

LOK SWASTHYA SEWA TRUST

ANNUAL REPORT, 2013-14

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Lok Swasthya SEWA Trust

The Lok Swasthya Sewa Trust (LSST) is a part of the SEWA family. It was developed by SEWA's health cooperative, Lok Swasthya Sewa Mandli (LSM) and was registered in 2005. LSST undertakes health and educational activities to promote the well-being of our members- self-employed women workers.

LSST works in four districts of Gujarat; Ahmedabad, Gandhinagar, Surat and Tapi. The main focus areas are:

1. Health Education and Awareness
2. Referral services (curative care)
3. Occupational Health
4. Mental Health
5. Health Camps (eye, gynaecological, Non Communicable Diseases (NCD) and general)
6. Linkages with Government Programmes and Community Based Monitoring
7. Insurance (RSBY, VimoSEWA or SEWA's insurance)

During the period of 2013-14, LSST implemented a number of programmes, given below is a detailed description of the major programmes undertaken.

1. TB Control Centers

In collaboration with the Ahmedabad Municipal Corporation (AMC), LSST has been managing two DOTS (Directly Observed Treatment Short Course) centers in Ahmedabad city, covering a population of approximately one lakh people of Asarwa and Chamanpura wards. The community members visit our centers for treatment and information regarding TB. The mediums of imparting information are area meetings, rickshaw broadcasts, wall paintings, video replays, education sessions by doctors and educational exposure visits. We have reached around 632 people through area meetings.



The patients come to the DOTS centre for oral medication in the presence of our health workers, as per the schedule of their treatment. During the reporting period 107 patients were registered in both the centres out of which around 20 patients were MDR (Multiple Drug Resistant) patients. SEWA Health Workers perform regular check-ups and follow-up of all the TB patients and refer them to various government programmes and services. 131 patients were also tested for HIV out of which 5 were found to be positive and were referred for further treatment. The scheme provides financial assistance for healthy and nutritious food, to patients who are cured of tuberculosis. During the year, a total of 26 people were provided financial assistance under the scheme.

Tri-monthly report of 2012- 13

	WHO Standards	April' 13 to June'13	July'13 to September'13	October'13 to December'13	January'14 to March'14
Conversion rate	90%	100%	100%	100%	100%
Cure rate	85%	94%	95%	95%	94%
Failure rate	4%	0.1%	0.0%	0%	4%
Death rate	4%	0.0%	0.50%	0%	0%



The health workers provided information about the Revised National TB Control programme (RNTCP) to around 70 school children in their school; in addition to exposure visits to the DOTS centers and the Urban Health Centre, where the children got an opportunity to look at the TB bacillus through microscopes. 185 students from the Nursing College at the Civil Hospital in Ahmedabad were also given an overview of the work done at our TB centers. With the support of the government, street plays were used to create awareness about TB at Makubhai na Chhapra and Bhilvas challis of Chamanpura.

2. Occupational Health (OH) Programme

The Occupational Health Programme at SEWA aims at providing primary prevention of occupational health issues for home-based women workers, especially for embroidery workers (of Ahmedabad, Gujarat) and waste-recyclers of Ahmedabad City, papad rollers of Bikaner and Rajasthan and agricultural workers (sugarcane workers) of Vyara taluka in South Gujarat. The major outcome of the programme is to maximize the productivity and increase the income of these workers.

During this year, our occupational health programme expanded significantly. A number of activities were planned such that they integrated well into the already existing health programme of Lok Swasthya Sewa Trust. These were:

1. Preventive health education and awareness
2. Capacity-building
3. Sale and promotion of prototypes
4. Partnerships with other workers' organizations and NGOs
5. Advocacy and policy action



In different areas of Ahmedabad city we reached 1744 people through area meetings, 2496 through exhibitions and 608 through video replays. The programme further facilitated demand for ergonomically constructed equipment and tools designed by Lok Swasthya Sewa Trust (LSST); 141 chairs were provided to garment workers and 200 sugarcane cutters to sugarcane workers in Vyara block of Tapi district, Gujarat. In different parts of Gujarat, the training was able to reach out to 2222 members through group education sessions and 5558 members were approached by our frontline workers, the Arogya Sathis, through door-to-door education on simple do's and don'ts of occupational health.

The occupational health team organized a workshop for users and non-users of the equipment and tools developed and designed by LSST. The workshop encouraged discussions among groups of women workers from diverse occupations such as garment workers, kite workers, waste recyclers, agricultural workers (sugarcane workers), papad workers and embroidery workers.

During the project period, we developed some IEC materials such as posters, flex banners, hard-bound posters, pamphlets, flip charts and booklets that were used for meetings, exhibitions and training sessions.

A national workshop was organised on the 4th and 5th of April 2013, at New Delhi, attended by over seventy six participants from diverse backgrounds and representing women workers from Gujarat, Maharashtra, Bihar, Delhi and West Bengal. Among them were policy makers, including the Joint Secretary, Health and Family Welfare of the Government of India, experts working on Occupational Health and Safety (OHS), senior officers from the International Labor Organization (ILO) and the World Health Organization (WHO), and senior researchers from the National Institute of Occupational Health (NIOH).

Some of the key presenters at the workshop were Dr Barry Kistnasamy, a senior policy-maker and Executive Director of the National Institute of Occupational Health, South Africa, Dr. Vilma Santana, Professor of Occupational Health (OH) at the University of Bahia, Brazil, who is steering an integrated program of environmental and worker's health, and Durban-based Prof. Frances Lund, Director of Social Protection of Women in Informal Employment Globalizing and Organizing (WIEGO), an international network of policy-makers, researchers and activists working with women in the informal economy. Their experiences and efforts in their own countries provided a rich learning experience on the role of government in addressing Occupational Health (OH) for the informal sector. Also present was Dr. Rolf Schmachtenburg, Director – Deutsche Gesellschaft für Internationale Zusammenarbeit – (GIZ) responsible for the German government's technical support programs in India.

The workshop was inaugurated by Dr. K. Srinath Reddy, President of Public Health Foundation of India, who emphasized the need to adopt a rights-based approach to seek universal health care and further ensure the inclusion of OH issues. The recommendations of this workshop were taken forward for further discussions at the National Advisory Council (NAC).

At the national level, a Working Group on the Occupational Health and Safety of Workers was set up at SEWA's behest by the NAC, the main focus of discussion being workers from the informal economy. The purposes of the meeting were:

- a) Review and examine current policies on OHS from the point of view of all workers, especially those engaged in the informal economy.
- b) Examine the special OHS issues of workers in the informal economy, and especially of women workers.
- c) Recommend policy and programmatic changes for OHS in the country, especially with a view of strengthening implementation of services and programmes at the grassroots level; with unions, cooperatives and other workers' organizations actively engaged in the process.
- d) Recommend how OHS may fit into the proposed Universal Health Coverage (UHC) programme of the Government of India, and also in the current primary health care programmes and services.

The WG was co-convened by Ms. Mirai Chatterjee, and Dr. A. K. Shiva Kumar, both members of NAC. Mirai Chatterjee is also the Managing Trustee of LSST.

The WG held three consultation meetings on the subject in which several Central Ministries, State Governments, experts, unions, NGOs and academic institutions participated. Based on these consultations, the Working Group has come up with draft recommendations on the subject. These have been submitted to the Ministry of Labour and Employment, Government of India.

On a number of occasions we organized exhibitions such as the local youth fair organized by SEWA, where over 1000 people visited our exhibition stall, SEWA's Social Security workshop where more than 100 people, including senior government officials participated and learned of our work on occupational health, and SEWA's Annual General Meeting (AGM) with more than 1000 SEWA members. We also exhibited our work to a German Delegation from the accident insurance agency DGUV and their technical support agency--GIZ. These exhibitions helped us to propagate our work not just to our members and women workers but also to other stake-holders as well.

A number of technical organizations and academic institutes from around the world approached SEWA's Lok Swasthya SEWA Trust to observe and understand our occupational health programme and its activities. Students from California Institute of Technology, Centre for Environmental Planning and Technology University (CEPT University) based in Ahmedabad, Indian Institute of Public Health (IIPH), Gandhinagar, and Indian Institute of Technology (IIT), Gandhinagar, visited the communities to interact with women workers belonging to different trades. These exposures helped them gauge the problems faced by women workers of the informal sector and the need to address issues of OHS. This further encouraged them to explore new avenues to work on.

In addition to this, senior officials from LSST met the Additional Labour Commissioner and the Deputy Commissioner of Labour Department, Gujarat. This meeting focused on SEWA's work with regard to occupational health and Gujarat government's initiatives in this area. Meetings were also scheduled with the Joint Secretary of the Ministry of Labour and Employment in Delhi. The meeting had a very positive impact on the OHS programme and provided direction for the way forward.

The Occupational Health project was integrated into the health programme of SEWA's Social Security Team. Since the implementation of this project, our team of grassroots level women health workers have taken up occupational health as a major focus area. Issues related to occupational health and safety have taken centre-stage in all our health education and awareness sessions as well as exhibitions.

3. Impact Assessment Study of Social Security Programme

The Gujarat Institute of Development Research conducted a study to assess the impact of SEWA's health, insurance and child care programmes in Ahmedabad city, two talukas of Ahmedabad district and Surat city. This study was funded by the Packard Foundation. The study, 'SEWA's Interventions in Gujarat to Enhance Social Security of Members and their Families: Some Lessons' by Dr. Leela Visaria and Dr. Rudra Narayan Mishra brought out the following:

Health Trainings:

- a) Training provided by the trainers, to both rural and urban populations made some difference in their awareness and access to health services.
- b) The presence of Arogya Sevikas (Health Workers) and participation of women in the health training seems to have made some difference in dissuading women from delivering children at home.
- c) Majority of the women (Over 70% in Sanand villages and over 80% in Dhodka villages) who participated in health training imparted by SEWA, initiated breast-feeding within three hours of birth.
- d) It was found that a significantly greater proportion of women who were exposed to health training were more willing to allow their daughters to pursue higher education, or let them study as much as their sons, as compared to women exposed to training from control areas.

Recommendations:

1. SEWA needs to go beyond creating health awareness and address some age old, deep-rooted traditions that hamper initiation of early breast-feeding, and institutionalised birth.

2. SEWA trainers need to find out specific needs or concerns of women and mould their training around those issues, even if they deviate from the standard health issues.
3. SEWA's team needs to review and reflect on the relevance of its health education; enhancing or altering it to suit women's needs, and arranging the training sessions according to workers' convenience.

Adolescent Girls' Training:

- a) SEWA's health education programmes for adolescent girls has been quite popular, especially in rural areas where on an average 15-25 girls per village attended the sessions quite regularly.
- b) While they absorbed and retained information on menstrual hygiene and reproductive health, including family planning; their household situation was not always conducive to allow them to put in practice what was taught to them to be able to take care of their needs.
- c) A strong need was articulated by girls during focused group discussions on the need of more information regarding issues which baffled them, such as safe sex and how to interact with boys.
- d) SEWA's interactions with young girls need to include discussions on issues, which are on the minds of young girls; sessions on such issues would be very timely and useful for the girls in order to allay their misconceptions and fears.

Childcare Programme:

- a) In the Child Care Centers that we visited, we found the children well adjusted and enjoying playing, listening to stories, singing songs and best of all, enjoying the hot meals served for lunch.
- b) Mothers were happy as they were able to work because their infants and toddlers were safe and well cared for in the hands of the Balsevikas.
- c) This confidence in the Balsevikas gave mothers of young children an opportunity to work longer hours and augment their earnings.

- d) The teachers were dedicated to their work by and large and showed a lot of patience towards the children.
- e) Hygiene needs to be improved and addressed in the refresher training provided to the teachers or Balsevikas.
- f) The other concern was the limited availability of space at the centers which imposed restrictions on the mobility of the children, and also on the activities the teachers could conduct with and/or for the children.
- g) While the teachers indicated without any reservation that they enjoyed their work and their interactions with SEWA supervisors, they expected more remuneration.

Insurance:

- a) There is a need to widen the scope of covering expenditure on out-patient care and regular medical check-ups, to reduce the expenses on management of chronic diseases.
- b) One concern evident from the responses of people we interviewed was the low rate of claims submissions, compared to the rate of hospital admissions.
- c) 60 per cent of rural respondents and 54 per cent of urban respondents had to borrow money from relatives or others despite having insurance cover, in order to pay for the non-reimbursable expenses.
- d) SEWA's insurance scheme for poor women needs to be applauded because it is one of the model schemes towards the universal health insurance scheme, now implemented by different state governments of the country and is a precursor to the National Health Insurance Scheme, known as Rashtriya Swasthya Bina Yojana (RSBY).

On completion of the study, LSST organised a workshop titled 'Organising for Social Security: Some Learnings and the Way Forward'. The workshop brought together representatives from the government, civil society organizations, academics and donor organizations. The workshop aimed at generating discussions on the role of women-led membership-based organizations in addressing the vulnerability of poor families, and on

existing and potential partnerships. The findings of the study were shared with the participants and their inputs and feedback have helped LSST to develop future strategies and partnerships.

4. SETU Africa

The aim of this project is to replicate SEWA's work in India, of organizing women for collective action, in South African countries with support from the Government of India (GoI). The GoI and SEWA along with local African organizations are undertaking activities in livelihood promotion, financial services, social security and capacity building in South Africa, Ghana, Senegal, Tanzania and Ethiopia, learning from SEWA's integrated approach, since 2012.



The major activities during this year were:

- a) Health and Child Care team members visited South Africa and Ethiopia to understand their ground realities, to get a community perspective on different aspects of local people's lives and their struggles and to understand the socio-economic context of the region.
- b) Review of the Setu Africa programme by the senior team.
- c) Meeting with Ministry of External Affairs to appraise them about progress till the fourth quarter and to expedite release of the next section of funds.
- d) Exchanging ideas with partners in Ethiopia and preparing for a visit of the ILO team to SEWA.
- e) Meeting with Her Excellency, Ambassador of Ethiopia to India, at New Delhi.
- f) Exposure visit of the team from South Africa and Ethiopia to India.

5. Child Care Programme

For the Child Care Programme of LSST, Dalyan Foundation, Sunya Foundation, Mrudulaben Sarabhai Trust and Shri Drupad Adenwala contributed financially towards 11 of our Child Care Centers. Early childhood care and education are critical aspects for overall development of children and therefore, a number of activities are organized to ensure physical, mental and social development of our children. This year various activities were carried out in these centers with a total of 360 children.



Nutritious Food: Children at the Child Care Centres are given healthy and nutritious food that is freshly cooked and served hot at lunch followed by healthy snacks during the later part of the day. Growth monitoring of the children is done regularly at the centres by our child care workers. The feedback from the mothers has been positive in acknowledging that their children have started eating everything, and have begun to do many things by themselves.

Parents' Meetings: Parental participation is an important part of a child's growth and development as children spend a lot of their time in the presence of parents and learn both consciously and sub consciously from them. These meetings are held to encourage the parents to take a keen interest in their



children's activities at the centre and in their development. These meetings also present a monthly progress report of the child so the parents are able to track any changes in their children and are able to identify areas where they might be able to help. During these monthly parents' meetings, topics concerned with children's development, such as role of fathers in child care, water borne diseases, illnesses specific to women and children's

physical and mental growth are discussed. Parents actively participate in the meetings and attend them regularly.

Our experienced doctor is present during these meetings to address the queries of the parents and to provide guidance and counseling for children's well being and development.

Meeting with Fathers: We have realized that for the development of children, father's participation in their children's life is quintessential. To increase the participation of the father, a quarterly fathers' meeting is organized, where topics like father and child care, addiction, and its impact on child and incidences of cancer due to addiction are discussed. There has been a positive response from the fathers who have now started showing more interest in the development of their children.

Social Development of Children: Along with healthy growth and development of the young children, our focus is also on their social- development. Thus, our child care centres aim at reducing prejudices and are open to all religions. Here, the children are taught to eat and play together and learn to value all religions and communities. Every centre celebrates all festivals like Diwali, Eid, Christmas, Utrayan (kite flying) and so on, simultaneously teaching the children to respect all religions and traditions. This has helped in forming bonds between the children, their parents and their communities.

Fun while you learn: Along with education the centre organizes different activities like educational field trips, Bal-mela (children's fair), art and craft workshops and many other activities for the children which encourage them to participate in co-curricular activities. Innovative learning methods are used to teach children the basics of alphabets and counting. The children were also taken for picnics under the supervision of the Balsevikas.

Bal-mela (Children's fair) was organized at Balwantraai Hall, Kankaria on 16th December 2013 where parents, staff and community members participated. The children got involved in different cultural activities like dances, songs, skits, games and various other competitions. One of the aims of such activities is to help children fight stage fear and strengthen their self confidence.

Parents' Sammelan: Parents' sammelan is a large gathering of parents of the children who are enrolled in our child care centres. These sammelans are organized ward-wise and parents of different centres come together at one place. At these gatherings, a give and take of information is practised by taking up important topics like gender differentiation, father's role in child's up-bringing and de-addiction. We leave the floor open to allow parents to bring up their various concerns and also share with each other the various changes they have observed in their own children. This way the parents are able to support each other and even answer each other's queries on some occasions. Participation of the parents in these discussions is remarkable.

Graduation ceremony: The kids attending our childcare centres are brought up with love and care by our Balsevikas. Our kids stand out from other kids who join school due to their confidence and self reliance. A farewell programme is organized for the kids of these centres during May, after which the kids who complete their education at the centre are enrolled in formal schools. The kids at the centre get a strong foundation to start their formal education in the school. The kids who graduate are given a certificate and a memento through local donors and parents who provide their support and contribute to this ceremony.

Other Health Activities: Each child at the Child Care Center is regularly weighed and vaccinated. The heights and weights of the children are closely monitored in the centre. The Balsevikas are trained to maintain the records of each child. Through Government linkages the centres participate in Mamta Taruni Divas where the children are linked with government health programmes. These Child Care Centers work closely with parents and local families to carry out health-related activities. The Balsevikas go door-to-door educating the community and linking them to the Government schemes, educating the community and the people and assisting them to avail different services- some community extension programme initiated by us.

Diabetes camps and eye camps were organized through which people got screened and tested. Sessions on health education for adolescent girls were also organized. Children are

actively engaged in discussions about gender equality, cancer and disadvantages of addiction. General knowledge about the female reproductive system was provided to school girls.

Capacity-Building of Balsevikas: Balsevikas participated in a training organized by 'Nai Sanstha' which helps to develop play materials from waste and undertakes other constructive activities. Training on growth monitoring and nutritious food was organized for the teachers of ICDS centres. Both in-house and external trainings are organized for the teachers to keep them updated about current developments with regard to the growth of children.

6. Education Programme

Yasin Khan Pathan is a child studying at one of the Balsewa child care centres in Amanchowk. Her mother is a member of SEWA and has been associated with the child care centre at Amanchowk for many years. Rizwanaben is a home-based, readymade garment worker, with five children; all of whom studied at the Amanchowk Child Care centre.

Exposure Dialogue Programme

In the year 2011, an Exposure Dialogue Programme (EDP), was organized through which some German guests visited Rizwanaben's home. They saw the condition of their house and learnt of their hardships. Munirbhai, her husband, was unable to get full-time employment due to a serious heart condition. Afreen was the only earning member of the family and she was assisted by her mother Rizwanaben in sewing garments for livelihood.

The guests were deeply influenced by the poor condition of their home. Jean Louis De Montesquiou and Christine Schuebel agreed to take on the responsibility of educating their children by covering their school fees, books, additional tuition fees, and any other expenses related to their education for the next 10 years. In the year 2013- 2014, Rs. 29,200 was spent towards the education of these children.

As a result, Afreen was able to take sewing lessons to further her skills with the help of the aid provided by the EDP guests. At present Afreen has completed her sewing lessons and is now sewing from home. Nagma, Muskan and Yasin are studying in 9th, 7th and 3rd standards respectively.

Rizwanaben is able to take care of the house and all of the children, while also being able to carve time out to assist her daughter in the sewing and tailoring activities. The house runs on the income generated by the joint efforts of Afreen and Rizwanaben.



Rizwanaben and Nagman helping Afreen



Afreen with her daily sewing work

7. Sankalit SEWA

This project in the tribal belt of South Gujarat, in Vyara block of Tapi District, works as an integrated model of organizing women for collective action and providing services. Through Sankalit Sewa, various activities were undertaken by our health workers in 30 villages. These health initiatives primarily focused on access to preventive, promotive and curative health services.

Health education and awareness building exercises were initiated through door-to-door education activities in 30 villages, covering around 6000 households (i.e. 30,000 people). Further, the CBTs (Community-Based Trainers) have undertaken 322 group level health trainings over the last year, generating a cumulative of 5696 health training person days in 30 villages. These training programmes focused on issues of nutrition, anemia, sickle cell anemia, leptospirosis and malaria. About four of these training programmes have been organised with 86 adolescent girls in schools and one on occupational health with sugarcane farmers in the village of Chapawadi.

About 8 training programmes were organized during this year, for adolescent girls, taking the total number to 12. Around 9 adolescent girls also participated in the Yuvati Mela (fair for young girls) on 'Gender-Based Violence', organized by the Mahila Sewa Trust in Ahmedabad. In addition, a group of 6 adolescents (3 boys and 3 girls) participated in a youth workshop at Ahmedabad to help design strategies for working with adolescent groups.

Poster exhibitions on reproductive health, nutrition issues were taken up in 16 villages, reaching out to 467 families. In addition, 17 diagnostic camps-cum-exhibitions were organized this year in which 1287 persons participated. These were held with a focus on basic health issues such as oral hygiene (9), gynecological problems (4) and eye problems(4).The gynecological camps were being organized in collaboration with the local Primary Health Centres (PHC), which not only provides logistic support or/and camps but

also free medicines. Further, Medical Officers of the PHCs also serve as first referral point for patients with gynecological problems. This issue has been gaining more attention, as the focus of the group health trainings in the last quarter of 2013-14 was more on pre-menopausal issues, ovarian and cervical cancers.

Systems for Regular Screening of Sickle-cell Anemia and Early Detection of Tuberculosis and Leptospirosis

To encourage women to seek health services, we are working towards promotion of regular screening and early diagnosis. The strategy is to begin with diseases which affect women more, such as gynecological problems, before moving on to other problems such as sickle-cell anemia and tuberculosis. For leptospirosis, the focus has been on generating awareness through training programmes and follow-up, as part of the door to door education undertaken by our Arogya Sathis.

Occupational Health Promotion

Another focus area of the health programme in Tapi district is the promotion of occupational health. The first step towards in this direction has been to identify the issues of sugarcane farmers in this area. After understanding their needs, a special light weight prototype of a sugarcane cutter was developed and tested in the previous year. This year the focus was on spreading the use of the cutter.



Around 200 sugarcane cutters have been sold during this year through our health workers.

Referral Care Networks with Public and Private Health Care Providers

As mentioned above, the girls and women identified from the health camps were linked with referral services at the local government and private hospitals, with support of the local health workers or our Arogya Sathis. The whole process was facilitated as part of an internship study by a Masters student from Tata Institute of Social Sciences (TISS). The study not only mapped the various pre-requisites for referral activities but also charted the way forward for setting up of referral care networks in Vyara block of Tapi district.

Access to Low Cost Medicines

We are working towards developing an Ayurvedic medicine and first aid kit for health workers as a demonstration activity in a few villages. Once the results are visible, the same model will be replicated to other villages. Early results indicate a growing demand for Ayurvedic medicines. In the last two months of the year, more than 12000 rupees worth of Ayurvedic medicines have been sold in Tapi district (including at a local fair of Gandhian organizations called Gandhi Mela).

Strengthening Government Linkages

Five villages have been identified as part of the first phase of strengthening the Village Health, Sanitation and Nutrition Committees (VHSNCs), also called Gram Sanjeevani Samitis in Gujarat. Currently, the focus is on identification of possible members of the committee and developing a system of interaction between the health workers and the committee members. Discussions are on for finalising the systems for enabling community-based monitoring of Rashtriya Swasthya Bima Yojana (RSBY), the government's national health insurance scheme and the Integrated Child Development Scheme (ICDS).