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Lok Swasthya SEWA Trust



LOK SWASTHYA SEWA TRUST

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Introduction

The Lok Swasthya SEWA Trust (LSST) is in its eleventh year of serving the social security and related needs of women workers of the informal economy, planning and setting up various programmes keeping in mind long-term sustainability. This orientation has been fostered by SEWA from its very inception. Our focus had been to reach out to our members, informal women workers, with various services to ensure their wellbeing in a sustainable manner. Taking forward the efforts of the past decade the year witnessed programmes that primarily focussed on health, child care, insurance, livelihood, capacity building, programmes for adolescents, strengthening partnerships with the government, private and international organisations, strengthening various membership-based organisations promoted by SEWA and supporting national and international campaigns to voice the rights of our members.

The efforts revolved around key strategies to achieve our goal of full employment and self-reliance for informal women workers. While ensuring social security, LSST enabled women workers and their families to have access to life-saving health information, prevent illness, obtain various services when required, and ultimately lead healthy and productive lives.

In the past year, LSST worked in four blocks of Ahmedabad district, 20 wards of Ahmedabad City, Dehgam block of Gandhinagar district, 2 wards of Surat city and Vyara block of Tapi district in South Gujarat. Through various programmes the members and their families were reached out through;

- a) Organising (encouraging membership into SEWA Union)
- b) Education and awareness
- c) Health Camps
- d) Referral Services
- e) Linkages with government programmes
- f) Promoting insurance by VimoSEWA (SEWA promoted insurance cooperative)
- g) Promoting sale of ayurvedic products and generic medicines through SEWA's health cooperative

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

District/City	Block/Ward	Village/ Chali	Households	Population
Ahmedabad (Rural)	Dascroi	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,Uchchal,Nijar, Songadh, Valor	50	14,451	72,253
Gandhinagar (Rural)	Dehgam	15	11,780	58,910
Surat City	Pandesara/Navagam	30	13,228	63,245
Ahmedabad City	14 Wards	35	15,000	75,000
Child Care Centres (Ahmedabad City)	7 Wards	13	5300	26500
Total	10 Blocks 20 Wards (3 Wards common for Health and Child Care)	140 Villages 75 Chalis (3 Chalis common for Health and Child Care	1,03,454 (1200 common for health and child care)	5,14,402 (6000 common for health and child care)



Meeting at SEWA Shakti Kendra

Tuberculosis-Urban Slum Scheme

Under the Revised National Tuberculosis Control Programme (R.N.T.C.P), LSST is working for the Awareness of Tuberculosis (TB) in the slums of Ahmedabad city with the support of Ahmedabad Municipal Corporation (AMC). The programme is implemented in Asarva which is a densely populated area in the North Zone of the Municipal Corporation with a majority of the people belonging to the Patni Vaghri community. This area also houses many migrants from Uttar Pradesh, Madhya Pradesh, Bihar and Rajasthan. Majority of the people are factory workers, vendors and labourers with low levels of literacy. Although most of them are earning well, a large number of them being addicted to alcohol are left with no savings. All these factors contribute to tuberculosis being rampant in this area.

WARD	CHALI	TOTAL HOUSES	TOTAL POPULATION
2	15	4000	20,400

Through this programme awareness and referral services are provided to twenty thousand people of Asarva ward in Ahmedabad city. Since the past few years the number of TB cases particularly M.D.R. (Multi Drug Resistance) and X.D.R (Extreme Drug Resistance) has been on the increase. Therefore, during awareness sessions, emphasis is given on completion of treatment and not to ignore scheduled follow-ups. The activities also focus on the significance of nutritious diet, vaccinations, ill-effects of addiction particularly in the context of tuberculosis, how HIV positive individuals have greater chance to be infected with TB, and that TB patients with non-communicable diseases like blood pressure and diabetes should take extra care.

Sr. No.	Activities	No. of Groups	Total number of people
1	Door- to- door education	0	15643
2	Area meetings	63	1868
3	Exhibitions	25	847
4	School Education	10	561
5	Rallies	11	244
6	Mamta Diwas	29	674
7	Referral	0	62
8	Help in availing Government Benefit	0	10



Exhibition for TB Awareness



Education session on TB for school children



Area Meeting in Asarva

Awareness sessions focussed on what is Tuberculosis (TB), the signs and symptoms, how it spreads, nearest health centre where free treatment from Government is available. Different activities and mediums like posters, pamphlets, films, rallies and games were used to effectively impart the information.

It was also observed that 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 affects of addiction on TB patients.

Realising the need to create awareness on TB very early in life children and young people were encouraged to participate in rallies organised in the community with catchy and easy to comprehend slogans developed to convey messages on TB to the larger community. Additionally, groups of children in the neighbourhood schools are also provided information about vaccination and its importance for healthy life. On Mamta Diwas pregnant women and

adolescent girls are also regularly contacted for information on prevention and care. All in all, efforts to spread the messages across the community, the vulnerable groups and on important issues are being made in Asarva ward.

Currently there are 13 tuberculosis patients in this area out of which 8 are in category 1, two in category 2 and 3 MDR patients; who are undergoing treatment. During the year 15 TB patients were cured, 2 were defaulters and 2 deaths of TB patients were also observed in the area.

Occupational Health of Informal Women Workers

a) Education and Awareness

During the year women belonging to different trades like garment workers, kite workers, embroidery workers and agricultural workers were reached to create awareness about the health issues related to specific occupations, how it can be prevented and what measures need to be taken when health issues affect their work patterns and responsibilities. Occupational health and safety of our members has been a major focus for LSST from the very beginning and over the years has emerged into an integral part of our health programmes. The programme aims at prevention of occupational health issues and maximise the productivity and income of these workers. This is achieved through activities organised at the community level where maximum number of women can participate and in timings that suit them. These include door-to-door contacts, area meetings and exhibitions.

During the home visits and area meetings discussions on health complaints like aches and pains is done and home remedies like simple exercises are provided. In the past LSST has designed and developed ergonomically various tools like chairs for garment workers, table for kite workers, frame for embroidery workers and knife for sugarcane workers. During these meetings the LSST also promotes the use of these tools.

Sr. No.	Activity	Meetings Conducted	No. of women workers participated
1	Area meeting	50	1411
2	Exhibition	52	2120

Periodically yoga sessions are organised by the team for groups of women who have found this very useful and many do yoga at home, whenever possible. Regular follow-up visits to the homes of women who are using the tools helps in assessing its impact and promoting the tools through them to other women in their locality.

The exhibitions that are organised have been quite popular. Focus group discussions were conducted to assess the impact with the following results;

- 83% of the people said that they learned something new from the exhibitions
- 64% of the people said they started to understand the side-effects of their respective occupations
- 40% of the people started some exercises while working
- 30% of the people changed their working postures
- 67% of the people said they attended an exhibition on Occupational Health for the first time



Area meeting on Occupational Health

b) Workshop on Occupational Health and Safety of Construction Workers

A workshop on Occupational Health and Safety (OHS) of Construction Workers was organized by the Lok Swasthya Sewa Trust in collaboration with the German Accidental Insurance Company (DGUV) and BG BAU. The workshop, scheduled on the 7th and 8th of September, 2015 brought together around 25 participants that included construction workers, employers, unions, Labour and Employment Department of the Government of Gujarat, Construction Workers Welfare Board, and researchers engaged in cutting edge research on OHS. The construction workers from different states like Madhya Pradesh, Bihar and Gujarat brought out the major challenges they face and the diversity in the implementation of government schemes and policies in different states across the country.

The workshop aimed at promoting and enhancing the mutual understanding in the field of safety and health in the construction sector and social insurance through the exchange of experiences between India and Germany. The exchange of best practices in the realm of occupational health and safety by DGUV and BG BAU would assist in developing innovative practices to serve the health and safety needs of the workers.

The workshop was organized to create a discourse on occupational health and safety, especially among the workers who remain unaware of the threats and risks they are exposed to at hazardous working sites. Moreover, an exchange of learnings and experiences from different states could be leveraged by state labour departments to improve efficacy in implementing schemes. The workshop focused on bringing together concerned stakeholders to arrive at a comprehensive list of recommendations with actionable insights for improving the current occupational health and safety scenario in India. These recommendations would serve as an action plan for the government, non-government organizations and unions geared towards establishing an inclusive social safety net for the most vulnerable section of workers in India.

Common problems with regard to Occupational Health and Safety

While certain laws are in place for safety of workers at the worksite they are not implemented much like the other states. Worksites are ideally supposed to be registered and should have safeguards for the workers, insurance and to provide crèches. But only the bigger sites get registered, and even they are rarely concerned about the safety of the workers. By and large, smaller contractors are hired by larger companies and builders who, in turn, do not adhere to all the safety norms.

Common problems across states

The workers themselves are often not educated much, if at all, and have little or no knowledge of their bodies, and of safety precautions. This leads to them being unaware of the need for precautions for their own benefits and that of their families. Moreover, most of them feel less productive and efficient while using safety gear. Thus, they are concerned about not getting wages or not getting hired by the contractors.



Lack of Crèches

In the states of Bihar and Madhya Pradesh women reported non-availability of crèches for women who have young children, forcing them to take their children along with them to work thus exposing them to not only dust and toxins but also injury, as hardly any safety procedures are followed. Unavailability of crèches also impacts the children's education adversely as young children need constant care and often mothers don't have the time to leave the children in school.

In Gujarat, however, SEWA has been running crèches for the children of informal workers which are handled by informal women workers themselves, after they have received adequate training. It is important to note that the government regulations require worksites with more than 15 women to have crèches. However, this rule is not being implemented.

Ideally the children are supposed to be left at government run Anganwadis. However, the biggest problem with these centers is the timings. Anganwadis are either closed, do not run properly or only for limited hours (from 9.30 am to 3 pm) which is unsuitable for workers, as they have long work days.

Lack of legal literacy

The representation of construction workers or unions on the welfare board is low or doesn't exist. Due to low awareness of legal rights, accidental cases do not usually reach the welfare board and are settled out of court by the contractor or builder paying some meagre amount to the affected worker. This barely takes care of the treatment cost or of the wages lost due to the injury or disease. The lengthy process of availing legal justice in itself is a deterrent for the workers.

Problems regarding personal protective equipment (PPE)

A glaring problem is the sheer lack of equipment from the contractors or builders who provide them, thus putting most of the construction workers at huge risk for occupational diseases and injuries. Other reason due to which workers don't want to wear helmets stems from the fact that they are too hot, since they are not manufactured to suit the climatic conditions in different parts of India. The same is true with other PPE which have to be adapted based on the feedback of workers themselves.

The use of PPE is also restricted because wearing them directly affects the productivity of the workers. For example, women reported inconvenience in wearing gum boots.

In general, the majority of the workers are not aware of the various schemes the government has provided, and thus cannot even think about availing them. The lengthy and difficult process of registration deters many of them from getting cards without which they can't avail schemes even if they know about them. Some workers have incomplete knowledge of schemes thus they do not get the full benefits.

The Way Forward

The comprehensive list of recommendations below was arrived at following deliberation and discussions among stakeholders. It was agreed that they must be taken to trade committees and state welfare boards by SEWA leaders from different states. In these states, registrations should be carried out with the assistance of unions and cooperatives like SEWA and other

unions, as well as NGOs, so that outreach can be increased. SEWA could, moreover, leverage its relations with primary health care centres to ensure that occupational health screening is carried out with their support in communities where workers live and work sites. SEWA would initiate a dialogue with the board to explore future partnership in areas like child care, education and awareness, health and screening camps, implementation of PPE and registrations of construction workers in Gujarat. In Madhya Pradesh and Bihar SEWA would meet with the government authorities to share the recommendations and some good practices that can be adopted in both the states.

A committee, involving multiple stake-holders including construction workers, labour departments of various states, builders, contractors and non-government organizations, as discussed in the workshop would be discussed and set up to develop a holistic framework for promoting occupational health and safety for construction workers in India.

Recommendations

The recommendations that emerged from all the participants are outlined below. These recommendations will be shared with the Construction Workers Welfare Boards of Gujarat, Madhya Pradesh and Bihar, with unions and employers and contractors, and their associations.

1. Registration

- ✓ The provision of identification cards for workers should be time-bound and efficient. The demand for multiple documents has proved to be a deterrent for many workers approaching the welfare board for registration. Additionally, barriers to registration such as the mandatory requirement of a 90 day employment certificate to be provided by the employer should be withdrawn. Instead, self-attested or union-attested documents should be considered by the welfare board.
- ✓ It has been observed that lack of registration is an impediment to ensuring that workers receive entitlements. Registration drives should be organized by the government at work sites, homes and street corners where workers stand to obtain work (called nakas or chourahas) to increase registration and hence, outreach. The government should collaborate with unions, cooperatives and non- government organizations which have a presence among the construction workers. Moreover, it is essential that builders and contractors be included in this endeavour, as registration drives could also be carried out on construction sites with their cooperation.
- ✓ The date and timings of registration drives should be shared with all the stakeholders to ensure large number of enrollments.

2. Health education and awareness

The welfare board should encourage health literacy among workers by organizing campaigns and health literacy drives. Strategies used by the government such as use of hoardings and audio announcements on radio should be supplemented with door-to-door campaigns or group meetings, to disseminate information regarding welfare benefits provided to workers under various government schemes. The welfare board should also carry out such drives at construction sites and near their homes.

3. Diagnostic Screening Camps

- ✓ Diagnostic screening camps should be organized frequently for the construction workers. Registration could be carried out during health camps organized by the welfare board. Towards this end, collaboration between the welfare board, unions and other organizations, contractors and builders should be established.
- ✓ A lack of knowledge on occupational health issues has been observed at Primary Health Centres of the government. These issues are not integrated into primary health care. Therefore, it is imperative that the existing public health system be linked to efforts aimed at improving occupational health. Staff members of Primary Health Care Centres should be provided an orientation on occupational health risks and threats faced by workers. This would ease the process of diagnosing and treating illnesses that are associated with specific occupations.
- ✓ Gynaecological camps for screening and diagnosing reproductive health problems should be organized for women workers.

4. Welfare Schemes for Unorganized Workers

- ✓ While welfare schemes have been devised by various state governments, workers remain unaware of the benefits to which they are entitled. Hence, effective education and awareness campaigns on labour laws, schemes and related legislation (like the law on sexual harassment at the workplace) should be organized.

5. Provision of Personal Protective Equipment (PPE)

- ✓ PPE should be improvised to local needs, particularly weather conditions, to ensure that they are used by workers. Moreover, provision of safety equipment for workers should be stringently imposed on contractors and builders. A pilot study can be carried out to see the kinds of safety equipment most suitable for use by workers by getting their feedback and developing suitable equipments.

- ✓ Since there are various behavioral problems associated with the adoption of safety equipment on work sites, awareness sessions imparting the importance of using equipment and proper use of equipment should be organized.
- 6. A **meeting between inter-state board members** should be organized so that state labour departments could learn and borrow from the experiences of their counterparts in other states to simplify registration process for construction workers, develop holistic schemes aimed at improving work conditions and social security of informal workers, and strengthen existing schemes to increase their outreach to millions of urban and rural informal workers, especially women.
- 7. Welfare Boards should launch **skill upgradation programs** especially geared towards women to increase their occupational mobility. Certificates should be provided after the completion of training so that workers have access to skilled work and higher incomes.
- 8. The Welfare Board should organize **sensitization sessions on OHS to contractors and builders** as well as on various welfare schemes introduced by the government from time to time and ensure stringent enforcement mechanisms to put them into practice.

9. Child Care

- ✓ While the Gujarat Construction Workers Welfare board has initiated the setting up of child care centres, other state governments should also establish day care centres on construction sites to ensure that children of construction workers are not exposed to hazards and risks.
- ✓ The existing ICDS system of anganwadi centres needs to be strengthened. The welfare board should direct funds to anganwadi centres so that the timings of these facilities could be extended to match with the work timings of informal workers.
- ✓ Centres should be run by cooperatives and women's groups which have a considerable experience of running day care centers. Unemployed women on site could also be trained to operate child care centres.

10. Migrant Workers

- ✓ Schemes devised by state governments should not be limited to informal workers belonging to the particular state as this leads to exclusion of millions of migrant workers from government schemes. Provisions for the registration of migrant workers should be carried out as they often fall out of the government's purview.

- ✓ Sanitation, drinking water and housing needs of migrant workers need to be addressed.
- ✓ It was suggested that buses for picking and dropping migrant worker's children to schools should be provided by the board. As the work schedule and school timings clash, the children of migrant workers do not go to school because parents do not get the time to drop them to school and later pick up them up from school.

Education Programme

Mohammed Munir Pathan is living in Juni chali, Garibnagar area of Bapunagar with his family. Mohammed Munir is married to Rizwana Pathan. They have 3 daughters and a son. Mohammed Munir and Rizwana are struggling very hard to provide quality life to their children. Like all other parents they wish to provide the best facilities to their children like good education, nutritious food, clothes, and a clean place to live. But their financial circumstance does not permit them to do so. Every single day is a struggle and they haven't given up!



Rizwana and her family

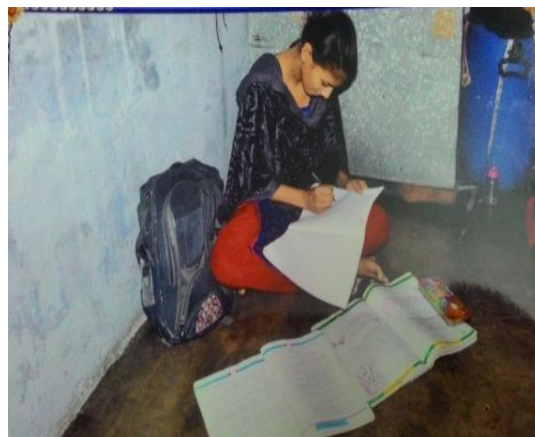
SEWA's Exposure Dialogue Programme (EDP) with participants from different parts of the world enables the participants to engage with informal women workers and experience their lives and day to day challenges they have to overcome. In 2011 guests from Netherlands spent two and a half days with Rizwana and her family. After the EDP the colleagues from Netherland decided to take up the responsibility of educating Rizwana's children till the youngest child of the family appeared for the 10th std. exam. Since then two of Rizwana's children, younger son and daughter study in a private school.

This changed their lives and the parents also wanted to do something for their older daughters who could not to go to school and were left to do the household chores. Rizwanaben and her husband started to realize the mistake they did by not sending their older daughters to school and to make amends they decided to send them for sewing classes. Here again the guests from Netherland supported the vocational training classes. Today the girls earn by sewing garments. Rizwana is also able to manage the house by stitching and sewing.

Whenever anyone meets Rizwana she says, "I am so grateful to SEWA. Today my children study in a private school and my two daughters are also able to earn. During my husband's illness we got the support from the two guests who stayed in our house. Whatever happened to me and my husband is a story of the past. Our children will definitely have a secure future".

Nagmabanu is the youngest daughter in Pathan family. She is very clever. She has set an example for the entire family by studying hard and securing good grades. She also keeps track of the monthly expenditure of their house like maintaining records of monthly supplies, payment of bills, monthly savings, etc. At such a tender age she has learned to take so many responsibilities.

She has appeared for the 10th board exam and waiting for the results. During 8th and 9th standards the curriculum included computer training which she enjoyed and put in a lot of efforts to learn as much as possible. This she knows will help her in future. Just like all young girls like her she also has some ambitions. She wants to be a teacher and wants to dedicate time to provide free education to needy children. She says, "I know the value of education and how it can change one's life." She feels every individual has a right to be educated. She is also of the opinion that education is necessary for a secure future.



Nagmabanu, 15 years old in 10th Grade

The family is now working hard to at least educate one child even after 10th grade. With their meagre earnings it will be difficult to send all of them to college. But they are content with the strong support and backing of their sponsors. The foundation laid will definitely go a long way to build the future of Rizwana's children.

International Campaign for 'Right to Child Care for Informal Women Workers'

Focus group discussions (FGDs) were conducted with women workers in the informal economy residing in Gujarat, India. These FGDs were conducted in the context of unions and women's organisations demanding child care as a right of informal women workers for almost 30 years now. In particular, the SEWA-promoted organisation, Women in the Informal Economy Globalising and Organising (WIEGO) has started a Child Care Initiative (CCI) with informal women workers and their organisations, seeking to shift childcare from the periphery of global social policy to the centre, so that it is seen as part of a core set of social services and as a core part of social security.

These FGDs were conducted in the areas where SEWA's child care cooperative, Sangini, has been running child care centres. This cooperative is owned and run by informal women workers to serve the child care needs of women in the informal economy since last 30 years.

The objective of the FGDs was to understand the different child care options used by women workers in different sectors of the economy, and the challenges that they faced in balancing

their work with child care responsibilities. The focus was on young children under seven years of age.

The FGDs were conducted with four categories of workers in the urban area of Ahmedabad city, and with one group of rural agricultural labourers. These urban workers included vegetable and fruit vendors, domestic workers, *agarbatti* (incense stick) rollers and kite makers. The rural workers were agricultural workers.

The FGD participants ranged in ages from twenty three to forty. The majority, however, were in their twenties. In each FGD, the participants included women who had used or were using SEWA child care centres, women who were using the government run ICDS centres and women who were not using any child care centre. This allowed a comparison of women using different child care options. Almost all the participants had at least one child who was below six years of age.

Short analysis of discussion

The FGDs indicated that full day child care is a critical need for women workers. Despite the variety of work done by the women, the type of child care available clearly impacts the quality and quantity of their work and their overall well-being.

For women whose children are in the **pre-school age group**, there is a sharp difference in the narratives of women who are able to leave their children in full-day day-care, versus those who do not. The former are assured of the safety and well-being of their children, and therefore able to focus on their work, be it inside the home or outside.

Mothers who do not have access to full day child care adopt a variety of strategies. Some of these mothers keep their young children with them as they work, be it in the home or outside. This typically occurs in instances where there is no extended family to help out.

Where child care help from the extended family is available, it is valued and helps provide some support to working mothers. In some cases mothers are comfortable with this arrangement. In other cases they have concerns about the care that the grandparents will be able to provide. In such situations, the mothers experience some anxiety, even though the children are under the supervision of their grandparents.

Another set of mothers of pre-school children use child care for a few hours, such as the services available in the government-run ICDS centres. This gives the mothers some respite, and some undivided time to do their work. However, the working mother still needs to make compromises in her work due to the absence of full day childcare.

Consequently, women who do not leave their children in a full day care centre have to interrupt their work routines to care for their children and as a result have lower earnings.

For children in the **school-going age group**, the situation is somewhat different. Once children start going to school, mothers do not use any child care facility for before or after school hours. Children typically enter school between the ages of 4 and 6 years. They continue to need care by an older person – right from getting them ready, cooking for them, feeding them and escorting them to and from school. Schools typically run for about five hours, either from seven to twelve in the morning or twelve to five in the afternoon. This places a different type of stress on working mothers, who may have to interrupt their work day to feed these children and ferry them back and forth from school.

The women clearly value the income they earn and recognize its importance for the family’s well-being. In a few cases the men do not earn, or have irregular incomes, and the women understand that it is their incomes that keep the household going. Even if the husband is earning, the woman’s earnings are important for meeting the educational and other needs of her children. Being able to make some savings is another important outcome of the women’s income in the home.

Demands in the campaign

The table below lists all the campaign demands. The highest demand was for a full day child care centre that runs from 9 am to 6 pm. The second demand was for good quality food for the children.

CAMPAIGN DEMANDS

	CAMPAIGN DEMANDS	FGD1	FGD2	FGD3	FGD4	TOTAL
1	Centre should be open from 9 - 5/ long hours		1	1	1	3
2	Good quality food for children	1	1			2
3	Be able to take care of child if unwell	1				1
4	All facilities(can we elaborate what all facilities mean) should be there		1			1
5	Predictable and regular hours		1			1
6	Teacher at centre should be caring and teach well		1			1
7	Fee should be reduced/cost should be subsidized			1		1

Conclusion

Women workers in the informal sector invariably have to balance their work demands with those of childcare. Their incomes are essential to meet household expenses, and they make a variety of arrangements to strike the right balance. Very few have options for full-day child care for their children – and the majority end up making compromises of various kinds in the quality of child care and in the amount of work they are able to do. Their arrangements range from leaving young children with grandparents, or taking them to work, or even leaving them at home unsupervised by an adult. In many cases the women need to reduce the amount they are able to work to look after young children.

Husbands may sometimes help with childcare if their work routine permits, but child care is primarily the women's responsibility. The women workers would all like full day child care for their children which is affordable and which provides a safe and clean environment for their children. This would enable them to have a productive work-day without worrying about young children. They all mentioned that they wanted a child care center that was safe, clean and provided good values and learning to their children.

Training of Traditional Birth Attendants

Lok Swasthya SEWA Trust was invited by Save the Children to train the TBAs in Sitamarhi and Gaya districts of Bihar and entered into a partnership in January, 2015 for the same.

Lok Swasthya Sewa Trust (LSST) organized Dai training in Sitamarhi and Gaya to improve their skill set, promote good delivery practices and connect them with existing government schemes and services for maternal and child health.



TBA Training

Needs Assessment

A Needs Assessment was conducted to identify the discrepancies between existing practices of the TBAs and recommended delivery practices. The needs assessment was a prerequisite for the LSST to develop a module for TBA training in Mohanpur block of Gaya district and Riga block of Sitamarhi districts of Bihar.

A meeting with the local Partner NGOs, Agrabami India (AI) and Center for Health and Resource Management (CHARM), was organized to develop a nuanced understanding of local level practices of the Dais or TBAs. From discussions it emerged that while both the organizations supported institutional deliveries, they accepted that the distance of the village from health centers and lack of transportation facilities forced many to opt for home deliveries. The organizations acknowledged that it was pertinent that TBAs be trained to carry out safe, hygienic and modern deliveries to improve the bleak neonatal health scenario in these districts.

Focus group discussions were thus carried out with the TBAs, pregnant and new mothers, and ASHA workers to record their experiences of home based and institutional deliveries. These discussions shed light on prevalent practices followed by TBAs during the antenatal, intra-natal and postnatal phases. The TBAs lacked formal training, relied on traditional methods for deliveries and were losing out on livelihood opportunities due to an increase in preference for institutional deliveries. The TBAs were willing to acquire new skills to further their livelihood as well as decrease risks faced by pregnant women in their care.

From discussions, it emerged that various unsafe practices followed by TBAs while taking care of pregnant women and during delivery like the use of locally available traditional remedies, belief in black magic, superstitions and traditional customs, consulting the untrained health practitioners during pregnancy and delivery, etc. were rampant.

Discussions were also carried out with women who had recently given birth or were pregnant, to understand their experiences of antenatal care, home deliveries and institutional deliveries. The new mothers who opted for an institutional delivery and were going to the hospital for regular check-ups were satisfied with the services offered by the hospital. They registered themselves at the Anganwadi and consequently received benefits of regular immunization and check-up. From their experience they shared that pregnant woman and their family members should keep money, transport facility and contact numbers of the ASHA worker, ANM worker, hospital and doctor handy so that in case of an emergency, the pregnant woman can be taken to the hospital in a timely manner.

They shared that the TBAs take them to the hospital when there are complications or when a premature baby is born, but they also shared that the TBAs should be given proper training to deal with complicated situations.

SEWA training for TBAS

For the purpose of training TBAs in Bihar, two districts were identified, Gaya and Sitamarhi. For both districts a 10 day training course was set up for a total of 64 TBAs, 35 in Riga block of Sitamarhi district and 29 in Mohanpur Block of Gaya district where representatives from the local NGOs, Agragami India and CHARM, were also present during the training period. To train TBAs and the project staff, SEWA partnered with NGOs -Agragami India in Mohanpur block of Gaya district and CHARM in Riga block of Sitamarhi district.

Keeping in mind the issues of lack of institutions for safe delivery and trained professionals, combined with belief in social practices that prove especially harmful and even fatal for new born babies, the course was designed to achieve the following objectives.

1. To enhance the skills of traditional birth attendants on basic obstetric and newborn care (including mouth to mouth assisted breathing), hygienic delivery techniques and provide them with clean delivery kits for every delivery and post natal care.
2. To develop capability of TBAs for early detection of danger signs of pregnancy, high risk pregnancies and to ensure referral in coordination with ASHAs, AWWs and ANMs of the area.

There was the challenge of training women from different villages that was met through ice-breaking sessions within the group. Since the TBAs were not so literate, SEWA designed the course using a variety of pictorial methods like posters, demonstrations, movies, songs, group discussions, group work, role play, flip chart, rubber model of uterus, dummy baby, cards with pictures related to delivery, apron showcasing the reproductive system, anaemia charts, delivery kit etc.

It was essential that the TBAs understand the physiology and anatomy of the human body and thus the same was explained to them using the technique of body mapping which proved to be very interesting and useful. These 10 day courses for both districts covered a variety of topics like human anatomy, ANC, PNC, complications during ANC, INC and PNC, care of the new born, identifying signs of danger in the new born, care of premature baby (safe delivery, referral, kangaroo care etc.), family planning, anaemia, healthy and nutritious food, leucorrhoea/white discharge, menstruation cycle, X and Y chromosomes, pregnancy process, miscarriage and its reasons, tuberculosis, HIV/AIDS, vaccination and the role of the TBAs. A hospital visit was also organized where they were shown the general ward, operation theatre, laboratory, OPD, gynaecology ward, labour room ANC, PNC, new born care, care of premature baby, breast feeding practices and a visit to the Nutrition Rehabilitation Centre (NRC) was organized to understand the care given to the mother and malnourished child. All of this was done to equip them to be able to follow safe delivery practices, give appropriate advice during pregnancy and post delivery to the women and their families.

Follow up with TBAS

LSST conducted a follow up with 63 participants of the TBA training in August 2015. This was done to discern the impact of the training in terms of increase in awareness, skill building and inculcation of good practices in the realm of maternal and child health among the traditional birth attendants. Another important aspect of the survey was to observe whether TBAs facilitated pregnant women's access to government healthcare services.

In the follow up survey, it emerged that a majority of TBAs who had undergone training referred pregnant women to government services. While there is a strained relationship between ASHA workers and TBAs, the referral rates to government services are encouraging. Moreover, the ability of TBAs to identify risk cases has improved substantially. Various good practices aimed at monitoring the health of the child and mother has been imbibed by the TBAs. There has been an uptake of hygienic practices such as washing hands, using antiseptic liquid, sterilizing cloth and so on.

The Dai Kit provided during the training is being carried by TBAs during delivery. However, a large number of TBAs have relied on traditional practices rather than using the components of the kit. Thus, the usage of the kit needs to be promoted among them during subsequent trainings.

Post-partum care provided to both mother and child has improved. TBAs closely observed and monitored the condition of the mother and child. In case of complications, institutional care was recommended by the TBAs.

Follow up with mothers

A visit was scheduled to meet with some of the mothers to see if there was any change in the delivery practices. One of the biggest outcomes of the TBA training course can be seen in the fact that most of the families responded in the affirmative when asked if they felt a change in the manner of the TBAs post the training. It was noticed in both Sitamarhi and Gaya that the TBAs were doing new things and asking the family members to change certain practices. They perceived many differences like washing of hands by the TBAs before assisting in the delivery and how the TBAs came with certain objects (the Dai Kit) which they were not seen bringing before. Unhygienic venues for delivery, the TBAs not washing hands before assisting, cutting the umbilical cord in the wrong manner were identified as major issues affecting the health and life of both mother and child. Thus, it is an interesting and critical detail from the survey that even if no Dai Kit had been bought, in many cases the family members bought a new blade, thread, gauze piece and soap when the TBA asked them to. The addition of gloves was also something new for the families and mothers, along with the information that babies should not be delivered in a cow shed or store room as that increases the risk of infection and disease for both newborn and the mother.

Way Forward

Along with the survey that was conducted on TBAs and recent mothers, SEWA team also sat down with all the TBAs from the training course to talk to them, to gauge their experiences and asked them to recall what they had learnt during the course. The results were very similar to the impact observed through the survey responses; there is a definite increase in the hygienic practices followed by TBA as almost all of them now wash their hands, insist on at least fresh blades and thread even if the Dai Kit is unavailable, and ask for the house to be cleaned for delivery. The fact that nearly all mothers and/or their families felt a marked difference in the way the TBA assisted in the delivery post the TBA training course is a testament to its success. Leading from these discussions the TBAs also came up with an action plan to increase the knowledge and practice of these new methods. For example, TBAs who were not part of the training course asked the TBAs who were, to tell them about these new methods so they could incorporate the same for themselves as well. Some TBAs were also invited to the Aanganwadi meetings to share their experience and let more people know of what they had learnt. They have further been able to identify issues that need attention, some of which involve:

- a) Coming up with methods to increase coordination between TBAs and ASHA Workers
- b) Gathering required data for home and institutional deliveries to be able to give to and have a conversation with the appropriate governing bodies
- c) A refresher/follow up at the panchayat level every quarter
- d) Increase recognition and education of the TBAs
- e) To come up with the best way to eradicate the practice of calling RMPs (Rural Medical Practitioners) to give an injection for the delivery.
- f) Linking TBAs with V.H.S.N.C., R.K.S., etc.
- g) Increasing involvement of TBAs at V.H.N.D



TBAs participating in the training

Training of Adolescent Girls

LSST was invited by SEWA Bharat to provide training to adolescent girls in Murshidabad district of West Bengal and support in the formation of young girl's collectives or mandals. The training was scheduled from 5th to 7th November, 2015 in Murshidabad. A total of 25 participants, including adolescent girls and local health team of SEWA participated in this training with the following objectives;

1. To improve knowledge and information on sexual and reproductive health and nutrition among young people, their families and the community.
2. To improve access to services, including health care, nutrition, education and skill-building.
3. To increase participation of young people in promoting community action
4. To organise adolescents and youth into their own groups or mandals for advancing their sexual and reproductive health (SRH) and rights and overall well-being.

Training Sessions

Health education sessions included---mainly “Know Your Body” sessions on reproductive physiology and anatomy, questions about adolescence connected with body changes; general health issues and the importance of proper nutrition to combat anaemia and low body weight, based on local foods.

The training was done through the lens of gender equality, and specifically addressed issues such as pre-natal sex determination and the skewed sex ratio in India, early marriage and planning families. Violence both within and outside the home was discussed, and in particular, ways in which this can be prevented, information on laws and where to seek assistance, when needed.

The following topics were covered;

1. “Know your Body”--reproductive physiology and anatomy
2. Nutrition including anaemia
3. Physical and mental development
4. Issues of child marriage
5. Issues related to pre-natal sex determination and X and Y Chromosomes
6. Reproductive Tract Infections like leucorrhoea, STDs and HIV /AIDS
7. Menstrual Hygiene
8. Ante-natal care
9. Substance abuse
10. The public health system--how it works and where to seek care
11. Government programmes and schemes aimed at the welfare of young people.
12. Understanding gender issues and gender equality

Organising and formation of Mandals

The training also focussed on organising groups or mandals of girls, and young people between the ages of 15 and 19 years of age, as 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.

It is particularly hard for girls and women to withstand cultural and social practices like early marriages. However, they find strength and support through their own groups and organisations to develop constructive action plans and programmes, to discuss health and other issues, and to find the strength they need to develop as young and emerging leaders.

Further, for the long-term sustainability of any programme, such mandals are required, preferably decentralized--village or neighbourhood-based—and run by the young people themselves.

The training briefly touched upon the following areas;

- a) Organising Yuvati Mandals by holding meetings with girls and young women, explaining the importance of organizing and building collective strength and bargaining power. The mandals will be encouraged to elect or choose their own executive committee and leaders. Providing information on existing government programmes and how they can link with these for a range of services, establish rapport with health personnel in public health hospitals and clinics.
- b) Organising exposure visits to build young people's skills. These will include visits to banks, women's self-help groups, hospitals and clinics.

This training was followed by the health team of Murshidabad taking an in-depth training of one week on related topics in the month of 19th to 23rd January 2016. Consequently 3 mandals have been formed in Murshidabad.

Empowering adolescent girl's to address issues on gender-based discrimination and violence

The programme ' Empowering young women and girls to address gender based discrimination and violence' was undertaken by LSST with the support of *Canada Fund for Local Initiatives* and aimed to address the root causes of gender discrimination, early marriage and gender violence by raising awareness of the issues surrounding the focus areas, and providing avenues through which women and girls can achieve greater independence and equality.

Disparities in access to timely and relevant information, low social economic status, lack of educational opportunities, practices such as early marriage and pregnancy among others has rendered adolescent girls vulnerable. Providing adolescents and youth with knowledge and

skills is the first step towards their critical awareness and reflection, which in turn lead to action to address these issues. It is in the adolescent and young adult years that they require support, direction and some possible answers to their many doubts and questions---about their changing bodies, their new relationships, and with the opposite sex, about career options and employment opportunities, and their place in the changing world of today.

Objectives

1. Empowerment of young girls and women by creating awareness about their rights and entitlements to ensure access to healthcare services.
2. Organizing young girls and women into their own collectives by encouraging and strengthening their leadership skills.
3. To provide education and awareness to the parents and the community at large, on issues like dowry, education of girls, skewed sex ratio, violence against women and gender discrimination at every level.

Area	Rajivnagar	Hasanjivani Chali	Idgah	Panna Estate	Pathan ni Chali	Anil Starch	Total
Mandal	18	17	18	13	15	15	96
Door to Door Contact	65	69	94	90	110	85	513
Area Meetings	35	72	55	43	104	69	378
Two-day Training	18	25	22	20	25	25	135
Education Sessions	34	39	36	27	37	49	222
Rallies and campaigns	60	76	98	23	64	84	405
Counselling	12	18	19	12	12	11	84
Youth Festival	-	-	-	-	-	-	130

The project was implemented in six neighbourhoods of Ahmedabad City and reached out to 35 to 40 adolescent girls and young women in the age group of 15-19 years, in each of the six areas selected for the project. The table above indicates the number of adolescents reached through different activities under the project.

Activities

Forming collectives

Our community health workers or sevikas organized and mobilized adolescent girls from their communities to be a part of the mandals. Adolescent girl's collectives, called mandals, were formed in order to advance the adolescent's knowledge and information on sexual and reproductive health, and to promote their participation in community action. By organizing collectives of girls and young people as safe spaces for support and solidarity, empowerment and leadership is promoted, thus enabling them to act on issues like gender discrimination, early marriage and gender violence.



Girls preparing for a rally

'Mahiti Kendra' - Information Centre

The Information Centres set up in Ahmedabad city are linked with young girls collectives. The information centres serve as a focal point for all interventions and a place where the young women and girls receive guidance and support through counseling sessions to address issues surrounding gender discrimination and violence in addition to receiving up-to-date information on government programmes particularly focusing on health care services. Health education and information for awareness on sexual and reproductive health within a framework of gender equality and rights was provided in the six intervention areas through the Information Centres.

Education Sessions

The objective of the education sessions was to reach out to the adolescent girls and provide essential information regarding reproductive physiology and anatomy through sessions on "Know your body", importance of having a healthy and nutritious diet, anaemia, menstrual cycle and hygiene, leucorrhoea, using of contraceptives, X and Y chromosomes and a range of issues related to gender-based discrimination and violence such as early marriage, crimes against women, dowry, stigma attached to menstruation, boy preference in households, lack of control over their bodies, sexual harassment in the household and at the workplace and so on.

Rallies and Campaigns

Rallies were organized in the six intervention areas on issues of gender discrimination and various forms of violence perpetrated against women. The rallies witnessed enthusiastic participation of the adolescent girls. They created posters and slogans to communicate their messages to the community. The messages that these adolescent girls spread in their community predominantly focused on gender inequitable treatment, unequal access to food and education, sexual violence, lack of mobility, rampant alcoholism and so on.

Counseling

SEWA has formally trained community-based counselors from among local women like our health workers to provide this support to adolescent girls, as and when required. In the beginning, it was difficult for girls to share their experiences especially those related to discrimination and violence. The issues that the girls raised during the sessions were those they were relatively comfortable talking about. In the six intervention areas in Ahmedabad city, young women and adolescent girls have voluntarily come forward to seek counseling and guidance on issues of reproductive and sexual health, lack of access to education, preferential treatment of boys in their households, family planning measures and so on. These girls face problems but are not provided with a safe and congenial environment to discuss their issues. After the trainings, in which issues related to gender violence and discrimination considered taboo in their communities were discussed, the girls have only begun confiding their issues to sevikas.

Workshop

A two day workshop on Leadership and Life Skills was organized for young women and adolescent girls from the community. A professional trainer specializing on the issues of gender and life skills was invited to train over 50 adolescent girls from the intervention areas. Through interactive activities, use of popular media and inspirational stories from the grassroots, he encouraged girls to chart out a meaningful path for their lives, take ownership of their bodies and exercise leadership within their communities.



Youth Festival

A Kishori Mela or Youth festival was organized to provide girls a space to creatively express their everyday experiences of gender discrimination and violence. Over 130 mandal members prepared plays, dance performances and monologues addressing education and empowerment of women, child marriage, fighting sexual harassment and so on. Moreover, they were provided training on self defense and laws related to sexual violence. They were informed about the 2013 changes to the

Criminal Law Amendment Bill which broadens the definition of violence to include voyeurism, stalking, filming women without their consent et cetera.

Conclusion

Over the course of three months, the project “Empowering young women and girls to address gender-based discrimination and violence” focused on improving the capacity of young women and adolescent girls to counter gender unjust practices through promoting participation in various activities. From the initial two-day training where girls were hesitant about addressing these issues, the subsequent trainings, rallies, counseling sessions, workshop and youth festival provided avenues for discussion and deliberation on a range of issues related to a lack of access to education, healthcare, gender inequitable practices, enforced gender roles, sexual division of labour, boy preference and so on.

The six mandals or collectives and information centres which were established served as building-blocks for local action and to address gender-based discrimination and violence, and for overall well-being of young people and others in their communities.

SEWA Shakti Kendra

SEWA Shakti Kendras or **Empowerment Centres** have been set up to provide greater transparency of information on health and social security leading to better governance. These centres are attempting to bridge the gap between government programs and intended beneficiaries. The centres seek to improve the community’s access to information and services on health and social security entitlements, and also serve as a focal point for all community based activities that are led by women and young people. At SEWA, we believe that this initiative will trigger a process of exercising democratic rights and active participation in the local level.

Through the information-cum-service centres, called SEWA Shakti Kendras (SSKs), women and other community members obtain information on their entitlements, where and how to access these in a timely and transparent manner. The counselling will include information on different public / SEWA distributed social security programmes available for informal sector workers, such as health insurance, life and accident insurance, widow pensions, social old age pension and contributory pensions, subsidised food through the public distribution system and access to the UWIN card. In addition, specific needs of women – such as adolescent girls, pregnant women, lactating mothers and young children – are being addressed (for example, through facilitating access to maternity benefits, immunisation campaigns and growth check-ups).

The various activities being undertaken at the SSK focus on women to assist them in becoming self-reliant. It will additionally benefit their families who will also obtain entitlements and services. Further, there is an attempt to engage and encourage young people to take responsibility and leadership to ensure access to health and social security for women in the

informal sector. The centres are also establishing linkages and rapport with PRIs and government functionaries to facilitate access, through meetings, Jan samvads (public dialogues) etc. Importantly, over the course of the project, it should be able to show local people and others how governance can be improved by them, in a low cost and sustainable manner. This, itself will be empowering for local people, especially women.

The SSK serves as a hub for information and health education within the community. It is staffed by trained health workers and supervisors who provide information on all government schemes related to health and nutrition. The staff here has been trained in simple health education, focusing on various health problems, government programmes, schemes and services. Health education is imparted through door-to-door contact in the neighbourhood near the SSK, in small group sessions and individually when people come to seek information. All of this information has been made available in the form of simple pamphlets. In addition, exhibitions and posters have been made available so that the people obtain information in a manner that is both effective and accessible. The focus is on providing up-to-date information on all government programmes and health care services which are currently available.

The SSKs are expected to slowly become viable and even after the completion of the project it will continue to be a focal point for the community and other stakeholders. In order to ensure the sustainability of the project and to get the community members used to the concept of paying for services, the SSKs are charging a nominal user fee for the provided services. The collected user fees will exclusively be used to finance the activities of the SSKs. The SSKs are also maintaining detailed records on collected user fees and its usage. This would be a place where people can meet and share their common concerns and have healthy dialogues to address larger issues faced by them, at the same time obtain up-to-date information on all programmes and schemes. Our efforts are to make it a community-owned, community-managed centre.

The programme broadly focuses on below four objectives:

- To provide information on entitlements and rights, where and how to access these in a timely manner
- To strengthen and improve governance, enabling programmes and services meant for women, to actually reach them.
- To build the capacity of the team and community leaders to provide information and improve access to entitlements and services, and in a sustainable manner.
- To engage and encourage young people to take responsibility and leadership for improving governance

The Key Interventions include;

- a) Setting up SSKs to provide information on all government schemes and programmes, hand-holding to fill forms and actually obtain entitlements and services, and assisting them in grievance redressal
- b) Organising community events

- c) Organising health camps and referrals, thereby enabling much needed health services through primarily the public health system, and also enabling linkages and improved governance
- d) Developing linkage and rapport (through Jan Samvads) with local government functionaries and institutions (PRIs, municipal corporation, health centres, ICDS anganwadis, etc)
- e) Mentoring young people to provide information and hand-holding for services, thereby encouraging them to develop their leadership and in turn, building new leaders for long-term sustainability.
- f) Exposure visits of the team to learn from similar experiences in other parts of the country
- g) Capacity-building and orientation of the team to run the centres and implement various activities under the project, and in a manner that will be sustainable in the long run.
- h) Developing a sustainable plan

The response from the community members is very positive with a huge demand for assistance to access various government programmes and schemes. The government departments have also been very supportive in providing the needed information. SEWA Shakti Kendra has definitely provided a platform for different stakeholders to come together.

Life-long Learning programme for children

At our child care centres we have seen that learning when initiated early is life-long, and that children grasp some new ideas faster than adults. We have seen the eagerness of young children to learn, to share what they learn with their own parents and other adults. "First of all, "lifelong learning" brings the topic of safety and health protection to the forefront of people's minds throughout the whole of their personal development and education--from kindergarten through school to vocational training. Being aware of health and safety issues in all areas of life will make people accept safety measures in the workplace more naturally and thus paves the way for safety-conscious behaviour. This programme involves developing games, puzzles and stories, to convey ideas on risks and on preventive action for safety.

This model was tried out in Germany with success and is adapted from German counterparts. The programme will be implemented through our child care centres and enable the families of the children to start thinking about safety at home and outside. The initiative is aimed at achieving the following objectives;

- Promote learning on crucial safety practices through games and age appropriate activities
- Inculcate a sense of risk prevention and safety in young children, parents and adult care givers
- Develop an atmosphere of preventive health and safety in schools
- To show how engaging young children on safety and health issues can lead to lasting learning and prevention of risks



The illustration for the board game

Setu-Africa Programme

Lok Swasthya SEWA Trust is a partner of the coalition that is implementing the Setu-Africa programme in five countries in African Continent. The programme is supported by the government of India with a focus on strengthening the grass root-level membership-based organizations and NGOs in South Africa, Ethiopia, Tanzania, Ghana and Senegal.

The SETU Africa programme focuses on the following areas:

- a) Microfinance
- b) Microenterprise and livelihood promotion
- c) Micro insurance
- d) Health and Childcare
- e) Capacity-building

During the reporting period LSST was part of the team that organised a workshop in Durban to bring together women's groups, MBOs, NGOs and grass-root organisations representing informal women workers on 24th June, 2015. The primary focus of the workshop was to lay out

a roadmap to take forward the initiative already taken up through the SETU-Africa Programme. The emphasis was to encourage the women leaders to take the lead in planning and developing strategies for this idea. The workshop brought together around 24 participants representing diverse trades, women’s groups, NGOs, Cooperatives, MBOs and grass-root organisations. The workshop concluded with the decision to form a committee representing all organisations present. It was felt that the presence of nearly all who were invited for the workshop illustrated their commitment to taking the SETU Africa work forward, and their solidarity and strength.



Ms. Genet Zewide, former Ambassador of Federal Democratic Republic of Ethiopia to India; Mr. Ashok Kumar, Charge-D’ –Affaires and First Secretary of India to Ethiopia and Ms. Mirai Chatterjee, Director, SEWA Social Security

In the month of February, 2016 LSST was again represented in a team that visited Ethiopia. During this visit a two day dissemination workshop was organized by VIMO SEWA in Addis Ababa, Ethiopia on 24-25th February 2016 at the WISE center. As part of the SETU Africa project, this was the final round of workshop in Ethiopia which was based on the following objectives:

- *Sharing of experience from the SETU Africa partnership*
- *Sustainability of the association with Ethiopian CSO*
- *Mechanism to carry forward the partnership*

Many participants expressed the need to start child care centres in Ethiopia and the many years of experience in running such centres in India by SEWA was seen as an opportunity for them to seek our support and guidance in such an endeavour. LSST shared reports and guidelines to help some of the interested organisations to set up child care centres in Ethiopia.

Capacity- building of Mahila Arogya Samiti

LSST entered into a partnership with Ahmedabad Municipal Corporation to provide orientation and training to the members of 25 Mahila Arogya Samiti (MAS) in Rajpur, Behrampura and Odhav wards.

MAS is a key intervention under National Health Mission aimed at promoting community participation in health at all levels, including planning, implementation and monitoring of health programmes. These committees are set up in urban areas. MAS is expected to take collective action on issues related to Health, Nutrition, Water, Sanitation and social determinants at the slum level.

Mahila Arogya Samiti:

- Local women's collective with an elected Chairperson and a Secretary
- Covers approximately 50-100 households in slum and slum-like settlements
- Addresses local issues related to Health, Nutrition, Water, Sanitation and social determinants of health at slum-level
- Facilitated by the ASHA who acts as the Member Secretary

LSST team took part in a training provided by the nodal agency of Government of Gujarat. Following this the team conducted a base-line survey to assess the involvement and participation of the members of MAS in the previous year. House visits of 250 members of the 25 MAS was done out of which 75 members were selected for interview and focus group discussions done ward-wise for assessing the needs which helped in formulating the training Module. Orientation and one-day trainings were organised for the members of all the 25 MAS.

The details of the Orientation and One-day trainings are given in the table below;

Wards	Population covered by MAS	No. of Samiti	Total houses of members visited in the survey	Orientation	One-day training
Rajpur	8115	10	100	10	10
Behrampura	11000	11	110	11	11
Odhav	2775	4	40	4	4
Total	21,890	25	250	25	25

The second phase will include in-depth trainings of the 25 MAS and additional MAS will also be selected for the same process.



Interviewing Members of MAS

Training of Village, Health, Sanitation and Nutrition Committee (VHSNC)

LSST has been working very closely with local committees like VHSNC, MAS, Rogi Kalyan Samiti (RKS), School Management Committee (SMC), and other local organisations. Our community health workers and leaders are actively involved in creating awareness about these committees and encouraging local people to participate in them. Our efforts have been to strengthen these committees by empowering the communities to take charge of their health and engage with the government to ensure that their entitlements to various services reach them. In this process we have been working closely with the government to address some of the issues and improve efficient functioning of these committees. Thus far close to 90 community health workers and community leaders associated with LSST have joined such committees.

LSST has been working in Tapi district for the past 5 years, and is actively involved in strengthening local committees. During the reporting period we got the opportunity to conduct trainings for VHSNCs with the support of the Gujarat Government.

A ToT was conducted for a team of 7 community health trainers in March, 2016. Following this training, members of VHSNC were trained. The training included a total of 11 Primary Health Centres (PHCs) covering 124 villages. 454 VHSNC members participated in the training which was conducted in a participatory manner by making the trainees to identify issues and make action plans for each village. The focus was on the significance of VHSNC in the health, nutrition and sanitation of the villages, various activities to be done and how to use the untied fund. The emphasis was also given on the involvement of the members in the monthly meetings, their close collaboration with the ASHA, AWW and ANM and the active involvement of the community members in the monitoring and implementation of Mamta Diwas, ICDS and linkages with government officials to curb epidemics.

Our community health workers and trainers will now follow-up to ensure regular meetings take place and that all the VHSNC members are actively involving in the village level activities.

Sankalit Programme



Health Training in the village

The Lok Swasthya SEWA Trust is currently implementing an integrated programme for organising women workers of the informal economy and providing basic services, in partnership with other sister organisations. Towards this end, we have been working for the last six years in South Gujarat with women workers, who are Adivasis or tribals, starting from Vyara and today extended to

Valod, Songadh, Ucchal and Nizar blocks of Tapi district.



Demonstration of water testing in the village

In order to achieve our goal of full employment and self-reliance organising women workers of the informal sector remains our key strategy. We have been providing them a range of services while organising them into SEWAs union and other women's cooperatives which include (1) livelihood support, both input-based and market-linked (2) health care, including preventive care and access to health services and child care (3) housing with basic amenities like water, sanitation and energy (4) financial

services, including savings, credit and insurance and (5) capacity-building, including leadership training. This approach called the "**Sanklit SEWA**" meaning "**Integrated Services**" with an aim to promote self-managed women's organizations for providing sustainable need-based services to its members for enhanced incomes and social security.

The objectives of this approach are;

1. To develop membership-based organizations of women workers to undertake activities and programmes leading to self-reliance.
2. To provide services for, by and with women workers, thereby leading to basic security and ultimately for their self-reliance, including livelihood support, microfinance, social security with housing, water and sanitation, and capacity-building.
3. To strengthen and build local women's leadership, enabling them to lead and run their own services, programmes and organizations.
4. To plan for the long-term sustainability of all activities and programmes through women's own organizations.

Keeping in mind the above mentioned objectives of the project, the following activities were carried out in the year 2015-2016 to achieve the pre-determined outputs

Progress at a glance

Particulars		Year 3	
Performance targets		Proposed	Actual
Output 1: Organising and strengthening four membership-based women's organizations			
Increased SEWA Union membership leading to 30% increase in tribal women's participation in Gram Sabhas		10,000 members	11,760 members
A new, district-level tribal women farmer's cooperative with regular AGM and board meetings		500 share holders	592 share holders
Expanding and sustaining reach of existing health, credit and insurance cooperatives in Tapi district		1,500 share holders	1,328 share holders
Output 2: Increase livelihood and social security for 2500 tribal households			
Enhanced annual income of Rs. 6000/- for around 2500 household	2,500 households	Activities	Number of households (HH)/participants
		Market linkage	144 households
		Training, demonstration and exposure visits	3,026* members
		Adoption of scientifically designed agro-tools	182 households
		Kitchen garden	103 households
		Usage of improved seeds	230 households
		Availing inputs and subsidy from different agencies	176 households
		Adoption of good animal rearing practices including usage of mineral mixture	26 households
		MGNREGA training	1,054 members
		MGNREGA work demand	892 households
		Total	5833*
Increased social protection for 2500 households through access to one or more of the following services; health, savings, credit insurance	2,500 households	Activity	Number of households/participants
		Door-to-door contact	5310 households every month
		Area meetings	4,443* members
		Exhibition and demonstration on health issues	7,172* members
		Health trainings	26,894* members
		Health check-up camps	2,911 members
		Training for adolescent boys and girls	1,180 members
		Refer services	599 households
		ICDS Linkage	331 households
		Linkages with government schemes	866 households
		SHG members	1,045 households
Total	49,751*		
Output 3: Creating models for integrated and sustainable development			
5 villages will be developed as models of sustainable development with improved facilities for health, water, sanitation, housing and energy	5 villages	<ul style="list-style-type: none"> - Model village parameters are developed. - Work is in progress in all 5 villages. - Monthly integrated effort in all villages have started 	

*Numbers of participants are cumulative of area meetings/health trainings/health camp/health exhibitions/ financial counseling/ livelihood trainings/demonstration/ exposure visit etc. It is possible that participants have attended more than one activity. All figures are cumulative.

OUTPUT 1: Organizing and strengthening four membership-based women's organizations

1.1 Expansion of SEWA union

During the third year of the project, 11,840 women from Tapi district got enrolled in the SEWA Union. These women and their leaders (aagewans) are working on different entitlement issues related to water supply, public distribution system, legal connections for electricity, skill-training for the educated unemployed young people, public transport, Unorganised Worker's Identification Number (UWIN), livelihood, health, insurance and other social security schemes along with the other activities of the Sanklit SEWA.

A range of approaches were adopted to strengthen our membership in the villages..The membership campaigns are conducted in the villages during different health training sessions, health camps, area meetings, SHG meetings, livelihood-related trainings and exhibitions. In its true democratic spirit, the SEWA movement provides opportunity for a village level member to be a part of the highest decision making body, the SEWA Union. Members from Tapi district participated in the election for the executive body of SEWA after receiving training. Further, elections were conducted in Vyara and a total of 33 representatives, in proportion to the membership in Tapi, were elected to represent the Tapi district in SEWA's Annual General Meeting (AGM).

To increase union's visibility and create awareness, celebrations of different important days for informal women workers are becoming part of regular activity each year. The celebration of Labour Day and Women's Day have become significant for SEWA members in Tapi district where they invite government officials from different departments and share their experiences and achievements. The level of confidence and leadership are visible in the way they interact and coordinate with senior government officials and elected representatives of their villages, at the taluka and district levels.

1.2 Participation in Gram Sabhas and village level committees

The regular participation of SEWA members in gram-sabhas is one of the important steps to ensure the rights and entitlements reach them. Unfortunately, due to lack of information and poor awareness, very few women participate in it. Also, due to the leading participation of men, very few women share their views in the gram-sabhas.

This was one of the issues taken up as a campaign after attaining a sizeable number of union memberships. In close coordination with the senior officials of the district administration, dates of gram sabhas were obtained in advance and SEWA members mobilised in 23 villages to actively participate in the gram sabha. The participation of SEWA members were upto 35-40% of the overall participation in these gram-sabhas. They raised several issues including toilet construction, water supply and MGNREGA work. In total 1080 SEWA members participated and demanded work under MGNREGA in these gram-sabhas.

The major highlights of these gram-sabhas were:

- Total women participation was 50.04%.
- The total participation of SEWA members was 38.5%.
- Out of total women participants 77 % were SEWA members

The active participation in gram-sabha has also resulted in the increased participation of SEWA members in different village-level committees and appointment as MGNREGA Mate.



Dostari kendra meeting in Kalamkui village

During the visit of SEWA Madhya Pradesh, their experience of running Soochna Kendra (Information Centre), by village level members was shared, and Megha Mandli decided to replicate this model in Tapi, naming it “Dostari Kendra” which means ‘sister’ in the local Gamit language. Three such centres were set up in Valod, Uchhal and Nizar in November, 2015 to share information with members and facilitate linkages with various government programmes and schemes. These centres managed by local aagewans or leaders with the support of Megha Mandli have reached many services to their door-step. The table below indicates the number

of application received for various government programmes and schemes.

S. No	Name of Scheme	Kalamkui	Mohini	Laxmikheda
1	Mafatta bibi sahay Yojna	1	2	5
2	Kuver bai mameru Yojna	4	1	3
3	Free bus pass for disabled	4	1	0
4	Indira Gandhi national old age pension [vayvandna]	7	3	5
5	Rastriya kutumb sahai Yojna [sankatmochan]	2	5	2
6	Niradhar vidhvasahai Yojna	5	4	2
7	Dikri Yojna (For girl child)	2	4	0
8	Mukhyamantri Marutam Yojna	0	0	0
9	Mukhyamantri Vatsalya Yojna	0	0	0
10	Unorganised Workers Identity Number UWIN	22	40	45
	Total	47	60	62

The forms were submitted after completing the documentation and necessary follow-ups to avail the benefits.

1.3 Registering new cooperative and expansion of existing SEWA promoted cooperative

SEWAs strategy of organising women workers has been the cross-cutting theme to achieve positive outcome all through the year. Organising them into unions and cooperatives facilitated the growth and development of the community members and the collective strength in ensuring entitlements and rights actually reach them. Most importantly these forums were run by the women themselves which helped them to take the leadership in addressing the problems of the community in a democratic manner and also opened new avenues for their economic empowerment.

1.3.1. Megha Mandli

The Tapi District Megha Adivasi Mahila Agriculture Producers' Co-operative, registered on 17th February 2014 is the first of its kind in the district and State with 816 shareholders who are provided with a range of services. The AGM of the cooperative was held in June 2015. Over the last two years, efforts to strengthen the cooperative and its board members were important, particularly as the cooperative was still in its nascent stage. By and large the focus was to develop skills that would enable efficient management of its day to day activities. In this regard the board members participated in trainings at the National Cooperative Union of India (NCUI) in New Delhi, and exposure visits to organizations like PRADAN, Navdanya and SEWA Madhya Pradesh (MP).

In order to spread its outreach and make certain the women from remote villages are not left out Megha Mandli established 'Khedut Mandals' or village-level women farmers groups who are also the shareholders of the cooperative. The khedut mandals are groups of 25 shareholders of Megha Mandli at the village level which serves as a local decentralized unit for planning and delivering different services to its members and the community.

During the year the board of Megha Mandli has prepared the plan of activities in consultation with the shareholders keeping in mind the needs of all members and the strengthening of the cooperative. The major focus areas are-

- Organising and capacity building of members
- Extension Activities and linking with different schemes of ATMA/DRDA/KVK/Animal husbandry department/other government institutions.
- Providing different agriculture inputs
- Market linkages for agricultural produce
- Expansion of Megha Mandli work in new villages
- Promoting alternate livelihood opportunity like MGNREGA, skill-based trainings, catering services etc.
- Extending social security benefits to the members

During the year the focus was also to develop the cooperative by expanding it and strengthening its membership and move towards its sustainability. By the end of March, 2016,

816 women farmers became shareholders of this cooperative and through various business initiatives it has generated a profit of Rs. 1, 56,632 for the financial year 2015-16.

1.3.2. Lok Swasthya Health Cooperative

The Lok Swasthya Health Cooperative, the state level health cooperative promoted by SEWA completed 25 years in 2015. Health interventions took the lead in Tapi district since the beginning. A number of health related activities like health education, camps, referrals, government linkages were organised through this cooperative. Over the past year the demand for health activities increased so did the enrollment as shareholders of the health cooperative. Lok Swasthya Health Cooperative has 301 shareholders from Tapi district.

1.3.3. Surat Credit Cooperative

The Surat based credit cooperative promotes financial inclusion in Vyara through self-help groups (SHG) groups. All groups are linked to the credit cooperative. Encouraging small but regular savings is the primary objective of the credit cooperative. The services of the cooperative are supplemented with financial literacy trainings of the SHG members to promote good economic decision-making practices. Some details shown in the table below;

Timeline	Processes	Unit of Training/Meeting	Performance
Year 3	Adopting integrated approach in dealing with groups Trainings focused on strengthening older aagewans and expanding their capabilities to take ownership of their groups and generating bottom-up demands from members	We held 5 trainings particularly for older aagewans on the concepts of the credit cooperative and its various schemes that promote savings. 25 trainings were organized in villages attended by 541 members that focused on imparting financial literacy.	69 groups with 927 members are actively making monthly savings. These members have a cumulative savings of Rs. 11.21 till May 2016. Rs. 2.45 lakh of the cumulative savings were revolved internally as loan among 53 members Total share-holders-1369

1.3.4 Representation of members from Tapi in different SEWA promoted cooperatives

By the third year more than 1500 local tribal women from nearly 50 villages joined the health and credit cooperatives. Their representation in these cooperatives generated a great demand for various services from all the villages. Some of them also demonstrated good leadership skills resulting into their nomination as board members of these two cooperatives. Their leadership facilitated wider outreach of various programs of health, financial services, water and sanitation, and energy conservation. A total of 1328 women became shareholders of the health and credit cooperatives, 283 in the health and 1045 in the credit cooperative respectively.

OUTPUT 2: Increased livelihood and social security for 2500 tribal households

2.1 Strengthening livelihood

A multi-dimensional approach to strengthen the skill sets of village level *aagewans* or and *sanklit saathis* in order to facilitate better livelihood opportunities for the members. With the increasing challenges and uncertainties in employment opportunity and income various approaches adopted proved to bring positive outcomes.

2.1.1 Capacity building of aagewans and sanklitsaathis

The *aagewans* and *sanklit saathis* are at the forefront to take forward all activities and interventions, and ensure that it reaches all members. Capacity-building initiatives were not limited to just classroom trainings by experienced trainers from SEWA and other technical experts, but it also included exposure visits to different government institutions, SEWA-promoted institutions and other institutions in Gujarat and outside Gujarat for an in-depth understanding and inculcating new ideas from successful and innovative practices.

2.1.1.1 Organising trainings

These are village-level trainings for women to understand the significance of collective strength and leadership. The training emphasised on the empowerment of women through their solidarity and collective actions, and the roles and responsibilities of members. The organising-related trainings are mainly conducted at the village level, in which cluster of village level *aagewans* and members participated. In this year, we two trainings were conducted for a total of 54 women.

2.1.1.2. Leadership training

A leadership-related training was conducted in Vyara to develop a cadre of local leaders who would represent the community and SEWA in different forums at the village, block and district levels.

Two board members of Megha Mandli participated in a training workshop organised by the Gujarat State Women's SEWA Cooperative Federation in Ahmedabad. This workshop was organized with the support of the National Cooperative Union of India (NCUI) primarily focussing on developing business activities keeping in mind the development of cooperatives. Furthermore, this training also helped the leadership of the cooperatives to enhance the activities of their respective cooperatives with a long-term vision of progress and growth.

These leadership trainings have brought remarkable changes in *aagewans* and board members of Megha Mandli. The overall capacity-building trainings have increased the participation of our *aagewans* in village-level committees and as MGNREGA Mates. In all, 18 *aagewans* are members of village-level committees and MGNREGA Mates.

2.1.1.3. Training health aagewans

Every month regular training-cum-reporting meetings of health workers are organised at the local level, in Vyara, to ensure maximum participation of all community level health workers. A total of 76 trainings were done for community health workers on a range of topics and issues like, gynaecological problems, leptospirosis, sickle-cell anaemia, tuberculosis (TB), health and hygiene, nutrition and information on government programmes and schemes. Periodic review of progress and planning as per the needs of the community has facilitated effective implementation of all activities. Over the year the community health worker enabled linkages with different government services and programmes ensuring the rights and entitlements reach all the community members.

2.1.1.4. Business development training for promoting insurance



Insurance training in Vyara

This year the Megha Mandali initiated enrollment of members into the insurance schemes of SEWA Insurance Cooperative, VimoSEWA. Two trainings, at Vyara, were organized for our aagewans which helped them to understand the processes and procedures involved with different insurance products. A total of 35 aagewans from 20 villages attended the trainings.

2.1.1.5. Trainings of Khedut Mandal leaders

From the month of October, monthly trainings for Khedut Mandal leaders, President and Secretary, were initiated. The main objective of this training is to orient them on the byelaws, structure, functions and activities of the cooperative. These trainings were participatory and made interesting with games and methods that were easy to comprehend.



Training of Khedut Mandal

2.1.1.6. Megha Mandli board meeting

During the reporting period two board meetings of the Megha Mandli were organised. In addition to reviewing the financial and programmatic progress capacity building of the board members is an important component of the agenda. The board members are briefed about different technical and operational aspects of managing a cooperative including management of finances. A summary of the trainings provided to the board members during the year is described in the table below.

S. No	Types of trainings	Cumulative number of trainings conducted	Total number of participants
1.	Organising trainings	2	54
2.	Leadership trainings	1	22
3.	Health aagewan trainings	3	75
4.	Advance financial literacy training	0	0
5.	Issue based trainings (TOT, Report writing, MGNREGA, different government schemes, Dostari Kendra etc)	3	54
7.	MeghaMandli board meeting and training of khedutmandalleaders	8	110
8.	Business development trainings (Insurance, APMC market linkage, Exhibition/mela participation)	2	35
	Total	19	350

2.2 60 women's groups linked to KVK/ ATMA/ DRDA/ Agriculture department for availability of inputs and APMC Vyara for collective marketing

2.2.1. Marketing support by participating in different exhibitions



Megha Mandli stall in New Delhi

Two leaders of Megha Mandli from Uchhal block of Vyara district participated in a national event, 'Women of India Exhibition 2015' organized by the Ministry of Women and Child Development and the Navdanya in New Delhi. The Minister for Women and Child Development, Government of India, was the chief guest of the exhibition and she showed a keen interest in the products exhibited from Vyara particularly the red rice (a traditional variety of rice), which she purchased. She also took time to understand the work of Megha Mandli. The theme

of this exhibition was to promote organic agriculture produce and traditional food items from different parts of India. Thereafter, many bulk orders were received which is being attended. In the meantime Megha Mandli is exploring possibilities of developing a supply-chain for these products with the assistance of Navdanya.

2.2.2. Marketing support to our farmers in APMC market

It was important to organize the members by bringing them together so that the agricultural produce of individual farmers can be reached to the APMC. A system needed to be set up for collection at the village level and then reach it to the APMC. Several meetings were arranged at the village level to discuss this and it was proposed that a collection centre be set up at the village-level, which will save time and travel cost. In a similar way, plans are also made to mobilize members from all the villages and link them directly with the market through some

established market players. This is expected to help them get fair prices from buyers through collective bargaining as well as reduce transportation costs by common pooling at the village level.

2. 2.3. Providing improved certified seeds and other agriculture inputs and tools



Members checking the tarpaulin sheet

Demands for small agri-tools and other items needed in agriculture related activities continued to be of immense priority for our members. Various demonstrations to promote the use of efficient and ergonomically developed agriculture tools was done with encouraging results, as many of them have started to adapt such tools as opposed to traditional ones. For example, tarpaulin sheets to cover and store the produce in their houses, was provided as per their demands. Demonstration of the sheets in village meetings helped the local community to ensure that

quality of products is checked by them. By the end of the quarter, 20 tarpaulin sheets worth Rs.46, 000 were sold.

In addition to this, village level agri-entrepreneurs who are members of Megha Mandli, were developed in order to supply different agriculture inputs, tools and other products demanded by farmers at their door-steps in a commercially sustainable way.

2. 2. 4 Demonstration by KVK in our village



Meeting in the Vyara office

In the month of September, KVK provided paddy seeds to our members for demonstration purpose. Total 102 farmers received 1275 kgs of paddy seeds worth Rs 21,930. Training was arranged for providing information on this variety of seeds and the different technical aspects for better yield. This is a new variety developed by the Navsari Agriculture University (NAU).

The KVK also conducted the soil testing for 25 farmers from Uchhal taluka and distributed the certificate certifying the soil quality. Over the year a number of activities to meet the livelihood related demands of the community members were organised as shown in the table below.

Activites	Details	
Market linkage in Vyara APMC	Number of farmers linked	110
	Sales in (Rs.)	Rs. 1,21,191
	Sales in (Kg)	12,069
Participation in different exhibitions/fairs	Number of exhibition/fairs attended	8
	Number of farmers linked	34
	Sales in (Rs.)	Rs. 1,36,940
Adoption of scientifically designed agro-tools	Number of farmers	182
	Tools purchased in (Rs.)	Rs. 87,265
Usage of improved seeds	Number of farmers	230
	Seeds purchased in (Kg.)	1226
	Seeds purchased in (Rs.)	Rs. 60,062
Input support for demonstration from KVK	Number of farmers	176
Agriculture trainings	Number of trainings	52
	Number of participants	1242
Animal husbandry trainings	Number of trainings	34
	Number of participants	908
Subsidy support through different government schemes	Number of farmers	14
	Amount in Rs.	Rs. 3,550

2.3 Around 2500 women would have been trained on livelihood and/or social security aspects through conducting of 120 trainings/workshops

2.3.1 Agriculture and animal husbandry trainings

Capacity building of farmers to enhance their skills in agriculture and animal husbandry particularly to inculcate improved and scientific practices among them was a major focus. In this context efforts are being made to reduce the input costs by adopting appropriate farm practices as well as promoting good practices in cattle care to our members.

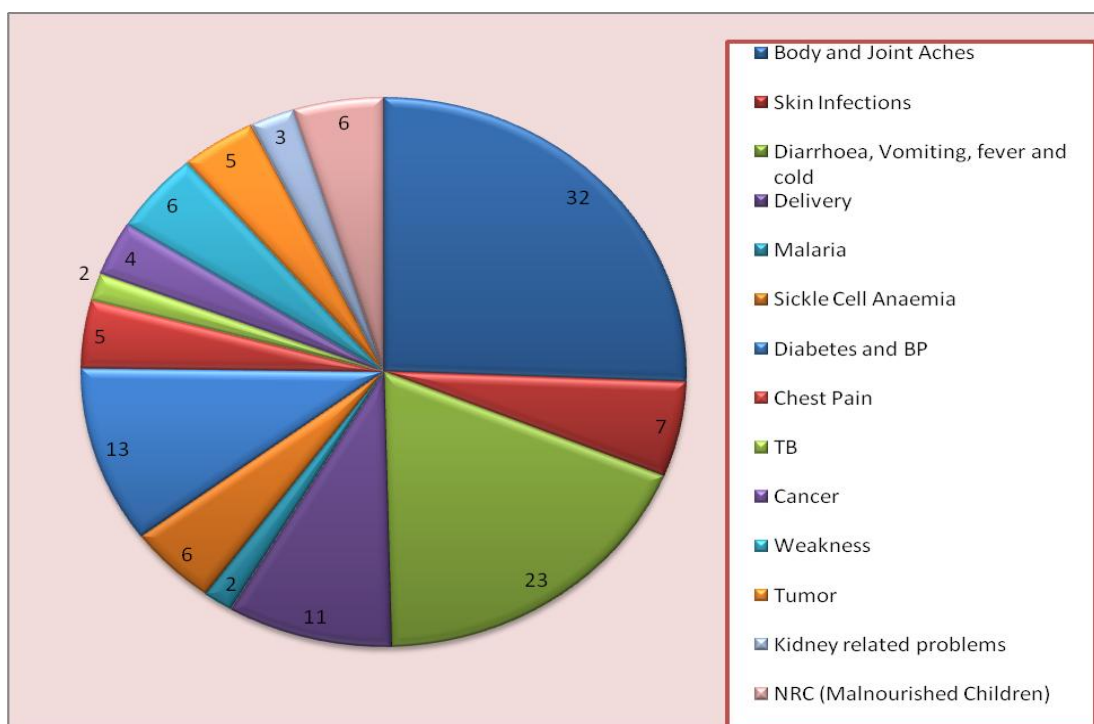
2.3.2: Health training and door-to-door contact

Through door-to-door contact, the community health workers created awareness amongst the members on relevant health issues and on government programmes and services. In addition to door-to-door contact 386 area meetings have been conducted in which 5239 women and young girls have participated. 907 group education sessions using visual media like posters, pamphlets, CD and video replays were used to educate people on hygienic practices, sickle cell anaemia, de-addiction, uterine cancer, and breast cancer, other gynaecological problems and nutrition. To further reinforce the knowledge imparted through door-to-door education and

group sessions, rallies were carried out in the areas using posters and pamphlets. Health sessions also included topics on government programmes like ICDS and RSBY.

Increasing awareness on health issues among the people has had a positive impact as many of them have started to have open dialogue and also frequent the hospitals for check-ups. In the past several months the referral cases reported in the intervention areas has shown a rising trend with 119 people referred to government hospitals for different health problems.

It is significant to work closely with local health functionaries, local government representatives and departments like the village head or Sarpanch, ASHA worker, Anganwadi Worker, ANM in order to strengthen the delivery mechanism and ensure entitlements and rights reach the last mile. During Mamta Diwas or village health and nutrition day in each village or sub-centre, the health worker actively took the lead in mobilizing the adolescent girls and women to take part in the Mamta Diwas. During the reporting period health workers have referred six malnourished children to the Nutrition Rehabilitation Centre (NRC) in Vyara, attached to the CHC, where the child is kept along with the mother for 21 days and the mother paid Rs. 100 per day to compensate for the loss of wages during this period. In the chart below is depicted the disease-wise breakup of referrals done by LSSTs health worker during the year.



2. 3. 3: Skill- based training and Financial Literacy

A total of 15-days training on basic masonry were provided to 106 women. Additionally trainings on financial literacy and financial counselling were also held. From the areas 200 women were mobilised to join the credit cooperative as members. 12 women who have availed

credit services either to build their household toilets or to expand their businesses belong to this sub-group.

With the objective of enhancing the scope of SHGs and building on their primary motive of encouraging savings, the members have received exposure to various training programmes and opportunities to develop other skills such as construction work and bamboo-making.

OUTPUT 3 Creating models for integrated and sustainable development in 5 villages

3.1 12 demonstrations of Agriculture, WATSAN and/or energy efficiency conducted in 5 villages

3.1.1 WATSAN Provision

In providing doorstep access to water and sanitation, our approach was to begin with awareness, sensitization and mobilization of local women leaders in the community and building their capacities to share the skills that they learned with other women. Teaching them to leverage their skills and knowledge contributed to a more active role locally in the implementation of development programmes related to them. This model of self-reliance gradually spread and resulted in local-led and women-led development, or at least participation in the processes of development.

3.1.1 Water provision

The objective of our program is two-fold;

- (i) Community monitoring and surveillance of water sources: women are encouraged to use the chemical and bacteriological field testing kits themselves
- (ii) Generating awareness among women of the importance of water quality and water borne diseases

3.1.2 Sanitation Provision

In increasing access to sanitation we followed an approach that was designed around examining the on-going government scheme for toilet construction, identifying gaps and basing our approach on addressing these gaps.

3.1.3 Energy Programme

In terms of promoting increased use of efficient energy and adapting energy conservation technology by our members, we have taken the approach of holding village-level demonstrations and teaching members about energy use for household purposes like lighting and cooking, through household audits. In some villages, we have focused on installing energy efficient smokeless stoves or 'nirdhum chulhas'.

3.1.4 Integrated approach in model villages

All our programs and activities have been directed towards building the capacities of local Aagewans and Sanklit Sathis to bring about locally-led development. After consolidating

activities and programs in the first 2 years of the project, the third year was largely characterized by foregrounding the village aagewan and then the Sanklit Sathi as the person who is the first point of contact for the members. This practice has systematically increased both members' confidence in their leaders and the leaders' confidence in themselves and their abilities. We have organized several trainings periodically to keep on upgrading the skills of the Aagewans and Sanklit Sathis. Women have also emerged as leaders themselves in several capacities and been instrumental in integrating the program in their villages. Different awareness creation programmes at village level resulted in Improvement in access to water and toilets. 5 villages were selected for focused interventions with the aim to reach all the services in an integrated and holistic manner.

An incentive-based system was developed for delivery of these services in a sustainable way. The aagewan-led and aagewan-driven model we had envisaged for integrated development in the work villages met with some success in the delivery of services: financial and sanitation especially.

Conclusion

A wide a range of interventions were incorporated that mainly focussed on reaching out to informal women workers and their families. Empowering adolescent girls, looking at child care centres as a right for informal women workers to engaging the community members to take charge of their health and strengthening partnerships with women's groups in Africa was the emphasis during the year. By and large the focus was to reach out to informal women workers keeping in mind their diverse needs and ensuring maximum participation of women in their own development, through organised and collective efforts and increased awareness on their entitlements and rights.

Reinforcing sustainability and giving it a renewed start has brought LSST to the beginning of the second decade with many plans and ideas to weave sustainability as a core strategy in all programmes aimed at empowering informal women workers and their families.