A QUALITATIVE ASSESSMENT OF IMPACT OF NIRAMAYA HEALTH INSURANCE SCHEME FROM GENDER PERSPECTIVE[1]

P C Parida*
Anupam Sarkar**

ABSTRACT

This paper presents a gender perspective impact assessment of Niramaya Health Insurance Scheme (NHIS), one of the flagship schemes run by the Ministry of Social Justice and Empowerment, Government of India for Persons with Disabilities (PwDs). The analysis of the study has been carried out using primary based information collected from fourteen major states covering five regions with sample size of 6621 beneficiaries. Simple statistical tools such as ratio, percentage, correlation and graphical representation are used to analyze the data. Issues such as quality of services received by beneficiaries and the impact of the scheme on health and personal development of beneficiaries with appropriate policy suggestions are discussed in this paper. The study found that majority of beneficiaries were either fully satisfied or satisfied to some extent with various services offered under the scheme. Further, the study found a positive impact of the scheme on learning and speaking ability, interpersonal skill, and improvement in health condition of both male and female beneficiaries.

Key words: *Niramaya Scheme, Health Insurance, Impact Assessment, India*

---

1 This paper uses the primary data collected for a project study on "Evaluation of the Scheme Budgetary Support to National Trust" sponsored by the Ministry of Social Justice and Empowerment (MoSJ&E), Government of India and carried out by NILERD in 2020. The sole purpose of the paper is to disseminate the welfare measures undertaken by the DEPwD. The authors thank the MoSJ&E for funding and Dr. Pitam Singh, Dr. Tapas K Sarangi and others who contributed to the research study. All errors and omissions are the authors' responsibility. The views are those of the authors and not of the institution to which they belong.

* Director at National Institute of Labour Economics Research and Development (NILERD), Email: paridapc@gmail.com

** Deputy Director at National Institute of Labour Economics Research and Development (NILERD), Email: anupamonnet@gmail.com

1. Introduction

In India, persons with disabilities are one of the vulnerable social groups that need special attention. As per the latest statistics, this group is quite backward in terms of education, employment and many other indicators. The National Statistical Organization (NSO) report on Persons with Disabilities (PwDs) in India (2019) shows that the literacy rate among the population with disabilities with age 7 years and above was just 52.2 percent which is well below the literacy rate among persons without disabilities. The labour force participation rate (LFPR) among persons with disabilities was just 23.8 percent in 2018 which is again lower than the overall LFPR. The outreach of targeted welfare schemes for persons with disabilities is also quite limited. Only 28.8 percent of the persons with disabilities possess disability certificates which is a basic requirement of eligibility for access to any benefits from the schemes intended for the persons with disabilities. The Constitution of India guarantees the interests of weaker sections of the society including the handicapped (Article 243 W) and mentally retarded and explicitly recognizes the rights of persons with disabilities to equal access to social welfare (Article 243 G).

Article 26 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD 2006) recognizes that persons with disabilities have the right to enjoy the highest attainable standard of health without discrimination on the basis of disability[2]. It further notes that the States will take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation. India, as a party to CRPD, has brought about many far-reaching reforms in the policies and has taken many significant measures for the empowerment of the populations with disabilities, including enhancement and protection of their rights. India is also a signatory of the Beijing Declaration including the Action Plan to Accelerate the Implementation of Incheon Strategy that calls for strengthening social protection of persons with disabilities (Target 4) including increased access to all health services (Target 4A)[3]. One of the supplementary indicators chosen for tracking progress in this direction is the availability of health insurance for persons with disabilities[4].

2 For more information visit https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-25-health.html

3 United Nations (2018): Incheon Strategy and Beijing Declaration including the Action Plan. United Nations Economic and Social Commission for Asia and the Pacific(UNESCAP). https://www.unescap.org/sites/default/d8files/knowledge-products/Incheon%20Strategy-Beijing%20Action%20Plan.pdf

4 Government of India (2021): Persons with Disabilities (Divyangjan) in India- A Statistical Profile: 2021. Social Statistics Division, National Statistical Office, Ministry of Statistics and Programme Implementation.

The World Health Organization (WHO) defined health as a state of physical, mental, and social wellbeing and not merely the absence of disease or infirmity (WHO, 2011).Fair and equal access to good health is an essential pre-condition for a productive life, promotion of wellbeing, and social inclusion of persons with disabilities as they are particularly vulnerable to chronic illness, co-morbidities, and accidental injuries. Public-funded health insurance is promoted by many countries as a means for increasing access to quality health care and reducing the burden of out-of-the-pocket health expenditure on medical treatment which is quite high and often catastrophic for poorer households.

Niramaya Health Insurance Scheme (NHIS) was launched in 2008 by the National Trust under the Government of India with an aim to provide affordable health insurance to persons with disabilities. The uniqueness of the scheme lies in the coverage of expenses of OPD treatment, reimbursement of the transport costs, single premium across age-groups and non-requirement of pre-insurance medical tests[5]. All persons with disabilities having any one of the disabilities listed under the National Trust Act 1999 are eligible for the benefits of this scheme. According to the latest Annual Report of the Ministry of Social Justice and Empowerment (MSJE), Government of India, the scheme covered above 77 thousand beneficiaries in FY 2019-20[6]. Although the working of public-funded health insurance schemes has received attention and captured the interest of the research community, there is very little work on the ground-level evaluation of public insurance schemes for persons with disabilities, such as Niramaya. This paper fills this gap in knowledge by undertaking an exploratory analysis of the Niramaya scheme based on primary data and experiences of the beneficiaries.

The rest of the paper is divided into five sections. In the second section, we present a relevant literature review on health insurance specific to India followed by the trend analysis of the status of disability in India in the third section. In the fourth section, research methodology and sampling of data is presented. Analysis of data and findings of the study are presented in the fifth section and conclusion of the study with policy suggestions are outlined in the last section.

2. Review of Literature

Coverage of health insurance is poor in India. The most recent official data pertaining to 2017-18 show that nearly 86 percent of the rural and 81 percent of the urban population are not covered under any health insurance scheme (GoI, 2020). The data also highlight stark disparities in health insurance coverage across gender, locations, and expenditure classes (*ibid*.). Literature suggests

5 For more on Niramaya scheme visit https://www.thenationaltrust.gov.in/content/scheme/niramaya.php

6 Government of India (2020): Annual Report of National Trust 2019-20, Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment.

that persons with disabilities are the most vulnerable, marginalized and poorest sections of the society and low and middle-income countries like India have a long way to go to ensure their health and well-being. Hashemi *et al.* (2020) maintained that people with disabilities have additional needs for general health care due to their greater vulnerability to poor health. Yet, at the same time, people with disabilities experience greater barriers to their healthcare access because of inaccessible environments, discriminatory belief systems and negative attitudes (*ibid*.). Within this low coverage, access to health insurance is highly skewed against vulnerable sections of the population with disabilities, particularly women, due to communication gap, biased attitude, social stigma and embarrassment faced by women with disabilities (Matin *et al.,* 2021).

Recent State policies of the Government of India explicitly recognize the rights of persons with disabilities to health by directing the appropriate government and local authorities to take necessary steps to ensure free health care in nearby locations, barrier-free access to health services in all government and private hospitals, and accord priority in attendance and treatment (GoI, 2016). The National Policy for the Disabled (2006) charted many action plans with a view to promote health, improve awareness, ensure protection of rights and enhance access to quality health care for persons with disabilities (GoI, 2006). The Persons with Disabilities (PWD) Act 1995 aimed to make public spaces, including the hospitals and health centres, more accessible and disabled-friendly and thus improve the outreach of health care services to persons with disabilities (GoI, 1995).

According to the World Report on Disability (2011), people with disabilities encounter a wide range of barriers when they attempt to access health care services (WHO, 2011). The utilization of health services by them is low and there are huge unmet needs despite a significantly higher disease burden, high risk of co-morbidities and mortality, greater vulnerability to unintentional injury and age-related conditions, and increased exposure to violence among them (*ibid*.).Gudlavalleti *et al.* (2014) in the context of two districts of two south Indian states of Andhra Pradesh and Karnataka identified a few challenges before persons with disabilities for their higher participation and uptake of health services. Most of the studies have found that ignorance regarding the availability of services, the high financial cost of services, transportation problems, lack of disability-friendly environment and facilities at health centres, lack of knowledge, skills and empathy on the part of medical practitioners are the major barriers in accessing primary and secondary health care.

Affordable health insurance is often recommended to increase access of persons with disabilities to health care services and their full utilization of these services. The proponents of health insurance adduce reasons, such as an increased likelihood of receiving primary care, reducing the financial burden, and access to a wide range of primary and secondary health care, for promoting

health insurance schemes among disadvantaged groups, especially the persons with disabilities (WHO, 2011). However, as Reshmi *et al.* (2020) have pointed out, there are multiple factors responsible for awareness and enrolment in health insurance programmes. These factors can be broadly divided into individual and household characteristics, programme related rules, regulations and procedures, social capital and organization, institutional mechanisms, and a host of supply-side factors, such as quality of care and distance of the house from the nearest health facility (*ibid*.).

In India, there are a couple of recent studies on the impact of health insurance schemes on access to and utilization of health facilities, out-of-the-pocket health expenditure, and quality of health care. A recent study by IndiaSpend has reported that public health insurance schemes have resulted in only a small increase in the access to health care and almost nil impact on the continuing high out-of-the-pocket health expenditure by Indian households (Nandan, 2021). Studies have found that older adults, individuals with a disability and chronic diseases have less probability of enrolling in health insurance schemes or their specific needs are not usually covered in the scheme (Reshmi *et al.,* 2021). The National Centre for Promotion of Employment for Disabled People held wide consultations with persons with disabilities before the Budget 2021-22. One of the most popular suggestions they received was to roll out a health insurance scheme for persons with disabilities irrespective of their economic strata (Ali, 2021). However, very little has been written about the working of the health insurance schemes that target differently-abled people.

The right to avail health insurance is an integral part of the right to health care and right to health, as recognized in Article 21 of the Constitution of India (Malhotra, 2018). Despite the expansion of the market for health insurance in recent years, insurance companies still lack an equitable and just framework to address the needs of people with disabilities (*ibid*.).Little evidence that is available on health insurance for persons with disabilities shows that health care facilities and insurance are discriminatory and inaccessible, that medical staff are untrained and unaware of their special needs and that medical technology is often prejudiced against them (Abidi, 2018). Persons with disabilities are often denied health insurance based on their disability or pre-existing illness despite the guidelines of the Insurance Regulatory Development Authorities of India (IRDAI) barring such discriminatory practices (Bhuyan, 2020). Moreover, there are a few mental health disorders that are not covered by most private health insurers, such as disabilities arising from mental retardation, cerebral palsy, autism and multiple disabilities (Chitra, 2020). The range of diseases coveredunder centrally sponsored schemes (CSS) such as the Niramaya scheme or Pradhan Mantri Jan Arogya Yojana (PMJAY)- Ayushman Bharat - are better than private insurance providers. As such, the Niramaya scheme covers all the mental illnesses mentioned above and PMJAY includes seventeen

packages for mental health disorders covering psychoactive substance use, electroconvulsive therapy (ECT), receptive transcranial magnetic stimulation (rTMS), magnetic resonance imaging (MRI) and most of the blood tests. Other critics have pointed to the need for extending the benefits of health insurance to out-patient care as the cost of consultations with medical practitioners in private clinics and medicines are rapidly increasing and can have a significant impoverishing effect on the households (Jena and Roul, 2020). The authors also found substantial variations across States in terms of coverage of public-funded insurance schemes. Among the bigger States, while public-funded insurance schemes in Telangana and Andhra Pradesh cover 58.2 percent and 62.6 percent of the populations respectively, the coverage of the same in Madhya Pradesh and Assam is just 1.2 percent.

While the impact of health insurance in improving access to health services and reducing out-of-the-pocket and catastrophic health expenditure has been documented, its impact on the quality of health care has not received similar attention. Michielsen *et al.* (2011) in a review of different health insurance interventions in India found that there existed wide variability in the quality and satisfaction over health care depending upon the mechanisms of monitoring, the capability of negotiation and enforcing compliance on the one hand and a participatory approach, emancipation of target groups and social accountability of the health service provider on the other.

To sum up, most of the studies have made assessment of health services offered by private insurance companies in India and no attention has been paid on analyzing the impact of health insurance offered by the government particularly for PwDs who are the neediest persons as far as medical treatment is concerned. In this regard, the present study makes an attempt to analyze a gender perspective impact assessment of NHIS on health and personal development of beneficiaries using the primary based information collected across the states in India. The study also analyzes the quality of services offered by the insurance companies, Registered Organizations (ROs) and the concerned Ministry under the scheme.

3. The Status of Disability in India: What the Trend Suggests?

The World Health Organization (2021)[7]suggests that 1 billion people or 15 per cent of the world's population experience some form of disability, and their presence is more pronounced particularly in the developing countries. Further, the number of disabled is growing over the period due to ageing population in many developed countries. It was found that in countries with life expectancies over 70 years, individuals spend on an average about 8 years, or 11.5 per cent

7 https://www.who.int/disabilities/world_report/2011/report.pdf

of their life span, living with disabilities[8]. Like other countries, India too has experienced rise in the number of disabled population, partly due to broadening the definition of disability in the recent years[9]. According to Census 1991, 2.2 crore people (2.1 per cent of total population) in India were suffering from one or the other kind of disability, which increased further to 2.68 crore (or 2.2 per cent of total population) in 2011, which is more than the entire population of Australia.

The data presented in Table 1 on proportion of persons with disabilities (PwDs) across different rounds of National Sample Survey (NSS) summarizes the long term trend of cases of disabilities in India both at the sectoral and gender level. The data indicate that there has been a rising number of cases of disabilities both at the rural and urban areas, and the proportion is relatively higher in the case of former. Gender-wise data indicates that the proportion of disabilities is higher for male category compared to female; moreover, the number of cases of both the gender categories has increased during the past 37 years, particularly during the recent period (NSS 76th round, July-December 2018).

Table 1: Proportion of PwDs across Different Round of NSS:

Sector/ gender	NSS 36th round (July-December 1981)	NSS 47th round (July-December 1991)	NSS 58th round (July-December 2002)	NSS 76th round (July-December 2018)
Rural				
Male	2.0	2.3	2.1	2.6
Female	1.6	1.7	1.6	2.0
Person	1.8	2.0	1.8	2.3
Urban				
Male	1.5	1.8	1.7	2.1
Female	1.3	1.4	1.3	1.8
Person	1.4	1.6	1.5	2.0

Source: NSS 76th round, Persons with Disabilities in India, Report No. 583

The spike in number of disability cases in the recent years is driven by increase in number of cases of multiple types of disabilities and locomotor disability which contribute 2.2 and 1.4 per cent respectively of the total population

8 https://www.disabled-world.com/disability/statistics/

9 Until the 2011 census, there were questions on seven kinds of disabilities in the questionnaire. This list of disabilities was expanded to 21 when the Rights of People with Disabilities was introduced in 2016.

(Table 2). The percentage share of other important cases of disabilities such as visual, hearing, speech and language, mental retardation/intellectual etc ranges between 0.2-0.3 per cent of the total population.

Table 2: Distribution of PwDs by Broad Disability Type

Type of disability	Male	Female	Person
Locomotor	1.5	1.2	1.4
Visual	0.2	0.2	0.2
Hearing	0.3	0.3	0.3
Speech and language	0.3	0.2	0.2
Mental retardation/ intellectual	0.2	0.1	0.2
Mental illness	0.1	0.1	0.1
Other	0.1	0	0.1
Any types	2.4	1.9	2.2

Source: NSS 76th round, Persons with Disabilities in India, Report No. 583

Providing basic services of health, education, jobs, transportation, homes, and caring to these needy people (persons with disabilities) has been an utmost priority for the government both at the central and state level. To address these challenges, the Ministry of Social Justice and Empowerment, Government of India has launched several flagship schemes to improve the lives and livelihoods of disabled persons[10]. It is found that families with a disabled member find it challenging to manage their health expenses. Information compiled from the unit level data published by National Sample Survey Organization (NSSO) in 2018 suggests that a whopping 29.4 per cent of disabled persons spent out of the pocket expenses to take care of their health (Table 3). Gender-wise, the proportion of out of the pocket spending is found more in case of women than their male counterparts. At the sectoral level, the proportion of disabled persons spending out of the pocket expenses are found more in case of urban areas than rural ones. The reason could be due to higher cost of living in the urban areas compared to rural areas. Further, since households in urban areas are comparatively better off than their rural counterparts in terms of jobs and income, they are able to spend more on taking care of the disabled persons.

10 https://www.thenationaltrust.gov.in/content/innerpage/schemes.php

Table 3: Distribution of PwDs by average Monthly per capita out of the Pocket Expenditure on Disability by Gender:

Gender	Proportion of person who incurred out of the pocket expenses (%)	Average expenditure per person (Rs.)
Rural		
Male	24.9	2418
Female	26.9	1736
Person	25.8	2117
Urban		
Male	37.1	3351
Female	41.8	2843
Person	39.1	3112
Rural+urban		
Male	28.2	2743
Female	31.1	2154
Person	29.4	2477

Source: NSS 76th round, Persons with Disabilities in India, Report No. 583, July-December, 2018

Despite high out of the pocket expenses, it is found that a large proportion of disabled persons either opt for medical treatment on their own or under any government sponsored scheme. Table 4 reveals that around 62 per cent of disabled persons have taken treatment and around 27 per cent of them are undergoing treatment. However, a sizeable portion of disabled population (11.7 per cent) did not take any treatment. The reasons for this could be expensive treatment, non-requirement of services or the services offered by the government being not available and some other reasons.

Table 4: Distribution of Persons with Disability by Status of Treatment taken for Disability:

Gender	Treatment taken (%)	Undergoing treatment (%)	Attending special school/ therapy (%)	Treatment not taken (%)	Not known (%)
Rural					
Male	66.2	22.8	0.2	11.4	1.5
Female	62.0	25.0	0.2	13.4	1.8
Person	64.5	23.8	0.2	12.2	1.6
Urban					
Male	58.0	33.6	0.4	9.8	1.1
Female	51.7	39.3	0.3	10.5	0.8

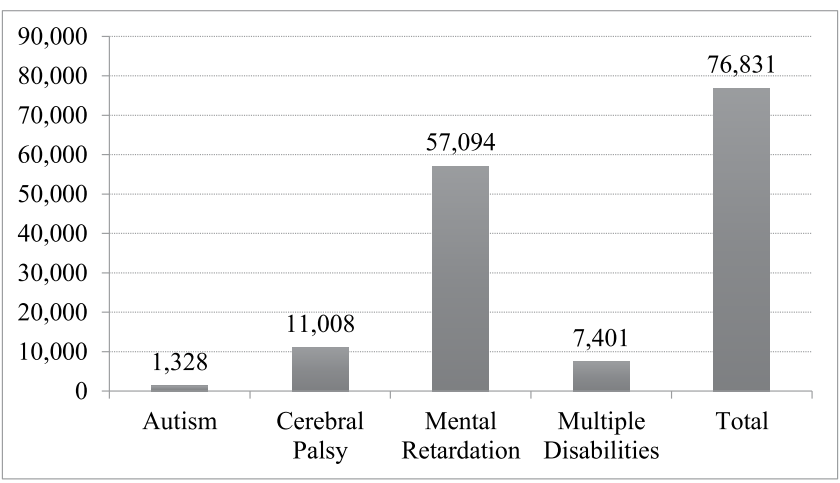
Person	55.2	36.1	0.4	10.2	1.0
Rural+ urban					
Male	64.0	25.6	0.3	11.0	1.4
Female	59.1	29.1	0.3	12.6	1.5
Person	61.9	27.1	0.3	11.7	1.5

Source: NSS 76th round, Persons with Disabilities in India, Report No. 583, 2018

Our analysis of unit level data from NSS 76th round suggests that a whopping 43.6 per cent of disabled persons revealed that they can't afford the treatment due to poor financial conditions. This number is even more in rural areas where around 47 per cent of disabled persons have cited the same reason. This situation warrants government's intervention in providing quality healthcare services to disabled persons particularly in the rural areas considering the sizable number of poor households present there.

In view of the increasing number of disability cases in India and rising demand for quality healthcare facilities particularly from rural areas, the National Trust (NT) under the Ministry of Social Justice and Empowerment, Government of India launched National Health Interview Survey (NHIS)March 26, 2008, on a pilot basis initially. Subsequently, it was extended to cover the entire country except Jammu and Kashmir. The data published by NT suggests that there were 76,831 beneficiaries under the scheme till 2020 and around 74 per cent of them are mentally retarded (Figure 1).

Figure 1: No. of Beneficiaries under Various NHIS



The objective of the scheme is to provide affordable health insurance to PwDs with an insurance cover of up to Rs. 1.0 lakh; facility for OPD treatment including medicines, pathology, and diagnostic tests; regular medical check-

up for non-ailing disabled; preventive dentistry; surgery to prevent further aggravation of disability; non-surgical techniques/ hospitalisation; corrective surgeries for existing disability including congenital disability; ongoing therapies to reduce the impact of disability and disability-related complications; alternative medicine; and transportation costs. The scheme is being implemented by ROs. Beneficiaries receive the health ID card after successful registration. The beneficiaries can claim reimbursement of the expenses made through prescribed claim form which is to be submitted online along with relevant vouchers/bills etc within 30 days of treatment or discharge from the hospital to the insurance company.

It has been more than 10 years since the scheme is being implemented with an objective of providing the desired medical facilities to thousands of PwDs across the country. However, there is little work being done on assessing the real impact of the scheme on the life and personal development of beneficiaries and suggesting suitable policy directions to improve the effectiveness of the scheme. The existing literature suggests that no such academic exercises were carried out in the past. Hence, the present study tries to fill the existing gap by using the information from a field level survey.

4. Methodology and Data Uses

A qualitative approach is used to collect the information of beneficiaries in terms of 'Yes' or 'No' and ranking/rating (fully, some extent, and not at all) of various impact assessment indicators. In order to collect the information, a structured questionnaire was developed and then a direct interview was conducted with the beneficiaries or with their parents. The interview was carried out in person from households. Simple statistics like ratio, percentage, average, graphical and tabular representations etc are used to analyze and present the data.

As per the instructions received from the funding agency, a 10 per cent sample size of total population (76831) was to be covered under the study. However, due to COVID restrictions on movement of persons from one state/ place to another, only 6621 beneficiaries were covered from five geographical regions covering fourteen states such as northern (Delhi, Haryana, and Himachal Pradesh), central (Madhya Pradesh), eastern (Bihar, Odisha, and West Bengal), western (Maharashtra and Gujarat) and southern (Andhra Pradesh, Karnataka, Kerala, Tamil Nadu, and Telangana) for the study. The distribution of sample across the regions is given in table 5.

Table 5: Regional Distribution of Beneficiaries

Region	Male	Female	Total
Central	117	42	159
Eastern	77	35	112
Northern	74	31	105
Southern	3581	1981	5562
Western	487	196	683
Total (in % Share)	4336 (65.5)	2285 (34.5)	6621 (100.0)

Source: Survey Data

The distribution sample size by gender suggests that 65.5 per cent male and 34.5 per cent female beneficiaries were covered under the study. This pattern of distribution of sample size by gender is more or less same across all the regions.

5. Findings of the Study

This section discusses the findings of the study with respect to key indicators pertaining to services rendered to beneficiaries under the scheme and the impact assessment of key parameters like improvement in learning ability, speaking ability, interpersonal skill development, improvement in health, and overall satisfaction level of the scheme. Before analyzing these indicators, it would be useful to discuss the basic profile of beneficiaries. The sample data suggests that a majority of beneficiaries (70.6 per cent) belong to rural areas and nearly the same percentage of male and female beneficiaries are also residing in rural areas, which in turn indicates that the scheme has primarily focused on rural areas. Since a major chunk of beneficiaries belong to poor households and are living in rural areas, the focus of the scheme on rural areas is indeed praiseworthy. This is being reflected from the classification of households by income groups, where it is found that around 67 per cent of them belong to below poverty line (BPL) category. By gender, while 67.6 per cent of male beneficiaries belong to BPL households, a similar proportion of female beneficiaries (65.4 per cent) belong to the same category of households.

Apart from understanding the income status of beneficiaries, the study explores the education level of both beneficiaries and their parents because it holds critical role in understanding and processing the documents, enrolment process, claiming of expenses, registering complaints etc. Higher the education of the beneficiaries, better would be the outcomes in terms of getting the intended benefits.

Table 6: Education Profile of Beneficiaries and Parents

	Education of beneficiaries			Education of parents		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**
Illiterate	24.5	23.9	24.3	16.4	19.0	17.2
Primary	14.0	14.4	14.1	8.2	8.2	8.2
Upper Primary	32.1	32.6	32.3	38.1	42.3	39.3
Middle	12.9	13.2	13.0	23.2	17.2	21.4
Secondary	15.4	14.5	15.1	8.2	7.6	8.0
Higher secondary and above	1.1	1.4	1.2	5.9	5.7	5.9
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 6 illustrates the level of education of beneficiaries and parents. It is found that the highest number of beneficiaries (32.3 per cent) are literate upto upper primary level. Only 1.2 per cent of them are having education of higher secondary and above. On the other hand, a large proportion of them (24.3 per cent) are illiterate, which suggests that they fully depended on the registered organization for enrolment and other paper work. By gender, the distribution of male and female beneficiaries shows a similar pattern across all levels of education. The distribution of education level of parents shows that the highest percentage of them (39.3 per cent) are literate upto upper primary level followed by 21.4 middle level education. Only 5.9 per cent of them are having education of higher secondary and above.

5.2 Quality of Services

Under the Niramaya scheme, various stakeholders are involved from enrolment to implementation and in offering health insurance service to PwDs. While the enrolment process is being monitored by both ROs and the Ministry, the implementation of the scheme at the ground level is being done by ROs. An agency has been chosen to offer health insurance services to beneficiaries on medical treatment and re-imbursement of expenses on actual basis after submission of all the necessary documents. To judge the quality of services, the study collected the opinion of beneficiaries on level of satisfaction on each of these services. The findings of the study are presented in Table 7.

Table 7: Satisfaction level of Beneficiaries on various services

Indicators	Gender	Not satisfied	Some extent satisfied	Fully satisfied	Total
Satisfaction on services of RO	Male	3.64	61.09	35.26	100.0
	Female	3.63	60.92	35.45	100.0
	Total	3.64	61.03	35.33	100.0
Satisfaction on services of IC	Male	4.24	32.93	62.82	100.0
	Female	4.07	35.36	60.57	100.0
	Total	4.18	33.77	62.05	100.0
Satisfaction on treatment offered	Male	2.58	66.10	31.32	100.0
	Female	2.10	64.77	33.13	100.0
	Total	2.42	65.64	31.94	100.0
Satisfaction on grievance redressal	Male	1.36	43.93	54.70	100.0
	Female	1.62	43.28	55.10	100.0
	Total	1.45	43.71	54.84	100.0

The above Table shows the distribution of satisfaction level of both male and female beneficiaries on various service related components of the scheme. The results indicate that a majority of male and female beneficiaries reported 'fully satisfied' with the services of insurance company (IC) and redressal of grievances, and 'some extent satisfied' in the case of services rendered by ROs and types of treatment covered under the scheme. Only an insignificant proportion of beneficiaries have indicated 'not all satisfied' with all of these services. In a nutshell, the findings of service indicators indicate that a majority of beneficiaries across gender categories were satisfied with the services of the scheme;*inter alia* further improvement is warranted in some of the cases.

5.3 Assessment of Impact of the Scheme

The impact assessment of the scheme has been measured in terms of satisfaction level of beneficiaries on various indicators related to health and personal development after joining the scheme. It is presumed that there may be a positive correlation between the services rendered and the impact of the scheme on health and personal development of beneficiaries. In other words, better the services, higher is the chances of improvement in health and personal development of beneficiaries. In this regard, the study presents a correlation matrix in Table 8 between services indicators and impact indicators.

Table 8: Correlation between services offered and Impact Factors

Indicators	Impact Factors				Services offered			
	learning	speaking	Inter personal	Health	satisfaction on RO	satisfaction on IC	satisfaction on treatment	satisfaction on grievance
learning	1.000							
speaking	-0.074	1.000						
interpersonal	0.538	-0.120	1.000					
Health	-0.070	0.209	-0.142	1.000				
satisfaction on RO	0.126	0.342	0.055	0.127	1.000			
satisfaction on IC	0.228	0.231	0.217	0.189	-0.089	1.000		
satisfaction on treatment	0.106	0.134	0.142	0.201	0.240	-0.281	1.000	
satisfaction on grievance	0.049	0.028	0.153	0.143	-0.340	0.314	-0.225	1.000

The correlation results point to the fact that there is a positive relationship between impact indicators such as speaking and learning ability, interpersonal skill and health with service indicators such as services offered by ROs, IC, redressal of grievances and types of treatment offered under the scheme.

As per the objectives of the scheme, it covers the medical treatment of all types of disabilities such as autism, cerebral palsy, mental retardation and multiple disabilities. Out of these, more than 70 per cent of beneficiaries are from the category of mental retardation, which requires continuous treatment in improving the learning, speaking and inter personal development. The study tries to understand the opinion of beneficiaries on all these key parameters. The results of impact of the scheme are presented in Table 9.

Table 9: Impact of the Scheme

Indicators	Gender	Not satisfied	Some extent satisfied	Fully satisfied	Total
Improvement in Learning ability	Male	3.44	43.01	53.55	100.0
	Female	2.89	45.30	51.82	100.0
	Total	3.25	43.80	52.95	100.0
Improvement in speaking ability	Male	3.71	39.35	56.94	100.0
	Female	3.19	37.07	59.74	100.0
	Total	3.53	38.56	57.91	100.0

Improvement in Interpersonal development	Male	3.60	58.05	38.35	100.0
	Female	3.94	59.34	36.72	100.0
	Total	3.72	58.50	37.79	100.0
Improvement in health	Male	1.50	38.40	60.10	100.0
	Female	1.53	39.17	59.30	100.0
	Total	1.51	38.66	59.82	100.0
Overall satisfaction	Male	1.66	21.70	76.64	100.0
	Female	1.75	23.68	74.57	100.0
	Total	1.69	22.38	75.93	100.0

The distribution of satisfaction level of both male and female beneficiaries presented in the above Table points to the fact that around 75-77 per cent of them reported full satisfaction with the overall scheme whereas only 2 per cent said 'not satisfied at all'. Differences in opinion between male and female groups are found not very significant. In case of improvement in learning ability, the results suggest that a majority of beneficiaries (52.95 per cent) reported full satisfaction with the scheme and another 43.8 per cent reported 'satisfied to some extent'. Similarly, a majority of beneficiaries (57.91 per cent) expressed that they were fully satisfied with the scheme as far as improvement in speaking ability is concerned. It is also found that the scheme was quite successful as far as improvement in health condition is concerned, where around 60 per cent of beneficiaries reported being fully satisfied. In all these cases, the study found that there are no significant differences in the opinion of male and female beneficiaries. In case of improvement in interpersonal development, the majority of beneficiaries reported 'satisfied to some extent', which warranted further improvement of the scheme. To sum up, the scheme has been quite successful in providing the necessary medical treatment to thousands of socially and economically deprived persons with disabilities.

6. Conclusion and Suggestions

The paper is based on a first of its kind examination/evaluation of the impact of NHIS on health and personal development of PwD beneficiaries on gender perspective. Although the scheme was launched in 2008 on pilot basis and then extended to all states and UTs except J&K, no in-depth evaluation study has been done to find out the real impact of the scheme on the intended beneficiaries. In this context, the present study tries to examine the impact of the scheme based on primary information collected from fourteen states in five regions. The percentage distribution of beneficiaries by gender covered under the study suggests that around two-third of them were male beneficiaries.

From the discussion of results, the study found that a majority of beneficiaries both male and female belonged to BPL households and had education till middle class. Findings on various services indicate that a majority of male and female

beneficiaries reported 'fully satisfied' with the services of insurance company (IC) and redressal of grievances and to 'some extent satisfied' in case of services rendered by ROs and types of treatment covered under the scheme. In case of impact indicators such as improvement in learning and speaking ability, and improvement in health condition, a majority of beneficiaries reported being 'fully satisfied' which indicates that the scheme has been quite successful in improving the lives of thousands of PwDs in India.

Nevertheless, despite the scheme's success, beneficiaries had reported a number of suggestions for further improvement of the scheme. It was pointed out that the claim settlement process should be faster in Niramaya Scheme and cashless card can be issued in place of reimbursement process. Special online treatment may be provided to students with intellectual disabilities especially those that are not able to come to the centre. Further, the scheme should be cashless as maximum beneficiaries are from BPL category, and do not have the capacity to pay the bills of treatment in advance. It was also suggested that the rule to submit claims within 30 days may be extended to 3 months so that the claim for OPD medicines and therapy charges can be claimed on quarterly basis. The contract period of insurance agency should be renewed every three years so that better service can be ensured. Insurance company should respond to the queries and reimbursement process on time. Also the documentation process should be user friendly. The process of cancelled cheque should be banned while doing reimbursement of medicines.

References:

Abidi, J. (2018), A Health Care Sector that is Disability Challenged, *The Hindu Business Line,* January 16, 2018

Ali, Arman (2021), Pandemic Hit Persons with Disabilities Hardest, Budget 2021 Should Address their Concerns, *The Indian Express,* January 30, 2021.

Bhuyan, Anu (2020), Covid 19: Insurers are Denying Policies to Disabled despite Government strictures, *The Business Standard,* November 25, 2020.

Chitra, R. (2020), IRDAI Pushes Harder for Insurers to Cover Disability, Mental Illness and HIV, *The Times of India,* June 3, 2020

The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. Ministry of Law, Justice and Company Affairs. https://www.niepmd.tn.nic.in/documents/PWD%20ACT.pdf

Government of India (2006), National Policy for Persons with Disabilities, 2006,Ministry of Social Justice and Empowerment, Department of Persons with Disabilities. https://disabilityaffairs.gov.in/upload/uploadfiles/files/National%20Policy.pdf

Government of India (2016), The Rights of Persons with Disabilities (RPwD) Act, 2016. Ministry of Social Justice and Empowerment, Department of Persons with Disabilities.https://legislative.gov.in/sites/default/files/A2016-49_1.pdf

Government of India (2020), Health in India, Report No. 586. NSS 75thRound, July 2017- June 2018. National Statistical Office, Ministry of Statistics and Programme Implementation.

Gudlavalleti, M. V. S., John, N. Allagh, K.Sagar, J. Kamalakannan, S. Ramachandran, S. S. & South India Disability Studies Group (2014), Access to Health Care and Employment Status of People with Disabilities in South India, The SIDE (South India Disability Evidence) Study. *BMC Public Health*14, 1125 (2014).https://doi.org/10.1186/1471-2458-14-1125

Hashemi, G. Wickenden, M. Bright & Kuper (2020), Barriers to Accessing Primary Health Care Services for People with Disabilities in Low and Middle-income Countries, A Meta-synthesis of Qualitative Studies, Disability and Rehabilitation.https://doi.org/10.1080/09638288.2020.1817984

Jena B. B. & Roul, M. K (2020), Estimates of Health Insurance Coverage in India- Expectations and Reality, Economic & Political Weekly, Vol. LV, No. 37. 61- 67.

Malhotra, N. (2018), India's Insurance Industry Has Turned a Blind Eye Towards People with Disabilities, *The Print,* March 27, 2018.

Matin, B. K., Williamson, H. J. Karyani, A.K. Razei, S. Soofi, M. Soltani, (2021), Barriers in Access to Healthcare for Women with Disabilities: A Systematic Review in Quantitative Studies. *BMC Women's Health,* (2021) 21:44. https://doi.org/10.1186/s12905-021-01189-5

Michielsen J., Criel B., Devadasan B., Soors W.,Wouters E., Meulmans H. (2011), Can Health Insurance Improve Access to Quality Care for Indian Poor? International Journal for Quality in Health Care, Vol. 23, No. 4. 471-486.

Nandan G. (2021), Why India's Public Health Insurance Doesn't Work as well as it Should? *The Business Standard*, August 18, 2021.

Reshmi B., Unnikrishnan B., Parsekar S. S., Rajwar E., Vijayamma R., V. T. Bhumika (2021), Health Insurance Awareness and its Uptake in India: A Systematic Review Protocol, *BMJ Open*. 11:e043122. doi:10.1136/bmjopen-2020-043122

World Health Organization (2011), The World Report on Disability, 2011, The World Bank and World Health Organization. https://www.who.int/disabilities/world_report/2011/report.pdf