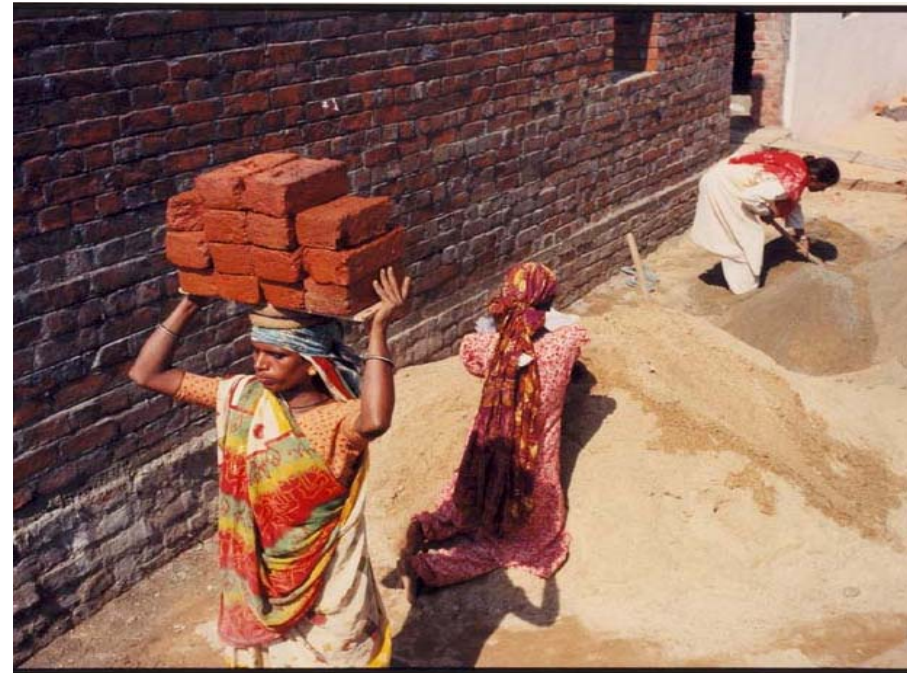


Strength in Solidarity



Self-Employed Women's Association (SEWA)

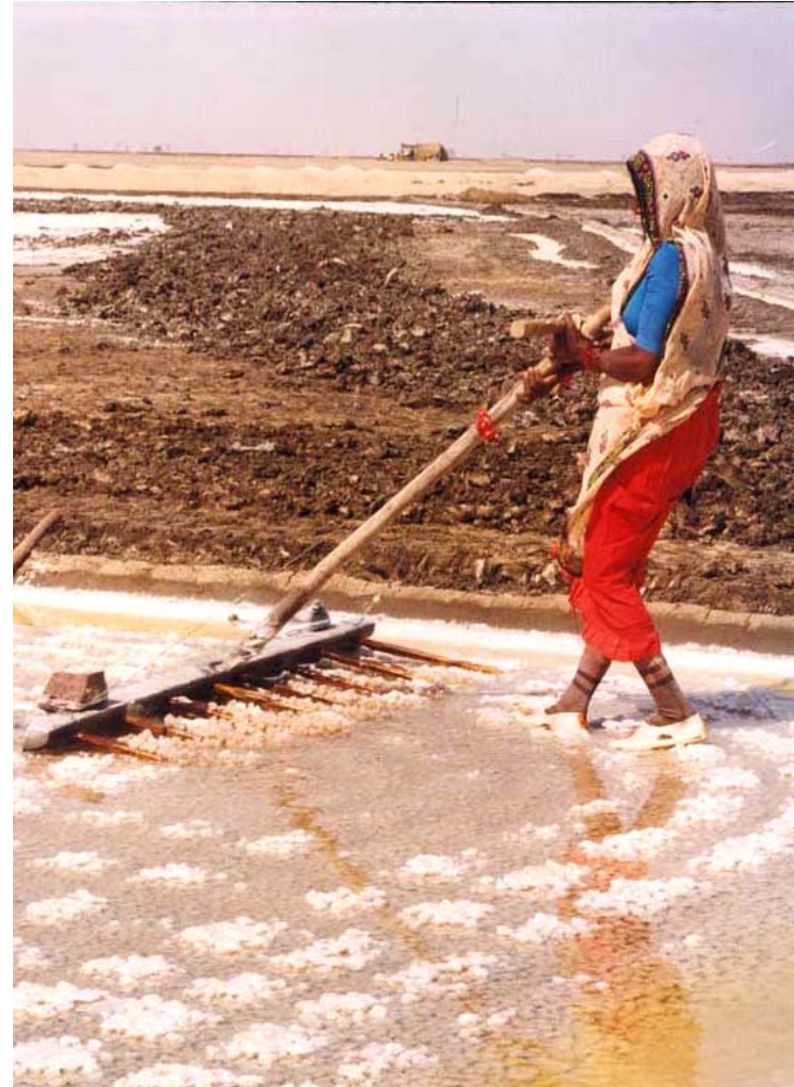


SEWA is a trade union of 700,000 women workers in the informal economy in Gujarat and 7 other states.

Informal Workers in India- 93% of the work force

**The four major
categories of workers
are :**

- a. Home-based workers**
- b. Vendors (of all types
of wares)**
- c. Manual labourers and
service providers**
- d. Producers**





SEWA's MAIN GOALS

- Full Employment
 - Work Security
 - Income Security
 - Food Security
 - Social Security
- Self- Reliance

SOCIAL SECURITY:

- Health Care
- Insurance
- Child Care
- Housing



SEWA SOCIAL SECURITY

– OUTREACH (2004)

A. Health Care

- Health Education - 23,730**
- Camps - 44,469**
- Sale of Low cost
Drugs - Rs. 13,731,701**
- T.B. Screeing - 4,517**

Team:

Staff - 100

**Aagewans &
Health workers - 500**



SEWA SOCIAL SECURITY – OUTREACH (2004)

B. Child Care

- Children - 8662**
- Mothers - 7919**
- Teachers - 520**

Team:

- Staff - 20**
- Aagewans - 25**
- Teachers - 520**



SEWA SOCIAL SECURITY – OUTREACH (2004)

D. Housing

Urban 52 slums 7500 families

Rural 5345 houses

Team:

Staff - 60

Aagewans - 495

SEWA SOCIAL SECURITY – OUTREACH (2005)

C. Insurance

Women – 83514 Men- 34306

Children – 18,587

Total Insured – 136,407

Team:

Staff - 68

Aagewans - 120



Women and Risks : Some Experiences

- ❧ **Risks are multiple and frequent**
- ❧ **The poorest of women and their families face the most severe and frequent risks.**
- ❧ **They result in economic leakages, asset losses and decapitalisation.**
- ❧ **They result in indebtedness and families remaining in or going deeper into poverty**
- ❧ **Women need support to tackle risks through an insurance package**
- ❧ **Women are willing to contribute for insurance.**

Current insurance packages offered

| | Scheme I | Scheme II |
|------------------------------|-----------------|------------------|
| Annual premium (Rs.) | 100 | 225 |
| Fixed deposit (Rs.) | 2,100 | 5,000 |
| Natural Death (Rs.) | 5,000 | 20,000 |
| Mediclaim | 2,000 | 6,000 |
| Asset Loss | 10,000 | 20,000 |
| Accidental Death | 40,000 | 65,000 |
| Accidental Death (spouse) | 15,000 | 15,000 |

Linked to AVIVA (life), LIC (life) and ICICI-Lombard (non-life)

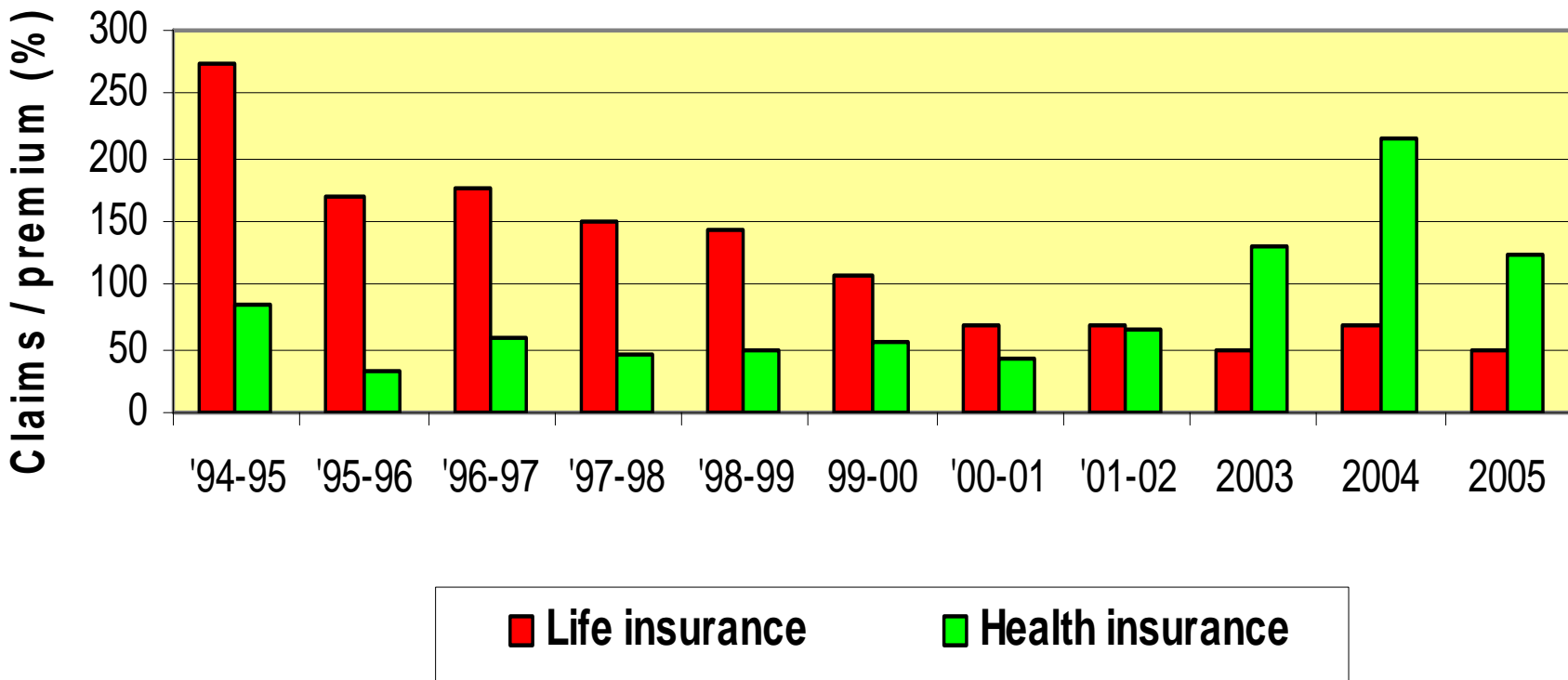
SEWA Insurance functions as a cooperative : workers themselves manage services and promote coverage

They also :

- ❧ decide on claims**
- ❧ ensure rapid claim disbursement**
- decide on premium, new products, policies**
- ❧ begin to negotiate with insurance companies**



Vimo SEWA Claim experience 1994 - 05



Issues in health insurance

- Health is top priority
- Most complex – in India most seek private care - totally unregulated
- Most prone to fraud
- Increasing health care costs affects viability

Lessons Learned

1. Insurance is an essential economic support to women during crises. In ten years, 27,046 women have received Rs 4.7 crores (Rs. 47 million) by way of claims.
2. People's own insurance programs can be viable.



Lessons Learned

3. Health insurance creates demand for government health services.

4. Linkage with health programs focussed on prevention and promotion enhances viability of health insurance.



5. Linking insurance to other financial services (savings and credit) promotes long-term insurance coverage.

Lessons Learned

6. Women begin future planning through insurance.

7. Insurance promotion can be a source of employment.



8. Insurance by and for poor women, encourages their organizing and contributes to their economic empowerment.

Lessons Learned on Sustainability

1. Promotional, marketing and claim – servicing costs are high when insuring the poor.
2. Expansion of insured members helps spread costs. Increasing outreach across states, promotion of family package helps viability.
3. Premiums can be increased gradually, but services must be appropriate, timely



Future Plans

- Cashless tie-ups with hospitals
- Co-operative of our own with reduced capital
- Policy action for separate micro-insurance regulations

Thank you

