

# PROCESS AND IMPACT EVALUATION OF THE PM-JAY HEALTH INSURANCE PROGRAM IN INDIA

## Project team at the Heidelberg Institute for Global Health:

### Principle Investigator:

Manuela De Allegri

### Scientific Coordinator:

Swati Srivastava

### Scientific Team Members:

Stephan Brenner

Diletta Parisi

Caitlin Walsh

## External collaborators:

Dr. Divya Parmar (City, University of London), Dr. Christoph Strupat (Deutsches Institut für Entwicklungspolitik/German Development Institute), Sahil Mahajan (IQVIA Consulting and Information Services India), Tathagata Dasgupta (Nielsen India Private Limited)

## Funding:

Indo-German Social Security Programme (IGSSP), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, with support from the German Federal Ministry for Economic Cooperation and Development (BMZ) and the Gates Foundation, India Office

## Project dates:

2018 - 2020

## Background:

Alongside the global movement for Universal Health Coverage (UHC), the government of India has instituted health sector reforms which seek to increase access to health care services and offer greater financial protection to all Indians. This commitment has promoted the expansion of national and state-level social protection mechanisms, specifically, government-funded social health insurance schemes to ensure coverage of the most vulnerable segments of society. The implementation of these schemes has already led to a rise in health insurance coverage, which is estimated to have increased from 75 million people in 2007 to over 400 million in 2016.

It is amongst this backdrop that in September 2018, the government of India launched the new government-funded health insurance scheme known as Pradhan Mantri Jan Arogya Yojana (PM-JAY). PM-JAY is expected to consolidate the gains in health insurance coverage attained under previous federal and state-level social health insurance schemes by removing formal enrolment procedures and expanding coverage to 500 million people identified as vulnerable by the latest Socio-Economic Caste Census. As such, PM-JAY coverage is no longer tied to a fixed household size and has been increased to INR 500,000 per household, including inpatient secondary and tertiary services.

## Study Objectives:

Our team is engaged to monitor early implementation processes and to estimate the early impacts of the newly launched insurance scheme on both demand and supply for inpatient healthcare services.

Our specific study objectives are:

1.To assess and understand the impact of PM-JAY on insurance awareness, coverage, health service utilization and financial protection, including unraveling effect heterogeneity by population sub-groups (e.g. along socio-economic and gender dimensions);

2.To assess the impact of PM-JAY on quality of service delivery and to explore healthcare providers' experiences with the implementation of the new insurance scheme;

3.To describe implementation processes in selected states transitioning from either no scheme or prior schemes (including RSBY and other state schemes) to PM-JAY.

Equity and gender considerations are explicitly accounted for in the pursue of each research objective.

### **Study Design:**

This study observes the initial implementation of PM-JAY and seeks to assess its impact on both implementers and beneficiaries. The study is being conducted in eight Indian states, including: Gujarat, Uttar Pradesh, Bihar, Chhattisgarh, Meghalaya, Karnataka, Kerala, Tamil Nadu, as well as the capital city of Delhi.

We rely on a concurrent triangulation mixed- and multi- methods design. Mixed methods refers to the integration of both qualitative and quantitative strains of data collection and analysis within a single research design. Multi-methods refers to the integration of multiple methods within a single strain of data collection and analysis. Quantitative methods are being used to quantify beneficiary awareness of PM-JAY and coverage, to estimate the impact of the scheme on health service utilization and financial protection, and to assess changes in quality of service delivery over time. Qualitative methods are being used to explore and capture information related the implementation of the scheme among all stakeholders, from policy makers to district managers, from healthcare providers to communities.

### **Project-related links:**

<https://www.youtube.com/watch?v=oRHi6JTg0il&list=PLcjTOiq3BCokroDivd-VVVeqexRiL8cl&index=2>

### **Contact persons:**

Manuela De Allegri [manuela.deallegri@uni-heidelberg.de](mailto:manuela.deallegri@uni-heidelberg.de) (Principal Investigator)  
Swati Srivastava [swati.srivastava@uni-heidelberg.de](mailto:swati.srivastava@uni-heidelberg.de) (Scientific Coordinator)