

# SEWA Cooperative Federation's Role in COVID-19 response and beyond



by Mirai Chatterjee,  
Chairperson, SEWA Cooperative Federation

# The Informal Economy in India

- 93% of the Indian workforce, or 500 million workers
- 55% contribution to GDP
- More than 50% of national savings
- Little or no work and income security
- Limited social protection/social security
- Overlap between informality, poverty, gender--women the poorest, most vulnerable, most discriminated against



# The Self-Employed Women's Association (SEWA)



- National trade union of 1.7 million informal women workers, in 18 states
- Founded in 1972 by Ela Bhatt in Ahmedabad, India
- Inspired by the values of Mahatma Gandhi
- Organises women through joint strategy of union and cooperatives (struggle and development)
- Formed 120 women's cooperatives across India

# Cooperatives at SEWA

1. Agriculture: Megha, Ekta
2. Financial services: SEWA Bank, VimoSEWA, savings & credit cooperatives
3. Dairy: 65 village-based cooperatives
4. Artisan: Aabodana
5. Services: child care, domestic work, health care
6. Labour: construction work, cleaning



# SEWA Cooperative Federation

- Over 27 years, the Federation has promoted 106 women-owned cooperatives
- Offers a support system for the cooperatives to become viable, and to scale
- Services in:
  - Business development (including incubation of new cooperatives)
  - Capacity-building
  - Marketing
  - Financial review services
  - Research and advocacy
  - Communications
  - Digital inclusion

# COVID-19 pandemic: our response

1. Relief distribution--Food and health kits
2. Health awareness and education
3. Livelihoods: providing (masks, sanitizers) and protecting (vegetable supply chain, sewing); negotiating with employers (domestic workers)
4. Social Protection---microinsurance
5. Facilitation for ensuring benefits reach
6. Policy—our appeal to government (food, cash transfers, migrants)



# Our recommendations

## 1. Health & Food:

- Immediate: Community involvement, contact tracing, testing, treatment; food kits, health and hygiene kits.
- Long-term: Universal Health Care---invest at least 2.5% of GDP; major focus on primary health care with front-line workers, nurses, doctors and upgrading some infrastructure.

## 2. Livelihood restoration: ( ILO estimates 400 million informal workers may fall into poverty)

- Immediate: Payroll compensation, working capital including loans; marketing of women's products, services, restore supply chains
- Long-term: livelihood restoration fund with social protection

## 3. Policies:

For restoring, building up livelihoods locally, identity cards for all informal workers, portability of government schemes, universal social protection, universal health care and universal child care (full day), digital inclusion--access to mobile technologies, capacity building.



**Thank You**

[www.sewafederation.org](http://www.sewafederation.org)

info@sewafederation.org