

SMART MICROINSURANCE

An Overview for Microfinance Institutions on Incorporating
Client Protection Practices into Microinsurance

www.smartcampaign.org



Keeping clients first
in microfinance

Presented by the Smart Campaign, in collaboration with the Microinsurance Network¹

¹The Microinsurance Network is a multi-stakeholder network and provides a platform for information sharing and stakeholder coordination with the aim to promote insurance services for low-income persons. www.microinsurancenetwork.org



Introduction

“Smart Microinsurance”¹ is designed specifically for microfinance institutions (MFIs) that serve as intermediaries, offering microinsurance products provided by an external insurance company. While these guidelines are directed toward MFIs, they are general enough to apply to all types of microinsurance companies and intermediaries that deal directly with clients. However, these other providers may require additional client protection practices beyond the scope of this tool.

Section 1 provides a list of the Social Performance Indicators for Microinsurance.²

Section 2 provides guidelines for microinsurance product design and for partnering with insurers and other service providers.

Section 3 outlines key client protection guidelines for the following phases of the microinsurance process:

- I. Introducing the Client to Microinsurance
- II. Collecting and Protecting Client Information
- III. Activating the Insurance Policy
- IV. Collecting Premiums & Ongoing Customer Service
- V. Responding to Claims

For each of the phases listed above, the tool identifies distinct “**service points**”—points of interaction between the client and the institution. For each service point, the tool describes:

- how an MFI can model “good practice” in its **policies**, and **procedures**; and
- which **Client Protection Principles (CPPs)** apply.

Finally, **Annex 1** presents further guidance on how the indicators listed in Section 1 contribute to the provider’s social performance. **Annex 2** provides a list of client protection tools that could help MFIs implement the recommendations found in this guide.

The Client Protection Principles

1. Appropriate product design and delivery
2. Prevention of over-indebtedness
3. Transparency
4. Responsible pricing
5. Fair and respectful treatment of clients
6. Privacy of client data
7. Mechanisms for complaint resolution

For a complete description, see www.smartcampaign.org.

¹The Smart Campaign developed this tool in collaboration with the Microinsurance Network (MIN), including the MIN Consumer Protection Task Force and the MIN Performance Indicator Working Group. Special thanks to Craig Churchill, Yann Gelister, Barbara Magnoni, Kate McKee, Bert Opdebeeck, Caroline Phily, Hans Ramm, Roland Steinmann, and Janina Voss. The lead author was Leah Wardle.

²The Social Performance Indicators for Microinsurance can be found at <http://www.microinsurancenetowork.org/networkpublication51.php> and <http://www.microfact.org/social-performance/>

Section 1: Social Performance Indicators

The Microinsurance Network publishes the social performance indicators listed below. Microinsurance providers can use these ratios to evaluate the effect of microinsurance on clients. The following indicators may be particularly useful for client protection: rejection ratio, incurred claims ratio, renewal ratio, complaints ratio, and coverage ratio. These ratios can assist the provider to assess their compliance with the guidance presented in Sections 2 and 3 of this tool.

Annex 1 presents further guidance on how these ratios contribute to the provider’s social performance.

Indicators	Definitions
Incurred claims ratio	Incurred claims / earned premium
Promptness of claims settlement ratio	Number of claims rejected / Number of claims under a given product
Renewal rate	Number of renewals / Number of potential renewals
Claims rejection ratio	The percentage of claims paid within each of the following intervals: 0-7 days; 8 to 30 days; 31 to 90 days; More than 90 days
Complaints ratio	Number of complaints registered / Total number of policies
Social investment ratio	Social investment expenses ³ / Earned premium
Coverage ratio	Number of active insured clients / Potential clients
Poverty outreach ratio	Number of clients under defined poverty line / Total number of clients
Rural outreach ratio	Number of clients living in rural areas / Total number of clients
Staff retention ratio	Number of employees who have remained / Average number of employees

³ Social investment expenses aim at reducing the risk or impact of the risk on clients, for which the firm does not expect any direct economic return and excluding marketing expenses (e.g. health care improvements, preventative measures, education).

Section 2: Guidelines for Product Design and Delivery & Guidelines for Partnerships

Guidelines for Product Design and Delivery

This tool focuses on the partner-agent for microinsurance delivery (other models exist, including self-insurance where the MFI is the risk carrier and portfolio cover where an insurer covers certain portfolio risks such as client death). In the partner-agent model, the MFI acts as an insurance agent, selling policies to clients on behalf of the risk-carrying insurance company, in exchange for a commission. The MFI may sell policies designed by the insurer or may design (or help design) the product. Whether the MFI has complete or limited influence on product design, it must ensure that the products it sells are designed with client needs and means in mind. The following are key features of appropriately designed microinsurance products:

- Product features are based on market understanding—including the risks of the clients and their community. The risk assessment should also include an analysis on whether the product will strengthen or undermine good existing risk reduction and coping mechanisms (e.g. burial societies).⁴ Market research techniques should include information gathering directly from clients. Market research and client monitoring should be ongoing, to ensure that products and features remain relevant.⁵
- Product features minimize the number of exclusions and rejections.⁶
- The product benefits are simple enough enable client understanding and facilitate a transparent explanation by staff and sales agents. Where the product is complicated, staff and sales agents tend to omit options and benefits.⁷
- The claims procedure is simple for the client and claims are processed in a timely way.⁸
- The coverage amount and cost are affordable to the client while being sustainable for the institution. The cost reflects market understanding of clients' willingness and ability to pay for insurance,⁹ and at the time of issuance, providers should confidently expect that clients will not have to make significant sacrifices to their standard of living or business affairs in order to pay for their product(s).¹⁰
- The institution does not offer products for which premiums are significantly higher than expected payouts.¹¹

⁴ BRS, ADA, the Microinsurance Network, 2010, pg.14.

⁵ Wipf, Liber, & Churchill, Product design and insurance risk management, 2006, pg. 139.

⁶ BRS, ADA, the Microinsurance Network, 2010, pg. 13. See also Section 1, Social Performance Indicators "Coverage ratio" and "Social investment ratio."

⁷ Wipf, Liber, & Churchill, Microinsurance Operations, 2006, pg. 160.

⁸ If possible, the MFI should have the primary responsibility for verifying the claims, to reduce the likelihood that claims are rejected.

"The institution and insurer should agree to a maximum period from claim submission to payment." (Churchill, Liber, McCord, & Roth, 2003, pg 160). Also see Section 1, Social Performance Ratio on "Service Value."

⁹ Wipf, Liber, & Churchill, Microinsurance Operations, 2006, pg. 148.

¹⁰ Wipf, Liber, & Churchill, Microinsurance Operations, 2006, pg. 148.

¹¹ This is especially important for credit-life insurance. If the institution cannot offer these products without setting premiums significantly higher than expected payouts, the institution should consider a well-structured loan with appropriate collateral or guarantees, together with a policy for general loan loss reserves. This may be sufficient to protect the lender if a client dies. Also see Section 1, Social Performance Indicator "Incurred claims ratio."

Claims ratios vary according to a number of variables, such as whether the product is mandatory and pricing methods used. While standards for microinsurance are still evolving, the Microinsurance Network Performance working group suggests a minimum loss ratio of 70 percent, and a higher ratio is appropriate for credit-life products. It is considered best practice to adjust pricing based on actual claims experience.

- Premium collection is appropriate to clients’ cash flows and collection methods are convenient for clients.¹²
- The institution is conscious of transaction costs to the clients (e.g., travel, account opening). The institution should offer service locations and points of sale that are relatively close to the client, to reduce costs to the client.¹³

Guidelines for Partnerships with Insurers and Other Service Providers

MFIs must ensure that their partners—insurers and other service providers¹⁴ they work with—are committed to client protection. MFIs should associate with insurers and other service providers with the following qualities:

- **Transparency.** Ensure that partners are committed to providing clients with full and accurate information on prices, terms, and conditions.
- **Responsible pricing.** Ensure that partners’ prices reflect clients’ ability to pay for the services, and that the prices account for transaction costs such as travel and money exchange.
- **Fair and Responsible Treatment of Clients.** Select providers based on their service quality, price, and ability to deliver reliable services to clients.
- **Data privacy.** Ensure partners have a full data privacy policy and procedures to ensure that client data is kept private and secure.
- **Complaints mechanisms.** Ensure partners have mechanisms and processes for receiving and responding directly to client complaints.
- **Full compliance with regulatory requirements.** Ensure that the insurer is in full compliance with any applicable insurance laws. Other service providers (e.g. healthcare providers) should be supervised and/or regulated by national bodies, if possible.

By choosing to partner with insurers and service providers that have these qualities, MFIs establish a solid foundation for client protection that they can build on when interacting with clients. The remainder of this document describes these interactions (“service points”) between the MFI and its clients.

“The payment structures offered to clients affects inclusion. A product might be affordable to the client if the microinsurance provider allows for payment in installments but not affordable if the whole premium needs to be paid for upfront. In such cases the client might be forced to take a loan to purchase the insurance.”

- BRS, ADA, the Microinsurance Network, 2010, pg.13.

Special Concerns for Mandatory and Voluntary Insurance Cover

The guidelines presented in this tool apply to both voluntary and mandatory insurance coverage, though each model presents its own potential threats to clients.

- Institutions offering **mandatory insurance cover** must ensure they do not charge a client for insurance cover without the client’s full knowledge. Ensure that the cost of insurance is explained apart from other costs, such as the loan, and that clients receive full information about their coverage, benefits, and claims procedures. Also ensure that clients understand when their mandatory coverage ends (e.g., at the end of the loan term). Use the guidelines presented in the “Product Description” service point guidelines for additional guidance.
- Institutions offering **voluntary insurance cover** must pay special attention to marketing and sales to ensure that clients are not pushed into products that do not fit their needs and means. Sales staff should be trained to properly assess clients’ needs for insurance and should not be incentivized to over-sell or miss-sell products. Use the guidelines presented in “Marketing and Client Education” service point as well as the “Good Client Protection Policies” in Phase 1 for additional guidance.

Section 3: Guidelines for Client Protection at Every Service Point

PHASE I: INTRODUCING THE CLIENT TO MICROINSURANCE

Service Points	1. MARKETING & CLIENT EDUCATION The institution introduces the insurance product(s) to clients.	2. PRODUCT DESCRIPTION The institution describes the details of the product(s) to clients who will enroll in/ purchase the insurance product.
Good Client Protection Policies	<ul style="list-style-type: none"> If the institution requires mandatory insurance or insurance is bundled with another product, this is made clear to the client and the same client protection practices listed in this document still apply.¹⁵ Staff is trained to accurately explain the insurance product(s), using methods and terms that clients understand. Staff are trained to assess a client’s need for insurance and are not incentivized to oversell or mis-sell products. 	
Good Client Protection Procedures	<ul style="list-style-type: none"> Provide basic client education, incl. insurance as a tool for risk management, and common myths about insurance. Do not oversell the benefits of insurance. Encourage clients to raise questions and concerns. Include the institution’s contact information on all marketing materials. 	<p>Clear communication with clients always includes:</p> <ul style="list-style-type: none"> Use of local language(s). Plain terminology. Verbal explanation for illiterate clients. Time for clients to raise questions/ concerns. <p>Clearly describe the following product features (and any others that apply):</p> <ul style="list-style-type: none"> Eligibility criteria. Cost and how premiums are collected. Cost should be separated from other costs, particularly credit. Specific loss events covered by product and amount of loss covered. Loss events not covered. Length and term of coverage, and premium due dates. All exclusions—age, pre-existing conditions, and any others. Any expiry conditions. How to file a claim, including contact information for making a claim. Whether the client is reimbursed for expenses (indemnity), or the insurance company pays for a service on the client’s behalf. How long the client must wait to be paid or receive services. Whether there are conditions to being paid (such as having a savings account). The client’s responsibility to initiate the claims process, and documents needed. Whether and how insurance is regulated by a third party.
CPPs	Transparency; Fair and Respectful Treatment of Clients; Mechanisms for Complaint Resolution	

¹⁵ Bundled products are often abused; clients may be unaware that they have purchased insurance or have been sold expensive insurance. (Chamberlain & Roth, 2006, pg. 443)

PHASE II. COLLECTING AND PROTECTING CLIENT INFORMATION

Service Points	3. APPLICATION The institution guides client through the process of filling out an application (or providing consent in the case of mandatory insurance).	4. DATA COLLECTION The institution collects information necessary for processing the application.	5. DATA PRIVACY The institution ensures the security of client data through strong internal controls.
Good Client Protection Policies	<ul style="list-style-type: none"> • The application process is as simple as possible while providing clients with all necessary information. • Institutional policy dictates how the institution maintains the security and privacy of client data. • Staff is trained in data protection and how to explain data protection to clients. • Clients are permitted to bring a third party to assist in reading/understanding forms. • The institution includes standards for client data protection in agreements with contracted third parties. 		
Good Client Protection Procedures	<ul style="list-style-type: none"> • Ensure clients understand the potential penalties for non-disclosure in the application form, including giving the insurance provider grounds for denying claims. • Explain the client application/consent form and what a signature implies. • Include the institution’s contact information on the application. • Advise clients whether the application fee will be reimbursed if the application is denied. 	<ul style="list-style-type: none"> • Inform client on what personal, health, and financial information is needed and why. <p>Explain the institutional policy on data privacy, including:</p> <ul style="list-style-type: none"> • Which third party/parties will receive the client’s information, including insurance agents, health providers, reinsurers, etc. • Whether the institution will use client information for marketing or cross-selling products. • The process for how clients can update their information if it changes (e.g. change of address, change of beneficiary). • If others have access to insurance information (such as family members), explain the information rights of other users, including beneficiaries. 	<p>Ensure the security of client data through the following procedures:</p> <ul style="list-style-type: none"> • Use strong internal controls/IT management. • Clearly define user access and hierarchy and frequently change passwords. • Obtain authorization from the client before sharing financial or health information with third parties. This includes use of photos for marketing or other materials. • Protect health-related information. Health and life insurance providers and financial institutions that work with them must have adequate safeguards in place to protect this information.
CPPs	Transparency; Privacy of Client Data; Mechanisms for Complaint Resolution		

PHASE III. ACTIVATING THE INSURANCE POLICY

Service Points	6. POLICY ACTIVATION & RENEWALS The institution activates or renews the insurance policy with full client consent.	7. DOCUMENTATION The institution provides client with a summary document to take home.
Good Client Protection Policies	<ul style="list-style-type: none"> • The institution strives for simplicity and time efficiency in the enrollment process. • An institutional Code of Ethics spells out standards of staff conduct and defines sanctions for unethical behavior. • Staff is evaluated and/or incentivized on the quality of their interactions with clients. • The institution has an effective complaints handling system and staff are trained in its use. • Client complaints are taken seriously, investigated, and resolved in a timely manner. Complaints are used to improve products and delivery. • Commission-based incentive structures (if used) should be carefully monitored to avoid over- or mis-selling. • The institution periodically audits agent sales to ensure they are not coercing clients into taking insurance. 	
Good Client Protection Procedures	<ul style="list-style-type: none"> • Ensure that clients understand the difference between enrollment and the actual start of the insurance cover, when applicable. • Consider a “cooling-off period” to ensure that clients do not feel pressured to enroll. If used, inform the client of the length of the cooling off period, any policy cancellation fees, and what specifically is required to cancel the policy. • Insurance policies should not automatically renew unless contractually agreed by the client. • Inform client when the policy is ending, to avoid an unintended lapse in coverage.¹⁶ 	<ul style="list-style-type: none"> • Provide clients with proof of insurance coverage, such as a card or document. Include the institution’s contact number on the card or document. • Provide clients with a “key facts” document they can reference if they have questions about the product. It should summarize all information listed under service point “Product Description.” • All documents should be in the local language, use plain terminology, and normal font. • Provide clients with duplicates of all signed documents. • Inform the client (verbally and in writing) how to contact the institution if they have questions or want to make changes to their policy/account. • Encourage clients to raise questions and concerns regarding the documentation.
CPPs	Transparency; Fair and Respectful Treatment of Clients; Privacy of Client Data; Mechanisms for Complaint Resolution	

¹⁶ Many illiterate people do not remember the expiry date of their microinsurance contract and thus do not renew their policies, but often think that they are still insured. (Ahmed & Ramm, 2006, pg. 139)

Lester suggests that customers should be provided with renewal notices at least 30 days before the renewal date for non life policies. (Lester, 2009, pg. 19)

PHASE IV. COLLECTING PREMIUMS & ONGOING CUSTOMER SERVICE

Service Point	8. COLLECTING PREMIUMS The institution collects premium payments from clients.	9. ONGOING CUSTOMER SERVICE The institution continuously supports client satisfaction and product understanding.
Good Client Protection Policies	<ul style="list-style-type: none"> • The institutional Code of Ethics includes guidelines for staff behavior during premium collection. • The institution provides clients with proof of payment (i.e. a receipt) upon payment of a premium paid in cash, or a record of payment (i.e. electronic filing) if premium is paid in another form. • The institution has systems in place to detect and correct corruption and fraud, including overcharging clients during premium collection. • The institution provides clients with easy access to complete policy information upon request. • Institutional policy dictates that client complaints will be taken seriously and resolved. Staff is trained to collect and resolve complaints,¹⁷ and Internal audit or other monitor checks that complaints are resolved satisfactorily. • The institution analyzes complaints information to make improvements to products and delivery. • The institution treats clients without discrimination.¹⁸ • The institution makes reasonable accommodations for clients with disabilities.¹⁹ 	
Good Client Protection Procedures	<ul style="list-style-type: none"> • Remind clients of the due dates for premium payments and the consequences for late payments, especially if they risk losing the policy. • Remind clients of the start date of their policy (when linked to premium payment), including the start of coverage for family members added after the initial policy coverage began (e.g. a new child is added one year after a parent’s coverage begins). • If premiums are deducted automatically from client savings accounts, inform clients and obtain consent. Ensure clients know how to cancel automatic payments. 	<ul style="list-style-type: none"> • In all communications with clients, follow guidelines on clear communication—see service point “Product Description.” • Respond to information requests in a timely way. • Alert clients to any changes in product terms, conditions, fees, prices, etc. in a timely manner. • Document, investigate, and resolve client complaints in a timely manner. • Include institution contact information on all materials, and post in service points such as branch offices.
CPPs	Transparency; Fair and Respectful Treatment of Clients; Privacy of Client Data; Mechanisms for Complaint Resolution	

¹⁷ Additionally, MFIs may gather client satisfaction feedback: “Microinsurers should be able to demonstrate that they have a mechanism for regularly gathering information regarding client satisfaction that is sufficiently regular and comprehensive to allow for review and revision of the product and delivery mechanism.” (BRS, ADA, the Microinsurance Network, 2012, pg. 15). Also, see Annex 1, “Complaints ratio.”

¹⁸ For more information see, the Smart Campaign publication “Responsible Treatment of Clients: Practicing Non-discrimination” available here: <http://smartcampaign.org/tools-a-resources/548>

¹⁹ See footnote above.

PHASE V. RESPONDING TO CLAIMS

Service Point	<p style="text-align: center;">10. RESPONDING TO CLAIMS²⁰ The institution responds to client claim requests.</p>
Good Client Protection Policies	<ul style="list-style-type: none"> • The institutional Code of Ethics includes guidelines for staff behavior during claims procedures. • The institution has systems in place to detect and correct corruption and fraud, including the mishandling of claims procedures by staff. • Claims procedures are easy for clients to use and minimize documentation requirements, while remaining rigorous enough to prevent fraudulent claims. • The wait time between receiving claims and resolving claims is not excessive and the institution strives to continually reduce wait time.²¹ • The institution uses client feedback/complaints to improve claims process.
Good Client Protection Procedures	<ul style="list-style-type: none"> • Clearly explain reasons for rejected claims. • Keep client data secure during the claims procedure. Do not release health-related information to parties that do not need the information to process the claim. • Obtain client consent before using client claims disbursement information for marketing purposes.
CPPs	Transparency; Fair and Respectful Treatment of Clients; Privacy of Client Data; Mechanism for Redress of Grievances

²⁰ In the provider-agent model, responsibility for the claims process is shared between the MFI and the insurance company. The MFI depends on cooperation from the insurance company to follow several of the guidelines listed in this service point—particularly the guidelines related to simple and timely claims response.

²¹ See Annex 1, Social Performance Indicator “Promptness of claim settlement ratio.”

Annex 1. The social performance principles and indicators for microinsurance²²

Category	Principles	Guidelines	Indicators ²³
Product value	The microinsurer aims to provide appropriate risk coping mechanisms to the less privileged.	<ul style="list-style-type: none"> - Mission and vision: state that you want to create value for clients - Assessment of client risks in product development stage 	<ul style="list-style-type: none"> - Incurred claims ratio - Promptness of claims settlement ratio
Service value	The microinsurer is responsive to its clients.	<ul style="list-style-type: none"> - Client satisfaction surveys - The client focus is visibly endorsed and encouraged by management - Claims are paid fast enough for clients' needs 	<ul style="list-style-type: none"> - Renewal ratio - Promptness of claims settlement ratio
Fair treatment of clients	The microinsurer and its agents treat clients fairly and respectfully.	<ul style="list-style-type: none"> - Based on the Smart Campaign: <ul style="list-style-type: none"> o Effective mechanism for complaint resolution o Protect client data o Fair and respectful treatment of clients o Transparency in sales 	<ul style="list-style-type: none"> - Claims rejection ratio - Complaints ratio
Inclusion	The microinsurance provider takes active steps to serve the excluded.	<ul style="list-style-type: none"> - Reduce physical or educational obstacles: remote area, gender, illiteracy, etc. - Extend the scope of products: coverage limits and exclusion criteria 	<ul style="list-style-type: none"> - Social investment ratio - Coverage ratio - Poverty outreach ratio
Governance	The microinsurer has enabling institutional systems in place.	<ul style="list-style-type: none"> - The mission and vision are translated into procedures and policies - Responsible treatment of staff is monitored through staff satisfaction surveys - Create external accountability (including audit) - Transparent board procedures and incentive policy (including accountability towards members in a member based organization) 	<ul style="list-style-type: none"> - Staff retention ratio
Environmental responsibility	The microinsurer acts in an environmentally responsible way.	<ul style="list-style-type: none"> - Environmental policy in place 	

²² The Social Performance Indicators for Microfinance were developed by 15 microfinance practitioners organized by ADA, BRS, and the Microinsurance Network. The above reflects the updated version as of August 2011.

²³ These indicators are defined on the following page.

Annex 2: Client protection tools to improve practice at each service point

Institutions can benefit from the many tools already [available for download](#) on the Smart Campaign website, at no cost. Tools include guides for client protection in the [individual](#) and [group lending](#) processes and in the [savings](#) process; [mini case-studies](#); Excel-based tools for [calculating appropriate loan size](#); guidelines on [how to develop an institutional Code of Ethics](#); a [client protection self-evaluation for MFIs](#), and many more.

In the chart below, each service point is listed alongside a list of client protection tools that can improve an institution’s ability to protect clients at that particular service point. Where resources already exist through the Smart Campaign, a link is provided to the website. Other tools have yet to be developed and we encourage MFIs to develop these on their own, and share these developments with the Smart Campaign (info@smartcampaign.org).

SERVICE POINTS. The financial institution interacts with clients at the following points:	CLIENT PROTECTION TOOLS. At each service point, the institution can improve its ability to protect clients by using the following tools:
Marketing & Client Education	Guide on client education for microinsurance; Education documents for staff; Sample “good practice” promotional tools for microinsurance
Product Description	Guide for assessing client needs for available products; Guide for clear communication with clients, including communication with illiterate clients
Application	Guide on how to request information from a client; Sample plain-language insurance contract
Data Collection	Guide for collecting financial and personal information; Guidelines for explaining data privacy to microinsurance clients
Data Privacy	Guidelines for developing data management protocols; “How-to” develop a data security agreement for clients, and sample agreement ²⁴ ; Checklist for internal audit to verify institutional compliance with data security measures.
Client Enrollment/ Consent	Guidelines for streamlining the enrollment process
Documentation	Guidelines for summary document; Sample “good practice” summary document
Collecting Premiums	Guidelines for premium payment reminders
Responding to Claims	Guidelines for streamlining the claims response process
Ongoing Customer Service	Guidelines for serving illiterate clients; Checklist for informing clients of term changes; Guidelines for receiving and resolving client complaints; ²⁵ Sample consent for use of client information/photos; Sample Code of Ethics; ²⁶ Guide: How to Develop an Institutional Code of Ethics. ²⁷ Guidelines for honoring account information requests; Guidelines for developing staff incentives that encourage good customer service; Guidelines on serving clients with disabilities; ²⁸ Guidelines on practicing non-discrimination ²⁹

²⁴ For a sample Data Privacy Agreement, see “Client Welcome Kit,” page 10-14, here: <http://smartcampaign.org/tools-a-resources/507>.

²⁵ For example complaints mechanisms, see the Smart Campaign Tools page, here: <http://smartcampaign.org/component/taxonomy/term/list/25/12>.

²⁶ View sample Codes from around the world, here: <http://smartcampaign.org/tools-a-resources/2/44>.

²⁷ Download the Smart Campaign’s “How to Develop an Institutional Code of Ethics” here: <http://smartcampaign.org/tools-a-resources/2/84>.

²⁸ Download the Smart Campaign’s “Responsible Treatment of Clients: Practicing Non-discrimination” available here: <http://smartcampaign.org/tools-a-resources/548>

²⁹ See footnote above.

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