

## SOCIAL PROTECTION FOR WOMEN WORKERS IN THE INFORMAL ECONOMY

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When I started organizing these workers [women workers in the informal economy] more than thirty years ago, what struck me was the primacy of work in their lives. Work is their main priority. Women often say, “As long as we work, we live.”

However, I quickly learned that work alone is not enough. Other economic inputs, what we call “social security” at SEWA, are essential. These include health care, child care and insurance. In fact, to help women reach their goals of full employment and self-reliance, social security is a must. Full employment includes work and income security, food security and social security. Thus, Social Security is part of women’s struggle against poverty and for self-reliance.

Ela Bhatt, Founder, SEWA, in *Strength in Solidarity*<sup>1</sup>

### I. INTRODUCTION

The informal economy is large and growing. Over the past two decades, employment in informal employment has risen rapidly in all regions in the world. A majority of the economically active women in developing countries are engaged in informal employment. In some countries in sub-Saharan Africa, virtually all of the female non-agricultural labor force works in informal employment: for example, informal employment accounts for over 95% of women workers outside agriculture in Benin, Chad, and Mali. In India and Indonesia, informal employment accounts for nine out of every ten women working outside agriculture. In ten Latin American and four East

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1. Ela Bhatt, *Foreward*, in SHALINI SINHA, *STRENGTH IN SOLIDARITY* (2002).

Asian countries, for which data are available, half or more of the female non-agricultural workforce is in informal employment.<sup>2</sup>

All poor women work and need adequate income from their work—minimum wage, even for those who are paid piece rate, is essential. Their next need is the security of work. Increasing poverty and recent trends in globalization and liberalization have made the women workers more insecure. Women in the informal economy do not have easy access to the new employment opportunities that are emerging as they do not have the required skills. Access to the markets is almost absent for poor women workers, particularly the home workers and self employed.

Sickness—individual or of immediate family members—often results in loss of employment for informal women workers. It also entails additional expenses in terms of medicines and/or hospitalization. Old age and widowhood further adds to their vulnerability—they are often forced to work for long hours even when their age does not permit it. A related problem is one of being lonely, helpless and dependent. Maternity benefits and child care are their critical needs.

It is usually a crisis—personal, social, or natural—that drives a family into the downslide toward destitution. It could be natural contingencies like floods, droughts, cyclones; or a personal loss such as the death of husband or the breadwinner of the family or events such as market crash, crop failure, or cattle loss through disease. Each crisis leaves the woman worker and her family weaker and more vulnerable. The main reason for such a strong negative impact is the high expenditure incurred at such times, and the lack of facilities for the poor to save for such expenditures. In the absence of micro-insurance, there is no opportunity for the worker to spread the risks over a longer period and provide coverage during times of financial risks.

However, the social protection needs of the women workers in the informal economy does vary across regions and countries—depending on the provision of services and women's access to them. For example, health services are a high priority; however, this would not be the case in countries where health services were free or affordable. The extent of demands for child care services will be related to how far extended family relations and childcare patterns are intact.

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2. Martha Alter Chen, *Women and Informality: A Global Picture, The Global Movement*, 21 SAIS REV. 71 (2001).

## II. AN APPROACH TO SOCIAL PROTECTION

The main issue in developing social protection schemes for informal women workers is how this can be achieved, ensuring appropriate, efficient, and quality services and timely disbursement, preferably at the very doorsteps. Many schemes exist for workers in the formal sector but extending social protection to informal employment, particularly for the women workers is not merely a matter of extending existing formal sector schemes to the informal employment. The size and nature of the informal sector, including the diversity of employment and the geographically dispersed nature of the workplace, poses real challenges. First, employment relations vary considerably, and are in any case very different from those of the formal sector. Second, a major obstacle to introducing contributory social insurance schemes for informal employment is the difficulty in identifying the employer. Third, unlike the formal sector, where steady and regular employment is a given fact, informal employment workers need employment security, income security, and social protection simultaneously. Fourth, the needs of women workers may vary, for example child-oriented needs are a priority for the majority of women workers. Listed below are some of the key elements of an approach to social protection for women workers in the informal economy.

### A. *Economic Security is Linked to Social Security*

For women workers in the informal economy, the economic structure is closely connected with the social structure. The workers in informal employment need economic security as well as social security. They need economic security, a continuous flow of employment through which they can earn enough in terms of cash and kind to meet their needs. They also need social protection, at least healthcare, childcare, shelter, and relief, to combat the chronic risks faced by them and their families. Child care facilities can increase the hours that a woman worker can be employed and her productivity at work. Food security can ensure increased productivity and a decrease in illness. Social protection therefore is a means of increasing and maintaining the productivity of the worker, so as to increase his or her economic security. The provision of the elements of social protection greatly enhances the quality of work and life of the workers.

*B. Gendered Approach to Life Cycle Needs*

Women's vulnerabilities and security needs differs from those of men. The needs also differ at different points in their lives. Women, especially poorer women, face particular vulnerabilities, constraints, and risks associated with different stages of their lives. At an early age, as young girls, they are less likely to attend school and more likely to engage in child labor. Their education, health, and nutritional needs are given a low priority. As young women, they combine both productive and reproductive roles as well perform unpaid caring work, at home, for the sick, frail, and elderly. Very often, their productivity and employment are constrained by these demands. Women experience the risks to their health and to their work security associated with maternity, and in their old age, they face economic and social risks associated with widowhood.

*C. Risk Management With a Redistributive Aim*

The analysis of different kinds of risks is very helpful in creating a concrete understanding of the ways in which different individuals or groups, or indeed societies, are vulnerable, and therefore what kinds of responses would be appropriate. However, while risk analysis is an important part of the framework for social protection, there is a danger of over-estimating its usefulness, either when applied to workers in the informal economy, or to ways of understanding pathways out of poverty for those in formal and informal employment. Being poor is a risky business. There are sophisticated typologies of risk, differentiating between whether they are random or repeated, or if they affect single individuals or whole communities at one time. These fine distinctions seem to be somewhat superfluous when, for a poor person, the situation of poverty means that the risks are linked, and affect each other. So, for example, worsening incomes lead to worsening health that in turn leads to worsening income, but also the higher likelihood of losing one's work or succumbing to diseases caused by flooding.

On the one hand, applying risk analysis and actuarial science to the poorest of micro-enterprise has a positive side: it can mean mainstreaming informal workers into economic analysis. There are two negative sides, however. One is that using this technical discourse can lull people into forgetting that there really is a difference between the "asset portfolios" of the rich and those of the poor, a difference not only of quantity but of compression of risks. Second is that the focus on risk analysis for the poor can detract attention from the

relation between the rich and the poor, the ways in which globalization appears to be causing even greater inequalities between rich and poor, and from the unhappy tendency to expect the poor to shoulder more of the responsibility for risk insurance by themselves—with both state and employers withdrawing from previous commitments.

The current emphasis on social risk management, unless underpinned by a program with a redistributive aim, will be as useless to the poor, and to the addressing of global inequality, as is all the focus on poverty measurement and monitoring of programs, in the absence of policies and interventions that really and substantially address the causes of poverty, and the patterns and processes of unequalization.

#### *D. Customized Services for the Poor*

Poor women in informal employment need services and products designed to their needs. They need simple, transparent, and flexible collection and service delivery systems. They need hand-holding and service at the doorstep. They need collection mechanism that takes into account their income and expenditure pattern. Constant contact and communication are essential. Time constraints (e.g., work, domestic chores, child-care, and other house work commitments) and lack of transportation to/from the service are major barriers to accessing services. For example, health-care-seeking behavior of women improves if the service is available to them closer to their areas and at a time convenient to them. Besides, doorstep services such as health camps and child care bring health, government, and private providers closer to the local people, building trust and rapport. This also creates a demand-responsive service and nurtures participatory mechanisms in the scheme.

#### *E. Presence on the Ground*

The existence of a network of grassroots workers and their presence in the community is a major asset for any social protection program. This form of outreach is also more effective than direct outside intervention because the grassroots workers are trusted individuals in the community—therefore their message and examples will evoke more confidence from the community. In this way, strong links between the community and the organization are provided and the grounding of the organization's activities are facilitated.

*F. Multiplicity of Approach*

There are many instances of successful schemes—the mutual health insurance schemes in West Africa or the national pension system in Japan—that provides health insurance and pension insurance for more than 90% of their people, including informal workers; or the statutory social protection system in Portugal that covers home-based embroiderers of Madeira for old age, disability, maternity, and sick days. However, there is no standard pattern or formula of a social protection system that can be imposed in all countries, in all situations, for all workers in informal employment. In some instances welfare funds may be more appropriate; in other cases the cooperatives may be more active; in yet others it might be well run by the local government; and in some areas NGOs may be most active.

It is important to identify the strengths and weaknesses of each, to build on the existing strengths and to overcome the weaknesses. The government-run programs, for example, have a broad reach, or at least the potential for a large reach. They have access to finance, both from government budgets as well as from special cases, but administratively, they are too rigid, do not deliver in a timely fashion, they may not be cost efficient, and often are not readily responsive to the needs of the beneficiaries. NGOs, on the other hand, are responsive, timely, and often cost-efficient, but do not have access to large finances, and also find it difficult to expand beyond a certain scale.

*G. Financing*

One of the critical questions for providing social protection, particularly in the developing nations, is of finances. Typically, there should be equitable financing, possibly from several sources, including government subsidies and employer contributions. The second critical question is of the collection of funds. The collection of contributions must be timely, time-bound, and transparent. Workers, employers, and governments all need to contribute. Joint (tripartite or multipartite) and participatory management of fund collection, and managing of the fund itself, must be undertaken. Fund collection mechanisms should be simple, decentralized, and accountable to a local multipartite committee.

### III. COMPONENTS OF A SOCIAL PROTECTION PROGRAM FOR WOMEN WORKERS

Women workers need a social protection program that is multi-component. Microinsurance is one of the mechanisms that can help poor women combat the vulnerability caused by exposure to risks. People affected by a crisis obtain concrete economic support from the contributions of the many others who are not affected. Insurance gives them a sense of security and helps them plan for the future. It prevents decapitalization and supports people's efforts toward self-reliance. Microinsurance should include life, health, and asset loss components.

To address the vulnerabilities caused by poor health, women workers need maternity benefits, in addition to health insurance. They also need health program that provides simple, life-saving health information with a focus on disease prevention and promotion of well-being. Other important goals of a health program can be to build capacity among local women so that they become the barefoot doctors of their communities.

The women workers in informal employment need housing and infrastructure, such as water drainage, electricity and sewage connections, toilets, and street lighting. Adequate shelter and services improve poor workers' livelihoods and help reduce poverty in a number of ways. The construction of shelter and services generates income and employment. Better housing and services improve people's health, productivity, and well-being. A home is often a base for income generation, particularly for women workers.

The mechanisms of providing child care could be multi-dimensional. First, all labor legislation should include provision of crèche. Second, child care should be recognized as part of the education policy, and the age group of 0–6 years must be included. Third, community-based approaches should be encouraged and multiplied. Community-based interventions are often low cost, in response to the needs and reality at the grassroots, drawing on local assets and involving all stakeholders and therefore ideally suited for the situation that they are designed for.

Women workers need a pension scheme that would provide them coverage for old age, disability, and widowhood. Different schemes with different rates for different categories of women workers in the informal employment could be formulated. The benefits would be a flat rate benefit linked to the number of years of contribution and the quantum or the total of the individual running account.

#### IV. BUILDING MEMBER-BASED ORGANIZATION

For sustainability, effectiveness, and accountability, services should be owned, controlled, and managed by the people themselves. If women are given the right input, they do and can develop the capacity to run their own organizations and these organizations are far more effective in delivering services than a top-down one. Involving the beneficiaries in the design, implementation, and monitoring of the scheme ensures decentralized, flexible, and user-responsive mechanisms. However, for organizations to be truly participatory and demand-responsive, they must be community-based or membership-based organizations. Member-based organizations (MBOs) are controlled by the people it serves and their decision-making body is democratically chosen from amongst its members.

##### *A. Building Effective Organizations*

For MBOs to be truly effective, they have to be able to gain benefits for their members, to represent their members' needs at policy forums, to successfully bargain on behalf of their members and to deal with the existing structures on behalf of their members. In order to be effective, the organizations must be recognized by the people and the structures with which they have to deal. The issue is that informal sector workers need to have a voice that necessitates the establishment and sustenance of negotiating forums or when structures of some sort. In many instances, informal sector workers are listened to on an ad hoc basis when an emergency crops up, or somebody does a bit of field work, but because it is not sustained, the continued ability of these workers to actually participate in making the laws, regulations, international guidelines, etc. that are going to govern their lives is constantly undermined, and the best that they can hope for is that the people who do so on their behalf are going to be benign rather than hostile. The issue is the establishment of a viable negotiating system that can weather the vacillations of most informal sector organizations, which can be sufficiently de-centralized to allow for the local differences that characterize most kinds of informal sector work but are at the same time well coordinated in their functioning.

##### *B. Recognition*

MBOs continually face the twin problems of recognition of both the organization and that of the women workers who are their



members. The issue of recognition of women workers' organizations is related to the issue of recognition of the organizations' members. Organizations tend to face resistance against recognition when they go in for their registration and some of the questions raised are:

- There is no employer, so with whom will you bargain?
- How can you have a union that will include many different types of workers?
- How can you have a union of self employed members when they are not workers?
- These workers have no fixed place of work. How can they be organized?

Cooperatives also face many similar problems while seeking registration. Non-recognition of the worker herself leads to non-recognition of the cooperative. The registration of a cooperative that provides services such as cleaning or catering, on the other hand, is impeded by the fact that most states do not have "service" cooperatives in their categories. However, the major problem that cooperatives face in registration is the amount of paperwork and procedures involved. First, the model by laws prepared by the department do not usually suit the needs of the workers concerned and have to be modified, which in itself is tantamount to a major confrontation with the department. Second, the procedures of registration are usually very complicated, and beyond the means of an ordinary educated person, let alone the illiterate women. Third, most departments dealing with cooperatives are quite corrupt and either deliberately delay the process of registration or make it prohibitively expensive.

### *C. Sustainability*

The sustainability of the organizations has to be seen both financially and institutionally. The financial difficulties are obvious. Since the workers belong to the poorest categories with very low and very unstable earnings, any membership fee or earnings collected from them would also be very meager. Their organizations cannot be more sustainable than their lives. On the other hand, experience has shown that these workers are willing to pay even out of their small and insecure incomes to sustain their own organizations. Most organizations collect a membership fee of some type, and though that is not usually enough to sustain the organization, it does bring in some revenue, while also being a major source of commitment and involvement for the members of the organization.

In addition to the regular membership fee, organizations have other ways of collecting funds from their members during times when they have lump-sum earnings. However, these collections can barely pay for the minimum needs of the office, communications, and personnel required to run an organization. This is where the “family of organizations” (or “cluster approach”) comes in. By carrying out many activities, under cooperatives and self-help groups, the organization is able to meet its costs of providing and engaging in multi-service activities. However, here too the administrative support they receive is very low. The kind of activities that these women workers engage in are usually covered in those segments of the economy where the returns and surpluses are minimal. Furthermore, most of these organizations try to pass on the maximum amount of surpluses to the workers. The main success of most organizations lies in their capacity to mobilize the workers, to raise awareness, and to run campaigns. Organizations have used many innovative methods of mobilization and campaigning that are necessary to sustain the organization. In particular, sustained and innovative efforts are required during the initial formative years and the expansion phase of an organization. In most cases, the financial costs of these are borne by another, more financially healthy organization such as an NGO or a bigger trade union, or even the government. These costs can be seen as investments required to be made for an organization to come into being. Another aspect of sustainability is the capacity of an organization to manage itself in a democratic way, particularly in a manner that fosters the growth of local leadership and management.

#### *D. Voice Representation*

One of the main tasks before an organization is to adequately represent its workers. An organization has to go through three stages to be able to successfully represent its members. The first is the stage of recognition of the organization and the workers who are its members. This comes in during registration as also during the process of bargaining, or trying to enter the market.

The second stage of representation is the stage of formalizing recognition of the organization. This happens with the signing of agreements and with the organization being invited as a member of existing boards, committees, etc. The third and final stage occurs when the representation is made into a system. Here the stage is set for the recognition of not only one organization but for a whole class of organizations that meet certain criteria. Representation for an

organization then does not depend on the understanding of an official in power, or the good work and struggles of one organization, but becomes part of the regulation of the systems of bargaining.

As far as informal sector organizations are concerned, the voice representation has reached only the second stage so far and that too only for some organizations. Most organizations have not even reached the first stage and very few have attained the second. In order to ensure proper representations for women workers' organizations, it is necessary to set up decentralized systems of regulation and representation, both at the sectoral as well as the overall levels.

### *E. Supporting MBOs*

In order for MBOs to provide services in social protection, they need to be supported. In most countries there is a regulatory framework as well as policies that guide the provision of different types of social protection. This framework usually does not recognize the MBOs and even when it does, the policies are such that they tend to exclude them. For example, in India, recently the government brought a new law allowing the entry of private insurance companies. However, the capital requirements are set so high (Rs 2200 million) that they effectively exclude all MBOs in the field. Similarly, registration and regulation requirements for health provision tends to exclude the local health providers. In order to promote the MBOs it is necessary to first give them recognition as legitimate bodies and then to frame appropriate policies and regulations that they can legitimately meet and that would not compromise the quality of services.

Most governments see their role as providing services to their citizens; however, especially in developing countries, governments do not have the structures that would allow such delivery. Generally, governments tend to channel such services through their own rather inefficient channels or to turn to private providers or NGOs. MBOs can be an effective channel for provision of services. This would require that appropriate fee and commission structures be set up to allow for transaction costs, as well as the need to build the capacities of the MBOs to carry out these functions.

Social security could also be a means to promote the organization of workers and encourage the building of member-based organizations. This happens because social protection becomes a focal point for organizing, a "rallying point" or entry point. Once

organized, the worker then actively contributes new ideas and approaches to social protection and assists in their implementation. This in turn gives rise to more organizing of workers as in the process they are identified and also obtain a concrete benefit that, then encourages them to organize further.

#### V. LAWS AND REGULATORY ENVIRONMENT

Labor laws in different countries, which might be useful in extending protection to some categories of workers in the informal economy, or to those workers with changing contractual status, exist. There are other areas of "regulation" or monitoring such as Codes of Conduct, international law, etc. Issues of social protection overlap and clarifying what fits where and how is complex. It seems that there is increasing recognition of the shrinking applicability of labor law due to various new forms of work organization and the widespread use of contracting, sub contracting, etc. In many countries, there are attempts to try to extend or reassert labor law coverage where an employment relationship can be established. However, implementation is a big problem.

#### VI. SEWA: A CASE STUDY

SEWA is a trade union in India of almost 700,000 women workers engaged in the informal economy. Started in 1972, SEWA organizes women through its joint strategy of struggle and development. SEWA's goals are to organize women for full employment and self reliance at the household level. Full employment includes work and income security, food security, and social protection—at least health care, child care, insurance, and shelter.

SEWA is both an organization and a movement. It is a movement as it incorporates more than 3000 self-help groups (SHGs) and collectives, owned, run, and controlled by the workers themselves. The SEWA movement incorporates the women's movement, and labor and cooperative movements. But it is more than an amalgam of these. It is a home grown movement of informal workers, led by poor women themselves, for their economic rights, proper representation, and voice. The movement has taken firm root in the Indian states of Gujarat, Madhya Pradesh, Uttar Pradesh, Rajasthan, Bihar, Delhi, and Kerala. Its mandate is to bring the voice and issues of the informal women workers into the mainstream of the economy. In addition, SEWA works for appropriate worker-oriented policy

changes, as well as to help its members strengthen and build their own capacity.

SEWA's experience has shown that policies specifically designed for informal workers and implemented at the international, national, state, and local levels are the most effective vehicle through which informal workers' problems can be addressed. SEWA's contribution to the policies for the informal sector have been multipronged and multi-dimensional. SEWA has contributed to the statistics and definition on the informal economy through its work with WIEGO and the Delhi Group. It has worked with the government in drafting the Bill on the Unorganized Sector Workers and has also formed innovative urban partnership for slum upgradation for governance, like the Parivartan program. SEWA has also formed alliances at the national, regional, and global levels, like the National Alliance for Street Vendors, StreetNet, and HomeNet, with the objective of taking the voice and experience of informal sector workers to the national and international fora.

SEWA's members can be divided into four main categories:

- Street vendors;
- Home-based workers producing thousands of goods, including handicrafts, from the home;
- Small producers—i.e., own account artisans, salt farmers, small and marginal farmers; and,
- Manual laborers and service providers (construction workers, agricultural laborers, child-care workers, etc.)

SEWA sees social protection as an integral component of work security for women workers in informal employment. SEWA experience has shown that poor women need a continuous flow of employment through which they can earn enough in terms of cash and kind to meet their needs. They need capital formation at the household level through access to financial services (savings, credit, insurance) to build up and create assets of their own. *In addition and simultaneously*, the poor also need social security to combat the chronic risks faced by them and their families.

Social security, at SEWA, therefore is a means of increasing and maintaining the productivity of the worker, so as to increase her economic security. The basic elements of social security include healthcare, childcare, shelter, education, and insurance. The provision of these elements greatly enhances the quality of work and lifestyle of

the workers. The elements of social security and social protection, viz. food, water, healthcare, childcare, shelter, and education, thus must be treated as basic entitlements for the workers. In addition, the poor women need collective, organized strength (through their associations) to be able to actively participate in the planning, implementation, and monitoring processes of the programs meant for them.

SEWA's economic security program includes the SEWA Bank, cooperatives, and the marketing linkages. SEWA Bank's main goal is the capitalization and asset creation of SEWA members to help them come out of poverty and to reach this goal the Bank has made more and more effort to link SEWA members with banking services. The women themselves are the owners of SEWA Bank and the Bank is a financially sound, self-reliant, and profit-making bank. At present SEWA Bank has 200,000 depositors and a working capital of 900 million rupees.

Cooperatives create employment opportunities for their members. Being themselves the managers, producers, and owners of the cooperatives the self-employed women develop their bargaining power and managerial capacities and bring in significant changes in their standard of living. In SEWA today, there are 85 workers' cooperatives with a total membership of about 40,000 women and nine associations with a membership of about 60,000 women.

For poor, rural self-employed workers' organizations to enter the national markets, is a long, slow process. They have to face many constraints, cutthroat competition, constantly changing demands, tastes, and requirements. The workers and their local organizations have to be prepared to take many risks. To promote efficient and appropriate production by continuous market research and to understand world trade market trends, SEWA set up a Trade Facilitation Centre in 2000. This Centre helps local organizations develop their own infrastructure and system to meet market demands and today SEWA Marketing reaches 400,000 producers.

#### *A. Social Protection at SEWA*

Social protection at SEWA has four key components—healthcare, childcare, shelter, and insurance—that seeks to address both the acute and the chronic risks faced by the women workers. Besides, at SEWA, the members actively participate in the planning, implementation, and monitoring processes of the programs meant for them through collectives and cooperatives. These worker

organizations have democratically elected boards in which workers run and manage all activities.

### *B. SEWA'S Experience with the Four Services*

#### 1. Health Care

SEWA started providing health care services to its members in 1973. SEWA's health program has the following components:

- Provision of health care services and referral care by local women (barefoot doctors);
- Health Training for Health Workers, including primary health care and reproductive and child health;
- Health Education on primary health care, including TB and HIV/AIDS for Community Groups: women, men, and adolescent boys and girls;
- Drug shops run by cooperatives for retailing of rational drugs;
- Training in production and marketing of traditional medicines and sales of these;
- Holding Health Camps in urban areas and villages for diagnosis, curative care, and referral for further care.

SEWA has trained a cadre of community-based health workers and midwives for the delivery of its health services through their own district level cooperatives. SEWA's health programs are run in partnership with the state's health program where possible especially for reproductive and child health (RCH), TB, and HIV/AIDS control.

#### 2. Child Care

SEWA has been running child care centers since 1972. The childcare centers focus on the holistic development of young children, especially infants and children up to six years of age. Toward this end, the activities undertaken at the centers include:

- Creative activities like drawing, painting, clay-work, paper-work, yoga, singing rhymes.
- Nutrition: Children and pregnant and nursing mothers are given nutritious food at our centers.
- Health care: Children are regularly weighed and their growth records are maintained. Regular health check ups and immunization of the children are also undertaken. They are referred for further care where required.

- Education and information dissemination to mothers about childcare and child development through monthly meetings.
- Capacity building of child care teachers through rigorous training sessions.

SEWA's childcare program is managed by cooperatives, comprising childcare teachers and mothers. These are the first of their kind—a workers' organization with democratically elected boards, providing services to the children up to six years of age. The cooperatives work toward regulating and administering the childcare centers run under SEWA. Currently 200 centers serve 8,000 children between 0–6 years of age.

### 3. Insurance

SEWA offers its members an integrated insurance scheme that covers life, health, and assets of insured members. This integrated insurance scheme started in 1992 and currently covers over 141,000 members in different parts of the country. SEWA has combined with private and nationalized insurance companies for its insurance program, called Vimo SEWA.

SEWA's Insurance Team functions as a cooperative. This means that the workers themselves manage the services through local teams of grass-roots-level women leaders. These leaders educate and disseminate information on insurance schemes and products to the SEWA members. The members themselves and their representatives decide on claims and ensure their rapid disbursement, decide on premiums, new products, and coverages to be offered, and negotiate with insurance companies—both government and private.

In the last two decades of its operation, SEWA's insurance program has gained expertise in marketing and servicing insurance to a widely dispersed, barely literate population in rural and urban areas. While SEWA purchases the insurance policies from formal insurance companies, all the processing of claims is done internally by SEWA.

### 4. Housing

SEWA's housing program, SEWA Mahila Housing Trust (MHT) was started in 1994 with the overall objectives of improving the housing and infrastructure conditions of poor women in the informal employment. Its services include improved access to shelter finance, legal advice, technical assistance, information on housing market, and shelter related income opportunities for poor working women. MHT



is actively engaged in influencing housing and infrastructure regarding related urban and rural development policies and programs and bring the benefits of these policies within the reach of poor women by promoting their own institutions.

A recent landmark program of the MHT has been a slum upgradation program in Ahmedabad City of India. The project is implemented through a partnership between the city's municipal corporation, SEWA Bank, SEWA MHT, SEWA, and community groups. After the earthquake in 2001, MHT helped village women to reconstruct homes, leading to a full fledged rural housing program.

SEWA experience suggests that social protection programs can be sustainable and viable, even if they are developed and managed for the poorest of women workers. However, this is possible only if the services are demand-led and appropriate, timely, of high quality, and preferably rendered at their doorsteps. All of SEWA's social protection programs are contributory and the achievement of long-term self-reliance is one of their goals. SEWA has also found that once women workers begin contributing, it becomes easier to simultaneously raise resources from other sources including employers, the municipal corporation, private trusts, and government sources.

But most of all, SEWA's experience has shown that social protection is an essential economic support to women in the informal economy. It encourages them to organize and build their own organization, prevents decapitalization and indebtedness, and hence promotes self-reliance. This integrated approach to providing social protection for women workers that SEWA has demonstrated that not only is social protection viable for women workers, but if it is decentralized, participatory, and flexible, it can also be empowering. SEWA's integrated approach to providing social protection for women workers has demonstrated that not only is social protection viable for women workers, but if it is decentralized, participatory, and flexible, it can also be empowering.

“Food, home and health—these are what make us feel secure”The ideas of basic security listed below have emerged from a two-year process of consultations with members of SEWA. The consultations included leaders and long time members of SEWA, as well as those who had just joined and were not yet part of the organizational ethos. According to women in the unorganized sector, socio-economic security means the following eleven points:

1. Sufficient and regular work or employment
2. Sufficient and regular income
3. Assets in her own name
4. Sufficient food and water
5. Access to health care
6. Access to child-care
7. Access to housing
8. Access to insurance
9. Education and capacity building
10. Organizing and their own leadership
11. Self Reliance

In the last trimester of my pregnancy, I received Rs 300 as maternity benefit from SEWA's insurance program. I used the money to pay for a trained *dai* for my delivery and to buy a *dubba* of *ghee* for myself.

*Rudiben, Banaskantha*

During riots, a mob entered my house and smashed our entire stock of *matkas*. I am a potter, how would I have fed my children? We got money form our asset insurance which helped us back on our feet.

Fatimabibi

When my husband died, it was a time of great loss and anxiety. The insurance money at least brought some relief.

Udaben, Chiyada village, Ahmedabad

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The tin roof of my hut flew off during the cyclone. My young children were literally without a roof over their heads. I had to use the money that I had saved for my daughter's wedding. Thankfully, my reimbursement from the insurance program came soon!

Hansaben, Ahmedabad

When Kamlaben Parmar was electrocuted by an exposed wire on the road, her husband and her children were inconsolable. Kamlaben was a tobacco worker and her earnings paid for the children's education. Her family received Rs. 35,000 from the insurance company. The family made a Fixed Deposit of the amount for her children. Today, after her, the interest from the FD contributes towards the school fees.

Shantaben, Rasnol village, Kheda

With my own union I feel secure. Because I feel I am not alone. There are so many women with me, supporting me.

Jasodaben Parmar, Ahmedabad

