Micro Insurance Innovation Hub
towards better lives

Pulse NEWSLETTER

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EDITORIAL

Dear Reader,

This edition of Pulse explores how climate resilience, behavioural science, artificial intelligence, microinsurance and business continuity are shaping more accessible, responsive and meaningful financial protection for underserved communities.

In our Eminent Personality Insights, Mr. Anupam Shrey discusses how parametric insurance, climate data, AI and automated payouts can help climate-vulnerable communities manage weather-related income disruptions. He highlights the importance of contextual, affordable and timely protection in strengthening financial resilience among farmers, gig workers and small businesses.

Ms. Jackline Chemtai Kapsukut shares how behavioural science can help move inclusive insurance beyond availability towards meaningful understanding, usage and retention. She highlights the role of trust, household decision-making and community-based approaches in designing insurance solutions that reflect everyday financial realities.

Mr. Manoj Raju explores how AI can connect prevention, underwriting and claims to help insurers better understand and manage risks. He also reflects on the importance of explainability, model governance and claims intelligence in improving efficiency, affordability and customer outcomes.

Our featured Research Paper, “Micro Insurance as a Dimension for Financial Inclusion in India through Jan Suraksha Scheme: An Empirical Analysis of Statistical Evidence,” by Rajitha Ramachanran and Dr. Ps Anuradha, examines the early expansion of PMSBY and PMJJBY. It highlights enrolment growth, claims activity and the importance of sustained coverage, accessible distribution and reliable claims servicing.

Our Blog, “Shopkeeper Insurance: Protecting Business Continuity, Not Just Stock,” examines why protection for small businesses must extend beyond physical assets to address income disruptions and recovery needs. It highlights the importance of affordable, needs-based coverage and timely claims support in helping shopkeepers reopen, restock and resume earning.

Across these contributions, a common theme emerges: meaningful financial protection goes beyond insurance access to delivering relevant, trusted and timely solutions that help individuals, households and businesses withstand risks and recover.

Happy Reading!
Team Pulse

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EMINENT PERSONALITY INSIGHT



Mr. Anupam Shrey focuses on building technology-driven solutions that make financial protection accessible to communities and businesses vulnerable to climate risks. He believes financial inclusion must go beyond credit, savings and conventional insurance to address extreme weather-related vulnerabilities, making climate resilience part of everyday financial security.

Introduction of the Organisation: Plutas.ai is a climate-tech and insurtech company building a Resilience-as-a-Service platform connecting climate intelligence with financial protection.
We use over 30 years of climate data, satellite observations, AI and geospatial intelligence to assess and underwrite climate risks, enabling partners to deliver contextual protection through an API-first platform.
Through Plutas Insure, Plutas Foresight and Plutas CredShield, we support insurance, lending and risk assessment to protect vulnerable livelihoods, strengthen resilience and expand insurance access.

Website: https://www.plutas.ai/

Extreme weather can disrupt income long before a conventional claim is settled. In that context, what makes parametric insurance particularly relevant for livelihoods that depend heavily on weather conditions?

For those whose income depends on the weather, the financial impact of extreme events is immediate. Farmers facing prolonged rainfall, street vendors affected by extreme heat and gig workers disrupted by floods cannot afford to wait weeks or months for financial assistance.
This is where parametric insurance becomes relevant. Unlike conventional indemnity-based insurance, which requires loss assessment, parametric insurance uses predefined triggers such as rainfall, temperature or wind speed. Once a trigger is breached, payouts can be initiated without traditional loss adjustment.
Its value goes beyond faster claims settlement to providing timely liquidity. Payouts can help farmers prepare for the next sowing cycle, small businesses meet essential expenses and gig workers manage income disruptions without high-cost borrowing.
For climate-vulnerable communities, insurance must move beyond compensating for losses to supporting recovery, business continuity and financial stability. Parametric insurance offers an opportunity to make this shift.

Plutas.ai is combining climate data, AI and automated payout infrastructure. What has building at this intersection revealed about the gap between climate information and actual financial protection?

Mr. Anupam Shrey

Founder & CEO
Plutas Analytics Private Limited

One of the biggest lessons has been that identifying climate risk and providing financial protection against it are two different challenges.
Today, advanced climate datasets, satellite observations and predictive models help identify vulnerable geographies, analyse weather patterns and assess extreme-event risks with greater precision. However, this information does not automatically translate into financial protection for those exposed.
The missing link is infrastructure connecting climate intelligence with financial products, underwriting, distribution and payouts.
At Plutas, we address this gap by integrating historical climate data, including IMD and ERA5 datasets, with AI and geospatial intelligence for granular risk assessment. These insights support parametric insurance design, while automated trigger monitoring and payout workflows enable faster financial assistance following qualifying events.
We have also learned that technology alone is insufficient. Insurance products must be affordable, understandable, relevant to customers' livelihoods and accessible through trusted channels.
Ultimately, the challenge is not a lack of climate information but the absence of integrated systems that turn it into actionable financial protection. We believe this is where the next generation of climate finance and insurance infrastructure can make the greatest impact.

For farmers, gig workers and small businesses exposed to floods, heatwaves or erratic rainfall, what would make climate protection more practical and meaningful in day-to-day financial planning?

Climate protection becomes meaningful when designed around how people earn, spend and manage money.
Farmers, gig workers and small business owners face different losses from the same climate events, including damaged crops, lost earnings and business interruptions. Standardised insurance cannot adequately address these risks.
I believe three things are particularly important.
First, protection must be contextual. Insurance should reflect livelihoods, geography, climate exposure and income cycles, including working conditions affecting earnings.
Second, protection must be accessible and affordable. Simple terms, transparent triggers, flexible coverage and affordable premiums are essential. Distribution through banks, microfinance institutions, farmer collectives, cooperatives and gig-worker platforms can improve access.
Third, payouts must be timely and predictable. Clear coverage, triggers and timelines can prevent households and businesses from exhausting savings, taking costly loans or abandoning livelihoods.
At Plutas, we aim to integrate climate protection into everyday financial planning, shifting from reactive compensation to proactive resilience.
Making climate protection as accessible as other financial services can help vulnerable communities prepare for an uncertain climate.

EMINENT PERSONALITY INSIGHT

Ms. Jackline Chemtai Kapsukut

Senior Associate
Busara



Ms. Jackline specialises in inclusive insurance, behavioural science and financial resilience. With an actuarial science background and over eight years' experience across Sub-Saharan Africa and Southeast Asia, she focuses on making insurance useful and accessible to underserved communities.

Introduction of the Organisation: Busara is a leading behavioral science organization based in the Global South, working to advance and apply behavioral insights to improve development outcomes. Within our Risk Management portfolio, we examine how people manage risk and how insurance, informal savings and credit, and social networks support resilience. We translate these insights into better products and customer experiences, while equipping practitioners to embed behavioural science in everyday decisions.

Website: https://busara.global/

How can behavioral insights help make inclusive insurance more understandable, accessible and widely used, while encouraging long-term retention?

Behavioral insights help explain why someone may intend to buy or use insurance but not follow through. At Busara, we use the COM-B framework to examine whether customers have the capability, opportunity and motivation to act, so we can target the real barriers, whether it is an unclear explanation, poorly timed premium collection, difficult paperwork or doubts about whether claims will be paid.

Where understanding is the challenge, we test how information is presented. Our research found that gamification and storytelling improved insurance understanding. Combining eye-tracking with comprehension tests helps us identify where explanations need less jargon, clearer visuals or more accessible information. To help customers act on that understanding, we test practical changes such as simpler enrolment forms, clear next steps or assistance through trusted channels.

That support should continue throughout the policy period. After a claim-free year, some customers may feel their premium was wasted because they judge value by money received rather than protection provided. Clear coverage updates, accessible support and relevant health or agricultural advice make ongoing value more tangible. Alongside fair, timely claims handling, these experiences can build confidence and support renewal when cover remains useful.

Which behavioral data is most valuable in designing insurance solutions that meet the needs of low-income customers?

I prioritise data that connects people's financial circumstances with their insurance decisions. Observations and interviews connect customers' actions with the reasons behind them. This starts with how households manage financial pressure. When do they save, borrow, miss payments or sell assets after a shock? These patterns reveal gaps in protection and help distinguish a premium that is unaffordable from one collected at the wrong time.

We can then examine the trade-offs customers make between premiums, benefits and payment arrangements. Choice experiments help explore these preferences, while enrolment and renewal records show how they translate into actual purchases and continued coverage.

Following customers through enrollment, payment and claims reveals where they struggle. Understanding why someone abandons an application, seeks assistance or leaves a claim incomplete reveals whether the process is too complex, support is missing or past experiences have eroded trust.

These decisions also sit within household relationships. Who decides to purchase insurance, controls premium money and determines how payouts are used? For women especially, understanding these roles helps us design products they can access and benefits they can use.

Across Kenya and East Africa, how can insurance become more relevant to households' everyday financial decisions?

I would start by recognising that households outside formal insurance already manage risks through savings groups, welfare contributions, and family support. These arrangements are valuable but may struggle when widespread shocks occur and making insurance relevant starts with identifying where these practices fall short.

One approach is designing with community groups, whose established relationships and support systems can shape suitable coverage, contributions and claims assistance. Our work on mutual insurance for savings groups builds on this.

Another opportunity is linking insurance to everyday decisions, such as purchasing agricultural inputs, taking business loans or saving for school fees. However, embedded insurance must ensure customers understand coverage, costs and benefits and can make informed choices.

Payment arrangements should also reflect actual cash flows. Farmers may prefer paying after harvest, while traders may favour smaller, frequent contributions, though smaller payments do not necessarily mean affordability.

Ultimately, insurance becomes relevant when it aligns with households' priorities, relationships and financial routines, helping them protect what they have worked hard to build.

EMINENT PERSONALITY INSIGHT

Mr. Manoj Raju

CEO

NeuralKart



Mr. Manoj Raju has a background in artificial intelligence, having previously worked as an AI researcher at DFKI (German Research Center for Artificial Intelligence) and later as Director of AI, translating AI research into real-world applications. He holds a Master's degree from Saarland University and focuses on connecting industrial safety with insurance through AI, helping insurers achieve safer worksites, more precise underwriting and faster, fairer claims.

Introduction of the Organisation: NeuralKart is a pure-play InsurTech company connecting industrial safety with insurance through a unified AI foundation. Our FieldSense platform monitors construction and industrial site safety, including thermal power and oil and gas projects, using computer vision and field intelligence. InsureMind uses this risk data to improve underwriting, claims and customer experiences. In the US and Singapore, we support Workers' Compensation and General Liability insurers.
In India, InsureMind helps health insurers improve the speed, accuracy and customer experience of onboarding, underwriting and claims.

Website: https://www.neuralkart.com/

Neuralkart connects industrial safety with insurance through a single AI foundation. How can bringing prevention, underwriting and claims closer together change the way insurers understand and manage risk?

Today, prevention, underwriting and claims often operate in separate silos. Underwriters rely on historical losses, questionnaires and periodic surveys, while daily site risks, such as unsafe practices, near misses and missing safety equipment, remain largely invisible until a claim occurs. A unified AI foundation provides insurers with a continuous view of risk.
Three things change. First, underwriting becomes evidence-based, using real-time safety data to inform pricing, terms and capacity decisions, rewarding well-managed risks and identifying hazards early. Second, prevention becomes integral to insurance, enabling insurers and policyholders to address risks before losses occur. Third, claims become faster and fairer, as recorded incident data reduces disputes, investigation time and leakage.
This creates a feedback loop where claims improve prevention and prevented incidents strengthen underwriting models. In Workers' Compensation and General Liability, it shifts insurers from compensating losses to actively reducing risks, creating a lasting competitive advantage.

Much of the current insurance conversation around AI focuses on speed and automation, while issues such as model drift, explainability and AI debt are becoming more important. Which of these deserves greater attention as insurers move from experimentation to long-term deployment?

Explainability deserves the most attention, as it underpins managing model drift and AI debt. While speed and automation drive successful pilots, long-term AI deployment in insurance depends on trust among regulators, insurers and customers. Without explainable decisions, insurers cannot effectively audit models, justify outcomes or identify errors.
Model drift remains an underestimated risk. Changes in customer behaviour, medical costs, fraud patterns and site conditions can reduce model accuracy over time. AI debt accumulates when models and systems are deployed without proper monitoring, versioning, documentation or accountability.
Insurers must treat AI as a core system, ensuring explainable outputs, continuous monitoring for drift and bias, human oversight of critical decisions, and strong governance, security and data privacy. Those adopting these practices can scale AI confidently, while those prioritising speed alone risk accumulating costly AI debt.

Recent work has highlighted rising health insurance premiums and the growing importance of claims efficiency. Where can better use of AI and claims intelligence make the biggest difference in improving affordability and customer outcomes in health insurance?

The biggest gains are at the two ends of the policy lifecycle: onboarding and claims. At onboarding, AI-led medical evaluation such as Tele-MER can make risk assessment faster, more consistent and more accessible, including for customers in smaller towns who cannot easily visit a diagnostic centre. Customers get covered sooner, drop-offs reduce and insurers price more accurately - which limits the adverse selection that eventually shows up in everyone's premiums.
In claims, intelligence can make a real difference to affordability. AI can speed up document review and adjudication, detect fraud, waste and abuse patterns early, and benchmark treatment costs and lengths of stay across hospitals to curb leakage - all without slowing down genuine claims. Faster, more transparent cashless approvals and settlements improve the customer experience at the moment that matters most and build trust in the product. At the same time, lower leakage and administrative cost directly ease the pressure on premiums.
Finally, the data generated by claims should not end at settlement. Fed back into underwriting, product design and prevention or wellness programmes, it helps insurers understand which interventions actually reduce illness and hospitalisation. That shift - from simply paying for illness to helping members stay healthier - is the most sustainable route to affordable health insurance and better outcomes for customers.

RESEARCH PAPER

Rajitha Ramachanran
Dr. Ps Anuradha

Micro Insurance as a Dimension for Financial Inclusion in India through Jan Suraksha Scheme: An Empirical Analysis of Statistical Evidence

The study examines the role of government-supported microinsurance schemes, Pradhan Mantri Suraksha Bima Yojana (PMSBY) and Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY), in extending affordable insurance to India's low-income and vulnerable populations. It assesses early enrolment growth, claims activity and the relationship between insurance outreach and utilisation.

Gap and Opportunity in Micro Insurance in India

Limited awareness, inadequate distribution infrastructure, low commercial insurer participation and restrictive product features remain barriers to microinsurance adoption. The study highlights four delivery models: partner-agent, full-service, community-based and provider-based, emphasising the need for accessible products, effective distribution and customer awareness.

Data and Methodology

Using secondary government and Ministry of Finance data covering approximately ten months during 2015–16, the study applies trend and regression analyses to examine:

- Gross enrolment and claims received.
- Claims received and claims disbursed.

The short observation period and inconsistencies in data reporting limit the findings to statistical associations rather than causal evidence of scheme effectiveness.

Data Analysis and Results

The study reports two statistically significant positive relationships:

- Gross enrolment and claims received: $R = 0.864$ and $R^2 = 0.747$, indicating that approximately 74.7% of the variation in claims received is explained by the fitted regression model.
- Claims received and claims disbursed: $R = 0.975$ and $R^2 = 0.950$, indicating that approximately 95% of the variation in claims disbursed is explained by the fitted model.

Both relationships are statistically significant at the 5% level. However, these findings do not establish causation, claims settlement efficiency or improvements in household financial resilience.

Trend Analysis and Findings

The study reports increasing enrolment under both schemes during their initial implementation. The larger reported enrolment series increased from 8.30 million to 9.45 million, while the smaller increased from 2.72 to 2.96 million. The findings suggest stronger absolute growth under PMSBY, although inconsistencies in scheme labels and reporting units require cautious interpretation.

Overall, the results indicate expanding insurance outreach and claims activity. However, enrolment growth alone does not establish sustained coverage, policy renewals or adequate financial protection.

Limitations and Scope for Further Research

The study's short observation period, reliance on secondary data and absence of beneficiary-level evidence limit its conclusions.

Further research should examine active coverage, renewals, claims settlement ratios and timelines, beneficiary experiences, benefit adequacy and whether insurance payouts reduce financial vulnerability, distress borrowing and asset depletion.

Implications and Conclusion

Government-supported microinsurance can expand access to formal risk protection among underserved populations. However, meaningful financial inclusion requires more than enrolment. Sustained coverage, adequate benefits, transparent policy conditions, accessible distribution and reliable claims servicing are essential to delivering effective financial protection.

MIIH POV | Key Takeaways

From MIIH's perspective, three priorities emerge:

- Beyond enrolment towards effective coverage: Measure active coverage, renewals, policy continuity, benefit awareness and actual protection outcomes rather than registrations alone.
- Strengthen last-mile distribution and institutional partnerships: Engage MFIs, SHGs, cooperatives and community-based organisations to improve awareness, accessibility and insurance delivery.
- Build trust through responsive claims servicing: Simplify documentation, strengthen grievance redressal and ensure accessible, timely claims assistance to encourage continued participation.

Key Takeaway: The true success of microinsurance lies not simply in expanding coverage, but in delivering reliable, accessible and adequate financial protection that helps vulnerable households withstand unexpected financial shocks

Full research paper Published in: International Journal of Social Science and Economics Invention (IJESSI), December 2016
Scan here to access.

For more information, please contact
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Editorial Note: This summary revisits a 2016 study examining the initial expansion of PMSBY and PMJJBY. It does not assess their current performance. Certain inconsistencies in the original study's reporting period, observations and data presentation require cautious interpretation. The MIIH perspective highlights broader implications for strengthening microinsurance as an instrument of financial inclusion.

Disclaimer: The MicroInsurance Innovation Hub Foundation (MIIH) is a not-for-profit organization constituted to promote social welfare or charitable purposes as referred to in Section 2(15) of The Indian Income-tax Act, 1961. It holds provisional approval under Section 12A and Section 80G of The Income-tax Act, 1961 and is registered as a Company under Section 8 of The Companies Act, 2013. Note: The details and information provided in the Research Paper have been supplied by the respective author(s) and MIIH does not assume responsibility for the accuracy or correctness of the data.

BLOG OF THE MONTH

Shopkeeper Insurance: Protecting Business Continuity, Not Just Stock



A shop can lose more than its stock

For small shopkeepers, business continuity depends on stock, equipment, cash flow and the owner's ability to work. Consider a rented kirana store damaged by an electrical fire: even if insured stock losses qualify for a claim, rent, wages and supplier payments may continue while the shop remains closed. Restocking may require borrowing. The protection gap therefore extends beyond physical damage to lost trading income and delayed recovery.

Why fire cover may not be enough

Property insurance, including Bharat Sookshma Udyam Suraksha for eligible smaller businesses, offers a starting point for protecting assets. But shopkeepers must check whether their specific policy covers burglary, theft, equipment damage and business interruption, along with conditions, exclusions and add-ons. Floods, electrical failures or the owner's illness can disrupt trade in different ways.
Four practical questions help identify gaps:

- Does the sum insured reflect current stock and equipment values?
- Are the business's most relevant risks covered?
- Is lost income covered after a qualifying event?
- What documents are required and how promptly can valid claims be settled?

Values and stock levels change over time, making periodic reviews of sums insured, valuation, deductibles, exclusions and claims requirements important.

Protect the shop, not just the stock

A needs-based, modular approach should begin with what keeps a business running and which shocks could stop it. The following are possible design components, not necessarily benefits available together under one existing policy:

- Property and stock: Eligible loss to insured stock, contents and specified assets, with rented-premises responsibilities clear.
- Theft and equipment: Defined burglary, cash or essential equipment cover where offered, subject to limits and conditions.
- Income continuity: Eligible interruption protection or a defined fixed benefit/parametric payout with transparent triggers and exclusions.
- Owner protection and recovery: Optional accident or hospital-cash benefits, claims assistance and appropriate business-restart referrals.

A tailor may prioritise sewing machines and owner protection; a refrigerated retailer may need stronger equipment cover. The mix must match actual risks and affordable premiums.

What can we learn from other markets?

Zambia's Hollard explored property and interruption protection for micro-entrepreneurs, highlighting customer research and pricing challenges. Latin America's MiCRO demonstrates index-based payouts, though triggers may differ from actual losses. Nepal's 2026 small-business initiative and Kenyan MSME research offer lessons on injury protection, affordability and uptake, requiring adaptation to India.

What could this mean for India? Make the recommendations actionable

Banks, MFIs, NBFCs, wholesalers, cooperatives and trade associations could support distribution, enrolment, renewals and claims assistance. Customers must clearly understand coverage, exclusions, triggers and documentation. Insurance should complement preventive measures, savings and responsible credit without becoming unaffordable or complex.

Measure recovery, not just sales

Success should measure whether shops reopen, how quickly claims settle, and whether businesses replace assets without unsustainable debt. Business continuity, renewals and differences across business types, locations and owner gender should inform better product design.

The way forward

India must move beyond standardised asset insurance towards affordable, needs-based protection supporting business recovery.
The critical question is not simply whether a shop is insured, but whether its protection helps the owner reopen, restock and resume earning and how quickly.

Scan the QR Code Below to Read the Full Blog:

EVENT UPDATE

MANTHAN SERIES
Inclusive Insights

EP4

Beyond Traditional Insurance:
Rethinking Protection for the Next Billion

MEET OUR SPEAKERS



Matthew Genazzini
ED, Microinsurance Network
Speaker



Maria Mateo Iborra
Co-Founder, IBISA Network
Speaker



Bert Opdebeeck
Founder, Microinsurance Master
Speaker



Avani Shah
Director, MIIH Foundation
Moderator

DATE: 27 NOVEMBER 2026
TIME: 3 - 4 PM (IST)

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