ANNUAL REPORT

2016 -2017

LOK SWASTHYA SEWA TRUST

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Contents

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Introduction

Lok Swasthya SEWA Trust (LSST) was registered in 2005 as a charitable trust to undertake social security and welfare-oriented activities like health education and awareness, child care, insurance education and livelihood promotion. LSST is one of the organizations of the movement of informal women workers initiated by the Self-Employed Women's Association (SEWA), a national union. SEWA organizes women engaged in the informal economy for full-employment and self-reliance. Full employment includes work and income security, food security and social security. The latter includes health care, child care, insurance, pension, housing and water and sanitation. Self-reliance is both in terms of financial viability and in terms of decision-making and control by women.

The objectives and activities of LSST aim to achieve this larger goal of SEWA---full employment leading to self-reliance. The core objective of LSST is to provide social security to women workers of the informal economy and their families in a sustainable manner. Social security, as mentioned above, includes health care, child care, insurance, pension and housing with basic amenities. These components of social security enable SEWA's members to pursue their livelihoods and build meaningful lives for themselves and their families. Ensuring social security is significant for the empowerment and self-reliance of SEWA's members. LSST's core programmes focus on the areas of health and child care which includes promotion and sale of Ayurvedic medicines, and have strong linkages with the other sister units of SEWA that provide the services of housing, water and sanitation, livelihood, pension and insurance. LSST works in close cooperation with SEWA's National Insurance Cooperative and the SEWA Cooperative Federation to address risks across the life-cycle and livelihood promotion through cooperatives respectively.

LSST has always followed a multi-generational approach that addresses issues related to adults, adolescents and children. It targets age-specific programming to these different categories to ensure inclusion of the entire family. Also, by reaching these

different age-groups through its programmes, it strives to inculcate and promote SEWA's values to all age-groups in the families it works with.

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

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

i. Organising ---enrolling members in SEWA's union and cooperatives)

ii. Education and awareness creation on health, nutrition, hygiene and rights and entitlements in these spheres

iii. Health camps for diagnosis and referrals

iv. Referral services to hospitals

v. Linkages with government schemes and programmes

vi. Promotion of insurance by VimoSEWA (SEWA- promoted insurance cooperative)

vii. Promotion of Ayurvedic products and generic medicines manufactured by 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.

Figure: 1 Camp for adolescents (Testing Haemoglobin levels and Blood group)

Table 1: Geographic area of LSST's programmes

District/City	Block/Ward[1]	Village/ Chali [2]	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	30	8,700	43500
Gandhinagar (Rural)	Dehgam	5	4,100	20534
Surat City	2 Wards	30	13,228	63,245
Ahmedabad City	15 Wards	42	16,612	83,060
Child Care Centres (Ahmedabad City)	7 Wards	13	5,300	26500
Total	10 Blocks 21 Wards (3 Wards common for Health and Child Care)	110 Villages 72 Chalis (3 Chalis common for Health and Child Care	92,835 (1200 common for health and child care)	4,61,333 (6000 common for health and child care)

Tuberculosis-Urban Slum Scheme

LSST has been working with tuberculosis-affected families intensively over the last several years with a concentration in the Asarwa ward of Ahmedabad city. This ward is home to a large migrant population from Madhya Pradesh, Uttar Pradesh, Bihar and Rajasthan. The high population density in this area makes for difficult physical living conditions. In addition, a number of Asarwa residents are addicted to harmful substances like alcohol and tobacco. Both these factors contribute to the difficulty in containing tuberculosis in this ward.

[1] Ward is an administrative unit of the city region, a city area is divided into Zones, which in turn contains numerous wards
[2] Chali is a street or lane in an urban neighbourhood settlement

Table 2: Coverage of Tuberculosis Programme

Ward	Chali	Total Houses	Total Population
2	15	4000	20,400

The aim of LSST's TB programme is to create awareness about TB and counsel and refer people according to their situation. SEWA community health workers (CHWs) move around in the communities and identify the TB patients who fall into different categories as classified by WHO. The activities under the TB programme include door-to-door visits, area meetings, exhibitions, rallies, education in schools, referrals for TB patients and creating awareness about TB during the monthly Mamta Diwas (Health and Nutrition Day) held in each area.

In recent years there has been an increase in the number of TB cases, particularly M.D.R. (Multi Drug Resistance) and X.D.R (Extreme Drug Resistance) cases. In this area addiction to alcohol and tobacco is highly prevalent which further deteriorates their condition. As a result, the effects of medicines reduce and patients tend to discontinue treatment. Moreover, the side effects, the long treatment schedule and following strict adherence to treatment deter several TB patients to complete the treatment, thereby developing resistance to medication.

In education sessions and all interactions with community persons, SEWA'S Community Health Workers, CHWs, stress the need to complete the course of treatment and to eat a nutritious diet. The education sessions also address the problem of addiction to harmful substances such as tobacco, and their adverse effects on TB patients. Members are also told about the higher TB risk faced by HIV positive individuals, and the need for greater care among TB patients suffering from non-communicable diseases, like blood pressure and diabetes.

Education and awareness creation about TB from an early age is important to ensure the prevention of TB and have a healthy society. To reach young persons, education about TB specifically and about leading a healthy life is given in schools. Youth groups are encouraged to organize rallies about TB and spread awareness about it in the

community. Pregnant mothers and adolescent girls are core groups that are targeted for education on TB and these groups are regularly given information about TB during the monthly Mamta Diwas organized in each community.

A collective or mandal of adolescent boys was formed to take the leadership to bring about a change within their community area. The mandal was given education and training on various health topics including TB and DOTS. Exposure visist to the nearby Urban Health Centre was arranged to enhance understanding and awareness among the boys. Adolescents (boys) have now understood the problem (eg. addiction, high risk diseases like TB, HIV) existing in their area and are determined to reduce the incidence and prevalence of TB. The mandal has started participating in awareness campaigns with the help of SEWA CHWs. Use of technology, like mobile phones to show video graphics and awareness using social media, was encouraged among the mandal for a wider outreach and ensuring that frequent awareness messages reach all the community members. The mandal also took the initiative to make their community cleaner and healthier, and approached the officials from the local city authorities to remove the neighbourhood garbage dump. As a result of collective efforts, the garbage was cleared and transformed into a community space-cum playground for the members.

Table 3: Activities on TB prevention activities in 2016-17

Sr. No.	Activity	No. of groups	No. of participants
1	Door-to-door education	NA	4000
2	Area Meetings	73	2622
3	Exhibitions (TB and Addiction)	30	1408
4	Rallies (TB, Addiction, Cleanliness and Hygiene)	11	428
5	School Education	9	2057
7	TB information provided during Mamta Diwas	17	806

Figure 1: Exhibition on TB prevention and treatment

Table 4: Current TB patient status in Asarwa Ward

Category	Total
Category 1	22
Category 2	12
Multi-drug resistant	3
Total	37

Occupational Health

The physical conditions under which many SEWA members work at various occupations such as kite-making, incense-stick rolling, sewing, vending, and agricultural work lead to occupation-related health problems. LSST's occupational health program aims to reduce occupation-related health problems, so that women are able to maintain good health, be more productive and earn better incomes. Occupational health has been

a focus area for LSST from the very beginning and is now an integral part of its health programmes.

Education and Awareness

A critical part of reducing occupation-related health problems is to create awareness among women about the possible hazards their occupations can create and help them address these hazards. Educating women about occupation-related health issues is thus an important first step. In the last year, the activities on occupation health included increasing awareness about these issues through education sessions. A total of 50 area meetings were held with 1060 women who are engaged in sewing work and kite-making.

Exhibitions on topics related to occupational health were held in Ahmedabad and Surat cities. A total of 120 exhibitions were held reaching a total of 4568 women.

Table 5: Activities under LSST's Occupational Health Programme

Sr. No.	Activity	Meetings Conducted	No. of women workers participated
1	Area meetings	50	1060
2	Exhibitions	120	4568
3	Education Sessions	63	1179

In addition, SEWA's community health workers (CHWs) make house visits to understand the occupation-related problems being faced by women. During these home visits and area meetings the CHWs discuss occupation-related pain and recommend home remedies and simple exercises to address the problems.

Over the years, LSST has designed and developed ergonomic devices such as chairs for garment workers, tables for kite workers, frames for embroidery workers and a special type of sickle for sugarcane workers. During these meetings, the CHWs tell members

about these devices and promote their use. They also conduct regular follow-up visits to assess the impact of these devices.

Yoga has been found to be very beneficial for enhancing physical strength and flexibility. LSST organizes yoga sessions in the community and women are taught simple exercises and 'asans' that they can do at home to stay healthy and reduce work-related aches and pains.

Figure 2: Exhibition in the Community

Figure 3: Training sessions with exercises

SEWA Shakti Kendras

In 2015, LSST began to set up SEWA Shakti Kendras (SSKs) in Ahmedabad. The first SSK was set up in 2015. Subsequently the numbers of SSKs were expanded to other areas in Ahmedabad city and district, and to South Gujarat's Tapi district and Surat city.

Table 6: Wards and villages covered by SEWA Shakti Kendra

Sr. No.	City - district	Areas/ villages covered
1	Ahmedabad city	Dani Limda, Saijpur, Saraspur, Behrampura, Bapunagar, Rajeev Nagar, Chamanpura,Siheshwarinagar
2	Ahmedabad District	Ghoda, Navapura, Sindrej, Jhanand, Jalalpur
3	Tapi District	Ucchal, Nijhar, Vyara, Chichbardi
4	Surat city	Navagam, Pandesara

The SSKs aim to improve the community's access to their rights and entitlements from the state and central governments. The SSKs link community members with various government schemes related to health care, nutrition and food security. Each SSK is staffed by a community health worker (CHW) and volunteers, and is located in the neighbourhood where the informal workers reside.

A unique feature of the SSKs is that not only do the CHWs provide information about the various schemes and how to access them, but they also personally accompany the members to various government departments as they move through the process of linking up with a scheme or entitlement. As a result, the CHWs have established strong linkages with government functionaries and have also improved the understanding among these government functionaries about the needs and issues of informal women workers. This type of engagement with the government functionaries helps to improve the overall governance in these departments.

The SSKs have come to be recognized as centres where community members can go with various types of queries. The CHWs are increasingly able to answer most of these, and if some new question comes up, the CHW makes it a point to find out and get back to the member. Each centre thus serves as the neighbourhood hub of where the community feels free to drop in and seek clarity on a range of issues.

The SSKs also engage with youth in the area and promote youth groups or yuva mandals that become active as community based organizations in the area. They take up issues of hygiene and cleanliness in the area and assist the SSK in conducting various activities. They also support girls' education, educate and mobilise against early marriages and pre-natal sex determination and work for gender equality in general.Most importantly, they become stakeholders in the SSK and are trained to take on the running of the SSK when LSST withdraws from active day-to-day operations. The youth groups are thus a key element in ensuring the sustainability of these SSKs.

Figure 4: Health Camp at the SSK

Figure 5: Meeting with the local health team

Sustainability for SEWA Shakti Kendras

All the SEWA Shakti Kendras have a focus on building community engagement and becoming sustainable units. LSST is experimenting with different strategies for making the SSKs sustainable. In some SSKs, we work in partnership with the local panchayat which provides the space for the SSK. The panchayat also helps the members with the documents and certificates that they require for accessing various schemes. LSST's contribution is in terms of placing a community health worker (CHW) at the SSK for an initial period. The CHW initiates the work of the SSK and trains a local woman who can take over the running of the SSK after she is trained. This model provides for continuation of the SSK even after LSST's direct involvement in it comes to an end.

Another strategy being tried in some SSKs is to take a nominal contribution from community members who are provided services by the SSK. The fund that is thus collected will be handed over to the SSK as a corpus to enable their independent functioning.

A third low-cost model is for the SSK to be linked with existing programmes like the child care centres. The child care centre becomes the physical centre in the community where local residents come for information about their entitlements and various

government schemes. If needed, the CHW also accompanies the community member to access a particular scheme or entitlement.

A fourth model is one where members of the local community are given information and support for accessing entitlements and for information on health and nutrition. In addition, LSST has started wellness sessions for local residents including yoga. This introduces a new, health-promoting activity for local residents which were hitherto unavailable to them. A nominal fee charged for these yoga sessions builds the women's sense of engagement and ownership in the centre, and also contributes to its long-term sustainability.

Activities carried out by the SEWA Shakti Kendras

A range of activities are carried out by each SSK for meeting its objectives. Table 7 lists these activities.

Table 7: Activities carried out by the SSKs in 2016-17

Sr. No.	Activity	Number of Events	Number of persons participating
1	Area Meetings	707	9140
2	Exhibitions	105	4039
3	Rallies	22	1445
4	Jan-Samwad/Public Dialogue	12	914
5	Health camps	145	6012
6	Linkages with government schemes	-	3721
7	Women's Education sessions and Adolescent Education sessions	476	10031
8	Youth meetings	45	609

i. Area meetings

Area meetings are meetings conducted in the area where community members come and share their concerns and issues about a variety of issues related to the SSK and its objective.

These area meetings help the SSK team to discuss in detail with the community about the problems they are facing, and work out strategies to address the same. Moreover, since these meetings are held in open spaces in the areas, men from the community also attend these meetings. This makes it easier for women members to discuss SSK- related issues in their homes, once their husbands have also participated in the area meetings. In the reporting year, a total of 707 area meetings were conducted across the 18 SSKs.

Figure 6: An area meeting in Surat city

ii. Exhibitions and rallies

Exhibitions play a crucial role in generating awareness and reaching out to people. At each exhibition, posters, banners and flipcharts are displayed to illustrate various topics related to health and nutrition and government schemes. Furthermore, the CHW provides additional information to the community members to ensure greater clarity and understanding of the exhibits. These visual means of communication create a lasting impression and are easy to remember for the community. The exhibitions are held both at the SSK and in the community. In addition to exhibitions, information is disseminated in the community through rallies taken out by women and youth members associated with the SSK.

Figure 7: An exhibition on nutrition

iii. Jan samwads

Jan Samwads or public hearings are village or community level meetings between members of the community and government officials. Each Jan Samwad focuses on one or two issues of concern to the community. The Jan Samwad is an opportunity for exchange of information and views between the community and their local government officials. These meetings also provide an opportunity to the government officials to present specific schemes or entitlements to the community. The community in turn is able to voice their concerns, and clarify their doubts on a variety of issues related to the schemes and entitlements being discussed. In the reporting year, a total of 12 Jan Samwads were held.

iv. Health camps

Health camps are organized in the various neighbourhoods where LSST works on specific illnesses, and a doctor is present to examine and advise all persons who come to the camps. Medicines are also given at these camps. If required, persons attending the camp are referred to the local hospital for additional medical attention. Table 8 gives the breakdown of figures for health camps held in the reporting year.

Table 8: Health Camps by SSKs in 2016-17

Sr. No.	Type of Camp	No. of camps	No. of persons
1	General Camp	52	2714
2	NCD (Non-Communicable Diseases) Camp	54	1668
3	Eye Camp	10	495
4	Suvarnaprashan Camp for children(Ayurvedic drops for immunity)	3	137
5	Gynaec Camp	21	653
6	Nutrition Camp	4	165
7	Paediatric Camp	2	95
8	Camp for pregnant and lactating women	1	25
9	Camp to test Haemoglobin levels and Blood group for adolescent girls	2	60

Figure 8: A health camp in Ahmedabad city

v. Education sessions

Education sessions are held regularly by the community health workers of the five SSKs, to increase awareness about the rights and entitlements of women and adolescents, with regard to government services and schemes. Education sessions are also held to increase their knowledge on a variety of issues related to health and nutrition.

Figure 9: An Education Session in Vyara taluka

vi. Door –to-door visits

Community health workers (CHW) visit individual homes to establish rapport with the women and their families. These visits also enable the health workers to understand specific issues one-to-one, as many women and young people feel comfortable talking when they are alone rather than in groups. SEWA's CHW visited each home in the SSK's catchment area at least one time during the first year. During the visit, the community health worker not just provides information, but also she tries to understand the issues faced by the members with regard to various schemes and services, apart from any health issue in the family.

vii. Linkages with government schemes

CHWs at the SSKs not only provide information on entitlements and rights of community members, they actively link community members with government schemes and programmes. For this, the CHWs in all the SSKs have established good relationships with government officers in the Urban Health Centres, the Urban Community Development Centres, the City Civic Centres, and the local revenue officers like 'talatis' and 'mamlatdars' in their areas. Several government schemes require members to have documentation certifying their age or their income, which they often lack. The first step, therefore, becomes helping members get the necessary certificates so that they can apply for the government schemes.

viii. Youth Engagement

The engagement of adolescent groups is an integral part of each SSK, and members of youth groups participate actively in the activities of the SSK. Adolescents are encouraged to become members of local committees such as the Mahila Arogya Samiti (MAS) and the Village Health, Sanitation and Nutrition Committee (VHSNC). In Ahmedabad city, two adolescent girls in our girls' mandal became members of the MAS in Dani Limda. Members of the youth groups or yuva mandals also assist the CHWs in mobilizing members for various meetings and events, and help them conduct these events. This serves multiple functions. The youth get acquainted with issues facing the community, which then enhances their capacities to take on leadership roles for the health and well being of the community. Youth engagement also aids the sustainability of these SSKs as they begin to feel a sense of ownership of these local centres.

Youth Programmes

LSST started working with adolescent girls in 2002-03 in response to requests from SEWA members to train their daughters about health issues and more generally about their rights so that they would become aware and confident and be able to lead good lives. The work with adolescents gradually evolved into the promotion of youth groups or mandals in different areas. Initially LSST's youth activities were only with adolescent girls, but the demand from young boys led to small interventions with boys such as education sessions, exposures to local health centres, banks, etc. However, the commitment and eagerness of boys to get involved in more and more activities, encouraged our team to actively engage with and involve the boys in action and activities, both in urban and rural areas.

During the past year, LSST worked with adolescent girls and boys by forming youth groups called Kishori Mandals, engaging them in a variety of activities. Adolescents are enthusiastic in participating in programmes, while ensuring that whatever they learn reaches the community.

Figure 10: An Adolescent Girls' Training

LSST is currently working with 79 youth groups in the rural areas of Ahmedabad district and Dehgam block of Gandhinagar district, and also in the cities of Ahmedabad and Surat .

LSST regularly engages with the youth groups through a variety of activities. These include monthly meetings with each group, education sessions and door-to-door contact. In addition, members of the youth group are taken for exposure visits to various community programmes and civic offices like the local anganwadi, Mamta Diwas etc. The adolescents are encouraged to be active in civic affairs and facilitate linkages of community members with government schemes and programmes.

In Kadiyani chali in Asarwa ward of Ahmedabad city, an adolescent boys group, with support from the LSST team, worked with the municipal corporation to clean up an open space in their neighbourhood and had it paved. The efforts of the youth group transformed a waste disposal site into a clean area where the youth could assemble, play games and conduct community events. It also removed a health hazard from the neighbourhood.

Figure 11: Kadiya-ni Chali before and after the clean up

A workshop on vocational training and skills was organized for adolescent girls (aged between 15 to 20 years) in Shankar Bhuvan, a large slum on the banks of the Sabarmati River, to promote self-reliance through new avenues of employment and opportunity. Around 50 girls participated in the workshop. The workshop was conducted with the help of the Urban Community Development (UCD) staff of Shahpur municipal ward. The staff of UCD introduced and gave detailed information on vocational training courses like using sewing machines to sew garments, personal care, spoken English, computer programme packages and vehicle driving, to name a few. The groups of girls were organized in advance and they asked questions and interacted with the UCD staff.. As a result, approximately 35 girls have joined sewing classes at Dudheshwar UCD centre, at a nominal fee of INR 100 a month and, 3 girls have enrolled for computer training courses.

Figure 12: Workshop with adolescent girls

Table 9: Activities of youth groups in 2016-2017

No.	Activity	Number
1	Participation in Mamta Diwas	375 adolescents
2	Involvement with the ICDS activities	450 adolescents
3	Participation in the Polio Campaign	16 adolescents
4	Linkages with ICDS	4528 children and adolescent girls
5	Blood tests for Hb, Blood group and Blood sugar	1904 adolescents
6	Education Sessions by Government Departments on nutrition, TB and government programmes/schemes	8537 adolescents
7	Mobilized for various camps	5467 people
8	Referrals	379
9	Linkages with government programmes and schemes	7831
10	Exposure visits to health centres, government departments/ service providers	19/432

Mahila Arogya Samiti

The Mahila Arogya Samiti (MAS) aims at promoting community participation in health at all levels, including planning, implementing and monitoring of health programmes. Each MAS is a local women's collective with an elected Chairperson and a Secretary, and covers approximately 50-100 households in slum and slum-like settlements. It addresses local issues related to health, nutrition, water and sanitation and the social determinants of health at the habitation level. The ASHA (Accredited Social Health Activist) in the area is the member secretary.

LSST was asked by the Municipal Corporation to provide capacity-building inputs to 50 Mahila Arogya Samitis in three wards of Ahmedabad city: Shahpur, Behrampura and Ambavadi, in addition to the 25 MAS already trained last year. The topics of the capacity-building training include:

1. Roles and responsibilities of the Mahila Arogya Samiti
2. National Health Mission and National Urban Health Mission
3. How to make monthly activity plans
4. Optimal utilization of untied funds given to MAS

5. Activities of local-level civil society organizations
6. Ten steps for a healthy life
7. Illnesses caused due to impure water and food
8. Adolescent and women's health
9. Recognizing and reaching marginalized groups

Figure 13: A MAS Training in Ahmedabad city

LSST has been instrumental in identifying women and adolescent girls to become members of the MAS. LSST has been working with a total of 75 MAS in five areas of Ahmedabad city.

Table 10: Mahila Arogya Samitis working with LSST in Ahmedabad City in 2016-17

Ward	No. of MAS
Rajpur	10
Odhav	4
Shahpur	10
Behrampura	31
Ambawadi	20

The training for MAS was done in four phases.

1. The first phase was an orientation which primarily discussed the roles and responsibilities of MAS and its members, the significance of empowering the

community to take charge of the issues in their communities, and how the community members could work closely with the government to ensure effective implementation of all programmes.

2. The second phase focused on the untied funds, preparing action plans and strengthening community-based monitoring.
3. In the third session emphasis was given on health and hygiene, menstrual hygiene, ante-natal care, post-natal care, entitlements and rights of the community and how they can be met, and reaching out to the vulnerable population.
4. Finally the public health services and structure was discussed with a focus on convergence, how to work with different departments and in an integrated manner.

The members of all the 50 MAS were trained during the year and follow-ups done to ensure their active leadership at the local level. During the next few months, refresher training sessions and follow-up meetings will be organized regularly. In addition, strengthening partnerships with government departments and local health functionaries through the MAS would be emphasized for long-term sustainability.

Childcare

LSST has been providing child care services for self-employed women workers in the informal economy since 2005. Childcare enables the working mothers to engage in income-generating activities knowing that their children are in a safe and nurturing environment. LSST has developed an integrated approach in its child care centres and provides holistic care, health inputs, nutritious meals and early child hood development. All the centres focus on overall development of children, and emphasis is given to their physical, emotional, mental, and social well-being.

The community participates in the decision-making and management of the centres. Community contributions build ownership in the centres and provide for their long-term sustainability. Parental contribution is important to build community ownership in the child care centres, and also to ensure long-term sustainability of these centres. In addition, members of the community contribute in cash and kind towards the child

care centres, especially on special occasions such as birthdays, anniversaries and festivals. All the centres or crèches provide full-time childcare and education to children between the ages of 0 to 6 years, of which a third are below 2 years of age.

These child care centres are located in the neighbourhoods where the informal workers live and work, which makes it easy for mothers to drop and pick up their children, and gives the latter a sense of comfort, being in a familiar setting. Each centre has all the basic facilities like a toilet and kitchen for cooking freshly cooked food, and the timings of the centres--- from 9:30 a.m. to 5:00 p.m.,---enable parents, especially mothers, to do a full day's work with peace of mind.

The key activities carried out in the past year at the 4 centres supported by LSST are presented below.

a. **Nutrition**: Ensuring adequate and nutritious meals for children ensures their physical and mental growth. Children are served either milk or fruit every morning, a freshly cooked nutritious meal for lunch and a nutritious snack at tea-time. The menu is prepared with lot of care ensuring a balanced diet including carbohydrates, proteins, fats and micronutrients. Children learn to eat a variety of foods and also learn about the importance of hygiene and discipline. Mothers report that children eat all foods without a fuss, wash their hands before and after eating, and now many have learned to eat with a spoon, and do so even at home.

Figure 14: Children being served a hot nutritious meal

Table 11: Sample menu served at the centres

No.	Days	Daily Diet	Quantity of Food served per child
1	Monday	Fada Lapsi/Porridge	40/30 gm
2	Tuesday	Dal-Rice/Lentil Soup-Rice	15/50 gm
3	Wednesday	Mag-Fada/ Lentils with Porridge	40gm
4	Thursday	Pulav/ Vegetable Rice	50/10 gm
5	Friday	Chana-Khichdi/Chick pea and soup-rice	40/40 gm
6	Saturday	Dhokla/Poha, Fermented Rice product or Rice Flakes	50 gm

b. **Healthcare**: The child care workers monitor the physical well-being of each child in the centre. Balsevikas are trained to measure height and weight of children and maintain a growth monitoring chart for each child, as suggested by the World Health Organization. Regular growth monitoring is done for all children and this information is shared with parents on a regular basis. Special care is provided to the children between 0 and 2 years, to minimise the chances of the cycle of malnutrition and infection that young children often fall into.

In addition, the child care workers or balsevikas make home-visits to spread awareness about health and hygiene, nutritional imbalances and the importance of eating healthy food, and the value of taking health insurance.

Balsevikas also participate in the monthly Mamta Diwas, or health check-up and awareness day, organized by the government in each area for children, adolescent girls and pregnant and lactating mothers. Pregnant and lactating mothers are encouraged to participate in '*healthy mother*' and '*healthy baby*' competitions and are encouraged to follow healthy dietary practices and breast-feed the new-borns.

c. **Early childhood development:** This focus area in the child care centres aims to promote cognitive and motor development among young children through various activities. The curriculum at the centres focuses on overall development (i.e. physical, psychological and social) of children and includes recreational

activities and learning through fun, such as story-telling, singing songs and learning numbers and alphabets. The songs and rhymes convey useful messages that emphasize eating pulses and vegetables on each day of week. The children are also taught the alphabet – both English and Gujarati. The curriculum is tailored for different age groups. For instance, children aged 4 years and above learn how to write numbers and the alphabet. Younger children learn through games and puzzles.

Children who graduate from the childcare centres and move to primary schools are awarded certificates and given small farewell gifts in the annual graduation event. This function is organized with support from the parents and community leaders. Elected corporators and local leaders are invited as special guests at the events, to motivate and encourage the children and their parents.

Figure 15: Children learning letters of the Gujarati alphabet

d. **Community Linkages:** The Balsevikas maintain strong linkages with members of the community where the centres are located. Each sevika ensures that she meets five mothers each day. Monthly meetings are held with parents to exchange information and build their ownership in the child care centres. It has been difficult to get the fathers to come for the monthly meetings due to their work commitments. LSST organized quarterly father's meetings to involve the fathers in their children's well-being and development.

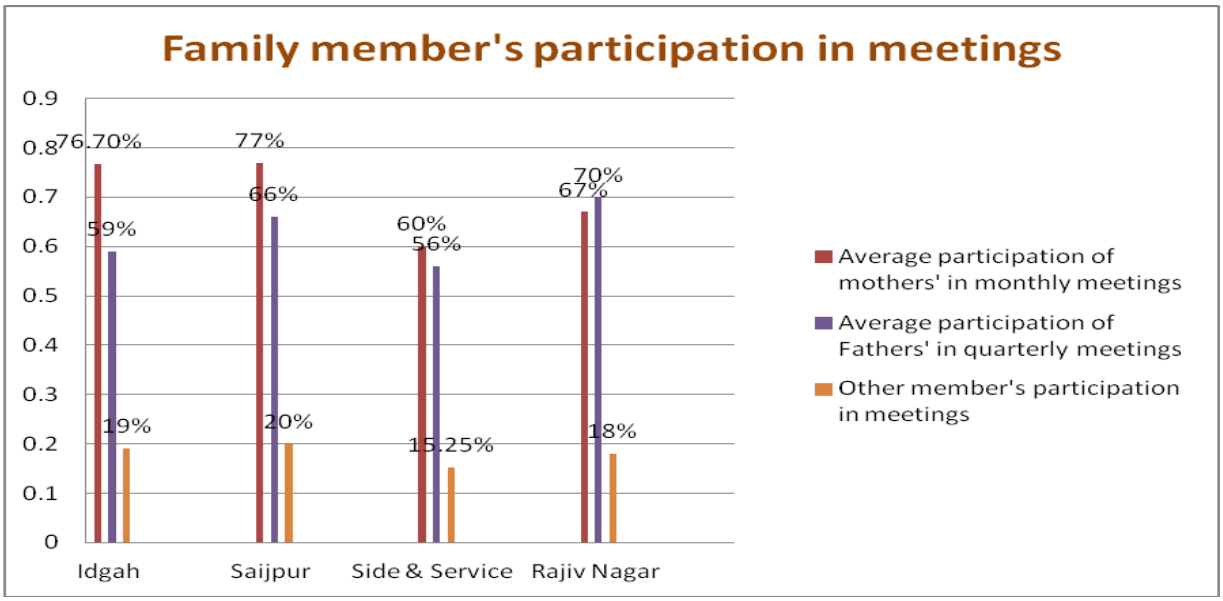
e. **Capacity-building of Balsevikas**: Regular capacity-building sessions are held for the balsevikas to ensure that they continue to provide quality child care in the centres. Training sessions are also conducted by a gynaecologist on topics related to health and nutrition, including the importance of immunization.

Parent's meeting:

The following **table** depicts the average participation of family members in meetings conducted to enhance parents' involvement in child's development.

Table 12: Meetings with parents in 2016-17

Name of the Centre	Average participation of mothers' in monthly meetings	Average participation of Fathers' in quarterly meetings	Other member's participation in meetings
Idgah BalSEWA Centre	76.70%	59%	19%
Saijpur BalSEWA Centre	77%	66%	20%
Site & Service BalSEWA Centre	60%	56%	15.25%
Rajiv Nagar BalSEWA Centre	67%	70%	18%



The above graph shows surges in mother's participation in meetings at Idgah and Saijpur BalSEWA centre to keep up-to-date with children's growth.Participation of fathers in meetings was high at Rajiv Nagar and Saijpur BalSEWA centre. In some cases, both parents have participated in the meetings. One Focus Group Discussion (FGD) with mothers at Idgah centre revealed that mothers attend the meetings as they do not want to miss the opportunity to learn about their children's development and parenting skills, women's health issues and various social security entitlements. These are some topics discussed during these meetings. Child care centre at Site & Service area observed around 60% of participation from mothers due to the long hours of work (garment stitching and kite-making); they have to put in to make ends meet. They therefore cannot attend meetings regularly. Our child care workers do their best to explain the important role of fathers in children's overall development.Overall, in all the centres the mother's participation in monthly meetings was observed to be between 60 to 70 percent, whereas father's participation in quarterly meetings was up to 60% and more. Frequent interaction and persuasion have resulted in a significant increase in the participation of both parents in the meetings, or at least of their family members. In case, the mother or father cannot attend the meetings, neighbours, elderly family members, older siblings, and other relatives participate.

Child care Campaign - FORCES

SEWA is a founding member of FORCES (Forum for Crèche and Child Care services), a civil society network that monitors and holds the government accountable for providing quality child care services. FORCES advocates for an integrated approach to early childhood care and development that recognises the needs of the mother as a worker, along with those of the young child. The network has actively and successfully advocated for child care and maternity entitlements, through legislation and inputs to national policy processes. The policy gains of the past two decades give FORCES a strong foundation on which to build a national campaign.

In April 2016, FORCES held its annual meeting and decided to launch a national campaign, linked to a global campaign, on childcare. To launch the campaign, FORCES organized a national level workshop in June 2016 in New Delhi. The workshop was co-hosted by FORCES, Centre for Women's Development Studies, SEWA, LSST and WIEGO.

The workshop brought FORCES state chapters and national members together to discuss the key demands and strategies for a national campaign.

Participants at the workshop agreed to ensure that child care is accepted as an essential service, within the ILO-stipulated social protection floor, to ensure access for all informal and formal sector workers and generate decent work opportunities for care providers.

At the workshop, FORCES members agreed on six key demands for the national campaign:

1. Quality childcare is a right for all
2. Full-day, free, quality, holistic and integrated early childhood care for all (Integrated includes health services, nutrition, water and sanitation, education and safe spaces for children up to six years of age.
3. Increased and adequate investment by government – central and state – for quality child care, indexed for inflation.
4. Childcare undertaken in a child care centre be recognized as decent work and care- givers be given appropriate skills training
5. Maternity entitlements for all women as a foundational component of social security
6. Development of appropriate and participatory mechanisms for implementation, monitoring and evaluation including grievance-redressal systems.

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

LSST participated in a research study that was conducted by WIEGO among member-based organizations in five countries – Brazil, Ghana, India, South Africa and Thailand. The study focused on informal economy women workers, and tried to understand the interaction between their need for economic security and their responsibility for child care. The results of the study were published in July 2016, in a WIEGO publication entitled "A synthesis of research findings on women informal workers and child care from six membership-based organizations".

The findings of the study highlight women's disproportionate responsibility for the care of children and its impact on their ability to earn and build savings for their old age. Caring for young children leads to women choosing more flexible jobs that are more insecure and lower-paying. Further, the nature of informal employment with long hours and lack of social protection places their children in vulnerable situations.

The findings point to the need for broader economic and social policy change in support of the working poor, including macro-economic policies, urban policies and regulations, labour standards and social protection.

Life-Long Learning

The Life-long Learning programme was initiated in LSST's child care centres in the year 2015. The Life-long Learning programme aims to strengthen the understanding about day to day safety among young children – at home, at school, while playing and traveling etc. Children learn about crucial safety practices through games and age-appropriate activities. By learning these at an early age, the children develop lasting habits for safety and risk-prevention. The Life-long Learning model was developed and adapted from German counterparts, where it has been successful in enhancing understanding of day-to-day safety lessons among children from early age.

This programme was implemented in three child care centres in Ahmedabad city. In each centre, 12 children between the ages of 5 and 8 years were selected to engage in the games on a daily basis for six months. The balsevikas at the three childcare centres were first taught how to use the games developed by the programme so that they could, in turn, teach these to the children in the programme.

Figure 16: A Balsevika teaching games to children at a child care center

The children came regularly to the child care centre and played the games with great enthusiasm. The children also took the games and activities to their homes and played with siblings, other family members and friends. Out of the 36 children who were enrolled in this programme, 31 children (an average 10 children per center) were regular in playing the games developed for the programme. The children not only learned the safety measures themselves, they also encouraged their families, friends and neighbours to adopt these practices. For instance, children whose parents worked as construction workers urged them to wear helmets while working.

To measure the efficacy of the Life-long Learning programme, children were given simple tests before and after the programme to assess their understanding of the different types of risks faced in day to day living. The children were also assessed on their knowledge of preventive measures that can be taken against these risks. The results showed that knowledge about possible risks increased significantly among all the children who had participated in the programme. The children's knowledge about preventive measures also showed a marked increase after engaging in the programme.

Figure 17: Different types of games used in the Life-long Learning Programme

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

SEWA is based on the principle of organizing women into their own collectives or co-operatives, thereby helping them to develop collective strength and bargaining power, and self-reliance. Expanding our work to other parts of Gujarat with this objective, the "Shri Megha Aadivasi Khet Utpadak Sahkari Mandli Ltd" was formed in 2014 in Tapi District, in South Gujarat. The major income-generating activity in the district is agriculture with animal husbandry. The cooperative started with a membership of 324 women which has increased to 997 members in villages of four blocks namely, Vyara, Songadh, Uchhal and Nijjar. The co-operative forms "khedut mandals" or farmer collectives in the villages, who take forward all activities in a decentralised manner, with local women taking the lead.

The main activities of the cooperative are:

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

The main activities undertaken by the co-operative are as follows:

Organising local women farmers

During this year, 181 women became members of the Megha Mandli, bringing the toal to 997 members, as mentioned above. The members are provided with various services like health, agriculture, animal husbandry, insurance and linkages to government schemes. These services are provided to the members through an integrated approach known as "Sankalit abhigam" wherein SEWA sister-organizations like Social Security, SEWA Bank and Mahila Housing SEWA Trust work together in the area to reach out to the members with their services. All these services are taken to the villagers through the cooperative, Megha Mandli.. The cooperative's role is to provide training and promote new avenues of employment and much-needed services.

Capacity -Building

We have formed our members into groups of 25 members in each local-level farmer's groups which are known as "Khedut Mandals". The purpose of forming these collectives is to know and assess the needs of the farmers which would in turn facilitate addressing them in an efficient manner. For this reason a meeting of these collectives is held every month and in the year 2016-2017 a total of 182 meetings were held with an outreach of 2870 members.

The farmer's cooperative has been observing the rising use of chemicals in Tapi district in order to increase their agricultural produce. To break this myth of increased production through chemical means, and to demonstrate to them the benefits of organic farming, some of the members from the collective were taken for an exposure visit to Navdanya, an organisation in Dehradun. Through this exposure, the members were able to understand the benefits of organic farming and also to make a variety of natural pesticides and insecticides on their own, which are effective and minimum costs. This knowledge was then disseminated to the other fellow collective members through 40 meetings with an outreach of 899 members.

As part of promoting organic farming, a survey of the farm land of 70 members was conducted by the co-operative where the level of nitrogen and carbon was found to be low in these fields. Following this trainings were done to address these deficiencies.

Apart from the above mentioned capacity-building trainings, there were training sessions given to 39 domestic and household workers on how to improve one's business and marketing strategies and 40 women were given training on sorting, grading, packaging and marketing.

Market-Linkage

It is important that the farmers get a fair price for their produce and in this context the co-operative has been making efforts to link these farmers directly to the market by taking part in various melas across India.

One such event was organized by the Ministry of Women and Child Development from 14th to 23rd October in Dilli Haat where the co-operative members displayed and sold products made by them like brown rice, lentils and snacks along with the sale of ayurvedic products. Similarly, the co-operative also participated in the "Saatvik mela" or organic food mela where they sold organic products that is produced by their members.

Figure 18: Selling organic products

Figure 19: Taking stock of products in the Satvik Mela

Alternative-Employment Opportunities

Agriculture does not ensure full-employment all round the year; hence an attempt to provide alternate employment opportunities to our members was made and the co-operative has started making vermicompost pits and nurseries for the saplings to grow in one of the villages.

> *"During the three day training I learnt a lot. I learnt how to make soup, beetroot juice, samosa, idli sambhar, etc. The trainer said that it is good that you are getting to learn all of this at such a young age."*
>
> *-Geetaben*

Other than this, 24 members also received training on cooking healthy snacks, cleanliness to be maintained while cooking, and the kind of utensils to be used,. 22 members were also given training on house-keeping, how to take care of the elderly and new born babies, use of household machines like vacuum cleaner, washing machine, oven, mixer-juicer, and other equipment.

Figure 20: Training on house-keeping and cooking variety of snacks

Social Security

For informal workers, any medical expense pushes them towards poverty as they spend all their earnings, savings and at times their property to pay for medical bills. To prevent this, the co-operative helped 161 women take up insurance policies that would help to support them financially during medical emergencies.

Among the tribal populations of Vyara, a majority of the population suffer from anaemia, especially, sickle-cell anaemia, which is hereditary. But recently the team has come across increasing numbers of people affected by non-communicable diseases (NCDs) like diabetes and blood pressure, in addition to communicable diseases prevalent in this area. Many awareness sessions on identification, prevention and diagnosis of diseases such as malaria, sickle-cell, NCDs, leptospirosis and water-borne diseases were organized and reached 5563 women members.

As a result of these awareness sessions, women have started sharing their problems, and they are then referred to either the Primary Health Centre,PHC, or the general hospital depending on the severity of their illness. During the year, a total of 230 women were referred to the government health facilities for illness like sickle-cell, tuberculosis, gynaecological problems, lung infection and other conditions.

"I was admitted to the government hospital for four days and because I had the insurance policy I got Rs. 1000 for the four days I was admitted. I was also worried about my loss of income for the four days but I got a daily allowance of Rs. 250 for the four days I was admitted. For the first time I was relaxed that even though I was unwell I received money to compensate for the loss of wages.

- Arunaben Gunwantbhai Gamit

20 women also went to the general hospital for complete body-check up after understanding its importance during the awareness sessions.

Government Linkages

Our experience of many years has shown that there is lack of awareness among the people about the various government schemes. Even if they have knowledge about the schemes, they are not aware of the procedures to be followed to access them. Hence they are unable to take benefits from the schemes. For this reason, the co-operative has started information centres or Dostdari Kendras in their local tribal or Adivasi language in two villages which cater to 8 villages. In addition to providing information regarding government schemes and hand-holding the women to fill in the forms for these schemes, the centres also ensure regular meetings with the government departments. This enables better coordination and strengthens the implementation and outreach of all the programmes and schemes.

During this year, 25 forms were filled for government schemes like widow pension, Mukhyamantri Amrutam yojna (health insurance scheme for BPL families) etc. and 147 women received benefits of schemes like Kuwarbhainu Mameru (financial support for bride-to-be), destitute pension, old-age pension, bank account opening, Aadhar card, among others. Through the Dostdari Kendras, 115 women got their RSBY cards renewed. Along with linkages to government schemes, other activities like training of adolescent girls, SEWA sabha or large gatherings, health camps, exhibitions, and activities with the youth organised into collectives or mandals were also undertaken. The Dostdari Kendras reached out to 4751 women and young girls in the area during the reporting period.

Through the co-operative, the members were given training on the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) and the importance of participating in Gram Sabhas. During the year, the co-operative encouraged 1170 women to take part in 51 Gram Sabhas and also linked them to the MGNREGA scheme.
All of the cooperative's capacity-building activities were undertaken by the LSST.

Technical Resource Cell

LSST has been working in the areas of health and childcare for over thirty years and has gained vast experience in working on these issues with informal women workers and low income communities in general. Over the years, there have been requests from various organizations for technical inputs from LSST, enabling them to develop similar programmes. During the year, LSST has developed a series of training programmes.

LSST's TRC conducted trainings for other organizations on a range of issues. In partnership with Mahila SEWA Housing SEWA Trust, LSST conducted training on health and hygiene for school-children in Ahmedabad city. Trainings on this topic were also conducted for women, youth and anganwadi workers in Jhagadia taluka of Bharuch district.

In addition to training programmes in Gujarat, LSST also gave trainings in other states of India. LSST and SEWA Bharat together conducted a training of trainers (TOT) in Punjab for a team of local trainers who were, in turn, to train members of the Mahila Arogya Samitis in the state. Two training sessions of four days each were organized during the year, followed by a review meeting.

LSST was invited to Kolkata to train the team members of SEWA West Bengal. The focus was to prepare the team to take forward various interventions to address the health issues of the communities in which they work. The sessions also emphasized the significance of using participatory tools that would enable the communities to have a better understanding of the issues and enhance their active involvement through a set of relevant and interesting activities.

Table 13 below lists the types and numbers of training programmes conducted by the TRC in the reporting period.

Table 13: List of Trainings by TRC

Topic	Organisation	Place	Trainings/Participants
Health and Hygiene, Nutrition, Anaemia, Menstrual Cycle,	Mahila Housing Trust	Ahmedabad City (21 schools)	96/3398
Health and Hygiene	Mahila Housing Trust	Bayad	1/55
Health and Hygiene, Nutrition, Anaemia, Menstrual Cycle (Women, Adolescent girls and children of ICDS)	Mahila Housing Trust	Baruch/talodara and dageda	45/976
Mahila Arogya Samiti (ToT)	SEWA Bharat	Punjab/Chandigarh	2/43
Leading health interventions in the community	SEWA Bharat	West Bengal/Calcutta	1/19
Leading health interventions in the community	SEWA Bharat (West Bengal, Jharkhand and Bihar teams)	Ahmedabad	1/12

Conclusion

This past year has been an active one for LSST. It has expanded both in terms of its activities and in the geographic areas that it has covered. Sustainability of its programmes continues to be an important objective for LSST, and it is experimenting with various strategies that are sustainable and encourage active involvement and participation of the communities with whom we work. These efforts have been made through a range of interventions such as child care centres, adolescent collectives or mandals, Sewa Shakti Kendras and strengthening community-based structures like Mahila Arogya Samitis. The expansion of all these programmes have deepened LSST's linkages with government departments and also helped to make government functionaries more sensitive to the issues of informal workers.

LSST's work with adolescents continues to grow, and the recent demand from adolescent boys to be included in its programmes has been both an opportunity and a

challenge. LSST has successfully formed boy's groups and plans to strengthen its work in this area. Engagement with local youth in the communities helps to strengthen our presence in the community, and also to harness their energies and enthusiasm for carrying out its programmes and activities. Involving youth from an early age in LSST's programmers also contributes to LSST's sustainability agenda, as some of these young people show potential for taking up community leadership in the coming years.

Many years of working extensively in various urban and rural communities, with women, youth and children has enabled LSST to learn from these experiences, strengthen, expand and reinforce these efforts to replicate and upscale, explore new avenues and reach out to more and more informal women workers and their families to ensure their entitlements to health, nutrition, child care, insurance, livelihood, housing, water and sanitation are met.

Figure 21: ToT in Punjab (Mahila Arogya Samiti)

LSST's Partners

LSST would like to acknowledge its partner organizations who provided financial and technical support in the past year.

1. Ahmedabad Municipal Corporation
2. Azim Premji Philanthropic Initiative
3. German Social Accident Insurance (DGUV)
4. German Corporation for International Cooperation (GIZ)
5. Mahila SEWA Trust
6. Mahila SEWA Housing Trust
7. Mridulaben Sarabhai Foundation
8. Shri Gujarat Lok Swasthya SEWA Sahkari Mandli Ltd.
9. Silicon Valley Community Foundation
10. Sunya Foundation
11. Unitarian Universalist Holdeen India Programme





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