

Social Security Benefits for Unorganised Workers in Karnataka

Programme evaluation report

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Summary

As a pilot programme, the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), in collaboration with the Department of Labour, Government of Karnataka, have opened 250 Worker Facilitation Centres (WFCs) based in the same number of gram panchayats (GPs) or urban wards in six districts of Karnataka state. The aim of the centres is to facilitate awareness of and access to social security schemes among unorganised (informal-sector) workers.

Using representative data collected 18 months after most of the centres opened, we find that:

- Awareness of and access to social security schemes among the target population has increased. The average unorganised-worker household in villages with a WFC is aware of 0.37 more schemes, and has applied for or obtained 0.26 more schemes, than households in living in villages without a WFC.
- The impact is concentrated in awareness of and access to contributory schemes, that is schemes associated with a financial outlay on the part of the beneficiaries. Since joining such schemes may be considered an investment from the point of view of the households, they are arguably a 'harder sell': the facilitator will need to convince the household of their personal trustworthiness as well as the soundness of the investment.
- For the most successful schemes, the construction workers' welfare package and the commercial-vehicle drivers' accident insurance, take-up approximately doubled.
- There is a positive but more modest impact on awareness of non-contributory schemes. The estimated effect on the impact of access to non-contributory schemes is positive but not statistically significant.
- These findings are confirmed in a smaller sample of households who are members of Self-Help Groups and for whom we have data both before and after the introduction of the programme.
- Approximately one third of those who have met the facilitator report having submitted an application for a social grant with his or her help.
- There are high levels of satisfaction with the programme and facilitators.
- Those who have received help in submitting an application for a benefit feel more secure about the future. They are also more likely to agree that the government provides good social security services.
- Corruption is remarkably low for the context of the Indian public sector: only 5% of households who have met the facilitator report that he or she asked for a commission or bribe.
- Pilot staff turnover is relatively high and associated with reduced centre effectiveness. The pilot administration's heavy emphasis on human resource management is justified.

- Efforts to build the brand of the WFC programme have not changed the fact that many more recognise the facilitator by name than by trade. However, it is not clear that a strong brand is required in order to facilitate access to social schemes.
- Households living in remote villages have benefited less than households living close to the WFC, possibly due to transport costs.
- Some of the biggest successes of the pilot are in facilitating schemes operated by the Department of Labour. While this suggests significant internal coordination efforts, there is scope for improvement in coordination with other government departments.
- It is not clear how the effectiveness of the WFCs will change if the planned transfer of responsibilities from the current single-purpose Community Facilitators to GP secretaries goes ahead.

Introduction

This report contains findings from an evaluation project undertaken by academics from the Institute for Social and Economic Change and the University of Bristol. While funded by GIZ, our evaluation relies on independently collected data and serves as an external check on the pilot's progress.

Background

Unorganised workers,¹ comprising 93 per cent of India's 458 million workers,² do not have formal work contracts. Since many formal and tax-financed social security benefits are contingent on providing proof of employment, the access of unorganised workers to these schemes is limited. As a consequence, they are more exposed to risks related to ill health and accidents, and their families are typically not insured against the death of the breadwinner. NCEUS (2007) found that 79 per cent of unorganised workers in India belong to the poorest category of people, working without social security and in miserable and unhygienic conditions.

Social security for unorganised workers in India is not provided via a coherent, universal system. Rather, it takes the form of a large number of individual schemes which have been introduced piecemeal, in many cases with one particular contingency or target group in mind. In addition, the schemes are administered and operated by a range of different government departments. Typically there is also a legal and operational division of authority over each scheme between national, regional and local government. In some cases, responsibility for public service delivery is entrusted to private or semi-government agencies. All these factors have contributed to a fragmented social security system.

'Single-window service centres' (also known as 'one-stop shops', 'one-stop service centres', or 'one-stop government') have been promoted in several countries to address the problem of fragmented delivery. 'The essence of the single-window approach is the bringing together of government services, or information about them, in order to reduce the amount of time and effort citizens must expend to find and obtain the services they need' (Bent et al 1999. See also Bellamy 1996, Askim et al 2011 and Seidle 1995). Such centres aim to ensure quality in the delivery of social security services — responsiveness (timeliness, courtesy and appropriateness), accessibility (convenient hours, proximity, physical access, coordination and information) and reliability (availability, accuracy and meeting service standards). It is hoped that improved service quality will in turn increase bottom-up accountability.

The pilot

In a collaborative pilot programme, the German Agency for International Cooperation (GIZ) and the Department of Labour, Government of Karnataka, set up a number of single-window service centres called Worker Facilitation Centres (WFCs) across the state. The aim was to improve access to social

¹ We follow Indian usage, according to which 'unorganised workers' are people employed in the informal sector of the economy. It is *not* a reference to labour union membership status.

² These figures were compiled by the National Commission for Enterprises in Unorganised Sector and relate to the year 2004-05 (NCEUS 2007). Kannan (2009), who updates the figures to 2009-2010, finds the incidence of unorganised sector in the total workforce remained the same although the number of total workers has increased. He also finds that the increase in employment in India in recent years has been mainly in the informal sector without any job and social security.

security benefits among unorganised workers. Although the pilot programme was launched in 2009, effective operations started at the ground level in 2011. WFCs were set up at the lowest level of administration, the gram panchayat (village council, GP) or urban ward, and each centre covered about 1000 unorganised worker households on average.

The pilot project was designed with the following features of the local context in mind:

- The informal labour market is constantly changing, with small farmers leaving and re-joining the informal labour market and rural workers commuting to work in the growing urban informal sector. This makes it difficult to identify unorganised workers and target social security benefits properly. WFCs were designed to address this by being based locally, closer to the target population.
- A large number of schemes have been formulated to meet both promotional and protective social security³ needs such as housing, food and nutrition, education, and cover for illness, old age, disability and death. However, the schemes are implemented by various departments. In Karnataka, more than 50 social security schemes are being delivered by about ten government departments. This leads to fragmentation and waste. WFCs have the potential to improve the situation by functioning as single windows embedded in the local government.
- Each social security scheme has different objectives, benefits and eligibility criteria. The strategy (if any) for creating awareness and the application process and requirements also vary. In the context of widespread poverty and illiteracy among unorganised workers, and problems of isolation and lack of co-ordination, many workers have not heard of benefits for which they are eligible. WFCs may aid in providing awareness of schemes and procedures.
- The state government designs schemes and provides funding, the district administration screens applications and taluk-level officials deliver benefits. Given that the average distance between a village and the taluk headquarters is 15 km, opportunity costs associated with obtaining benefits (obtaining application forms, obtaining necessary documents, application submission and follow-up) are high, leading in some cases to a dependence on exploitative middlemen. WFCs, located close to unorganised workers, have the potential to reduce these costs.

Worker Facilitation Centres and Community Facilitators

During the pilot project, 250 WFCs were opened in ten taluks across five agro-climatically different districts of Karnataka. WFCs were hosted by the local government and equipped with a computer, a printer, internet connectivity and basic office furniture.

³ Protective social security is different from promotional social security. The former is concerned with addressing specific contingencies like unemployment, ill health, old age, accident, maternity and death would cause. The latter has the objective of enhancing the normal living conditions and dealing with regular and often persistent deprivation.

The functions of WFCs are as follows: i) Act as information centres to build awareness⁴ among unorganised workers of social security entitlements and schemes. ii) Identify households and workers eligible to receive social security benefits, and manage and update a central database on workers. iii) Help workers obtain relevant documents and forms and submit applications. iv) Assist in following up and claiming benefits.

Each WFC is staffed by a Community Facilitator (CF) appointed by the district government. CFs are typically young university graduates having grown up locally, as this was expected to contribute to their productivity and acceptance within the community. The pilot project has also developed the brand of the WFC programme by designing a logo and a CF uniform. The project has designed training modules to build the capacity of CFs in improving access to social security among unorganised workers. Rather than waiting for the potential beneficiaries to come to them to apply for different social security schemes, the facilitators are instructed to go door to door.

In order to strengthen the CFs' capacity in the collection of information as well as to maintain quality, a system of regular quality checks has been introduced.

Progress according to internal data

According to data provided by GIZ, out of 277,948 households for which basic information was collected by the project, it was found that 260,348 persons were eligible for one or more social security scheme. That is, on average about one person from each household was found to be eligible for one or more schemes. Applications were submitted in the case of 47 per cent of the eligible beneficiaries. There is, therefore, a considerable gap between the number of eligible beneficiaries and the number of applications submitted. However, 72 per cent of applications submitted were approved.

Table 1: Coverage of unorganised workers by the project as of July 2013

Name of the District	Unorganised worker households identified through survey	Total eligible beneficiaries	Applications submitted	Applications sanctioned
Bellary	51,415	53,842	26,632	23,112
Mysore	70,420	63,701	29,807	25,359
Bangalore Rural and Urban	53,342	51,660	18,368	12,154
Gulbarga	56,115	57,851	25,022	14,446
Dakshina Kannada	46,665	33,425	22,236	13,209
All districts	277,948	260,479	122,065	88,280

Source: The project on Social Security Benefits for Unorganised Workers in Karnataka, Department of Labour and GIZ.

The remainder of this report will rely on independently collected data, obtained not through the pilot's internal systems, but by undertaking field surveys of randomly selected households in areas with and without WFCs.

⁴ The project has developed a 20-minute film on social security needs of unorganised workers, and colourful and visual information, education and communication material on social security schemes that can be easily read. This material can also be used as handbook and posters.

Data collection

The WFC pilot programme was implemented in six districts of Karnataka: Bangalore Rural, Bangalore Urban, Bellary, Dakshina Kannada, Gulbarga and Mysore. There were two participating taluks in each district, except in Bangalore Rural and Urban, each of which had only one participating taluk. The number of taluks partaking in the pilot is therefore ten.

Baseline survey

The baseline survey was conducted in the period August–November 2010 in 150 randomly selected gram panchayats (GPs) from nine taluks. The taluk in Bangalore Rural was excluded from the evaluation, since at the design stage it was not certain that WFCs would be opened there.

The GPs were drawn at random, but stratified so that all nine taluks would be represented. 100 GPs were randomly assigned to the treatment group, and the pilot administration was encouraged to open WFCs in all of these. The remaining 50 GPs in the sample were assigned to the control group, and the pilot administration was encouraged *not* to open WFCs in these. The basic idea of the evaluation is to compare outcomes in the treatment and control groups. Since GPs were randomly allocated to the two groups, any systematic and statistically significant difference in awareness of and access to social security schemes between the treatment and control group can be attributed to the WFC pilot programme.

Where possible, two villages were drawn at random from each selected GP. Some GPs consist of only one village, in which case that village was selected for the sample. From each sample village, we randomly selected one government-sponsored Self-Help Group (SHG), and from each SHG half of the members were randomly selected. The households of these SHG members were interviewed in the baseline survey. In all, 2394 households were interviewed from 301 SHGs in 263 villages across 150 GPs.

The choice of sampling only from SHGs

Typically in our research we would sample households at random from the whole village population, or else from the sub-population of households that are eligible for the scheme or programme being evaluated. In this case, however, the pilot administration suggested that we only look at households affiliated with an SHG. The original plan was to prioritise SHG households in the facilitators' work. As a consequence, it was felt that an evaluation based on randomly selected village households would necessarily identify diluted effects or none at all. Even though the results of the evaluation would then not be representative of the village as a whole, a preference was stated for trying to establish an impact on SHG members only, as a proof of concept. This priority was later changed, as described below.

Mid-term survey

The mid-term survey was conducted over the period May–June 2012. From the baseline sample, 30 treatment GPs and 30 control GPs were randomly selected for re-surveying. From each selected GP, one of the two SHGs was selected at random, and from each of these follow-up interviews with the baseline households were conducted. This resulted in a mid-term sample of 466 households. These data were used for a mid-term report, but are not used in the analysis presented here.

Follow-up survey

The follow-up survey was conducted in the period June–September 2013. By this time, priorities had changed and the programme leadership had decided that it was interested in the impact of the programme among the population of unorganised-worker households as a whole, not just among those who are also members of Self-Help Groups. It was, therefore, decided to revisit only some of the households surveyed for the baseline. The remaining resources would be diverted to the collection of data from a newly drawn sample that would be representative of all unorganised-worker households in the pilot area.

All villages and SHGs covered by the baseline were revisited for the end survey. However, there was a reduction in the SHG sample. The methodology was that if a self-help group consists of six or less members, then all the members were covered. But if the number of members was more than six, only half the members were randomly selected for re-interview in the end survey. In addition, we surveyed a new sample of households designed to be representative of unorganised workers in the population. The new sample was drawn from a list of all households in the village (obtained from the GP office). Since the sampling frame did not contain information on whether or not the household in question had an unorganised worker among its members, we would contact households in random order and ask them if any of its members were unorganised workers (after explaining the meaning of the term). If they answered ‘yes’, the household would be included in the sample, otherwise not. This process continued until the target number of 10 sample households for the village was reached. The final data from the follow-up survey consists of 1395 SHG-member households revisited from the baseline and 2479 households from the new subsample that is representative of all unorganised-worker households.

Because the primary interest is now in the effect of the pilot programme on awareness of and access to schemes among the unorganised-worker population *as a whole*, most of the analysis presented here is based on the new, representative sample. However, while the sample of SHG-member households is not representative of the population at large, it is of interest in its own right, and especially because for this subsample there is data both before and after the intervention. In other words, for this sub-sample we do not need to rely on the assumption that the treatment and control villages started from similar levels of awareness and access. We can compare the *change* in awareness and access across the two groups (difference-in-difference estimators). We will therefore present some results based on this sample as a robustness check.

Deviation from research protocol

During the planning of the mid-term survey, it became clear that WFCs had not opened in all the places where they had been planned. In fact, WFCs had been opened in only 71 out of 100 treatment GPs. This has potentially large implications for the evaluation, since one might suspect that WFCs were opened where it was relatively easier to do so. When comparing WFC villages to non-WFC ones, we may not be comparing an *average* village with a WFC to an average village without a WFC. Instead it is possible that we are comparing a *relatively WFC-friendly* village with a WFC, to an *average* village without a WFC. Any difference between these two groups *could* therefore be due to the fact that the treatment group was somehow *WFC-friendly* rather than being fully attributable to the presence of WFCs.

To clarify, consider the following thought experiment. Assume that GPs are unhelpful with starting WFCs: somehow, they make it difficult for the project to open a WFC. Then the villages where WFCs *actually* open are no longer average villages: instead, they are villages in which the local administrators are relatively helpful and friendly with respect to the programme. So when we are comparing, say, the take-up rate of schemes in these villages with the control group, we might find that the take-up rate is higher in the villages with WFCs. But is this because the villages have received WFCs, or is it because the programme was working with helpful local administrators in these GPs? If WFCs had in fact been opened in all the treatment locations, would we have found the same result? The answer is not clear without further information.

It was also found the WFCs had been opened in 4 out of 50 control GPs, where they should not have been opened.

Based on assurances from the pilot administration that the reason the research protocol was not followed was due to the administrative hiccups at the local level, not selection of easier localities, it was decided to base this evaluation on the comparison of localities with actual WFCs to localities without WFCs, as opposed to the comparison of the original treatment group with the original control group.

Comparing outcomes in the original treatment and the original control group, irrespective of whether or not a WFC was actually opened, corresponds to what is called an intention-to-treat estimate. This is a more conservative measure of the programme's impact if implemented as a policy. We ran intention-to-treat regressions as a robustness check for the headline findings. The results are similar to the main results presented in the text: There are positive and significant effects of the programme on awareness and take-up of contributory schemes. There is also a positive and significant effect of the programme on awareness of non-contributory schemes. The estimated effect on access to non-contributory schemes is positive but not statistically significant.

The fact that the intention-to-treat results are qualitatively similar to our main results is reassuring. It suggests that our findings are not driven by the selection of 'easy' GPs in which to open WFCs, and that our main results are not invalidated by the non-compliance with the protocol.

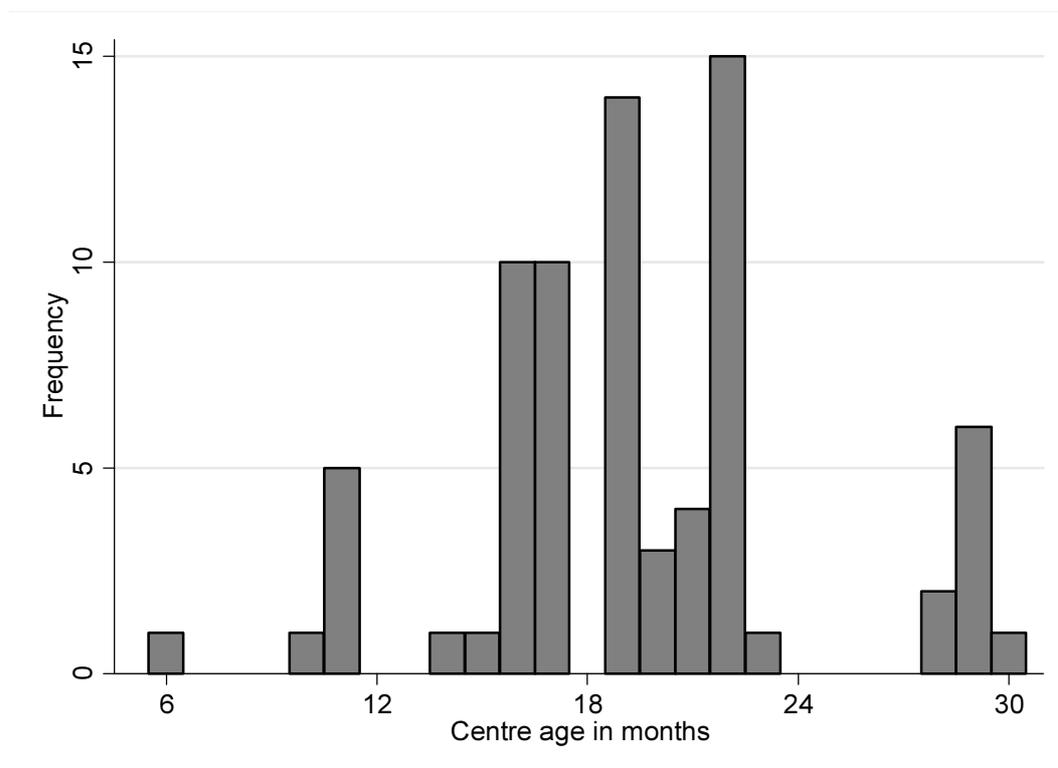
Findings

Centre and facilitator characteristics

While the pilot was launched in 2009, most of the 75 centres sampled for the evaluation had been established between one and two years before April 2013 (

Figure 1). The average centre age was 19 months by the time of evaluation.

Figure 1: Centre age, in months, in April 2013



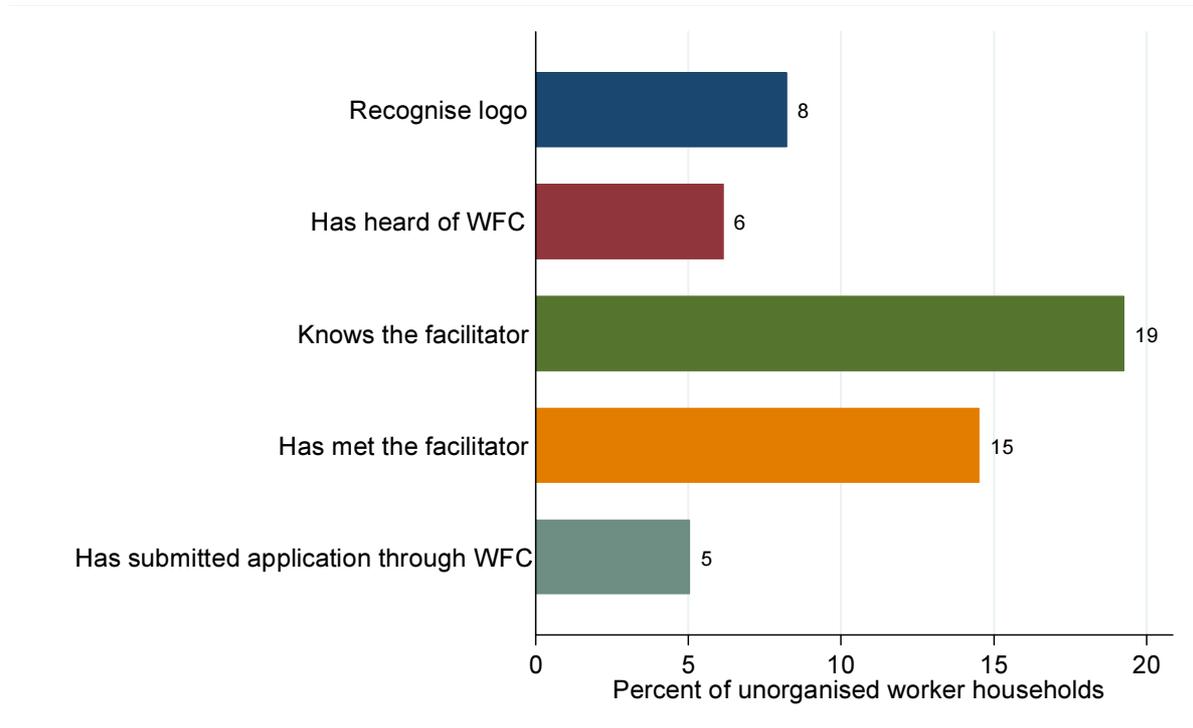
There had been significant turnover⁵ in facilitators. 21 centres (28%) had had two facilitators by the time of the evaluation, and 2 centres (3%) had had three facilitators. Replacing an outgoing facilitator is not always immediate: at the time of the follow-up survey, 9 centres (12%) did not have a facilitator in post. (These centres are temporarily covered as an additional responsibility by a facilitator from a nearby locality.) 38% of facilitators in post were female. The average facilitator had been in post for 14 months by the time of the survey.

Visibility and reach of WFCs in treatment villages

The first set of results relates to how well known WFCs are in the treatment villages, and how the facilitators are regarded by the locals.

⁵ Community Facilitators who left after finding another job, getting married, etc. Some were also dismissed on account of poor quality of work or a lack of discipline.

Figure 2: Visibility and reach of centres

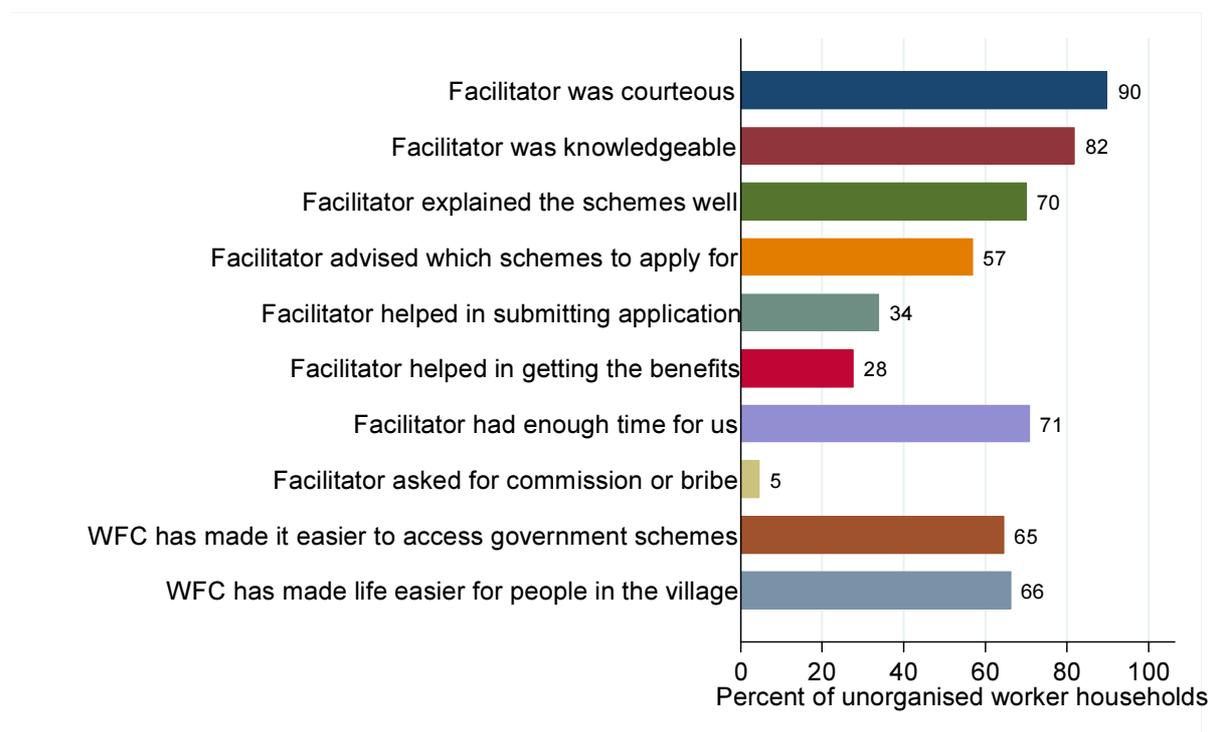


As shown in Figure 2, eight per cent of surveyed unorganised-worker households in villages with centres recognised the WFC logo, and 6% had heard of the ‘Worker Facilitation Centre’. One of the lessons from the mid-term evaluation was that even among those who had visited the centre and interacted with the facilitator, few recognised the logo or the ‘Worker Facilitation Centre’ brand. The pilot administration has considerably increased efforts in building awareness since then, but indications are that people are still much more likely to know the facilitator by name (19%) or to report having met him or her (15%) than to be familiar with the brand.

While some of the respondents may know the facilitator socially or through family relations, especially since the facilitator was often recruited locally, 5% reported to have submitted one or more applications through the centre. This means that out of those households who had met the facilitator, one third had submitted an application with their help. The proportion having interacted with the facilitator about government welfare schemes must be greater than 5%: First, not every household is eligible for, or interested in, applying for government schemes. Second, as the application process for some of the schemes is cumbersome, some households will have started a process that had not yet resulted in a submitted application.

The next figure illustrates the households’ perception of the WFC facilitator. All households who had met the facilitator were presented with a number of statements, such as ‘The WFC community facilitator was courteous,’ and was asked whether or not they agree with each statement. Figure 3 shows the proportion of households who either agree or strongly agree with each statement, out of all households who had met the facilitator and had an opinion.

Figure 3: Perceptions of facilitators and centre among unorganised workers



As shown, 90% of households agree that the facilitator was courteous, 82% agreed that he/she was knowledgeable and 70% agreed that the facilitator explained the various schemes well. 57% agree that the facilitator advised the household on schemes they could apply for. 34% and 28% agree that the facilitator had helped in submitting the application form and helped in getting welfare benefits, respectively. Again, not all households are interested in or eligible to apply for any scheme that they do not already have. It is also possible that the facilitator has surveyed the needs of some households without yet having been able to help them apply for any schemes. 71% of households agreed that the facilitators had spent sufficient time with the household.

We also asked whether the facilitator had asked for a personal commission or bribe in order to facilitate the application for any scheme. Out of all the households surveyed, only 5% reported this to be the case. In the context of the Indian public sector, this is remarkably low.

It seems fair to conclude that most households who had met the facilitator had a very favourable impression of him or her. This translates into a positive opinion of the centre: 65% agree that the centre has made it easier to access government schemes and 66% agree that it has made life easier for people in the village. It is worth noting that the proportion of respondents approving of the centre's activities is about twice the proportion of those who have actually submitted a scheme thus far.

Overall impact on awareness and access to government schemes among unorganised workers

The preceding section looked at findings on visibility, outreach and perceptions within villages in which a Worker Facilitation Centre was set up. This section will compare outcomes across villages with and without centres. The aim is to look for differences in awareness and take-up and government schemes between villages that had a centre and those that did not. Under the assumption that the villages with and without centres are otherwise similar, such differences will be interpreted to be caused by the presence of the programme in the village.

This analysis is based on a representative sample of unorganised worker households which was only surveyed *after* the intervention. The next section will analyse data from SHG member households, for which we have data both before and after the intervention.

The schemes that were examined are presented in Table 2.

Table 2: Government schemes examined

Contributory schemes	Non-contributory schemes
Construction workers' welfare package National Pension Scheme (NPS lite) Commercial-vehicle drivers' insurance Rashtriya Swasthya Bima Yojana (RSBY) Janasri Bima Yojana (JBY)	Aam Admi Bima Yojana National Rural Employment Guarantee (NREG) Government residential school, post-matric hostel, post-matric scholarships Vajpayee Arogyasri Old age pension (including Sandhya Suraksha Yojana) Destitute widow pension Pension for the disabled Nutritional programme for adolescent girls Bhagyalakshmi Integrated Child Development Services (ICDS)

The list of schemes for which data was collected is similar to the programme's identified 'priority list' of schemes. However, we did not collect data on Swarna Jayanti Shahari Rozgar Yojana (SJSRY) as it is a scheme specifically targeted at urban areas while our data was collected only in rural areas. Moreover, we have analysed data on RSBY, the nutritional programme for adolescent girls, Bhagyalakshmi and Integrated Child Development Services (ICDS), even though they were not on the 'priority list'.

The schemes can be classified according to whether they require a financial contribution from the household. Most government schemes are non-contributory. The contributory schemes are arguably 'harder sells', in the sense that they are not just 'free money' but require a greater level of understanding and a decision by the household that the outlays represent a good investment. Within the contributory schemes, the level of contribution required varies substantially: RSBY and JBY are nearly free, with annual household contributions of only Rs 30 and Rs 100 per year, respectively, while the Construction workers' welfare package, NPS lite and the commercial-drivers' insurance represent significant outlays.

Figure 4: Scheme awareness among unorganised worker households

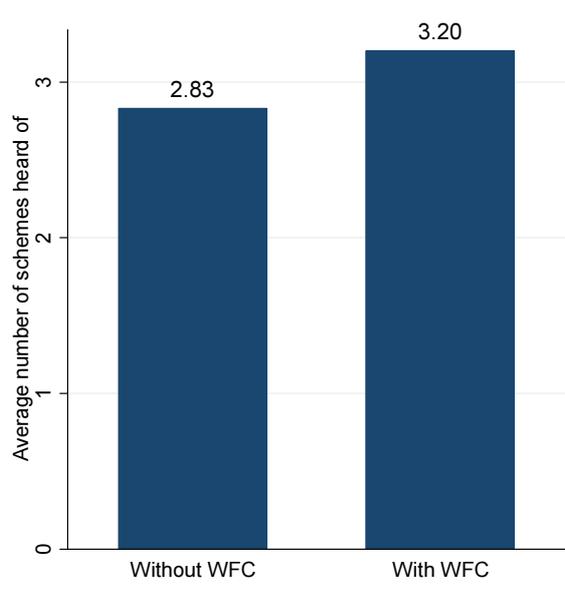
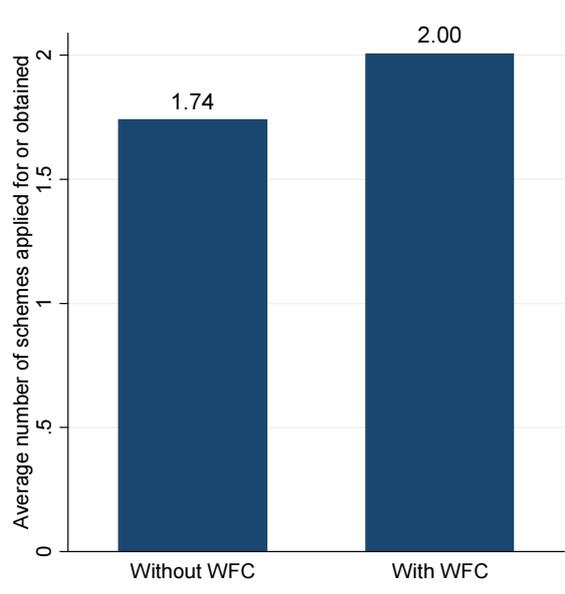


Figure 4 compares the level of scheme awareness among unorganised worker households in localities with and without a Worker Facilitation Centre. Households in localities with a centre have heard of 0.37 more schemes on average. This represents an ‘increase in awareness’ of 13% compared to villages without a WFC. Running the comparison as a regression with taluk fixed effects and standard-errors clustered at the village level, the difference is statistically significant ($p < 0.05$).

Figure 5: Impact of programme on access to schemes among unorganised worker households



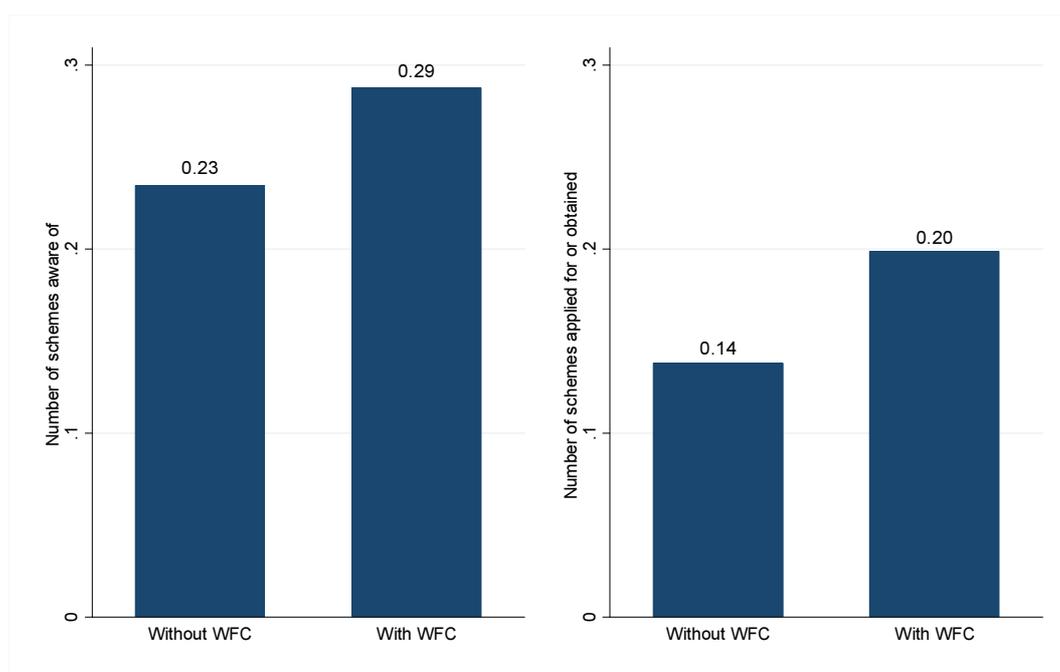
Next, ‘access’ is compared between localities with and without a centre. We define access to mean that either a scheme has already been obtained or an application for it has been submitted. This is a fairly conservative way of evaluating programme outcomes, since in many cases the facilitation

process might have started but not yet resulted in an application. In many other cases there will have been a facilitation process which resulted in a decision not to apply for any schemes.

Figure 5 compares access between localities with and without a centre. Unorganised worker households in localities with a centre have applied for all or obtained 0.26 more schemes on average. This represents an increase of 15 per cent.

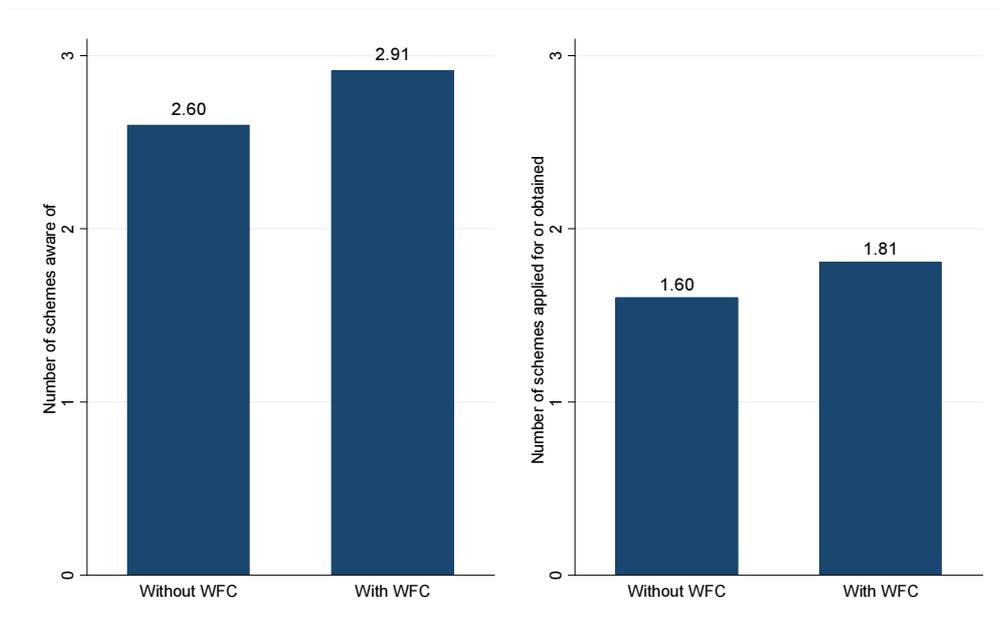
However, running the comparison as a regression with taluk fixed effects and standard errors clustered at the village level, the difference is not statistically significant. 'Not statistically significant' means that while there is a positive difference in access to schemes between villages with and without WFCs, it is not large enough that we can say with 95% certainty that it is not due to random fluctuations. It does not mean that the effect is not there or that it is not large; only that it is not 'clear' enough that we can be certain about it. The inclusion of taluk fixed effects means that the statistical model permits each taluk to have had a different level of scheme access at the beginning of the pilot. Clustering the standard errors at the village level means that the statistical model allows for the unexplained component of access to be more related within villages than across villages. It makes the statistical test more conservative.

Figure 6: Impact on awareness of and access to contributory schemes



There is an interesting difference between the programme's impact on contributory and that on non-contributory schemes. Figure 6 shows the impact on awareness of and access to contributory schemes. The difference between localities with and without a centre is marked and highly statistically significant ($p < 0.01$ for both awareness and access). The increase in access to contributory schemes is more than one third.

Figure 7: Impact on awareness of and access to non-contributory schemes



In contrast, the impact for non-contributory schemes is much more modest. As shown in Figure 7, both awareness and access are higher in the localities with centres compared to localities without centres. However, while the impact on awareness is marginally significant ($p < 0.1$), the impact on access is not statistically significant.

The impact on contributory schemes is particularly impressive given that these might be expected to be harder sells. They are associated with an outlay on the part of households, and hence the facilitator will need to convince potential beneficiaries not only of their own personal trustworthiness but also of the 'business case' of the application.

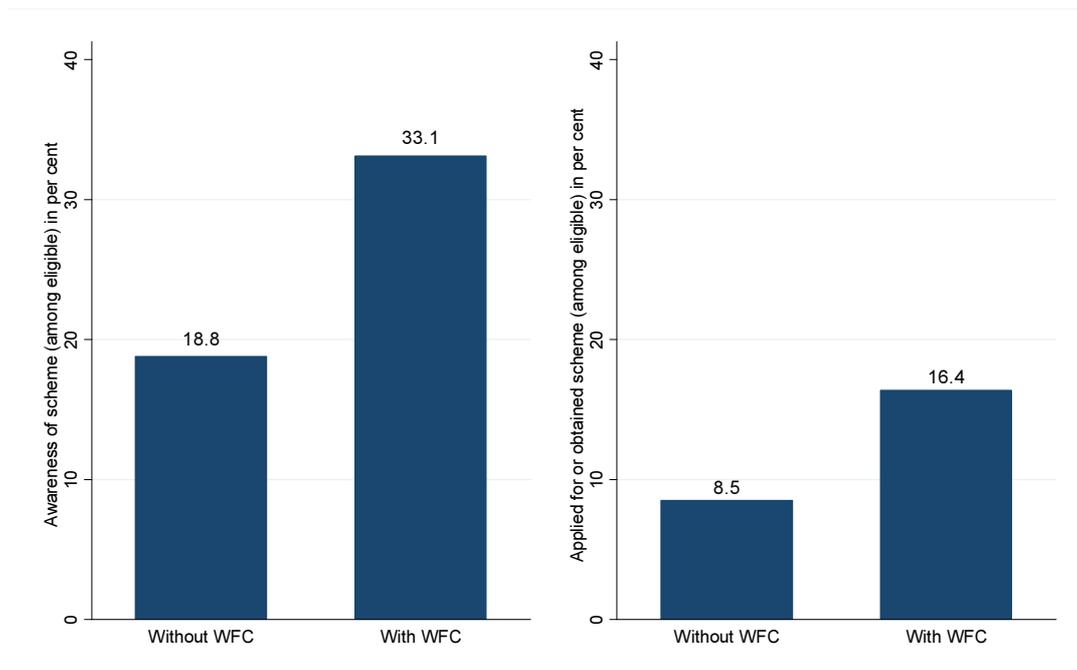
It is worth considering why it might be that WFCs have had a greater impact on contributory than on non-contributory social security schemes. Several possible reasons come to mind. First, departments implementing non-contributory schemes have hitherto been more successful in delivery than those offering contributory schemes, probably because the former represent 'free money' to the beneficiaries. In contrast, the response from households concerning contributory schemes has been at best cautious and at worst rejection. Second, households need to be persuaded or convinced to join in contributory schemes. This, in turn, implies that the officials may need to undertake a number of visits to the households, for which they do not have the time. Typically, officials are entrusted with a number of line department functions, and motivating households to join in the contributory schemes is only one of them. Also, they are not trained in how to approach potential beneficiaries, provide information on schemes and convince them of the 'business case' of each scheme. There are also no direct financial incentives for government officials to promote contributory social security schemes. On the other hand, community facilitators, who are specifically appointed for the facilitation of social security schemes, have time at their disposal, have access to visual and user-friendly material on schemes, obtain training in selling of contributory schemes and are incentivised. Third, government departments that implement contributory social security schemes typically do not have staff at the village level. On the other hand, the community facilitators, located at the village level, are able to reach the intended target groups frequently and comparatively easily.

Impact on specific schemes

In the section, we show the impact of the programme on a small number of individual schemes. The intention is to highlight the programme's impact on a few particularly impressive or interesting cases.

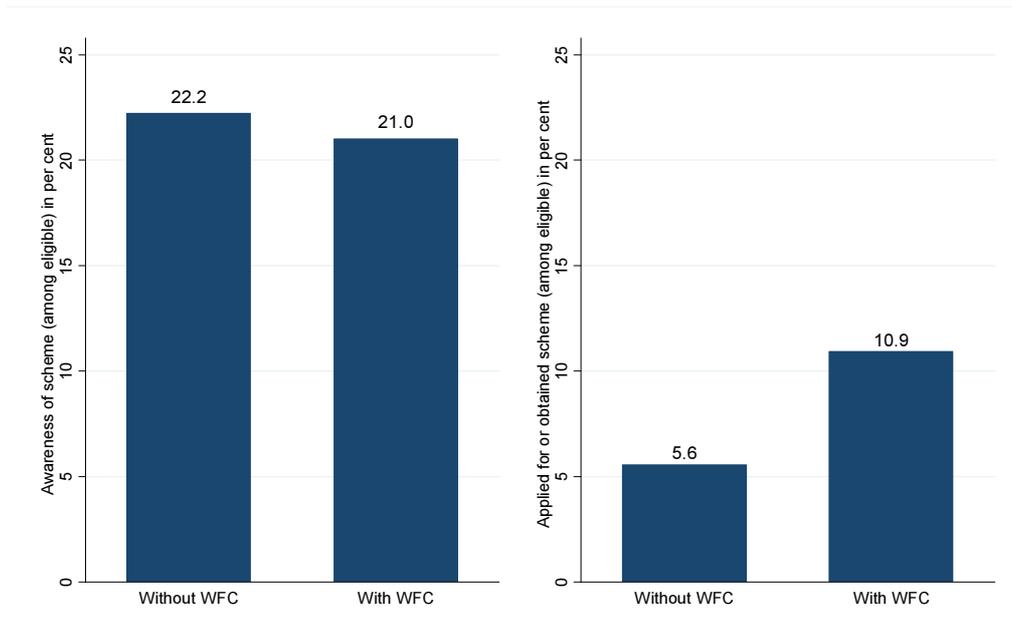
Some of the most impressive results pertain to the Construction workers' welfare package. As shown in Figure 8, awareness of the scheme nearly doubled, while access to the scheme more than doubled.

Figure 8: Scheme-specific results: The construction workers' welfare package



Another contributory scheme 'success story' is the commercial vehicle drivers' insurance scheme. As shown in Figure 9, while there was no impact on awareness, access approximately doubled. This illustrates the salesmanship of the facilitators. Even though in this case they were not able to increase awareness, they were still able to double the number of households who access the scheme. In this case the impact on access could not have come from telling people about an opportunity they were not previously aware of, but rather by convincing them of the benefits of and/or helping them to apply for the scheme in question.

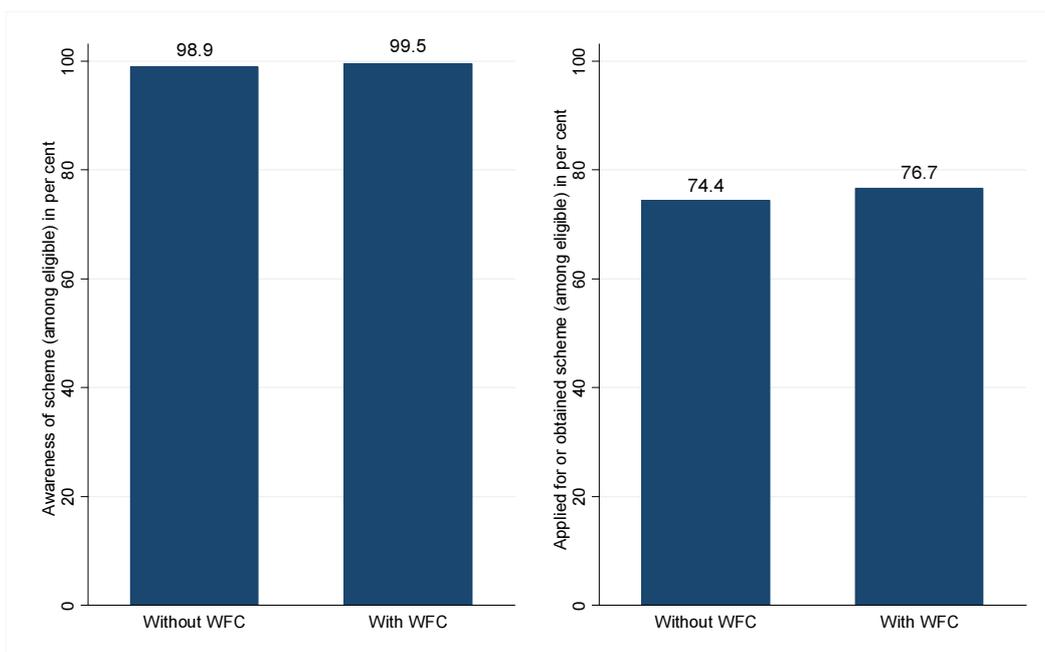
Figure 9: Scheme-specific results: Commercial drivers' insurance scheme



Both the construction workers' welfare package and the commercial drivers' insurance are schemes provided by the Department of Labour. The success in facilitating these two schemes illustrates the importance of institutional collaboration between the facilitation programme and the implementing government agencies.

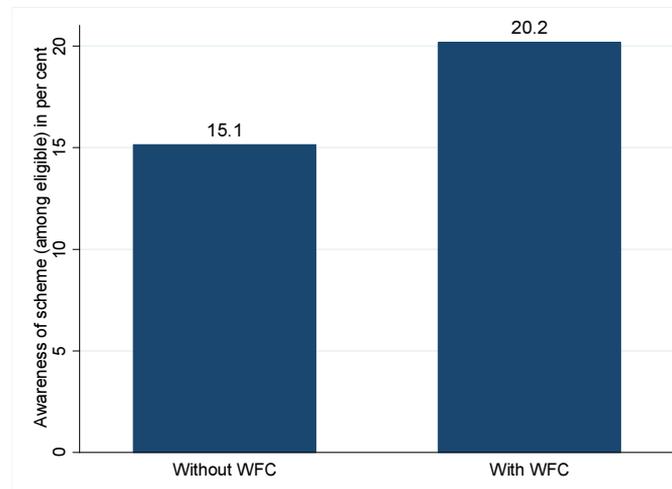
Another interesting case is that of the Old Age Pension. Here, awareness levels and access were unchanged (Figure 10), even though the scheme was included in the programme's priority list. It is possible that this scheme is already so well known in the community that nearly all of those who are eligible are already aware of it and obtaining it.

Figure 10: Scheme-specific results: Old Age Pension



Vajpayee Arogyasree is a scheme of which BPL cardholders are automatically members, and nobody else is eligible. Hence there was no scope for the facilitators to increase enrolment. However, awareness of the scheme is low among members. As shown in Figure 11, the programme was successful in raising awareness about the scheme.

Figure 11: Scheme-specific results: Vajpayee Arogyasree



Before/after analysis of unorganised-worker households with SHG membership

This section presents analysis of the effects of the programme on awareness and take-up of schemes among unorganised-worker households who are also SHG members. The advantage is that for these households, we have data on awareness and take-up of the schemes both before and after the intervention. However, these households are not necessarily representative of all unorganised workers, since SHG members may be better connected, more resourceful or otherwise different from the average unorganised-worker household.

Figure 12: Impact of the programme on awareness of schemes among SHG households

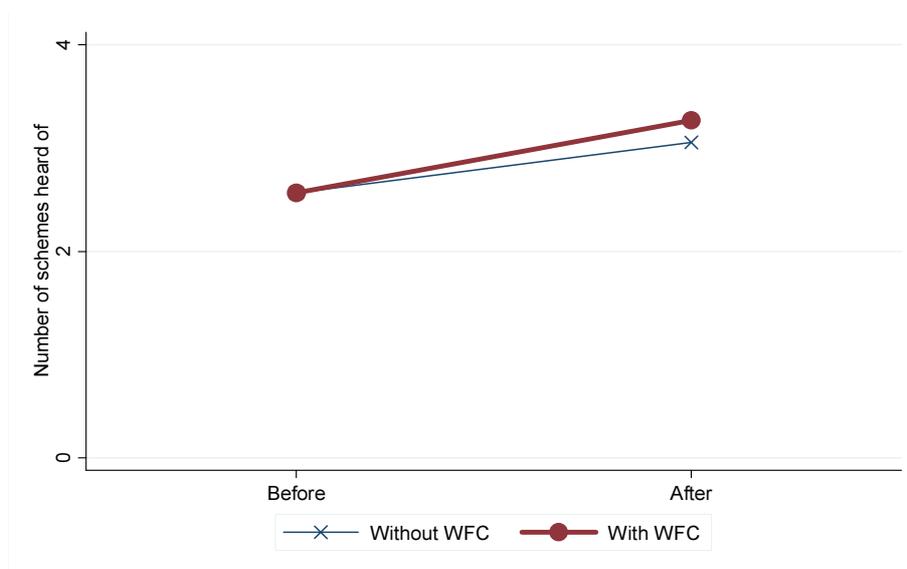


Figure 12 shows the number of schemes on average SHG-member household has heard of, before and after the intervention and in localities with and without a centre. The overall level of awareness was similar in both groups of villages before the intervention. After the intervention, awareness is greater in both groups. However, the increase is greater for localities with a WFC. Based on regression analysis, the difference in differences in awareness is 0.45 schemes per household and is significant ($p = 0.06$).

Figure 13: Impact of the programme on access to schemes among SHG households

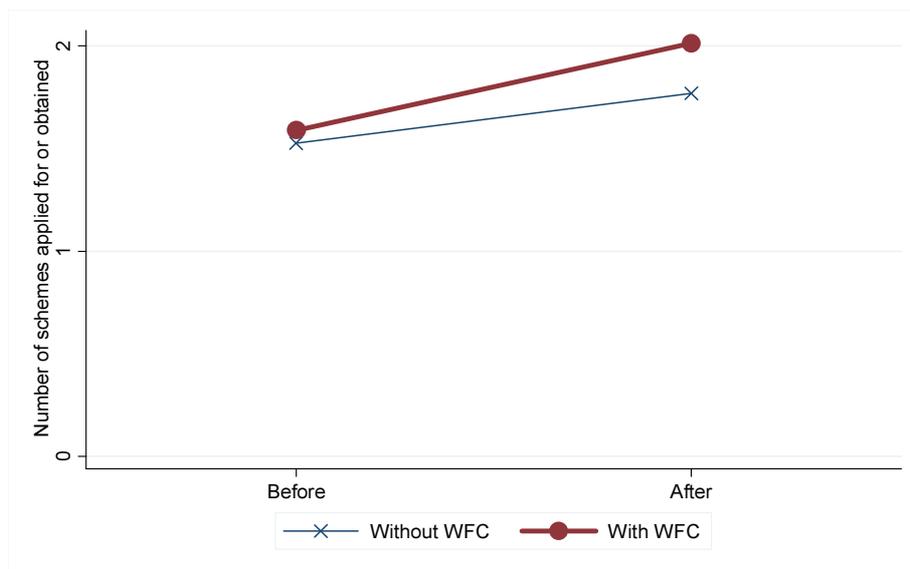


Figure 13 shows equivalent results for access, i.e. the number of schemes a household has applied for or obtained. Again, the two groups are similar before the intervention, but the increased access is greater in localities with a centre. The difference in differences is estimated at 0.18 additional schemes per household and this coefficient is significant ($p < 0.01$).

The before-and-after data confirm the finding from above that the impact of the programme was concentrated in awareness and access to contributory schemes (Figure 14 and Figure 15).

Figure 14: Impact on awareness of contributory schemes among SHG-member households.

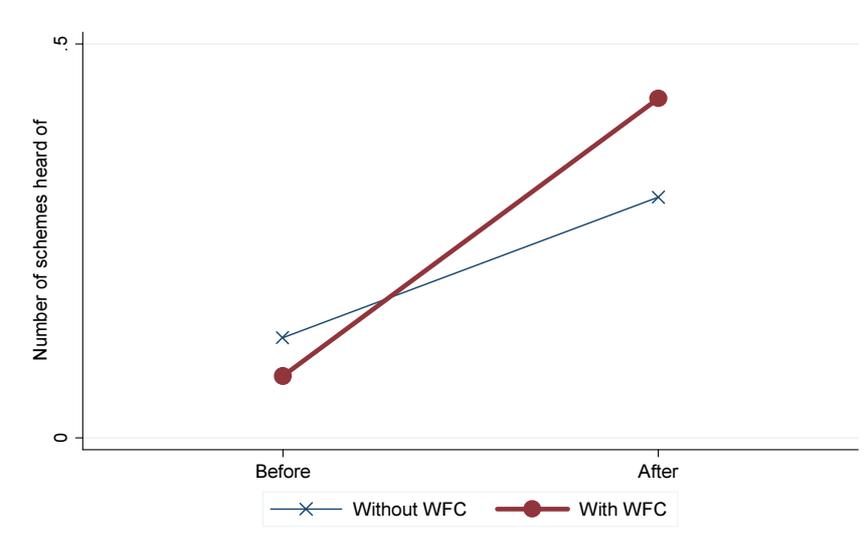
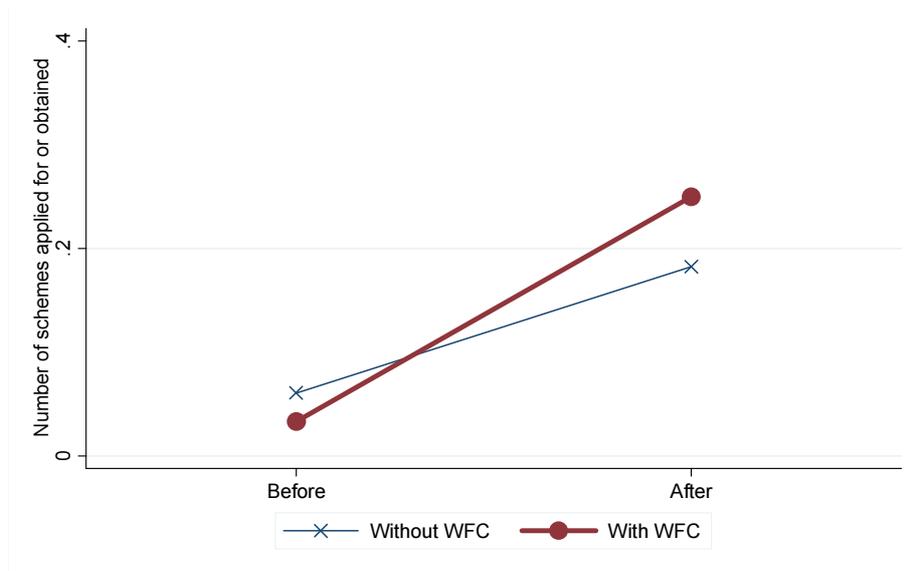


Figure 15: Impact on access to contributory schemes among SHG-member households



Overall, the results from the panel data analysis are similar to the main results in that the WFCs appear to have increased awareness of and access to government schemes. Specifically, it appears that awareness and access have improved in both types of localities, but the improvement is stronger in localities with a Worker Facilitation Centre. Moreover, most of the effect is driven by contributory schemes.

What predicts application submission?

The analysis presented so far looked at how successful, on average, the WFCs have been in improving awareness of and access to government schemes. But it is also of interest to look at which households benefit from the presence of a facilitator in their village. Do the facilitators focus their efforts on certain types of households? This section presents regression analysis looking at which factors determine whether an unorganised worker household has submitted one or more applications for facilitator.

The results are presented in Table 3. The subsample used here is representative of unorganised worker households living in villages with a Worker Facilitation Centre. Ration card status, caste category, house type, literacy, centre tenure, village size and caste composition, proportion of unorganised worker households in the village and the proportion of village land that is irrigated are all factors that do not seem to make households more or less likely to have submitted an application with the help of the facilitator. This suggests that facilitators are not discriminating against certain households on the basis of caste, education or poverty.

Two factors stand out as being important in explaining a household's submission status. The first is facilitator turnover. Households living in localities in which more than one facilitator has been staffing the centre since the start of the programme are less likely to have submitted an application. This could be because turnover is in itself bad for centre performance, possibly because each new facilitator needs a long time to settle in and become productive, or it could be that some villages that are intrinsically more difficult to work in and have higher staff turnover as a result.

The second factor is distance from village headquarters. Households in villages far from the GP headquarters are less likely to have submitted an application with the help of the facilitator. So while there is no evidence that facilitators treat certain types of households preferentially, the results suggest that they work mainly in villages close to the GP headquarters, which is where their office is, possibly due to transport costs. But it does mean that unorganised workers living in remote villages may benefit less from the programme than those who live close to the WFC.

There is also a negative and marginally significant coefficient on the female variable, meaning there is some evidence that female facilitators are less effective at helping households submit applications.

Table 3: What predicts application submission?

	(1) Has submitted application with WFC help
BPL-card holder	0.0250 (0.0171)
SC/ST	0.00730 (0.0139)
Pucca house	0.00846 (0.0203)
Household head (?) is illiterate	-0.0133 (0.0135)
WFC age in months	0.00334 (0.00254)
Number of facilitators since start	-0.0466*** (0.0141)
Current facilitator is female	-0.0415* (0.0215)
Village distance from GP headquarters	-0.00549*** (0.00204)
Village size (households)	0.00000891 (0.0000224)
Proportion of SC/ST households in village	-0.0135 (0.0377)
Proportion of unorganised worker households in village	-0.0514 (0.0487)
Proportion of village land that is irrigated	0.0436 (0.0380)
Observations	1049

Linear regression with taluk fixed effects. Robust standard errors, clustered at the village level, are shown in parentheses.

* p<0.10, ** p<0.05, *** p<0.01

Analysing staff turnover

Staff turnover has been identified by the pilot administration as a key challenge in operating the programme, and above it was also found that high facilitator turnover is associated with a lower rate of application submissions. It is therefore of interest to look at the factors that predict which centres have a higher staff turnover.

The sub-sample used here is from GP headquarters villages only. The reason for looking only at headquarters villages in this part of the analysis is that it is for this subset that our village-level data is the best proxy for GP-level data. It is of interest to include some GP-level variables (population, proportion of land irrigated and proportion of households who are unorganised workers). But in our data, these variables are recorded at the village-level, not at the GP level. However, we believe that GP-level characteristics are more appropriate in determining staff turnover. Since the GP headquarters village is typically the largest village in the locality, it is probably the most representative of the GP as a whole. We therefore get a closer match to GP-level characteristics by including only headquarters villages in this analysis. The data are collapsed to the village level.

Table 4 presents the results of three regressions using different measures of staff turnover as the dependent variable. In column 1, the dependent variable is the count of facilitators who have staffed the centre since its opening. The coefficient on the proportion of SC/ST households in the village is negative and significant ($p < 0.1$). This means that there is some evidence that GPs with a higher proportion of SC/ST households have *lower* staff turnover. The coefficient on centre age in months is positive and significant. But this is what we would expect if people tend to stay in a given job for a fixed period of time: the longer the centre has been open, the more facilitators will have passed through.

The same qualitative findings are found in the regression reported in column 2, where the dependent variable is a binary indicator for whether or not there has been a change in facilitator in the centre since the programme's inception. The variable is equal to 1 if there has been a change in facilitator since the centre opened and 0 if not.

In column 3, the dependent variable is a binary indicator for whether the centre is currently staffed. Here, none of the estimated coefficients are significantly different from zero.

Table 4: Regression analysis: What predicts staff turnover?

	(1) Number of facilitators since start	(2) Facilitator change	(3) Not currently staffed
Proportion of BPL card-holders	0.207 (0.697)	0.632 (0.547)	0.269 (0.489)
Proportion of SC/ST in village	-0.798* (0.441)	-0.736* (0.406)	0.248 (0.234)
Proportion living in pucca houses	-0.252 (0.689)	-0.330 (0.623)	-0.403 (0.413)
Proportion of illiterate household heads	0.138 (0.623)	-0.0133 (0.491)	0.116 (0.334)
WFC age in months	0.0350** (0.0139)	0.0330*** (0.0119)	-0.00593 (0.0165)
Village size	-0.0000143 (0.000115)	-0.0000386 (0.0000956)	0.0000461 (0.0000751)
Proportion of village land that is irrigated	0.193 (0.401)	0.332 (0.342)	0.0689 (0.214)
Proportion of unorganised worker households in village	-0.115 (0.685)	-0.0484 (0.638)	0.150 (0.405)
Observations	57	57	57

Linear regressions with taluk fixed effects. Robust standard errors, clustered at the village level, are shown in parentheses.

* p<0.10, ** p<0.05, *** p<0.01

All in all, there is some evidence that staff turnover is less of a problem in communities with a larger proportion of scheduled castes and tribes, but otherwise none of the included village covariates appear to be related to staff turnover.

Impact on satisfaction with government and feeling of security

The surveyed households were also asked some bigger-picture questions. We wanted to know whether living in a village with a WFC, or having benefited from its presence, had led households to feel more secure about their future, or more satisfied with the government's provision of social security services. Each household surveyed was asked whether they agree with the following statements:

1. 'I feel secure about the future for myself and my family.'
2. 'The government takes good care of poor people in the delivery of social security schemes.'

In each case, the answer options were 'disagree completely', 'disagree somewhat', 'neutral, neither agree nor disagree', 'agree somewhat' and 'agree completely'. Based on these categories, we created binary variables that are equal to 1 if the respondent 'agreed completely' or 'agreed somewhat' with the statement, and 0 otherwise. These variables were regressed on a number of covariates as shown in Table 5.

Table 5: Feeling of security and government satisfaction

	(1) Statement 1	(2) Statement 2
Lives in WFC village	0.00981 (0.0230)	-0.0436* (0.0256)
Has submitted application with WFC help	0.135** (0.0568)	0.174** (0.0681)
BPL-card holder	-0.0169 (0.0282)	0.177*** (0.0225)
SC/ST	-0.0849*** (0.0213)	0.0257 (0.0221)
Pucca house	0.0954*** (0.0287)	-0.00446 (0.0232)
Constant	0.345*** (0.0500)	0.191*** (0.0493)
Observations	2479	2479

Linear regressions with taluk fixed effects. Robust standard errors, clustered at the village level, are shown in parentheses.

* p<0.10, ** p<0.05, *** p<0.01

The regressions indicate that having a WFC in the village does not per se change a household's feeling of security or the satisfaction with government provision. But households who have submitted one or more application with the help of the WFC are significantly more likely to report that they feel secure about the future. They are also more likely to agree that the government provides good social security services. In both cases, ration-card status, caste category and house type are held fixed.

It is also interesting, though perhaps not surprising, to note that SC/ST households and those who do not live in pucca houses generally feel less secure about the future than others. BPL households are more positive about the government's provision of social security than non-BPL households, irrespective of whether they have submitted an application through the WFC. Perhaps this is because they are more likely to already be benefiting in one way or another from government programmes.

Discussion

The WFC pilot has had a significant positive impact on awareness of and access to social security benefits among unorganised worker households. Most notably, it has substantially increased access to several contributory schemes, which may be expected to be 'harder sells'. The impact for non-contributory schemes is also positive, but more muted.

Our findings highlight four issues that deserve particular attention going forward. First, recruiting and retaining staff appears to be a key challenge. Staff turnover is associated with lower output, and the fact that a substantial minority of positions were unfilled at the time of the evaluation suggests that recruitment is not always easy. However, it is hardly surprising that it is difficult to find young, enthusiastic, hard-working university graduates who are willing to work in rural areas, given the opportunities available to this population segment in the big cities. The pilot administration has rightly put heavy emphasis on the management of human resources: substantial effort has gone into designing systems for recruitment, training, monitoring, rewarding and retaining Community Facilitators.

Second, building a brand for the project has been difficult. Despite substantial effort in designing a logo, branded clothes, etcetera, many more people know the facilitator by name than by job title. However, while branding may be important in being able to track performance of the programme, it is possibly less important in actually achieving its main aim. That is, it is possible to facilitate access to social security scheme without having a strong brand.

Third, basing the WFCs at the GP headquarters have advantages in terms of central location and being able to co-ordinate operations with the local government administration. But it does seem to have meant that the target households in the headquarters village benefit more from the programme than those who live more remotely. Transport cost is probably a factor, so it may be worth providing some extra incentive to cover remote locations. It is also possible that, though facilitators have so far tended to cover the locations closest to their office first, their reach will naturally expand as time passes and demand from households living near the office is saturated.

Fourth, some of the biggest successes of the pilot programme relate to schemes being operated by the Department of Labour. While this reflects excellent co-ordination between the pilot and other parts of the Department, it does raise the question of what can be done to improve the centres' effectiveness with respect to schemes operated by other departments. There is also anecdotal evidence that the programme is more successful at facilitating schemes that is not already associated with ground-level personnel of one kind or another. The WFCs function as 'single-window service centres', but their operation must still fit into the existing landscape of local public services, and their success depends crucially on high levels of coordination.

Finally, a note of caution. Our evaluation is based on the WFC system as implemented in the pilot, including specific processes for the recruitment, training and management of facilitator staff. We understand that the government is planning to implement the WFC concept as policy, but by adding facilitation as an additional task for GP secretaries (local civil servants) rather than employing additional, dedicated staff. As this is quite a different policy from the one evaluated, we cannot be sure that the impacts would be the same. GP secretaries tend to be more experienced, more senior and better connected than the typical facilitator in the pilot, but on the other hand they have many other responsibilities and may be less motivated for this particular task. The net effect of the policy change is not clear and warrants further research.

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