

UNDP Project

A study titled “*Need Assessment of Micro-Insurance Products for SWAPNO Beneficiaries: Demand-Side and Supply-Side Analysis and Product Development*” was conducted for the United Nations Development Programme (UNDP) starting on 16 January 2020, with a total contract value of BDT 4,208,400.

The primary objective of the study was to explore and analyse the range of micro-insurance products available in the Bangladesh market, with particular focus on health risks (including illness, injury, and death), property risks (damage or loss), crop insurance, and livestock insurance. The findings were intended to inform the design and development of customised micro-insurance solutions tailored to the specific needs of SWAPNO project beneficiaries.

The study covered two divisions and three districts, encompassing 11 upazilas, 90 unions, and 256 villages in Bangladesh. A total of 1,188 respondents were surveyed, and 19 Focus Group Discussions (FGDs) were conducted across the three districts to complement the quantitative analysis with qualitative insights.

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Co – Investigators – Prof Manoj Pandey, Prof NN Sharma

IRDA Research Grant

Project Details and Summary Report 1. Sanction Letter / Order Number and Date IRDAI/Communication/2017-18/112; 2. Total Project Cost ₹5,00,000 Date of Commencement 23 February 2018

Principal Investigator – Prof(Dr) Abhijit K. Chattoraj

Co-Investigator – Dr Amrendra Pandey

Title of the Project

Assessing and Closing the Protection Gap in Healthcare Needs of Rural Areas through Community Participation and Public-Private Partnership (PPP): A Comparative Study of Uttar Pradesh and Kerala

Study Coverage and Sample Size

The study was conducted across selected rural regions in two states:

- Kerala (Alappuzha District):
 - Cherthala, Karthikappally, Kayamkulam, and Kuttanad
 - Total respondents: 263

- Uttar Pradesh (Gautam Buddha Nagar District):
Dankaur, Bisrakh, Dadri, and Jewar
 - Total respondents: 249

Key Findings and Recommendations

The study identified a significant protection gap in healthcare access and financial risk coverage among rural populations. Based on empirical analysis, the following key recommendations were made:

1. **Community Health Insurance (CHI) Model:**
A customized CHI model is recommended to address affordability and accessibility challenges in rural healthcare.
2. **Public-Private Partnership (PPP) Framework:**
A structured PPP model should be adopted, with **active participation from insurance companies** to enhance outreach and penetration in underserved rural markets.
3. **Community Participation:**
Community involvement is critical, particularly in:
 - Claim settlement processes
 - Awareness generation
 - Monitoring and grievance redressal
4. **Expanded Benefit Package:**
The insurance delivery model should go beyond hospitalization and include:
 - Outpatient Department (OPD) coverage
 - Preventive and wellness services
5. **Integrated Delivery Approach:**
Embedding wellness and preventive care within the insurance framework can improve health outcomes while reducing long-term costs.

Conclusion

The study underscores the importance of integrating community-driven mechanisms with institutional insurance frameworks. A hybrid model combining **CHI and PPP**, supported by insurers and local participation, has strong potential to bridge the healthcare protection gap in rural India.