

**LOK SWASTHYA SEWA TRUST,
2005-2018**

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1. Year 2005-06, Ahmedabad City

a) Health

- **Primary Health Care Services** were provided for informal workers including but not limited to vegetable vendors, construction workers and women working in small factories. These services made available to them were low cost medicines, primary care services, preventive health activities such as education and immunization, referral services for tuberculosis and HIV/AIDS, family planning and micronutrient supplementation (iron and folic acid and vitamin A). A total of 4686 members availed these services.

- **Health Education sessions** were organised under the theme of 'Know your Body', for women, men, adolescent girls and boys so they could learn about human anatomy and physiology of the reproductive system. These sessions also focused on nutrition, women's health issues, children's health, tuberculosis, HIV/AIDS, malaria, skin diseases and non-communicable diseases. A total of 498 people participated in 20 sessions.

- **Diagnostic Camps** such as eye camps, gynaecological camps and general camps were organised in the communities where women live and work, thereby reaching out to 341 people through 6 camps. LSST's referral network ensured higher levels of treatment and care.

- **DOTS centre** was set up in partnership with the government to curb the high prevalence of TB in the city. During this year 98 patients were served.

2. Year 2006-07, Ahmedabad City

a) Health

- **Primary Health Care Services** which were low cost, affordable and appropriate, were provided at the door step of informal women workers. Further linkages with government health services were established to strengthen implementation and to ensure timely delivery of services such as immunization, micronutrient supplementation and family planning. 3482 persons were reached through various activities. The activities for these services included controlling HIV/AIDS through education, referral for further treatment, sale of low cost medicines for primary care, Health and nutrition education for 557 women, men, adolescent girls and boys through a total of 22 sessions and Diagnostic camps (8 camps with an outreach of 517 people.)

- **T.B. Control activities** were conducted through two DOTS centres in Ahmedabad City, under the guidance of Ahmedabad Municipal Corporation. These centres became focal points of information on TB and were used to spread the message that TB is curable. The centres worked extensively towards bring down the stigma associated with TB and through their efforts LSST was able to achieve 88% cure rate against the standards of WHO, of 85%.

- **Training on Producing Traditional Medicines (Ayurveda)** was organised to promote alternative medications and help reduce use of allopathic medicines. These trainings focused on the use of various Ayurvedic products and their production, at the same time also creating an income-generating opportunity for grass-root level women, informal workers and others.

- **Flood Relief Work in Surat** was undertaken this year to provide medicines, food packets and mosquito repellents to flood-affected families. 950 families were reached through this program.

3. Year 2007-08

a) Health

- **TB control and curative programme** was expanded to 7 new areas in Ahmedabad city, reaching out to 5.5 lakh people. Under this programme (RNTCP), 3 microscopic laboratories and 10 DOTS centres were run by LSST with the support of 40 DOT workers. Our major focus in this programme was on preventive care through education and awareness on TB, HIV/AIDS, cancer and first-aid. LSST ensured referral services by setting up a network for the same.

- **Health education** was promoted using innovative IEC materials among other methods. 46,355 people attended these sessions.

b) Child Care

- LSST worked closely with the 'Sangini Cooperative' (SEWA's childcare cooperative) which has been running child care centres for the children of informal workers in Gujarat with the aim of providing nutrition for children and for capacity-building of child care centre workers across 28 such centres.

c) Research

- LSST was approached by the International Labour Organisation (ILO) to prepare a special report on the issues regarding child care and its impact on informal women workers and their families, especially on their young children.

d) Policy Workshops

- With the support of WHO, a Workshop on Social Determinants of Health was organised, wherein various approaches and strategies were shared. SEWA's approach was documented in a special WHO publication.

4. Year 2008-09

a) Health

- **Programme for T.B.** was expanded through 3 microscopy laboratories for TB and 10 DOTs centres that were run by LSST. As a result we were able to serve 5.75 lakh people and a total of 820 persons received free treatment. Our cure rate and sputum conversion rate consistently remained above the WHO standards.

- **Health Education on TB** was spread in the areas where our TB control program was active (supported by Eli Lilly Foundation) and the same was extended to Ahmedabad district and Surat city through what was called the 'Swasthya Jyot' programme.

b) Child Care

- 10 child care centres were run for 350 young children, enabling them to get holistic early childhood care and education.

c) Policy Workshop

- **Workshop on Non-Communicable Diseases** was organised to serve as health education. This programme was supported by the Piramal Foundation and helped raise awareness on general health issues, especially for women and adolescents.

5. Year 2009-10

a) Health

- **TB prevention and control programme** was instrumental in managing a TB unit, 3 diagnostic medical centres and 10 DOTS centres. 1997 persons were investigated for TB out of which 389 persons were diagnosed as positive and consequently treated for TB. By 2010 an integrated approach was adopted through which the women and their families fighting with TB were assisted in obtaining livelihood, financial services, housing, capacity-building, literacy activities and child care. Community health workers or Arogya Sevikas were trained to become 'bare-foot doctors' of the community by generating awareness on TB through various tools like wall paintings, puppet shows and radio plays along with other IEC material prepared by us. They also provided referral linkages, follow-up and further support to the patients.

- **Health Education** was spread through Arogya Sevikas by using multi-media and other tools to increase participation and efficiency. 54,708 members participated in these sessions.

- **Collaboration with government** was established and LSST was given responsibility by the Government of Gujarat to train and activate 200 members from the newly formed Village Health, Sanitation and Nutrition Committee (VHSNC) in 4 blocks of Ahmedabad district.

b) Child Care

- With the support of the Eli Lilly Foundation, 10 child care centres assisted working mothers by taking care of their children. A total of 375 children in the age group of 0-6 years were taken care of in these centres. While literacy was an important outcome, we gave special attention to various extra-curricular activities as well. Efforts in the direction of nutrition, health checkups, growth monitoring, regular parents meetings, immunization and referrals were the other important initiatives taken in the LSST child care centres. To successfully implement all of these initiatives LSST regularly arranged capacity-building activities for child care workers in the centres.

6. Year 2010-11

a) Health

- **Tuberculosis control and curative programme** was implemented in 7 areas of Ahmedabad city through 10 DOTS centres and 3 microscopic laboratories. This year a total of 1666 people were investigated for tuberculosis, out of which 287 were found to be positive for TB. The patients who tested positive were consequently given treatment.

- **Swasthya Jyot Programme**, supported by the Ely Lilly Foundation led to increased awareness of health education for 7140 people, organisation of health camps for 3393 people, and referral of 524 people to hospitals for higher levels of care.

- **Occupational Health programme** was initiated in coordination with the Department of Science and Technology (Delhi) and Women in Informal Economy Globalising and Organising (WIEGO) in Ahmedabad city, rural areas of Ahmedabad district, Surat city and Rajasthan. Under this programme occupational health education workshops were carried out for 580 women and 272 adolescent girls.

- **Training of Midwives** was taken up with the support of Gujarat Dai Sangathan, as a result of which trainings were conducted for 130 midwives (dais).

- **Collaboration with government for training of members from the Village Health, Sanitation and Nutrition Committees (VHSNC)** ended. During the year LSST organised workshops for the VHSNC members and supported them for effective functioning and also helped them towards preparation of action plans for future.

b) Child Care

- 3 child care centres were supported by LSST. Children between 0-6 years benefitted from these centres.

c) Research

- **A needs assessment study** was initiated with the support of National Institute of Design, Ahmedabad and Mayors Institute of Design, Pune to understand the occupational health problems of different trade groups like rag pickers, agricultural labourers, embroiders, kite makers, garment workers and pappad rollers. As a result of this assessment different tools were designed ergonomically for some of these groups.

7. Year, 2011-12

a) Health

- **DOTs centres (2) in Ahmedabad city** were used to increase awareness of TB and its preventive measures. In the same year 151 patients were treated for TB out of which 125 recovered completely. LSST continued to maintain a cure rate of 84.17% and a conversion rate of 91.54%.

- **Elli Lilly Foundation helped us financially for trainings on awareness of TB**, health education on different health issues and for conducting health camps in 8 wards of Ahmedabad city.

- **Health Education sessions** were organised in small groups, covering 528 adolescent girls and women, thus increasing their awareness on infectious diseases, non-infectious diseases and government schemes such as Chiranjivi Yojna, Janani Suraksha Yojna, RSBY, and so on. Activities for education and awareness were also carried out through exposure visits to hospitals and health facilities, exhibitions, videos, puppet shows, visuals, health camps and rallies.

- **Smokeless stoves or chulhas were distributed** in Ahmedabad district to prevent respiratory diseases and to sensitize people about their positive impacts on both health and the environment. In all 84 such chulhas were distributed.

b) Child Care

- Focused intervention were shepherded through the child care centres to ensure holistic development of the child by providing balanced food, early childhood education, health care and referral services and through regular interaction with parents.

c) Research

- The needs assessment study to understand the health issues of different trade groups was completed and the findings were used in designing tools and equipment for some of the workers.

- The Gujarat Institute of Development Research conducted a study, 'Lessons learned from SEWA's Interventions in Gujarat to Enhance Social Security of Members and their Families', in an attempt to understand how and to what extent a women workers' organisation can make a difference in the lives of women and their families, from poor and vulnerable sections of society.

8. Year 2012-13

a) Health

- **Health Education for Adolescent Girls** was a new initiative in the area of health, undertaken with a particular focus on sexual and reproductive health. A total of 2745 girls from Ahmedabad city, Dehgam block in Gandhinagar district and Vyara block of Tapi district participated in the programme.

- **TB control and prevention programme** by LSST was implemented through 2 DOTS centres in Ahmedabad. TB awareness activities were also organised in communities with a population of one lakh and 102 patients were treated in these centres.

- **SETU Africa project** saw involvement of LSST. This project was supported by the Government of India in 5 countries of Africa, with focus areas being Health and Child Care.

- Financial assistance for patients was made possible as LSST received funding for the same, for 800 patients admitted to a municipal hospital for referral care.

b) Child Care

- With the support of the Dalyan Foundation in Switzerland, Mridula Sarabhai Trust and Shunya Foundation, 13 child care centres were able to provide various integrated and comprehensive child care and child development services to 455 children.

c) Research

- **A needs assessment study was funded by the Swiss Development Corporation** to study the possibilities of transforming SEWA's insurance cooperative into a full-fledged insurer. A business plan and road-map for the same was developed.

d) Policy Workshops

- With the help of the National Institute of Occupational Health (NIOH), a State-level workshop was organised to address various occupational health issues faced by the informal workers and to develop policy recommendations, so the health of workers can be safeguarded and their productivity and income can increase.

9. Year 2013-14

a) Health

- **DOTS centres (2)** catered to a population of one lakh in two wards of Ahmedabad city. Further education and awareness activities on TB were carried out through area meetings, rikshaw broadcasts, wall paintings, video replays, exposure visits and education sessions by doctors.

- **Occupational Health Programme** was intensified during this year through a range of activities such as promoting use of ergonomically developed tools and equipments, and health education and awareness through exhibitions and video replays. 2222 members were part of group education sessions and 5558 members were reached through door-to-door education on the issue of prevention of occupational health problems through yoga and exercises.

- **SETU Africa project** became a medium for exchange of ideas between countries, as grassroots leaders representing health and child care programmes visited South Africa and Ethiopia to exchange ideas and experiences on health and child care.

- **'Sankalit'** emerged as an integrated model to organise women for collective action and providing services in the tribal belt of South Gujarat, Vyara block in Tapi district, was developed. Through this approach called 'Sankalit', various activities that were primarily focused on access to preventive, promotive and curative health services were undertaken in 30 villages by our health workers.

b) Child Care

- 11 Child care centres and their 360 children were supported by Dalyan Foundation, Shunya Foundation, Mridula Sarabhai Trust and Shri Drupad Adenwala. A number of activities were organised at the centres to ensure physical, mental and social development of the children.

c) Research

- With the support of Packard Foundation, a Commission on Social Determinants of Health in Bihar, came up with a report. With Sewa Bharat functioning as the main implementer, LSST contributed towards health, child care, nutrition, water and sanitation.

d) Policy Workshop

- A national workshop was planned with the purpose of bringing together informal workers, technical experts in the field of OH, researchers, policy-makers, government and others from national and international agencies with the aim of creating a national-level platform for sharing experiences, and for developing appropriate policies to adequately address the issues of OH of women workers from the informal economy. Following this workshop at the national level, a working group on Occupational

Health and Safety of Workers was set up at SEWA's behest by the National Advisory Council, Government of India. The working group came up with recommendations on Occupational Health and Safety of workers that have been submitted to and accepted by the Government of India.

10. Year 2014-15

a) Health

- **TB education and DOTS centre** reached out to 217 patients and 2825 people through education and awareness programmes. The cure rate of patients showed a significant increase to 93% against WHO standards of 85%.

- **The Occupational Health and Safety Programme** was used to organise a number of events at community levels to include a large number of informal workers.

- A team of health workers went to Brazil for an **exposure visit to better understand the Brazilian national health system, SUS**, with a focus on organisation of the National, State and Regional Network of Occupational Health as well as coverage of informal workers by social protection and health services.

- **Community-based action for mental health for improving mental health of women workers of the informal economy was undertaken.** The project focused on increasing awareness about mental health, early detection and creating linkages to mental health services by forming a cadre of community based counselors.

- **SETU Africa project** this year saw a team of grass-root leaders visiting Tanzania. The objective of this visit was to promote an integrated approach to poverty reduction and self-reliance for women and their families, through microfinance, micro-enterprise, livelihoods promotion, micro-insurance, health and child care, and capacity building for leadership and management.

- **Sankalit Project** expanded into 20 more villages in its second year, now covering a total of 50 villages. The focus remained on union membership, village-level large meetings, and linkages with government programmes to increase livelihood and social security for tribal households. In addition to this, energy efficiency training sessions were also organised to serve as interventions to improve water and sanitation.

- **Traditional Birth Attendants (TBAs)** were exposed to capacity building exercises as workshops were carried out in two districts of Bihar in partnership with Save the Children. A total of 70 TBAs were trained.

- A pilot intervention was conducted in Ahmedabad to develop prototypes for improvement in urban informal workers' health with the support of the Rockefeller Foundation. This included Information Centres, use of hand-held technology, information campaigns, diagnostic camps and scaling up market based solutions like micro-insurance and low cost pharmacies.

b) Child Care

- Dalyan Foundation supported 6 centres which catered to the needs of children by providing nutrition, pre-school education, immunization, health check-ups, referral services, nutrition and health education, parents counselling and regular meetings with parents to discuss issues related to parenting and child care.

c) Policy Workshop

- A tripartite workshop was organised to focus on the occupational health and safety in the construction sector, bringing together the construction workers, their employers and the government labour department. The objective of this workshop was to draw upon the knowledge and experience of the participants from diverse backgrounds and work out solutions to address health and safety issues of workers in the construction sector.

11. Year 2015-16

a) Health

- **TB education** caters to the slums of Ahmedabad city with the support of the Ahmedabad Municipal Corporation (AMC). Through this programme 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 workers:** During the year women belonging to different trades 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. Through 50 area meetings and 52 exhibitions, LSST has spread awareness to 3531 women.

- **Empowering young women and girls** to address gender-based discrimination and violence. The programme was 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. Adolescent girl's collectives, called mandals, were formed to serve as safe spaces for support and solidarity which would promote empowerment and leadership, thus enabling them to act on issues like gender discrimination, early marriage and gender violence.

- **Orientation of Community Leaders of Village Health and Sanitation 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 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 Tapi District, LSST community health workers trained 454 members of the VHSNC. The focus of the trainings 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 laid on the involvement of members in the meetings and activities of the committee.

- **Traditional Birth Attendants (TBAs)** were trained by LSST in Sitamarhi and Gaya Districts of Bihar with the support of Save the children to improve their skill set, promote good delivery practices and connect them with existing government schemes and services for maternal and child health. Follow-ups were also conducted of the TBAs. In the follow up survey, it emerged that a majority of TBAs who had undergone training referred pregnant women to government services. 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.

- **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. A total of 25 participants, including adolescent girls and local health team of SEWA participated in this training. 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. - 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 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.

- **Capacity-building of Mahila Arogya Samiti (MAS)** was an initiative taken up by LSST in partnership with the Ahmedabad Municipal Corporation to provide orientation and training to the members of 25 MAS in Rajpur, Behrampura and Odhav wards of Ahmedabad City. The team conducted a base-line survey to assess the involvement and participation of the members of MAS in the previous year. Orientation and one-day trainings were organised for the members of all the 25 MAS. - Sankalit programme continued in all the 50 villages covering Vyara, Valod, Songadh, Uchal and Nizar blocks of Tapi district 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 work also aims to expand SEWA union membership and other cooperatives in the area.

- **Under the SETU Africa programme** LSST participated in a workshop organized in Durban to bring together women's groups, MBOs, NGOs and grass-root organizations representing informal women workers with a focus to lay out a roadmap to take forward the initiative already taken up through the

SETU-Africa programme. LSST was also represented in the final round of workshop in Ethiopia where the objectives were sharing of experience from the SETU Africa partnership, sustainability of the association with Ethiopian CSO and the mechanism to carry forward the partnership.

b) Child Care

- **WIEGO Social Protection Programme:** WIEGO's Child Care Initiative (CCI) seeks 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. As part of the research phase of the CCI, five focus group discussions (FGDs) were conducted to understand more about the experiences of informal workers in relation to child care issues in areas where SEWA's child care cooperatives has been running child care centres since the last 30 years.

- **Life-long learning programme for children:** At our child care centres we have seen that learning when initiated early lasts all through the life, 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 in 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 pave 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.

c) Policy Workshop

- **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 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 discussion also brought out the common problems with regard to occupational health and safety across the States, lack of crèches, lack of legal literacy and problems regarding the use of personal protective equipment (PPE). The recommendations that emerged from the participants were:

1. Registration and provision of identification cards for informal workers,
2. Health education and awareness sessions,
3. Diagnostic screening camps,
4. Effective education regarding welfare schemes for unorganized workers,

5. Provision and awareness generation on the use of personal protective equipment (PPE),
6. Regular meeting between inter-state board members,
7. Launch of skill up-gradation programmes,
8. Sensitization sessions on OHS to contractors and builders,
9. Provision of child care facilities at the site and
10. Inclusion of migrant workers in all the welfare schemes of a particular state.

- **International Campaign for 'Right to Child Care for Informal Women Workers'**: Child care workers, anganwadis workers, are the backbone of a sustainable public child care service yet their work is undervalued and often not recognised. Anganwadi workers must receive at least the minimum wage, basic benefits such as pensions and insurance, and appropriate and adequate skills training. Their voice and engagement in a national campaign for quality child care services is critical. To bring out their voices, a research was conducted through focused group discussions. The research shows that women informal workers, including home-based workers, need child care. Many informal women workers cannot rely on extended family members to care for their children while they work and require quality child care services that fit with their working hours. Without quality child care services, they lose out on their daily earnings. The key demands of the women through the campaign are:

1. Quality child care 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 old. They must receive at least the minimum wage, basic benefits such as pensions and insurance, and receive appropriate and adequate skills training.
3. Increased and adequate investment by government - central and state - for quality child care, indexed for inflation
4. Child care undertaken in a child care centre must be recognized as decent work and receive appropriate skills training
5. Maternity entitlements for all women
6. Developing appropriate and participatory mechanisms for implementation, monitoring and evaluation, including grievance redressal systems.

12. Year 2016-17

a) Health

- **TB education and awareness** in Asarwa ward of Ahmedabad city with the support of the Ahmedabad Municipal Corporation (AMC). Through this programme a series of education and awareness campaigns are organized on Tuberculosis. Door-to-door visits and regular meetings with community enable identification of potential TB patients who are referred to the nearest health centre. Through this programme it is also ensured that the TB patients in the area adhere to treatment protocols. In addition to this, education and awareness on TB is provided to school children close to Asarwa ward. Youth groups are also encouraged to organize rallies on TB in order to spread awareness about it in the community.

- **Occupational Health of Informal workers** such as vendors, head-loaders, domestic workers, construction workers, and other home-based workers like garment workers, bidi rollers, incense-stick rollers, kite-makers was focused and 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 was given. Through 50 area meetings and 102 exhibitions, and 63 education sessions, LSST has spread awareness to 6807 informal women workers.

- **Strengthening local committees** in rural and urban areas continues to be an important intervention and LSST has been working very closely with local committees like Village Health and Sanitation and Nutrition Committee (VHSNC), Mahila Arogya Samiti (MAS), Rogi Kalyan Samiti (RKS), School Management Committee (SMC), and other local institutions. Our efforts have been to strengthen these committees by creating awareness among local people and encouraging them to participate in them. The efforts are to empower women and young girls by encouraging them to participate in such committees and voice their needs and be heard in decision-making processes of local issues. During this year, LSST was asked by the Ahmedabad Municipal Corporation to provide capacity-building inputs to 50 Mahila Arogya Samitis in three wards of Ahmedabad city (Shahpur ward, Behrampura ward and Ambawadi ward), in addition to the 25 MAS already trained in the previous year. LSST has been instrumental in identifying women and young girls to become members of the MAS in Ahmedabad city.

-**Youva Mandals or Collectives of Adolescents:** During the year, LSST worked with 79 collectives of adolescents (both girls and boys) in the villages of Ahmedabad district, Tapi district, villages in Dehgam block of Gandhinagar district, and also in the urban slums of Ahmedabad and Surat. LSST conducts various activities to engage youth through Mandals/Collectives. These includes, regular meetings and training on various health issues and primary facilities available near their communities, door-to-door contacts, rallies and exhibitions, and exposure visits to civic centres and bodies like local Anganwadi, zonal offices, UCD centres, and also exposure to community events like Mamta Diwas, etc. Two different

workshops on vocational training skills and life-skills and leadership were organized for adolescent girls in Ahmedabad city.

- **SEWA Shakti Kendras (SSKs) or Empowerment Centres** have been set up to facilitate and assist informal women workers, access services and entitlements meant for them but do not reach them, in an easy and timely manner. SSKs are attempting to close the gap and work as a bridge between the poor women workers or the community and the health systems. SSKs provide greater transparency of information on health and social security leading to better governance. SSKs also serve as a focal point for all community based activities that are led by women and young people. We also believe that this initiative will trigger a process of exercising democratic rights and active participation in the local level.

- **Sankalit programme** continued in all the 50 villages covering Vyara, Valod, Songadh, Ucchal and Nizar blocks of Tapi district 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 work also aims to expand SEWA union membership and other cooperatives in the area. b) Child Care -During the year LSST supported child care centres for the children of informal workers in urban slums of Ahmedabad city with the aim of tackling mal-nutrition for children (aged 0 to 6 years), economic empowerment of women informal workers, and capacity-building of child care centre workers. Various activities are undertaken for overall growth and well-being of children including adequate nutrition to ensure physical and mental growth, regular health check-up and growth monitoring of every child, recreational and learning activities to promote cognitive and motor development among young children and regular meetings with parents.

- **Life-long learning programme** for children 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.

- **Early Childhood Care and Education:** LSST participated in a national level workshop organized by FORCES in June 2016 in New Delhi. SEWA is a founding member of FORCES (Forum for Crèche and Child Care services), a civil society network that advocates for an integrated approach to early childhood care and development that recognizes the needs of the mother as a worker, along with those of the young child. The workshop brought FORCES state chapters and national members together. 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 the following six key elements for ECCE:

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.

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”.

13. Year 2017-18

a) Health

- **TB education and awareness** in *Asarwa ward* (reaching out to communities in 20 challis with the population of 20,400) of Ahmedabad city with the support from Ahmedabad Municipal Corporation (AMC). The programme creates awareness about TB and provides counseling and refers patients to government healthcare facilities according to their health status. Our highly motivated community health workers (CHWs) identify the community members with possibility of TB symptoms through information campaigns and send them further for sputum examination and chest x-ray. Through this programme, currently, there are 39 members suffering with TB symptoms in this area out of which 22 are in category 1, fourteen in category 2 and 03 MDR patients; who are undergoing treatment. Additionally, school children in 7th to 9th grade in four municipal schools of Asarwa ward, and adolescent mandals/collectives developed by LSST are also provided education on TB symptoms, early detections, and treatment options available at the government healthcare facilities, and also encouraged to actively participate in rallies, and take initiatives to create awareness among their community members. Approximately, 3700 community members were reached through various education and awareness activities like patient meetings, area meetings, rallies, exhibition, and school education, and more.

- **Occupational Health of Informal workers** in different trades in rural as well as urban areas 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. A total of 126 area meetings with an outreach of 2582, and 121 exhibitions with an outreach of 4541 were held throughout this year.

Additionally, a small study on “Mapping Occupational Hazards and Exposures amongst Home-based Workers in Ahmedabad, India” was conducted with the support from ***Developing World Outreach Initiative-American Industrial Hygiene Association (DWOI-AIHA)***. LSST carried out a programme to explore the occupational health issues faced by different groups of home-based workers. This project highlighted the homes as workplaces, especially for women workers, and the multiple hazards and exposures within their work-places which are often their own homes. The *goal* was to map occupational hazards and exposures and improve the knowledge amongst home-based workers on these hazards and the preventive steps that can be taken to mitigate the adverse effects on work and health conditions.

The specific objectives of the project were:

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

Since the project was implemented by Community Health Workers (CHWs), their capacity-building was an integral part of the project. Appropriate methods and tools like Survey Questionnaire, an Objective Hazard Assessment tool, and a tool for Focus Group Discussion were developed for hazard mapping and basic exposure assessment. The data collected using the tools developed by the programme team was used to develop a database using Excel software. The study strengthened the understanding about occupational health of home based workers among the CHWs and initiated the process of developing educational tools to mitigate the risks & hazards.

- **Eye camps:** LSST began organising eye camps in collaboration with the Delhi- based organisation called “Vision Spring” in July, 2017. The objective of the camps is to provide appropriate and affordable services to members and their families to undertake regular eye care. The camps have also proved to be ideal avenues for providing information on “Eye Care” to both women and men, and for starting the process of organising them around the issues of healthcare. These camps typically address a certain set of check-ups, for example eye check- up for vision problems, cataract issues, and glaucoma. Those attending camps are referred to government secondary and tertiary healthcare facilities and Trust Hospitals for free medicines and cataract surgeries. Through this programme, on an average 14 camps were carried out per month, with an average of 60 per camp for a total of more than 7957 patients. These eye camps serve as a trial to demonstrate a link between clear vision and work performance.

- **Strengthening local committees in rural and urban areas:** LSST has been working very closely with local committees like *Village Health, Sanitation and Nutrition Committee (VHSNC)*, *Mahila Arogya Samiti*

(MAS), *Rogi Kalyan Samiti (RKS)*, and *School Management Committee (SMC)*, formed at various levels, with an aim to provide accessible, affordable, and quality health and nutrition services to underserved population in both rural and urban areas. These local committees are implemented at different levels to initiate the community-led action. Our grass-root workers and leaders are actively involved in creating awareness about these committees, mobilizing members and encouraging community members to participate in them to voice their needs and get involved in decision-making process of local governance.

Some of the issues discussed in VHSNC meetings were immunization of children, transportation facility for delivery and referral, reporting cases of Diarrhoea, supplementary nutrition for children and, pregnant and lactating mothers and cleanliness around water sources. Most of the members were aware of untied fund for VHSNC. Auxillary Nurse Midwife (ANM) and Accredited Social Health Activist (ASHA) were major active members involved in decision making regarding the utilisation of untied funds. Also, 75 Mahila Arogya Samitis (MAS) in five wards of Ahmedabad city were strengthened through regular meetings, education and awareness on local issues, exposure visit to public facilities, and follow-up. In Chichbardi village of Vyara block, our local leader ensures regular meetings of School Management Committee (SMC- the basic unit of a decentralized model of governance with active involvement of parents in the school's functioning under the RTE Act), monitors the working of school (Mid-Day Meal provision, toilet facilities, teacher attendance, etc).

- **Yuva Mandals or Adolescents Mandals/Collectives:** During this year, LSST engaged all the members of 83 mandals/collectives in various activities. Organising adolescents into their own mandal/collectives provide them safe spaces for support and solidarity, and for promoting their empowerment and leadership, thus enabling them to act locally on health and related developmental issues. LSST engages with these mandals/collectives on a regular basis. The activities include monthly meeting and education session with the adolescents on sexual and reproductive health and rights (SRHR), gender and health, issues of child marriage, nutrition and anaemia, menstrual hygiene, the public health system at the local level and structure, government schemes aimed at well- being of adolescents, etc. Moreover, members of the mandal/collectives are also taken for exposure visits to various government offices like Anganwadis, Urban Community Development (UCD) Bhavan, Urban- Primary Healthcare Centre (U-PHC), Zonal City Civic Centres, etc. The adolescents are informed about various government schemes and programmes and encouraged to take leadership in facilitating linkages of community members with government schemes and programmes.

- **SEWA Shakti Kendra(s) (SSKs) or Empowerment Centre(s):** SSKs are information and empowerment centres established within the local communities where informal women workers live and work in urban settlements (Ahmedabad and Surat city) and villages (Ahmedabad and Tapi district). The SSKs facilitate easy and timely access to services while ensuring rights and entitlements of informal workers. The SSKs are run by local women, all community health workers, trained by the Social Security arm of SEWA. They are all themselves workers of the informal economy---street vendors, home-based workers like garment workers and kite-makers, farmers and domestic workers, among others. The SSKs are a health hub in their communities. They provide information on health and nutrition, are the centres for health education and awareness, link local people with the many government schemes meant for them and

then hand-hold them through the maze of procedures and collection of documents required. They support and stand firm with local people, especially women, till they get the services to which they are entitled. During this year, through SSKs 3062 members were linked to various government schemes on health, nutrition, insurance, pension and other documents required to receive entitlements.

- **Sankalit programme:** The programme continued in all the 50 villages covering Vyara, Valod, Songadh, Uchhal and Nizar blocks of Tapi district with an aim to promote self- managed women's organisations for providing sustainable need- based services to its members for enhanced incomes and social security. Expanding our work to other parts of Gujarat with this objective, the "Shri Megha Adivasi Khet Utpadak Sahkari Mandli Ltd" was formed in 2014 in Tapi District, in South Gujarat. The cooperative started with a membership of 324 women which has increased to 997 members in villages of four blocks namely, Vyara, Songadh, Uchhal and Nizar. The co-operative forms of "khedut mandals" or farmer collectives in the villages who take forward all activities in a decentralised manner with local women taking the lead.

The main activities of the 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.

b) Child Care

- During this year LSST supported child care centres run by our childcare cooperative "*Sangini*" for the children of informal women workers in the urban neighbourhoods of Ahmedabad city. The objectives are to provide early childhood care and education to the children aged 0 to 6 years when their mothers are busy earning their bread, reduce rates of mal-nutrition, economic empowerment of informal women workers and recognising the child care work as a dignified job for childcare workers. Various activities are conducted at our day care centres in all thirteen areas, with an integrated and holistic approach to meet the needs of children up to 6 years, ensuring overall physical, social, and emotional well-being of children. Monthly meeting with mothers and quarterly meetings with fathers are conducted to inform parents about their children's involvement in activities at the centres, overall development, education to parents on their role in the up-bringing of their child, health check-ups, health and nutrition related schemes they are entitled to, and the children's right to free and quality education under Right-to-Education Act (RTE).