

Fall 2018

# Trust, Access, and Adaptation to Needs: The Role of Community-Based Promoters in Health Insurance Delivery in Gujarat, India

Lauryn Stafford  
*SIT Study Abroad*

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## Recommended Citation

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**Trust, Access, and Adaptation to Needs: The Role of  
Community-Based Promoters in Health Insurance  
Delivery in Gujarat, India**

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SIT Study Abroad

India: Public Health, Gender, and Community Action

Fall 2018

## Acknowledgements

Many people contributed to the formulation and completion of this project. Azim ji, without your direction and support throughout the semester, this project would not have been possible. Abid ji, thank you for your persistence in helping me organize my study with VimoSEWA. Goutam ji, Archana ji, and Bhavna ji, thank you for your always reliable guidance and words of encouragement throughout these past few months. Without all of you, I would never have had the confidence or ability to complete this study in Ahmedabad on my own. Lastly, thank you to the rest of the SIT staff, for making the Delhi program center feel like a home.

This project was also made possible by the efforts of VimoSEWA staff. Shree Kant ji, I truly appreciate you taking the time to offer me help, information, and organize my field visits. Pinkyben, thank you for your assistance with accommodations and other administrative matters. Firdoshben, thank you for your daily help in the office and for providing me with data. Dipaliben, none of my field visits or interviews would have been possible without your translations and guidance. Finally, thank you to the VimoSEWA supervisors, *aagewans*, community-based *aagewans*, and insurance members who welcomed me into their homes and graciously shared their stories with me. The experiences of these women and the work of VimoSEWA are truly inspiring.

## Glossary

### **Acronyms:**

BPL – Below Poverty Line

CBA – Community-Based *Aagewan*

CBHI – Community-Based Health Insurance

CBI – Community-Based Insurance

INR – Indian Rupee

RSBY - *Rashtriya Swasthya Bima Yojna*

SEWA – Self-Employed Women’s Association

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## 1. Abstract

The research question this study addresses is: How do community-based promoters contribute to the delivery and utilization of health insurance among marginalized populations in India? To address this question, the successes and difficulties experienced by VimoSEWA community-based insurance promoters, called *aagewans*, were investigated through field visits and personal interviews in Ahmedabad and nearby rural districts in Gujarat. VimoSEWA's insurance delivery model is an appropriate topic of investigation for this study because its beneficiaries are self-employed women with limited prior access to financial protection. Both *aagewans* and insurance members were interviewed during this study to develop a comprehensive understanding of the importance of community-based promoters in health insurance delivery and the various factors that impact their role. The role of VimoSEWA *aagewans* in promoting and delivering health insurance to self-employed women in Gujarat is significant because insurance improves the financial stability of these women and their families. Furthermore, health insurance is effective in decreasing high out-of-pocket healthcare expenses and improving access to quality healthcare services. However, the benefits of health insurance can only be attained by marginalized populations if insurance is made accessible to these communities through proper delivery methods.

## **2. Introduction**

### **a. Research Question and Objectives**

The primary research question this study explores is: How do community-based promoters contribute to the delivery and utilization of health insurance among marginalized populations in India? To address this question, this study focuses on the challenges and successes experienced by promoters in performing their insurance-related roles in their communities. This study also examines the motivations of community-based promoters to better understand how they interact with communities and perform their jobs. Insurance promoters' perceptions of their roles in relation to the ability of insurance members to access insurance is also assessed. Finally, to develop a complete understanding of the role of community-based insurance promoters, interactions and experiences of members with insurance are evaluated. Overall, the purpose of this study is to determine the importance of community-based insurance promoters in delivering health insurance to marginalized populations and the factors that influence the significance of their role.

### **b. Methodology**

VimoSEWA's insurance delivery and marketing model is the basis of this study. VimoSEWA is an established organization that provides various social insurance options to self-employed women and their families in India, including health insurance. Due to its scope and target population, VimoSEWA is categorized as a community-based insurance, or micro-insurance, organization. To understand the context of this study, a literature review was first conducted that focused on the economic burden of healthcare in India, the availability of health insurance, and the community-based health insurance model. The researcher relied primarily on

online published journal articles for the literature review. This information was used to refine the scope and purpose of this study. Then, background research on VimoSEWA's delivery and marketing methods was undertaken to provide further context and improve the study's data collection methods. Reports, operations manuals, and data were provided by VimoSEWA to the researcher, and online published journal articles that focused on VimoSEWA were also utilized.

The primary data for this study was collected through interviews and observations relating to the role of community-based promoters in VimoSEWA insurance delivery. A total of six field visits were organized by VimoSEWA for the researcher to conduct interviews and record observations. The first five visits were in low-income urban areas in the city of Ahmedabad. The sixth field visit was in a rural village about two hours outside of Ahmedabad. The researcher was accompanied by a translator and at least one VimoSEWA insurance promoter, or *aagewan*, on all field visits and during all interviews. On each visit, two to four semi-structured interviews were conducted by the researcher with the assistance of the translator. There were three categories of interviewees: *aagewans*, community-based *aagewans*, and insurance members, who were all self-employed women. The interview questions for *aagewans* and community-based *aagewans* were very similar due to their comparable duties with VimoSEWA. Insurance members were asked a separate set of interview questions. Over the six field visits, a total of four *aagewans*, four community-based *aagewans*, and nine insurance members were interviewed by the researcher. The data collected from these interviews and from field observations were then used to address the research question and objectives.

It is important to address the limitations in the methodology of this study. First, the study population of *aagewans* and insurance members was restricted to those living in the city of Ahmedabad and surrounding villages. In these areas, VimoSEWA is an established institution

that has been offering health and other insurance services through its team of *aagewans* and community-based *aagewans* for over a decade. Therefore, the experiences and challenges of insurance promoters and members that are discussed in this study must be understood in this context. Another limitation in this study was the use of an interpreter by the researcher to conduct interviews. The translations between Gujarati and English may have been unavoidably biased due to the interpreter's perceptions and abilities, which may have impacted the results of this study.

### c. Brief Statement of Findings

The findings of this study indicate that community-based insurance promoters perform a crucial role in building trust between the community and the insurance provider, improving accessibility to insurance, and adapting insurance services to the community's specific needs. The local status of the VimoSEWA insurance promoters, or *aagewans*, in their communities and their community-centric approach enables them to establish trusting relationships with potential and existing insurance members. These relationships are the foundation of VimoSEWA's success in effectively delivering health insurance and other social services to self-employed women and their families. The importance of *aagewans* and community-based *aagewans* is rooted in the comprehensive needs of this target population, which consists of primarily low-income women with poor levels of education and little exposure to financial institutions. The full-service duties that VimoSEWA insurance promoters provide enable these communities to have access to greater financial stability and an improved quality of life.

### **3. Study Background and Context**

#### **a. The Economic Burden of Healthcare in India and Insurance**

Equitable access to quality healthcare in India is significantly hindered by low investment in the public health system and resulting high out-of-pocket costs. About 90% of the private spending on health services are out-of-pocket, which places a substantial financial burden on patients and families (Purohit). Furthermore, data indicates that the cost of private health services has been increasing over the past few decades, and that the cost of medications has been increasing twice as fast (Balarajan et al.). In addition to the significant healthcare expenses inflicted upon patients and families, there are various indirect costs associated with accessing health services. Seeking and receiving healthcare often requires families to find transportation, childcare, and forgo wages due to lost work opportunities (Balarajan et al.). There are serious consequences of the high out-of-pocket costs and indirect expenses due to healthcare for Indian families and communities. The direct and indirect costs of healthcare in India result in 39 million additional people living under the poverty line each year, which amounts to about half of the total Indian households that become impoverished annually (Balarajan et al.). Financial instability makes it increasingly more difficult for a family to pay for and access health services. Indians living in poverty are more likely to forgo healthcare due to the financial cost (Balarajan et al.). Vulnerable populations such as the poor, women, and people living in rural communities are most heavily impacted by the high economic burden of healthcare and inadequate access to quality health services.

The provision of health insurance as a form of health coverage is an effective method to improve equitable healthcare affordability and accessibility. Currently, there are multiple providers of health insurance in India. Due to high premium costs and inaccessibility, only about

4.5% of the population has private insurance (Purohit). There are also various federal and state health schemes that aim to extend health coverage and financial protection in India. About 10% of Indians utilize government-provided health insurance schemes, and most beneficiaries are employees in the organized sector (Balarajan et al.). There are many challenges in effectively implementing these programs, especially within marginalized populations such as rural communities, illiterate populations, and people working in the informal sector. For example, in 2008 the *Rashtriya Swasthya Bima Yojna* (RSBY) health insurance scheme was launched to address the high out-of-pocket expenditures inflicted upon poor families. Eligibility for the scheme is restricted to households on the below poverty line (BPL) list, and enrollment in the scheme largely varies by state (Karan et al.). RSBY provides inpatient hospitalization coverage for specified conditions of up to INR 30,000 annually for a yearly premium of INR 30 per family (Karan et al.). However, many national, state, and local level studies demonstrate that the RSBY insurance scheme is generally ineffective in providing financial protection for impoverished households. A study conducted among BPL households in a district in Gujarat found that 60% of insured and admitted patients made out-of-pocket payments for hospitalization expenses (Devadasan et al.). These extra costs were due to reasons such as information errors on the RSBY card, failure to receive a card despite registering for RSBY, insufficient knowledge of empaneled hospitals, and low awareness on how the scheme worked (Devadasan et al.). Another study in Gujarat concludes that limited awareness of how to use the scheme is the most important reason for both non-enrollment and non-utilization (Seshadri et al.). Furthermore, interviews with RSBY beneficiaries in Gujarat revealed that few could recall the name of the RSBY scheme and only one in four patients were able to provide any information about the scheme (Saluja et al.). These studies suggest a significant need for better communication and education on how to

utilize health insurance schemes such as RSBY, and that poor, underserved populations require greater support in accessing schemes and healthcare services.

Another health insurance model that aims to extend health coverage is community-based health insurance (CBHI). CBHI involves risk pooling to distribute the costs of healthcare among community members, who also contribute to the scheme's management and implementation (Purohit). There are currently a wide variety of CBHI, or micro-insurance, schemes in India that provide health and other social insurance packages to marginalized populations. Studies on CBHI schemes in India show varying success in reducing out-of-pocket expenses and catastrophic health expenditures for members (Purohit). Similar to government health schemes, low awareness and lack of trust are primary factors that inhibit adequate enrollment rates required for a CBHI scheme to be feasible (Purohit). There are also significant challenges in sustaining a balance between serving the poor and maintaining a financially viable insurance model (Purohit). Despite these challenges, the emphasis on community participation in the CBHI model is considered one of its unique strengths in extending insurance coverage and diminishing the financial burden of healthcare.

#### b. History of VimoSEWA

The Self-Employed Women's Association (SEWA) was founded in 1972 in Ahmedabad, Gujarat by Ela Bhatt, a labor organizer and lawyer (Sinha). SEWA is the only national trade union for women workers in the unorganized sector, even though informal workers comprise 94% of the Indian workforce, a large proportion of which are women (Self-Employed Women's Association). The hardships experienced by SEWA members are three-fold: they are workers in the informal sector, they are mostly poor and illiterate, and they are women. These women are

primarily home-based workers, such as garment workers, artisans, vendors, manual laborers, and service providers (Sinha). These women workers are often subjected to poor living conditions that expose them to increased health risks, financial instability, and a lack of decision-making power in their homes and communities. SEWA was formed to organize these women to improve their collective bargaining power within their communities and to provide them with the resources to build greater capital and break the cycle of poverty (Sinha). In 2015, SEWA had about 1.5 million members in fifteen different states of India (Self-Employed Women's Association).

According to SEWA, social security is the means by which society provides “food, healthcare, childcare, maternity care, old age support, housing, insurance, and other locally defined needs” to its workers (Sinha). Furthermore, SEWA believes that social security should be considered a basic right (Sinha). Insurance, a key component of social security, provides beneficiaries with the ability to spread risk over a period of time by offering compensation for death, loss of income and assets, and health-related expenses. Access to social insurance is crucial for women in the unorganized sector because it provides them with a greater degree of financial stability, therefore reducing impoverishment resulting from unforeseen calamities. SEWA realized the importance of social security and insurance for their members when death, childbirth, and illness were found to be main reasons for irregular loan payments at the SEWA Bank (Sinha). Therefore, beginning in 1992, VimoSEWA insurance was offered to SEWA members through the SEWA Bank, with life insurance as the first product (“Manual of VimoSEWA's Operations”).

In 1999, the Indian insurance industry was opened to the private sector, resulting in the separation of VimoSEWA from the SEWA Bank (Oza et al.). Then, in 2009, VimoSEWA was

registered as a cooperative and became the first women-owned multi-state cooperative in India (Oza et al.). Currently, the shareholders of the cooperative include five organizations and women workers from eight different Indian states (Self-Employed Women's Association). VimoSEWA provides community-based insurance (CBI) to SEWA members by acting as an intermediary between beneficiaries and large insurance companies. As of November 2018, VimoSEWA provides comprehensive insurance policies for health, death, accident, property, and lost wages to 83,251 total members (VimoSEWA). The self-employed women that VimoSEWA serves are highly involved in the design of insurance policies, making these insurance services entirely demand driven (Sinha). There have been various studies on VimoSEWA in the past decade that demonstrate its success in providing greater social protection and financial stability to Indian women working in the unorganized sector, resulting in better health and overall well-being of many women and families. Before the success of VimoSEWA, insurance companies considered these women too risky to be insurable. However, it is now evident that poor women are willing and able to pay for social insurance if the services appropriately address their needs and are affordable and timely (Sinha).

c. VimoSEWA *Aagewans* and Insurance Delivery

Effective insurance delivery is one of the most crucial components of CBI and other insurance models. This aspect of insurance is even more important for VimoSEWA because the insurance policies it offers to SEWA members are voluntary (Oza et al.). Therefore, demand for VimoSEWA insurance plans must be created and maintained through marketing and consumer education. In 2001, teams of VimoSEWA *aagewans*, which means “leaders” in Gujarati, were trained to perform marketing duties and other activities necessary for proper insurance delivery

to current and potential insurance beneficiaries (Oza et al.). These *aagewans* are selected from communities in which VimoSEWA works and are trained to be insurance promoters at the grassroots level. Their main duties are to promote VimoSEWA insurance in their communities, facilitate enrollment, collect premiums, and support members in the claims making process (“Manual of VimoSEWA Operations”). Each *aagewan* oversees a specific area and has premium targets to maintain (“Manual of VimoSEWA’s Operations”). These women function as the critical bridge between VimoSEWA and the insurance members by providing insurance information and support in their communities. Currently, there are 16 *aagewans* that work in Ahmedabad city (“Manual of VimoSEWA Operations”). Another group of VimoSEWA insurance promoters are community-based *aagewans* (CBAs), or *Vimo Saathis*, who work part-time and earn commission based on the premiums they collect and renewals of members (Oza et al.). CBAs are usually associated with other SEWA sister organizations, such as the SEWA Bank and childcare centers, in their communities.

These teams of VimoSEWA grassroots insurance promoters are crucial in extending social insurance coverage to the poor, self-employed women of SEWA. In 2004 and 2005, the renewal rate for VimoSEWA members was less than half (Sinha et al.). Findings from a study demonstrated that the most important factor influencing non-renewals was not being contacted by a VimoSEWA *aagewan*, and that a lack of money to pay for the premium was only a partial reason (Sinha et al.). Furthermore, survey results indicated that members were more likely to renew their VimoSEWA membership if they had a better understanding of the scheme and its benefits, and had a better relationship with a VimoSEWA *aagewan* (Sinha et al.). These findings demonstrate the importance of *aagewans* in influencing membership in their communities through education and communication with members about insurance renewal decisions.

Through its work, VimoSEWA has also found that education and consistent contact with an *aagewan* significantly influence a member's ability to access healthcare facilities, especially rural and poor members (Desai). The information and support provided to members by *aagewans* are crucial in not only ensuring that these members have insurance, but also that their health-related needs are fulfilled.

## 4. Results and Discussion

### a. Cultivating Trust

#### *i. From the Community*

One of the most important characteristics of VimoSEWA *aagewans* and CBAs is that they are women from the communities in which they work. This defining trait is imperative to the success of these grassroots insurance promoters in multiple ways. First, being from the communities they work in provides *aagewans* and CBAs with a deep understanding of community dynamics and specific needs. Often, *aagewans* have experienced similar conditions to the women they serve. One *aagwan* explained that she used to sell *sarees*, similar to other SEWA members, and that when she learned about VimoSEWA she understood that social insurance would be good for the women and families in her community (*Aagewan D*). This understanding stemmed from her previous experiences and work alongside other self-employed women in her community. In another interview, a CBA described how she was motivated to promote VimoSEWA after she got reimbursed for hospital expenses from having tuberculosis (*CBA B*). Her experience with filing a claim and receiving compensation from VimoSEWA gave her a personal understanding of the benefits of insurance. Another *aagewan* described how she understood the importance of social insurance when a devastating earthquake hit Ahmedabad in the early 2000s and many people in her community were able to rebuild their houses with money from VimoSEWA claims (*Aagewan D*). These insights are only possible because *aagewans* and CBAs are members of the communities they serve.

The foundation of VimoSEWA's insurance delivery system is the trust between *aagewans* and community members, which is rooted in the fact that *aagewans* and CBAs are members of the communities they serve. This enables these women to build relationships with

potential and existing insurance members based on their common sense of community. Multiple insurance beneficiaries who were interviewed reported that they met with the *aagewan* or CBA in their community on a daily basis, and that their conversations extended beyond insurance to updates on their lives, families, health, and work (Member B & Member D). On field visits with *aagewans*, the close and personal relationships with insurance members in their communities were directly observed. Many women and their families openly welcomed *aagewans* and CBAs into their homes. In addition, there were many instances during interviews when an *aagewan* demonstrated knowledge of a member's family and life that could only stem from a close, community-based relationship. Insurance members living in a rural village outside of Ahmedabad described the village CBA as "more than a sister" and as a "daughter of the village" (Member H & Member I). Being from the communities they serve allows *aagewans* to use the inherent connection they have with community members to develop relationships based on mutual trust.

Personal relationships and trust are crucial to the success of VimoSEWA *aagewans* and CBAs. Many women are motivated to join a VimoSEWA insurance scheme because their *aagewan* is from the community and, therefore, they are comfortable talking to her and asking her questions (*Aagewan A*). These women are much more willing to approach an *aagewan* about insurance than government workers, who are often not known by the community (CBA B). This allows *aagewans* and CBAs to connect with more women in their communities to provide education about insurance and convince them to enroll. Furthermore, the CBAs and *aagewans* that were interviewed for this study have spent considerable amounts of time cultivating relationships in their communities; seven out of eight respondents have been working with VimoSEWA for 15 years or more (*Aagewans A-D* & *CBAs A-D*). If women were not as

comfortable discussing financial security and insurance with *aagewans*, it would be much more difficult to effectively disseminate information about VimoSEWA insurance and provide support in accessing benefits.

*ii. For the Community*

Another factor that significantly contributes to the ability of an *aagewan* to form trusting relationships is having a community-centric mindset in her work. Many *aagewans* and CBAs are motivated by the understanding that insurance provides greater financial security for women and families, which leads to better health and welfare in their communities. An *aagewan* explained that she was motivated to work with VimoSEWA because she believed she had a social responsibility in her community (*Aagewan B*). *Aagewans* and CBAs also described their duties and responsibilities in a way that reflects their commitment to their community's well-being and security. An *aagewan* stated that her primary job was to take care of insurance members through helping them access and understand social insurance (*Aagewan D*). The role of an *aagewan* or CBA in her community is not just to collect money for premiums, but to offer families support when they experience a medical emergency, accident, or serious calamity (*Aagewan B*). This community-centric attitude held by *aagewans* and CBAs is fundamental to their role in effectively promoting insurance in their communities.

The actions of *aagewans* and CBAs in their communities reflect their motivations to improve the welfare of self-employed women and their families. Due to their commitment to the people in their communities, *aagewans* often handle duties that are beyond their work with VimoSEWA. One CBA paid for a woman's premium when she could not afford the cost herself, which later enabled the woman to get insurance compensation for her daughter's hospitalization (*CBA A*). This selfless action of the CBA helped the woman's family avoid financial instability

due to their expensive hospital bills. *Aagewans* and CBAs also often offer their support in accessing government schemes that benefit marginalized populations. One *aagewan* described how she often helped pregnant women in her community learn about and utilize a government scheme for pre-natal care and delivery (*Aagewan A*). *Aagewans* and CBAs are motivated to help women access government schemes because it is important to demonstrate to community members that VimoSEWA *aagewans* are not just insurance salespeople (*Aagewan B & Aagewan D*). These actions undertaken by VimoSEWA *aagewans* and CBAs demonstrate their commitment to the general well-being of their communities, above and beyond their insurance marketing duties.

The community-centric mindsets and actions of *aagewans* and CBAs are critical to building trust and relationships with the people in their communities. Potential and existing insurance members know that *aagewans* are working for their overall well-being and financial health, and therefore are more trusting. This trust is necessary for members to commit to insurance, because the *aagewan* or CBA in their communities are often their sole connection to VimoSEWA. This concept is reflected in the responses of interviewed members to questions regarding their motivations to join VimoSEWA insurance. Members are often convinced to purchase insurance because their family has a good relationship with their *aagewan* or CBA and fully trust them to work on their family's behalf (Member C). One interviewed member explained that her family trusted the CBA because she has never made false statements or commitments to them (Member G). Another member stated that she has VimoSEWA insurance only because she completely trusts her CBA (Member H). Throughout the interview process, the trust between *aagewans* and insurance members was consistently identified as a reason for investing in VimoSEWA insurance. Trust is both a requirement for an *aagewan* to effectively

promote insurance and a consequence of successfully performing this role and improving her community's welfare.

b. Accessibility to the Community

i. *Bringing Insurance to the Community*

Another key role of *aagewans* in effectively delivering insurance to self-employed women is offering direct and comprehensive service to their communities. One responsibility of VimoSEWA *aagewans* and CBAs is to educate non-members about insurance and assist in the enrollment process. These grassroots promoters go door-to-door in their communities to explain VimoSEWA insurance and build relationships with potential insurance members and their families (*Aagewan D*). In addition to providing information at the homes of non-members, an *aagewan* also explained that she visits places in her community where women laborers often meet (*Aagewan D*). Approaching potential members at their places of work increases the possibility that non-members will receive and understand information about insurance. Another point of contact between *aagewans* and potential insurance members is in community meetings that *aagewans* conduct to address claims and other VimoSEWA matters (*Aagewan A*). *Aagewans* also always record the contact information of interested non-members in their communities so they can follow-up about questions and concerns (*Aagewan D*). These various methods that *aagewans* and CBAs employ to establish contact with potential insurance members are crucial in disseminating information about the benefits of insurance.

Similar methods are also used by *aagewans* and CBAs to properly deliver services and offer insurance support to existing members. A significant portion of their jobs is visiting the homes of VimoSEWA members to address insurance concerns and questions, collect premiums,

and assist in the claims process. All the *aagewans* and CBAs interviewed for this study similarly described their central role in these tasks (*Aagewans* A-D & CBAs A-D). In addition, all interviewed insurance members reported that they rely solely on the *aagewan* or CBA in their community to submit their premiums to VimoSEWA (Members A-I). Besides visiting homes, *aagewans* also visit women in their workplace to discuss insurance matters and collect premiums (*Aagewan* C). This is crucial because most self-employed women who are eligible for VimoSEWA insurance often work for daily wages outside of their homes. Many insurance members interviewed for this study are sellers of clothes or other handcrafted goods; in fact, multiple interviews were conducted on the side of roads where these women sold their products. Members are also easily able to contact their *aagewan* or CBA on the phone if they need to talk to her, and she will make the effort to visit the member on the same day (*Aagewan* A). If an insurance plan needs to be renewed, the *aagewan* will contact the member on the phone and visit their home or workplace to assist in filling out the proper paperwork (*Aagewan* D). Through these activities, *aagewans* and CBAs are able to make insurance information and utilization more accessible for VimoSEWA members.

The distribution of insurance education and information is also achieved in conjunction with other SEWA activities in communities. In addition to their work with VimoSEWA, many CBAs are involved with other SEWA sister organizations. One interviewed CBA works in a SEWA childcare center in her urban community. Women who are SEWA members can drop off their children at the center for a small fee while they work during the day. When women drop off and pick up their children, the CBA talks to them about VimoSEWA and how insurance could benefit their families (CBA A). This method is effective because the CBA has already established a trusting relationship with the mothers and has daily contact with them through the

center. Another CBA that was interviewed works with the SEWA Bank and combines insurance education with education about savings. When she first approaches a potential VimoSEWA member, she first explains the importance of savings, which is offered through SEWA Bank, and works on strengthening their relationship. Once the woman understands how savings will help keep her family financially stable, the CBA teaches her about VimoSEWA and insurance, which will also improve her family's financial situation (CBA C). Not only does this method help the CBA access more potential VimoSEWA members, but it also helps women afford insurance premiums by showing them how to save money through SEWA Bank. By utilizing other SEWA activities to perform their VimoSEWA duties, these CBAs are able to bring insurance services to self-employed women on a frequent and personalized basis.

Another crucial component of effectively delivering insurance to underserved populations is establishing reliable and frequent contact between the insurance provider and the communities. Therefore, *aagewans* and CBAs are constantly involved in interacting with both members and non-members. All the interviewed *aagewans* and CBAs reported visiting insurance members on a daily basis, and that they have contact with most of the members in their communities every two to three days (*Aagewans* A-D & CBAs A-D). These reports are corroborated by member responses. Four interviewed members reported talking to their community's *aagewan* or CBA daily (Members B, C, D & G). The other responses ranged from once every three days to once a month (Members A, E, F, H & I). This frequent contact enables *aagewans* to build relationships and ensure complete understandings of insurance policies and procedures among members. One CBA stated that her interactions with members typically last about 20 to 30 minutes, which indicates that these conversations are an integral part of her daily work life (CBA B). *Aagewans* and CBAs also have consistent contact with non-members in their

communities. One *aagewan* reported that she talks to potential members on a weekly basis, usually during community meetings (*Aagewan B*). By maintaining a reliable pattern of consistent contact with members and non-members, *aagewans* are able to establish relationships and effectively communicate insurance details to their communities.

By providing frequent service directly to their communities, *aagewans* and CBAs make insurance more accessible to self-employed women in urban slums and rural villages. When interviewed *aagewans* and CBAs were asked about common motivations to join VimoSEWA among self-employed women, many reported that the primary reason is the convenient accessibility and reliability of *aagewans* (*Aagewans B & C*, *CBAs C & D*). Members are confident that they can easily contact an *aagewan* or CBA for help with their insurance. This is very important due to the challenging conditions that many self-employed women are subject to, such as poor educations and demanding jobs. Consistent explanation of insurance policies to these women is necessary to help them understand how to utilize their insurance and receive its benefits (*CBA D*). A member reported that she understood everything about her insurance because her *aagewan* personally visits her to discuss insurance on a daily basis (*Member D*). Often, an *aagewan* is the only source of VimoSEWA information and support for insurance members, making the community completely dependent on the *aagewan*. The accessibility of *aagewans* and CBAs also contributes to another main motivation for joining VimoSEWA: trust in these VimoSEWA insurance promoters. Constant contact with potential insurance members by visiting their homes and talking to their families establishes a trusting relationship between women and the *aagewan* or CBA (*CBA A & CBA C*). All activities that *aagewans* and CBAs undertake for VimoSEWA simultaneously depend on the existence of trust and foster trust within their communities.

## *ii. Challenges in Accessing Government Schemes*

As a comparison to VimoSEWA delivery methods and their effectiveness, data was also collected during interviews on the awareness and utilization of various government schemes. These interview questions were mainly targeted at government schemes that provide health insurance or another form of coverage for health-related expenses. The responses of interviewees regarding personal utilization and community awareness levels of government schemes largely varied. Four out of nine insurance members are not aware of any government schemes in their community (Members A, C, D & I). The other respondents reported incomplete awareness of a wide mix of schemes, including a scheme that covers road accidents, a scheme for accidental and natural death compensation, and a healthcare scheme where premiums are deducted from bank accounts (Members B, E, F & G). Often, interviewees were only able to provide a brief description of a government scheme and were unable to recall the name of a scheme or other detailed information. Only one insurance member reported awareness of RSBY and was able to recall the correct name of the scheme (Member H). The responses of *aagewans* and CBAs regarding awareness levels of government schemes among self-employed women in their communities also varied. However, the interviewees reported overall underutilization of government schemes within their communities (*Aagewans* A-D & CBAs A-D).

The primary issue that inhibits awareness and proper utilization of government schemes is ineffective information distribution methods. When interviewed *aagewans* and CBAs were asked how people in their communities learn about government schemes, only one *aagewan* reported that a government worker physically comes to her community to provide information (*Aagewan* C). The other *aagewans* and CBAs attributed poor access to government schemes to the lack of someone coming to their communities to spread awareness (*Aagewan* A & CBA C).

Furthermore, even if a community member is aware of a scheme, there are inadequate support systems in place to help them understand how to actually utilize it (*Aagewan* B). If there is no system to translate awareness into appropriate utilization, government schemes are not able to benefit underserved and marginalized communities, such as self-employed women and their families. For example, the only insurance member interviewee who reported awareness of RSBY is unable to utilize the scheme due to difficulties getting the card from the government (Member H). Furthermore, her awareness of RSBY did not come from the government, but from her village CBA (Member H). Again, *aagewans* and CBAs are often the only source of information about insurance-related topics for their communities, including government schemes. However, lack of information on how to utilize government schemes are also barriers for *aagewans* in helping community members. One CBA reported that she is aware of a government scheme that offers compensation for a natural death, but has no knowledge of the procedures to use it (CBA B). Furthermore, if an *aagewan* informs a community member about a government scheme and there are subsequent challenges in accessing it, the member may lose trust in the *aagewan* (Member C). Therefore, *aagewans* and CBAs may avoid giving information on government schemes due to difficulties in receiving actual benefits from the scheme. Overall, the information gathered from interviews indicate a clear need for better information dissemination methods and support systems for government schemes in these communities.

### c. Adapting Services to Needs

#### i. *Navigating Insurance Complexities*

Insurance is a complicated topic to understand, especially for communities that have low levels of education and little exposure to financial security institutions. There are many

components that make up insurance, including premiums, policy terms and limitations, and claims procedures. Therefore, a crucial role of *aagewans* and CBAs is to provide reliable support for insurance members and families as they face challenges navigating and utilizing VimoSEWA insurance. Most members who were interviewed demonstrated significant dependency on *aagewans* and CBAs for assistance in managing their insurance. One insurance member stated that she only knows that it is time to renew her policy when her *aagewan* informs her (Member B). When member interviewees were asked about their previous experiences with the claims process, most responded that they contacted their *aagewan* or CBA, who then completed their paperwork and collected necessary documents (Members A, B, D, G & I). It is evident that without the assistance from *aagewans* and CBAs, these insurance members likely would not have been able to properly submit their claims and receive reimbursements. Insurance members understand that if they don't understand something, such as the claims process, their *aagewan* or CBA will explain it to them and help them (Member F). This dependency on *aagewans* was also apparent during the interview process. When members were asked for details about their insurance plan by the interviewer, such as what is covered, what is excluded from coverage, and how much the annual premium is, most relied on their *aagewan* or CBA to provide information to the interviewer. These examples of dependency demonstrate the critical role of *aagewans* and CBAs in ensuring effective insurance utilization by their communities.

In addition to standard insurance challenges, such as premium payments and submitting claims, *aagewans* and CBAs are also necessary to help members understand more complicated insurance topics. For example, *aagewans* are responsible for explaining that pre-existing conditions, such as diabetes and hypertension, cannot be covered by VimoSEWA health insurance until the member has had the policy for over one year (*Aagewan D*). In addition,

*aagewans* also provide assistance in using VimoSEWA's cashless policy for health insurance, which allows members to avoid having to pay hospital bills out-of-pocket before receiving an insurance claim (*Aagewan B*). Navigating complicated hospital systems is a difficult task for many people, especially those with little formal education and exposure to these services.

*Aagewans* and CBAs are also responsible for following-up with members after they submitted a claim, which sometimes involves explaining why a claim is delayed or denied (*CBA D*). It is very important for a member to understand issues with claims to ensure member retention and satisfaction. Similarly, when VimoSEWA recently changed the insurance company it collaborates with, *aagewans* were tasked with explaining the resulting changes in policies to existing insurance members (*Aagewan D*). This role was crucial because many members were frustrated with these policy changes and had a poor understanding of why they occurred. *Aagewans* and CBAs are necessary in order to retain members and support them in fully utilizing insurance benefits.

In addition to little knowledge of insurance procedures, people in the low-income and underserved communities that *aagewans* and CBAs serve often have cultural misunderstandings of insurance. One interviewee explained that her family used to believe that if they became VimoSEWA insurance members, their family would be more likely to suffer from illnesses and serious mishaps (Member C). An interviewed *aagewan* described a similar misbelief among the Muslim population in her community, which leads many Muslims to avoid getting insurance (*Aagewan D*). Another belief that inhibits some Muslims in her community from becoming VimoSEWA members is the misunderstanding that insurance involves collecting interest, which is prohibited among Muslims (*Aagewan D*). However, *aagewans* and CBAs work on overcoming these misunderstandings and superstitions through educating people about insurance and

establishing trusting relationships (*Aagewan D & Member C*). *Aagewans* and CBAs commit significant time towards identifying misconceptions that prevent people from joining insurance and on adapting services to overcome these barriers.

The importance of *aagewans* and CBAs in explaining insurance complexities and assisting members is demonstrated in experiences with other insurance providers that do not offer similar support systems. Many people in the communities *aagewans* work in have difficulties accessing government insurance schemes, such as RSBY, due to a poor understanding of how the scheme works (*Aagewan C*). If information is not made easily accessible to people, often they are discouraged from attempting to understand and use insurance schemes. This situation is similar to challenges with other insurance companies who target these populations. People are sometimes drawn to purchase policies at these bigger companies due to the possibility of greater compensation from claims, but they are often not able to submit claims because they don't understand how to (*Aagewan B*). Therefore, a primary motivation for joining VimoSEWA is the explanations provided by the *aagewans* and CBAs to their community members (*Aagewan C*). Education and support services that are adapted to the unique needs of marginalized communities, such as self-employed women, are necessary to expand access to health insurance.

#### *ii. Making the Intangible Tangible*

Another challenge that low-income and poorly educated communities experience with understanding insurance is its intangibility. One *aagewan* described this issue from the viewpoint of women in her community. She explained that these women are used to exchanging money for a physical good, such as in a typical grocery store transaction (*Aagewan B*). However, when people pay insurance premiums, the financial security and protection benefits are mainly

intangible. These benefits only become tangible to the beneficiary when a claim is fulfilled and they receive monetary compensation for a loss or expense. Therefore, VimoSEWA members must pay their premium to *aagewans* and understand the possibility of not receiving a tangible good in the form of insurance claim money, which presents a challenge for *aagewans* (*Aagewan B*). Multiple *aagewans* and CBAs that were interviewed reported that the main reason for people not renewing VimoSEWA membership is not having to submit a claim the previous year (*Aagewans B & D, CBA A*). If physical money was not received from insurance, then often members feel that their premium was not worth paying. This issue presents a problem for *aagewans* and CBAs and for the financial viability of VimoSEWA's insurance model.

One strategy used by *aagewans* and CBAs to overcome the intangibility of insurance is relating insurance benefits to concrete experiences of families and of the community. One *aagewan* described in her interview how she tries to incorporate details about insurance into daily conversations with non-members in her community. For example, if a potential member informs her that a relative has been recently hospitalized, the *aagewan* will explain how VimoSEWA health insurance could have protected their family from incurring large hospital bills. Furthermore, if a member of a family has recently died, the *aagewan* will inform the family how much compensation they could have received from a life insurance policy (*Aagewan D*). This method allows the *aagewan* to show community members how insurance could have made their current situation more financially stable, which makes the concept of insurance more concrete and understandable. Another interviewee described how she explains the importance of insurance coverage by relating it to people's experiences with borrowing money from local money-lenders (*CBA D*). Money-lenders are notorious for charging extreme interest rates and driving families into further financial ruin. Insurance for accidents and medical emergencies

enables a family to avoid money-lenders and secure their financial future. By relating insurance benefits to current and past challenges in people's lives, *aagewans* and CBAs help communities understand the concept of insurance.

Another method utilized by *aagewans* and CBAs to help potential members understand insurance is involving the community in the claims process. Multiple CBAs and *aagewans* hold community meetings when someone receives reimbursement from VimoSEWA insurance, so neighbors see and understand the tangible benefits of having insurance (*Aagewans A & B, CBA C*). When people witness a family in their community experience a calamity, such as a death or a hospitalization, and then see that family getting compensation from VimoSEWA, the importance of insurance is more comprehensible. Therefore, the use of real examples to help a potential member understand insurance is an important tool for *aagewans* and CBAs. This strategy is also useful for convincing existing members who did not submit a claim the previous year to renew their insurance policy. One example that an *aagewan* shares with these members is a real experience of a family in her community. This family paid the premium for their health insurance for four years, but because they never needed to submit a claim they chose to not renew their policy. Then, a family member was injured and needed to be hospitalized, and the family had to pay the hospital expenses out-of-pocket (*Aagewan B*). By connecting this local family's story to the concrete financial benefits of insurance, the *aagewan* helps members understand why it is important to renew policies.

*Aagewans* and CBAs have had significant success in helping people understand the concept of insurance by making insurance tangible and relatable. Receiving money from an insurance claim is a key benefit of insurance that is relatively easy to understand. Therefore, often when families get insurance compensation they are motivated to join additional

VimoSEWA policies and receive help from an *aagewan* in the enrollment process (*Aagewan A*). For example, one woman received compensation from VimoSEWA when her husband was in an accident, so she decided to extend insurance coverage to the rest of her family (*Aagewan C*). An insurance member that was interviewed explained that she decided to get insurance when her mother-in-law received money for her husband's death, which demonstrated how insurance could protect her family financially (Member A). Through witnessing positive experiences of women and their families with insurance, people are more likely to understand how insurance could benefit their own families. One CBA stated that when one woman receives insurance compensation and the CBA explains the process to other women in her community, ten of them choose to enroll (CBA C). Demonstrating concrete benefits of insurance to women is also effective in convincing members who have never submitted an insurance claim to renew their policies. One interviewee has been a VimoSEWA member for the past 17 years but has never needed to file a claim for insurance reimbursement. However, she continues to renew her policy because she has seen how VimoSEWA insurance helps families financially in emergencies within her community, and therefore she feels that her premium money is not wasted (Member F). The role of *aagewans* in helping people understand how insurance benefits their families and their communities is crucial in extending access to financial protection and improving overall well-being.

### *iii. Overcoming Illiteracy*

One challenge in accessing insurance that *aagewans* and CBAs help community members overcome is illiteracy. The self-employed women that *aagewans* and CBAs work with are mainly low-income laborers and vendors who either have little education or are completely illiterate. The illiteracy rates for these women in Ahmedabad urban slums are usually high

(*Aagewan A*). All the interviewed *aagewans* and CBAs reported that there was no knowledge of insurance in their communities before they started working with VimoSEWA, primarily due to low levels of education (*Aagewans A-D & CBAs A-D*). Illiteracy presents a challenge in accessing insurance because an illiterate person is unable to read insurance documents, so information about policies must be communicated verbally. Therefore, people who are illiterate have more difficulties understanding insurance and are less likely to be VimoSEWA members (*CBA B & CBA C*). The correlation between illiteracy and insurance inaccessibility is also demonstrated in the challenges illiterate people experience with utilizing government health insurance schemes. Women who are illiterate have difficulty in learning about and understanding government schemes because no one comes to their communities to verbally explain the schemes to them (*Member A*). Therefore, illiterate women are only able to access schemes if other family members have some education and can read government advertisements in their communities or in the newspaper (*CBA C*). Due to the absence of someone that directly provides information and helps illiterate women utilize schemes, these women face significant barriers in accessing better financial protection and healthcare.

*Aagewans* and CBAs adapt to the needs of their communities to overcome illiteracy and extend insurance access to marginalized women and families. *Aagewans* are involved in all insurance procedures, including member enrollment, submitting claims, compiling necessary paperwork, delivering claims checks, and supporting members through emergencies and mishaps (*Aagewan A*). In addition, *aagewans* and CBAs are in constant contact with illiterate members in their communities to repeatedly provide and explain insurance information (*Aagewan C*). *Aagewans* and CBAs are often the only way illiterate community members can learn about insurance. All interviewed members reported that they first learned about insurance from their

*aagewan* or CBA (Members A-I). Therefore, without the comprehensive support provided by *aagewans* and CBAs, most illiterate members and members with little education would be unable to access insurance through VimoSEWA.

*iv. Accommodating Financial Constraints*

Another challenge that inhibits people from accessing insurance is paying premiums. The majority of interviewed *aagewans* and CBAs reported that a lack of funds is the primary reason why some people are not VimoSEWA members in their communities (*Aagewans* A, B & C, CBAs A, B & D). Not being able to afford premiums is also a main reason why some people do not renew VimoSEWA policies (CBAs A & C). Most of the families in these communities are low-income and struggle with inconsistent incomes that fluctuate daily. Unreliable wages also create difficulties in paying premiums on a regular basis, which is usually required by insurance providers (*Aagewan* A & CBA A). Multiple interviewees stated that their biggest challenge with insurance is paying premiums to their *aagewan* or CBA on time due to income instability (Members C, F & H). This financial uncertainty that many self-employed women and their families experience is a primary reason why they need access to health insurance and greater fiscal protection.

*Aagewans* and CBAs understand the financial hardships faced by self-employed women in their communities and work to adapt and overcome these challenges. *Aagewans* and CBAs regularly make themselves available to insurance members for premium collections. *Aagewans* daily approach members in their neighborhoods and homes to inquire about premiums, which increases the likelihood that they will pay their premiums on time (*Aagewan* D). It is necessary for *aagewans* to collect premiums daily because many insurance members earn and spend their incomes on a day-to-day basis. In addition, *aagewans* adapt their premium collection schedules

to their community's livelihoods. For example, a rural village CBA primarily collects premiums during the harvesting season, because that is when farmers have the most money to spend (Member H). *Aagewans* and CBAs are also flexible in other ways with premium collections. Sometimes they offer non-members the option to pay part of their first premium at the time of enrollment and the remaining portion later (*Aagewan B*). Furthermore, many farmers in villages outside of Ahmedabad are currently struggling with paying premiums on time due to a lack of rain and small crop yields. To ensure that these members have the opportunity to renew their policies, the village CBA has granted them flexibility with late payments (CBA D). *Aagewans* and CBAs are highly attentive to the financial challenges and needs of self-employed women in their communities in order to adapt their services and improve access to insurance.

## 5. Conclusion

The results of this study demonstrate the crucial role that VimoSEWA *aagewans* and community-based *aagewans* perform in extending health and social insurance coverage to marginalized populations in Ahmedabad city and surrounding rural districts. *Aagewans* and CBAs adapt their services to the needs and limitations of their communities to assist self-employed women in understanding and utilizing insurance policies. VimoSEWA insurance members significantly rely on *aagewans* to access insurance and attain greater financial protection for themselves and their families. The ability of *aagewans* and CBAs to effectively perform their role is contingent on the relationships they maintain with self-employed women in their communities. The success of *aagewans* in promoting VimoSEWA insurance both depends on these trusting relationships and further develops them. Due to the substantial barriers that many women working in the informal sector experience in accessing insurance, community-based insurance promoters are necessary to provide comprehensive services and support to these women so they can realize financial stability.

These findings suggest that community-based insurance promoters have the potential to significantly improve the delivery methods of other insurance models in India. The results of this study indicate substantial barriers for self-employed women and their communities in accessing and utilizing government welfare schemes, especially those that provide health coverage and insurance. Many of these challenges can be attributed to fragmented information dissemination to these communities and an inadequate support system. The findings of this study signify that community-based insurance promoters are essential to overcoming these challenges and extending health and social insurance to marginalized communities.

## 6. Recommendations for Further Study

Data for this study were collected in Ahmedabad city and surrounding rural districts, where SEWA and VimoSEWA are strongly established organizations. Most of the interviewed insurance members have been associated with SEWA for at least a decade, and most of the interviewed *aagewans* and CBAs have been working for VimoSEWA for over fifteen years. The marketing and delivery model of VimoSEWA in Gujarat has had sufficient time to be refined and established. Therefore, additional studies should be conducted on the role of *aagewans* and CBAs in regions of India where VimoSEWA and partner organizations are just beginning to provide insurance services. Furthermore, there is a need for further studies on this topic that expand beyond VimoSEWA. The use of community-based promoters in the delivery of government-provided health insurance should be explored to determine this model's effectiveness in improving financial stability and access to quality healthcare for marginalized populations on a larger scale.

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