

## **Indo-German Programme on Universal Health Coverage: Empowering women in their health and beyond through national health insurance**

<b>Country</b>	<b>GIZ India</b>
<b>Full Name of the program</b>	<b>Indo-German Programme on Universal Health Coverage</b>

Achieving “Gender Equality” across sectors will be the most crucial element for India to achieve SDGs by 2030<sup>1</sup>. Supporting vulnerable population get affordable access to quality health services is one of the most complex challenges India is facing enroute to achieving Universal Health Coverage. In India, about 62 percent of health care costs are out of pocket and this medical expenditure pushes as many as 63 million Indians into poverty every year. In India, overall, only less than one third (29%) of households have at least one usual member having access to health insurance or health scheme.

The launch of Prime Minister Jan Arogya Yojna, in 2018 is an important initiative towards achieving UHC. This is an improved version of its predecessor scheme Rashtriya Swasthya Bima Yojana (RSBY), which was launched in 2008<sup>2</sup>. PM-JAY the world’s largest, completely government funded health insurance where more than 500 million poor and vulnerable persons can access free healthcare services in hospitals with an annual insurance coverage of EUR 6,300 (INR 500.000) per family.<sup>3</sup>

GIZ is providing technical cooperation at national- and state-level in the design, implementation, and monitoring of PM-JAY through the Indo-German Program on Universal Health Coverage.

India is primarily a patriarchal society; in which girls and women many times are disadvantaged. The sociological construct of patriarchy is recognized to compromise health, economic, and social outcomes in ways that can impede women’s equality and empowerment. According to the OECD-DAC’s classification, gender equality is an ‘important and deliberate objective’ which is one of the focus of the IGUHCs work.<sup>4</sup>

### **Gender- a quality feature of our work**

IGUHC had advised our partners, the Indian Ministry of Health and family Welfare, the National Health Authority and State Health Agencies to ensure gender sensitive design elements in PM-JAY. These included the following:

- i) removing cap on the family size so that women are not discriminated,
- ii) every member has their own health card for easily accessing services,
- iii) increasing annual benefit cover per family, so that cover is not consumed by males only
- iv) Including the specific healthcare needs of girls and women, including a strong focus on RMNCH in design of benefit packages under PM-JAY.



Since 2018 IGUHC is helping the implementation of PM-JAY which is impacting the health and also beyond health [agency, mobility, decision making] aspects of vulnerable women having access to this scheme. Empowerment is a multidimensional concept and has been researched a lot though it is difficult to measure empowerment with a specific set of indicators. To operationalize empowerment there are different aspects of empowerment which are considered generally access to resources, agency and decision making, fertility, domestic violence, and “other indicators that can enhance or limit women’s choices” (The World Bank. 2014).

### Impact on Health of Women

Out of more than 120 million Ayushman cards that have been made under the scheme, more than 50% have been made for women due to efforts of the Government supported by GIZ. Having these Ayushman Cards empowers these women to get cashless free health care at any of

the more than 23,000 empanelled hospitals. Talking about the direct impact on health aspects, out of the 1,393 PM-JAY Health Benefits packages, 116 are geared towards women, 64 are geared toward men solely, and 1,213 are geared toward both. The preliminary figures on care utilization under AB PM-JAY reveal that in spite of potential discrimination under the scheme women used resources under the scheme almost equal to men.<sup>5</sup> Although there are gender differences in the usage of cardiac and nephrology-related treatments, women make up the majority of oncology treatment consumers. The programme has also helped in getting hundreds of thousands of women deliver their babies safely in quality public and private hospitals.

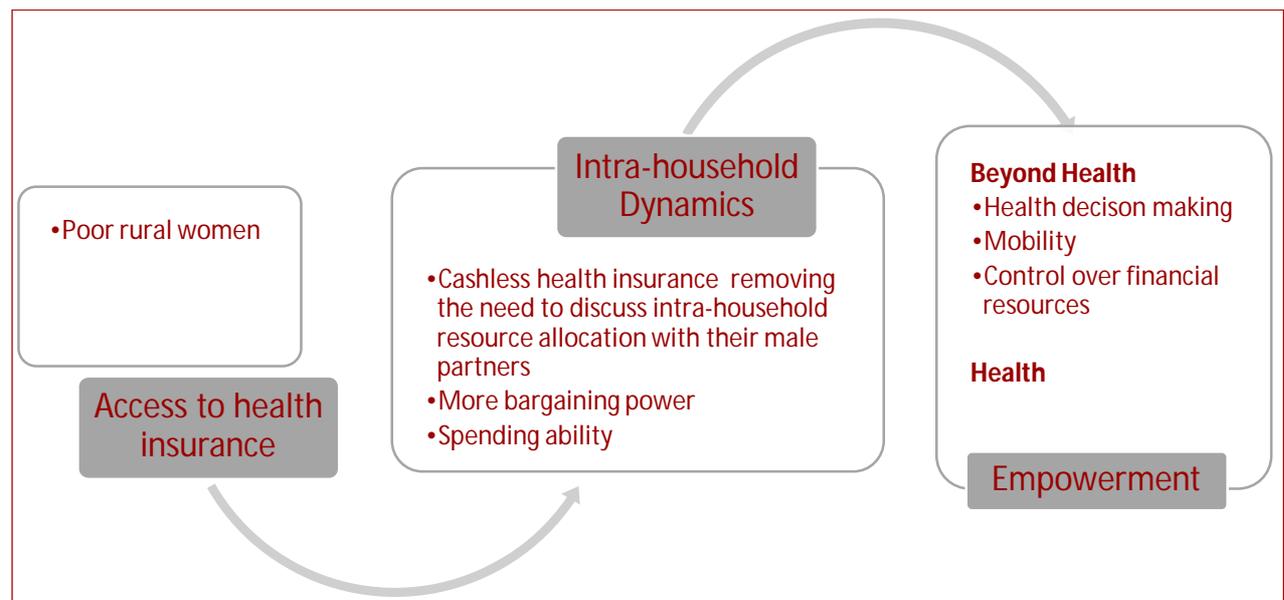
Under PM-JAY, women are also a vital component of the workforce that provides healthcare to the community. Acknowledging the unwavering and collaborative contributions of lakhs of Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs), nursing assistants and female physicians, and thousands of Anganwadi workers and Arogya Mitras who constitute the backbone of our healthcare and wellbeing infrastructure. Since all these field workers are women, IGUHC in collaboration various institutions trains them on gender sensitive materials. These workers then approach women in the families and inform them to get their Ayushman Cards made and get treatment as and when required.

### Beyond health

Baseline mixed methods<sup>6</sup> demand side evaluation results of PM-JAY highlights marginal changes in women empowerment due to access to health insurance in India. We asked 14,378 women questions relating to their role in decision-making, their mobility and issues related to health seeking behaviour. Women who are making their own decisions about healthcare needs are insured – compared to those not insured.



As autonomous decision-making – together with control over resources – is a key element of female empowerment. Insurance coverage can induce change through multiple causal pathways. The basic premise of cashless health insurance cover for a woman can be that she does not have to take permission from her husband/male household head to access health care. This might give her more bargaining power. Another pathway could be that she does not have to spend money from her pocket and thus have the choice of accessing hospitalization if needed. This could increase her mobility in some ways. With the help of routine evaluation data from PM-JAY IGUHC strives to move beyond just sex-disaggregated data for its result-based monitoring (RBM). Operationalizing multidimensional measurement indicators such as “empowerment” can be introduced. A specific module was built within the survey to assess women’s experiences with the scheme and its role in mediating household decision making and enhancing women’s empowerment. Qualitative guides were also introduced to measure empowerment.



Specifically the project RBM has the following measures to promote gender equality and indicators for the measures:

1. IGUHC is developing a gender sensitive draft of strategic roadmap for the implementation of UHC in PM-JAY by NHA (National Health Authority).
  - a. Increase in awareness, access, and utilization of PM-JAY among eligible women beneficiaries as well as improving service quality measured through women satisfied with services.
2. IGUHC is supporting the State Health Agencies who are implementing National Health Authorities (NHA)s guidelines of equal pay to men and women and promote women as leaders (Gender sensitive human resource policy).
- 3.IGUHC is providing technical assistance in developing gender specific capacity development material. Women to receive training and recruitment.
4. IGUHC is also supporting NHA in ensuring gender-sensitive monitoring and evaluation at all levels and develop M&E guidelines.
5. Through gender audit of communication materials IGUHC is supporting NHA to invest in gender-sensitive and gender-responsive communication strategies and awareness-raising.
6. Our programme is also supporting training of state and district officials in gender sensitive campaigns.

IGUHC is partnering with International Universities/consortium for conducting data collection with specific focus on gender dynamics in PM-JAY evaluations additionally striving for better data to analyses multidimensional indicators like “empowerment” in greater detail. IT platforms for fraud management are made gender sensitive, e.g., looking at the age and sex while processing claims related specifically to hysterectomies or RMNCH cases.

IGUHC cooperates with several partners, including national and state-level government agencies as well as civil society organizations. Our principal national partners are the Ministry of Health and Family Welfare (MoHFW) and the National Health Authority (NHA). The NHA was specifically established by the Indian government to bear the main responsibility for implementing PM-JAY across the country. We also collaborate with the corresponding State Health Authorities (SHAs), responsible for implementation at the state-level. Besides direct support to our government-level partners, IGUHC works on information, education, and communication (IEC) activities such as awareness campaigns that seek to spread knowledge about entitlements under PM-JAY throughout the population. These campaigns are carried out in a gender-sensitive fashion, e.g., specifically target girls and women and encourage them to avail health services via PM-JAY. This line of our work reflects evidence indicating that males predominantly interact with public institutions and government services as females tend to be restricted to the domestic sphere.

### **Knowledge exchange on ‘best practices’ and the way forward**

We are calling for a systematic application of a gender lens on UHC policies and programmes if equity in access to health services for poor and vulnerable population groups, especially women and girls, is to be achieved. Ensuring gender mainstreaming in the design phase is equally important as the implementation phase. Continuous rigorous evaluation of scheme with a gender component built in it as well as dissemination are crucial to knowledge exchange. Traditional approach to sex disaggregation in gender sensitive RBM can be replaced with introducing new multidimensional indicators like “empowerment”. Investing in health financing for overall empowerment of women (health and beyond health) can solve India’s complex challenge to achieve UHC. Our team will invest the competition’s prize into extending the ongoing research for building substantial evidence into health financing reforms and women empowerment in India and improve communication between gender experts and health financing experts.

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<sup>1</sup> Goal 5 – Achieve Gender Equality and Empower All Women and Girls, <https://www.un.org/sustainabledevelopment/gender-equality/>

<sup>2</sup> Rastriya Swasthya Bima Yojana, <https://www.india.gov.in/spotlight/rashtriya-swasthya-bima-yojana>

<sup>3</sup> Empanelment of health care facilities under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) in India, <https://europepmc.org/article/PMC/8158976>

<sup>4</sup> Handbook on the OECD-DAC Gender Equality Policy Marker, <https://www.oecd.org/dac/gender-development/Handbook-OECD-DAC-Gender-Equality-Policy-Marker.pdf>

<sup>5</sup> PMJAY can help bridge the gender gap in availing of healthcare services, <https://pmjay.gov.in/node/1671>

<sup>6</sup> Environmental Research and Public Health Protocol Mixed and Multi-Methods Protocol to Evaluate Implementation Processes and Early Effects of the Pradhan Mantri Jan Arogya Yojana Scheme in Seven Indian States, [https://www.researchgate.net/publication/344879478 Environmental Research and Public Health Protocol Mixed and Multi-Methods Protocol to Evaluate Implementation Processes and Early Effects of the Pradhan Mantri Jan Arogya Yojana Scheme in Seven Indian](https://www.researchgate.net/publication/344879478_Environmental_Research_and_Public_Health_Protocol_Mixed_and_Multi-Methods_Protocol_to_Evaluate_Implementation_Processes_and_Early_Effects_of_the_Pradhan_Mantri_Jan_Arogya_Yojana_Scheme_in_Seven_Indian)