

# Training Module on Gender and Social Security for Unorganised Sector

**Project Director**  
**Dr. Shashi Bala**



**V.V. GIRI NATIONAL LABOUR INSTITUTE**

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**V.V. Giri National Labour Institute**

SECTOR-24, NOIDA - 201 301

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## **FOREWORD**

The need for universal social security has been gaining momentum today. The reasons are many. However, the most important reason is that deprivation due to lack of social support is no more acceptable. Every government is now making endeavour to provide social security to its people so as to protect their income and welfare by measures which may help tide over crisis in times of unemployment, sickness, injury, maternity, death, disability, etc.

The International Labour Organisation has been playing an important role in the effort of making the need for social security a fundamental need. However, much before the adoption of the Social Security Convention a few countries in the world began to provide social security to people, Germany being the foremost. The Philadelphia Declaration in 1944 gave importance of social security. The Universal Declaration on Human Rights also emphasized the need for social security.

Today the provision for social security assumes importance in the context of globalization, liberalization and privatization. Due to restructuring of economy job losses and redundancy have become important areas for all policy makers. As per the latest round of the NSS (68<sup>th</sup> round), the total workforce in the country as per usual status increased from 459 million in 2009-10 to 472.9 million in 2011-12 (ILO, 2013). The share of unorganised sector workers has fallen from 91.7% during 2009-10 to 91.2% during 2011-12. Whereas, during this period the share of organised sector workers increased from 8.3% to 8.8% respectively.

In this backdrop, an adequate level of social security can help people in general and workers in particular to tide over crises to avert deprivation. Over the decades, the government has been making many efforts to provide social protection to people through different contributory and non-contributory programmes and schemes. For example, the Central Government enacted several social security laws to protect the interests of workers both in the organized and unorganized sectors.

The government also enacted five Welfare Fund Acts, namely, the Beedi Workers Welfare Fund Act, 1976, the Cine Workers Welfare Fund Act, 1984, the Dolomite Mines and Lime Stones Mines Workers Welfare Fund Act, etc. to provide educational assistance to children of the above categories of workers, medical benefits, financial assistance for construction of houses, recreation facilities, etc.

An important recent initiative to safeguard the interests of unorganized workers has been the enactment of the Unorganized Workers' Social Security Act, 2008. The Unorganized Workers' Social Security Rules, 2009,

have also been subsequently framed. The Act provides for the constitution of a National Social Security Board for the purpose of formulation of social security schemes for unorganized workers/categories of unorganized workers from time to time. Accordingly, the National Board was constituted in 2009. The Board recommended that some social security schemes, viz. Rashtriya Swasthya Bima Yojana (RSBY) providing health insurance, Janashree Bima Yojana (JBY) providing death and disability cover, and Indira Gandhi National Old Age Pension Scheme (IGNOAPS) providing old age pension, may be extended to building and other construction workers, MGNREGA workers, Asha workers, anganwadi workers and helpers, porters/coolies/gangmen and casual and daily wagers. The National Social Security Fund for Unorganised Sector Workers, with an initial allocation of Rs.1000 crore, has been set up to provide the necessary social security benefits.

In addition to the Central Government's programmes and schemes for social protection, many state governments have also launched social protection programmes.

Despite these efforts, the benefits of social protection do not, often, percolate down to the eligible beneficiaries. The main cause of this deficiency is the lack of awareness of the main stakeholders, like the workers organizations, the beneficiaries themselves, and sometimes, the implementers.

To tide over this problem V.V. Giri National Labour Institute has been conducting special programmes on social protection both at the national and international level.

Since there is no comprehensive information on different aspects of social protection, an effort has been made by Dr. Shashi Bala, Fellow to write a comprehensive manual on this important topic. The manual will be extremely useful to different stakeholders who are engaged in the area of disseminating information on social protection programmes.



**(P.P. Mitra)**

Director General

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## BACKGROUND

Globally, providing Social Security to workers is a central policy issue for the policy makers. It is a challenge for policy makers, especially in the context of demographic transition and emerging complex labour market characteristics. *The 'informal sector', as a part of 'informal employment' will allow to highlight this part of informal employment which is emerged as an off-shoot of the Globalisation phase. It is generated by the formal sector in its attempt to cut labour costs for achieving more competitiveness in the globalisation process.*

*It has a predominant place in the Indian economy as it contributes to more than 50% of the GDP and subsumes around 93% of the workforce. But Decent Work, Labour Laws and Social Security emerged as daunting challenges for Unorganised Sector and Indian economy as a whole. The present module is designed, keeping in view the concept of Social Security, the importance of the Social Security in present era, challenges of the Indian economy for providing Social Security and the role of the implementing agencies in addressing the challenges.*

**Module 1**  
**Concept of Social Security**



## Exercise Module 1

Day 1- Gender Mainstreaming in Social Security

- ☞ What is Gender

Day 2- Definition and Evolution

- ☞ Definition of Social Security at International and National Level
- ☞ Evolution of Social Security in France, Germany and Denmark
- ☞ Evolution of ILO and other Social Security Conventions

Day 3- Objectives and Stakeholders

- ☞ Main objectives of Social Security
- ☞ Different concepts of social protection mechanisms
- ☞ Main Stakeholder- Employers, Trade Unions, Labour Enforcement Officers, NGOs

Day 4- Group Work



Day 5- Group Work Presentation

## **Resource Material**

### **Module One**

#### **1.1 What is Gender?**

'Gender' refers to the socially constructed roles and relations between men and women while 'Sex' refers to biological characteristics which define humans as female or male. Gender relations are characterized by unequal power dynamics which assign specific entitlements and responsibilities to men and women. For example, women might be expected to take on caring or domestic duties and remain close to home, while men may be expected to be the main breadwinner, working outside the home, with greater freedom to move around in public places. It reflects a public-private dichotomy where, women are confined in the private sphere, whereas men go out in the public sphere. Gender inequality has implications for women's capacity to benefit from global trade policy.

Formal equality of treatment between men and women merely emphasized eliminating disability and protecting women. Feminist jurisprudence developed the idea of 'Substantive Equality' by expressing it in terms of women's own experience rather than a comparison with a male standard. Substantive equality thus provides a basis for recognizing protectionist measures to eliminate disadvantage and gender based discrimination, without perceiving them as related to stereotypical attitudes on women's weakness and vulnerability (Goonesekere, S. 2013). The substantive equality approach recognizes that women and men cannot be treated the same, and for equality of results to occur, women and men may need to be treated differently. The challenge is to know when to take note of difference, and to decide on appropriate measures for different treatment that will facilitate equal access, control and equal result. Such measures will have to be assessed to ensure they promote autonomy rather than protection or dependency. This has to be done without compromising the claim for equal rights and equality as a legal standard.

#### **1.2 Gender Mainstreaming**

The concept of gender mainstreaming was first proposed at the 1985 Third World Conference on Women in Nairobi. But the concept of bringing gender issues into the mainstream of society was established as a global strategy for promoting gender equality in the Platform for Action adopted at the United Nations Fourth World Conference on Women, held in Beijing (China) in 1995.

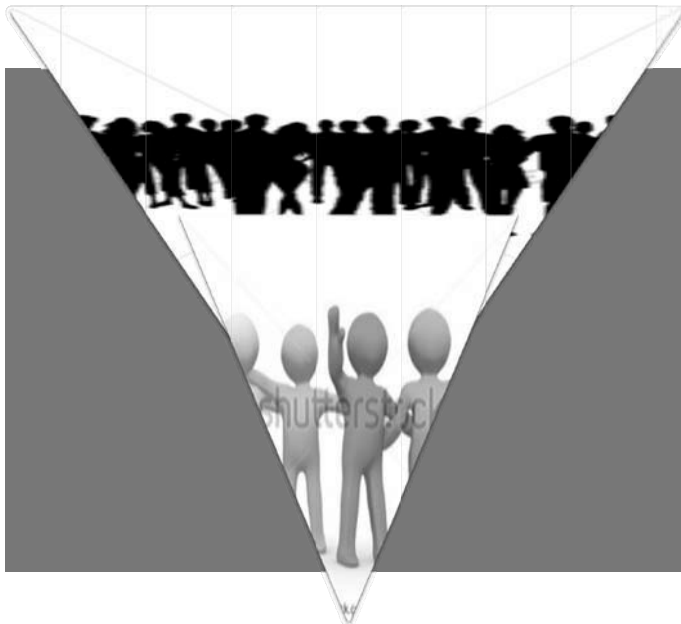
In July 1997, the United Nations Economic and Social Council (ECOSOC) defined the concept of gender mainstreaming as follows:

*“Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality.”*

Mainstreaming is not about adding a “woman’s component” or even a “gender equality component” into an existing activity. It goes beyond increasing women’s participation; it means bringing the experience, knowledge, and interests of women and men to bear on the development agenda (ILO, 2002).

Gender Mainstreaming incorporates essentially a ‘Pluralistic approach’ that values the diversity among both women and men. It addresses the inequality between men and women in the sharing of power and decision-making at all levels (work, politics, sexuality, culture and male violence).

### **SHRINKING ROLE OF SOCIETY : A DICHOTOMY**



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[www.shutterstock.com](http://www.shutterstock.com)

### **1.3 What is Social Security?**

Social security is the protection that a society provides to individuals and households to ensure access to health care and to guarantee income security, particularly in cases of old age, unemployment, sickness, invalidity, work injury, maternity or loss of a breadwinner **(ILO,2004)**.

Social Security is a whole set of compulsory measures adopted by society to protect the individual and their family against the consequences of an unavoidable interruption or serious diminution of the earned income needed for maintaining a reasonable standard of living. The cause of the insecurity of income is the materialization of a risk that may be physiological (e.g. accident, illness, old age) or social (e.g. family care, unemployment) (Rys, 2010).

Social security is defined in the European Union as social insurance and social assistance arrangements that protect the population against various economic risks. In U.K. and U.S, social security systems are narrower including cash benefits excluding health services, and retirement benefits respectively (Dethier, 2007).

Social security is both a concept as well as a system. It is a system of protection of individuals who are in need of such protection by the State as an agent of the society.

At present, the concept of Social security is based on recognition of the fundamental social rights guaranteed by law to all human beings who live from their own labour and who find themselves unable to work temporarily or permanently for reasons beyond their control (Singh, 1997).

#### **SECOND NATIONAL COMMISSION ON LABOUR**

An in-depth and incisive analysis on the concept, coverage, lacunas, efficacy, and institutional and financial requirements for the development of the social security system in India was done by the Second National Commission on Labour set up in 2002.

According to the Second National Commission on Labour, concept of social security is not new in India and has found place as economic and emotional security in joint families, in rural crafts communities, and in panchayati system, etc. The concept of Social security finds implicit mention in the Constitution in the garb of the Fundamental Rights to be enjoyed by every individual and Directive Principles of the State Policy as government commitments towards social security.

In its 97<sup>th</sup> Session (2008), the International Labour Conference adopted the ILO Declaration on Social Justice for fair Globalization. In its 304<sup>th</sup> session

(March 2009), the Governing Body decided that the second recurrent discussion in the 100<sup>th</sup> session of the International Labour Conference in 2011 would be devoted to the strategic objective of social protection and specifically focuses on Social Security. It endorsed the two dimensional strategy:

- a) **Horizontal dimension** - comprised the extension of income security and access to health care starting at a modest level to whole population.
- b) **Vertical dimension** - sought to provide higher levels of income security and health protection, in line with economic and social development, when people are faced with fundamental life contingencies such as unemployment, ill health, disability, maternity, loss of breadwinner and old age.

## 1.4 Evolution of Social Security

The first beginnings towards social security were made at a time of the French Revolution in 1793 when a Declaration of the Rights of Man was proclaimed. It served as a preamble to the French Constitution of 1793 which stated inter-alia:

*“Public assistance is a sacred duty. Society owes subsistence to unfortunate citizens by procuring them work or by ensuring to those who are unable to work, the means of existence.”*

Social Security movement began in Western Europe at the beginning of the early nineteenth century with the advent of Industrialisation. A large new class of factory “hands” or “proletariat” emerged completely dependent on regular wages for their subsistence and therefore reduced to privation by a spell of sickness or unemployment (ILO, 1958). Under these circumstances, Mutual Aid Societies sprang up, established and maintained by workers themselves, through contributions to help each other in times of need, but soon it became evident that it was beyond the capacity of such societies to meet all the needs of all their members. From these modest beginnings, the concept of social security continued evolving, until it was acknowledged that the society has to protect the citizens when they are not able to work due to no fault of theirs (Singh, 1997).

Up to 1880, three methods had been devised and applied in order to protect the urban laboring class from destitution: small savings, employers’ liability, and various forms of private insurance. Between 1883 and 1889, the Imperial German Government, guided by Bismarck, created the first system of Social Insurance. It was introduced in three stages: sickness insurance in 1883,



employment-injury insurance in 1884 and invalidity and old-age insurance in 1889, applying compulsorily to wage earners in industry.

A second approach to Social Security, i.e., Social Assistance was found at the end of 19<sup>th</sup> century by Denmark and followed suit by other Scandinavian countries.

Social Assistance evolved from the “poor law” where, benefits were payable, as of legal right, from public exchequer in prescribed types of need deemed not to be due to the client’s own fault. Firstly, old age was covered which later on extended for invalids, survivors and unemployed persons as well (ILO 1958).

After the First World War (1914-18), the International Labour Organisation was established under the Treaty of Versailles. Its preamble referred to the need for protection of workers against sickness, disease, and injury arising out of their employment, pensions for old age, etc. International Labour Organisation has played a pivotal role in creating international standards of Social Security. In the decade 1925-34, ILO adopted Conventions regulating workmen’s compensation, sickness insurance, pension insurance and unemployment insurance. In 1944, ILO adopted the Philadelphia Declaration which recognised the solemn obligation of the ILO to extend the social security measures among the nations of the world.

Other social security conventions adopted by ILO were: Social Security (Minimum Standards) Convention, 1952 (No 102); Equality of Treatment (Social Security) Convention, 1962 (No 118); Employment Injury Benefits Convention, 1964 (Schedule amended in 1980) (No 121); Invalidity, Old age and Survivors’ Benefits, Convention, 1967 (No 128); Medical Care and Sickness Benefits Conventions, 1969 (No. 130); Maintenance of Social Security Rights Convention, 1982 (No.157); Employment Promotion and Protection against Unemployment Convention, 1988 (No. 168); & Maternity Protection Convention, 2000 (No.183). Most prominent among these is the Social security (Minimum Standards) Convention, 1952 (No 102). It has Nine branches of Social Security Ratified by 49member states as on 13<sup>th</sup> ,Dec 2013. They are:

- medical care;
- sickness benefit;
- unemployment benefit;
- old-age benefit;
- employment injury benefit;
- family benefit;

- maternity benefit;
- invalidity benefit; and
- Survivors' benefit.

While Convention No. 102 covers all branches, it requires that only three of these branches be ratified by Member states, which allows for the step-by-step extension of social security coverage by ratifying countries.

Within the World Bank, Social Protection Sector was set up in the late 1990s in the wake of the rising vulnerabilities and insecurities of various social groups in the liberalisation era. The World Development Report 1990 recommended that 'social safety nets' should be targeted to those who would not benefit from the growth-oriented structural adjustments in the short run and would remain acutely vulnerable to adverse events. The security of the poor, along with economic opportunity and empowerment, made up the three-pronged approach to poverty reduction in the World Development Report 2000/01. To maximize social welfare in the face of diverse crisis, Social Risk Management (SRM) framework was developed by the Social Protection Sector of the World Bank (Kabeer 2010).

### **EVOLUTION OF SOCIAL SECURITY IN DEVELOPING COUNTRIES**

The success achieved by the Industrial Revolution in the 18<sup>th</sup> and 19<sup>th</sup> centuries in Europe led to mass production of goods for which the home markets were not sufficient. This led to the annexation of less developed countries by European powers. The colonialists exploited the workers to the maximum and did not introduce any worthwhile social security schemes in these countries, apart from occasional compensation schemes in case of employment injury and maternity benefits. It was only after the First World War in the case of most South American countries social security initiatives was taken. But the social security standard in most developing countries was much behind the standards of developed countries (Singh 1997).

### **EVOLUTION OF SOCIAL SECURITY IN INDIA**

In India, the concept of social security was not new and found its presence in the form of economic and emotional security in the joint family structure, in the institutions of the craft and artisans community and guilds, and in the customs, rights of the individual and the groups under panchayati system. With the advent of the British rule, panchayats were degenerated, rural economy collapsed, and self-sufficiency eroded as well as the emergence of the nuclear family in the post-industrialisation era resulted in looking for other systems and frameworks of the social security.

In the Indian context, the State bears the primary responsibility for developing appropriate systems for providing social protection and assistance to its workforce. It is the sum of all government regulations and provisions that aim at:

- ✓ **enhancing the people's living conditions**, including legislation/acts/laws, regulation, and planning in the fields of old age, wage, unemployment, and social exclusion, sickness and health care, and
- ✓ **income security measures** such as food security, employment, education and health, housing, social insurance, and social assistance.

Since independence (1947), India extended social protection measures to workers in the Organised sector through enactment of various social security acts, like The Workmen's Compensation Act 1923, The Employees State Insurance Act 1948, The Employees Provident Fund & Miscellaneous Provisions Act 1952, The Maternity Benefit Act 1961, & The Payment of Gratuity Act 1972.

## **1.5 Objectives of Social Security**

Irrespective of whoever assumes the ultimate responsibility for the exercise of the human right to social security, the principal objectives nevertheless aim at reducing income insecurity, including the eradication of poverty; and improving access to health services for all people, so as to ensure decent working and living conditions; reducing inequality and inequity; providing adequate benefits as a legal entitlements while ensuring the absence of discrimination on the basis of nationality, ethnicity or gender and ensuring fiscal affordability, efficiency and sustainability.

The concepts of social security and social protection have evolved over time and are used as Social Transfers, Social Protection, Social Security, Social Assistance, and Social Protection Floor throughout the world. The terms have been explained as below:

### ➤ **Social transfers**

Social transfers represent a transfer from one group in a society to another (e.g. from the active age groups to the old) either in cash or in kind (access to goods and social services). The recipients qualify because they have earned entitlements through fulfilling obligations (e.g. paying contributions) and/or meeting certain social or behavioural conditions (e.g. being sick; being poor; carrying out public works). In recent years, this term has been used to describe schemes for all

residents that provide benefits under the single condition of residence (universal cash transfers) or social assistance schemes that require additional behavioural conditions as prerequisites (conditional cash transfers).

➤ **Social protection**

Social protection is often interpreted as having a broader character than social security (including, in particular, protection provided between members of the family or members of a local community).

It is also used in some contexts with a narrower meaning than social security (understood as comprising only measures addressed to the poorest, most vulnerable or excluded members of society). Thus, unfortunately, in many contexts the terms “social security” and “social protection” are used interchangeably. In this report, pragmatically, the term “social protection” is used to mean protection provided by social security systems in the case of social risks and needs.

➤ **Social security**

The notion of social security adopted here covers all measures providing benefits, whether in cash or in kind, to secure protection, inter alia, from:

- lack of work-related income (or insufficient income) caused by sickness, disability, maternity, employment injury, unemployment, old age, or death of a family member;
  - lack of access or unaffordable access to health care;
  - insufficient family support, particularly for children and adult dependents;
  - general poverty and social exclusion.
- Social security schemes can be of a contributory (social insurance) or non-contributory nature.

➤ **Social assistance**

- Social security benefits that are conditional on the level of income of recipient, i.e. are means-tested or based on similar forms of targeting (e.g. proxy means test, geographical targeting), are generally called social assistance. They are generally a device to alleviate/reduce poverty. Benefits can be delivered in cash or in kind.
- “Conditional” social assistance schemes require beneficiaries (and/or their relatives or families), in addition to other conditions, to participate in prescribed public programmes (e.g. specified

health or educational programmes). In recent years, schemes of this type have become known as conditional cash transfer (CCT) schemes.

➤ **Social Protection floor**

The term “social floor” or “Social Protection Floor” (SPF) is used to describe a basic set of social rights, services and facilities that every person should enjoy. The term “social floor” corresponds in many ways to the existing notion of “core obligations”, to ensure the realization of minimum essential levels of rights embodied in human rights treaties.

The United Nations suggests that a social protection floor could consist of two main elements that help to realize human rights:

- **services:** geographical and financial access to essential services such as water and sanitation, health, and education;
- **transfers:** a basic set of essential social transfers, in cash or in kind, to provide minimum income security and access to essential services, including health care.

Social assistance schemes are usually tax-financed and do not require a direct contribution from beneficiaries or their employers as a condition of entitlement to receive relevant benefits.

## **1.6 Main Stakeholders in the Social Security Process**

- Employers
- Trade Unions
- Labour Enforcement Officers (Government)
- NGOs

**Module 2**  
**Social Security Practices at**  
**International & National Level**



## **Exercise**

### **Module Two**

Day 1- ILO Interventions on Social Security

- ☞ ILOs strategy for Social Protection
- ☞ ILO Social Security ( Minimum Standards) Convention, 1952

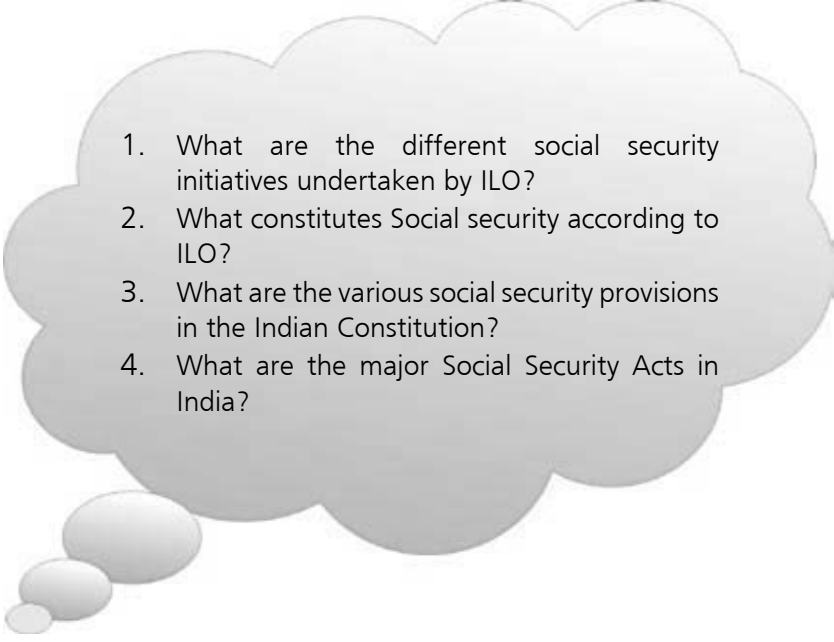
Day 2- Social Security provisions in India

- ☞ India's Social Security provisions in the Indian Constitution
- ☞ India's Social Security Acts in the Organised Sector

Day 3- Site Visit-

- ☞ Objective: gathering information through Participatory Approach

Day 4- Group Work

- 
1. What are the different social security initiatives undertaken by ILO?
  2. What constitutes Social security according to ILO?
  3. What are the various social security provisions in the Indian Constitution?
  4. What are the major Social Security Acts in India?

Day 4- Group Work Presentation



## Resource Material

### Module Two

#### 2.1 ILO Interventions on Social Security

According to ILO, social security is defined as the protection that a society provides to individuals and households to ensure access to health care and to guarantee income security, particularly in cases of old age, unemployment, sickness, invalidity, work injury, maternity or loss of a breadwinner.

At its 97<sup>th</sup> Session (2008), the International Conference adopted the ILO Declaration on Social Justice for fair Globalization. At its 304<sup>th</sup> session (March 2009), the Governing Body decided that the second recurrent discussion at the 100<sup>th</sup> session of the International Labour Conference in 2011 would be devoted to the strategic objective of social protection and specifically focuses on Social Security. It endorsed the two dimensional strategy:

- a) **Horizontal dimension** - comprised the extension of income security and access to health care starting at a modest level to whole population.
- b) **Vertical dimension** - sought to provide higher levels of income security and health protection in line with economic and social development, when people are faced with fundamental life contingencies such as unemployment, ill health, disability, maternity, loss of breadwinner and old age.

Social security was established as a basic human right in the ILO's Declaration of Philadelphia (1944) and its Income Security Recommendation, 1944 (No. 67). This right is upheld in the Universal Declaration of Human Rights, 1948, and the International Covenant on Economic, Social and Cultural Rights, 1966.

ILO conventions and recommendations relevant to social security extension policies include:

- The Social Security (Minimum Standards) Convention, 1952 (No. 102)
- The Equality of Treatment (Social Security) Convention, 1962 (No. 118)
- The Employment Injury Benefits Convention, 1964 (Schedule I amended in 1980) (No. 121)
- Invalidity, Old-Age and Survivors' Benefits Convention, 1967 (No. 128)

- The Medical Care and Sickness Benefits Convention, 1969 (No.130)
- The Maintenance of Social Security Rights Convention, 1982 (No. 157)
- The Employment Promotion and Protection against Unemployment Convention, 1988 (No.168)
- The Job Creation in Small and Medium-Sized Enterprises Recommendation, 1998 (No. 189)
- Maternity Protection Convention (Revised) 2000 (No. 183)
- Most prominent among these is the Social security (Minimum Standards) Convention, 1952 (No 102). It has nine branches of Social Security that has been ratified by 44 ILO members as on December 2008.

### **Nine branches of Social Security**

- medical care;
- sickness benefit;
- unemployment benefit;
- old-age benefit;
- employment injury benefit;
- family benefit;
- maternity benefit;
- invalidity benefit; and
- Survivors' benefit.

## **2.2 India's Social Security Measures**

In the Indian context, the State bears the primary responsibility for developing appropriate systems for providing social protection and assistance to its workforce. It is the sum of all government regulations and provisions that aim at:

- ✓ **enhancing the people's living conditions**, including legislation/acts/laws, regulation, and planning in the fields of old age, wage, unemployment, and social exclusion, sickness and health care, and
- ✓ **income security measures** such as food security, employment, education and health, housing, social insurance, and social assistance.

The matters relating to Social Security are listed in the **Directive Principles of State Policy** and the subjects are in the **Concurrent List** of the Constitution of India. In the **Concurrent List** (List III in the Seventh Schedule of the Constitution of India), **Item No. 23**: Social Security and

insurance, employment and unemployment and **Item No. 24**: Welfare of labour including conditions of work, provident funds, employers' liability, workmen's compensation, invalidity and old age pension and maternity benefits mentions the social security measures.

In the **Directive Principles of State Policy**, under **Articles 41 and 42** followingsocial protection mechanisms are defined as the directives for State to pursue:

- ✓ **Article 41**: Right to work, to education and to public assistance in certain cases, wherein the State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness and disablement, and in other cases of undeserved want, and
- ✓ **Article 42**: Provision for just and humane conditions of work and maternity relief, where the State shall make provision for securing just and humane conditions of work and for maternity relief.

Since independence (1947), India extended social protection measures to workers in the Organised sectorsthrough enactment of various social security acts, likeThe Workmen's Compensation Act 1923, The Employees State Insurance Act 1948, The Employees Provident Fund & Miscellaneous Provisions Act 1952, The Maternity Benefit Act 1961, & The Payment of Gratuity Act 1972.

Types of Social Security Programmes in India are Contributory Schemes, Welfare Schemes, Social Assistance, and Promotional Social Security.

Contributory schemes are generally statutory, administered by the governments (except insurance schemes).Accident insurance, medical facilities, old age pension, gratuity, provident fund, maternity benefits, income security, and unemployment allowance are some of the contributory schemes which are operated by boards at the state level.

Under Welfare schemes, the central government imposes a cess on employers for workers engaged in, for example, lime-stone, dolomite, iron ore, manganese, chrome, and mica mines, the beedi industry, and the film industry.

Social Assistance programme includes centrally sponsored schemes like the National Social Assistance Programme with its three components of old age

pension scheme, national family benefit scheme, and national maternity benefit scheme.

Promotional Social Security programmes specifically looked in to the asset provision, investment in human capital and provision of basic needs (Hirway, 1995). Nationwide programmes such as the Public Distribution System, the Integrated Child Development Programme, the Mid-Day Meal programme in primary schools, the supplementary Nutrition Programmes, the rural employment programmes (National Rural Livelihood Mission), Mahatma Gandhi National Rural Employment Guarantee Scheme come under the promotional social security programmes.

## 2.2.1 Key Social Security Legislations in the Organised Sector

Major Social Security Legislations in India are:

- ◆ The Workmen's Compensation Act, 1923 (now known as Employees' Compensation Act)
- ◆ The Employees' State Insurance Act, 1948
- ◆ The Employees Provident Fund & Miscellaneous Provision Act, 1952
- ◆ The Maternity Benefit Act, 1961
- ◆ The Payment of Gratuity Act, 1972

### Workmen's Compensation Act, 1923



Source: [www.news.indiamart.com](http://www.news.indiamart.com)  
[www.ithinkicanscribble.blogspot.com](http://www.ithinkicanscribble.blogspot.com)

#### ➤ **Workmen's Compensation Act, 1923 (now known as Employees' Compensation Act)**

The Workmen's Compensation Act, 1923 provides for payment of compensation to the workmen and their dependents in the case of injury

by industrial accidents including certain occupational diseases arising out of and in the course of employment resulting in death or disablement. This Act applies to certain railway servants and persons employed in hazardous employments such as factories, mines, plantations mechanically propelled vehicles, construction work, etc., specified in Schedule II of the Act. However, the Act is not applicable to the employees who are covered under the Employees' State Insurance Act, 1948.

Under The Workmen's Compensation Amendment Act 2009, now known as **Employees' Compensation Act** and the definition of employee include casual and clerical employees also. Further, the employee means a "person" who is-

- (i) a railway servant as defined in clause (34) of section 2 of the Railways Act, 1989, not permanently employed in any administrative district or sub-divisional office of a railway and not employed in any such capacity as is specified in Schedule II; or
- (ii) (a) a master, seaman or other members of the crew of a ship,  
(b) a captain or other member of the crew of an aircraft,  
(c) a person recruited as driver, helper, mechanic, cleaner or in any other capacity in connection with a motor vehicle,
- (d) a person recruited for work abroad by a company, and who is employed outside India in any such capacity as is specified in Schedule II and the ship, aircraft or motor vehicle, or company, as the case may be, is registered in India; or
- (iii) employed in any such capacity as is specified in Schedule II, whether the contract of employment was made before or after the passing of this Act and whether such contract is expressed or implied, oral or in writing; but does not include any person working in the capacity of a member of the Armed Forces of the Union; and any reference to any employee who has been injured shall, where the employee is dead, include a reference to his dependents or any of them.

## **Compensation**

The minimum compensation limits on no-fault basis are increased to Rs 1, 20,000 and 1, 40,000 for death and permanent disability respectively, earlier being Rs 80,000 and 90,000. Under maximum compensation limit, the monthly wage limit of Rs 4,000 is removed and raised to Rs 8,000. Hence, the maximum compensation can go up to 50% of total monthly wages now, irrespective of the limits, which is to be decided by the Central Government from time to time.

## Funeral Benefits

Even funeral expenses are enhanced from two thousand five hundred rupees to five thousand rupees and the Central Government is empowered to enhance the same from time to time. Also, it has been stated in the Amendment Act that the actual medical expenditure incurred for treatment of injuries caused during the course of employment to be reimbursed.

In the Amendment Act, time limit for disposal of claims of three months is introduced, wherein the Commissioner shall dispose of the matter relating to compensation.

### ➤ The Employee's State Insurance Act, 1948



Source: A presentation by Shri B.K. Sahu, Insurance Comm., ESIC on 11.12.2012

➤ **The Employee's State Insurance Act, 1948**

The Employees' State Insurance Act, 1948 is a social security legislation that provides for medical care and cash benefit in the contingencies of sickness, maternity, disablement and death due to employment injury to workers. The Act initially applied to non-seasonal factories employing 10 or more persons which later on extended area-wise by stages.

Most of the State Governments have extended the provisions of the Act to new classes of establishments namely, shops, hotels, restaurants, cinemas including preview theatres, road-motor transport undertakings and newspaper establishments employing 20 or more coverable employees.

The Scheme has also been extended to Educational Institutions employing 20 or more persons in Rajasthan, Bihar, Pondicherry, Jammu & Kashmir, Uttarakhand, Chhattisgarh, West Bengal, Jharkhand, Kerala, Uttar Pradesh, Andhra Pradesh, Assam, Punjab, and Tamil Nadu and to Private Medical Institutions in the State of West Bengal, Rajasthan, Bihar, Kerala, Himachal Pradesh, Uttarakhand, Andhra Pradesh, Punjab, Assam, UT Chandigarh, Jharkhand and Orissa.

Employees of factories and establishments covered under Act drawing monthly wages upto Rs. 15,000/- per month and 25,000 /- per month for physically challenged employees' w.e.f. 01.04.2008 are covered under the scheme. To encourage employers to engage physically challenged persons, Govt. of India fully bears the employers' contribution for 3 years. As on 31.03.2011, the scheme applied to 4.43 lakhs employers employing 1.55 crore insured persons at 790 centers.

The ESI Scheme is financed mainly by contributions from employers and employees. The rate of contribution by employer is 4.75% of the wages payable to employees. The employees' contribution is at the rate of 1.75% of the wages payable to an employee. The maximum sharable amount is subject to the ceiling prescribed by the Corporation from time to time. Employees drawing wages up to Rs 100/- per day w.e.f. 1.8.2007 are exempted from payment of their contribution, under Rule 52 of the Employees' State Insurance (Central) Rules, 1950.

Employers coming under the purview of ESI Act, 1948, are absolved of their liability under the Workmen's Compensation Act, 1923 and the Maternity Benefit Act, 1961.

The ESI Act covers workers in the organized sector only. Till January 2012, about 15.5 million workers (i.e. 56.26% of organized sector) are covered under the Employees' State Insurance Act, which represents only about 3.37% of the total work force in the country.

It cannot be extended to workers in the unorganized sector in its present form however, as per amendment in the ESI Act, 1948 w.e.f. 01/06/2010 vide ESI (Amendment) Act, 2010, medical benefit under the scheme can be extended to other beneficiaries on payment of user charges subject to framing of schemes by the Central Government.

The ESI Act, 1948, has been amended vide ESI (Amendment Act, 2010 w.e.f 01.06.2010. The Salient features of the Amendment Act are as under:-

- Facilitating coverage of smaller factories employing 10 or more persons.
- Enhancing age limit of dependent children for eligibility to dependents benefit from 18 years to 25 years.
- Extending medical benefit to dependent minor brother/sister in case of Insured Persons (IPs) not having own family and whose parents are also not alive.
- Streamlining the procedure for assessment of dues from defaulting employers (time limit of 5 years for assessment).
- Providing an Appellate Authority within the Corporation against assessment to avoid unnecessary litigation.
- Continuing medical benefit to insured persons retiring under VRS scheme or taking premature retirement.
- Treating commuting accidents as employment injury.
- Opening of medical/dental/paramedical/nursing colleges to improve quality of medical care.
- Making an enabling provision for extending medical care to other beneficiaries against payment of user charges to facilitate providing of medical care from under-utilized ESI Hospital to the BPL families covered under the Rashtriya Swasthya Bima Yojana (RSBY) and other schemes framed by the Central Government.
- Reducing duration of notice period for extension of the Act to new classes of establishments from six months to one month.
- Empowering State governments to set up autonomous Corporations for administering medical benefit in the State for bringing autonomy and efficiency in the working.

Benefits provided under ESI Act, 1948 are:

✓ **Medical Benefit**

Medical Benefit is available to an Insured Person (IP) and his family from the day he enters insurable employment. The range of services



provided covers preventive, promotive, curative and rehabilitative services. Besides the out-patients services through dispensaries of Insurance Medical Practitioners (IMP) Clinics, the in-patient services arrangements exist through ESI Hospitals or arrangements with other hospitals.

ESI has developed its own pharmacopoeia for drugs. All drugs and dressings (including vaccine and sera that may be considered necessary and generally in accordance with pharmacopoeia are supplied free of charge. Insured Persons and their family members are provided artificial limbs, aids and appliance as well. All Diagnostic facilities are provided through ESI owned hospitals and in case of sophisticated tests like CT scan, MRI etc., contractual arrangements are made.

The Medical Benefit has further been extended to permanently disable insured person and his spouse who ceased to be in insurable employment due to employment injury with effect from 01.02.1991. This benefit is provided on payment of contribution by him in lump-sum for one year at the rate of Rs.10 per month at a time. Also it has been extended to the insured persons and his spouse who retires on attaining the age of superannuation or retires under VRS or retires prematurely and who was in insurable employment for at least 5 years. This benefit is provided on payment of contribution by him at the rate of ten rupees per month in lump sum for one year in advance.

✓ **Sickness Benefit (in Cash)**

Sickness Benefit represents periodical payments made to an insured person during the period of certified sickness. To qualify for this benefit, contribution should have been paid for at least 78 days in the relevant contribution period. The maximum duration of Sickness benefit is 91 days in two consecutive benefit periods. The Sickness Benefit rate is 70% of the average daily wages of an insured person w.e.f. 01.07.2011. After exhausting the Sickness Benefit payable up to 91 days, an insured person if suffering from Tuberculosis/Leprosy, mental and malignant diseases or any other specified long-term disease, he is entitled to Extended Sickness benefit at a higher cash benefit at the rate of 80% of average daily wage for a period of two years, provided he has been in continuous service for a period of 2 years or more in a factory or establishment to which the provisions of the Act apply and fulfills the contributory conditions. Enhanced Sickness benefit is full average daily wages is also provided to insured person eligible to sickness benefit, for undergoing sterilization operations for

family planning, for up to 7 days in case of vasectomy and up to 14 days for tubectomy, the period being extendable in cases of post-operative complication etc.

✓ **Maternity Benefit**

Maternity Benefit implies periodical payment to an insured woman in case of confinement or mis-carriage or sickness arising out of pregnancy, confinement, pre-mature birth of child or miscarriage. For entitlement to Maternity Benefit, the insured woman should have contributed for not less than seventy days in the immediately preceding two consecutive contribution periods with reference to the benefits periods in which the confinement occurs or it is expected to occur. The daily rate of benefit is 100% of average daily wages.

Maternity Benefit is payable for a maximum period of 12 weeks in case of confinement, 6 weeks in case of mis-carriage and additional one month in case of sickness arising out of pregnancy, confinement, pre-mature birth of child or miscarriage or medical termination of pregnancy.

Maternity Benefit continues to be payable in the event of death of an insured woman during her confinement or during the period of 6 weeks immediately following her confinement leaving behind a child for the whole of that period, and if the child also dies during the said period, until the death of the child.

✓ **Disablement Benefit**

In case of temporary disability arising out of employment injury, disablement benefit is admissible to an IP for the entire period so certified by the Insurance Medical Officer/Insurance Medical Practitioner for which the insured person does not work for wages. The cash benefit is not subject to any contributory conditions and is payable at a rate of 90% of the average daily wage. The temporary disablement benefit is however, not payable for an employment injury resulting in incapacity for less than three days excluding the date of accident

Where the disablement results in permanent, partial or total loss of earning capacity, the periodical cash payments are made to the insured persons for life depending on the loss of earning capacity as may be certified by a duly constituted Medical Board.

However, commutation of periodical payment is permissible where the permanent disablement stands assessed as final and the daily

rate of benefit does not exceed Rs.5/- per day, and where Benefit rate exceeds Rs.5/- per day but commuted value does not exceed Rs. 30,000/- at the time of the commencement of final award of his permanent disability.

✓ **Dependents' Benefit**

Periodical payments are paid to dependents of an insured person who dies as a result of employment injury. The widow and widow mother receive monthly pension for life or until re-marriage. An amount equivalent to 3/5 of dependent benefit rate is payable to the widow. Widowed mother and each child also share among themselves an amount equivalent to 2/5th of the disablement benefit. Son get benefit till 25 years of age, provided, in case of infirmity, the benefit continues to be paid, till the infirmity lasts. Daughters are entitled to share dependents benefit till marriage, subjected to the condition that the total dependents benefits distributed does not exceed, at any time, the full rate of disablement benefit. In case the insured person does not leave behind any widow or child or widowed mother, the benefit is payable to other dependents.

✓ **Funeral Expenses**

Funeral expenses up to a maximum of Rs.10, 000/- w.e.f. 01.04.2011 on the funeral of a deceased insured person are reimbursed. The amount is paid either to the eldest surviving member of the family or in his absence to the person who actually incurs the expenditure on the funeral.

✓ **Rehabilitation Allowance**

Rehabilitation allowance is paid to the insured persons for each day on which they remain admitted in an artificial limb centre at double the Standard Benefit rate.

✓ **Rajiv Gandhi Shramik Kalyan Yojana (RGSKY)**

Under Rajiv Gandhi Shramik Kalyan Yojana, which is introduced w.e.f. 01.04.2005, unemployment allowance is paid to the insured person for a maximum period of twelve months (w.e.f.01.02.2009) who has been rendered unemployed involuntarily on account of closure of factory/establishment, retrenchment or permanent invalidity not less than 40% arising out of non-employment injury, in case contribution in respect of him/her have been paid or payable for a minimum of three years (w.e.f. 11.09.2009) prior to the loss of employment.

The Insured Person and his/her family is also entitled to medical care for a period of twelve months (w.e.f. 01.02.2009) from the date of unemployment. This allowance shall cease to be payable in case the Insured Persons gets reemployment or attains the age of superannuation or 60 years, whichever is earlier. Daily rate of Unemployment Allowance is 50% of average daily wages drawn by the IP/IW during the last four completed contribution periods, immediately preceding the date of unemployment.

✓ **Conveyance Allowance to PDB Beneficiaries**

Under this Scheme, Permanent Disablement Benefit (PDB) beneficiaries are paid Rs. 100/- as conveyance allowance on their personal visit to Branch Office for submission of life certificate once in a year.

**Other programmes undertaken by ESI are:**

- **For children-** The Corporation has embarked upon a massive programme of immunization for children of Insured Persons. Under this programme, preventive inoculation and vaccines are given against diseases like, Diphtheria, Pertussis, Polio, Tetanus, Measles, Mumps, Rubella, Tuberculosis, Hepatitis B, etc. The policy of immunization is to follow the National Guidelines / Programmes.
- **For family welfare-** Along with the immunization programme, the Corporation has been providing family welfare services to the beneficiaries of the scheme. The ESI Corporation has also extended additional cash incentive to Insured Persons to promote acceptance of sterilization method by providing sickness cash benefit equal to full wage for a period of 7 days for vasectomy and 14 days for Tubectomy. The period for which cash benefit is admissible is extended beyond the above limits in the event of any complications after Family Planning Operations. ESI Corporation is also providing artificial reproduction and IVF treatment facilities to insured persons.
- **Project Sankalp**  
ESIC has launched Project Sankalp in collaboration with Hindustan Latex Family Planning Promotion Trust (HLFPPT) for promoting family welfare and control of HIV/AIDS amongst IPs and families.
- **Project Panchdeep**  
ESIC's IT Project 'Panchdeep', one of the largest e-governance projects, has been rolled out throughout the country. Two smart cards christened as "Pehchan" cards, one for the Insured Person and other

for the family have been issued. This enables the Insured Persons and their family members to avail medical benefit from anywhere anytime, even if living at separate locations. Bio-metric details of about 85 lakhs Insured Persons have already been captured to generate these smart cards given below the details of infrastructure of ESI in the country.

**Table 2.1:**  
**ESI Infrastructure (All India) as on 01.01.2012**

<b>Sl. No.</b>	<b>Items</b>	<b>No.</b>
1.	Total No. of ESI Hospitals	149
2.	Hospitals run by ESI Corporation	32
3.	Hospitals run by State Government	117
4.	Total number of Dispensaries	1403
5.	Total number of ISM unit	93
6.	Total number of hospital beds	22335
7.	Total number of Doctors	9666
8.	Total number of IMP clinics	1447

Source: [www.esic.nic.in](http://www.esic.nic.in)

### Improvements in the ESI Scheme

- o Daily rate of Sickness Benefit has been enhanced from 60% to 70% of average daily wage. The daily rate of permanent disablement benefit and dependents benefit was enhanced from 75% of wages to 90% of wages.
- o The Corporation decided to enhance the rates of permanent disablement benefit and dependents benefit to protect the value of these benefits against rise in the cost of living index.
- o The Corporation, in its meeting held in August, 2011, also decided that the minimum amount of dependents benefit payable to dependents of deceased employees shall be Rs.1200 per month.
- o Payment of long-term benefits (PDB/DB) through Electronic Clearing System.
- o Payment of Permanent Disablement Benefit within 3 days of Medical Board decision.
- o Permanently disabled persons working in factories and establishments covered under the ESI Act and drawing wages up to Rs.25,000/- per month have been brought under the scheme w.e.f. April 1, 2008. In order to encourage employment of disabled persons, the employers' share of contribution in respect of such disabled employees will be paid by the Central Government for initial three years.
- o The families of insured persons who were previously entitled to medical Benefit, 13 weeks after the date on which the insured person himself became entitled to medical Benefit, have been made entitled from the same day as the insured person himself. This has come into force from December 17, 1977.
- o Since 1978, the medical treatment in cases of insured persons who go out of coverage of the Scheme during the period of treatment would not be discontinued till the spell of sickness ends or in the case of long term ailments so long as insured persons (excluding members of the families) required active treatment.
- o Since February, 1991 Medical Benefit has been extended to retired insured persons and their spouses, on attaining the age of superannuation and to insured persons who cease to be in insurable employment on account of permanent disablement caused due to employment injury and their spouses on payment of contribution of Rs.120/- per annum.

The details of coverage under ESI are given below:

**Table 2.2**  
**Coverage under ESI Scheme (All India)**

S.No.	Items	No.	
		As on 31.12.2010	As on 31.12.2011
	<b>Heads</b>		
1.	Number of Employees Covered	139.58 Lakhs	155.75 Lakhs
2.	Number of I.Ps Covered	143.64 Lakhs	156.77 Lakhs
3.	Number of Beneficiaries	557.31 Lakhs	608.83 Lakhs
4.	Number of Centres	788	793

Source: [www.esic.nic.in](http://www.esic.nic.in)

➤ **The Employees' Provident Fund & Miscellaneous Provisions Act, 1952**



Source: [www.newsblaze.com](http://www.newsblaze.com)  
[indiacurrentaffairs.org](http://indiacurrentaffairs.org)  
[eartharchitecture.org](http://eartharchitecture.org)

➤ **The Employees' Provident Fund & Miscellaneous Provisions Act, 1952**

Employees' Provident Fund and Miscellaneous Provisions Act (EPF&MP Act) 1952 applies to defined class of industries employing 20 or more employees, restricted to employees with basic wages up to Rs 6500. It applies to whole of India, except the State of Jammu and Kashmir and excludes from the coverage:

- any establishment registered under Cooperative Societies Act, 1912 (2 of 1912), or under any other law for the time being in force in any State relating to Cooperative Societies employing less than 50 persons and working without the aid of power.
- to any other establishment belonging to or under the control of the Central Government or a State Government and whose employees are entitled to the benefit of Contributory provident fund or old age pension in accordance with any scheme or rule framed by the Central Government or the State Government governing such benefits; or
- to any other establishment set up under any Central, Provincial or State Act and whose employees are entitled to the benefits of contributory provident fund or old age pension in accordance with any scheme or rule framed under that Act governing such benefits.
- An establishment which is not otherwise coverable under the Act can be covered voluntarily with the mutual consent of the employer and the majority of its employees under Section 1(4) of the Act. As on 31st March, 2011, the number of voluntarily covered establishments was 25482, which is 3.86% of the total establishments.
- Presently, 187 Industries / Classes of establishments are covered under the Employees' Provident Funds and Miscellaneous Provisions Act, 1952. These include factories/ establishments engaged in Trading and Commercial activities and Service Sector of the economy.

### **Qualification and contribution**

Qualifying period of service for enrollment to the membership of the fund from November 1, 1990 onwards is from the date of joining the factory/ establishment. The normal rate of contribution payable to the Provident Fund by the employees and the employers under the Act has been revised from time to time. The rate of contribution presently applicable is 12%



on the aggregate wages except in respect of the following category of establishments where the rate is 10% on the aggregate wages on which contribution is payable:

- Any establishment in which less than twenty persons are employed.
- Any sick industrial company as defined in clause (O) of sub-section (1) of Section 3 of the Sick Industrial Companies (Special Provisions) Act, 1985 (Act 1 of 1986) and which has been declared as such by the Board for Industrial and Financial Reconstruction established under Section 4 of that Act for the period commencing on and from the date of registration of the reference in the Board and ending either on the date by which the net worth of the said company becomes positive in terms of the orders passed under sub-Section (2) of Section 17 of that Act or on the last date of implementation of the Scheme sanctioned under Section 18 of the Act;
- Any establishment which has at the end of any financial year accumulated losses equal to or exceeding its entire net worth, that is the sum total of paid up capital and free reserves, and has also suffered cash losses in such financial year and the financial year immediately preceding such financial year.
- Any establishment in the: (a) Jute Industry; (b) Beedi Industry; (c) Brick Industry; (d) Coir Industry other than the spinning sector; and (e) Guar gum factories.

## **Benefits**

The Employees' Provident Funds Scheme, 1952 provides for financial assistance by allowing partial withdrawals to members in situations like illness/invalidation and to provide funds to enable them to discharge their social responsibilities like marriage of self, sister/brother/daughter/son or higher education of children and construction of dwelling house.

## **Service Facilitation**

The Employees' Provident Fund Organization having recognized the need for training its personnel so as to provide trouble free service to its members, set up an apex institution namely the **National Academy for Training & Research in Social Security (NATRSS)** in October, 1990 with the twin objectives of meeting the training needs of the officers of the Employees' Provident Fund Organization and also to design, develop and execute research programmes in Social Security.

Employees Provident Fund Organisation's Customer Service Division has launched EPFO GMS on 5<sup>th</sup> May 2010 which is an Internet based grievances management system that has been developed in collaboration with the National Informatics Centre (NIC), customized to the needs of the Organization.

### **EPFO & International Social Security Association**

Founded in Brussels on October 4, 1927, the International Social Security Association (ISSA) was called the "International Social Insurance Conference" until 1947. Its thrust was on economic and health protection of workers by means of social insurance Schemes. The Employees' Provident Fund Organisation in India is an associate member of the ISSA and it derives benefits from the immensely valuable resource by giving valuable input regarding the social security scenario in India by way of interaction with ISSA through various seminars, meetings, workshops, training programs, etc.

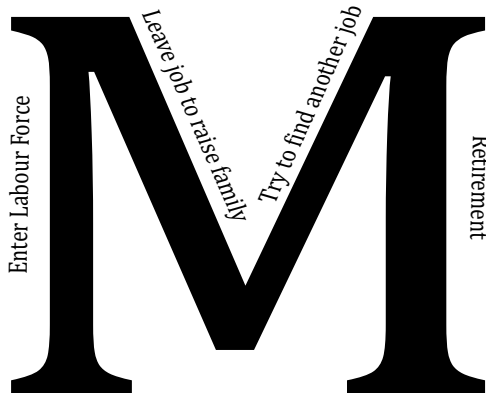
#### **Maternity Benefit Act, 1961**



Source: [www.naijagist-omooouarere.blogspot.com](http://www.naijagist-omooouarere.blogspot.com)  
[www.incultureparent.com](http://www.incultureparent.com)  
[www.boston.com](http://www.boston.com)

The Life Cycle of the Women’s participation in the Labour market where child friendly policies are not available is represented in M- Curve. (Everett, 2005).

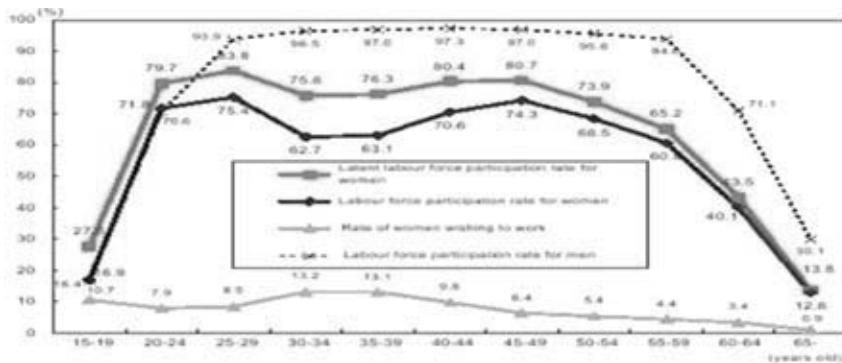
**Fig. 2.1: M-Curve**



Source: Linda Wirth: *Breaking through the glass ceiling, Women in Management* International Labour Office: Geneva

**Fig. 2.2: Women’s Latent Work Force Participation Rate**

But, where the provision of Child care and friendly policies are present, the women’s latent work force participation rate<sup>1</sup> by age bracket results in trapezoid patterned as in the following Graph.



Source: “FY2005 Annual Report on the State of Formation of a Gender-Equal Society” and “Policies to be Implemented in FY2006 to Promote the Formation of a Gender-Equal Society” Outline, The cabinet Office, June, 2006.

- (Notes) 1. Data from Ministry of Internal Affairs and Communications, “Labour Force Survey (Detailed Tabulation)” (2005 annual)  
 2. Latent labour force participation rate (by age) = (labour force population (by age) + not in labour force wishing to work (by age)) / Population of 15 years old or more (by age)

➤ **Maternity Benefit Act, 1961**

The Act seeks to regulate the employment of women in certain establishments for certain periods before and after childbirth and to provide maternity benefit and certain other benefits to women workers. The Act extends to the whole of India. It applies, in the first instance: to every establishment being a factory, a mine or plantation including any such establishment belonging to Government and to every establishment wherein persons are employed for the exhibition of equestrian, acrobatic and other performances; to every shop or establishment within the meaning of any law for the time being in force in relation to shop and establishments in a state, in which ten or more persons are employed, or were employed, on any day of the preceding twelve months.

The State Government is empowered to extend all or any of the provisions of the Act to any other establishment or class of establishments, industrial, commercial, agricultural or otherwise with the approval of the Central Government by giving not less than two month's notice of its intention of so doing.

However, the Act excludes the applicability of the provisions of the Act to any factory or other establishment to which the provisions of the Employee's State Insurance Act, 1948 applies except as otherwise provided in Sections 5A and 5B of the Act.

### **Maternity Benefit and the Indian Constitution**

These rights and privileges are: right to equality in law (Article 14 of the Constitution of India); right to social equality (Id., Article 15.); right to social equality in employment (Id., Article 16.); right to protective discriminations (Id., Article 15 (3).), right against exploitations of women (Id., Article 23.); right to adequate means of livelihood (Id., Article 39 (a).); right to equal pay for equal work (Id., Article 39 (d).); right that the health and strength of workers both men and women are not abused (Id., Article 39 (e).); right to just and humane conditions of work and maternity relief (Id., Article 42.); and right to improvement in employment opportunities and conditions of the working women (Id., Article 46.).

**Article 42**, a directive principle of State Policy, states that "The State shall make provision for securing just and humane conditions of work and for maternity relief." Art. 21, Right to Life and Personal Liberty is not merely a right to protect one's body but the guarantee under this provision contemplates a larger scope. Right to Life means the right to lead meaningful, complete and dignified life. It does not have restricted meaning. It is something more than surviving or animal existence. The meaning of the word life cannot

be narrowed down and it will be available not only to every citizen of the country. Therefore, the State must guarantee to a pregnant working woman all the facilities and assistance that she requires while protecting her employment as well as her own and her child's health.

The measures and provisions which are made in the Post-Constitution Period for women workers are mostly based on these constitutional provisions.

### **Enactment of the Maternity Benefit Act**

The enactment of a central legislation on maternity benefit was the result of the Second Five-Year Plan (1956-61). The plan persisted in welfare approach so far as women's issues are concerned. It recognized the need for organization of women as workers, that women should be protected against injurious work, should receive maternity benefit and crèches should be established for children in work places. It also recommended speedy implementation of the principle of equal pay for equal work and provision of training to enable women to compete for higher jobs.

By far the most important development that took place was the central legislation namely, maternity benefit, the Maternity Benefit Act, 1961. The Act was enacted keeping in view all the pre-constitution legislations and the revised ILO Maternity Protection Convention, 1952.

### **Salient Features of the Act**

According to Section 4 of this Act, no employer shall knowingly employ a woman in any establishment during the six weeks immediately following the day of her delivery, or miscarriage, nor shall any woman work during this period. Besides, no pregnant woman shall, on a request made by her in this behalf, be required by her employer to do any work of arduous nature, or that which involves long hours of standing, or which in any way is likely to interfere with her pregnancy or the normal development of the foetus; or is likely to cause her miscarriage or otherwise to adversely affect her health, during the one month immediately preceding the six weeks before the date of her expected delivery.

Every woman shall be entitled to, and her employer shall be liable for, the payment of Maternity benefits at the rate of the average daily wage for the period of her actual absence immediately preceding and including the day of her delivery and for the six weeks immediately following that day, says the provision under **Section 5**.

However no woman shall be entitled to these benefits unless she has actually worked in an establishment of the employer from whom she claims them,

for a period of not less than 80 days in the twelve months immediately preceding the date of her expected delivery. The maximum period for which any woman shall be entitled to Maternity benefits shall be 84 days.

In case a woman dies during this period, then the Maternity benefit shall be payable only for the days up to, and including, the day of her death. Similarly, if a woman dies during her delivery, or during the period of six weeks immediately following the date of delivery, leaving behind in either case the child, the employer shall be liable for the Maternity benefits for the entire period of six weeks immediately following the day of her delivery. But if the child also dies during the said period then for the days up to, and including, the day of the death of the child. In the event of a woman's death, the employer shall pay such benefits or amount to the person nominated by the deceased in the notice given under **Section 6** and if no notice has been given, then to her legal representatives. Any woman who has not given the notice when she was pregnant may give such notice as soon as possible after delivery. The provision under **Section 6(5)** says that the amount of maternally benefits for a period preceding the date of her expected delivery shall be paid in advance by the employer. Miscarriage has also been given same importance. **Section 9** provides that in case of miscarriage, a woman shall be entitled to leave with wages at the rate of maternity benefit for a period of six weeks immediately following the day of her miscarriage.

Besides a woman suffering from illness arising out of pregnancy, delivery, premature birth of child or miscarriage, shall be entitled to an additional leave with wages at the rate of Maternity benefit for a maximum period of one month under **Section 10**, (Gupta and Gupta 2008).

Regarding nursing breaks, Section 11 provides for two additional breaks of the prescribed duration for nursing the child until the child attains the age of 15 months. Moreover, deduction of wages in certain cases has been made unlawful. A woman cannot be discharged or dismissed by the employer when she absents herself from work in accordance with the provisions of this Act.

### ➤ **Payment of Gratuity Act, 1972**

The Act was enacted to provide for a scheme for the payment of gratuity to employees engaged in factories, mines, oilfields, plantations, ports, railway companies, shops or other establishments employing ten or more persons on any day of the preceding 12 months; and for matters connected therewith or incidental thereto.

The Act is administered by the Central Government in: (i) establishments which are under its control; (ii) establishments having branches in more than one State; and (iii) major ports, mines, oil fields and the railways.

It extends to the whole of India, provided that in so far as it relates to plantations or ports, it shall not extend to the State of Jammu and Kashmir.

A shop or establishment to which this Act has become applicable shall continue to be governed by this Act notwithstanding that the number of persons employed therein at any time after it has become so applicable falls below ten.

Gratuity shall be payable to an employee on the termination of his employment after he has rendered continuous service for not less than five years: (i) on his superannuation; or (ii) on his retirement or resignation; or (iii) on his death or disablement due to accident or disease, provided that the completion of continuous service of five years shall not be necessary where the termination of the employment of any employee is due to death or disablement.

For every completed year of service or part thereof in excess of six months, the employer shall pay gratuity to an employee at the rate of fifteen days' wages based on the rate of wages last drawn by the employee concerned:

- ✓ Provided that in the case of a piece-rated employee, daily wages shall be computed on the average of the total wages received by him for a period of three months immediately preceding the termination of his employment, and, for this purpose (wages paid for overtime not taken in to account),
- ✓ Provided further that in the case of an employee who is employed in a seasonal establishment and who is not so employed throughout the year, the employer shall pay the gratuity at the rate of seven days' wages for each season.
- ✓ For calculation of wages, formula used is: last drawn monthly basic wages/26 days \* 15 days\* no. of completed years.
- ✓ The maximum amount of gratuity payable is Rs 10 lakhs, not subjected to taxation.

**Module 3**  
**Trends at International**  
**& National Level**





## Exercise

### Module Three

Day 1- Recent Social Security Trends at Global level

- ☞ Social Protection measures in Asia, Africa, Europe & America

Day 2- Recent Social Security Trends at National Level


- ☞ India's Expenditure on Labour & Labour Welfare programmes
- ☞ Social Security Coverage under WCA Act, ESI Act, EPF Act & MBA Act

Day 3- Current Trends in examining effectiveness of social security at National & International Level

- ☞ Social Protection Floor Initiative
- ☞ Decent Work

Exposure Dialogue Programmes

Day 4- Group Work

- 
1. Forecasting Trends
  2. Updation required in existing Social Security provisions.
- Objective:** To make existing laws more relevant.

Day 5- Group Work presentation

## Resource Material

### Module Three

#### 3.1 Recent Trends at Global Level : South Asia, South-East Asia & Central Asia

##### I. Bangladesh

- Bangladesh has ratified The Equality of Treatment (Social Security) Convention, 1962 (No. 118) on 22-06-1972, but has not as yet ratified The Social Security (Minimum Standards) Convention, 1952 (No. 102), which covers all nine branches of social security and sets minimum standards for these nine branches.
- Under **Social Assistance system**, Bangladesh has enacted a law in 1998 for low income citizens aged 65 years and above. It is a special system for public sector employees where, total cost is borne by the government. A monthly old-age pension, 300 taka is provided quarterly to single member of the household.
- Based on the **Social Insurance system**, cash sickness, cash maternity benefits and workers medical benefits are provided under the 2006 Labour Law. Under sickness benefit, 100% of earning is paid for up to 14 days a year. In Maternity benefit scheme, cash benefit, depending on the level of the insured's earnings, is paid for 8 weeks before and 8 weeks after childbirth. Under Workers medical benefits, medical allowance of 100 taka a month is paid to workers whose employer does not provide medical facilities.
- Work injury compensation schemes are also integrated in 2006 labour Law. Benefits are provided to the workers who are temporarily disabled, permanently disabled and for survivors. Under Temporary Disability, the benefit is 100% of the insured's earnings for the first 2 months, 66.7% of earnings for the next 2 months, and 50% of earnings for subsequent months of disability or for up to a year, whichever is shorter. For Permanent disability up to 125,000 taka is paid. For Partial disability a percentage of the full pension is paid according to the assessed loss of earning capacity. Under survivors' benefit scheme up to 125,000 taka is paid to survivors.
- No statutory unemployment benefits are provided. The 2006 Labor Law requires employers to provide a termination benefit,

a retrenchment and layoff benefit, and a benefit for discharge from service for ill health to workers in commerce and industry. Permanent employees with monthly salaries receive half of the average basic wage for 120 days (plus a lump-sum payment of one month of salary for each year of service); casual workers for 60 days (plus a lump-sum payment of 14 days of wages for each year of service); and temporary workers for 30 days.

- **Maternal Health Voucher Scheme** is a new addition in the Bangladesh Social Security Programmes where, pregnant mothers get free consultations and services for three anti-natal care visits, cost associated with safe delivery, one post-natal care visit within 6 weeks of delivery as well as services for obstetric complications. It is launched under the technical and financial support from Department for International Development (DFID), World Bank, United Nations Population Fund (UNFPA) and World Health Organisation (WHO).

## II. Myanmar

- The Social Security Act of 1954 covers a general insurance scheme and an employment injury insurance scheme to protect insured workers and their families. It covers industries and establishments employing minimum of (5) workers and is financed by State, employers and employees.
- The Social Security Law (2012) is being discussed at Parliament where provisions for retirement pensions, retirement medical care, unemployment benefits, survivors' grants, housing benefits were mulled over.

## III. Laos

- Lao Women's Union (LWU) is a mass and social Organization of women at all strata throughout Lao People's Democratic Republic (PDR). It is part of Lao PDR system which was officially established in 1955.
- Police Office system connects with the locals to protect women.
- The Lao National Commission for Advancement of Women was established in 2003.
- Lao PDR ratified the United Nations Convention on the Elimination of all forms of Discrimination against Women in 1981.
- Labour Laws in Lao were established on February 1, 1956, which has 14 Chapters and 77 Articles, where chapter 5 deals with

women labour and children issues. Within chapter 5, there are specifically 4 articles concerning women labour; prohibition of women to work one month before and two months after child birth; funds for women and child care; and on child labour.

#### **IV. Cambodia**

- The law on the Prevention of Domestic Violence and the Protection of the victims was adopted in 2005 to tackle violence committed against women within family.

In 2006, ILO and Asian Development bank kick started pilot project to promote labour-based road maintenance which is funded by the Japan Fund for poverty reduction and the Government of Cambodia. The scheme supports poor families during the lean season, a period before the harvest when many face food scarcity. Families are offered employment in building and maintaining roads, canals, ponds, dams and other productive assets in their communities.

- A food-for-assets programme forms part of the World Food Programme activities in Cambodia. The food received as a wage provides social protection during the lean season, and the assets built strengthen longer-term food security and community development.
- Paying heed to the Health Security concerns of Cambodians, the Health Strategic Plan 2008-2015 was enunciated recognizing the importance of health for long-term poverty reduction and economic and social development.
- In 2002, Law on Social Security forms the legal basis for establishing private health insurances, which exist mainly for textile industry workers.
- The near-poor who are not covered by the Health Equity Funds and can pay a minimal premium may become members of a Community Based Health Insurance (CBHI) scheme that covers a pre-defined health care benefit package. The scheme funded by member's contributions and donor funds, and was introduced in various part of the country by a range of international and local NGOs.
- Labour Law adopted by the Government of Cambodia in 1998, was the first law relevant to social protection to enter into force in the country. It introduced the ILO standards on labour into the national legal system. It mandates 48 working hours per week and provides for minimum age for work (15 or even 18 years old in some cases). It also includes:

- a. Pension rights-** Workers who are 55 years of age are entitled to old age pension if:
- registered in the National Social Security Fund (NSSF) for at least 20 years,
  - paycontribution at least for 60 months for Social Security Schemes during the period of 10 years.
- b. Unemployment benefits-** Unemployment benefits do not exist in Cambodia yet, but 5% of total wages paid to the fixed duration contract employees and undetermined duration contracts are eligible for lay-off compensation at least 7 days of wages and benefits.
- I. **Medical Care-** In the event of occupational accidents, the worker is entitled to medical care services such as medical treatment, pharmaceutical products and transport to a medical treatment centre.
- II. **Maternity Regulations-** Women are entitled to a maternity leave of ninety days. After the maternity leave and during the first two months after returning to work, they are only expected to perform light work. The employer is prohibited from laying-off women in labour during their maternity leave or before the start of the maternity leave. Women are entitled to half their wage and other benefits, if they have worked for the enterprise for at least one year. For Women who breastfeed their baby are entitled to one hour per day during working hours to breast-feed their children.
- V. Uzbekistan**
- The Social Security system includes: old age, disability and survivor's pensions, sickness, maternity, work injury, and unemployment benefits Pensions are provided at age 60 for men and age 55 for women.
  - Old-age pension are given to men of 60 years with 25 years of covered employment or for women of 55 years with 20 years of covered employment.
  - Women are entitled to 128 (56+72) days of maternity benefits plus three years unpaid maternity leave.
  - Unemployment benefits are paid for entirely by employers. Benefits are paid for a maximum of 26 weeks.
  - First-time job seekers are entitled to 50% of minimum wage for 13 weeks, and 75% if they have dependents.

## Africa

### I. Kenya

- The **National Social Security Fund** (NSSF) was established in 1965 to provide basic social security services and welfare support to workers in Kenya. It includes providing workers with financial security in retirement as well as providing them with basic security against contingencies such as employment injury, illness, disability and death.
- The employee and employer-both contribute for social security in old age. There is voluntary registration and contribution of self-employed persons.

### II. Ghana

- Ghana has set the pension age of both men and women at 60 years, eliminating the gender-bias in favour of women. Hitherto, it was 55 years for women and 60 years for men.
- Livelihood Empowerment Against Poverty (LEAP), a cash transfer system, is being delivered to the elderly in rural Ghana.
- 3% allocation of the District Assemblies Common Fund (DACF) for disbursement to Persons with Disabilities (PWDs) in the various districts of the country.
- Free maternal care policy (pre-natal and post natal care) under the Mutual Health Insurance Scheme instituted by the government to reduce the out-of-pocket healthcare in the country.
- Ghana's Provident Fund Scheme provides five out of nine standards of social securities or contingencies mentioned in ILO Convention 102. These are:
  - Sickness benefit
  - Invalidity benefit
  - Death/Survivors benefit
  - Emigration
  - Unemployment
- Social security/protection in the Informal sector of the Ghanaian economy is in the forms of Social Assistance Programmes. These are:
  - Livelihood Empowerment Against Poverty (LEAP)- cash transfer programme for the old in rural areas launched in March, 2008.

- Disability Common Fund- a cash transfer programme for Persons with Disability (PWD). It came in January, 2010.
  - Ghana School Feeding Programme- is a food-based programme, launched in September, 2005.
  - Local Enterprise for Skill Development Programme (LESDEP) – is a Skill training programme for young entrepreneurs kick started in September, 2011.
  - National Youth Employment Programme (NYEP) - internship programme for the unemployed youth and young graduates was launched in October, 2006.
- The principal social security laws enacted so far in Ghana for formal sector workforce are:
    - The Pensions (Special Provisions) ACT [1959 (No. 69 of 1959)]
    - Pensions and Social Security Decree 1975 (SMC Decree 8)
    - Workmen’s Compensation ACT 1987 (PNDC Law 187)
    - Social Security Law [1991 (PNDC Law 247)]
    - Student Loans Scheme Law [1992 (PNDC Law 276)]
    - National Health Insurance ACT [2003 (ACT 650)]
    - Labour ACT [2003 (ACT 651)]

### **III. Mauritius**

- The Labour Laws prevailing in Mauritius are: Employment Rights Act (ERiA); Employment Relations Act; the Occupational Safety & Health Act, etc.
  - The Employment Rights Act caters for equal remuneration for work of equal value, prohibition of discrimination in the labour market, prevention of sexual harassment, maternity benefits, paternity leave (continuous 5 working days) and Transition Unemployment Benefit.
  - The Employment Rights Act (ERiA) in Mauritius provides for Maternity Benefits, where 12 weeks’ maternity leave irrespective of the number of confinements after 12 months’ employment, to be taken either before confinement or after confinement provided that at least 6 weeks’ leave is taken immediately after confinement. An employer is prohibited from giving notice of dismissal to an employee on maternity leave or giving such notice which will expire during her maternity leave. One hour break is given for breast feeding. A maternity allowance



of Rs 2000\* (MUR) shall be payable within a week of the confinement.

- Under the Transition Unemployment Benefit (TUB), every worker who has completed more than 6 months of service with an employer is eligible to join the workfare programme on termination on grounds of redundancy, closure, gross misconduct and poor performance.
- The workers are being paid the TUB by the social security as follows: (a) 90% of basic wages for the 1st three months; (b) 60% of basic wages for the next 3 months; and (c) 30% of basic wages for the last 6 months. The TUB is being paid for a maximum period of a year and the minimum amount paid is Rs 3000 and maximum is Rs 12540.

\* Mauritius currency

- Under **Social Aid Act**, any person who as a result of any physical or mental disability, any sickness or accident certified by an approved medical practitioner, abandoned by his spouse or any sudden loss of employment is temporarily or permanently incapable of earning adequately his livelihood and has insufficient means to support himself and his dependents shall be qualified to claim social aid.

#### **IV. Zimbabwe**

- National Social Security Authority (NSSA) was established by an Act of Parliament in 1989 known as the National Social Security Act to administer social security schemes in Zimbabwe. The aim is to provide income-maintenance in circumstances where an individual's capacity to earn income is impaired permanently or temporarily.
- Schemes created under the NSSA are employment based and are designed to benefit employees and their dependents by offering a minimum income during periods largely beyond his or her control if earnings are impaired or cut off.
- The social insurance is contributory and covers such risks as unemployment, sickness, invalidity and old age.
- **Workers Compensation Insurance Fund (WCIF)**-It administers the Accident Prevention and Workers' Compensation Scheme. It offers a number of benefits which include:
  - promotion of occupational health and safety;

- payment of medical costs; and
- compensation and provision of rehabilitation services in respect of injured workers.
- In total, the thrust of the two schemes is to safeguard and empower workers (both men and women) and their families, economically, socially and occupationally.
- **Pension and Other Benefits Scheme**- The Scheme offers four benefit, namely:
  - retirement pension or grant,
  - invalidity pension or grant,
  - survivors' pension or grant,
  - funeral grant.
- The scheme covers all workers in Zimbabwe from the age 16 to 60 years, who are engaged in permanent, seasonal, contract or temporary employment, except domestic workers. All workers mentioned above are expected to contribute to this scheme. It is financed from equal monthly contributions by both employers and employees. Benefits are paid in the form of a grant (which is a once off payment) and a monthly allowance until death.

## V. Tanzania

- **Tanzanian Social Security System** falls under two categories; Informal and Formal Social Security system. Tanzania has informal and traditional social security systems built on family and/or community support. The Government also established the Community Health Fund (CHF) in 1994/95. The CHF was designed as a pro-poor intervention to improve the financing and provision of healthcare to households in rural areas and urban areas.
- Currently, there are six major formal institutions that provide social security protection in Tanzania. These are;
  - **National Social Security Fund (NSSF)** offering social security coverage to employees of private sector and non-pensionable parastatal and government employees.
  - **Public Service Pension Fund (PSPF)** providing social security protection to employees of central Government under pensionable terms.
  - **Parastatal Pension Fund (PPF)** offering social security coverage to employees of the both private and parastatal organizations.

- **Local Authorities Provident Fund (LAPF)** offering social security coverage to employees of the Local Government.
  - **Government Employees' Provident Fund (GEPF)** concerns with the benefits of Government Employees who are not eligible for pension. These include employees working under contracts or under operational service for the central government, independent government departments, executive agencies, and such other employees categorized as non-pensionable.
  - **National Health Insurance Fund (NHIF)** provides health insurance coverage to central government employees eligible to receive pensions.
- In addition to the above social security programmes, Tanzania also provide several social security protection/services which include the following:
    - **Maternity and Paternity Leave:** Women employees are given 84 days leave (maternity) after delivery of single baby and 100 days for twins whereas Men employees are given 5 days leave (Paternity). This is according to Standing Order, 2009 and Labour Law of 2004.
    - **Overtime Allowance** to employees who work extra time after official hours and during weekends.
    - **Burial Benefits** are the benefits provided by Employer after the death of employee that is paying costs of burial services.
    - **Treatment benefits** given to less than 5 years, old people 60 years and above who are not capable of paying by themselves as they come with special permit from government authority. Also pregnant women receive free treatment until the time of delivery.
    - **Sick leave** is given to employees who are not capable to perform their duties after government doctor's confirmation on their health status.

## **VI. Democratic Republic of Congo (DRC)**

- The DRC has initiated several social security programmes by promulgating a Decree known as: Law of 29 June 1961 it has created a legal instrument, the Social Security Institute (I.N.S.S) by the merger of three funds, namely: the workers' Pension Fund; Central for Family Allowance Compensation Fund; Disability Workers Fund.

- The I.N.S.S manages to address 5 contingencies out of 9 mentioned in ILO Convention 102 and grouped into three branches: branches of pensions (disability, retirement and survivor); branches of occupational risks (accidents of work and occupational diseases); and branches of family allowances (family burdens).

## VII. Botswana

- Under Botswana's social security initiatives, greater access to health care services and poverty alleviation programmes are prioritized under.
- Integrated health services -One-stop clinics [HIV testing, cancer screening, Hypertension, diabetic checks, TB & paediatric care] was started on April 1, 2012. Health Care facilities are available within 15km range.
- Old Age Pension Fund, Young farmers Grants, Disadvantaged /destitute programmes, Disability benefits, Agriculture support programmes [tractors, seeds, borehole drilling, market for harvest], Rural Dwellers benefits etc, are some of the other major social security programmes and schemes currently being implemented by the Government of Botswana.

## Europe

### I. Lithuania

- The social security system of Lithuania comprises two main branches, which are: (i) social insurance; and (ii) social assistance.
- **Social Insurance** comprises the following types :
  - pension insurance,
  - sickness and maternity insurance,
  - health insurance,
  - labour accidents and occupational diseases insurance.
- Prominent **Social Assistance** cash benefits include the following:
  - social pensions;
  - family benefits;
  - funeral benefits;
  - social benefits; and

- compensation of expenses (for heating, cold and hot water supply, etc.)
- From July 1, 2012, **Maternity (Paternity) Allowance** is 100% until the child reaches the age of one year, if the insured person chooses to receive this benefit. If the insured chooses to maternity (paternity) benefit until the child is two years old, the size of the benefit of maternity leave before the child reaches the age of one year is 70%, and until the child is two years old it is 40% of the allowance.

## II. Serbia

- **Social Insurance** forms a key unit of the social security system in Serbia. The system of social insurance of the Republic of Serbia, regulate the following branches of insurance namely:
  - retirement and disability insurance;
  - health insurance; and
  - unemployment insurance.
- The following laws are in force in the area of social insurance in Serbia:
  - Law on Health Insurance;
  - Law on Health Care;
  - Law on Retirement and Disability Insurance;
  - Law on Unemployment Insurance;
  - Law on Conditions for Employing Foreign Citizens,
  - Law on Contributions to Compulsory Social Insurance.
- According to the provisions of the Law on Retirement and Disability Insurance, insured persons and their family members are entitled to the following rights:
  - in case of old age – old-age pension;
  - in case of disability – disability pension;
  - in case of death: (survivor's pension and cash compensation of funeral expenses;
  - in case of a body impairment caused by work injury or occupational disease – cash compensation for body impairment; and
  - in case of need for the assistance and care of other person – cash compensation for the assistance and care of other person

- **Compulsory health insurance** comprises of insurance against sickness and injury outside work, and occupational injury or occupational disease insurance.
- Under Law on Employment and Unemployment Insurance, unemployed persons can, on the basis of the compulsory insurance, be provided with exercising the following rights:
  - cash benefit;
  - health insurance and retirement and disability insurance; and
  - other rights pursuant to the law.

### III. United Kingdom

- The UK has recognised the responsibility of society and government for the destitute and poor in the early 17<sup>th</sup> Century with the passing of The Poor Act in 1601.
- UK provides for the Workmen's Compensation with the Workmen's Compensation Act, 1897, Temporary Disability Benefits, Permanent Disability Benefits, Survivors' Benefits, etc.
- UK social security provisions also include Sickness and Maternity provisions, Workers' Benefits, Dependents Medical Benefits, Unemployment Benefits, Old Age benefits, etc.

## South America

### I. Guyana

- Social Security laws on Guyana comprises of: National Insurance & Social Security Act; Poor Relief Act; Old Age Pension Act; Friendly Societies Act; and Accidental Deaths and Personal Injures Act.
- National Insurance and Social Security Act (NIS) cover all public and private sector employees and self-employed persons aged 16 to 59. Also voluntary coverage is possible for previously insured persons until age 60. Benefits of NIS include: Old Age Benefits; Disability Benefits; Survivor Benefits; Funeral Benefit ; Sickness and Maternity Benefits; Workers' Medical Benefits; Dependents' Medical Benefits; & Work Injury benefits.
- The Ministry of Labour, Human Services and Social Security provides public assistance and monetary benefits to its citizens who are in need.
- Through its Difficult Circumstances Department, foods, house hold items and payment of water bills for pensioners are provided.

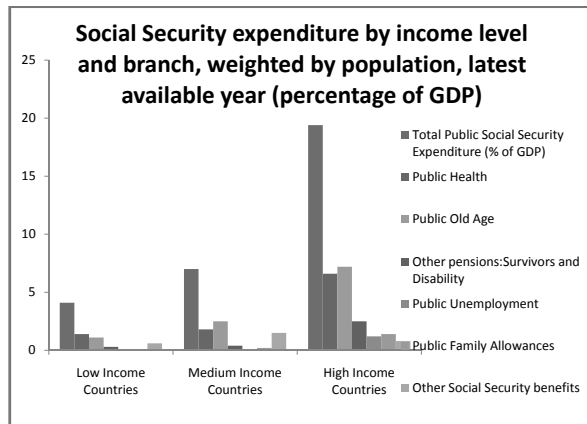
- CARICOM (The Caribbean community) Agreement on Social Security was signed in Georgetown, Guyana on March 1, 1996 and came into effect on April 1, 1997. The Agreement is intended to protect CARICOM Nationals’ entitlement to benefits and provide equality of treatment when moving from one country to another.

## United States of America

- The Social Security Act, 1935 was the landmark in the history of the social protection movement in the United States of America. The Act has been amended four times since then and has widened its ambit. It provides for social assistance to the needy, aged, blind and dependent children.
- It includes Old Age and Survivors’ Insurance, Old Age pension for all people aged 65 years and above and Medical Health Insurance for Aged and Disabled.
- The country also made the provision of welfare plans to cover health insurance supplementary benefits for retirees, laid-off employees, etc. The natural school lunch programme is designed to cover and safeguard the health and nutritional needs of the nation’s children by providing adequate supply of food at the moderate cost.

Several Figures have been provided here to highlight different aspects of social security expenditure pattern, benefit packages, etc.

**Fig. 3.1: Social Security Expenditure at International Level**



Source: *World Social Security Report, 2010/11*  
<http://www.socialsecurityextension.org/gimi/gess/ResFileDownload.do?ResourceId=15128>

## 3.2 Social Security Trends at National Level (India)

**Table 3.1**  
**Plan-wise Expenditure on Labour and Labour Welfare**

(Rs.Crores)

Item	I Plan (1951- 56)	II Plan (1956- 61)	III Plan (1961- 66)	Annual Plans (1966- 69)	IV Plan (1969- 74)	V Plan (1974- 79)	Annual Plan (1979- 80)	VI Plan (1980- 85)	VII Plan (1985- 90)	VIII Plan (1992- 97)	IX Plan (1997- 02)	X Plan (2002- 07)
Labour Welfare & Training\$	6.9#	29.16#	55.8#	34.8#	31.1#	817.2# @	236.5#@	199.99#	485.14#	299.44*	516.56*	821.54*

Source: Budget documents & Annual Reports, Ministry of Labour

@ includes provision for nutrition

# Total Plan Expenditure: Centre, State & UTs

\* Central Ministry of Labour expenditure

\$ Welfare & Training sector includes the following programmes:

- Vocational Training
- Employment Service
- Manpower planning & research
- Labour Welfare
- Social Security
- Unorganised Workers
- Rehabilitation of Bonded Labour
- Industrial and Mines Safety
- Labour Participation in Management

### 3.2.2 Social Security Coverage

Social security coverage under Workmen's Compensation Act in India is given in Table 3.2

**Table 3.2**  
**Coverage under Workmen's Compensation Act, 1923**

Year	Total no. of compensated accidents	Total compensation paid (Rs. Lakhs)
1961-71	1025380	1638.19
1971-81	415780	1739.65
1981-91#	388519	2157.87
1991-01	98842	21503.24
2001-11@	43718	42440.94

Source: Indian Labour Statistics, Ministry of Labour & Employment

# information for year 1981 was not available

@ information for years 2009, 2010, 2011 was not available

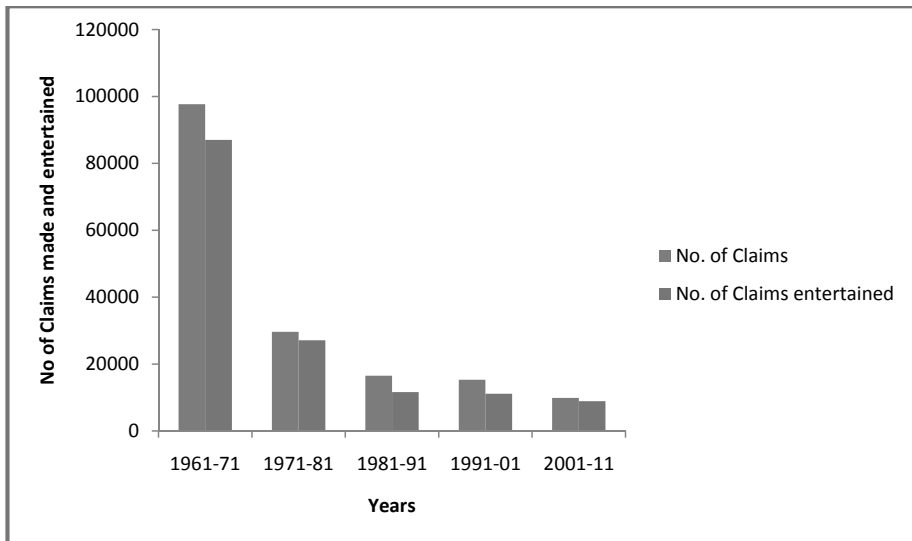


**Table 3.3**  
**Coverage under Maternity Benefit Act, 1961**

Year	No. of Claims	No. of Claims entertained	Total (Rs. Lakhs)
1961-71	97666	87025	85.28
1971-81	29651	27101	122.76
1981-91	16498	11630	317.49
1991-01	15294	11131	1067.28
2001-11 <sup>^</sup>	9865	8908	2234.75

Source: Indian Labour Statistics, Ministry of Labour & Employment  
<sup>^</sup> information for years 2009,2010,2011 was not available

**Fig. 3.2: Coverage under Maternity Benefit Act, 1961**



Source: Table 3.3

**Table 3.4**  
**Coverage under Employees Provident Fund & Miscellaneous Provisions Act, 1952**

(For Unexempted Establishments)

Year	No. of Subscribers ('000)	Refund Claims settled	
		Number ('000)	Amount (in Cr)
1951-61	18008.4	428	14.6
1961-71#	34778	1477	111.89

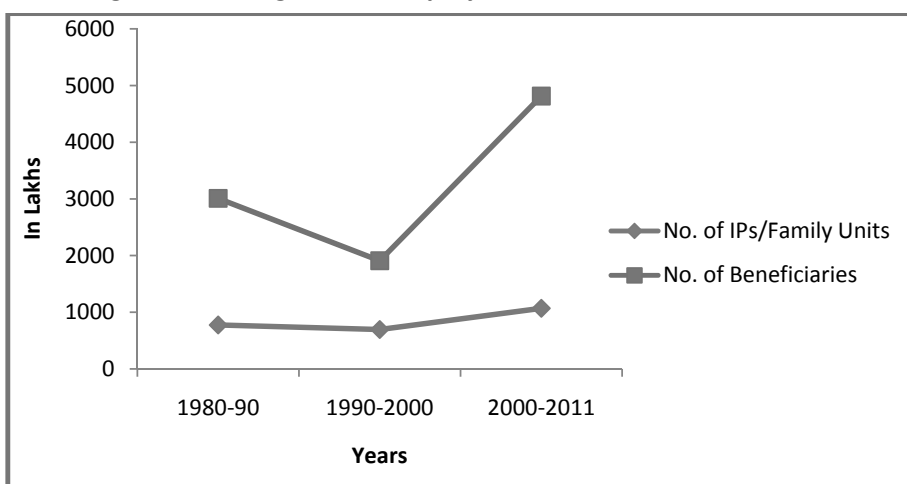
Source: Indian Labour Statistics, Ministry of Labour & Employment  
<sup>#</sup> information for successive years to be included subject to availability of data

**Table 3.5**  
**Coverage under Employees State Insurance Act, 1948**

Year	No. of Insured Persons/Family Units (in Lakhs)	No. of Beneficiaries (in Lakhs)
1980-90	774.91	3007.91#
1990-2000	694.65	1907.31
2000-2011@	1069.69	4813.37

Source: Indian Labour Statistics, Ministry of Labour & Employment  
#information of the year 1982 not included  
@information of the year 2003 not included

**Fig. 3.3: Coverage under Employees State Insurance Act, 1948**



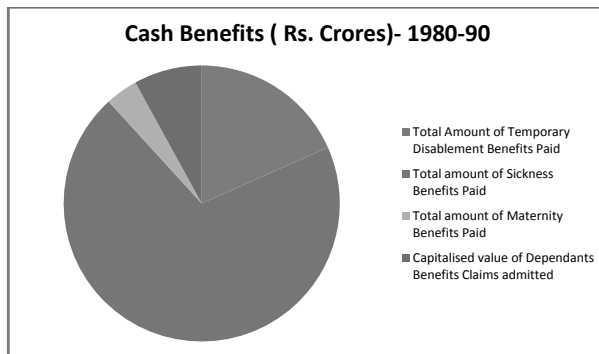
Source: Table 3.5

**Table 3.6**  
**Cash Benefits under ESI Scheme under different year**

Year	Total amount of Temporary Disablement Benefits Paid (Rs Cr)	Total amount of Sickness Benefits Paid (Rs Cr)	Total amount of Maternity Benefits Paid (Rs Cr)	Capitalised value of Dependants Benefits Claims admitted (Rs Cr)
1980-90	139.63	531.73	28.81	60.81
1990-2000	225.39	603.80	65.85	187.67
2000-2010#	292.09	872.87	204.34	294.34

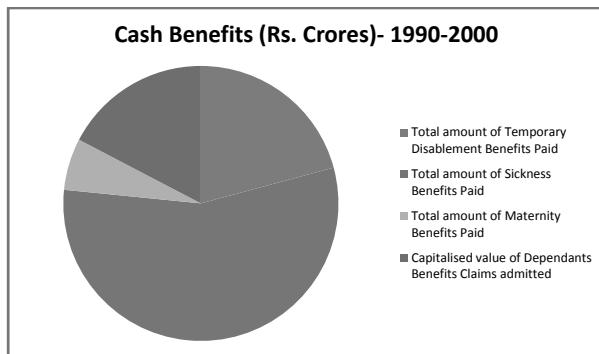
Source: Indian Labour Statistics, Ministry of Labour & Employment  
# Information of Years 2009, 2010 not included

**Fig. 3.4: Cash Benefits (Rs. Crores) – 1980-90**



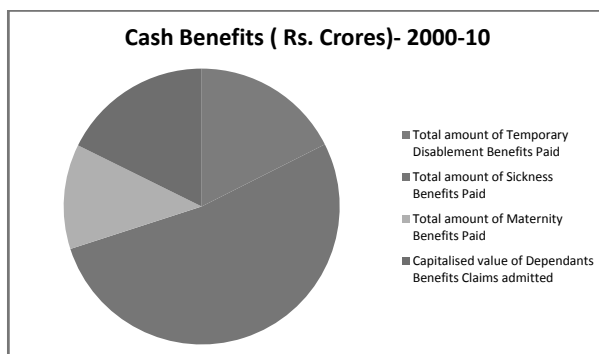
Source: Table 3.6

**Fig. 3.5: Cash Benefits (Rs. Crores) – 1990-2000**



Source: Table 3.6

**Fig. 3.6: Cash Benefits (Rs. Crores) – 2000-2010**



Source: Table 3.6

### 3.3 Recent Trends in gauging Social Security efficacy

- **Social Protection Floor<sup>1</sup>**

**Social protection floors are nationally defined sets of basic social security guarantees that should ensure, as a minimum that, over the life cycle, all in need have access to essential health care and to basic income security which together secure effective access to goods and services defined as necessary at the national level.**

The **International Covenant on Economic, Social and Cultural Rights** of 1966 (ICESCR), ILO Conventions on Social Security, the Convention on the Rights of the Child and other human rights instruments. It reflects the call of the UDHR for adequate **Social Protection Floor** concept is based on shared **principles of social justice** and is grounded in the Universal Declaration of Human Rights of 1948 (UDHR), the International Covenant on Economic, Social and Cultural Rights life standards, access to health, education, food, housing and social security. The right to social security in itself is recognized as a human right for example, in article 22 and 25 UDHR and article 9 ICESCR. Moreover, the social protection floor concept enables the concrete realization of the respective human rights.

The SPF concept has become widely recognized and accepted at various international, regional and national conferences over the course of 2009 and 2010 including the G20 and Millennium Development Goals (MDG) summits. Concerned about 40% of the world's population living under the international poverty line of 2 US dollars a day which suggests that they do not have access to a social protection floor, UN adopted **the Social Protection Floor Initiative (SPF-I)**, as one of its nine joint crisis initiatives to cope with the effects of the economic crisis.

ILO contends investment in Social Security is investment in a country's "human infrastructure" which is no less important than investments in its physical infrastructure. ILO opines that the social expenditure, i.e., expenditure on Quality of Life pointers like, health, education, etc. results in inclusive growth and development of the society which in turn leads to high investment in social security (As explained in the box Fig 3.6).

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1. For more information on SPF-I, visit <http://www.socialsecurityextension.org/gimi/gess/ShowTheme.do?tid=1321>

**Fig 3.7: The Virtuous Cycle of Development**



Source: <http://www.socialsecurityextension.org/gimi/gess/ShowTheme.do?tid=2485>

The achievement of social security as a human right represents a fundamental part of the ILO's Constitution and mandate. The Social Protection Floor concept is based on shared principles of social justice and is grounded in the Universal Declaration of Human Rights of 1948 (UDHR), the International Covenant on Economic, Social and Cultural Rights of 1966 (ICESCR), ILO Conventions on Social Security, the Convention on the Rights of the Child and other human rights instruments. The Right to Social Security in itself is recognized as a human right in UDHR & ICESCR (Box 3.5.3). The Declaration of Philadelphia (1944), the Declaration on Social Justice for a Fair Globalization (2008) and the Global Jobs Pact (2009) provides a framework aiming at justice, social progress and social security to all.

**Box- 3.7**

*“Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international cooperation and in accordance with the organization and resources of each state, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.”*

*Article 22 of the Universal Declaration of Human Rights (1948)*

*§1 “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”*

*§2 “Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.”*

*Article 25 of the Universal Declaration of Human Rights (1948)*

*“[t]he States Parties to the present Covenant recognize the right of everyone to social security, including social insurance.”*

*Article 9 of the International Covenant on Economic, Social and Cultural Rights (1966)*

Source: <http://www.socialsecurityextension.org>

In June 2012, the International Labour Conference adopted the Social Protection Floors Recommendation 2012 (No 202) specifying guidelines for the Member States in order to ensure that each and every members of society have access to at least a basic level of social security throughout their lives.

▪ **Decent Work**

ILOs Decent Work concept has revolutionized the concept of work as it brings in the idea of dignity, respect, workers rights, collective bargaining,

social dialoguing at the core. Decent work sums up the aspirations of people in their working lives. The ILO has developed an agenda for the community of work. It provides support through integrated Decent Work Country Programmes developed in coordination with ILO and member-states.

Under Decent Work programme of the ILO, four core objectives were stated. They are:

1. **Job creation:** an economy that generates opportunities for investment, entrepreneurship, skills development, job creation and sustainable livelihoods.
2. **Guaranteeing Right at Work:** to obtain recognition and respect for the rights of workers. All workers, and in particular disadvantaged or poor workers, need representation, participation, and laws that work for their interests.
3. **Extension of Social Protection:** to promote both inclusion and productivity by ensuring that women and men enjoy working conditions that are safe, allow adequate free time and rest, take into account family and social values, provide for adequate compensation in case of lost or reduced income and permit access to adequate healthcare.
4. **Promoting Social Dialogue:** Involving strong and independent workers' and employers' organizations is central to increasing productivity, avoiding disputes at work, and building cohesive societies.

In order to realize Decent Work as a Universal and National reality, ILO has initiated **Decent Work Country Programmes (DWCP)**<sup>2</sup>. DWCPs look at the country-specific priorities and programmes and address the Decent Work deficits by initiating programmes suitable to the Nation's needs.

▪ **Exposure Dialogue Programmes (EDP)**

Exposure Dialogue Programmes is a joint effort by Cornell University, Self Employed Women's Association (SEWA) and Women in Informal Employment: Globalizing and Organizing (WIEGO) to look at the possibility of dialogue to bridge the gulf between the perspectives of traditional, mainstream economists on one hand, and those of grass-root activists on the other. The dialogue precedes with the exposure to the real lives of poor working women, their harsh realities, understanding their nature of living and to bring the analysis more closer to actuality.

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2. *For Various Decent Work Country Programmes, visit: <http://www.ilo.org/public/english/bureau/program/dwcp/countries/index.htm>*

The EDP approach was pioneered by Karl Osner and the group he founded in Germany. Under EDPs, the dialogue group spent few days and nights living with, and working with the families of women known as “Host Ladies” and asking questions. In 2003, a series of dialogues were started and so far five such exposures were undertaken: in Ahmedabad, India (2004 and 2008); Durban, South Africa (2007 and 2011); and Oaxaca, Mexico (2009).

EDPs are the welcome step in the direction of effective formulation, implementation and evaluation of social security programmes by enriching it with the real life experiences.





**Module 4**  
**Good Practices at International  
& National Level**



## **Exercise**

### **Module Four**

Day 1- Good Social Security measures at International Level

- ☞ Mexico Case Study
- ☞ Brazil Case Study

Day 2- Good Social Security measures at National Level

- ☞ MGNREGS Study
- ☞ Role of SHGs- A Case Study of SEWA Model

Day 3- Group Work



Day 4- Group Work presentation

## Resource Material

### Module Four

**Map 4.1: Best Practices at International Level**



#### **4.1 Best Practices at International Level**

- International Experiences of Social Protection Floor:

##### **1. Cape Verde – Social Protection Schemes**

The non-contributory pension in Cape Verde, launched in 1994, now reaches 90 per cent of the target population; essential health services cover nearly the whole population; employment-intensive public works have been used to as a means to guarantee an income for the working poor. Most of the human development indicators registered considerable improvement and are among the highest in sub-Saharan Africa.

##### **2. Brazil – Bolsa Familia Programme**

The Brazilian Bolsa Familia programme is one of the largest social assistance programmes in the world. Conceived as part of integrated social policies, the programme has a double objective: (a) to reduce current poverty and inequality, by providing a minimum level of income for extremely poor families; and (b) to break the inter-generational

transmission of poverty by making these transfers conditional on the compliance by beneficiaries with “human development” requirements. In 2008, it covered 47 million people, corresponding to about one quarter of the Brazilian population, with a level of expenditure of 0.4 per cent of GDP, representing 1.8 per cent of the federal government budget.

### **3. Thailand – Universal Health-Care Scheme (UC Scheme)**

In 2001, Thailand took a radical step towards achieving full health-care coverage by introducing a universal health-care scheme, now popularly called the “UC scheme” (earlier known as the “30 baht scheme”). The scheme offers Thai citizens access to health services provided by designated district-based networks of providers. As a result, overall statutory coverage for health insurance in Thailand reached almost 98 per cent of the population in 2006–07, 75 per cent of it being guaranteed by the UC scheme.

### **4. Bangladesh- Food for Education**

Launched as a pilot project in Bangladesh in 1993 as a food-based educational intervention programme known as Food-For-Schooling (FFS) programme. It provides poor households whose children attend at least 85% of the classes with a free monthly ration of 15 or 20 kg of food grains after fulfilling certain criteria.

### **5. Mexico- Progressa Programme**

Mexico’s Progressa programme is one of the most internationally acclaimed programmes which started in 1997. It is a comprehensive programme having wide coverage in terms of educational grants, nutritional and health programmes undertaken in Mexico.

### **6. Sweden- Family Benefits**

Parental benefit can be taken until the child reaches the age of eight or completes its first year at school. If parents care jointly for the child, they are entitled to take 360 days leave with parental benefit. Of these, 60 days are reserved for each parent. There is also a substantial tax bonus for couples that share. The others can be allocated to the other parent by choice. The mother can receive parental benefit from the 60th day before the estimated date of birth.

Children born in Sweden are entitled to child allowance which is also Tax-free.

## **7. Australia- Parental Leave Policy**

National Paid Parental Leave Scheme was commenced in Australia from January 1, 2011, where Tax payer funded paid Parental leave of 18 weeks duration is given at the federal minimum wage limit.

To be eligible for the paid parental leave scheme, the primary carer(usually the mother but potentially the father also) must be in paid work and have been engaged in work continuously for at least ten of the 13 months prior to the expected birth or adoption of the child; and undertaken at least 330 hours of paid work in the ten month period.The benefit is restricted to those earning less than A\$150,000 (€84,560) per year.

The benefit can be taken in conjunction with other forms of paid leave to which the employee may be eligible (recreational leave, long service leave, employer- funded parental leave) but must be taken before the employee returns to work. Any unused portion of the leave benefit can be transferred to another primary care-giver (usually the father) in the event that they also meet the eligibility criteria.

Those mothers not working (or not working for a sufficient period or hours) prior to the birth of a child are still eligible for the existing baby bonus of A\$5,000 (€2,820) and have access to family tax benefits (primarily payable to single income families). These benefits of the social security system are no longer available to those claiming the paid Maternity leave benefit.

## **4.2 Best Practices at National Level**

### **1. India – Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)**

Mahatma Gandhi National Rural Employment Guarantee Act (Mahatma Gandhi NREGA) is one of the flagship programmes of the Government of India that directly touches the lives of the poor and promotes inclusive growth. The Act aims at enhancing livelihood security of rural poor by guaranteeing 100 days of wage employment in a financial year to every rural household whose adult members volunteer to do unskilled manual work.

Implemented by the Ministry of Rural Development from 2<sup>nd</sup> February 2006, this Act initially covered 200 most backward districts of the country and was later extended in two phases to cover all remaining districts of the country.

### Salient Features of the Act

Salient features of the Act are summarized below:

- a) Atleast 100 days; wage employment is assured to adults in every rural household, who volunteer to do unskilled manual work.
- b) Households have to apply for registration to the local Gram Panchayat, in writing or orally.
- c) The Gram Panchayat after due verification issues a Job Card to the household. The Job Card bears the photograph of all adult members of the household willing to work under Mahatma Gandhi NREGA. The Job Card with photograph is provided to the eligible household free of cost.
- d) A registered household may submit a written application for employment to the Gram Panchayat, stating the time and duration for which work is sought.
- e) Applications for work must be for at least fourteen days of continuous work, except for works relating to "access to sanitation facilities", for which application for work must be for at least six days of continuous work.
- f) The Gram Panchayat is to issue a dated receipt of the valid application for employment.
- g) Employment is required to be provided within 15 days of receipt of an application or from the date work is sought in case of advance application, whichever is later.
- h) If employment is not provided within 15 days, daily unemployment allowance has to be paid. States are liable to pay such unemployment allowances.
- i) At least one-third of persons to whom work is allotted have to be women.
- j) Disbursement of wages has to be done on weekly basis and not beyond a fortnight.
- k) Panchayat Raj Institutions (PRIs) have been assigned a central role in planning and implementation.
- l) Each district is required to prepare a shelf of projects to meet the demand for work.
- m) The list of permissible works are as below:
  - i) Water Conservation and water harvesting including contour trenches, contour bunds, boulder checks, gabion structures, underground dykes, earthen dams, stop dams and springshed development;



- ii) Drought Proofing including plantation and afforestation;
- iii) Irrigation canals including micro and minor irrigation works;
- iv) Provision of irrigation facility, dug out farm pond, horticulture, plantation, farm bunding and land development;
- v) Renovation of traditional water bodies including desilting of tanks;
- vi) Land Development;
- vii) Flood control and protection works including drainage in water logged areas including deepening and repairing of flood channels, chaur renovation, construction of storm water drains for coastal protection;
- viii) Rural connectivity to provide all weather access, including culverts and roads within a village, wherever necessary;
- ix) Construction of Bharat Nirman Rajiv Gandhi Sewa Kendra as Knowledge Resource Centre at the Block level and as Gram Panchayat Bhawan at the Gram Panchayat level;
- x) Agriculture related works, such as, NADEP composting, vermin-composting, liquid bio-manures;
- xi) Livestock related works, such as, poultry shelter, goat shelter, construction of pucca floor, urine tank and fodder trough for cattle, azolla as cattle-feed supplement;
- xii) Fisheries related works, such as, fisheries in seasonal water bodies on public land;
- xiii) Works in coastal areas, such as, fish drying yards, belt vegetation;
- xiv) Rural drinking water related works, such as, soak pits, recharge pits;
- xv) Rural sanitation related works, such as, individual household latrines, school toilet units, anganwadi toilets, solid and liquid waste management;
- xv a) Construction of Anganwadi centres
- xv b) Construction of play fields.
- xvi) Any other work which may be notified by the central government in consultation with the state government.

### **Objectives**

- To enhance the livelihood security of the rural poor by generating wage employment opportunities in work that develop the infrastructure base of rural areas.
- To rejuvenate the natural resource base of the area concerned.

- To create a rural asset base to enhance productive self employment, augment and sustain rural household income.
- To stimulate the local economy for providing wage employment.
- To ensure empowerment of PRIs and women.

## 2. India- The Mid-Day Meal Scheme

One of the oldest examples of a school feeding programme is Tamil Nadu's 'mid-day meal' scheme set up in 1982 as a state-wide nutritious meal programme provided to primary school children (kabeer 2010). It was extended to whole country in 1995: the National Programme of Nutritional Support to Primary Education.

The Mid Day Meal Scheme is a multi-faceted programme of The Government of India that, among other things, seeks to address issues of food security, lack of nutrition and access to education on a pan nation scale. It involves provision for free lunch on working days for children in Primary and Upper Primary Classes in Government, Government Aided, Local Body, Education Guarantee Scheme (EGS) and Alternate Innovative Education (AIE) Centres, Madarsa and Maqtabs supported under Sarva Shiksha Abhiyan and National Child Labour Project (NCLP) Schools run by Ministry of Labour. The primary objective of the scheme is to provide hot cooked meal to children of primary and upper primary classes. With other objectives of improving nutritional status of children, encouraging poor children, belonging to disadvantaged sections, to attend school more regularly and help them concentrate on classroom activities, thereby increasing the enrollment, retention and attendance rates. According to the government, it is the world's largest school feeding programme, reaching out to about 120,000,000 children in over 1,265,000 schools and Education Guarantee Scheme (EGS) centres across the country.

A World Bank report states that India has 42 percent of the world's underweight children. According to the studies by National Nutrition Monitoring Bureau (NNMB), National Institute of Nutrition (NIN) and Indian Council for Medical Research (ICMR), 58.6 percent of the children of the age group 6–9 years and 77.9 percent of the children of the age group 10-13 are underweight. If the mild under nutrition is added to underweight, this number increases to 94.1 percent and 96.4 percent respectively. 30.1 percent of all children of 10-13 age group are severely underweight. The school dropout rate is as high as 60 percent. Under Article 24, paragraph 2c of the Convention on the Rights of the Child to which India is a party, India has committed to providing "adequate nutritious foods" for Children.

### **3. Unorganised Workers' Social Security Act, 2008**

The Act came in 2008 to look after the social security issues of the unorganised workers. It provides for constitution of National Social Security Board which will recommend formulation of social security schemes for unorganised workers from time to time. Accordingly, the National Board was constituted in 2009.

Subsequently, the Board recommended that social security schemes viz. Rashtriya Swasthya Bima Yojana (RSBY) providing health insurance, Janashree Bima Yojana (JBY) providing death and disability cover and Indira Gandhi National Old Age Pension Scheme (IGNOAPS) providing old age pension may be extended to Building and other Construction Workers, MGNREGA workers, ASHA workers, Anganwadi workers & helpers, Porters/Coolies/Gangmen and Casual and Daily Wagers.

### **4. Rashtriya Swasthya Bima Yojana (RSBY)**

RSBY has been launched by the Ministry of Labour and Employment, Government of India to provide health insurance coverage for Below Poverty Line (BPL) families. The objective of RSBY is to provide protection to BPL households from financial liabilities arising out of health risks that involve hospitalization and medication. Beneficiaries under RSBY are entitled to hospitalization coverage up to Rs. 30,000/- for most of the diseases that require hospitalization.

Coverage extends to five members of the family which includes the head of household, spouse and up to three dependents. Beneficiaries need to pay only Rs. 30/- as registration fee while Central and State Government pays the premium to the insurer selected by the State Government on the basis of a competitive bidding.

Inclusion of registered domestic workers under the health insurance scheme Rashtriya Swasthya Bima Yojana in 2011 was a progressive move towards addressing the health needs and other emergency needs of otherwise, vulnerable domestic workers.

The workers in the unorganized sector constitute about 93% of the total work force in the country. The Government has been implementing some social security measures for certain occupational groups but the coverage is miniscule. Majority of the workers are still without any social security coverage. Recognizing the need for providing social security to these workers, the Central Government has introduced a Bill in the Parliament.

One of the major insecurities for workers in the unorganized sector is the frequent incidences of illness and need for medical care and hospitalization of such workers and their family members. Despite the expansion in the health facilities, illness remains one of the most prevalent causes of human deprivation in India. It has been clearly recognized that health insurance is one way of providing protection to poor households against the risk of health spending leading to poverty. However, most efforts to provide health insurance in the past have faced difficulties in both design and implementation. The poor are unable or unwilling to take up health insurance because of its cost, or lack of perceived benefits. Organizing and administering health insurance, especially in rural areas, is also difficult.

## **5. Solidarity Networks**

Employers in India are fast realizing the importance of creating a healthy work environment that supports a work-life balance and integrating policies and programmes to assist employees through important phases in life, such as pregnancy, childbirth, infertility, adoption, etc.

In India, IT giants like Google, Accenture, SAP, IBM are running various programmes supporting pregnant working women and working mothers to balance work and personal life.

Google India offers a baby bonding benefit of Rs 13,650 soon after the child is delivered along with insurance cover towards delivery related expenses. General Insurance is also given if baby is sick or diagnosed with any problem. Also, Google India gives infertility cover and also helps the employees during adoption process.

Accenture runs a unique programme called “Hours That Help” where employees can donate their unused vacation time to their colleagues who are in need of additional paid leave to attend to critical medical or personal matters.

SAP is running “Run the Mummier” programme where every need of pregnant working employee is taken in to account, right from safe movement to and fro office by providing cab but also providing an official buddy at work looking after her through emotional downtimes and mood swings.

IBM has launched a programme to train in-home caregivers or nannies on the nitty-gritty of child care as parents using in-home caregivers

recorded the lowest satisfaction rates as compared to parents relying on relatives or child care centres in a **2010 Global Work/Life Issues Survey** conducted by IBM.

## **6. Self-Employed Women's Association of India**

SEWA is a trade union registered in 1972. It is an organisation of poor, self-employed women workers. SEWA was founded in 1972 by the noted Gandhian and civil rights leader Dr. Ela Bhatt. SEWA members are women who earn a living through their own labour or small business. They do not obtain regular salaried employment with welfare benefits like workers in the organized sector. They are the unprotected labour force of India.

SEWA's main goals are to organize women workers for full employment and self-reliance. SEWA aims to mainstream marginalized, poor women in the informal sector and lift them out of their poverty.

SEWA provides Support Services, like savings and credit, health care, child care, insurance, legal aid, capacity building and communication which are important needs of poor women in organizing them as self-reliant and independent identity. They provide these services in a decentralised and affordable manner, at the doorsteps of workers. Further, supportive services can be and are themselves a source of self-employment. For example, midwives charge for their services and creche workers collect fees for taking care of young children.

SEWA through its 20 Sister's Organisations are relentlessly working towards the realization of the aim to make every women worker strong, independent and self-reliant in the fast-changing globalizing world.

**Module 5**  
**Capacity Building & Awareness**  
**Raising**



## Exercise

### Module Five

Day 1- Challenges in extending Social Security provisions in the Developing Economies

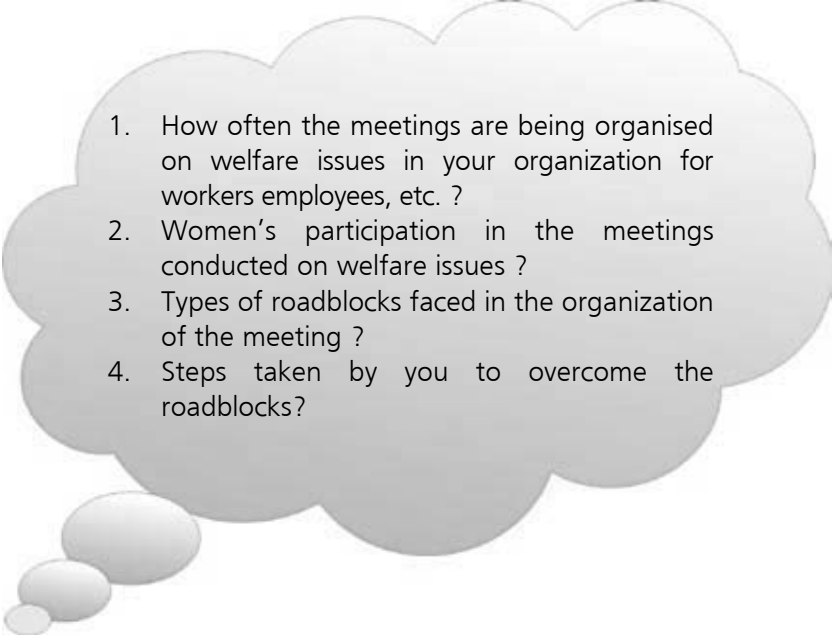
- ☞ Demographic Transition & Old Age Social Security
- ☞ Rising Informalisation in the Labour Market
- ☞ Social Security Coverage in the Unorganised Sector

Day 2- Proposed Recommendations

- ☞ Role of Employers
- ☞ Role of Trade Unions
- ☞ Role of Labour Enforcement Officers

Role of Judiciary

Day 3- Group Work

- 
1. How often the meetings are being organised on welfare issues in your organization for workers employees, etc. ?
  2. Women's participation in the meetings conducted on welfare issues ?
  3. Types of roadblocks faced in the organization of the meeting ?
  4. Steps taken by you to overcome the roadblocks?

Day 4- Group Work Presentation



## **Resource Material**

### **Module Five**

#### **5.1 Challenges and Proposed Recommendations**

Provision of social security in developing economies is a daunting task riddled with challenges like:

- Demographic Transition and Old-Age Social Security;
- Rising Informalisation in the labour market; and
- Social Security coverage in the unorganised sector

#### **Demographic Transition and Old-Age Social Security**

It is the aftermath of declining fertility and mortality that makes India the second largest country in the world after China having 77 million elderly populations, which constitute around 7.6 percent of the total population in 2001 census. As per the analysis of Census 2011 data and projections, the elderly population has already crossed 100 million mark.

Though the developed countries reached the demographic transition earlier than the developing countries but in developing countries with wide base population and the late demographic transition, the process of ageing is a recent one and India is one of the developing countries with fastest growing elderly population in the world.

The number and proportion of elderly population in India is increasing very fast. Though in comparison to the developed countries the India's population is still young but in absolute terms, India is the second highest elderly populated country after China. Still more than fifty percent of aged persons in India are surviving below the poverty line and more than 80 percent of the elderly are depending on others especially children for their day today activities (Panigrahi, 2009). With poor social security arrangements for the elderly, it is not surprising that around 37 million elderly in India are engaged in productive work, according to NSSO data for 2004-05. A majority of these workers are illiterate or have limited levels of education. India has to build a social security model specifically targeting the elderly population catering to their needs, increasing their standard of living and building human capital by imparting education, skill training, etc.

Graying population is one of the most significant characteristics of the twentieth century and quite often the first quarter of the twenty first century is going to be called as 'The age of Ageing (ibid).

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3. *Read more on [www.agewellfoundation.org](http://www.agewellfoundation.org): Report on "Older Women in India"- A note by Agewell Foundation*

### Old Age Statistics in India

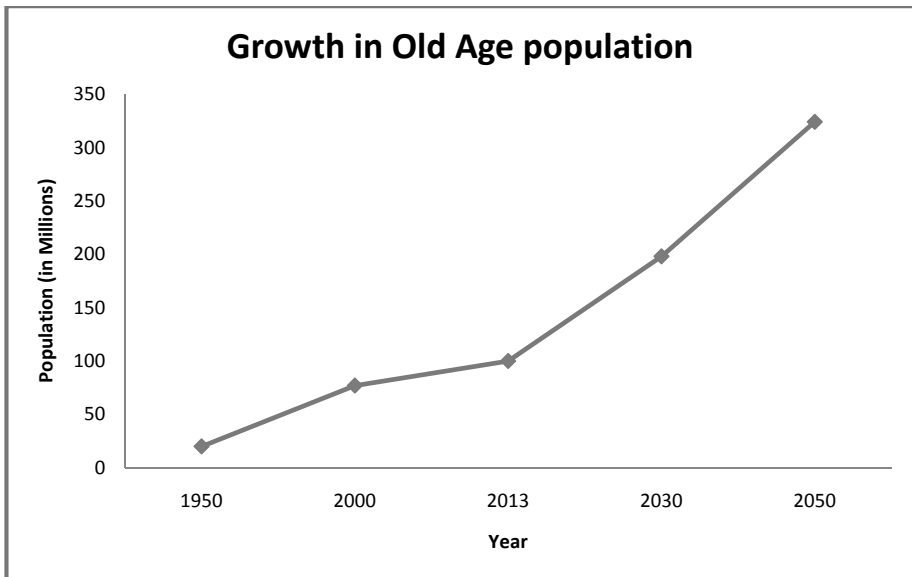
Following tables illustrates the growing old-age population in India. The reasons for it are increasing life expectancy over the decades, its comparative analysis with other developing and developed countries, etc.

**Table 5.1**  
**Growth in Old Age Population In India**

Year	Population (approx.) (in Millions)
1950	50
2000	77
2013	100
2030	198
2050	324

Source: Panigrahi, A.K., 2009

**Fig. 5.1: Growth in Old Age Population**



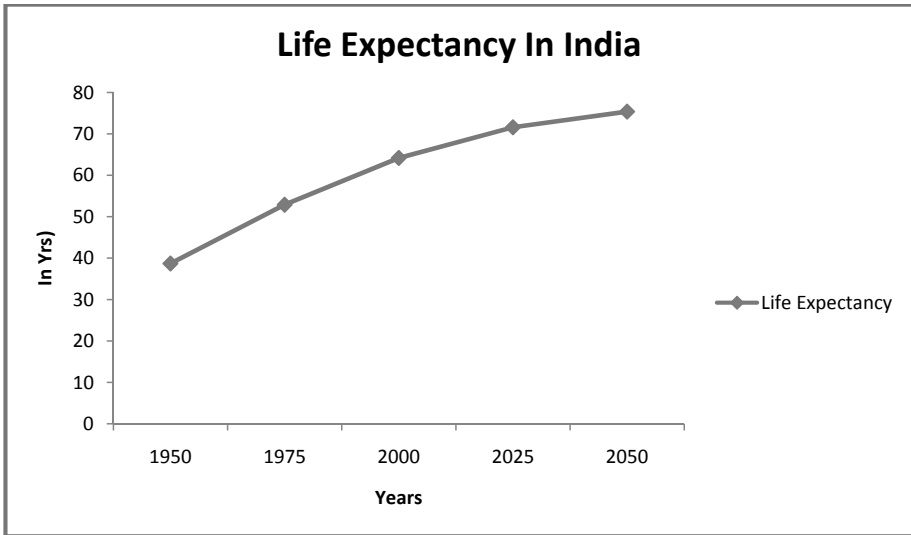
Source: Table 5.1

**Table 5.2**  
**Life Expectancy in India**

Year	Life Expectancy (in Yrs)
1950	38.7
1975	52.9
2000	64.2
2025	71.6
2050	75.4

Source: Panigrahi, A.K.,2009

**Fig. 5.2: Life Expectancy in India**



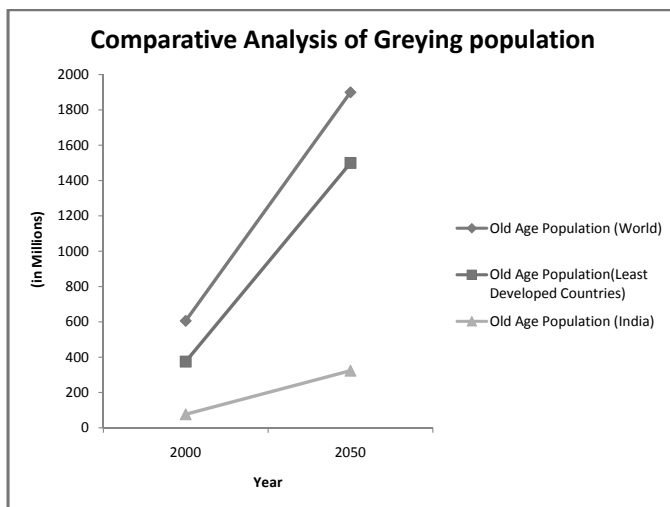
Source: Table 5.2

**Table 5.3**  
**Comparative analysis of greying population**

Year	Number of Old People (in Millions) (Aged 60 & above)		
	World	Least Developed Countries	India
2000	606	375	77
2050	1900	1500	324

Source: Panigrahi, A.K., 2009

**Fig. 5.3: Comparative Analysis of Greying Population**



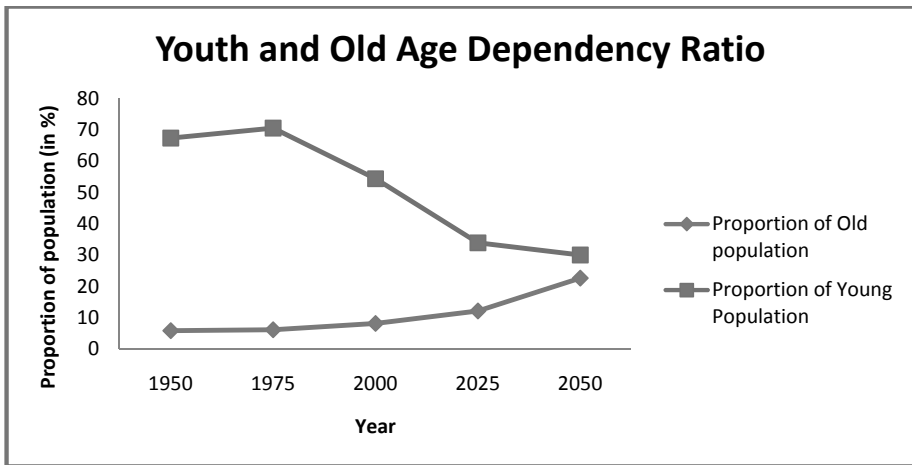
Source: Table 5.3

**Table 5.4**  
**Total, Youth and Old age Dependency Ratio over the period 1950-2050**

Year	Dependency Ratio (per 100)		
	Youth	Old	Total
1950	67.4	5.8	73.2
1975	70.6	6.1	77.4
2000	54.4	8.1	62.5
2025	33.9	12.1	46.1
2050	30.0	22.6	52.6

Source: Panigrahi, A.K.2009

**Fig. 5.4: Youth and Old Age Dependency Ratio**



Source: Table 5.4

According to the Annual Report to the People on Employment 2010, in 2021 the average Indian age will be only 29 years which will project India as one of the youngest nations in the world but with increasing life expectancy over the decades, situation after 40 years needs to be carefully calibrated when India would be having the second largest old population.

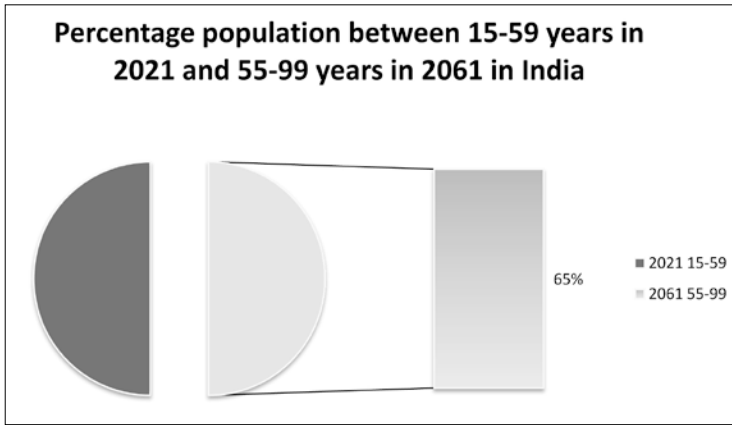
**Given :** Average age of Indian Population in 2021 = 29 years

**Probability :** After 40 years in Year 2061

**Expected :** Average Age of Indian population in 2061 = 29yr + 40yr  
 = 69 years

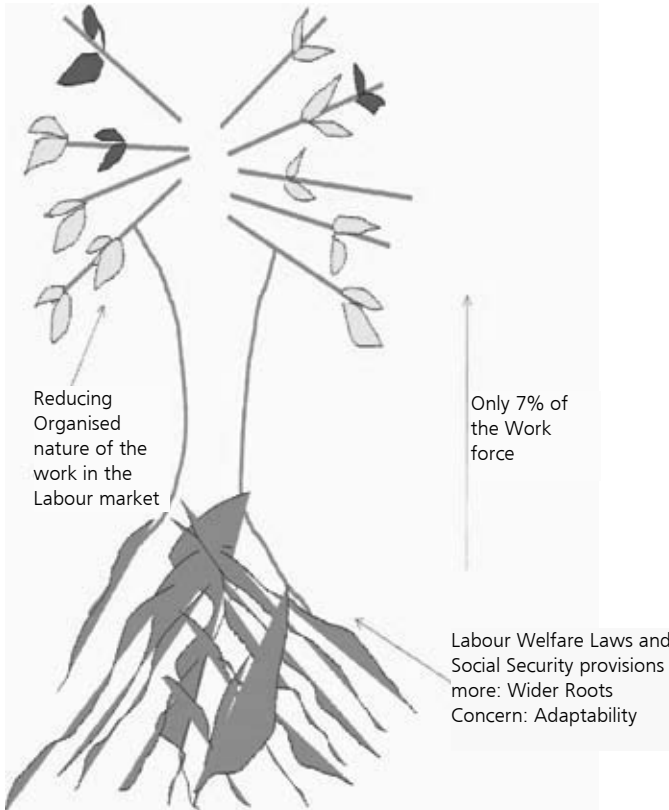
Graphical representation is given below:

**Fig. 5.5: Percentage Population between 15-59 years in 2021 and 55-99 years in 2061 in India**

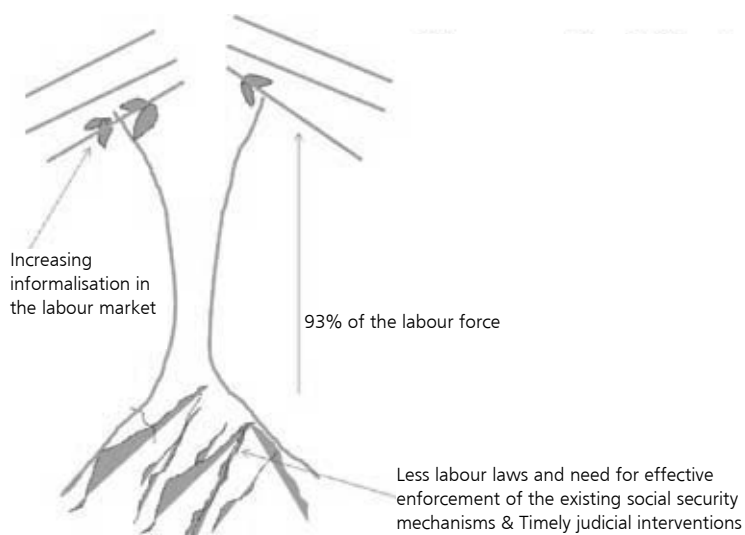


Source: Government of India (2010) Annual Report to the People on Employment, New Delhi, Ministry of Labour & Employment & Equation.

**Fig. 5.6: Rising Informalisation in the Labour Market: Organised Sector**



**Fig. 5.7: Rising Informalisation in the Labour Market: Unorganised Sector**



### Rising Informalisation in the labour market

Rising Informalisation of labour force is a post-liberalised phenomenon where competition, cost-effectiveness, quality, profit motives holds the baton. Rising percentage of informal workers not only in unorganised sector but also in organised sector can be seen in Table 5.5.

**Table 5.5**  
**Distribution of formal-informal sector, 2004-05 and 2009-10**

	Formal Sector		Informal Sector		Collective	
	2004-05	2009-10	2004-05	2009-10	2004-05	2009-10
Number (in millions)	62.56	82.95	394.9	378.25	457.46	461.21
Percentage	13.68	17.99	86.32	82.01	100	100

Source: NSSO, 2004-05, 2009-10

**Table 5.6**  
**Distribution of formal-informal sector and worker (in millions)**

	Formal Sector		Informal Sector		All	
	2004-05	2009-10	2004-05	2009-10	2004-05	2009-10
Formal Worker	33.42 (53.42)	38.19 (46.03)	1.43 (0.36)	2.41 (0.64)	34.85 (7.62)	40.6 (8.8)
Informal Worker	29.14 (46.58)	44.77 (53.97)	393.47 (99.64)	375.84 (99.36)	422.61 (92.38)	420.6 (91.2)
<b>Total</b>	<b>62.56</b> <b>(100)</b>	<b>82.95</b> <b>(100)</b>	<b>394.9</b> <b>(100)</b>	<b>378.25</b> <b>(100)</b>	<b>457.46</b> <b>(100)</b>	<b>461.2</b> <b>(100)</b>

Source: NSSO, 2004-05 and 2009-10

Note: figures in the parenthesis depict percentages.

### **Social Security coverage in the Unorganised sector**



Source: [indialawyers.wordpress.com](http://indialawyers.wordpress.com)  
[twocircles.net](http://twocircles.net)  
by Jayshree Pande

There is a renewed concern for social protection in recent years in both the developed and developing world due to the growing trend towards informalization in the labour markets and due to a rise in the level of poverty in several countries. Globalization, reflected in increasing trade and capital flows between countries, combined with technological advances also seems to have aggravated this concern.

The activities in the informal sector account for a substantial share of total employment in the developing countries and also make a significant contribution to the GDP. In India, 93% of the workforce is subsumed under Informal sector.

Increased concern for social protection is the result of the changes in the labour market and degrading quality of employment in terms of wages and working conditions. The growing 'contractualisation' of the labour force viz., increasing proportion of "poor quality" employment, in both developed and developing countries, explains the increasing concern for both job and income insecurity among workers. Since, informal economy functioned mostly outside the accepted institutional framework, and hence beyond the reach of most conventional social protection schemes (Canagarajah and Sethuraman, 2001).

## Moving Forward

- ◆ Comprehensive Social Security Model to be made addressing the security needs of the poor, vulnerable, informal workers and old age populace. For this, high powered National Security Authority a Social Security Fund of India and in each State such structure may be set up to look in to the security and welfare requirements of the people, as suggested in the second National Labour Commission Report, 2002.

Though the operation of the National Social Security Fund for Unorganised sector workers with an initial allocation of Rs 1,000 crore was announced in 2010-11 Budget speech, which would cover weavers, toddy tappers, rickshaw pullers and bidi workers but its efficacy is yet to be seen.

- ◆ There is a need to move away from the conventional social security mechanisms that are primarily, 'risk-coping' in nature and to move towards 'risk-prevention' social security programmes where vulnerability can be reduced and income unpredictability can be controlled (Canagarajah and Sethuraman, 2001). There is a need to focus on employment generation along with providing and extending social security benefits.
- ◆ Efforts to be made towards raising the quality of work and work environment which is echoed in the ILO's Decent Work Agenda. World Bank with its World Development Report 2000/1 and Social Risk Management Framework (SRM) provides a broad development view by focusing on promoting employment, empowerment and enhancing security to bring out the potential of the Informal sector.
- ◆ Why not a minimum Social Security coverage be available for everyone to live decent life at times of health insecurities, unemployment, disability, old age, etc? This will not only help in arresting tax evasion and other anti-social activities but will also help in achieving the twin objectives of inclusive growth and development of the economy.
- ◆ Inclusion of benefits in Income for Tax purpose – A Dilemma? Social security benefits to pensioners and family pensioners seem like a mirage.
- ◆ Lack of workers' rights and legal status hinders the way in the realization of the social security coverage for the informal sector. Trade Unions can play an active role in bringing the informal workers under the social security fold. Trade unions



have the capacity and know-how to assist the informal sector workers to organize and make representation in national policy debates such that their rights are protected.

- ♦ Awarenessrising is pertinent to realize the vision of having a socially secured, protected, healthy, empowered people in which government, NGOs, Trade Unions can play an exemplary role.
- ♦ Judiciary can play a pivotal role in ensuring timely and effective enforcement of social security laws and benefits at the workplace.



Source: Dainik Jagran, Date: 4-1-2013



Source: Times of India, Date: 6-2-2013

# Tech cos adopt baby-friendly policies

Mini Joseph Tejaswi | TNN

Bangalore: Bringing home your adopted bundle of joy got a lot more joyous with many Indian firms beginning to offer paternity leave, in addition to maternity leave. The central government had recently increased child adoption leave from 135 days to 180 days and extended the facility to adoptive fathers.

Many tech firms are now treating adopted babies on a par with biological children. Therefore, employees — men and women — are given paid leave for not only childbirth and initial care of biological but also adopted children. This marks a huge leap in HR practices of India Inc. as till recently child bearing/raising leave was given only to women employees, that too only for biological children. Men had to take leave or forgo their careers if they wanted to be with their wives for either of these events. However, there are wide variations in this



ENJOYING PARENTER'S LEAVE

practice too, from very generous to rather stingy.

Taking the lead in setting the trend is the country's largest tech player, Tata Consultancy Services (TCS). The company gives 3 months paid maternity/paternity leave for employees for biological and adopted children.

TCS, vice-president, (global HR), Ritu Anand says, "In addition to regular 3-month maternity leave for women, we offer an equal period of paid adoption leave for employees, irrespective of gender. The adoption leave policy was initially put in place for women in early 2006 and later

extended to male employees as well after we saw a need for it."

Wipro is closely following the trend. The company gives one-month paid adoption leave to employees, says Saurabh Govil, senior vice-president (HR), Wipro Technologies.

However, Infosys gives a week-long adoption leave for women employees and none for men while male employees are given a five-day paternity leave for biological children. Infosys says its HR policies on this matter are set by employee feedback. "Based on employee feedback, we'll also have a policy for adoption leave," says Nandita Gurjar, group head (HR) Infosys Technologies.

Others like Mahindra Satyam, Perot Systems and Cognizant are seriously considering a policy to accommodate adoption leave. Mahindra Satyam currently offers 90-day paid leave for women for biological children and a lesser period for men.

Source: Times of India, Date: 28-8-2009



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## NEW BEGINNING



*Hugging is healthy, for the body and the soul. Hugging won't give you any fatal diseases. It boosts self-esteem and brings about a sense of security in a way no word can. Hugging reaches inside and touches your soul. The world may heal a bit if hugging increases, so do your bit*



*Social Security is healthy for the Society and the Economy as a whole. It boosts self-esteem and brings about a sense of belongingness. This will definitely increase Inclusive Growth. The world may heal a bit if Social Security Provisions increases, so do your bit.*

## REFERENCES

- Bridging perspectives, The Cornell-SEWA-WIEGO Exposure Dialogue Programme on Labour, Informal Employment and Poverty, in Namrata Bali and Martha Chen (eds.).
- Broomhill, Ray & Sharp, Rhonda. (2012), "Australia Parental Leave Policy and Gender Equality: An International Comparison", [Online: Web] Accessed 22 Feb. 2013 URL: [http://www.adelaide.edu.au/wiser/pubs/WISer\\_Parental\\_Leave\\_Policy\\_and\\_Gender\\_Equality\\_an\\_international\\_comparison\\_report.pdf](http://www.adelaide.edu.au/wiser/pubs/WISer_Parental_Leave_Policy_and_Gender_Equality_an_international_comparison_report.pdf)
- Canagarajah & Sethuraman (2001), "Social Protection and the Informal Sector in Developing Countries: Challenges and Opportunities", Social Protection Discussion Paper Series No 0130, Social Protection Unit, Human Development Network, The World Bank.
- Dethier, J.J. (2007), Social Security: What Can Developing Countries Learn from Developed Countries? Quoted in International Food Policy Research Institute Series 2020 Vision Briefs.
- Everett, Rosemary. (2005), Inquiry into Balancing Work and Family. (Unpublished)
- "FY2005 Annual Report on the State of Formation of a Gender-Equal Society" and "Policies to be Implemented in FY2006 to Promote the Formation of a Gender-Equal Society" Outline, The cabinet Office, June, 2006.
- Goonesekere, S. "The Concept of Substantive Equality and Gender Justice in South Asia" [Online: Web] Accessed 27 Feb. 2013 URL: <http://www.unwomensouthasia.org/assets/The-Concept-of-Substantive-Equality-final-31-12-072.pdf>
- Gupta, Poonam and S.K Gupta. (2008), Role and Status of Working Women, New Delhi:UDH Publishers and Distributors (P) Ltd.
- Government of India, (1951-1990) Budget Documents, New Delhi Planning Commission.
- Government of India, (1962-2009) Indian labour Statistics, New Delhi, Ministry of labour & Employment.
- Government of India, (1992-2007) Annual Reports, New Delhi, Ministry of labour & Employment.
- Government of India (2010), Annual Report to the people on Employment 2010-11, Ministry of Labour & Employment, New Delhi.
- Government of India, (2012-17) Report of the Working Group on "Labour Laws & Other Regulations" for the Twelfth Plan, New Delhi Ministry of Labour & Employment.
- Hirway, I. (1995), "Social Security for the Rural Poor in the context of Structural Adjustment", Paper presented at the Seminar on Agricultural Growth and Poverty in India: Emerging Issues in the Structural Adjustment Programme, A.N. Saha Institute of Social Studies, December 8-10.
- International Labour Office (1958), Social Security: A Workers' Education Manual, International Labour Office, Geneva.

- ILO. 2004a. A fair globalization: Creating opportunities for all. Report of the World Commission on the Social Dimension of Globalization, Geneva.
- 2004b. Report of the Director-General: A fair globalization. The role of the ILO. International Labour Conference, 92nd Session, Chapter V. "Constructing a social-economic floor". Geneva.
  - 2004c. Inventaire des systèmes d'assurance maladie (SAM) en Afrique: Synthèse des travaux de recherche dans 11 pays. La Concertation, Dakar.
- International Labour Office (2010), World Social Security Report: Providing coverage in times of crisis and beyond, International Labour Office, Geneva.
- International Labour Office (2011), Social Security for Social Justice and a Fair Globalization. International Labour Office, Geneva.
- Kabeer, Naila. (2010), Gender and Social Protection Strategies in the Informal Economy, New Delhi: Routledge.
- Labour Laws (2010), Taxmann Publication.
- Mann, J.S. (2010), Comprehensive Social Security Scheme for Workers, New Delhi: Deep & Deep Publications.
- Panigrahi, AK., (2009), Determinants of Living Arrangements of Elderly in Orissa: An Analysis. The Institute for Social and Economic Change, Bangalore.
- PTI. "Social Security Fund for Unorganised Workers", [Online: Web] Accessed 15 Feb 2013 URL <http://www.thehindu.com/news/national/article444095.ece>.
- Rao, G.S. "A Look at the Payment of Gratuity Act, 1972" [Online: Web] Accessed 16 Feb 2013 URL <http://www.caclubindia.com/articles/a-look-at-the-payment-of-gratuity-act-1972-15682.asp#.USD7OR1miSp>.
- Rao, Shivaji. "The Report of The Second Indian National Labour Commission 2002: An overview", [Online: Web] Accessed 15 Feb 2013 URL <http://www.erlaws.com/library/nlcrshivaji.html>.
- Rys, Vladimir. (2010), Reinventing Social Security Worldwide: Back to Essentials, U.K: Policy Press.
- Singh, Parduman. (1997), Social Security Systems in Developing Countries, New Delhi: Friedrich Ebert Stiftung.
- Wirth, Linda. Breaking through the Glass Ceiling, Women in Management International Labour Office: Geneva.

### **Web Sources**

- Accessed 20 Oct. 2012 URL: [www.esic.nic.in](http://www.esic.nic.in).
- Accessed 20 Nov. 2012 URL: [www.socialsecurityextension.org/gimi/gess/ShowTheme.do?tid=1321](http://www.socialsecurityextension.org/gimi/gess/ShowTheme.do?tid=1321).
- Accessed 20 Nov. 2012 URL: [www.exposure-dialogue.de/](http://www.exposure-dialogue.de/)
- Accessed 12 Dec. 2012 URL: [www.agewellfoundation.org](http://www.agewellfoundation.org).
- Accessed 26 Feb. 2013 URL: <http://www.ilo.org/public/english/bureau/gender/newsite2002/about/defin.htm>
- Accessed 27 Feb. 2013 URL: [http://en.wikipedia.org/wiki/Self-Employed\\_Women's\\_Association\\_of\\_India](http://en.wikipedia.org/wiki/Self-Employed_Women's_Association_of_India)
- Accessed 27 Feb. 2013 URL: <http://www.sewa.org/>
- Accessed 28 Feb. 2013 URL: [http://www.arthapedia.in/index.php?title=Informal\\_Sector\\_/Unorganised\\_sector](http://www.arthapedia.in/index.php?title=Informal_Sector_/Unorganised_sector)
- Accessed 13 July 2013 URL: <http://www.mfcindia.org/main/bgpapers/bgpapers2013/am/bgpap2013x.pdf>



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