordable micro insurance service. In this paper, six models adopted in various countries are analysed with a view to relating their effectiveness to the Nigerian environment. We conclude that the partner-agent model and mutual cooperatives fit the Nigerian financial system and recommend them to microfinance institutions in their efforts to boost SMEs in Nigeria.

Keywords: Micro Insurance, Microfinance, Model, Hazards, Risk, SMEs

1. INTRODUCTION

The Nigerian insurance market is still largely undeveloped as indicated by its low penetration in the country which is roughly 0.68% (Frank and Acha, 2017). This implies that less than 1% of the Nigerian populace have insurance covers despite the fact that the third party motor vehicle insurance and group life insurances have been made compulsory by law. Apparently, insurance is still being perceived as a service for the "elite" and something the common man cannot and need not enrol for. This calls for a need for a scaled down version of insurance called micro-insurance which would capture this class of people effectively (Acha I. and Ukpong, 2012). Micro insurance can be regarded as an insurance cover that can be easily accessed by the low-income market which can be purchased by SMEs to enable them run their operations with peace of mind by providing cover for various risks.

Small and Medium Enterprises (SMEs) play an important role in the economic growth and development of any nation (Nto and Acha, 2012). According to (Kpelai, 2009), they are the engine room for the growth of any developing economy. Tajudeen and Francis (2013) asserts that the potential benefits of SMEs to any economy include output of goods and services, creation of jobs at relatively low cost capital, acting as a vessel for the reduction of income disparities, development of a pool of skilled and semi-skilled workers as a basis for future expansion amongst others. However, their contribution to macro-economic development is inhibited by the fact that they have no or only over-priced access to financial institutions and other services. Mambula (2002) and Azende (2012) are of the view that the accessibility to funds and cost of raising them have remained issues limiting the in-capitalization requirement of SMEs which is a key managerial problem confronting them today and which, inadvertently leads to their premature collapse.

According to Tajudeen and Francis (2013), Nigeria has an estimated population of 17 million SMEs representing over 80% of the total number of firms in Nigeria and employing over 31 million Nigerians, approximately 75% of the total workforce. They affirm that the contribution of SMEs to the Nigerian economy is relatively low as a result of constraints such as insecurity, corruption, poor infrastructure and limited capital (Kauffman, 2005; Tajudeen and Francis, 2013). SMEs in Nigeria, just as their counterpart in other countries, are also exposed to risk. These are mostly financial, strategic and certain hazard risks. Financial risks are the most common manifesting in the form of needed finances to operate and grow the business. Strategic risks involve competition and economic problems (Azende, 2012); while hazard encompasses personal risks, property risks and liability risks (Tajudeen and Francis, 2013). Insurance is a medium through which cover could be provided against these risks. Such cover must be cheap and readily available in order to entice these small scale businesses.

Micro insurance is the provision of insurance services for low income individuals or small business owners (Acha I. A., 2012). Some of the risks common to this group of people are death, injury or illness, natural disasters and theft. These risks are capable of causing declines in their well-being and productivity (Brown and Churchill, 2000). In addition, SMEs suffer from limited capital and the basic requirements needed to assess the various funding options open to business firms. Sometimes SME owners engage in various credit options which expose them to further financial risks such as early liquidation amongst others (Tajudeen and Francis, 2013).

Micro finance institutions, whose primary aim is that of funding these SMEs have over time expanded their services to incorporate the provision of micro insurance to low income individuals and SMEs (Acha I. and Ukpong, 2012; Frank and Acha, 2017). This is carried out as a response to the risks faced by the latter. To effectively carry out this duty, MFIs must demonstrate that it has sufficient capital and reserves to cover any reasonable, unexpected increase in losses. This has led to the development of various models which are targeted at inculcating specialized skills and institutional structures necessary to provide appropriate cover. So far, this is yet to be achieved. There is still a dire need for a functional model which would not only provide a comprehensive yet affordable micro insurance service, but also mange insurance premiums and products profitably for the MFI. This is the basic problem the researchers intend to address.

The objectives of this study are basically to examine the micro insurance models adopted by MFIs and to identify a functional model that would fit into the Nigerian financial system.

2. FINANCING SMEs

Many programs have been initiated both by the government and the Central Bank of Nigeria over the years in a bid to raise funds for SMEs in Nigeria. Most of these programs were aimed at encouraging self-sufficiency and promoting main-stream financial transactions (Ayeni-Agbaje and Osho, 2015; Nto and Acha, 2012). However, they faced diverse challenges such as lack of long-term financing, inappropriate management skills, low market access, lopsided legislation and dearth of adequate infrastructure etc (Acha I. A., 2012; Gbandi and Amissah, 2014; Lawson, 2007). The micro finance policy was enacted in December 2005 to ensure provision of financial services to the lower economic segments traditionally not catered for by the conventional financial institutions. These institutions are characterized by their small size of loans, absence of asset-based collateral and simplicity of operations (Osotimehin *et al.*, 2012).

3. SMEs, MFIs AND RISK

Churchill (2007) describes micro-insurance as "a financial arrangement to protect low-income people againstspecific perils in exchange for regular premium payments proportionate to the likelihood and cost of the risk involved".

The Central Bank of Nigeria revised regulatory and supervisory guidelines for microfinance banks defines a microfinance bank as:

> *any company licensed by the CBN to carry on the business of providing financial services such as savings and deposits, loans, domestic fund transfers, other financial and non-financial services to microfinance clients (CBN, 2005).*

Such target client includes the economically active low-income earners, low income households, the un-banked and under-served people, in particular, vulnerable groups such as women, physically challenged, youths, micro-entrepreneurs, informal sector operators, subsistence farmers in urban and rural areas. These groups of people are exposed to different kinds of risk.

Douglas (2009) and Efiong and Acha (2012) opine that the list of risks that SMEs face is endless because of the free entry and exit of the small business enterprise. Such risks range from start-up business risk, changing tastes and preferences, economic trend, action by competitors, overhead cost, cost of equipment, expected sales volume, salary cost, taxes etc, to the more hazardous risks such as flood, fire outbreak, machine breakdown, intentionally/negligently inflicted damages, potential permanent loss of customers to competitors, earthquake, tsunami etc. Others can still be grouped under management risk, reputation risk and marketing risk (Azende, 2012; Douglas, 2009). While some of these risks are predictable and easily controllable, others are not. The key to effective risk management is a proper identification of the risk faced followed by appropriate and effective risk management strategies.

Among the 23 permissible activities for MFIs as epitomized in the revised CBN guidelines for microfinance banks (2012), are the functions of acting agents for the provision of mobile banking and micro insurance services to clients. According to Douglas (2009), running a business with basic insurance is a very smart way of managing identified risk. Insurance as defined by Vaughan and M. (1997) is the equitable transfer of the risk of a loss, from one entity to another in exchange for periodic payment. It is a risk management strategy which for a specified fee, known as the premium, protects the insured from certain risk and loss. Some insurance policies covering businesses are liability insurance, business property insurance, worker's compensation, life and health insurance and liability insurance. For a small business, there is a greater need to protect business property since replacing them might be very challenging for the business (Acha I. A., 2009). Sickness is also an unpredictable occurrence and if a key employee is ill, the business may suffer. This is where health insurance can play a major role by providing funds needed to pay for the employee's treatment.

4. THE ROLE OF MICRO FINANCE BANKS IN PROVIDING MICRO INSURANCE

Low income people mostly live and work in risky environments which makes them vulnerable to numerous perils such as illness, accidental deaths/disability, loss of property due to theft or fire, agricultural losses and disasters of both natural and manmade varieties. In addition, they are the group of individuals least able to cope when a crisis occurs. Often, out of pocket payments for health services are so financially devastating that they are not only pushed out of their small businesses but also below the poverty line (Churchill, 2007; Churchill and Matul, 2012; Xu *et al.*, 2007). Unfortunately, stakeholders in microfinance tend to focus their attention and resources on the productive side of finance particularly micro and small enterprise lending not minding that any development gains achieved such as increased incomes, assets accumulated and jobs created, can quickly be lost if the entrepreneur's business or household experience a peril. Hence, for an enhanced microfinance performance, there must be a balance between productive investments and protection-promoting resources.

Although people in different races and tribes are concerned with diverse risks, low income households consistently identify the loss of an income earner/bread winner and ill health of a family member as their greatest concerns. Cohen and Sebstad (2006), Matul *et al.* (2011) and Ledgerwood *et al.* (2013) assert that an inability to work results in lower income opportunities and additional expenses to cover health care costs. Although poor households may have informal means of managing these risks, these strategies tend to provide insufficient protection. Informal risk coping strategies such as borrowing from friends and family may only cover a small portion of the loss and is not likely to cover for a series of perils.

Micro insurance emerged as a complimentary tool to help low income people manage risks more effectively. It provides protection against specific perils such as death, disability, hospitalization or crop/business failure in exchange for regular payments proportionate to the likelihood and cost of the risk occurring. Like other financial products, insurance programs for the poor aims at meeting three objectives: providing coverage to meet the needs of the target population; minimizing operating costs for the insurer; and minimizing the price (including transaction costs) for clients to enhance affordability and accessibility. It attempts to strike a balance between broad inclusion, sufficient benefits, low premium rates and sustainability. Micro insurance invariably, aims at finding ways to inclusively serve vulnerable households at affordable rates over the long term (Churchill *et al.*, 2003; Frankiewiez and Churchill, 2011; Ledgerwood *et al.*, 2013).

MFIs cannot provide all services and clients cannot afford to buy numerous insurance products. Farooqui (2013), James *et al.* (2005) posit that the challenge for the MFI and its client is to figure out the most cost-effective solutions to their client's primary problems. This is because there appears to be a trade-off between reaching many people with a simple (mandatory) product and reaching fewer people with more complexes, varied and voluntary insurance. MFIs act as agents which distribute the insurance product to its own client through its own distribution network. The insurance companies act as a partner providing actuarial, financial and claim processing expertise and absorbs the risk with their successful delivery mechanisms and cash management expertise.

Operating micro insurance alongside microfinance facilities reduces overall portfolio risk and encourages MFIs to lower their interest rates on lending. As more MFIs focus on this, they not only secure their client's risk but also bring more people both under the insurance coverage and for their microfinance products (Farooqui, 2013; James *et al.*, 2005; Joshi *et al.*, 2013).

4.1. Need for a Functional Microinsurance Cover

Reaching poor people, many of whom are illiterate, with insurance cover is a difficult task. Often the low income policyholder does not understand why the premium is not reimbursed if no claims are made (Roth *et al.*, 2007). This is heightened by the fact that even though premium income is low, administrative costs tend to be relatively high and infrastructure for such level of insurance may be lacking. Moreover, providing micro insurance may require a lot of data input and basic research which are expensive to build. Joshi *et al.* (2013) are of the view that majority of the micro insurance models available were not made for developing countries and in order to create fast solutions and provide cover, traditional insurance products have to be simplified and/or modified.

4.2. Framework for a Functional Micro Insurance Model

The International Association of Insurance Supervisors (IAIS., 2014) rovides a framework for a functional micro insurance cover. This entails the following:

(i) **Innovative**: Functional business models have to be innovative especially in the choice of a distribution channel as a way of cutting costs. Newer micro insurance models should leverage new groups and aggregators alongside the usage of brokers and agents to aid distribution.
(ii) **Simplicity**: Roth *et al.* (2007) assert that a functional micro-insurance model should be simple as regards the role of the insurer, distribution approach, product design and how services are provided. These are considered key drivers of all business models.
(iii) A functional micro insurance model should encourage financial inclusion. According to Joshi *et al.* (2013) financial inclusion can be referred to as a state in which all working age adults have effective access to credit, savings, payments and insurance from formal providers. Effective access in this context involves convenient and responsible service delivery at a cost affordable to the customer and sustainable for the provider.
(iv) The micro insurance product should be delivered by licensed and supervised insurers and intermediaries to provide authenticity.
(v) A functional micro insurance cover should offer relatively low premiums, defined and limited cover, short policy terms to limit risk, simple and rapid claims process, preference for group underwriting, simple terms of contract etc (IAIS., 2012;2014).

5. MICRO INSURANCE MODELS

Arising from the works of Churchill *et al.* (2003), McCord and Roth (2006b), McCord (2011) and Joshi *et al.* (2013), Acha I. and Ukpong (2012), Frank and Acha (2017), micro insurance benefits both the policyholder and the financial institution. The death of a borrower is an obvious example of an event that causes problems with loan repayments. As a result, credit life insurance is the starting point for most micro finance institutions. It is quite common for MFIs to start with credit life product and then over time add additional benefits including covering family members and others. Some of the models proposed for a functional micro insurance cover by microfinance institutions are:

5.1. The Partner-Agent Model

This is a simple model that is mostly used for starting micro insurance operations, building in-house expertise and complex products where insurers are willing. Here, the MFI acts as a distribution channel for the insurance company. It provides access to its client base and performs specific roles in the delivery of insurance. It receives compensation through commission or service fees. In this model, the insurer develops and prices the product as well as manages risks. The MFI serves as sales agent for commercial insurers. The insurer and the MFI work together to design a product for low-income clients. The MFI handles marketing, premium collection and other customer services while the insurer absorbs the risk, sets the final rate, pays claim and confirms that all legal requirements are being met (Heenkenda, 2016). The key to this model is finding an insurance partner whose interests are aligned with those of the MFI. According to Joshi *et al.* (2013), the advantages of this model is that partners bring in insurance expertise and there's limited risk exposure. Its major challenges are that the revenues must be divided among partners and there is atendency for reputational risk if partner(s) does not deliver together with hybrid approaches whereby the insurer provides the basic coverage while the MFI provides additional benefits. A partnership that works closely and efficiently can reduce costs and increase client value. Long term partnerships allow the parties to trust each other more and improve their product offering over time. By integrating data systems, information can be more easily shared between partners and monitored by the MFI.

Table 1. Distribution of roles and responsibilities in a partner-agent model

MFI's Role	**Shared Responsibilities**	**Insurer's Role**
Initial screening of clients	Product design and testing	Risk analysis
Market research and feedback	Pricing	Statutory obligations
Consumer education	Business process analysis	Capital mobilization
Sales	Staff training on insurance	Reinsurance
Assisting clients with application	Processing applications	Asset and liability management
Premium collection	Contract preparation	Legal issues
Assisting clients with claim applications	Claims review, assessment and payment	Reserving and investments

Source: Adapted from Churchill *et al.* (2003) in Joshi *et al.* (2013)

A typical example of the partner-agent model is illustrated by the contract between the Ugandan micro finance institutions (FINCA) and the American International Group (AIG), Uganda. These parties entered into an agreement to offer insurance products to FINCA's credit clients in 1997. The resulting personal accident product was one of the first success stories where a large insurance company proved that micro insurance could still be profitable in a low income market when working in conjunction with an MFI. The MFI sold the product to its clients and by 2003, the product was contributing 17% of the profits ($100,000) of AIG Uganda. This example attracted much attention in the micro insurance sector and encouraged other large insurers to enter the micro insurance market in several other countries (CGAP, 2010).

The partner-agent model is simple, innovative, offers relatively low premiums, with a defined and limited cover, short policy terms to limit risk, and involves simple and rapid claims process with simplified terms of contract. Hence, it is believed that this model fits the framework of a functional model and should be adopted in Nigeria.

5.2. The Cooperative and Mutual Insurance Model

Cooperatives and Mutual Health Insurance schemes are member-based organizations regulated under insurance or cooperative law. They are owned by their members or customers rather than by investors. There are two types of cooperative models. One is the stand-alone mutual company which is independent of any network and usually larger in scale. The second is a network of financial cooperatives that provide insurance services to its members by affiliating with an insurance company. The difference between the two is their ownership. Policyholders own mutual insurers while cooperatives may be owned by members or larger second-tier cooperatives. Depending on their jurisdiction, mutual insurers and cooperatives may also differ in how they are regulated. However, they share principles such as democratic control, limited return on equity, continued affiliation of their founding members, promotion of health, safety and loss prevention to reduce the costs of insurance and policy influence of the industry (McCord and Roth, 2006a;2007) and (Chandani, 2009).

Most cooperative insurers do not focus on the low income market and those that do, tend to sell a limited selection of insurance products. Credit life and long-term savings are the most widely available products. Depending on the capacity of the insurer, some of them provide more complex products including family income assistance and health, funeral and disability insurance. Mutual or cooperative insurers commonly form federations or inter-alliances to improve their outreach and sustainability.

Kenya is one of the countries adopting the cooperative and mutual insurance model. Since 2016, it has led the African continent in expanding and deepening its involvement in the economy and social development. This is through its involvement in the International Cooperative and Mutual Insurance

Federation (ICIMIF). In 2015, this body adopted the '5-5-5' initiative which is aimed at reaching 5 million households in five emerging markets in five years i.e. in 2020. Countries that are penetrated by the ICIMIF include Kenya, Philippines, India, Sri Lanka and Columbia (Gitogo, 2017).

This model is simple, encourages financial inclusion, has a tendency to be innovative, and offers relatively low premiums, defined and limited cover with short policy terms to limit risk. Hence, the researchers believe that it could serve as a functional model for the Nigerian financial system.

5.3. Community Based Schemes

These are formed at the community level by people who are uninsured for the purpose of pooling their risks. They are voluntary in nature and generally not for profit, though they promote participatory decision-making and group solidarity. It is a form of full-service model which manages risk as well as markets products to members. Insurers here comprise of cooperatives, mutual insurers, community based organizations and credit unions. The group defines the product the schemes offer and manages the scheme. Such product reflects their immediate concerns like funeral or burial insurance and basic health coverage. Many community-based schemes also provide other services such as savings, advocacy and health education (Chandani, 2009; Heenkenda, 2016).

Community based mutual insurers are member-based insurance schemes that are typically governed by non-insurance regu lations. The Mutual Health Organization (MHO) is a typical model that is widespread in Africa. It is a primary source of primary health service in countries like Senegal, Mali and Benin. They are pioneered as an extension of social protection to the poor. The members are owners, decision makers and policy holders. They receive attention, resources and technical assistance from donors as they have the potential to ensure self-financing of health care at the community level (Fonteneau and Galland, 2006; Roth *et al.*, 2007). The International Labour Organization (ILO) and the French NGO Centre International have been building the capacity of community based insurers in West Africa.

An estimate based on data from 16 community based schemes in Africa carried out by Roth *et al.* (2007)) in Chandani (2009) indicates that on average, these schemes have 1,400 members and operate a homogenous membership. This characteristic leaves them unable to diversify risk adequately across population groups or to cross-subsidize between richer and poorer groups. It also leaves them susceptible to adverse selection.

5.4. Full Service Model

In this model, the insurance provider, a single company, assumes all the responsibilities such as product design and development, marketing, sales, premium collection, claims handling and in some cases, reinsurance. The insurance company undertakes all the insurance-related risks and deals directly with the policyholders. This model is mostly adopted by commercial insurers, healthcare service providers and certain MFIs (Heenkenda, 2016; McCord, 2011). The Self-Employed Women's Association Insurance (SEWA) of India is an example of the full service model.

5.5. Social Protection Models

This model is mostly carried out by the national government which underwrite cover for certain risks through social insurance programs such as healthcare, crops and livestock together with covariant risks. The response of government to disasters have always been subjective and lacked precise criteria for what triggers insurance payments thus leading to high political interference and little opportunity to obtain reinsurance. This model offers heavy subsidization of premiums, large delivery and service costs and high aggregate losses. It encourages excessive risk taking and moral hazard and may be expensive for the society (Davignon, 2004). In a developing economy like Nigeria where insurance penetration is still very low, the applicability of this model may not be very feasible.

The Chinese society is a typical example where this model was practiced. In 2008, the All-China Federation of Trade provided limited coverage to around 30 million members for health, property loss, unemployment and other risks. It was labelled as a "government support, peasant participation, and commercial operation". It consisted of a tailor-made, multi-level rural insurance system with wide coverage. With this model, various customized property insurance, life insurance and other insurance products were developed and there was enhanced cooperation between the government and insurance companies. The vast size of the rural Chinese market with an estimated 800 million people had attracted the interest of various international insurers such as Zurich Financial Services, RMS – a risk modelling agency, etc. These bodies provide insurance cover for low income people on a commercially sustainable basis (Lloyd's., 2012).

5.6. The Supplier Model

This model implies that the insurer (whether formal or informal) provides all or part of the covered services such as health care or funeral services. By providing a tool to finance these services, the supplier is able to increase access to and demand for them. In the same vein, it has control of the service provided which is a crucial element in client satisfaction and retention. The major drawback of the model is the potential inadequacy of the service provider to bear the necessary risk or perform other functions required of the insurer, particularly if it is informal. There may also be some regulatory restrictions in some countries.

In 2002, this model was adopted in India when it became a legal requirement for all insurers doing business in India to provide insurance to the "rural and social sectors". This legislation and its amendment in later years, was aimed at primarily bringing insurance to low income groups. Existing insurance monopolies had to ensure that their micro insurance business did not fall below a specified volume, while a system of increasing quotas set target for new entrants into the market. For example, in a company's first business year, 7 percent of new life insurance policies have to be policy holders from rural areas – a quota which rises to 20 percent over ten years. Sanctions for failing to meet quota target include fines and possible revoking of licences. As at 2011, six million people in the quota market were covered under life insurance policies and more than 10 million under non-life insurance. Because the new legislation ensures that all commercial insurers are involved in micro insurance, there has been a surge in product innovation and experimentation with new distribution channels. The demerit of this model is that some insurers/suppliers may offer products with little value apart from satisfying the letter of the law (Infrared Data, 2012).

6. STATE OF MICRO INSURANCE IN NIGERIA

The operation of micro insurance in Nigeria was enforced on January 1, 2014 in line with the guidelines of the National Insurance Commission (NAICOM). The 2011 National Population Commission (NPC) data indicates a high level of increment in the poverty index of the Nigerian population by 8.56% against the average growth of 7.2% per annum from 2004 to 2010. An analysis of the average purchasing power of Nigerians also indicates a decline in the percentage of people with the purchasing power of one dollar per day from 62.8% to 61.2% between 2004 and 2010 (Frank and Acha, 2017).

The adoption of micro insurance by microfinance institutions in Nigeria is a welcome development as it promotes the businesses of low income earners, guarantees financial security and provides an incentive for lenders. Some Nigerian microfinance institutions have adopted various models in the provision of the micro insurance product. The partner-agent model is a typical model adopted by these institutions. However, it is still at a trial stage and most institutions are yet to totally adopt it.

7. CONCLUSION

A variety of institutions can and do serve the poor and small businesses with insurance products but most have met with shortcomings here and there. Microfinance institutions which were primarily set up to fund small businesses have since delved into providing insurance protection to these groups of people who would have ordinarily been unable to afford it. Various models have been adopted by these MFIs. The challenge is to maximise the trade-offs in each model and ensure that different entities are able to offer services that are customized for diverse poor populations.

As low levels of insurance literacy make it difficult for SMEs to understand policies and use them properly thus undermining client value, MFIs propose a form of available insurance with subsidized offerings. An ideal micro insurance market involves different models that collectively meet the demand of different population segments, covers basic risks SMEs are exposed to, and offers high-value insurance products at appropriate price points. Some of the models identified in the work are the partner-agent model, cooperative mutual insurance model, the supplier model and community based schemes etc. Of these, the partner-agent model and the cooperative and mutual insurance model are adjudged fit to boost SMEs in Nigeria.

8. RECOMMENDATIONS

The authors recommend the following:

i. The partner-agent model and the cooperative and mutual insurance model should be adopted by MFIs in Nigeria in a bid to boost micro insurance provision to SMEs in Nigeria. This is because they fit the framework of a functional model as provided by the International Association of Insurance Supervisors (IAIS).
ii. MFIs must ensure that their goal entails building the capacity of these models by ensuring greater technical support and regulatory oversight.
iii. They should also work with commercial and cooperative insurers to tailor products for small businesses rather than downscale their existing services.
iv. These institutions must create conditions that encourage low-income households and SMEs to turn to insurance naturally as part of their risk-management toolkit.
v. Finally, micro insurance providers should review their micro insurance models over time in order to provide a more efficient and better value.

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