



LOK SWASTHYA SEWA TRUST

ANNUAL REPORT 2018



**SOCIAL SECURITY
FOR INFORMAL
WOMEN WORKERS**

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Introduction

The year revolved around the themes Universal Health Care and Universal Child Care for all with a special emphasis on informal workers. Lok Swasthya SEWA Trust (LSST) organized and implemented several activities to enable easy and timely access to affordable health care services and child care services particularly for the informal women workers. While the focus was to ensure public services reach the last mile attempts were also made to provide these services at their door steps in partnership with both public and private providers. Full-day child care services for the children of informal women workers continued to be the focus, provided by LSST's partner and sister organization, the Sangini Cooperative. Furthermore, empowerment centres called SEWA Shakti Kendras by the communities has helped the community members to access their entitlements and rights as well as empowered them to avail all services efficiently. During the year LSST also reinforced its work with adolescents by organizing them into collectives or mandals. The leadership of adolescents in all our initiatives was evident and paved the way for well informed and confident leaders at the local level.

Lok Swasthya SEWA Trust was registered in 2005 as a charitable trust to undertake activities like health education and awareness and child care. LSST is one of the organizations under the umbrella of the Self-Employed Women's Association (SEWA), a national union of self-employed women workers in the informal economy. SEWA organizes women for full-employment and self-reliance, both financially and in terms of decision-making. LSST's objectives and activities contribute to this larger objective of SEWA by providing social security in a sustainable manner to women workers in the informal economy.

Social security in the context of SEWA includes health care, child care, insurance, pension and housing. These components of social security enable SEWA's members to pursue their livelihoods securely and build meaningful lives for themselves and their families.

LSST's core programmes focus on the areas of health and child care. Its health care programme aims at promotive, preventive and curative health care

services for poor women and their families. The child care programme provides full day child care to children of women working in the informal economy. LSST has strong linkages with the other sister units of SEWA that provide the other components of social security, viz. housing, water and sanitation, pensions and insurance. LSST especially works in close cooperation with SEWA's National Insurance Cooperative.

LSST has always followed a *multi-generational approach* that addresses issues related to adults, adolescents and children. It targets age-specific programming to these different categories to ensure inclusion of the entire family. Also, by reaching these different age-groups through its programmes, it strives to inculcate SEWA's values in all the age-groups that it works with.

In the reporting year, LSST has strengthened its activities in facilitating linkages of its members with government schemes and entitlements. These services are provided through SEWA Shakti Kendras (SSKs) that have been established in rural and urban areas. Members were unable to access their entitlements due to lack of knowledge, incomplete documents and cumbersome procedures. The SSK's have addressed these gaps and enabled members to get their due. Based on its success in the first set of SSKs, LSST is now replicating this initiative in other regions of Gujarat.

Given its experience in ensuring health care for poor communities in rural and urban areas, LSST has also been at the forefront of advocating for Universal Health Coverage in India. LSST was represented in the High Level Expert Group on Universal Health Coverage for India which was constituted by the Planning Commission in 2010. In this past year LSST organized a national workshop on "Universal Health Coverage: A Grassroots View" to gather grassroots experiences that could feed into policy making for the proposed Ayushman Bharat programme.

LSST started a child care cooperative in 1986 in response to the need of its members, who were all workers in the informal economy. LSST's child care programme provides full day child care to enable working parents to do a full day's work without the anxiety of caring for young children. This enables a

stable and higher family income to take care of the family's needs. Equally importantly, the child care centers provide nutritious food, pre-school education and health care to the children, thus ensuring their physical, intellectual and emotional development.

This year saw the completion of some programmes, while some others were started or are continuing from the previous year. In this year, LSST worked in both rural and urban areas. The urban areas included Ahmedabad city (20 wards) and Surat city (two wards). The rural areas included Ahmedabad district (four blocks), Gandhinagar district (Dehgam block), and Tapi district in South Gujarat (Vyara, Uchchhal, Nizar, Songadh, Valod block).

As part of its work with women, adolescents and children, LSST carried out a range of activities during the reporting year. These activities are listed below.

- i. Organising (enrolling members in SEWA Union)
- ii. Education and awareness creation on health, nutrition, hygiene and rights and entitlements in these spheres
- iii. Health Camps for diagnosis and referrals
- iv. Referral Services to hospitals
- v. Linkages with government schemes and programmes
- vi. Promotion of insurance by VimoSEWA¹
- vii. Promotion and sale of ayurvedic products and generic medicines through SEWA's health cooperative

The following table gives the details of the area and the population covered through various programmes during the reporting period.

Table 1: Geographic area of LSST's programmes (Footnotes)

District/City	Block/Ward ²	Village/Chali ³	Households	Population
Ahmedabad (Rural)	Daskroi	17	14,220	71,113
	Dholka	24	11,480	57,413
	Sanand	18	11,375	56,881
	Viramgam	16	7,820	39,087
	Total	75	44,895	2,24,494
Tapi (Rural)	Vyara, Uchchhal, Nizar, Songadh, Valod	66	28,909	1,30,075
Gandhinagar (Rural)	Dehgam	5	4,100	20,534
Surat City	2 Wards	30	13,228	63,245
Ahmedabad City	15 Wards	42	16,612	83,060
Child Care Centres (Ahmedabad City)	7 Wards	13	5,300	26,500
Total	10 Blocks 21 Wards (3 Wards common for Health and Child Care)	146 Villages 72 Chalis (3 Chalis common for Health and Child Care)	1,13,044 (1200 common for health and child care)	5,47,908 (6000 common for health and child care)

1) The National Insurance VimoSEWA Cooperative Ltd. has been promoted by SEWA and offers insurance services

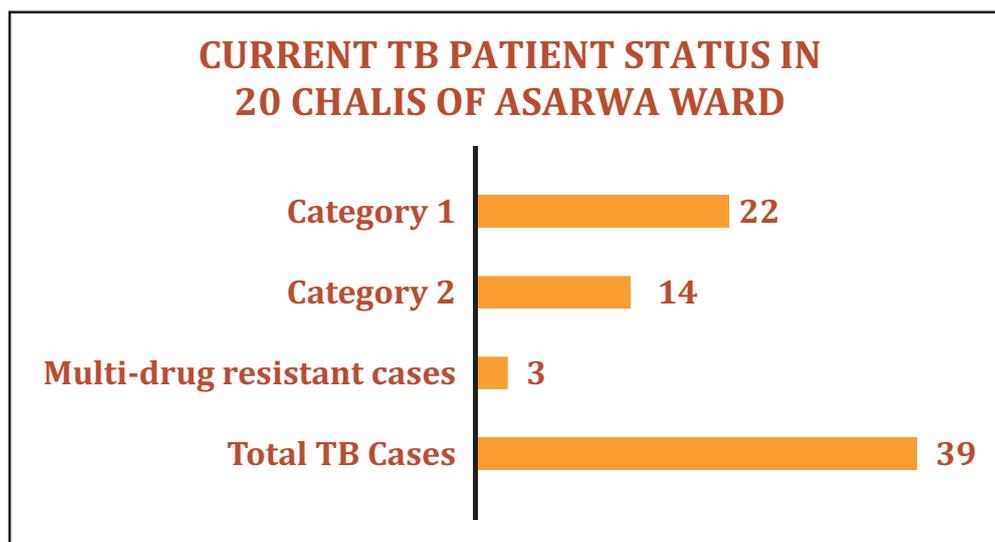
2) The Ward is an administrative unit of the city region, a city area is divided into Zones, which in turn contains numerous wards.

3) The Chali is a street or lane in an urban neighbourhood settlement.

Tuberculosis (TB) Prevention & Elimination Programme- Urban Slum Scheme

Tuberculosis (TB) is found to be quite prevalent, especially among the working poor. LSST has been working for creating awareness of TB in *Asarwa ward* (reaching out to communities in 20 challis with the population of 20,400) of Ahmedabad city with the support from Ahmedabad Municipal Corporation (AMC). Asarwa ward of the city consists of migrants from different states of India and within the state of Gujarat, and are mainly involved in informal work/employment such as, street vendors (vegetable and fruit vendors), food- producers, and fish sellers. Asarwa ward is a high- density population area comprising large slum pockets. The community members in this area have strong beliefs in superstitions, and opt for religious healing options for TB treatment than the medical one. Addiction among community members is another major issue.

Monitoring TB situations and trends in this area is one of LSST's core mandates and underpins implementation - based activities in every facet of health systems strengthening. Information and awareness provided to the communities is vital for achieving the sustainable development goals. The aim of LSST is to create awareness about TB and counsel and refer patients to government healthcare facilities according to their health status. Our highly motivated community health workers (CHWs) identify the community members with possibility of TB symptoms through education sessions and door-to-door contacts and send them further for sputum examination and chest x-ray. The **graph** below depicts the status of patients suffering with TB in Asarwa ward.



The activities under the TB- Urban Slum Scheme programme include education about TB symptoms and importance of sputum examination through various mediums such as, area meetings, exhibitions, rallies, education sessions with government school children aged 12 to 17 years, meetings with patients, awareness session with pregnant women and adolescent girls about TB during the monthly Mamta Diwas (Health & Nutrition Day) organised in each

area, and referrals for TB patients. Since past few years the number of TB cases particularly, M.D.R. (Multi Drug Resistance) and X.D.R. (Extensively Drug Resistance) has been on the rise. Therefore, during education and awareness sessions, CHWs put emphasis on need to go for medical examination if identified with potential TB symptoms and need to complete the course of treatment and not to ignore scheduled follow-ups, and eating nutritious diet.



TB Awareness rally on the World TB Day

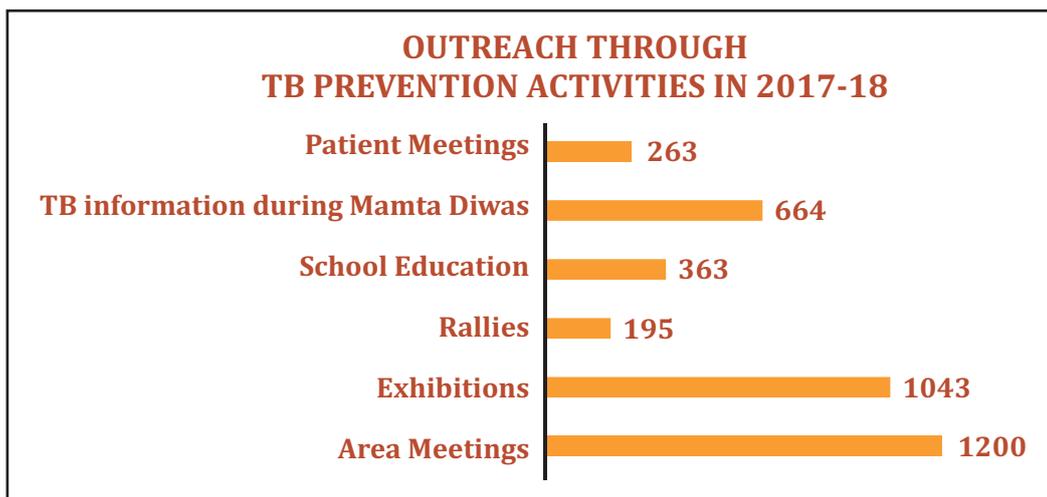
A collective or mandal of adolescent boys formed to take leadership to become social change agents does exist in Asarwa. The collective is trained by the LSST team and takes initiative and helps pro-actively in information campaigns. This collective enjoys use of technology, and uses social media as a platform to reach out to the wider community.

During this year, LSST’s team conducted household survey covering 450 households (HHS) in the Asarwa ward. The survey method was used as two- way process to collect and provide information on factors (such as, susceptibility, infectiousness, environment, and exposure to all the other factors) that determine the probability of transmission of tuberculosis. Of this 450 households, 14 members with probability of acquiring TB symptoms were identified, their sputum

were collected and sent for examination. Sputum examination revealed that 02 members were TB positive, and on follow-up sessions with those members they were identified as “Default cases” of TB.

Addiction to tobacco and alcohol, and superstitious beliefs are highly prevalent in this area which further adds deteriorating their health condition. Due to addiction their bodies have developed resistance to medication. As a result of reduced effect of medicines people discontinue treatment. In order to address this issue, the support of Gujarat de-addiction centre was taken to spread awareness on the adverse effects of addiction on TB patients.

To address the issue of superstitions and its effects on health, LSST team also conducted meetings with religious leaders and asked their help to spread awareness about need for medical treatment to cure TB. Similarly, the local politicians were also given the information about the prevalence of TB in their ward and how they can have it in their manifesto to reduce TB cases in their area. High- risk patients with TB and HIV are also given information and linked to one local NGO for monthly monetary and grocery assistance of INR 500. Additionally, members are also educated about the nutrition entitlement available to TB and MDR cases by the Government. The **graph** below reveals the reach- out through various activities.



Apart from, meetings with community members, LSST team also participates in the meetings with NGOs working for TB awareness and elimination organised by the AMC. LSST team presents monthly

reporting and planning of their activities in such meetings. This helps in bringing transparency between the organisation and the government, and enhances accountability.

Tuberculosis prevention and elimination programme of LSST

Vulnerabilities	Risk	LSST's strategy to fight TB		
		Provision of Services	Institutional	Community
urbanisation, densely populated area, semi/un-employed status, poor environment, mal-nutrition, life-cycle events	poor health, indebtedness, degraded working and living environment, increased chances of acquired infections, loss of work and income-socio-economic degradation, loss of asset	education and awareness about TB screening and treatment, school education, patient meetings, information and linkages of TB patients for health and nutrition assistance, organising adolescents to advance their health rights & entitlements and promote their leadership at local level	Collective strength of SEWA's members, training, access to information and access to healthcare at the door-step, encouraging leadership of local adolescents to take health related actions through training and exposure visits, meetings with AMC officials and other NGOs, meetings with religious leaders and local politicians for creating awareness about TB	Improved work and living environment, reduction in health risk, reduction in health expenditure, adolescents taking leadership through participation in various activities to prevent TB in their areas

Occupational Health & Safety of Informal Women Workers

The need to strengthen the field of Occupational Health & Safety (OHS) issues faced by informal women workers (IWW) is urgent, as the current neglect carries a heavy burden of disease and disability. LSST through this programme focuses on creating awareness on OHS issues which includes work and living environment, work processes, exposure to various hazards at work-place, as safer and healthier work conditions can make an important contribution to poverty alleviation and sustainable development.

The precarious conditions under which our members work have given rise in type and magnitude of occupational health problems resulting from exposure to risk factors such as, work environment, work processes and hazards. Many of our members are informal workers such as agriculture workers, construction workers, bidi rollers, incense- stick

makers, garment workers, kite- makers, street vendors, domestic workers, rag- pickers, etc. LSST's occupational health program mitigates occupational health issues of informal women workers and thereby, safeguards their health, maximizing productivity, and increasing their income. Occupational health has been a focus area for LSST from the very beginning and is now an integral part of its health programmes.

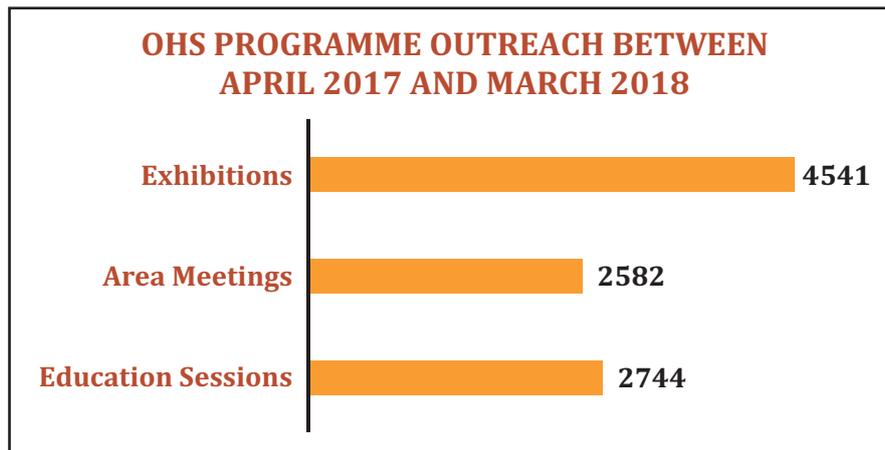
LSST provides information and health training to women workers, to help them recognise dangerous chemicals and other hazards and to teach them safe handling of the latter. All types of work are often associated with various musculo-skeletal problems, and other health problems. For all the informal women workers, LSST has organised health education and awareness programmes.

Education and Awareness programmes

Educational sessions were conducted using a range of methods like education sessions with groups (where topics of OHS issues were identified prior to session) and, use of pictorial posters, pamphlets, exhibitions, etc. The members were encouraged to speak, share and discuss their problems, experiences, to make the sessions interesting and 'participatory', and hence involve them in decision-making and make the discussions 'Action centric'. Education sessions are not just limited to address OHS issues; other determinants like age, gender, income, hygiene and

sanitation, and nutrition are also given importance.

In the last year, total of 139 education sessions were conducted with an outreach of 2744 in both urban and rural geographic intervention areas. Area meetings and exhibitions on topics related to OHS and other social determinants of health were held in Ahmedabad and Surat cities. A total of 126 area meetings with an outreach of 2582, and 121 exhibitions with an outreach of 4541 were held throughout this year. The **graph** below demonstrates the reach-out through various activities.



Exhibitions through various interesting colorful posters is been effective tool to provide information to our members. Large colorful pictorials also help understand the concept/matter to our members easily as they are less aware and do not prefer long readings. Over the period of working with informal women workers LSST has learnt that women workers do not perform yoga or physical exercise at home or their convenient time. Hence, yoga and some muscular stretches are made mandatory part of OHS education sessions.

Moreover, our CHWs also make door-to-door contacts to understand the occupational health problems faced by women workers who are otherwise unable to participate in meetings and other events. Door-to-door contacts serve as a medium where women workers feel comfortable expressing their issues (work- related as well as family issues) and concerns, freely and feel comfortable demonstrate yoga and physical exercise they have learnt from CHWs.

During this year, subjective and objective assessment of working conditions, hazards exposure, and work processes were carried out, followed up by group-meetings and Focus Group Discussions (FGDs). These

activities were aimed at identifying and mapping various occupational hazards (i.e. physical hazards, chemical hazards, biological hazards, ergonomic hazards, and psycho-social hazards) and providing primary prevention of occupational health issues for home-based workers (eg. garment workers, incense stick rollers, bidi rollers, kite workers,) and agriculture workers.



Education session on postural correction among garment workers

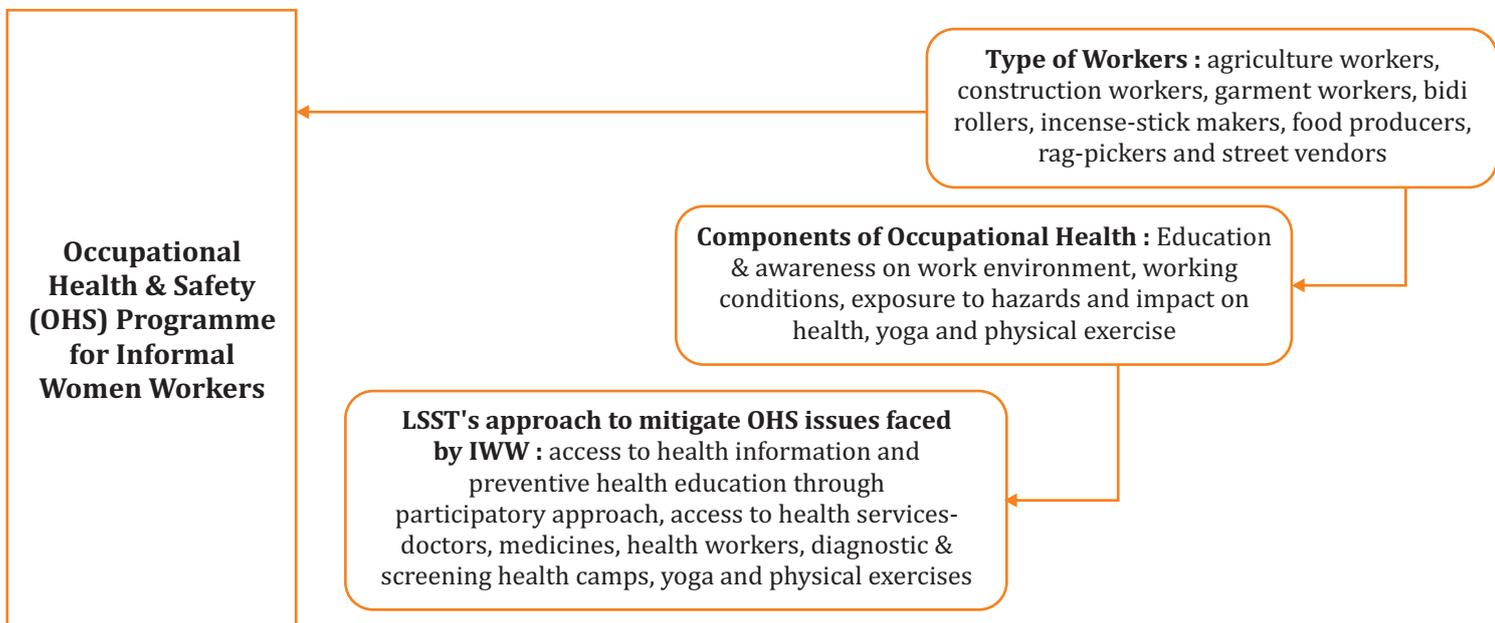
Benefits of Occupational Health and Safety Programme

1. Prevention of occupational diseases. The adoption of adequate preventative measures to protect workers through education sessions can prevent the acute effects of hazardous substances such as headaches, dizziness, nausea, disorientation, intoxication, and dermatological problems. Long-term, chronic effects such as cancer, respiratory diseases and neurological damage also can be prevented.
2. Productivity optimization and improving daily income. Time lost due to poor work practices are avoided.

3. Improved quality of life. Losses often result from precarious work processes that can be controlled by health and safety practices. Access to health information and health services at door-step improves health seeking behaviour and reduces out-of-pocket health expenditure.

During this year, the representatives of LSST also participated in the seminar on “Status of Construction Workers Safety, Health and Welfare” organised by the Bandhkam Majdoor Sangathan held at Ahmedabad. The seminar was useful as it enhanced our knowledge about construction- site colonies for workers, present welfare schemes, and problems in delivery of welfare schemes and other issues.

Occupational Health & Safety Programme of LSST for Informal Women Workers



Mapping Occupational Hazards and Exposures amongst Home-based Workers in Ahmedabad, India: Developing World Outreach Initiative-American Industrial Hygiene Association (DWOI-AIHA)

LSST carried out a project to explore the occupational health issues faced by different groups of home-based workers. This project highlighted the homes as workplaces, especially for women workers, and the multiple hazards and exposures within their workplaces which are often their own homes. The **goal** was to map occupational hazards and exposures and improve the knowledge amongst home-based workers on these hazards and the preventive steps

that can be taken to mitigate the adverse effects on work and health conditions.

The specific **objectives** of the project were:

1. To map the occupational health hazards faced by four categories of home-based workers
2. To develop occupational hazard database for home-based workers
3. To disseminate the learning and experiences achieved through this (project) work, with the researchers and institutions working in this field

Since the project was implemented by Community Health Workers (CHWs), their capacity-building was an integral part of the project.

Under this project, the following activities were carried out:

1. Developing appropriate methods and tools for hazard mapping and basic exposure assessment. These included:
 - a. A survey questionnaire, which covered personal details, socio-economic details, work environment, work process, hazard exposure and past medical history of the respondent.
 - b. An objective hazard assessment tool: This was a tool to enable qualitative data through observation to supplement the data collected through the survey.
 - c. A tool for focus group discussions: This tool was developed to enable a participatory risk mapping exercise and to explore possible solutions. The data from the FGDs was used to validate the findings from the other two tools.
2. Developing an occupational health database for home-based workers
The data collected using the tools developed by the project team was used to develop a database using Excel software. This data will be used for dissemination among researchers, policy-makers and other stake-holders to reduce the risk-hazards and improve the overall work and well-being of home-based workers.
3. Capacity Building of Community Health Workers
LSST organized capacity-building sessions for CHWs, with the purpose of providing them with project orientation and details, and how to use the tools that were developed. They were also given basic training in hazard identification before actually implementing the assessment tools. Suggestions of the CHWs, who are themselves from the informal sector and aware of the work hazards and living conditions of the target group, were also incorporated into the tools.
4. Feedback session with community health workers
After the tools were used, a feedback session was held with the CHWs to discuss their experience in using the tools. The CHWs reported that they did not face any problems in using the tools. In fact the study strengthened the understanding about occupational health of home based workers among the CHWs. As one of them said, *"We have*

got new learning and exposure with this survey. We were working on Occupational Health earlier, but this survey has given us new insights on hazards and exposures faced by home-based workers and their health problems. It is a good experience."

5. Dissemination of findings

The findings were discussed with the Occupational Health Institute based in Ahmedabad. Researchers from the institute and the LSST team discussed the development of scientific and meaningful educational tools for education and awareness purposes.

Key Findings

In all four sectors, number of women workers in the age-group of 21 to 40 years is highest. However, the number of young workers in the age-group of 10 to 20 is high among Incense-stick rolling, and the older age-group in high numbers is seen among bidi-rollers. An average income earned by workers in each sector ranges between INR 1000 and 3000 per month.

Many home-based workers work seven days a week in homes-cum-workplaces located in the large slums. These dwellings are small and crowded, with little natural light or fresh air. The work space and living space is often the same, making the workers prone to the hazardous exposure. They typically sit on the floor while working (except garment workers) and engage in repetitive movements. None of them use any protective equipment as a measure to reduce exposure to any harmful substances. Most workers in all the home-based sectors experience musculo-skeletal, neuro-muscular, stress due to work-loads, disturbed sleep and indigestion. Some of the narratives from the respondents also reveal that some health problems like, muscular pains/aches, neurological problems, dermatological problems, and other minor illnesses are ignored by them as they prioritize their income rather going to a doctor.

The project underlined the need for well-lit, well-ventilated and hygienic working spaces, and ergonomically appropriate working tools. Occupational health should receive increased focus in primary care diagnosis and treatment. There is a greater need to establish and strengthen core organizational capacities and ensure adequate human resources to assess occupational hazards and exposure amongst home-based workers. The study reinforced the need to promote community health workers to address the OHS needs of informal workers and a community-based approach and model to be developed for this purpose.

Eye Camps

Vision is often overlooked area within the communities globally, yet poor eyesight affects the day-to-day activities of billions of workers who do not have access to eye care services, or do not realise that they need eye care services or products, potentially inhibiting their ability to earn and reach their full potential. All types of work are often associated with eyesight problems if it is undertaken in inadequate work- environment and work- procedures. LSST makes its members aware of these problems and organises eye camps wherein it provides spectacles at low cost to those needing them.

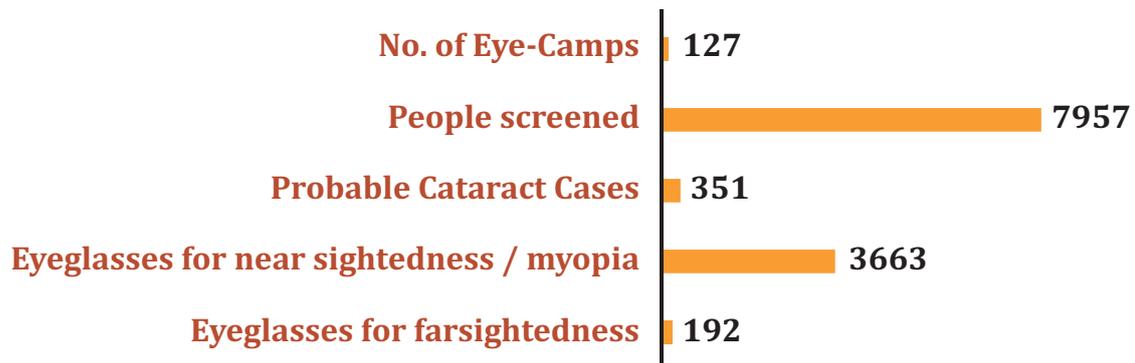
The cost of transportation, time constraints, and non or fewer availability of eye clinics, Optometrists are the major barriers that poor working women face while seeking eye care, particularly in the rural areas. Started in response to the demand from community members in remote and under-serviced areas, LSST began organising eye camps in collaboration with the Delhi- based organisation called “Vision Spring” in July, 2017. The objective of the camps is to provide appropriate and affordable services to members and their families to undertake regular eye care. The camps have also proved to be ideal avenues for providing information on “Eye Care” to both women and men, and for starting the process of organising them around the issues of healthcare.



Eye Camp

These camps typically address a certain set of check-ups, for example eye check- up for vision problems, cataract issues, and glaucoma. Those attending camps are referred to government secondary & tertiary healthcare facilities and Trust Hospitals for free medicines and cataract surgeries. Roughly 14 camps are carried out per month, and the attendance per camp is 60 patients for a total of more than 7957 patients so far. A team of an Optometrist, two assistants, and a local team of LSST provide services at the camps. The **graph** below depicts the out- reach through eye- camps conducted in both rural and urban areas of Gujarat.

OUTREACH THROUGH EYE CAMPS BETWEEN JULY '17 AND MARCH '18



These eye camps serve as a trial to demonstrate a link between clear vision and work performance. In our experiences of organising Eye Camps, we have learnt that eye check- up and provision of eyeglasses for

informal workers offers a low- cost, high- impact model to boost the productivity and hence, income of the workers as well as the sustainable economic growth.

SEWA Shakti Kendras

For the last few years, LSST has been working on an innovative programme of setting up SEWA Shakti Kendras (SSKs) in Gujarat. The SSKs work on health and governance by linking the health and nutrition needs of women workers (and their families) in the informal economy with their rights and entitlements from the government. SSKs increase the women's knowledge about health and nutrition issues and also build their capacities to access their entitlements through information, hand-holding support and linkages with government departments. SSKs took cognizance of the increasing incidence of non-communicable diseases (NCDs) among low income populations and included interventions to address these through their activities. Each SSK is staffed by a community health worker (CHW) and volunteers and is located in the neighbourhood where the informal workers reside.

A range of **activities** are carried out at each SSK and are described below.

Education Sessions

Education about a range of health issues including physical and mental health, nutrition, NCDs, and occupational health was provided through group meetings and awareness camps. Women were also given information about various government schemes related to health and nutrition that the women and their families are entitled to. The process of accessing these schemes was also explained so that more and more women and their families can access these schemes on their own. A pre-test and post-test is administered before and after the session to assess the increase in understanding about the topic discussed in the session. The team also does a follow-up visit several days after the training to assess the retention about the issues that were discussed in the training.



Education session using participatory approach with women workers

Area Meetings

CHWs also conduct area meetings which are smaller than the education sessions. In area meetings a small group of 5-8 women come together to get a deeper understanding of issues related to health and nutrition. The smaller size of the meeting facilitates more question-answers. Moreover, since these meetings are held in open spaces in the areas, men from the community also attend these meetings. This makes it easier for women members to discuss SSK related issues in their homes once their husbands have also participated in the area meetings.

Health Exhibitions

Exhibitions were held regularly where banners, posters and flipcharts were displayed to illustrate various topics related to health and nutrition and government schemes. The exhibitions are held both at the SSK and in the community. These visual means of communication create a lasting impression and are easy to remember for the community. Exhibitions successfully bring together groups of women to understand the different types of information and discuss it amongst themselves.



Exhibition on management of Hypertension and diabetes using interactive posters with women members

Door to door visits

In addition to conducting group education sessions, Community health workers (CHW) visit individual homes to strengthen linkages with the women and their families. Sometimes women are unable to come to the group sessions or are reluctant to talk about their individual queries and doubts. These visits also enable the health workers to talk individually to a woman and her family. SEWA's CHW visited each home in the SSK's catchment area at least one time during the first year, and often more than once.

Jan samwads

An important function of the SSKs is to improve governance to enable community members to access their government entitlements and services. The Jan Samwads or public hearings organized by the SSKs at the village or community level are meetings between members of the community and government officials. The Jan Samwads are an opportunity for the government functionaries to share information with the community and for them to receive feedback and address grievances.

Meetings with local committees

The government has established a number of local level committees which include both government functionaries and community members to implement and monitor the provision of public services to the community. These include the Village Health

Sanitation and Nutrition Committee (VHSNC), the School Management Committee (SMC), the Mahila Arogya Samiti (MAS) etc. The SSKs have actively engaged with these local committees and tried to get more women become active members of these committees. In many areas the committees are non-functional, and the SSKs have tried to re-activate these committees and facilitate regular meetings.

Exposure visits

To strengthen the use of public facilities by the community and to improve their knowledge of government departments and their functions, the SSKs organized exposure visits of groups of women to various government departments and facilities. These visits not only make them aware of the programs and schemes of the different departments, but also increase their confidence in going to these offices when required. These visits also give a chance to the government functionaries to meet with the community members. This makes them more responsive when community members visit these offices on later occasions.

Quarterly meetings with local government functionaries

Another intervention in the past year was for each SSK to organize a quarterly meeting with local government functionaries such as the anganwadi workers, ASHA, ANM, members of local committees, malaria worker, multi-purpose health worker (MPHW), Sanitation workers, sarpanch and other panchayat body members. These quarterly meetings held at the SSK helped the government functionaries to better understand of the work done by SSK as well as the challenges faced by the SSK. They helped the SSK team understand the challenges faced by the government functionaries. This enabled improved coordination between the SSK team and the government functionaries and better provision of government services in the village/neighbourhood.

Mega-events

The mega-events that were organized this year at the various SSKs were a big success. A Mega-event is a visible and publicized event organized in a neighbourhood around two to three themes. The focus in the past year has been to ensure that all the

residents get all their basic documents in order so that they can access their entitlements without delay. It becomes a one-stop space for addressing a variety of needs of the community members. For a mega-event, a tent is set up with three to four counters staffed by SEWA team members. Depending upon the themes of the mega-events, there may be government functionaries or the local ASHA workers also present at the event.

Diagnostic Screening Camps

The objective of the diagnostic camps/health assessments is to provide healthcare services to our members and their families near their homes. A doctor is present at each camp and medicines are made available to the patients who come to the camp. Activities at the camps include education/training, examination and diagnostic tests, referrals to nearby health facilities (Urban Health Centre or secondary and tertiary government healthcare facilities) and follow-up.



Blood Pressure measurement of a member during the Screening Camp

Ayurveda camps

At some SSKs Ayurvedic camps were conducted on a monthly basis under the guidance of a qualified Ayurvedic practitioner called "Vaidh. Women sought treatment for occupation-related health problems, including joint and muscular pains and dermatological problems. The Ayurvedic medicines were provided through collaboration with SEWA's health Co-operative, "Shri Gujarat Mahila Lok Swasthya SEWA Sahkari Mandli Ltd." (LSM).



Women meeting the doctor during the Health Camp

Yoga sessions

Yoga sessions were conducted to manage and prevent the effects of modifiable risk factor- physical inactivity, complications from non-communicable diseases, relieve stress faced by informal women workers due to their work and overall poverty ridden family condition. Yoga sessions were conducted twice a week with a qualified yoga instructor coming to the SSK in each intervention area, to teach women and young girls about importance of yoga and how they can improve and manage life-style related health problems with regular practice.



Yoga session with women workers

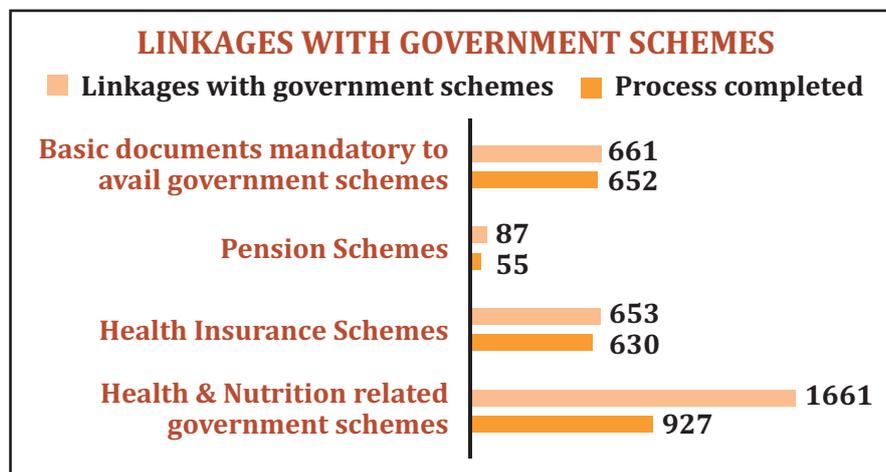
Counselling Sessions

Counselling sessions were conducted at some SSKs to provide mental health counselling. Issues that came up through the counselling sessions included cases of domestic violence, marital discord, problems of addiction in the family, aggressive behaviour, quarrelling, somatic as well as psycho-somatic complaints, poor performance in school, suspicious nature of husband, ill-treatment from partner and suicidal tendency, forceful marrying as per the parents' wish, sadness, sleep disturbance, poor appetite, Obsessive Compulsive Disorder (OCD), anxiety, social phobia, postpartum depression and its impact on multiple relationships. Care was taken to maintain confidentiality and ensure privacy during sessions.

Linkages with government schemes

SSKs are just not the centre for creating awareness among women workers about their rights &

entitlements, CHWs at the SSKs update themselves about various government schemes meant for women workers but, often do not reach them, and actively link women members and their families with government schemes and programmes. For maximum outreach and linkages of members, CHWs in all the SSKs often visit various government departments at rural or urban level, and have built good relationship with government officers and functionaries. Through SSK operations, we have also learnt that many a times, our members lack basic documents mandatory to avail schemes and entitlements meant for them. Hence, the first step is always to help our members get mandatory documents so that they can avail the benefits by the government. The **graph** below demonstrates the number of members linked to various government schemes and basic documents mandatory to avail the services, and their processes completed.



Youth Programmes

LSST started working with adolescent girls in the year 2002- 03 and now, has expanded its work with 83 mandals/ adolescent collectives, including 63 mandals of girls (Kishori Mandal), and 20 mandals of adolescent boys (Kishor Mandal).

During the past year, LSST engaged all the members of 83 mandals/collectives in various activities. Organising adolescents into their own mandal/collectives provide them safe spaces for support and solidarity, and for promoting their empowerment and leadership, thus enabling them to act locally on health and related developmental issues.

LSST engages with these mandals/collectives on a regular basis. The activities include monthly meeting

and education session with the adolescents on sexual & reproductive health and rights (SRHR), gender and health, issues of child marriage, nutrition and anaemia, menstrual hygiene, the public health system at the local level and structure, government schemes aimed at well- being of adolescents, etc. Moreover, members of the mandal/collectives are also taken for exposure visits to various government offices like Anganwadis, Urban Community Development (UCD) Bhavan, Urban- Primary Healthcare Centre (U-PHC), Zonal City Civic Centres, etc. The adolescents are informed about various government schemes and programmes and encouraged to take leadership in facilitating linkages of community members with government schemes and programmes.



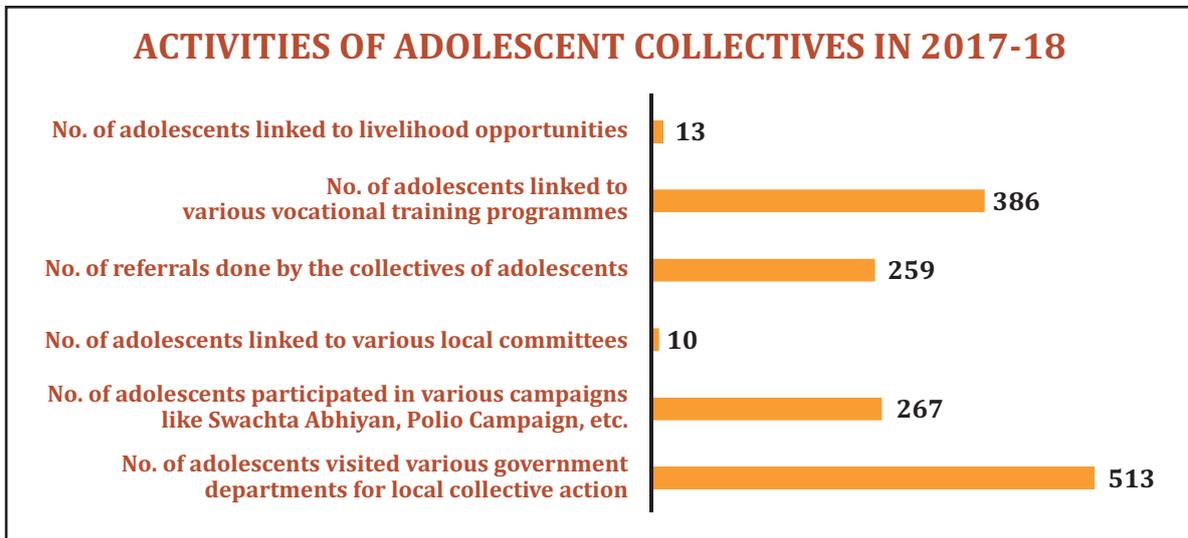
Education session with adolescents

During this year, in partnership with the Sanjeevani Trust, Ahmedabad, distribution of sanitary pads was initiated to make adolescent girls in both urban and rural areas, change their behaviour towards menstruation and practice hygiene during menstruation. As a result, many adolescent girls have started using sanitary pads, regularly.

While we encourage collectives of adolescents to take leadership actions for health & related developmental issues, many of them take active participation in activities and undertook a responsibility to conduct survey on the needs of their community, locally. A collective of adolescent boys in *Kadiya ni Chali*,

Asarwa ward of Ahmedabad city helped pro- actively in information campaigns for TB and household survey conducted by LSST team whereas, a collective of adolescent girls in *Makubai na Chapra, Girdharnagar area* of Ahmedabad city helped LSST team in conducting survey of community members who are eligible to avail government health insurance schemes like Mukhyamantri Amrutam card (MA card), Mukhyamantri Vatsalya card, etc. These collectives of adolescents do not limit their participation in activities, they do help LSST team with follow- up of on- going activities in the communities and up- date LSST team on the progress.

This year, the LSST team focused on certain social issues related to adolescents, and how it impacts their health and overall well- being in the long term. To ensure all the adolescents achieve good health and well- being, meetings with the parents of adolescents were conducted quite often on issues regarding early marriage, importance of higher education, addiction and its socio- economic impact, and increasing prevalence of suicide among youth. The **graph** below depicts the information on activities and numbers reached through mandal/collective activities in the reporting year.



This year, the LSST has also formulated core-committee to strengthen and manage accountability of the yuva- programme. The team members who are engaged with collectives of adolescents at the grass- root as well as technical level, meet once a month and

discuss gaps in the programme and address issues, identified. A guideline to evaluate each collective of adolescents is also formulated by the LSST team and regular monitoring of the mandals or collectives is in process.

Capacity- building of Mahila Arogya Samiti (MAS)

MAS is a key intervention under National Urban Health Mission aimed at promoting community participation in health at all levels, including planning, implementation and monitoring of health programmes. MAS is expected to take collective action on issues related to Health, Nutrition, Water, Sanitation and social determinants at the slum level in urban areas. The ASHA (Accredited Social Health Activist) in the area is the member secretary.

LSST is been providing capacity- building trainings and strengthening 75 Mahila Arogya Samitis in three wards of Ahmedabad city namely, Shahpur, Behrampura, and Ambavadi since 2015. The topics of the capacity- building training include:

1. National Urban Health Mission
2. Optimal utilisation of untied funds given to MAS
3. Activities of local- level civil society organisations
4. Causes of ill- nesses and preventive measures to lead healthy- life
5. Adolescent and women's health
6. Identifying & reaching out to marginalised groups.



Capacity - Building of Mahila Arogya Samiti members

Approximately, 825 members of 75 MAS were trained during the year and follow- ups done to ensure their active leadership at the local level. In addition, refresher training sessions and follow- up meetings were organised, regularly. This follow- up sessions emphasized on awareness and efficient utilization of untied funds, monitoring of public facilities at local level, use of public health systems, promotion of institutional delivery and use of 108 ambulatory facilities for emergency care and treatment, awareness and linkages with various government schemes for maternal and child health, etc. Also, strengthening partnership with local health functionaries and various government departments was emphasised for long- term sustainability.

Childcare

SEWA's child care centers work to address the poverty and deprivation faced by families of informal economy women workers. Poverty invariably leads to poor health and social exclusion, affecting not just the current generation but future generations as well. In the struggle to make ends meet, the children in poor families get neglected. Mothers, while at work, become anxious about the safety of their young children and end up becoming less productive and thus lose income. Children who accompany their mothers to the workplace are exposed to workplace hazards. Sometimes, older siblings, especially girls, stay away from school to look after younger ones in the family. Many of the elder siblings accompany their parents to the workplace, and perform the dual role of caring for their younger siblings and helping the parents with their work. The consequences of this complex poverty-related environment adversely affect the health and education of children and the income of the earning parents. It has been found that children who grow up in this situation are often

malnourished, wasting and stunting. Childhood malnutrition has lifelong consequences not just for health but also for cognitive function, human capital, poverty and equity; these early deficits reverberate across generations.

Childcare centers at Idgah and Saijpur in Ahmedabad city

Both the centres are located in low income neighbourhoods of Ahmedabad city. There is a difference in the tradition/culture and life-style of the workers of the two areas. In Idgah, most mothers are garment workers, where as in Saijpur area, most mothers are daily wage labourers with no fixed income. In Idgah, the home is the workplace for the mothers, and if young children are at home, the mother's attention is divided between her work and her children.

Many mothers say, *"It is better to have childcare centre in our community, near to our houses. We are doing hard work, and having hard lives, but we want our*

children's lives to be easier. When children attend childcare centre, we can work peacefully, without having to worry about children."

There has been a surge in number of girls in both age-groups of (0-3 years and 3-6 years). There were more girls than boys in the 0-3 year's age group. This is a consequence of the continuous efforts of the balsevikas to create awareness among community members about gender equality and to ensure education of girl child. The total number of children attending the child care centres has increased over every quarter in this year. Usually, in the summer, most of our children leave to join formal schools and new children are enrolled.

Activities

SEWA childcare centers provide a range of services to enhance the physical, social and mental wellbeing of the children and their families.

Nutrition : The child care centers ensure a nutritious diet to the children to counter the deficiencies that they often experience. Many children are found to be malnourished at the time of admission. The menu is prepared with lot of care ensuring carbohydrate and protein-rich meal is given to the children every day. Additionally, the crèche workers/Balsevikas visit the homes of children to ensure proper dietary practices are followed by the family.

Table 2: Sample menu served at the centres

No.	Days	Daily Diet	Quantity of Food served per child (Details shown for uncooked ingredients)
1	Monday	Fada Lapsi (Broken Wheat - Porridge)	40gm Broken wheat / 30 gm jaggery
2	Tuesday	Dal-Rice (Lentil Soup - Rice)	15gm Lentils / 50gm Rice
3	Wednesday	Mag-Fada (Lentils with Porridge)	30gm Lentils / 40gm Broken wheat
4	Thursday	Pulav (Vegetable Rice)	50gm Rice / 10gm Vegetable
5	Friday	Chana-Khichdi (Chick pea and soup rice)	40gm Chickpea / 40gm Rice
6	Saturday	Dhokla (Fermented Rice Cake) or Poha (Rice Flakes)	50gm (either rice or flake)



**Children being served
freshly cooked nutritious meal**

Promoting Healthy Eating Habits : Most families in low income neighbourhoods have poorly balanced diets which is often inadequate. There is easy availability of processed and packaged food which contains unhealthy levels of fats, sugar and salt, while lacking in essential nutrients. LSST carried out awareness campaigns through various mediums like exhibitions, flyers, meetings and, group trainings to

influence consumer choice through improved nutrition knowledge and food utilization. There were demonstrations of healthy recipes and nutritious food aimed at the parents to promote healthy eating. There has been a marked improvement in this front and most parents now encourage their children to eat healthy food.

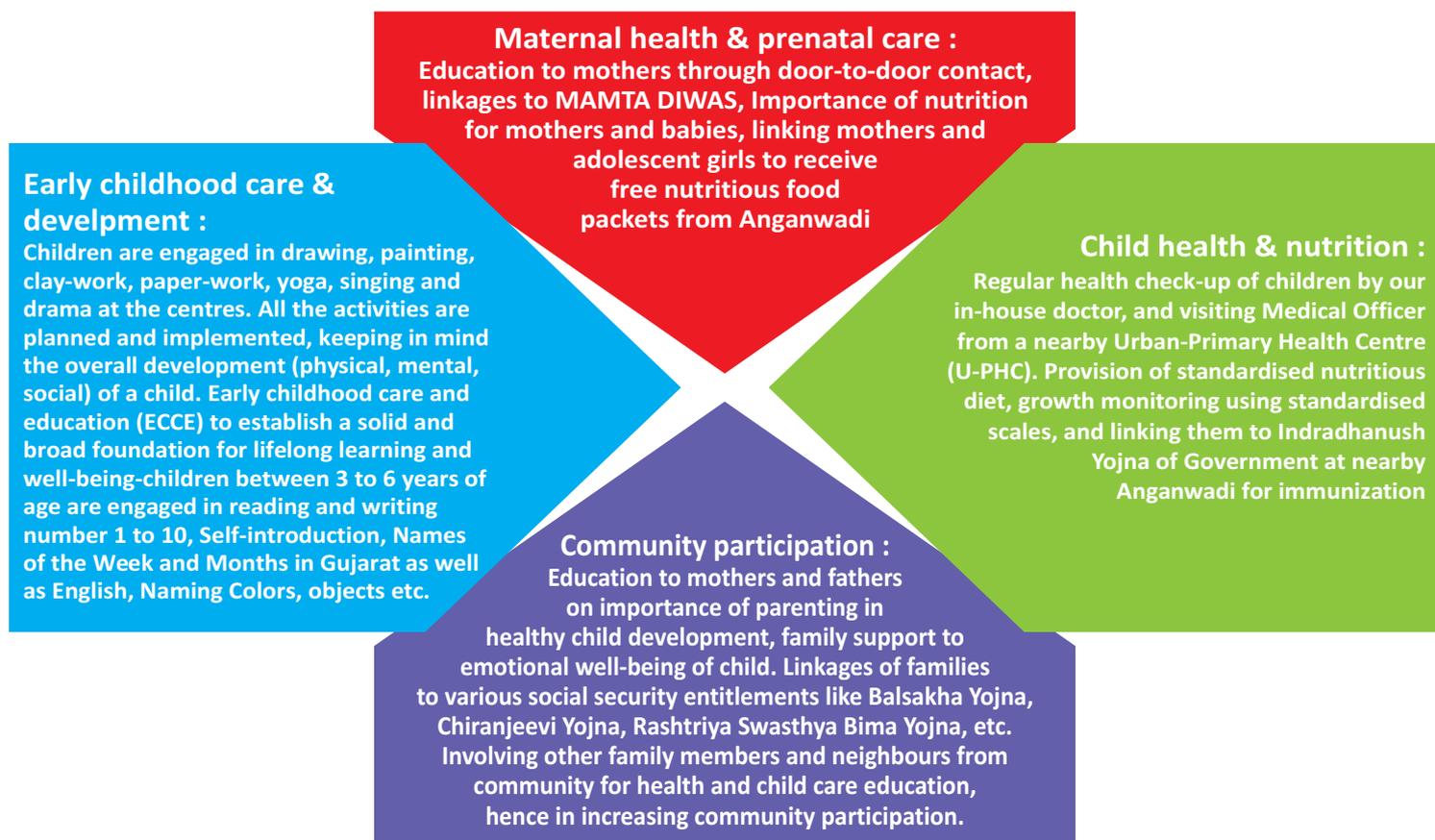
Healthcare : The mothers of the children in the centers face multiple stresses at home and at work, and this can result in neglect of the children. To address this, mothers and older siblings in the family are provided counselling to help them resolve any issues that they may be facing. The balsevikas ensure that the children and pregnant mothers get regular health check-ups and immunization, by linking them to the nearby health centres, private and government hospitals. Women and children are linked to the monthly MAMTA DIWAS held at anganwadi centers to avail free nutritive food packets for mothers and children. The balsevikas maintain good relationships with local government functionaries to ensure that the children and their families get all their entitlements.

Early Childhood Care and Development : Early childhood care and development (ECCD) inputs to children ensure better health, higher educational attainment, reduced violence and crime, reduced substance abuse and addiction. To instill good habits and discipline in the children, a variety of games, songs and creative methods form part of the curriculum. The activities are segregated according to the age-groups.

When children graduate from the childcare center to go to a primary school, a ***'Vidaay samarambh'*** (a graduation ceremony) is organized with support from the parents and leaders of the community. In May

2018, 12 children from Idgah childcare centre and 9 children from Saijpur childcare centre went on to join formal education. Of these, 9 children from Idgah and 3 from Saijpur were successfully admitted to nearby private schools for free education under the Right to Education Act.

Capacity Building of Balsevikas : The balsevikas are the strength of the childcare centres. Regular reviews and evaluations to assess their performance help in identifying the gaps and trainings are periodically organized to address these gaps. In addition, they participate in workshops and seminars to further develop their skills.



SEWA's integrated approach to healthy child development

KEY MILESTONES

Parents' Contribution : SEWA's cooperative "Sangini" has mothers of the children and the Balsevikas as the shareholders, and parents are active partners in the running of the centers. While the parents are unable to pay the full cost of childcare for their children, they contribute a monthly fee to enhance sustainability. The overwhelming support of the parents has been the inspiring force for LSST all through the year.

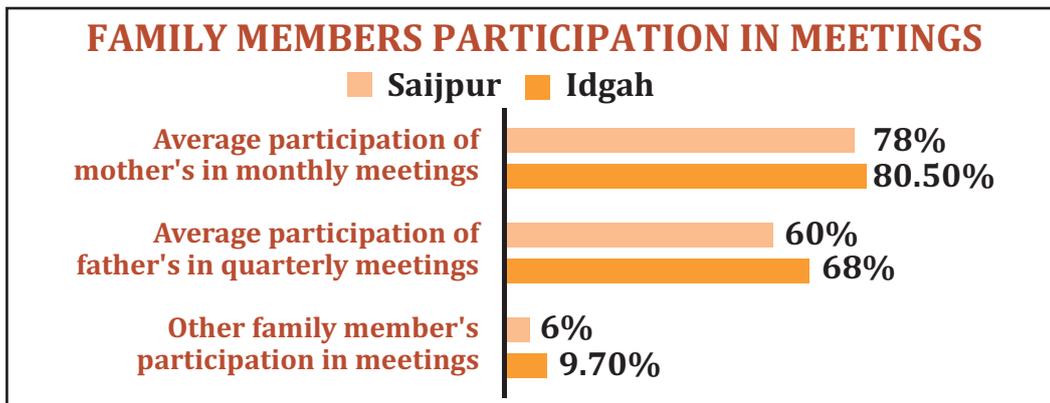
Community Contribution : Our child care centres at both Idgah and Saijpur area in the city have enjoyed the generous support of the community members in all the activities. The credit for mobilizing local resources, both in cash and kind, goes to the Balsevikas for their persistent efforts. Contributions from the community are received during special occasions like birthdays, anniversaries, and festivals. Some parents of our alumni also contribute. There was a surge in the contributions between January and June due to festival and the graduation ceremony.

Monthly Parent Meetings : Every month, Mother-Teacher meetings were conducted to encourage direct interactions between mothers, children and the teacher, and to build positive attitudes, values and good practices that the mothers should embrace while raising their children. On an average, between 70 to 90% of the mothers attended the monthly meetings. Where they were unable to go, they sent other family members like grand-parents or elder siblings to attend meetings.

In addition, the balsevikas gave inputs to mothers regarding occupational hazards and how these can be addressed. For e.g. the mothers in Idgah who are involved in sewing work were taught about ergonomics or postural correction and they were taught stretches and exercises to prevent backaches and other physical problems.

These monthly meetings also serve as an opportunity to share information with the parents about various health issues, RTE, health insurance schemes, and other social security entitlements introduced by the government.

The **graph** below demonstrates average participation by family member in meetings with teachers/ balsevikas.



Tracking Health Status of Children : Growth and development monitoring is conducted via observation, interactions with parents and other family members. Indicators like children's food intake at centre and home, bond with parents and other siblings, involvement in activities, ability to express and interact feelings with teachers, hygiene and sanitation practices (i.e. hand washing before and after meals, use of spoons, nail cutting twice a month) are taken into consideration. The growth monitoring charts are maintained in each centre and shared with the parents. Crèche workers and our in-house doctor take special care to ensure all children are in the normal grades. The data of randomly selected children indicating their growth status provides a



A discussion on immunisation of children in mother's meeting

Quarterly meetings with fathers : Every quarter a meeting is held with the fathers of the children attending the centre. During these meetings the focus is on keeping them posted about their child's growth and development. Fathers are encouraged to spend more time with their children, and to share the responsibilities with the mothers in their development and upbringing. More than 70% of the fathers from the Idgah center participated in these meetings. In Saijpur, fathers who could not attend quarterly meetings with teachers due to work-hours, managed to meet teachers while dropping their children to the centre or when our balsevikas went for door-to-door education in the area.

glimpse of efforts being put by our crèche workers/ balsevikas.



Measuring weight of a child in the centre

Sankalit SEWA : Our integrated approach to women's economic empowerment

SEWA is based on the principle of organising women into their own collectives or co-operatives, thereby helping them to develop collective strength and bargaining power, and self-reliance. Expanding our work to other parts of Gujarat with this objective, the “Shri Megha Adivasi Khet Utpadak Sahkari Mandli

Ltd” was formed in 2014 in Tapi District, in South Gujarat. The cooperative started with a membership of 324 women which has increased to 997 members in villages of four blocks namely, Vyara, Songadh, Uchhal and Nijjar. The co-operative forms of “khedut mandals” or farmer collectives in the villages who take forward all activities in a decentralised manner with local women taking the lead.

The main activities of the co-operative are:

1. To initiate activities that will ensure regular income for its members.
2. To take up activities that will sustain the co-operative which includes the processing and sale of forest produce like gum, honey, bamboo, etc.
3. To enhance the knowledge on good practices in agricultural and animal husbandry amongst the members.
4. To ensure social and economic security of members through trainings and campaigns and linkages to services such as health, child care, insurance, banking, housing and basic amenities like water and sanitation.

The main **activities** undertaken by the co-operative in the reporting year are as follows:

Sustained Efforts towards Unionizing in Tapi

The strength of informal women workers lies in

organizing towards the purpose of attainment of collective needs. Therefore, the core of SEWA's overall strategy of empowerment of informal women workers has been and is through the means of organizing them. The power of a collective gives the strength to bargain, to struggle and prosper, all together. SEWA started unionizing in Tapi, a primarily adivasi district, since 2009. The region had no history of strong organizing efforts till then. Megha Mandli, the first-of-its kind all-women cooperative in the district was registered in 2014. The cooperative has 997-member shareholders till date. While the cooperative aims towards the attainment of economic empowerment and self-reliance, unionizing remains the primary source of strength and togetherness.

Annual General Meeting of Megha Mandli

The third annual general meeting (AGM) of Megha Mandli was held in July, 2017. While in 2014--15 there were 438 shareholders, the number rose to 816 in 2015-16. This year, as many as 997 shareholders participated. The guests present were representative from Krishi Vigyan Kendra (KVK), and the District TB Officer. The year's activity and finance report of the cooperative and progress over the three years since its inception was shared among the members. Board members and shareholders shared their experiences over the last three years. Board members emphasised on how the road to self-reliance and employment was to be attained, through taking forward Megha Mandli's work on livelihoods, health-care, social security and capacity building. All the members showed eagerness to contribute to the strengthening and growth of their co-operative in the years to come.



Third AGM Celebration of Megha- Mandli

Developing a network of community-based organization in South Gujarat

In second half of the year, we started engaging with different community-based organization in South Gujarat to develop a common platform under the aegis of Megha Mandli for bringing women farmers on one platform. Through this engagement we will complement each other's skills and also bring common strength and voice. In nearby district of Valsad and Bharuch, we approached two prominent organizations and shared our vision. One of them is Action Research in Community Health and Development (ARCH). ARCH is working in Valsad district since last four decades on curative health and we are starting our work in some of their villages by organizing women in SEWA and also in Megha Mandli.

Continued Interventions around MGNREGA

Despite the continuous growth and development of the country, the reality is that most people, especially in the rural, tribal regions continue to struggle to secure their livelihoods. A landmark legislation that was passed in 2005 and implemented in 2006, the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), aims to provide on-demand unskilled wage employment to the rural poor and guarantees a minimum of 100 days of unskilled manual work in a financial year to every rural household that demands such work. Better implementation of MGNREGA is important for Megha Mandli as it would strengthen the livelihood resource base of our women, lead to the creation of productive assets and also ensure social inclusion.

Two-Day Workshop and Training by UNNATI

Since MGNREGA provides employment on-demand, it is the people who demand it, who need to be well aware of their rights and demand them in the right manner. In this regard, a two-day workshop on MGNREGA was conducted by UNNATI in Vyara. The workshop centred on making people aware that MGNREGA work was also possible on private lands. People were made aware that there are as many as 30 different kinds of works that could be demanded under MGNREGA for their own private lands. The second day of the workshop was held in village Bedi. Beginning with a discussion on MGNREGA, where the sarpanch of the village was also invited, a hypothetical plan for a demand for work under MGNREGA was also formulated for Sheelaben from the village, after having a look at her farmland. People then got an idea of how to practically demand for work on their individual lands.

MGNREGA Workshop in Andhra Pradesh

Eight organizations/unions working in different states of India (Rajasthan, Madhya Pradesh,

Maharashtra, West Bengal and of course, Gujarat) congregated for this workshop organized by Holdeen India Program and the Fund for Global Human Rights and hosted by Centre for Rural Studies and Development (CRSD) that aimed to discuss the varied experiences of people who work at the grassroots with respect to MGNREGA. The experiences and the challenges faced with respect to MGNREGA was discussed by the attendees of the workshop. They were also taken for field visits to see the successful implementation of the scheme in the district in Andhra. A number of assets like Panchayat office, cement-concrete (CC) roads, water recharge reservoirs, as well as horticultural plantations of *chiku* and *mausambi* were created under MGNREGA in the district.

Working towards Land Rights for Women

Mahila Housing SEWA Trust (MHT) is reaching out to women in the interior villages of the Uchhal, Nizar and Songadh blocks in order to generate awareness about land rights and inclusion of women's name in land records. The objective of the program is to develop an aagewan based delivery model for provision of land records-related services in 10 villages in Tapi district of Gujarat.

Taking forward the findings of our preliminary research study about the status of women's land rights in Tapi District, held in phase 1, MHT has implemented the following activities:

1. Generated awareness among leaders, Sanklit aagewans, women and other stake holders from the local government bodies – at village, block and community level regarding their inheritance rights through different programs like orientation, trainings, and exposure to the government offices etc.
2. Provided support in issuing the copies or documents like id-cards, sanad/permission, birth/death certificate, etc. from local government bodies
3. MHT also provided support in establishing the records of inheritance for the women.
4. Started processes like varsai (mutation), records of rights, getting right on free land etc.

Enabling government linkage through Dostari Kendra

Under the Constitution of India, tribal people obtain special protection through government programmes and laws, including affirmative action. Despite all the provisions made under the law, access to these schemes remains a huge problem due to lack of awareness.

Education sessions are conducted to create awareness regarding various schemes available by the government in villages of Songarh and Uchhal block. Dostari Kendras have been formed under which people can access application forms to avail entitlements and information about these schemes.

Sustainable Agriculture Practices

Agricultural practices like organic farming are not very common in Tapi due to the widespread availability and usage of chemical fertilizers and pesticides. Nevertheless, from the perspective of sustainability, it is integral that heavy use of fertilizers and pesticides be weaned away if not altogether given up. While inorganic farming is less time-consuming

and might even give higher yield in the short-term, as it affects the soil fertility and also contaminates water it tends to have debilitating effects on soil and water and also adversely affects health in the longer run. Bettering agricultural practices in district Tapi during the Kharif season—the major farming season starting from mid-July and ending in September—was therefore crucial.

In the year 2017, a total of 60 trainings on organic farming were given to 1,191 members and 210 Khedut Mandal meetings with 4,195 members. Due to the positive response revived, the plan for the next period is to expand the reach of organic farming through trainings in new villages.

Technical Resource Cell (TRC)

LSST has been working in the areas of health and childcare for over decades and has gained vast experience in working on the issues faced by informal women workers and their families and low-income neighbourhoods in urban and rural areas. There was a demand from various organisations to initiate similar programmes and learn from the LSST for better implementation of programmes at the grass-root level.

LSST's TRC conducted training on adolescent's health programmes for the West Bengal team of SEWA Bharat. Total five members of the team had arrived to Ahmedabad for the training on Adolescent Health. The elements of the training include self-introduction, experiences of work-environment, objective of the ToT, guidelines developed by SEWA Gujarat for organising adolescents and forming their mandals or collectives. A detailed session on adolescent health and related topics included gender and health, early marriage, gender equality, menstrual hygiene, nutrition and anaemia, etc. The members of the team were also given field exposure in both rural and urban areas to understand the dynamics and complexities of each. On the last day of the training, the members of the team were encouraged to draft "Action Plan" on how they would take forward the learnings and implement it in their work areas.



Training of SEWA West Bengal Team on Adolescent Health in Ahmedabad

Table 3 : List of Trainings by TRC

Topic	Organisation	Place	Training/Participants
Organising collectives of adolescents, adolescent health	SEWA Bharat	Ahmedabad City	01/05

Conclusion

The reporting year has been an active one for LSST. It has expanded its services and reached out to informal workers and their families. Through all the interventions of LSST, the efforts are being put in a direction to achieve sustainability for a long-term. Various models are also discussed with the team for long-term sustainability of our interventions. Some of our interventions have become sustainable with community leadership and community ownership.

To strengthen governance at local level, our interventions focus on creating awareness through various information campaigns, strengthening local committees such as Mahila Arogya Samitis (MAS), and many more. Meetings with local government functionaries helped us build a good rapport with them as well as learn from them about the complexities and challenges faced by them for full implementation of government schemes and programmes. The members were also encouraged to submit their application forms on their own to the government departments. This was achieved through organising exposure-visits of SEWA members to the various government departments and linking them with front-line workers.

LSST's work with the adolescents is ever expanding with the few new adolescents joining mandals or collectives, every year. Engaging adolescents in our activities helps them to be organised with their peers, take leadership and collective action at community level.

LSST works with all-age groups and reaches out to the needs and demands of children, adolescents and adults in low-income neighbourhoods. Many years of experience in working with the informal workers in both rural and urban areas has enabled us to learn from our experiences, reflect on the decisions and needs of the workers through the gender-lens and worker's lens, use these learnings and reflections for better implementation of our programmes, replicate and up-scale those programmes in other regions, provide training to various organisations seeking to reach out to larger communities, explore new avenues and opportunities to provide health care, child care, insurance, pension, and housing with basic amenities to informal women workers and their families. LSST continued its effort towards social protection for all and will continue to do so in the year ahead.



LOK SWASTHYA SEWA TRUST

LOK SWASTHYA SEWA TRUST

3rd Floor, Chanda Niwas, Opp. Karnavati Hospital,
Near Town Hall, Ellisbridge, Ahmedabad - 380 006.

91 - 79 - 26580530 / 91 - 79 - 26587263

info@lokswasthyasewatruster.org | www.lokswasthyasewatruster.org