History Research Journal

ISSN:0976-5425
VOL-5-ISSUE-5-SEPTEMBER-OCTOBER-2019

Social and Health Security Insurance Scheme of Unorganised Sector Workers: An Analysis

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At the threshold of implementation of the Ayushman Bharat(AB) under the National Health Protection Mission, is an insurance programme to provide health coverage upto Rs 5 lakh per family per year in the name of universal health social security system , India has to deliberate seriously for a right based , institutionalised and sustainable , which would give entitlement for social and health security insurance scheme for all especially the Unorganised Workers. Because Since 1948 and still now with AB or Arogya Abhiyaan , India, where having the employment based social security system , has been initiating a sequence of the health insurance programmes to ensure accessibility of health security for all the sections of people in the midst of a lot of recommendations of different commissions and national bodies and even enactment of the Unorganised Workers' Social Security Act, 2008((UWSSA, 2008).However all these health insurance programs were non institutionalised health social security schemes! For, its implementation experiences have raised certain deficiencies of less coverage, low level of beneficiaries' participation, inefficient implementation mechanism etc and even more like changes of fundamentals and objectives, lack of flow of fund, corruptions, and malpractices by its operation. In this regards concurrent studies showed that all these constrained on pervious health social security schemes were happened due to lack of strong back up of the Acts. Hence it should to be treated as development strategy. If so today very much needed a political volition to the amendment of Unorganised Workers Social Security Act 2008 which gives provisions to have right based health social security scheme in terms of Rashtriya Swasthya Bima Yojana (RSBY), in perceptive of upcoming health social security scheme called Ayushman Bharat.

Key Words: Ayushman Bharat, social security system, Unorganised Workers, health insurance

ISSN:0976-5425
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Since 1948[1] still now, the Indian Government has been initiating the sequence of health insurance programmes to ensure accessibility of middle and upper classes people in addition to the poor and other sector wisepeople like agriculturelabourers, fishermen and handloom workers and in recent years for BPL and unorganised workers in the name of universal health schemes namely Janashree Bima Yojana (JBY) , Aam Aadmi Bima Yojana (AABY), and Micro or Group -Community Insurance , Rashtriya Swasthya Bima Yojana (RSBY) Pradhan Mantri Suraksha Bima Yojana' (PMSBY) , Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) and latest Ayushman Bharat[2]. Yet in all the programmes essential elements of entitlement were very much lacking and even in the newest initiative.

Being a employment based health social security in India, to have right- based approach in the social security frame work is a far-reaching move in the country. Because right based approach declares the social security benefits would be a right for all workforces, including unorganised and unpaid home workers , wherein economy performance will be satisfactory in terms of human development indicators rather GDP. Once social security become a right in a Nation, all people are entitle to have quality life, level of well-being and access to basic social service supported by either state or employer, in which social security system would be institutionalised through the process of implementation without any discriminations and disparities(ILO, 1952[3], 2004, Panda, ed. 2014).

Ever since the health social security is vital to human wellbeing (Declaration of Alma-Ata International Conference on Primary Health Care, 1978)[4]. It means for the persistent economic and social progress, the health care comes under social security sphere.In regards research suggested that the poor well-being remains one of the most common grounds of human deficiency in human society and thus insufficient health security remains as one of the major development defect factors (NCEUS, 2007).

Social analysis[5] has showed that actually the people's 'vicious' circle of poverty starts from the stage of no capacity to face treatment at the risk of sickness where they lose the health

[1] . India in1948 started ESIS- Employees' State Insurance Scheme for organised workers both of Government and Private sectors
[2] .2018, on 15th August Announcement Came.
[3] . ILO Conventions. Labour commission reports and NCEUS
[4] ..World Health Report: primary health care 2008 cited
[5] .An Estonian International Economist Ragnar Nurkse (1907-1959) Balanced Theory of Development where these explained .

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VOL-5-ISSUE-5-SEPTEMBER-OCTOBER-2019

that leads to loss of working days. By which the loss of income takes place in their life. If there is no income means no matter of saving and no good living condition that would affect the condition as no good education for children and no good food. This stage makes the people malnutrition and no productivitycondition. No productivity means the poverty exists always among in the life of people who have no sufficient capacity to treat their illness in a proper way and means or no capacity for good health care where the vicious' circle of poverty ends with the same stage .

In the same way the studies[6] explained the 'virtuous circle 'ofdevelopment isa viceversa indications of the vicious circleof poverty. As per the virtuous circle, it is said that beginning from the stage of development where one is able to face health risk, then no matter of losing of health. With good health, people could work without losing working days for getting good income. Good earning would help everyone to make savings and create the atmosphere of good living condition with good food and quality education of children. The sufficient income leads towards the stage of appreciated food that built up nourishment people with good productivity that enhances the Nation's development (Rodan, 1945).

Absence of the Health Social Security in India

India has been facing a situation, where health care costs are increasing more and more. It has been financial distress too to the people of low-income families which have an outsized number of the public. Today it is the time for a persistent trend of a large number of households for swelling into financial ruin because of the expenses incurred for medical care. According to the National Health Policy 2015 of Ministry of Health and Family Welfare, more than sixty three million people have been pushing into poverty in a year in India owing to health care expenditure. In spite of that the same document cited nearly eighteen per cent of all households in 2011-12 only faced the catastrophic expenditures because of health costs compared with fifteen per cent in 2004-05 (Government of India: National Health Policy ,2015).Supplementary 2014 the NSSO survey affirmed that one of the prime reasons of Indian's indebtedness is the increase of medical expenses. Underlining this argument the document has produced the data as for eighty six per cent of the rural population and eighty

[6] . An Estonian International Economist Ragnar Nurkse (1907-1959) Balanced Theory of Development where these explained .

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two per cent of urban populations were even now excluded from all health schemes of public or private (NSSO,2014).

In this general background, the status of health social security of Indians indicates very alarming. The official document showed that the mortality rate, including infant mortality of India, is 48.2 percent and children's malnutrition is forty three per cent. These states are very high in Indian village areas (World Bank,2013). This scenario has been reflecting in human development index reported for long years. Indian position of HDI was 138 during 1980-2012 .It continued as more or less the same in 2013-2014 and 2016 -2017 with 131st rank. More over the latest score falls 27 due to regional disparities in education, health parameters and living standards within the country (EWP, 2015, UNDP, 2018).

However it is a surprise that still today India's successful social health security systems areemployment – based. This system is only limited to formal sector workers who enjoy the legal privilege to get employers and State's contributions in their socialhealth security schemes like ESIS[7] and CGHS[8].

According to official document of labour and employment ministry of Government of India in 2016,there were eighty two percent of unorganised workers who does not have accessibility of any kind of social security including health security and this position has beencontinuing today , wherein Government tried to have a health social security benefits for these groups throughdifferent health insurance programs but all were non institutionalised health schemes . Therefore theimplementation experiences of these schemes have showed that all these schemes havebeen arising certain deficiencies of less coverage, low level of beneficiaries' participation, inefficient implementation mechanism etc and even more like changes of fundamentals and objectives, lack flow of fund, corruptions, and malpractices by its operation. In this regards studies showed that all these constrained on pervious health social security schemes werehappeneddue to lack of strong back up of the Acts. If these were the Acts based , according to the studies (Kannan ,K.P,& Breman Jan,Ed.,2013) opined that schemes could have been institutionalised , sustainable and right based health social security schemes for the people those who were left out from ESIS and CGHS targets.

[7] .The Employees' State Insurance Scheme
[8] . .The Central Government Health Scheme

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Even then in this background of non-institutionalised and 'half way' social health security schemes, the announcement of another social health security scheme called Ayushman Bharat Yojana [9] (ABJ)in the name of universal health insurance as well seems to be an initiative of reduplication.It was every clear from the way of presentation of the scheme, which gavea vague picture of accessibility for targeted groups in terms of enrolmentand utility for the subscriber, no constant source of income for its operation from autonomous contribution pool rather than budget allocation.Furthermore there is nowell-established administration system rather third party involvement.

Ayushman Bharat

According to notificationof the government in the union budget 2018-19the Health Wellness Centres and the Ayushman Bharat will be under National Health Protection Mission ,where insurance programme was promising toprovide health cover up to Rs 5 lakh per family per year[10].It would also be known as Modicare or Pradhan Mantri Jan Arogya Abhiyaan aims to cover over 10 crore vulnerable families that would targeting approximately 50 crore beneficiaries in gradual manner ,starting from 80 to 100 districts in Haryana, Uttarakhand, Chhattisgarh on 25 September onwards and second phase would start in month of October. Forthe initial stage of lunchingof thisscheme Rs.2000 crore were allotted towards Rs. 4000 crore demanded by NHPM . It has estimated Rs.20,000 crore to 30,000 crore in order to running this project in full-fledged manner,out of which 60 percent and 40 percent would come from central and state governments respectively(Bhushan, 2018).

The entitlement criteria of the scheme based onthe latest Socio-Economic Caste Census (SECC) data.The eligibility of people for the enrolments into the schemes are families of rural area in which any of these groups,who is living in only one room with "kuchcha walls and kuchcha roof",the families with no adult members aged between 16 and 59, the female-headed family with no adult male member in the 16-59 age group, the families having at least one disabled member and no able-bodied adult member, SC/ST households, landless households deriving major part of their income from manual casual labour, destitute and

[9] . https://www.india.gov.in/spotlight/ayushman-bharat-national-health-protection-mission
[10] .Government of India ,Ministry of Finance,Press release on 1st-February-2018

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those surviving on alms, the manual scavenger families, families primitive tribal groups, legally-released bonded labourer (https://www.abnhpm.gov.in/).

And again for the eligibility of enrolment from the urban areas the government has identifiedeleven occupational categories of workers'families such as Rag pickers,Beggars, Domestic workers, In relation with roads the Street vendor, or cobbleror hawkeror other service provider working on streets,Construction worker or plumber or mason or labour or painter orwelder or security guard or coolie or other head-load workers In sector of cleaning sector the sweeper or sanitation worker or gardener, the home-based worker or artisan or handicrafts worker or tailor, transport worker or driver or conductor or helper to drivers and conductors or cart puller or rickshaw puller , the shop worker or assistant or peon in small establishment or helper or delivery assistant or attendant or waiter , the electrician or mechanic or assembler or repair worker and Washer-man or chowkidar (https://www.abnhpm.gov.in/).

Possibility of Institutionalised Health Social Security of Unorganised Workers

SinceAyushman Bharat claims as an advanced form of the previously running scheme named Rashtriya Swasthya Bima Yojana[11]. It has been offering health insurance to ' working poorfor more less ten years in certain extent . But the recent studies on RSBY have explained certain findings of constraints that have limited the performance of the RSBY within these ten years (2008 to 2018) and as well as highlighted the possibilities of having a legally institutionalised programme for a health social security of unorganised workers. This was in thebackgroundsof the Unorganised Workers' Social Security Act, 2008((UWSSA, 2008)wherein well definedunorganised worker and administration system of health and social security systems (Kannan ,K.P,& Breman Jan,Ed.,2013) .

In this regard the researchers opined that in view of the institutionalisation of health social security scheme for informal economy workers' health social security, the strengthening the linkage between the scheme and Unorganized Workers' Social Security Act 2008 is an imperative, instead of appendix type of attachment of health social security scheme, it was

[11] . Government of India , Ministry of Finance,Press release on 1st -February-2018

ISSN:0976-5425
VOL-5-ISSUE-5-SEPTEMBER-OCTOBER-2019

RSBY to UWSSA, 2008[12]. Thus there should have a well-defined and termed health security scheme for the informal sector as if recommended by NCEUS[13] and Planning Commissions throughout recent years. The sections of the Unorganised Workers Social Security Act, 2008 has given the provisions of establishments of institutions for unorganised workers' social health security schemes (Institute for Human Development, 2014).

The UWSSA 2008'sessions of 4,5 and 6 cited about the matter related to funding of the schemes, which has been suggested to be planned by Central Government, the constitution of National Social Security Board or Authority and explained the stipulation for the establishment of similar Boards at the State level including its funding pattern respectively . It was too recommended by the NCEUS and High-Level Expert Group on Universal Health Coverage for India, 2011. These bodies have said about the formation of Informal Workers' Health Security Welfare Fund as per the guidelines of National Social Security Board or Authority of UWSSA 2008 like ESIS and CGHS programs(Institute for Human Development, 2014 andSocial Security Now, 2010).

The advantage of health security welfare fund set up or cooperation would reflect the related matters of the mandatory source of funds like stable rather than dependent on budget allocation. It would be in mandatory nature of registration of target group and strongly suggest the government to increase the per cent of GDP share for public health care with clear cut vision of the target group of the informal section(Kannan ,K.P,& Breman Jan,Ed.,2013) .

In the case of administration efficiency the formation of informal workers health security fund set up or cooperation would make different by way of not variations in fundamentals of the scheme across the country just opposite what the study realised from the RSBY data analysis(Kannan ,K.P,& Breman Jan,Ed.,2013).

Yet again management effectiveness of informal workers' health security welfare fund set up or cooperation would enhance to place personals directly instead of engaging third party administration on contract basis staff, with well-designed scheme IT enabled technology that would help out informal migrant workers' moveable nature at the time of accessibility to the

[12] . UWSSA.2008: Schedule 1. RSBY listed one social security scheme.
[13] . NCEUS Report 2009

ISSN:0976-5425
VOL-5-ISSUE-5-SEPTEMBER-OCTOBER-2019

scheme and ensure facilities and infrastructure for health care too(Kannan ,K.P,& Breman Jan,Ed.,2013). .

Furthermore, being a good PPP business model adopted by Insurance scheme the so-called health cooperation or welfare fund set up for informal sector could able to become self-sufficient in the matter of income, apart from regular subsidies from the Governments . This system would attract the hospitals to participate the scheme in partnership mode, where the equal roles of markets and civil society were being stressed in the process of actualizing health social security of 'working poor'(Kannan ,K.P,& Breman Jan,Ed.,2013 and Social Security Now,2010).

Section 3 of UWSSA, 2008 has spoken on the outlining of schemes with clear cut criteria for target groups by the Central Government health and security schemes. This initiatives can be corresponding schemes related with different sections of unorganised workers, including health and maternity benefits(Kannan ,K.P,& Breman Jan,Ed.,2013and and Social Security Now.One of the main provisions UWSSA, 2008 was Workers' Facilitation Centres (WFC). In Sections of 2 and 10 defined unorganised workers and their eligibility norms for registration and also the process for registration under the UWSSA, 2008(Social Security Now,2010)

The sections 8 and 9 explicated the routine of documentation, which should be done by the District Administration – District Panchayats in rural areas; and the Urban Local Bodies in urban areas. It is a process of mapping and identification of unorganised workers with the help of setting up of Workers' Facilitation Centres (WFC). WFC has provision to distribute the information on the scheme and make possible registration of workers into the scheme by the district administration. The enrolment of unorganised workers through WFC could be done with help of workers' organisations that would facilitate the formation of welfare orientated trade unions, which is mandatory for tripartite relation according to ILO, for informal sector workers at the grass root level(Kannan ,K.P,& Breman Jan,Ed.,2013) .

With regards to all these concerns , finally scholars and informal sector workers' unions demand that being an insurance programme in terms of health security scheme of unorganised workers,even if Ayushman Bharat should have the combination of three health insurances' features of social, private and community . In the process of establishment of right based institutionalisation of health social security scheme for informal sector workers,

ISSN:0976-5425
VOL-5-ISSUE-5-SEPTEMBER-OCTOBER-2019

could hold the specialty of the mandatory source of the fund from the part of State, the involvement of market mechanism and fully participation or involvement of targeted group as of all three elements in the schemes are having respectively. All these features could make instruments of health social security scheme as if fulfilment of insurance principles (Vellakkal, 2007). In this way theAyushman Bharat has to be bring into mandatory nature of fund flow, working system in the matter of registration and benefits delivery like other social insurance schemes - ESIS and CGHS which are right based health care scheme of Government for organised workers.

Since unorganised workers' precarious nature of work which increases day by day in the developmental scenario, India's 2017 and 3rd National Health Policy's (NHP)[14] intent stated that the country has no time to wait any more to recognise the right to health care. It indicates the Nation has been seriously thinking that the adequate health security towards to all, wanted to be treated as development strategy.If so today very urgently needed the amendment of Unorganised Workers Social Security Act 2008 in terms of health social security scheme called Ayushman Bharat for reaching the nearing universal health mechanism to all.

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