Micro Insurance Innovation Hub
towards better lives

Pulse NEWSLETTER

September 2026 (For internal circulation only) Volume-4 Edition-02

EDITORIAL

Dear Reader,

September's edition of Pulse explores how technology, financial inclusion, risk protection and stronger distribution models are shaping a more accessible insurance ecosystem.

In our Eminent Personality Insights, Mr. Kamal Aggarwal discusses how smartphone-based telematics can move motor insurance beyond pricing towards safer driving, continuous engagement and accident prevention, with relevance for underserved groups such as gig workers.

Mr. Manosij Sengupta shares lessons from deploying AI-led health technology, highlighting the importance of robustness, workflow integration and trust. He also explores how device-less health screening and digital onboarding can support simpler and more inclusive insurance journeys.

Mr. Layak Singh reflects on trust, verification and distribution in scaling technology businesses, and how AI can create value beyond automation by reducing the cost of verification, extending expert judgement and supporting better decisions in the physical world.

Our featured Research Paper, "Financial Inclusion and the Pradhan Mantri Jan Dhan Yojana: A Decadal Assessment of National Growth, Regional Performance in Western India and Forecasts towards Viksit Bharat 2047," by Dhrumi Vyas and Dr. Naishal Raval, reviews PMJDY's growth and highlights the need to move from account expansion towards active usage, financial literacy, credit and insurance linkages and deeper financial inclusion.

The Impact Study features PAFT Inclusive Financial Services Private Limited, highlighting its integrated microfinance and insurance model for low-income women borrowers through Life Insurance and Hospi Cash protection.

Our Blog, "Assam Floods 2026: The Financial Protection Gap Beyond Insurance Coverage," examines the need to move beyond policy ownership towards timely financial protection, rapid liquidity, livelihood recovery and stronger support for underserved households.

This edition also features highlights from Episode 3 of the Manthan Series – "The Future of Microinsurance Distribution in India." With 200+ participants, the discussion highlighted the importance of relevant products, partnerships, servicing, phygital distribution and regulatory support in expanding microinsurance access.

Across these contributions, a common theme emerges: meaningful inclusion depends on trust, accessible distribution, relevant protection and reliable servicing.

Happy Reading!
Team Pulse

INSIDE

EMINENT PERSONALITY INSIGHT

Mr. Kamal Aggarwal

Co-Founder & CEO

SenSight Technologies Pvt Ltd (AutoWiz)

Mr. Kamal Aggarwal has spent much of his career at the intersection of technology, data and business strategy. His work focuses on leveraging smartphone-based mobility intelligence to improve road safety and enable innovative solutions across motor insurance, mobility and automotive segments.

Introduction of the Organisation: SenSight Technologies is a mobility intelligence company focused on making driving safer through smartphone-based telematics. Our AutoBeacon platform uses smartphone sensors and AI to understand driving behaviour, provide real-time safety alerts and coaching, detect incidents and generate actionable driving insights. The technology works across both cars and two-wheelers and can be integrated into an insurer's or mobility provider's existing app through an SDK.

Website: https://www.autowiz.in/index.html

What first sparked your interest in using connected-vehicle data to rethink the way motor insurance works?

Our interest came from a simple observation: traditional motor insurance knows a lot about the vehicle and customer at the time a policy is issued, but relatively little about how the vehicle is being driven thereafter. Connected vehicle and smartphone data can fundamentally change this by providing a continuous view of driving behaviour, vehicle usage and risk.

Initially, much of the industry conversation around telematics focused on Usage-Based Insurance and "Pay How You Drive" primarily using driving data to differentiate pricing. We felt there was a much larger opportunity. If technology can identify behaviours such as over speeding, harsh braking, fast cornering, distracted driving and fatigue, why wait until policy renewal to use that information?

The same intelligence can help drivers recognize risky behaviour, receive timely alerts and personalized feedback, and improve over time. It can also give insurers a much richer and more dynamic understanding of risk than traditional static parameters alone.

That led us to think about telematics not simply as an insurance pricing technology, but as a platform for risk prevention. The most interesting possibility for us is the evolution of insurance from primarily compensating customers after an accident to becoming an active partner in helping prevent accidents in the first place. If insurers can combine protection with continuous safety interventions, they can potentially reduce claims while delivering tangible everyday value to customers.

With the shift from "pay how you drive" to safer driving and accident prevention, where is SenSight seeing telematics create the most practical value for insurers and customers?

We see the most practical near-term value in using telematics as an ongoing safety, coaching and engagement platform, rather than only as an input into insurance pricing.

For customers, driving data becomes immediately useful. AutoBeacon can provide real-time alerts for risks such as over speeding, harsh driving, fatigue and accident-prone zones; offer personalized scores and feedback; and detect potential crashes. We are extending this through personalized safety content, coaching, gamification, AI-generated weekly insights and rewards to encourage sustained improvement in driving behaviour.

For insurers, telematics creates meaningful engagement between policy purchase and renewal, allowing them to provide a continuous safety service rather than being visible mainly at premium payment or claim stages. Accident detection can also potentially enable faster assistance after an incident.

This engagement also creates a pathway towards evidence-based risk assessment. Insurers can build driving histories, correlate behaviour with actual claims experience, and progressively use validated insights for segmentation, product design and eventually pricing. We believe this "safety first, pricing later" approach is a practical way to scale telematics, giving customers visible benefits from day one while insurers build the actuarial evidence needed for more sophisticated insurance products.

Could telematics help make motor insurance more affordable and relevant for customers who are currently underserved by traditional risk assessment?

Absolutely. Smartphone telematics can be especially valuable where traditional risk assessment provides limited insight into actual driving behaviour and dedicated vehicle hardware is not economically viable. It enables risk to be assessed increasingly on how a person drives, rather than relying only on demographic, vehicle or historical factors.

Gig-economy delivery partners are a strong example. Many spend hours on the road, often on two-wheelers, yet traditional insurance has limited ability to distinguish consistently safe riders from higher-risk ones. Smartphone telematics can build this behavioural history without expensive hardware, while also supporting safer driving through real-time alerts, driving scores, personalized coaching and incentives. AutoBeacon is designed to analyse both two-wheeler and car driving behaviour.

With sufficient claims data, insurers could use these insights to better segment risk and offer safer riders more affordable or tailored motor and personal accident insurance. The value goes beyond pricing: for gig workers, accidents can lead to both medical costs and lost income. By helping reduce accident frequency, telematics can create a stronger model where insurers, gig platforms and riders work together through accident prevention, behavioural incentives and relevant insurance protection, making coverage more affordable and meaningful for an underserved workforce.

EMINENT PERSONALITY INSIGHT

Mr. Manosij Sengupta

Chief Operations Officer
CarePlix Healthcare

Mr. Manosij Sengupta is an operations and go-to-market leader with over a decade of experience across IT services and enterprise operations. He has worked with Fortune 50 organisations on digital service management, compliance and scalable systems.
He leads operations across India and Dubai, along with sales, partnerships and distribution strategy across APAC and EMEA. He has driven growth across CarePlix's software and revenue lines, with a focus on translating AI-led wellness technology into practical enterprise solutions and building scalable teams.

Introduction of the Organisation: CarePlix Healthcare is a pioneer in AI-driven wellness technology, helping individuals and organisations proactively monitor and improve health outcomes through preventive care.
Its ecosystem includes AI-powered wellness assessments across cardiac, respiratory, eye and musculoskeletal health; the Loop Smart Ring for continuous monitoring; CarePlix One for unified health insights and personalised wellness support and CarePlix Onboarding IQ for risk assessment, consent management and DigiLocker-enabled KYC.
Together, these solutions enable scalable preventive wellness programmes across insurers, corporates, wellness providers and digital health platforms.

Website: https://careplix.com/

Could you share what building CarePlix has taught you about bringing health-tech innovation into real-world use?

The first lesson is that the gap between a working algorithm and a deployed product is larger than expected. The real challenge is ensuring consistent performance across real-world conditions such as low-end devices, poor lighting and noisy environments. Robustness often matters more than marginal gains in accuracy.
The second lesson is that a single interaction is rarely enough. CarePlix Vitals and Pulmo provide instant signals, while the Loop Smart Ring adds continuous insights. CarePlix One brings these together with personalised nudges, showing that the value lies in the continuum rather than any single measurement.
The third lesson is that adoption is a workflow problem before it is a technology problem. Enterprises value reduced cost, faster turnaround and less friction, which is why successful solutions integrate into existing journeys. CarePlix Onboarding IQ does this by adding facial risk scoring and DigiLocker-enabled KYC within an existing verification process.
Finally, trust is essential. Clear and honest positioning about what a wellness assessment can and cannot do is what builds credibility and long-term adoption.

In your view, where can CarePlix's device-less health screening create the most value within the insurance journey?

The sharpest value sits at onboarding, where insurers balance better risk information with lower friction and cost. Traditional pre-policy assessment can be time-consuming and viable only above certain sum assured levels. A device-less CarePlix Vitals or Pulmo assessment, completed within the insurer's app, can generate instant wellness indicators in under a minute at negligible marginal cost.
CarePlix Onboarding IQ takes this further by embedding wellness screening into the pre-issuance verification call, combining facial risk scoring, consent management, and DigiLocker-enabled KYC in a single interaction. This turns a compliance step into underwriting insight while shortening the verification cycle.
Screening can also support triage and straight-through processing by routing applicants toward automated acceptance, lighter verification or fuller review. For agents and bancassurance partners in tier-2, tier-3 and rural markets, phone-based screening extends capability beyond diagnostic infrastructure.
Finally, periodic assessments, Loop Smart Ring monitoring, and CarePlix One's wellness scoring and personalised nudges help insurers stay engaged throughout the year, supporting persistency, targeted wellness intervention and a richer basis for renewal pricing.

How do you see device-less health screening supporting simpler and more inclusive microinsurance underwriting?

Microinsurance has a structural problem: the cost of assessing risk can exceed the premium collected. With annual premiums often in the hundreds of rupees, diagnostic tests, lengthy questionnaires, or extended verification are difficult to justify. The result is simplified declarations, tightly capped benefits and pricing that absorbs uncertainty, leaving low-risk applicants to subsidise an unknown pool.
Device-less screening changes this by reducing the marginal cost of assessment to near zero once the software is deployed. A CarePlix Vitals or Pulmo scan introduces an objective wellness signal where such information was previously unaffordable. Combined with Onboarding IQ's facial risk score, consent capture and DigiLocker-enabled KYC, insurers can complete verification, identity and a preliminary risk view in one short mobile interaction.
Inclusivity also improves. No additional hardware is required, the interaction is visual and vocal, and it takes well under a minute, making it more accessible for low-literacy users. Because screening can happen at the point of sale, coverage is less dependent on proximity to diagnostic infrastructure, while DigiLocker reduces document-related friction.
Beyond issuance, CarePlix One enables wellness scoring and preventive nudges even for small-ticket policyholders, shifting microinsurance from a purely indemnity product toward a preventive relationship.

EMINENT PERSONALITY INSIGHT

Mr. Layak Singh

Technology Entrepreneur & Advisor

Mr. Layak Singh is an entrepreneur. He describes himself simply as a thinker and a doer, someone who works on hard ground and stays until it works. His companies have been built in markets that run on trust, cash, people and physical ground, where the difficult parts are never the technology but verification and distribution. He works across artificial intelligence, faith and travel and advises early-stage founders and non-profits. He writes about what agents will actually replace, why an Indian business scales through the physical layer rather than around it and what a company costs the person running it.

Looking back at your journey as an entrepreneur, what is one decision or experience that significantly changed the way you think about building and scaling technology businesses?

Learning that what you can build is almost never the constraint. Early on I believed the product was the hard part, so I optimised for it: better engineering, more features, faster iteration. The market corrected me. Reaching the buyer is the constraint and after that it is whether the buyer will trust you with their money. Those two problems are slow, physical and unglamorous and no amount of engineering shortens them. You can compress a build cycle from months to weeks. You cannot compress the third meeting where someone finally decides you are good for it.

The second half of that lesson is that in India a business scales through the physical layer, not around it. Everyone wants to build the digital-first version and skip the ground: skip the feet, the paperwork, the cash, the relationship that took three visits. The companies that work are the ones that go through the ground and then instrument it, so the next hundred customers cost less to reach and less to verify than the last hundred. The ones that fail are usually the ones that built an elegant product for a distribution problem they had not solved and could not see.

So I now start from the slowest part of the chain rather than the most interesting one. I treat verification and distribution as the product rather than as things to be solved later and I ask of any new idea not whether we can build it, but who will hand us money for it and what they need to see first.

AI is becoming part of almost every industry. In your view, where can it create the most meaningful impact beyond efficiency and automation?

Verification. Efficiency assumes you already trust what you are looking at and in most of the economy that assumption is exactly what is missing. A bill, a claim, a completed piece of work, a person on the other end of a transaction: all of it still moves on someone's word, checked slowly by hand or not checked at all. If artificial intelligence can make trust cheap to establish rather than merely making existing work faster, it changes which businesses are possible at all. It matters most for the people currently excluded because verifying them costs more than serving them is worth: the small supplier with no audited accounts, the first-time borrower, the contractor whose work nobody can afford to inspect. Lowering the cost of proof brings them inside the system. That is a bigger prize than shaving time off work we already do. The second is reach. Real judgement sits in a small number of very experienced heads and it does not travel. It retires.

A system grounded in genuine precedent can put a usable version of that judgement in front of someone far from the centre, at the moment they need it, rather than three weeks later in a report. But it only counts if a person remains accountable for the answer. Most enterprise attempts fail here rather than on capability: they produce an output nobody will stand behind, so nobody acts on it and the pilot quietly ends. Automating the paperwork while leaving the responsibility behind is not progress.

Which underexplored area do you believe could benefit most from intelligent technology in the years ahead?

The other place it matters is the physical world and that is the one most people are still not looking at. Nearly all of the attention and nearly all of the money has gone to work that happens on a screen: text, code, images, conversation. Meanwhile the largest thing any country owns is its built environment, and decisions about it are still made on documents rather than on evidence. A road, a bridge, a building, a piece of equipment: somebody wrote a report about it some months ago, and that report is what the decision rests on. The asset itself is not consulted. Bringing intelligence to things at rest rather than only to things on screens is the opportunity I find most interesting, because the consequence of getting it wrong is not an inconvenience, it is a structure that fails earlier than it should and costs far more to repair than to maintain. The second thing is time horizon.

Most technology is sold on doing today's work faster. The more valuable use is seeing further ahead: what will fail, what will overrun, what will need money in three years rather than what needs signing this afternoon. That kind of foresight only works if it is grounded in what actually happened before, which means the organisations that will benefit are the ones that kept honest records of their own outcomes. Not data in the abstract. The answer sheet: what was predicted, and what really occurred.

RESEARCH PAPER

Mr. Dhrumi Vyas & Dr. Naishal Raval

Financial Inclusion and the Pradhan Mantri Jan Dhan Yojana: A Decadal Assessment of National Growth, Regional Performance in Western India, and Forecasts towards Viksit Bharat 2047

The study assesses Pradhan Mantri Jan Dhan Yojana (PMJDY) growth from 2014–15 to the latest provisional data in 2026, regional performance across Western India and future growth towards 2047. Accounts increased from 12.10 crore to 58.35 crore, with a 12.86% CAGR, while exponential smoothing projects approximately 124.27 crore accounts by 2047.

Introduction

PMJDY was launched in 2014 to provide basic bank accounts, overdraft facilities, RuPay cards, accident insurance and Direct Benefit Transfers. The study examines the transition from account expansion towards greater usage and deeper financial inclusion within the Viksit Bharat 2047 vision.

Review of Literature

Literature shows substantial expansion of formal banking access, particularly through public sector banks, while gaps remain in financial literacy, savings, credit access, active account usage and regional performance. Studies also highlight DBT, RuPay cards, technology and financial education, while relatively few combine long-term national analysis, Western India evidence and forecasts to 2047.

Research Methodology

- **Objectives of the Study**

1. To analyse PMJDY account growth using annual growth rates, CAGR and descriptive statistics.
2. To assess regional performance across selected Western Indian states and Union Territories.
3. To forecast enrolment up to 2047 and draw policy implications for long-term financial inclusion.

- **Period of the Study**

The study covers PMJDY from its launch in August 2014 to the latest available data as of 13 May 2026.

- **Sources and Nature of Data**

The study uses secondary data from Government of India portals, Ministry of Finance publications, RBI annual reports and academic literature. Descriptive and correlation analyses examine enrolment, growth rates and macroeconomic (GDP growth) indicators.

- **Scope and Limitations**

The study focuses exclusively on PMJDY, with regional analysis restricted to Goa, Gujarat, Maharashtra, Dadra & Nagar Haveli and Daman & Diu.

Data Analysis and Discussion

National Growth Trajectory of PMJDY Accounts

PMJDY growth follows three phases. During the Foundational Surge (2014–15 to 2017–18), accounts increased from 12.10 crore to 28.17 crore, with growth reaching 45.58% in 2016–17. During the Moderation Phase (2018–19 to 2023–24), growth declined to 6.78%, with annual additions of 2.86–3.87 crore. During Recent Trends (2024–25 onwards), growth varied from 9.50% to 3.42%, followed by partial recovery in the latest provisional observation.

CAGR Interpretation

PMJDY recorded a 12.86% CAGR, indicating substantial long-term expansion despite moderation in annual percentage growth.

Descriptive Statistics and Correlation Analysis

Cumulative PMJDY enrolment and GDP growth show a negligible correlation of -0.0068, while the -0.84 correlation between cumulative accounts and annual percentage growth reflects moderation as the cumulative account base expands.

Regional Performance: PMJDY in Western India

Maharashtra accounts for 6.54% and Gujarat 3.41% of national beneficiaries, while Goa, Dadra & Nagar Haveli and Daman & Diu together account for 0.08%. Maharashtra records the highest account balances among the selected regions.

Forecast of PMJDY Enrolment up to 2047

Using exponential smoothing, cumulative accounts are projected to increase from 61.65 crore in 2028 to 124.27 crore by 2047. The forecasts are not definitive, as the method does not explicitly include demographic ceiling effects.

Findings

Cumulative enrolment recorded a mean of 37.23 crore, median of 38.30 crore and standard deviation of 15.13 crore. Annual additions averaged 3.85 crore, while annual growth averaged 14.56% with a median of 9.80%. Maharashtra recorded the highest account balance at ₹21,577.18 crore and 2.71 crore RuPay cards issued.

Policy Implications

Future emphasis may shift towards account activation and regular usage, financial literacy, stronger credit and insurance linkages, and continued DBT integration.

Concluding Remarks

PMJDY has significantly expanded formal banking access in India. Sustaining its contribution to Viksit Bharat 2047 will increasingly depend on effective account usage, financial literacy, credit and insurance linkages, DBT integration and continued institutional coordination.

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Scope for Further Research

Future research may extend to all Indian States and Union Territories, examine account dormancy, apply advanced forecasting methods such as ARIMA or machine learning, account for demographic ceiling effects and compare similar international financial inclusion programmes.

Key Takeaways

- PMJDY has substantially expanded formal banking access, growing from 12.10 crore accounts in 2014–15 to 58.35 crore in the latest provisional data.
- The programme is moving from rapid account expansion towards a more mature phase, making account usage and sustainability increasingly important.
- Regional differences remain significant, with Maharashtra and Gujarat accounting for the largest shares of PMJDY beneficiaries among the selected Western regions.
- Financial inclusion now requires more than account ownership, with financial literacy, regular account usage, credit and insurance linkages and DBT integration becoming key priorities.
- The 2047 projection provides a forward-looking view of PMJDY growth, reinforcing the need to shift policy attention from expanding account numbers towards deeper and sustained financial inclusion.

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Full Research Paper Published in IJARCMSS, Volume 09, No. 03(I), July-September 2026. Scan Here to Access:

IMPACT STUDY

Company Name : PAFT Inclusive Financial Services Private Limited
Founded Year : 2022
Managing Director: Mr. Rayappan Stephen Francis Xavier
Location : Tiruchirappalli, Tamil Nadu
Website Link : https://patgroup.org/
Tagline : Growing Together

Key Segments

PAFT provides affordable Life Insurance and hospitalization-related financial protection to low-income microfinance clients. Life Insurance supports families in the event of death, while Hospi Cash provides fixed benefits to help manage hospitalization expenses and temporary income loss.

Target Segment

PAFT primarily serves low-income women MFI borrowers engaged in agriculture, small businesses, trading, self-employment and salaried work. Operations are concentrated in Tamil Nadu, with 10 branches each in Karnataka and Andhra Pradesh.
Eligible women aged 18–59 years with annual income up to ₹2,00,000 are covered along with an eligible nominee. PAFT focuses on women with limited access to formal finance, irregular incomes, limited financial literacy, inadequate documentation or insufficient assets.
PAFT serves 195,506 women borrowers, with total loan disbursements of ₹1,157.79 crore and an outstanding portfolio of approximately ₹755 crore. The average loan size is ₹50,000 and the median ₹55,000. Around 70% are repeat clients, while 40% received their first formal loan through PAFT.
Insurance is mandatory for eligible clients and provided at loan sanction, resulting in 100% penetration. More than 95% receive product briefings and over 90% are reported to understand key benefits, exclusions and waiting periods. PAFT reports 1,460 claims filed, 1,077 settled and 50 rejected, representing a 73.77% claim settlement ratio.

Product Offerings

Life Insurance: For loans up to ₹50,000, both the client and nominee are covered for the full loan amount. For loans above ₹50,000, the client is covered for the outstanding amount and the nominee receives a fixed ₹50,000 Sum Assured.

Hospi Cash: Eligible borrowers receive a fixed cash benefit during hospitalization to help cover transportation, food, attendant costs and temporary income loss.

Together, these products provide protection against two major household shocks: death and hospitalization.

Impact Created

PAFT reports 335 Life Insurance beneficiaries and approximately 900 Hospi Cash beneficiaries. Life Insurance provides financial support following the loss of an insured family member, while Hospi Cash helps households manage hospitalization-related expenses and income disruption.
PAFT also supports beneficiaries with claims coordination, documentation and insurer communication. However, further information on benefit values, settlement timelines, pending and rejected claims, hospitalization days and use of proceeds would strengthen assessment of the impact on household financial resilience.

Future Strategies

PAFT plans to open approximately 20 new branches during 2026–27, including expansion into currently uncovered districts of Tamil Nadu, subject to partner approvals. Future priorities could include stronger claims tracking, greater insurance awareness, improved beneficiary support and periodic review of benefit adequacy.

Conclusion

PAFT's integrated microfinance and insurance model demonstrates the potential of embedding life and hospitalization protection within financial inclusion channels serving low-income women. The available evidence demonstrates substantial reach and delivery, while stronger tracking of claim outcomes, benefit utilisation and beneficiary experiences would provide a clearer understanding of the model's longer-term social protection impact.

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Scan Here for Full Impact Study

BLOG CORNER

Assam Floods 2026: The Financial Protection Gap Beyond Insurance Coverage

Flooding remains a recurring hazard in Assam, affecting households, agriculture, infrastructure and livelihoods. The 2026 floods again highlighted this vulnerability, with more than 700,000 people displaced and over 78,000 people still affected across seven districts by mid-August. Beyond the humanitarian impact, the key question is whether affected households have adequate financial protection and how quickly support reaches them.

What Protection Exists Today?

India already has public assistance and insurance mechanisms for flood-related losses. Government disaster-relief systems provide immediate support, while PMFBY and RWBCIS cover specified agricultural risks for eligible farmers and notified crops. Insurance can also protect homes, livestock, vehicles, businesses, health and life. However, having insurance does not necessarily mean having adequate financial protection.
Agricultural insurance remains an important existing layer of protection in Assam, but crop coverage alone does not protect households from losses to homes, livestock, productive assets, inventory or temporary income.

Where Does the Protection Gap Remain?

The core challenge is that protection is fragmented. A household may have crop insurance but no cover for its home or livestock, receive public relief but lack cash to restart its livelihood or receive compensation that is insufficient or delayed. Public data also do not provide a complete household-level picture of who is protected, which risks are covered and how quickly support reaches affected families.

Where Should Greater Protection Focus?

1. Faster Access to Cash

Flood-affected households often need immediate cash for shelter, food, medicines, transport and livelihood restart. Targeted parametric cover could provide rapid liquidity using rainfall, river levels, flood depth or satellite-observed inundation, provided triggers are carefully designed to reduce basis risk.

2. Protect Livelihoods and the Ability to Restart

Protection should address livelihood interruption as well as physical damage. Farmers, traders, livestock-dependent households and informal workers may need capital to restart economic activity and avoid distress borrowing or sale of productive assets.

3. Reach Households Outside Formal Protection

Tenant farmers, agricultural labourers, informal workers and small traders may remain outside formal protection. Solutions for these groups need to be simple, affordable and accessible, with strong servicing and claims support.

From Insurance Coverage to Financial Protection

No single product can address the full impact of flooding. Protection should combine preparedness, relief, rapid liquidity, asset and livelihood protection and recovery. Insurance should complement public disaster response and social protection, while success should be measured through reach, adequacy, timeliness, accessibility and recovery outcomes.

The Way Forward

A practical next step would be a district-level Flood Financial Protection Map for Assam, combining flood exposure, household vulnerability, insurance coverage, public relief, claims experience and recovery outcomes. This could help identify protection gaps, improve coordination and guide more inclusive solutions.
The objective should move beyond counting policies towards understanding who is protected, what remains uncovered, how much loss is financially covered and how quickly households can recover.

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MANTHAN SERIES | EPISODE 3 HIGHLIGHTS

Building Stronger Pathways for Microinsurance Distribution

The MicroInsurance Innovation Hub hosted **Episode 3** of the Manthan Series on **"The Future of Microinsurance Distribution in India."** The discussion focused on how product innovation, partnerships, servicing, technology and regulation can strengthen access to microinsurance. The Speakers

Moderator: Avani Shah – Director, MIIH Foundation

The Speakers:

- Sk. Khalidujjaman – Associate Director & CMO, Waadaa.Insure
- Vinod Singh – Co-founder & CEO, Finhaat
- Rahul Nagarajan – Executive Director, Velicham Finance

Highlights & Insights

Broader Protection Needs:

Microinsurance should extend beyond basic cover to include health, asset, parametric and pension solutions.

Partnerships Matter:

Strong partnerships can reduce distribution costs and improve last-mile reach.

Servicing Builds Confidence:

Simple communication, regional language support and smooth claims servicing are critical for customer confidence.

Phygital Remains Essential:

A combination of digital tools and human support is important for underserved segments.

Word of Mouth Drives Adoption:

Positive customer experiences can encourage wider acceptance in rural communities.

Regulatory Support is Key:

Continued regulatory support can strengthen penetration and expand access.

The Big Picture

With 200+ participants, the session highlighted that stronger microinsurance distribution depends on relevant products, effective partnerships, reliable servicing and appropriate use of technology to reach underserved communities.

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- **Sustainable Practices in Microinsurance**
- **Community Empowerment through Microfinance**

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