

Emphasizing Health Insurance as Social Security System of Unorganized Sector in Maharashtra: The Case of the Ragpickers

Daniyal Jadhav¹; Shashikala Gurpur²; Lasya Vyakranam^{3*}

¹Symbiosis Law School, Symbiosis International (Deemed University), Pune, Maharashtra, India.

²Symbiosis Law School, Symbiosis International (Deemed University), Pune, Maharashtra, India.

^{3*}Symbiosis Law School, Symbiosis International (Deemed University), Pune, Maharashtra, India.

^{3*}lasya.vyakranam@symlaw.ac.in

Abstract

The Indian economy is categorized into two sectors, namely: organized and unorganized sectors. The unorganized sector consists of a pivotal part of the Indian economy. Ragpickers are that class of employees who can be considered as an organized-unorganized labor class. Ragpicking business entails collecting, sorting, and selling various waste materials, mainly plastics or metals. After doing all this work, they sell recyclable material to the junkyard dealers at very petty prices, making them economically poor. Ragpickers are a major contributor to the Indian economy, as they are involved in recycling. Ragpickers mostly work without being equipped with any protective gear and are exposed to many health hazards while doing their role. They suffer from occupational risks and are often found hospitalized paying their bills from their pockets. There are times when they even do not go to hospitals because of hospital expenses. The paper primarily focuses on analyzing the different health insurance schemes, which are provided as social security by the Maharashtra Government and tries to find out the possible loopholes in health insurance policies because of which the ragpickers are not able to utilize or avail the benefits of the policies for which they are eligible. For developing a better understanding of the subject, the researcher has conducted an empirical survey on the ragpickers of Pune. Based on this, the researcher has recommended some policy changes, which can prove beneficial for the welfare of the Ragpickers.

Keywords: Health, Insurance, Maharashtra, Ragpickers, Social security, Unorganized Sector.

1. Introduction

Indian economy consists of approximately 10% of the organized sector. In contrast, the unorganized sector or informal sector constitutes a pivotal part of the Indian economy, i.e., more than 90% of people are working in the unorganized sector of the country (NCEUS 2007). Most workers in

this sector neither receive many facilities or benefits from the government nor have any fixed employee-employer relationship. The workers in this sector can be seen doing risky and unhygienic jobs, which leads to infections, contaminations, and bad health conditions [1]. Due to these conditions, they spend their daily wages in hospitals, which generally brings them poverty and economic vulnerability. However, to overcome this problem, Social protection is provided by the government; one such social protection is by offering various insurances.

Ragpickers are the unorganized sector workers who collect rags or recyclable materials that can be sold for money. Ragpicking entails collecting, sorting, and selling various waste materials, mainly plastic and metals [2].

Ragpickers are broadly divided into three categories:

- *Itinerant rag pickers*, who mainly pick up recyclables from streets, dump sites, and businesses, but not residences;
- *Fixed Rag pickers*, who have been formally integrated into the door-to-door waste collection programmed to run by municipalities; and,
- *Itinerant Buyers* purchase recyclables from the waste pickers and resell them up the chain for an added value.

2. Socio-Economic Condition of the Rag Pickers

Ragpickers are the poor class of the society, and their earnings depend upon the rag or the material they collect. Different materials have different rates per kilogram; their earnings depend on how much they collect daily or what material they find, or what type of waste they collect. According to the study conducted by Bose & Bhattacharya (2017), it is seen that ragpickers earn Rs. 175-200 per day, i.e., after working for long hours and walking miles; they earn Rs. 200 per day [3]. The Environment Minister also stated that Ragpickers of India collect nearly 22-28% of wastes in India, which is processed and recycled. Ragpicking occupation is mainly adopted by the population that is dislocated or migrated from rural to urban. There are 40 lakh ragpickers in India, out of which five lakhs are in Delhi alone. Females mainly adopt this profession, and 73% of women work in the waste picking sector. About 90% of the ragpickers are found illiterate, and their children are mostly engaged in the same occupation [4].

3. Health Hazards

There is a reason why rag-picking is considered the worst form of labor. The risks related to health, unexpected incidents, and accidents make rag picking an adverse occupation.

3.1. Ergonomic and Biological Hazards

Ragpickers start their work at dawn and work till dusk, while some of the ragpickers work from dusk to dawn; Ragpickers often get contacted with the used bandages, disposable diapers, toilet paper, sanitary napkins, disposable needles or syringes, and used condoms on the dumpsites or while collecting the rags [5]. Besides these, the wastes from small clinics, pharmacies, labs, and even hospital wastes, may also be mixed with residential trash, carrying micro-organisms responsible for causing more serious diseases. Ragpickers often walk a long-distance or pull heavy carts or bicycles loaded with rags on them, which causes musculoskeletal problems. Micro-organisms found on the dumpsites can cause skin diseases or other harmful diseases, including Gastro Tract Infections (GITs). The smoke on the dumpsites is mainly caused due to burning of tires or plastics can also cause Respiratory Tract Infections [6].

3.2. Safety Hazards

Ragpickers often get bitten by the dogs, pigs, or other insects on the dumpsites or the streets. Further, in rainy seasons the open dumpsites or dumping grounds are the breeding grounds for the disease vectors, such as flies, mosquitoes, and other pests, which can cause many seriously. Ragpickers sometimes work bare feet or collect rags with bare hands, which cause them to receive cuts on their hands or feet by broken glass or other sharp objects or contact other microbial infectious organisms, which can cause festering wounds or serious harm to them [7].

3.3. Other Hazards

Ragpickers are involved in sexual activities and sometimes work as the pimp or go to the prostitutes to get involved in sexual activities. Child ragpickers are also involved in homosexual sex and visit prostitutes. Further, the ragpickers are involved in consuming alcohol, tobacco, smoking, drugs, or gambling (The International Labor Organization International Program on the Elimination

of Child Labor, 2001). Most child ragpickers also suffer from malnourishment, which reduces the resistance capacity for various diseases Bhaskar Majumdar (2017).

3.4. COVID-19 Hazards

More than 2,925,337 people are infected by the Novel Virus pandemic and have taken more than 55,174 deaths all over India. Coronaviruses, which are also identified as COVID-19, entered India in February, resulting in the nationwide lockdown in March, which periodically extended till further notice. The nationwide lockdown resulted in shutting industries and all other sectors resulting in unemployment to many workers. Ragpickers are one of the workers who are prevented from going out and work. However, the prevention is only limited to the self-employed ragpickers and not to the workers working for municipalities [8]. Ragpickers who are working under the municipalities are working on the field, like other frontline corona warriors. Ragpickers already have unexpected high risks in their occupation. There is an addition of the coronavirus; the virus the signs and symptoms of which are very similar to the occupational hazards of the ragpickers, which they usually ignore. Ragpickers working on the field do not have any protective gear to protect themselves from the novel virus-like other frontline warriors. Ragpickers who work on the field have to deal with the household wastes or the medical wastes or the other wastes thrown on the dump yards, including the medical wastes used by the corona infected person or the suspected patients. Working in such conditions without proper protective gear can cause serious health issues to the ragpickers [9].

Ragpickers are handling unmarked medical waste emerging from homes, where COVID-19 patients are quarantined. They are dealing with discarded masks, gloves, and tissues, which could be highly contagious, revealed Chaitanya Mallapur. The article also reveals that the guidelines were issued by the Central Pollution Control Board (CPCB) on March 18, 2020, under which the COVID-19 waste should be marked separately by the Hospitals and should only be handled by authorized staff. However, such guidelines are only for the hospitals and not for the quarantine camps or the homecare suspected patients.

CORONAVIRUS CRISIS (n.d.) Reveals that 90% of the sanitation workers do not have health insurance even amid the coronavirus crisis, the article also reveals that there is no training or any safety instructions given to the sanitation workers. The study also reveals that 93% of the workers were not given any instruction for health checkups and 96.5% of the female workers reported no special arrangements made for them at work [10].

Ragpickers affiliated with the SWACH are carrying a silent protest against Pune Municipal Corporation (PMC) regarding their demand for extra money to tide them from current financial emergency, the life insurance coverage of Rs. 2 lakh in line with the government provisioning for those who died of COVID-19, and the PPE kit for on-field ragpickers, reveals Prachee Kulkarni.

4. Importance of Ragpickers in the Indian Economy

Ragpickers play an important role in the recycling value chain. They are the primary providers of raw material to the industry. By doing so, the ragpickers reduce the cost of the municipality and the industries. Ragpickers handle a significant portion of the waste and protect the environment by doing their work. Ragpickers add a greater value to the plastic and save the municipality a significant amount of money. According to the report (Second National Labor Commission Report, 2002), it is estimated that nearly 50 lakh Indians earned their livelihood as waste pickers in the country after excluding those working in the recycling industry. Ragpickers clean up a significant proportion of the 62 million tons of waste generated annually in India Bose & Bhattacharya (2017) [11].

5. Social Security

Social security provides social protection to a certain class of people in society irrespective of their employment sector. The state extends the protections in any relevant contingencies, such as health, retirement, death, life accident, or any other conditions beyond the control of the individual member of the society. The government makes different schemes or policies to offer social security to its beneficiaries in terms of social security. Each scheme or policy has different beneficiaries, which are carried and funded by the government. Insurance is one way to offer social protection to the beneficiaries in monetary terms. They can be secured and protected against any future contingency (IRDAI, n.d.). Providing insurance will benefit the ragpickers in a very efficient way, as most of the ragpickers hail from economically backward sections and are not much educated [12]. It is common for them to ignore small-time health problems, like fever, cold, body pain, etc., leading to prolonged diseases. Therefore, providing social security to ragpickers in terms of insurance can be a very efficient way to help ragpickers, and spreading awareness of such services should be the major concern of the government.

6. Health Insurance Schemes

Recognizing the health hazards of the ragpickers and the importance of ragpickers, the government has offered social security schemes in health insurance to the ragpickers; the following are the major health insurance schemes currently active in the state of Maharashtra [13].

6.1. Pradhan Mantri Jan Arogya Yojana (PMJAY)

PMJAY (n.d.) suggests that the Hon'ble Prime Minister of India, Shri Narendra Modi, launched the policy in 2018. The policy is also known as the largest health assurance scheme in the world. It aims to provide coverage of Rs. 5 lakhs per year; the policy covers secondary and tertiary care across public and private empanelled hospitals in India and covers nearly Rs. 10.74 crores, low-income families. The beneficiaries are included based on the deprivation and occupational criteria of socio-economic care census 2011. The policy was also known as the National Health Protection scheme earlier [14]. The policy also covers the families that are covered by RSBY policy as PMJAY subsumes the RSBY policy. The government and cost fully fund the policy are shared between the center and state, respectively. The policy provides cashless access to health care and covers pre- and post-hospitalization expenses. The policy does not restrict any person based on age, gender, or family and covers pre-existing diseases [15].

Drawback: The state should choose to implement the scheme or not. The SECC data also includes those who do not come to BPL now or those who do not need the free health insurance benefits. The scheme has a lot of terms and conditions for availing of the benefits. If a person can benefit from one category, he can get rejected because of falling into other conditions.

6.2. Rashtriya Swasthya Bima Yojana (RSBY)

RSBY (n.d.) suggests that the policy was introduced in 2008 by the Ministry of Labor and employment for unorganized workers. The object was to provide health care services and social security to the families below the poverty line and marginally above the poverty line. The scheme can get the best medical facilities in health hazards due to old age, maternity, disability, and general ailments [16]. The beneficiaries are eligible for hospitalization coverage of up to Rs. 30,000, for which they have to pay Rs. 30 as registration fee. The expenses and the premiums of the policy are paid directly by the center and the state government. The policy covers the entire family of up to five members in the family. It provides complete medical coverage without providing any restriction

based on age or gender. The policy also covers pre-existing diseases and provides a smart card to each insured family [17].

Drawback: State should choose to implement the scheme or not. The eligible beneficiary must draw a card from the officials, which sometimes becomes a hectic procedure.

6.3. Rajiv Gandhi Jeevan Dayee Arogya Yojana, Now Called the Mahatma Jyotiba Phule Jeevan Dayee Arogya Yojana (MJPJAY)

Jeewandayi MJPJAY (n.d.) suggests that the policy has been implemented throughout the state of Maharashtra in a phased manner for four years. The insurance coverage and premium are borne only by the Government of Maharashtra. The object of the policy is to improve the access of BPL and APL families to quality medical care for identified specialty services requiring hospitalization for surgeries and therapies or consultations through an identified Network of health care providers. The scheme is available for all the eligible beneficiaries of Maharashtra State, i.e., it applies to all the 36 districts in Maharashtra [18]. The scheme is available for all eligible families holding Yellow Ration Card, Antyodaya Anna Yojana Card (AAY), Annapurna Card and Orange Ration Card, and Farmers. The policy covers all pre-existing diseases and provides coverage of up to Rs. 1, 50,000 per family per year in any empanelled public or private hospital [19].

Drawback: Only tertiary care is being covered; often patient incurs out-of-pocket expenses.

6.4. Trust Hospitals

Charity Trust Hospitals (n.d.) suggests that the policy came into effect on September 1, 2006. The policy is only for Maharashtra State. The hospitals registered under the Bombay Public Trust Act, 1950, must reserve 10% of their beds for the BPL and EWS patients. The hospitals must have Indigent Patient Fund, constituting 2% of the annual hospital turnover. This fund must be utilized to provide free treatment to BPL and EWS patients [20]. Patients are entitled to have a free bed, RMO services, nursing care, food, linen, water, electricity, housekeeping, and routine diagnostics. The economic status of the patients should be scrutinized by the medical or social worker using any one of the documents - i) certificate of income from the Tahasildar ii) ration card/BPL card [21].

Drawbacks: Hospitals sometimes do not display the number of free beds, and often fake the data or often refuse the treatment by giving some reasons or shifts patients to other hospitals, where bed may be available.

6.5. Jan Arogya Policy

IRDAI (n.d.) suggests that Kagad Kach Patra Kashtakari Panchayat (KKPKP) is the holder of this policy; the policy is provided by the New India Assurance Company (NIA) since January 2003. Pune Municipal Corporation bears the premium expenses of this policy. The policy is offered to the economically backward society, and the insurer is eligible to receive an amount of Rs. 5,000 [22].

The policy covers the family members and the individuals. It covers only the person who is above 18 years of age and below 70 years of age. Treatment can be admissible in registered private and public hospitals and covers only hospitalization expenses.

Drawbacks: Medical checkup benefits are not included in the scheme. Outpatient procedures are not covered. Pregnancy and childbirth expenses are not covered under the scheme.

6.6. Shahari Gareeb Vaidyakeeya Sahayya Yojana (Urban Poor Health Scheme)

Urban Poor Health Scheme (n.d.) suggests that citizens living in the jurisdiction of Pune Municipal Corporation can avail the benefits from this scheme, especially waste-pickers (special inclusion), through a General Body Resolution in February 2015. It covers the ragpicker's immediate family members [23]. The Solid Waste Management Department of Pune Municipal Corporation pays Rs. 200/-, which is the total amount of membership registration fees for the Members of KKPKP. The scheme covers the hospital expenditure up to Rs. 1 lakhs, where the bill is to be shared in a 9:1 ratio, i.e., 90 % of the bill is shared by the PMC and 10% is to be paid by the patient [24].

Drawbacks: The schemes are only limited to the empanelled hospitals, mostly public hospitals, where a yellow ration card will get free treatment. The applicant's name should be on the ration card.

7. Data Analysis

7.1. Objective of Study

To analyze the need for health insurance and analyze the problems relating to accessing health insurance schemes.

7.2. Specific Objective

- To examine the issues of the need for health insurance to the rag pickers.
- To inquire the problem relating to access to the health insurance schemes provided by the government.

7.3. Research Question

- What are the possible needs of health insurance schemes for the ragpickers?
- What are the problems relating to accessing the health insurance schemes provided by the government?
- What are the possible loopholes in the government health insurance schemes?

8. Empirical Study

A field study has been conducted in Pune city, mainly Prabhat Road, Yerwada, Lohgaon, and Vadgaon localities. Pune is one of the cleanest cities in India is supposed to serve as exemplars to other municipal corporations [25]. Here, the attempt was made to assess and analyze the community's difficulties and predicaments engaged in the rag-picking occupation. The present study involves a descriptive study conducted by face-to-face interviews, a total of 10 ragpickers who are above 18 years of age [26].

9. Results and Discussion

9.1. Age Group

Figure 1 - Shows the Age Group

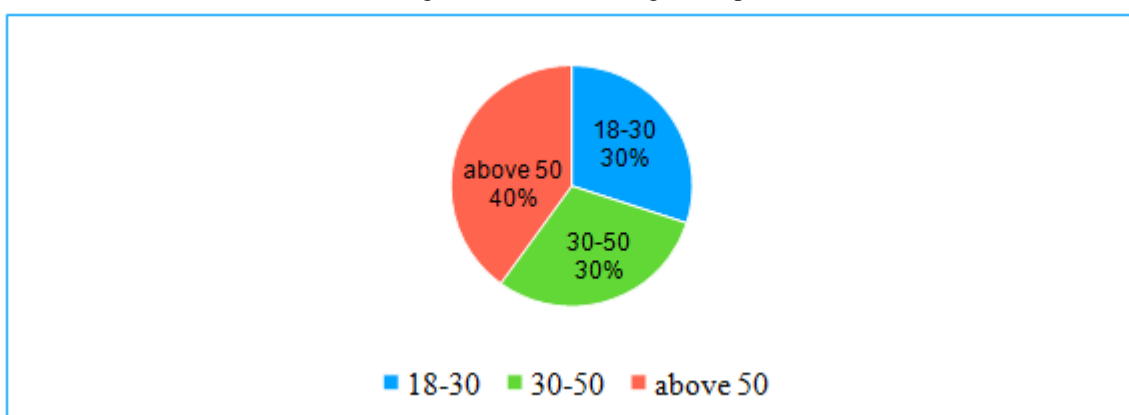
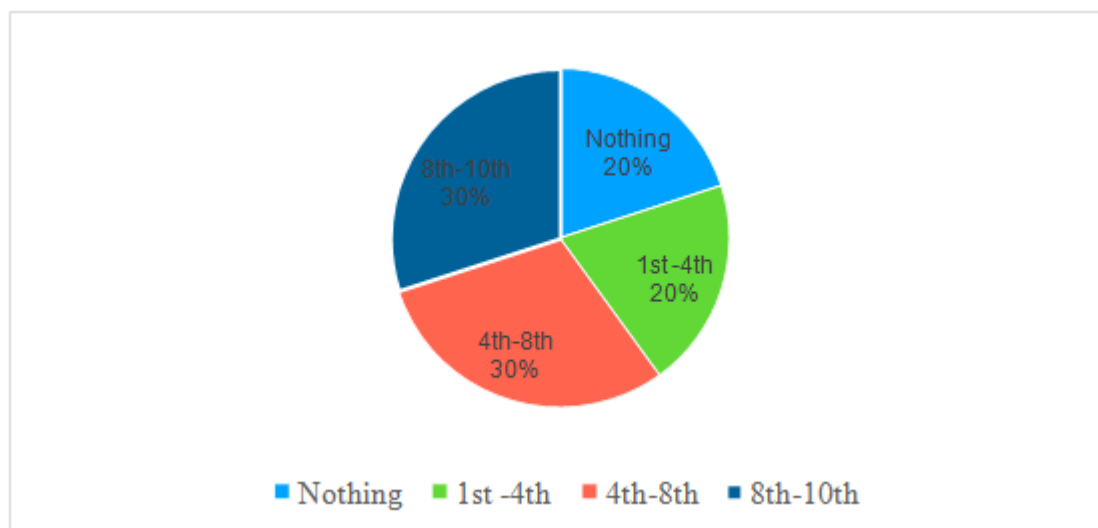


Figure 1 indicates the rag-picking occupation is majorly done by the people above 50 years of age and 30% by the people above 30 years of age. The remaining 30% from 18 to 30 years of age group makes rag picking a mixed occupation, which any age group can do [27]. We conclude that more than 70% of the ragpickers are more than 30 years of age from the above data.

Figure 2 - Education

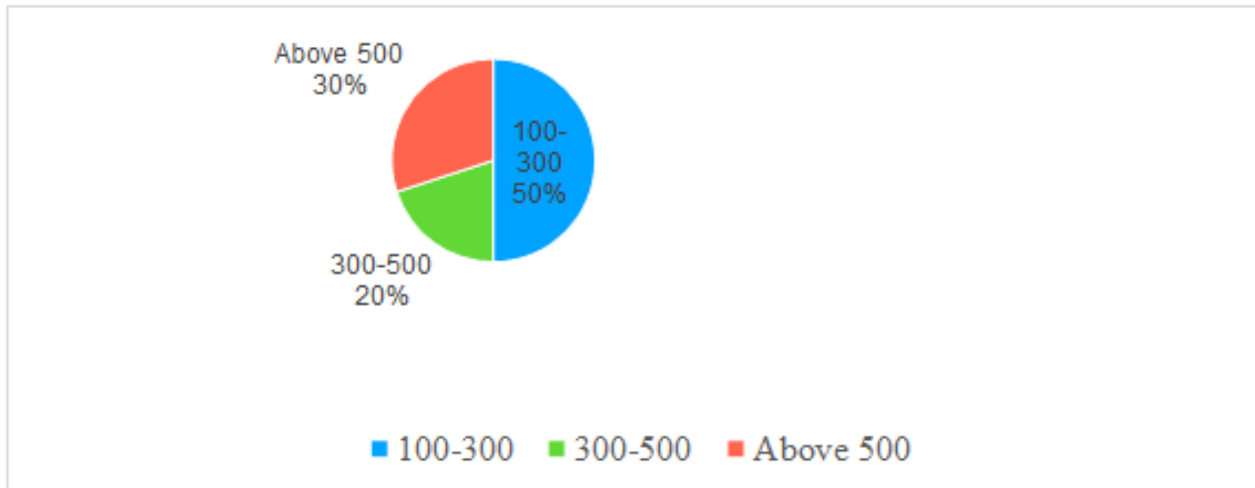


9.2. What is your Education?

Figure 2 shows the only three rag pickers out of 10 have studied more than 8th standard. The other three have studied up to 8th standard; out of the remaining four, two studied till 4th standard, and two are uneducated. The data clearly shows that ragpickers have a basic educational qualification, which can help them in their daily life [28]. Basic education can be a source of life in today's era because basic education can help them understand social security schemes or other government policies proposed for them.

As discussed in the report of Chikarmane, surveys suggest that 90% of the ragpickers are illiterate, or the survey by G. Siva Praveena et al. suggests that 62% of the ragpicker do not have any basic education. The research does not agree with those researchers per se because, according to the survey conducted by the researcher, most of the ragpickers have basic or primary education, which can help them understand or help them read and write in their daily life which does not make them illiterate [29].

Figure 3 - Wages

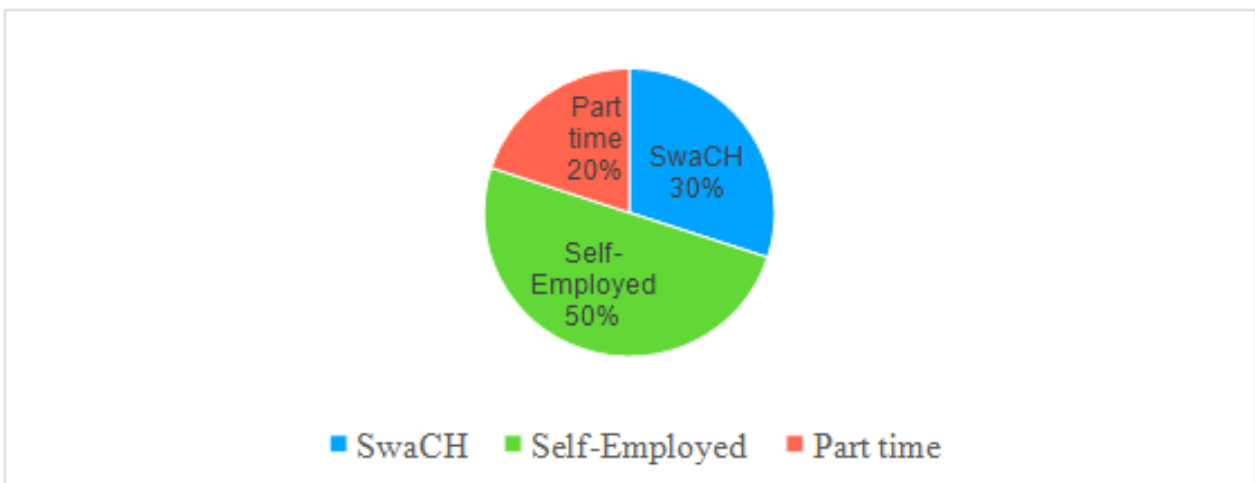


9.3. What are Your Wages?

Figure 3 shows 50% of rag pickers earned up to Rs. 300/- per day, while the other 20% earned up to Rs. 500/-, and the remaining 30% earned above Rs. 500/- in the rag-picking occupation. The above data shows the economic condition of the ragpickers by their daily wages.

Ragpickers are the poor workers in the unorganized sector. The data shows that 50% of the ragpickers hardly earn up to Rs. 300 a day, which hardly adds up to Rs. 9,000 per month, which is the amount with which they must fulfill their daily needs. However, considering the working hours and the physical work in which the ragpickers are engaged, the wages they get are very low, making ragpickers a poor class of society [30].

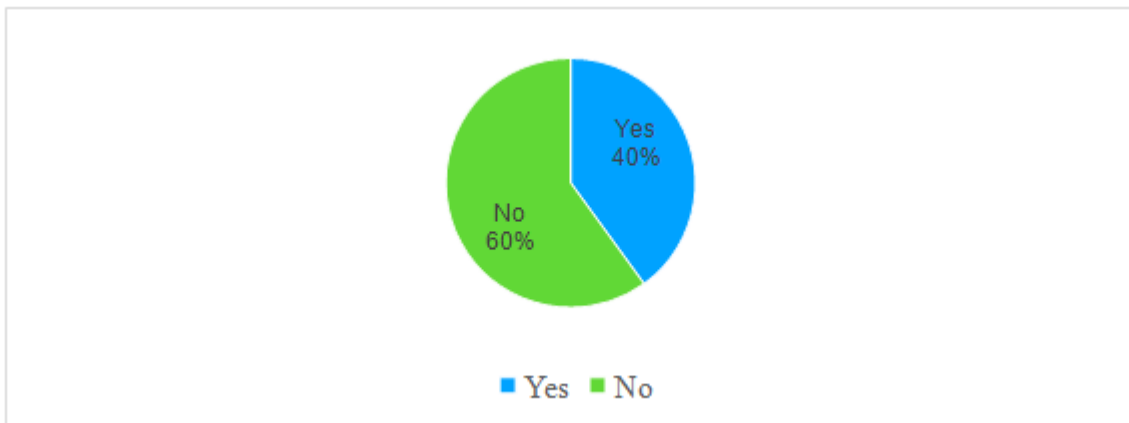
Figure 4 - Organization



9.4. For which Organization are you Working?

The Figure 4 shows 50% of the rag pickers were self-employed, 30% worked for the SWaCH organization, and the remaining 20% ragpickers were involved in rag picking business part-time workers. The analysis reveals that the ragpickers choose to work separately rather than to work under any association.

Figure 5 - Awareness



The ragpickers working for any organization have to work as the organized sector employees. They are eligible to get a monthly salary and bonuses as the organized sector workers. However, the self-employed ragpickers do not have any such benefits as organized ragpickers and are unaware of their eligibility benefits. The ragpickers who are self-employed are dependent on the amount and quality of the rag they collect. In contrast, the ragpickers who work for any association get paid monthly. This survey has also found out that self-employed ragpickers work for the junkyard dealers, who help them if in need. A study made by WIEGO Policy Brief, 2012, reveals that most ragpickers are self-employed, and some other workers are also involved in a part-time rag picking business. The survey also reveals that KKPKP plans to provide Identity Cards to each rag picker in Pune. The researcher completely validates the survey done by the WIEGO and agrees to it [31].

9.5. Are You Aware of any of These Health Insurance Schemes Provided by the Government?

Figure 5 shows 60% of the rag pickers responded to this question negatively, as they are not aware of the health insurance schemes provided by the government. In comparison, 40% of them

knew about the health insurance schemes. The data shows that ragpickers are not aware of the health insurance schemes.

The above data see that the majority of the ragpickers are not aware of the social security schemes. The survey also helped the researcher understand that the ragpickers working under any organization know the health insurance schemes. However, the ragpickers who are self-employed are unaware of such social security schemes. Many surveys have found out that the ragpickers are often found treating their wounds by applying the limestone (CHUNA) or tying their wounds with a dirty cloth, resulting in a serious infection. Sometimes, this is only because people try to avoid visiting hospitals.

The researcher validates the research done by Balu Natha Mote et al. Their survey reveals that 75% of the ragpickers do not go to any public health checkup camps and are unaware of the health hazards. Researchers have framed the direct question to understand the level of awareness about the health insurance policies, which is limited to only 40%. The remaining 60% of the ragpickers are unaware of the health insurance policies [32].

9.6. Do you know the Following Health Insurance Schemes, which are Provided to the Ragpickers?

Figure 6 - Health Insurance

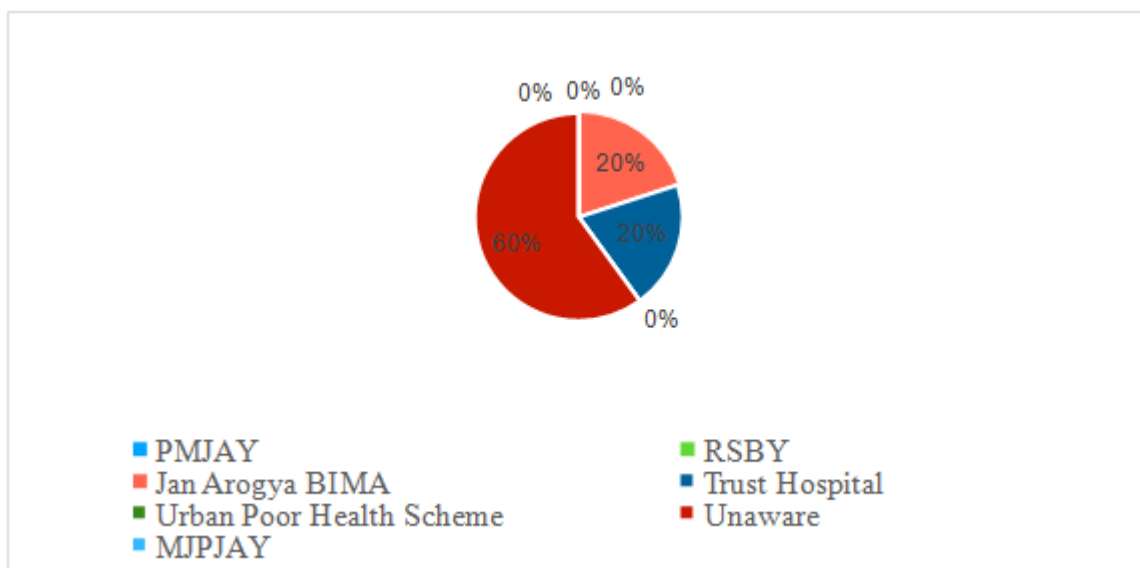
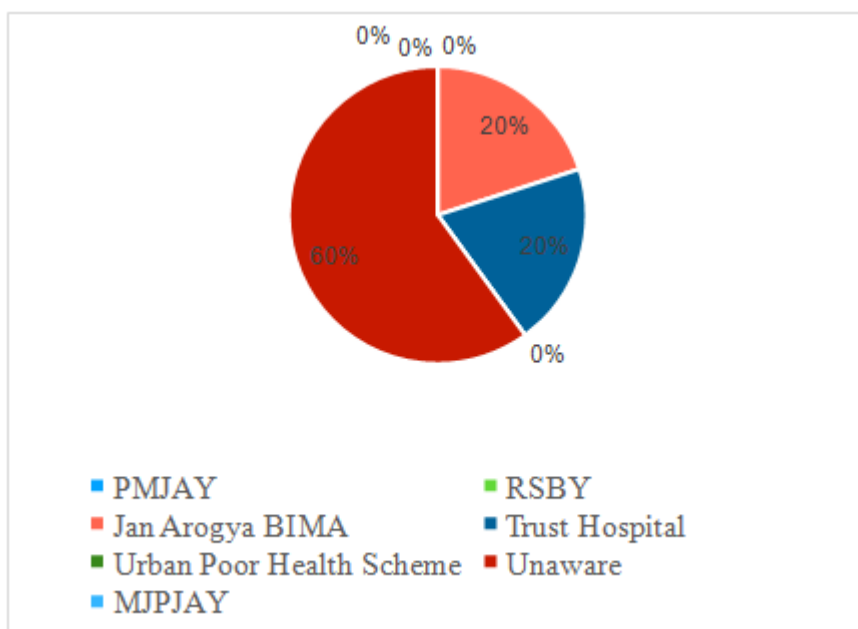


Figure 6 shows the 60% of rag pickers responded negatively to this question. They were unaware of any of the health insurance schemes, which were suggested to them. The remaining 40% of the ragpickers were aware of two schemes. The two schemes which they were aware of where the

schemes to which their associations were associated, the trust hospitals were known by the young ragpickers, who were a bit more educated than others. The analysis shows that ragpickers are unaware of the policies. The social security schemes are failing in their motives to cover the eligible sector. The health insurance schemes are not properly advertised. They do not reach the eligible sector, resulting in the ragpickers going to the general practitioners and spending money from their pockets and making their socio-economic condition worse.

Figure 7 - Beneficiary



9.7. Are you a Beneficiary of Any of This Scheme?

Figure 7 shows the rag pickers utilize only trust hospitals and the Jan Arogya schemes. Many other schemes are left unutilized and remain unaware of the ragpickers. 20% of the ragpickers visit the trust hospitals when necessary. The remaining 20% used the Jan Arogya Bima Policy to which KKPKP is associated. The researcher also reveals that ragpickers preferred visiting trust hospitals rather than public hospitals due to the service they provide.

It was also revealed by the Ujjwal Samarth (2014) that trust hospitals always find an excuse and ploys to shirk their responsibility towards the patients, who cannot afford the full costs of healthcare. KKPKP karyakartas/members have faced these and other typical situations, including the unavailability of beds or IPF, exhaustion or the documentation problems, or getting tests done from outside, which costs ragpickers a lot. Compared to this, the researcher has also found similar cases

during the survey, where ragpickers mostly complained about the documentation problems for availing the benefits or the excuses, which the hospital staff gives for not providing them the benefits. The researcher completely agrees with the research and confirms the loopholes in the social security schemes and the reasons for not utilizing the health insurance scheme [33].

9.8. What Problems do you Face when you Visit the Hospitals?

The researcher's motive to keep this question open-ended was to understand the ragpickers' problems to help the researcher develop suggestions for them and learn the drawbacks of the social security scheme at the ground level.

All ragpickers complained that public hospitals have very long procedures and fixed timing for everything. The long procedure included that when they first visit the hospital, they must pay the hospital fees and takes a prescription slip before visiting any doctor. After that, they can go to the respective rooms, where the specialty doctor is available. In complying with both procedures, they must stand in long queues before the diagnosis. If some tests have to be done, then the doctor prescribed some tests for which initially they have to pay the prescribed test fees, for which they again have to stand in queues and then must go to the prescribed test labs. They have to wait for the reports and take that to the specialty doctor, who will prescribe medicines. Sometimes during this procedure, OPD time gets over, and they have to come the next day for the remaining procedures. This long procedure often cost the ragpickers their work hours and must take work off. 60% of the ragpickers revealed that they have to pay for the tests, and 80% of the ragpickers also revealed that if they are eligible for any social security benefits, they have to show the qualifying document for the required scheme. However, such required documents are not readily available with the ragpickers, so even if they are eligible for the social security benefits, they cannot benefit from the scheme. 40% of the ragpickers also revealed that they face discrimination from the hospital staff during diagnosis, examination, or the general public.

The data reveals that the hospitals' main problems are poor services, long queues, unnecessary procedures, and documentation to avail the social security benefits and discrimination faced by the hospital staff.

9.9. What are the Health Hazards in Your Daily Activities?

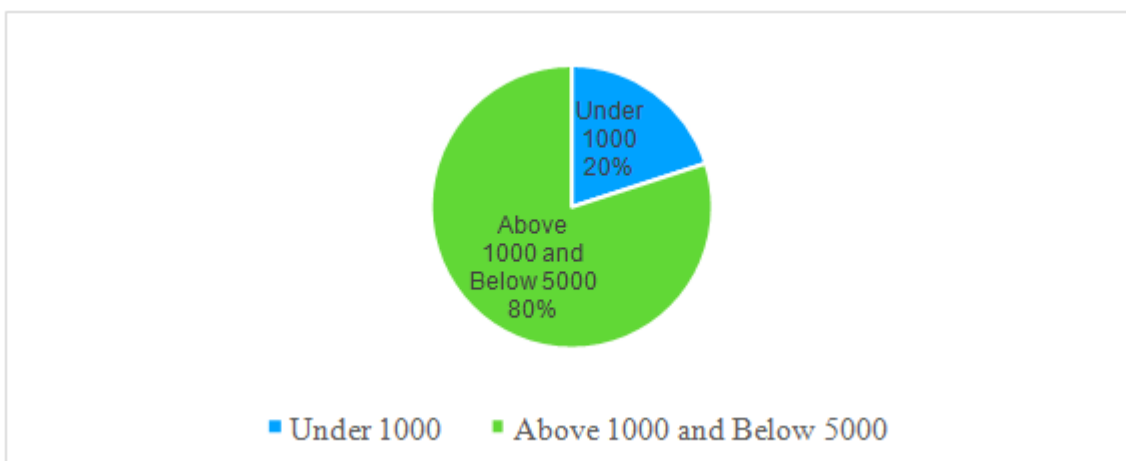
Every ragpicker revealed that they often cut themselves by the glass or steel or any other sharp objects. 40% of the ragpickers revealed the problems of inhaling the harmful gases, which cause them breathing problems. Dogs or any other stray animals bite 80% of the ragpickers. Common cold or cough is a very common problem. Every ragpicker suffers from a musculoskeletal problem. They must take long walks or must carry or push the long carts, which causes many problems. 60% of the ragpickers revealed the problems of skin diseases or gastro tract infections. 40% of them revealed the problems of respiratory tract infections or eye problems. Every ragpicker has a habit of substance abuse, and 80% of the ragpickers revealed the problems of water-borne diseases, including kidney stones or typhoid. 50% of the ragpickers also revealed that sorting sheds are not well equipped with sanitation facilities, clean drinking water, first aid kits, or sanitary pads. These are the daily health hazards that ragpickers face.

Ragpickers are more engaged in unhygienic occupations and are always exposed to such diseases, but this is because they do not have any protective gear to protect themselves from such diseases. They are not given any training to protect themselves from such hazards. In this regard, Balu Natha Mote et al. clearly show the diseases to which ragpickers are more prone and the percentage of ragpickers who are affected by such diseases [34].

9.10. What are the Approximate Expenses on Hospital Bills?

Figure 8 shows 80% of the rag pickers spend Rs. 1,000–5,000 at the hospital and 20% of them spend up to Rs. 1,000 at the hospital. The data reveals that the ragpickers, who merely earn their bread, spend much money on the hospital bills [35].

Figure 8 - Expenses



Maximum ragpickers hardly earn up to Rs. 9,000 a month, out of which they must feed their family, they have to pay their living expenses and save for any other contingencies. Suppose from this amount; they have to spend such a huge amount on the hospital bills. In that case, it is way too hard for them, so they avoid hospitalization or choose any other home remedies, which later results in serious consequences.

10. Conclusion and Recommendations

Ragpickers are not aware of the social security, which is provided to them. The major loophole in social security schemes is the lack of awareness of that scheme. The schemes are failing because they are not readily available to the eligible beneficiaries. Ragpickers being a vulnerable community cannot afford to pay for the insurance schemes or hospital bills. Providing free insurance will help them. When they go to the hospitals, the discrimination they face is known to us by the survey, and many other reports have also drawn these things. The long queues and the time required in the public hospital show the public hospital's poor services, which mostly fails to bring such poor and vulnerable workers to the hospitals. The failure of municipalities in providing clean drinking water and hygienic public toilet also shows the failure of local governments to protect not only the ragpickers but the general public too.

Many laws prevent other unorganized sector workers from exploitation and provide many work benefits to them. However, there is no separate law or welfare recognition for the ragpickers. 2016 SWM rule recognizes the ragpickers and has some provisions in it, which talk about the ragpickers and their benefits. Ragpickers being the vulnerable workers must work in unhygienic conditions and face occupational health hazards, shortage of infrastructure, sorting sheds, or social security. 2016 Solid Waste Management Rules have framed some rules, followed by the respective local government bodies. The rules indicate that there should be a formal integration of the ragpicker bodies. The material recovery centers should be provided to them, and protective gear should be provided to them or any other form of support that would -empower ragpickers.

Recommendations

The researcher recommends that these recommendations be considered in the existing guidelines for the welfare of the ragpickers.

- The survey conducted by the researcher clearly shows that 50% of the ragpickers choose to be self-employed rather than working for any organization. Therefore, these self-employed ragpickers do not have any identification cards to show their occupation and have no other document to avail of the social security benefits. It is imperative to consider the importance of identifying the ragpickers to expect social security schemes by the eligible beneficiaries. Hence, the state government ought to appoint local officials to take all necessary steps to identify all the individuals working in this sector. Hence, the researcher recommends that appointing any local officials to identify such ragpickers can be an efficient step to cover and identify all the individuals in the rag-picking business.
- The researcher did the survey clearly shows that 60% of the ragpickers are not aware of the health insurance schemes provided to them, and 40% of those who know are facing many problems with availing the benefits from those schemes. A major barrier in utilizing the scheme or availing the scheme's benefits by the ragpickers is lack of awareness. The survey also reveals that a major problem for utilizing the benefits was the problem with the documentation. The income certificates, the caste certificates, or the domicile certificates are not readily available with the ragpickers. Therefore, ragpickers cannot utilize the benefits, so the researcher recommends that a government process must identify the ragpickers and Identity cards must be provided to them, which can help the ragpickers in availing the social security benefits. Hence, the researcher recommends that social security benefits could be provided on producing such identity cards. Further, the researcher also recommends that more focus must be given on spreading the awareness of the scheme and on the process of availing it.
- Further, the survey also reveals that ragpickers do not have any advanced protective gear hence exposed to many health hazards. The government must ensure that protective gear, first-aid kits, or other advanced gears are distributed regularly to the ragpickers.
- The survey also reveals that sorting sheds are not equipped with sanitary pads, clean drinking water, or toilet facilities, so it is also recommended that the local government must ensure that sorting sheds would be well equipped with sanitary pads, clean drinking water, and adequate toilet facilities.
- The survey conducted by the researcher reveals that ragpickers often face discrimination by the hospital staff or the general public. The researcher strongly recommends that the government take strict action against such officials or the general public for the welfare of ragpickers.

- The survey also reveals that 60% of the ragpickers are unaware of the health insurance schemes, or the other social security schemes, so the researcher recommends that government must ensure that the local government must carry out the awareness programs, skill training, and capacity building programs, health checkup camps, counseling sessions.
- Further, the researcher also recommends that the state government create a body under the Department of Labor to ensure the welfare benefits to the ragpickers.
- Further, the rights and requirements of the ragpickers can be addressed as a legal obligation instead of an optional mechanism.
- Further, the private organizations and associations must spread awareness about the social security schemes to the eligible beneficiaries. The terms must also be included in the contracts between municipal bodies and associations for providing the social security benefits to the eligible beneficiaries.
- The government must take all these factors into account and must take steps to protect one of the most vulnerable and important communities as a matter of urgency.

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