

**Report on the proceedings of workshop on  
Health Care Security for Construction Workers**

**Bangalore, 27<sup>th</sup> November 2015**

A Workshop on “Health security for construction workers” was organised by Social Security Association of India, Karnataka Chapter in collaboration with Friedrich Ebert Stiftung. The workshop was supported by Employees’ State Insurance Corporation, Karnataka Region, NICE Ltd (Nandi Infrastructure Corridor Enterprises Ltd), CREDAI, Karnataka, and Institute of Engineers India, Karnataka Centre.

2. The workshop generated great enthusiasm amongst the stakeholders which was reflected in record attendance of 98 participants in the workshop. Health Department as well as Labour Department of the Government of Karnataka, the members of the Central Trade Unions, like, INTUC, AITUC, CITU and HMKS, a

number of Civil Society members and NGOs participated in the workshop and made the discussion very focussed and fruitful.

3. The importance of the workshop was underpinned in his inaugural speech by no less a person than Shri U.T. Khader, Hon'ble Minister of Health, Government of Karnataka. In his speech the Hon'ble Minister while elaborating the various initiatives taken by the State Government for protecting the health of the citizens at large, specially referred to the smooth functioning of Vajpayee Arogyasri Health Scheme across the length and breadth of the State. He commended the topics proposed to be discussed in the Workshop and called upon the participants to discuss the ways and means of ensuring proper medical care for the construction workers consisting of migrant workers mainly and called upon the Organisers to forward those recommendations to his Government for

meeting the health care requirements for these workers.

4. Shri B.N. Som, former Union Secretary & now Secretary General, SSAI, in his welcome address, elaborated the objective of the workshop. He stated that the issues concerning health care for the construction workers who constituted a very large chunk of unorganised workers – numbering about 4 crore people across the country- were to be taken care of assiduously in national interest. He stated that health care issue for the construction workers was one of the key healthcare issues in our emerging society. With economic growth, with increasing consumption and infrastructure development, housing and road construction activities were expanding exponentially. Construction ventures were spread from the mountain slopes to the corner of the villages, to the cities and to every nook and corner of the country. Because of the

nature of their work, these workers remained at the construction sites, away from their hearth and home, living under the open sky, in shanties and, at the best, in the slums around the project sites. All the issues of living, like, supply of drinking water, facility for toilet, provision for bath-taking, washing, availability of PDS, place for the kids to play etc. were the core issues which had been tormenting the wits of the administrators and social activists to protect the right of these workers, to life and livelihood. Construction activities were undoubtedly a boom for the economic development but it was the construction workers who endured the most of the brunt of such developments by their sweat and toil. The living conditions of the construction workers who were mostly migrant workers, be it from the neighbouring districts or from the other parts of the country, the plight of the construction workers had been typically highlighted

during the construction period of the Commonwealth Games (CWG) in New Delhi, 2010. In spite of the Court's direction to the administration to energise the Construction Boards to do their best for welfare of the construction workers, the Construction Boards of the country have not yet been able to deliver the intended benefits to these hapless workers. To create awareness about the need for urgent action and to fulfil the objective of setting up Construction Boards by accumulating funds for that purpose, SSAI has taken decision to organise several such workshops in various parts of the country to hasten up the process of proper functioning of the Construction Boards and suggesting solutions to remove the snags creating blocks in the way.

5. Dr. P.D. Shenoy, former Secretary, Government of India, Ministry of Labour and Employment, in his key note address, quoting from Dr. Kenlin A. Holloway,

Regional Advisor, WHO stated that about 70% Indians spent out of their private income on medicines and health care services in comparison to 30% to 40% in other Asian countries, like, Sri Lanka. Indian population also is denied of supply of best quality doctors and health care facilities. He underlined need for setting up a monitoring system to oversee functioning of the health care system and setting up of a professional body /committee to monitor drugs and therapeutics in Indian hospitals. The Planning Commission in India had also admitted that about 31 million Indian were pushed to poverty because of ill health every year that 30% of population in India do not go for any treatment due to financial constraints and that 20% ailments in urban areas were untreated due to financial problem. Then about 47% and 31% of hospital admissions in rural and urban India, respectively, were financed by loan and sale of assets.

At the same time, the States have cut down on spending purchase of drugs adding to commons man's problem. On the other hand, the High Powered Expert Group set up by the Planning Commission on the issue of universal health coverage had recommended ensuring viability of free essentials medicines by increasing public spending on drug equipment. The Committee had estimated 1% to 5% GDP spend to ensure universal access to essential drugs. Prof. Amartya Sen had advocated that allocation of funds for education and health in India was grossly inadequate resulting in a vicious circle of illiteracy, mal nutrition, poor health and poverty. He then enumerated a number of schemes that had been introduced in the country both by the Centre as well as by the State Governments to protect the risk of ill health for the formal and informal workers.

6. He also referred to the contribution that a private health care provider could play by tying up with public sector resources. Referring to the benefits of NPS, contributory pension schemes, Arogyasri Schemes in the States of Andhra Pradesh, Karnataka, Maharashtra, Gujarat and RSBY in all States across the country, he stated that under the Janani Surakshya Yojana of NRHM private sector health providers were being asked to provide maternity services whenever public sector facility was unavailable. Referring to the poor and inadequate implementation of the Building and Construction Workers (Regulation of Employment and Conditions of Services ) Act 1996 and the Building and Other Construction Workers Welfare Cess Act, 1996, he discussed how the workers and their family were being deprived of the benefits enshrined in these Acts. He the narrated that how things appeared to be changing due

to the continuous pressure from National Campaign Committee for Construction Workers. At the behest of the Supreme Court, the Central Government had issued directives under Section 60 of the Act dated 27<sup>th</sup> February 2014; direction dated 16<sup>th</sup> February 2015. Direction dated 9 Sept 2015 calling upon the State Governments/UTS and their respective Building and Other Construction Workers Welfare Board to take immediate steps for utilising cess fund on the activities listed exclusively for the welfare of these workers. He also referred to the Government order extending ESI schemes to the construction sites for covering those workers who are engaged in hazardous occupation exposed to the vagaries of harsh weather. He concluded by saying as follows, “Now, we have the enabling legislation, constitution of Construction Workers Welfare Boards (CWWB) in several States, collection of huge Cass to the tune of Rs. 27,000 Crores by these

Boards and clear cut directions by the ESIC which enable Construction Workers to be covered by the Act and Scheme to provide adequate, urgent and comprehensive health security to this class of workers who are engaged in hazardous occupation exposed to the vagaries of harsh weather. Now, what is required is the action on a war footing by the implementation machinery of the State and Central Governments to provide Health Security to the hapless workers in the construction industry. Let us hope that a New Era will dawn for these unfortunate brethren.

7. The discussion at the workshop was spread over five technical sessions. The first session was presided over by Dr. Pravin Sinha, Senior Advisor, FES and two eminent persons made presentations – one Dr. Prakasham, Chairman, Karnataka State Transport Terminals Ltd, a state PSU, and Shri Ashok Keni,

Hon'ble MLA and Chairman, NICE Ltd (Nandi infrastructure Corridor Enterprise Ltd).

8. Dr. Sinha in his talk highlighted the lack of awareness amongst the construction workers about their rights and privileges which stood in the way of their health care. He also referred to the problem of registration for this category of workers and observed that these problems should be analysed carefully to ensure that each of such workers were registered without facing any hassle. He also stated that employers i.e. builders in this case, should be vigilant about the health issues of the construction workers.

9. Dr. Prakasham while appreciating the subject matter of the workshop called it a timely and useful intervention made by the Social Security Association of India to draw attention of all concerned to the need for ensuring health care of the construction workers. He emphasised the need for organising such awareness

programmes in other States in good numbers to spread the message to every worker. He also suggested that all the builders should be listed by the Construction Workers Welfare Board and that welfare activities should be monitored in the interest of the construction workers. He stated that most of the construction sites were scattered over undeveloped and far off areas of the cities and metros; and for the workers to commute between their places of residence and work site posed a great challenge both in financial as well as in physical terms. He was of the view that builders should be called upon to arrange transport for the workers to and from the site area which would go a long way in keeping their energy intact.

10. Shri Ashok Keni, Chairman, NICE Ltd, in his presentation highlighted the present scenario in which workers health issue was not given due importance by the builders as it deserved. He lamented that the

workers were made to work in hazardous conditions without proper equipment, tools and dresses. He stated that it was not uncommon to see a daily wage worker engaged in road construction was doing tar work wearing chappals. Similarly, in building construction, use of helmet or use of appropriate tools by workers working at heights or standing on scaffolds doing brick work or plastering work; those workers did not have appropriate gears. He was of the opinion that builders should be directed to hold at least two days training workshop for the workers to acquaint them with the hazards at the relevant construction site and what all preventive measures were being taken by the management and what all precautions the workers themselves should take to avoid accident or injury at workplace. He felt that holding training workshops should be part of the statutory obligation of the builders, violation of which would attract penalty for

them. He also suggested for creation of separate fund for by financing health care requirements of the construction workers. He felt that by setting aside 1% of the material cost it should be able to provide social security and safety measures for workers at site. This should be made the builders' liability as an integral part of the construction plan approval. He also suggested that Government should earmark hospitals, ESIC dispensaries or private clinics for each construction site in advance. He also stressed on the need for ensuring 100% registration of workers both belonging to the State as well as those who were migrant workers, to enable them to get welfare benefits from the Board. As soon as 100% registration target would be achieved there would be no need to consider creation of a separate fund for health care as suggested earlier by him. He suggested that in case of death of a worker, his family should be helped for educating the

children free of cost and that alone could create long lasting asset for the family.

11. Shri Krishnamurthy, Karnataka Construction Workers Welfare Forum, while participating in the discussion about health security for construction workers stated that supply of nutritious food for workers should be recognised as one of the most important aspects of health security for these workers. To ensure good health for the workers it was also necessary, he pointed out, to ensure that the workers were paid not only wages as contracted but also that the amount of payment under no circumstances should be below the level of minimum wages, if not fair wages, as that alone could take care of the family needs of the workers.

12. The second technical session was presided over by Shri G. Ramanand, President SSAI, Karnataka Chapter. In the session Shri J.H. Naik, Regional

Director, ESIC, Karnataka made a presentation on the current role of ESIC in ensuring health security for the construction workers. He opened his presentation stating that the construction work was most hazardous and accident prone occupation identified by ILO in its 2011 report. Prior to that, in 2009, ILO had identified India having the world's highest construction related accidents amongst the workers and that 165 out of every 1000 workers were sustaining injuries in the construction sector as per ILO survey of 2009. But the percentage of compensation paid to the workers was merely 9.94%, as per report compiled in 2010. Taking into consideration all these troublesome data about this industry, construction establishments were covered from June 1999 but due to lack of medical infrastructure and coverage infrastructure, workers working at sites were not covered till the recent past. It was only with effect from 1<sup>st</sup> August 2015 the site

workers have been covered. As a sequel to massive computerisation and issue of smart card (Pahachan Card), because of the fact that Pahachan Cards were portable, the construction workers who were migratory in nature and worked under multiple employers it had been possible to offer them hassle free medical benefits. He then emphasised that more than 50% construction site workers had been so far covered in Bangalore till date. He, listing the benefits that the employers and builders have already referred to, stated that with the onset of ESIC coverage the employers/builders were exempt from liability under the Employees' Compensation Act and Maternity Act. It would also relieve the employers of their liability towards their employees arising from employment injuries and urgent medical treatment. He also explained in length the benefits to the workers in terms of cash payment, like, sickness benefit where 70% wages was payable for 91

days in a year and extended sickness benefit was also covered for 700 days for three years for long term diseases. The workers also were entitled to temporarily disablement benefit of 90% of average daily wages, permanent disablement benefit- 90% of average daily wages from the date of resuming duty every month throughout his life, maternity benefit(100% of wages for 84 days); 42 days salary for miscarriage and dependent benefit (90% of average daily wages) for the diseased person. In case of death of a person funeral allowance was payable. There was no ceiling on medical expenditure including for super specialised treatment to employees and family members. Medical treatment for retired employees (IP) and their spouses was also available on payment of Rs.120/- per month. It was running vocational rehabilitation training scheme for permanently disabled workers. Most of all, by introducing Rajiv Gandhi Shramik Kalyan Yojana of

unemployment allowance is payable to all workers up to one year on account of retrenchment scheme/closure of units. The worker would be paid 50% of last average wages for one year or till reemployment, whichever was earlier.

13. Third technical session was chaired by Shri RKA Subramanya, former Addl Secretary, Min of Lab & Employment & former Secretary General, SSAI. The session consisted of a presentation made by Dr. Vishwaradhya, Director, Suvarna Aryoga Suraksha Trust, on Vajpayee Arogyasri schemes in Karnataka. The presentation reflected on orientation of Karnataka Government Health Assurance Scheme relevant to construction workers stating that construction work was dynamic, diverse and consistently changing in nature both in terms of environment and working conditions, turn over, large number of skilled and unskilled labourers. These workers were exposed to

various hazards and risks that could result in injury, illness, permanent disablement or even death. Talking on the need for Government sponsored health assurance scheme, he pointed out that high amount of out of pocket health expenditure, unregulated private health sector, demographic conditions, epidemiology and because of increased awareness and expectations of consumers, had pushed up cost of health care treatment manifold. He also pointed out that high proportion of informal sector workers were not covered under any health insurance. Displaying the model of health care delivery in India, both urban and rural, and narrating the service available at PHC, CHC, Taluk Hospitals, District Hospitals, he described six types of health schemes which were in vogue in Karnataka, viz., ESI Scheme, delivering primary, secondary and tertiary treatment. Yashavini scheme only for members of the co-operative society covering 34 lakh people,

Vajpayee Arogyasri Scheme (BPL Card holders) covering 113 lakh households, Rajiv Gandhi Arogyasri- covering 34 lakh families (APL Card holders), Jyoti Sanjibani Scheme covering 6 lakh families for all citizens of Karnataka and BPL Card holder 64 lakh families had been covered with RSBY. He also talked about the health camps as an important outreach under Vajpayee Arogyasri Scheme in which all the network hospitals participated in the days on which the health camps were conducted. These initiatives had resulted in reduction of out of pocket expenditure by 64% and reduction in mortality rate by 68% amongst BPL families. At the end he described the following family health care facilities for construction workers:-

- i) For primary care both urban and rural PHC, for secondary care Taluk Hospital, CHC and RSBY scheme could be utilised.

- ii) Maternal and child health services could be availed under NRHM.
- iii) For tertiary, Vajpayee Arogyasri Scheme was available.

14. In the fourth session a panel discussion of experts was held. This session was chaired by Prof. K.B. Akhilesh, Indian Institute of Science, Bangalore and moderated by Shri B.N.Som, Secretary General, SSAI. The panel list consisted of Shri Michel Fernandez, MLA, HMKS. Dr. G. Manjunath, Jt Labour Commissioner and Jt Secretary, KB&OCWWB (Karnataka Building and Other Construction Workers Welfare Board), GOK, Shri Suresh Hari, Secretary, CREDAI, Karnataka, Shri N.P Samy, Secretary General, National Centre for Labour, Ms. Karthyani, Executive Trustee, CIVIC and Katanataka construction workers welfare forum.

15. Shri Fernandez, HMKS, in his presentation called for appropriate housing for the construction workers at site, provision of mobile toilet arrangement, for kid's care, safety measures at work place by supplying proper equipment. He proposed two types of insurance cover for the construction workers – one to give lifelong cover to the worker and the other insurance should be project specific insurance. He suggested that project specific insurance should be the responsibility of the employer and the other lifelong cover would be provided by the Welfare Board by taking out group insurance. He also supported the need for imparting training at the work place before the workers were inducted into work. He also suggested SSAI's intervention in imparting training and urged action by the Labour Department as well as by the Welfare Board to look after the working conditions and livelihood requirements of the migrant workers.

16. Shri Suresh Hari, Secretary, CREDAI, in his presentation suggested that there should be defined code of conduct amongst the builders because only 20% of the builders were covered under CREDAI whereas 80% of the builders were outside its ambit. It was for the Government to devise mechanism to enforce the said code of conduct for ensuring safety and security of the workers. He also enumerated the challenges faced by the builders in managing construction sites, like, that they were called upon to implement 34 Labour Laws out of which 27 Labour Laws had financial implications. He referred to the accumulation of Rs.27, 000 crore by the Welfare Boards on all India basis and Rs.2600 crore by Karnataka Board. The reason for gap between disbursement and fund accumulation was caused on account of difficulty in identification by registration of workers. Further, the builders also faced challenge of

giving PF coverage to the contract workers but the issue was that working in a project site and registration of construction worker was not correlated. He felt that these problems should be addressed in the interest of the employers as well as the workers.

17. Ms. Karthyani, Executive Trustee, CIVIC, in her talk emphasised the need for proper housing, provision of drinking water at site and of toilet. She suggested that Welfare Board should construct houses which could be put on hire to the builders for lodging their workers on rental basis. She also called upon the need for setting up crèches for the child of the workers and creating workers' colony for their habitation. She also stressed for need for compulsory registration so that everyone could get the benefit of Welfare Board.

18. Shri N.P. Samy, Secretary General, NCL, in his presentation emphasised the need for extending ESI cover to all construction sites. He emphasised that

ESIC cover should not be merely on paper but that it should cover compulsorily the medical care needs of the workers. He suggested that construction boards should pay both shares of contribution for employees and employers to the ESIC to enable the construction workers to get benefit of the scheme.

19. Dr. G. Manjunath, Jt Labour Commissioner and Jt Secretary, KB&OCWWB, GOK, participating in the panel discussion explained the functional limitations of the Board in terms of sec 22 of the Act. Nonetheless the Board had been continuously taking up various welfare schemes for the workers. He stated that the Board planned to build transit accommodation for the workers but the problem of suitable land near the construction site was posing problems. He was of the view that extension of ESI scheme to the construction workers was not an act of duplication but was beneficial both to the employers/ builders as well

as to the workers. Talking about the extent of benefits made available to the workers he stated that in spite of different odds in processing the claims as many as 74,000 claims had already been settled during the year and that during the next three months as much as Rs.18 crore would be disbursed. He also stated that Karnataka Construction Welfare Fund was having an amount of Rs.3700 crore in deposit and its monthly expenditure was to the tune of Rs.87 crore. He stated that the Board was conscious about the important contributions made by the construction workers and that it was determined to deliver goods to them. He stated that they were trying try to utilise technology for easy and hassle free utilisation of the fund in such a way that the workers and the employers could work in total harmony and in unison.

20. Prof. Akhilesh, IISc, summed up the discussion drawing notice to the points raised by some of the

speakers that the workers at site should be adequately trained and made aware of the work-site hazardous and should be advised to follow the safety instructions to avoid accidents. He also called upon the employers to take the responsibility for providing necessary tools, tackles and equipment as well as the safety gadgets to the workers to raise their morale and to enhance productivity.

21. Shri Som, Secretary General, SSAI added to the observations made by Prof. Akhilesh stating that the following four resolutions should be taken by all the stake holders as well as by the SSAI to ensure maximum benefits of the welfare fund reaching the workers. He made the following four suggestions in this regard as follows:-

- ❖ Construction workers' eligibility condition for registration should be reckoned from day one of his joining work at the construction site as because a

worker exposes himself to the risk of work from the very moment he enters into the construction area and, therefore, it is illogical to set a condition of 90 days of work experience to be registered as the construction worker. In other labour laws like ESI, EPF eligibility for membership of those schemes started from day one.

- ❖ To safeguard the interest of migrant construction workers law should be amended to the effect that every worker should be entitled to draw benefit from the Welfare Board in whose jurisdiction he was working at the relevant point of time and that would also be in tune with the philosophy of cess collection from the builders for the welfare of the workers.
- ❖ Individual builders engaged in house construction or carrying out repair work of the building(s) – the workers employed in such sites/work were also to be covered by the Construction Board by registering

them as construction workers and make them eligible for welfare benefits. Experience showed that the construction workers who met fatal accidents/work injuries were left to themselves to find solution.

- ❖ Under ESI scheme workers health care coverage is granted without obtaining any medical examination. An apprehension was raised in the workshop that perhaps proposal was being made to include pre-diseased condition in offering medical care to the insured person.
- ❖ The House was of the unanimous opinion that such a condition was neither necessary nor legally feasible and that experience health care expenditure did not show any evidence of undue pressure on the insurance fund because of offering cover to all without medical examination.

21. Last technical session was devoted on discussion on implementation strategy in the light of the Supreme Court judgment in the case of construction workers. Dr. Mahendra Raju, National Coördinator, SSAI, presided over the session and Dr. G. Manjunath, Jt Labour Commissioner and Jt Secretary, KB&OCWWB, GOK, was the presentor. Dr. Manjunath explained the overall health security policy of the Government of Karnataka. He stated that the Board had implemented most of the directives issued by the Government of India pursuant to the Supreme Court judgement for utilisation of the welfare fund for the welfare of its members. He further stated that in the State of Karnataka because of the existence of national rural health mission and existence of Vajpayee Arogyasri Yojana, Rajiv Gandhi Arogya Yojana, it was possible for the Board to offer universal health cover to all.

22. Dr. Mahendra Raju while closing the session delved on following suggestions.

- ❖ Apart from strengthening existing Health care, Govt should think of providing "mobile Health care" vans with post-accident care & lifesaving equipment & lifesaving drugs at Construction sites and etc.
- ❖ Construction workers welfare fund should be utilized for providing such high end "mobile health care vans".
- ❖ Construction welfare fund officials/ inspectors should register construction workers right at the construction sites.
- ❖ Welfare fund inspectors should be provided with 'hand held machines' which can take photos of workers on the spot and their details fed into such 'hand held machines' could directly be stored in the system at back end office in real time and ID cards should be printed on the spot and should be handed over to workers.
- ❖ Vajpayee Arogyasree/ RSBY/ ESIC etc. should allow same ID cards for health care requirements.
- ❖ ESIC/ PF departments for enrolling them for their membership drive should also use same ID cards.

- ❖ EPFO should broad base their ECR returns providing provision for principal employer to mention his contractor name/ code no/no of employees engaged by him with code numbers of employees engaged by him for his unit and equally Contractor to mention his principal employer's name/ code no/ employees strength with their code numbers, so that the system itself will cross check and ensure workers compliance real time.

22. In the concluding session of the Seminar, the participants passed a resolution to carry forward the following suggestions made by the various resource persons to be taken up with the government:-

- ❖ Compulsory arrangement for onsite short training course on safety, security, identification of hazardous jobs etc before inducting workers into construction work.
- ❖ Individual builders engaged in house construction or carrying out repair work of the building(s) –

employing number of workers of 10 or more are also to be covered by the Construction Boards by registering them as construction workers and make them eligible for welfare benefits. Experience shows that the construction workers who meet fatal accidents/work injuries in such small sites are left to themselves to find solution.

- ❖ . Compulsory arrangement should be made for on-site short training courses on safety, security and identification of hazards of jobs at site before inducting workers into construction work
- ❖ Prior attachment of PHC/dispensary/hospital with each site as soon as the project is approved.
- ❖ Compulsory arrangement for mobile toilets, crèche's, PDS shops & drinking water facility at each construction site.
- ❖ Provision of mobile health care vans with post-accident care & lifesaving equipment & lifesaving drugs at Construction sites and etc.

- ❖ Provision of dwelling units at worksites before the start of the work as a part of project work.

23. The Workshop ended with a vote of thanks to the Chair and resolved to pursue with its recommendations as noted above.

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