



LSST COVID- 19 RESPONSE

LOK SWASTHYA SEWA TRUST



Lok Swasthya SEWA Trust- Our women- led initiatives and relief work in fight against COVID

The Lok Swasthya SEWA Trust (LSST) has always supported informal women workers and their families, in times of disasters and crises like the current pandemic.

BACKGROUND: COVID situation and our members

The COVID-19 pandemic has had a severe impact on women workers, our members, who are engaged in the informal economy. These workers constitute over 90 percent of the labour force in India and significant numbers of them are migrant workers, whose plight during the pandemic has become well-known. From our grassroots perspective, we have seen that among all informal workers, women have been the worst affected. Dependent on daily wages or piece-rate earnings for survival, the current economic crisis has wiped away these workers' livelihood opportunities. It has also depleted their limited cash reserves, leaving them with no resources to feed themselves or afford basic essentials. This not only increases their physical vulnerability to disease, but also affects their mental health and overall well-being. The COVID-19 crisis has also had a disproportionate effect on the widely prevalent gender inequality. The current pandemic has also drawn attention to longstanding inequalities faced by workers in the informal economy and how governments and employers/contractors deal with them.



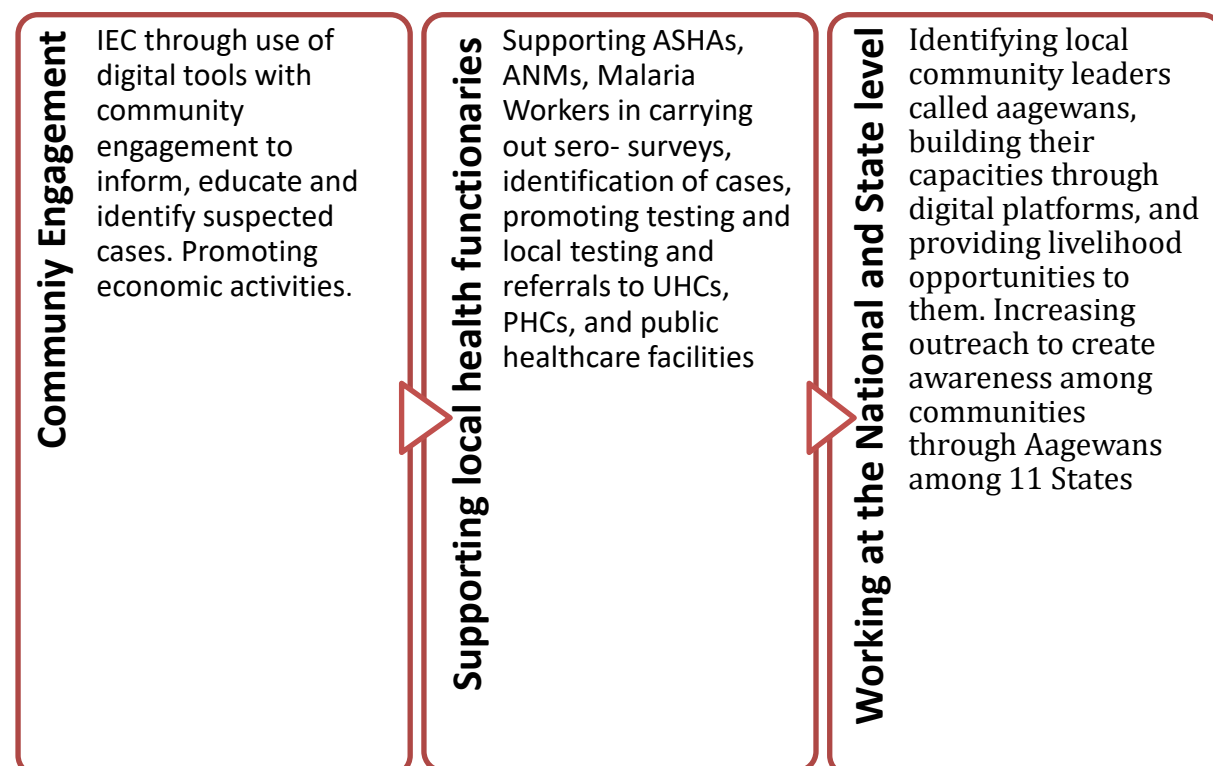
“This pandemic and subsequent strict lockdown has restricted our movement. This has prevented us from working, making us unable to earn. We cannot stay at home, if we do, we and our young children will have nothing to eat. And if we go out to work, we are exposed to the virus. There are relief efforts in the area, but it does not always reach us. Also, being home without any work, it only gives rise to arguments and quarrels with my husband.”

- **Sangitaben Brijpal Pasi, SEWA member and a Street vendor, Makubhai-ni-chali, Ahmedabad**

OUR RESPONSE

LSST is reaching out to informal women workers to fill the gaps in relief measures offered by the government and others, and we stand ready to do more. We are implementing our relief measures and services in an integrated and holistic manner. Our local women leaders at the grassroots level called 'aagewans' are leading the implementation. We are working with the government authorities and local people, playing a linking role between them and ensuring that relief measures reach the deserving families. LSST's outreach extended to women and their families in eleven states: Gujarat, Madhya Pradesh, Rajasthan, Delhi, Punjab, Nagaland, Assam, Meghalaya, West Bengal, Odisha, and Jharkhand. We provided health education and awareness with the help of local leaders and relief support (essential goods provision- ration kits, meals, support to access social security schemes, and provision of sanitary pads to young girls and women) and promoting livelihood opportunities through SEWA's sister organisations. To increase our reach LSST also partnered with other civil society organisations like Unnati in Rajasthan and North East Network (NEN) in three states--- Nagaland, Meghalaya, and Assam.

LSST's Response Strategy to COVID-19



IMPACT ON THE GROUND

Ensuring that government social security programmes and services (food/nutrition, health care, insurance) reach local people through our empowerment centres called SEWA Shakti Kendras (SSKs):

The on- going pandemic situation, and the measures taken by the government have had a profound impact on the communities. Beyond the obvious and much- talked- about health and food and nutrition security and economic impact on vulnerable groups, especially informal workers it is clear that the on-going crisis has led to a malnutrition crisis. We also are seeing a rise in illnesses in women workers and their young children.

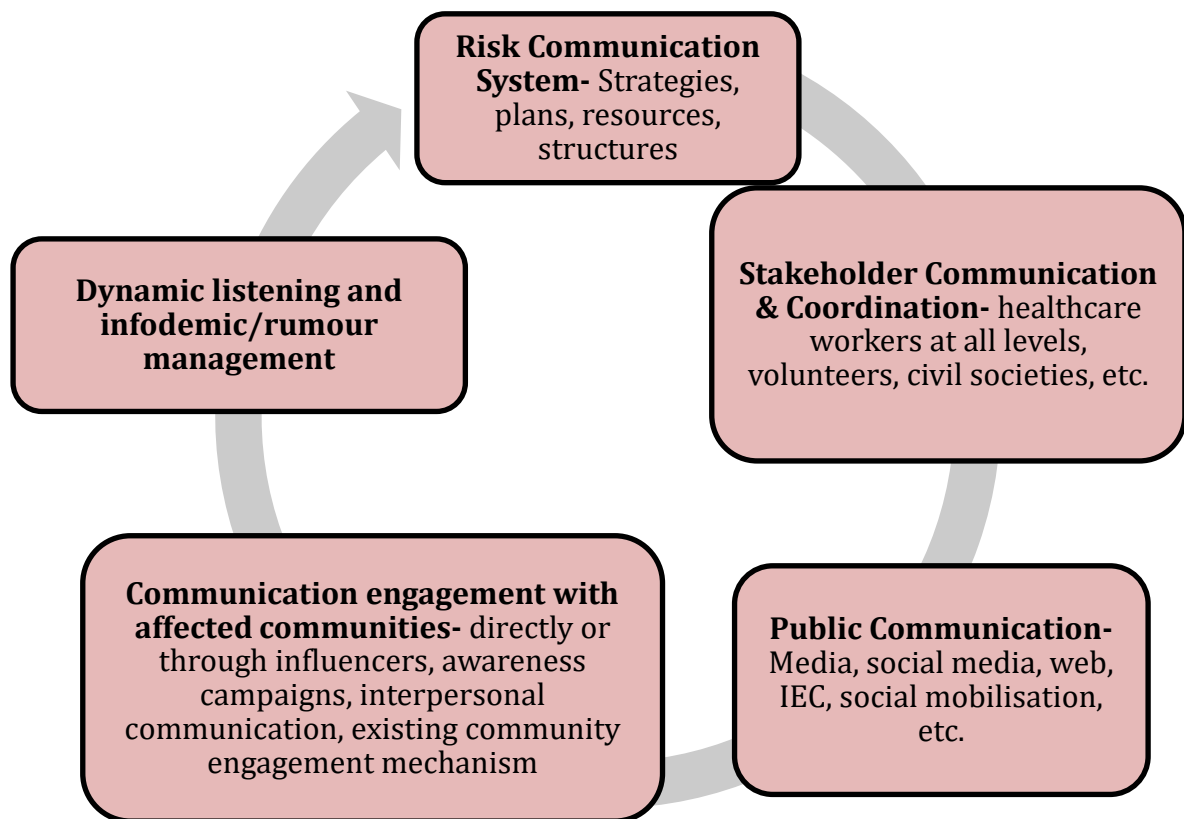
Forced lockdowns, social distancing measures, diversion of resources to focus more on COVID-related emergencies and fear of infection have decreased access to health and nutrition services, putting people who need them the most- such as elderly, pregnant women and young children- at increased risk of nutritional deficiencies, illnesses, and serious complications. LSST is working to find innovative ways to continue to deliver health and nutrition services to our members despite the challenges posed by the COVID situation, to ensure access to life-saving health and nutrition services when they are needed the most. Some of our work during the pandemic carried out by aagewans and the LSST team is outlined below:

- Providing hot-meals to children attending our child care centres with the help of SEWA's crèche workers and aagewans.
- Building partnership with like-minded institutions and corporates like Britannia who provided multi- grain biscuit packets to us for distribution in low- income neighbourhoods of Ahmedabad and Surat.
- Messaging on breast-feeding and immunisation for pregnant women and young children were shared with community members through mobile phones.
- Messaging on immunisation and Take Home Rations (THRs) from ICDS for pregnant and lactating women, children (aged 6 months to 3 years), and school- drop out adolescent girls under the nutrition scheme initiative by the Ministry of Women and Child Development were also provided through mobile phones. Members were also mobilised to avail of the services with safety precautions, like social distancing and use of masks, on Mamta Diwas- Village Health and Nutrition Day (VHND).
- Working closely with the local officials of the village or gram-panchayat, urban community development centres (UCDs), local urban/rural local committees like MAS, VHSNC, SHGs, and local community leaders to provide hot meal services and dry snacks to vulnerable groups in low-income neighbourhoods of Ahmedabad district, Ahmedabad and Surat. Approximately 20,000 members were provided daily meals through these linkages.

Approximately 1,500 families were provided dry ration kits, more than 20,000 families were provided health kits which includes masks, sanitiser, neem soap and 4,220 young girls and women were provided sanitary pads through SEWA sister organisations and linkages with other organisations.

- Identifying and building the capacity of 800 local leaders or aagewans in 11 states to create awareness among women and their family members through awareness campaigns using mobile phones. This also served as an opportunity to provide livelihood to the aagewans as they were given some remuneration.

Training Technique adopted for effective communication and outreach for local aagewans: In order to provide training on knowledge and skills in effective emergency response and community engagement a conceptual framework was used.



[Adapted from new IHR external assessment tool- WHO]

This communication effort encourages healthy practices such as hand hygiene, social distancing, breathing etiquette, along with identifying early signs of the disease, and activities for pregnant women, geriatric population, and children to avoid and reduce mental stress due to lockdown and isolation. These campaigns are created to motivate informal workers and other community members to adopt safe behaviours, and create a cadre of grassroots leaders

who are equipped with knowledge and skills to reach out to members in crisis like situation using digital platforms.

"I have been worried about this whole COVID situation, and its impact. The way it is spreading, and impacting social and economic aspects of people's lives. A SEWA sister spoke to me over the phone including how to take care of children and elderly people during this crisis. This was helpful and I feel so reassured. I liked the fact that SEWA sisters don't just take care of our children in the crèches but stand by us during any crisis."

- **Simranben, garment worker and mother of a child attending our crèche in Vatva-1, Ahmedabad**

- Identification of active tuberculosis (TB) cases in one ward of Ahmedabad city, supporting Tuberculosis Health Visitor (TBHV) from Ahmedabad Municipal Corporation (AMC), and providing a prescribed dose of monthly medicines to patients at their door- step.
- Engaging youth through capacity-building to use digital tools like mobile phones to access information on healthcare services and counselling, support local communities by creating awareness, promoting use of masks, hand- wash practices, and ensuring safe distance, and hence, promoting their leadership at the local level. The collectives of young people, both - adolescent boys and girls were also active to spread awareness on myths and misinformation about COVID-19 through WhatsApp.

"We are really happy to be associated with SEWA. Thanks to the support we received, we are able to do something for our families, friends, and our neighbours in such difficult times."

- **Azad and Anand, Kadiya-ni-Chali, Asarwa**

500 homeless migrant workers were provided with hot meals in Dholka block of Ahmedabad district through community- kitchens. This was an initiative by SEWA's aagewans and other members of the local village-level committees such as VHSNC, Panchayat Samitis and Rogi Kalyan Samitis. This food relief was also scaled up for 1.500 migrant workers before arrangements were made for them to return to their home states, through liasoning with the local block level administration.

"I have taken part in various capacity- building training programmes and so, today I am able to take initiative, and help and support others in such difficult times. I am grateful to SEWA for equipping me with various skills and giving me this opportunity to be helpful to my community members."

- **Savitaben Parmar, SSK leader, Jalalpur Vajifa, Dholka**

In all the areas both rural and urban, action was initiated by our aagewans in collaboration with local government functionaries to reach out to the maximum number of persons in need.

"I am grateful to SEWA for providing me with new knowledge and skills. When I was told that we have to start working from home, I assumed that I would not be able to work anymore. Later, when I was told that I will have to conduct education sessions using my mobile phone, I was

worried about how I would do this. But, our SEWA sisters supported me and taught me how to use smartphones. Within a week, I learnt the use of a smartphone, and became confident. I am grateful for the opportunity to help people in my village during this pandemic.”

- **Varshaben Thakor, SEWA aagewan, Navapura, Daskroi**

Insurance package to fight against COVID: In addition to providing accessible health care and nutrition services, we provided affordable insurance for our members. Our national insurance cooperative, VimoSEWA, has launched a comprehensive and integrated insurance package which provides financial help and compensates wage-loss in case a member gets infected with COVID-19. With a minimal premium of INR 350, the product has been designed to be easily accessed by many. This affordable insurance has been extended to LSST members and staff. Approximately 500 SEWA members were provided insurance coverage at no cost to them to protect them from the corona virus infection and its resultant economic effect.

Activity-based interventions for young children in our childcare centres: Children (aged upto 6 years and more) got ideas for home-based learning activities, games, songs and videos that they could watch while at home via WhatsApp, with the help of Pratham, an NGO actively working in the education sector.

RESPONSE TO COVID - 19

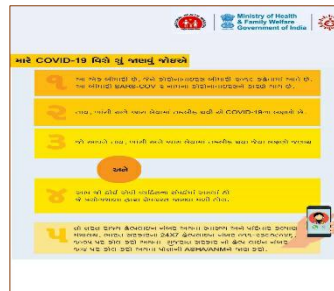
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500 homeless migrant workers were provided **hot meals** through **community kitchens**, for a period of 45 days in Jalapur Vajifa, Dholka.



Distribution of **63,000 packets** of **Britannia biscuits**, especially to children of migrant workers.



1,79,976 community members obtained health messages and information on COVID-19, safe practices for preventing its spread, Gender based violence and Sexual & Reproductive Health and Rights in 11 states of India.



1,483 informal women worker's families were identified by the team for distribution of **food kits** consisting of daily essentials such as Wheat flour, rice, turmeric powder, chilli powder, salt, sugar, moong dal and tuver dal in the emergency situation.

RELIEF WORK THROUGH LSST DURING PANDEMIC

1. Thousands of individuals were provided with hot cooked meals through community kitchens. Coordination with health functionaries for access to government schemes/services
2. Need Assessment by frontline healthcare workers for food and health kit distribution to eligible community members
3. Connecting with the members through digital platform for conducting awareness session



Distribution of **3,020 packets of sanitary napkins** to adolescent girls and young women to meet their **menstrual hygiene needs** during pandemic.



Distribution of health kits (Sanitizer, Soap and Masks) to **20,276 families** to maintain hygiene and reduce the spread of COVID 19. The production of health kit provided **livelihood opportunities** to many informal women workers.

Total **965 members** were linked to various government schemes such as Pradhan Mantri Jan Dhan Yojana, Widow Pension, Vay Vandana Yojana, VHND, and Maternal Health Schemes through SEWA's empowerment centres called **SEWA Shakti Kendras**.

Dry healthy snack distribution for **Migrant workers** at the railway-station

RESPONSE TO COVID - 19

CHILD CARE CENTRES SUPPORTED BY LOK SWASTHYA SEWA TRUST



300 children were served nutritious food daily since the lockdown by **Sangini Cooperative**, which helped to meet **1/3rd** of their daily nutrition requirement.



Distribution of **12,000 packets of Britannia biscuits** to add variety to the snack intake of the children.



1,400 mothers (Informal women workers) obtained health education on COVID-19, safe practices for preventing its spread, Gender based violence and Sexual & Reproductive Health and Rights.



75 informal women workers were identified by the child care workers for the **allotment of food kits** consisting of daily essentials such as Wheat flour, rice, turmeric powder, chilli powder, salt, sugar, moong dal and tuver dal in the emergency situation.

RELIEF WORK THROUGH 11 CHILD CARE CENTRES IN AHMEDABAD CITY DURING PANDEMIC

1. Hot cooked food distribution to 300 children enrolled in child care centres on daily basis
2. Coordination with health functionaries for access to government schemes/services
3. Needs Assessment by Child Care workers for food and health kit distribution to eligible community members
4. Connecting with children and communities through digital platform to minimize learning crisis



Distribution of **1200 packets of sanitary napkins** to adolescent girls (Siblings of children of the centers) to meet their **menstrual hygiene needs** during pandemic.



Distribution of health kits (Sanitizer, Soap and Masks) to **400 families** to maintain hygiene and reduce the spread of COVID 19. The production of health kit provided **livelihood opportunities** to many informal women workers.

Total **373 members** were linked to **various government schemes** such as Pradhan Mantri Jan Dhan Yojana, Widow Pension, Vay Vandana Yojana, VHND, and Maternal Health Schemes through SEWA's empowerment center called **SEWA Shakti Kendra**.



A joint initiative by SEWA and PRATHAM to reach **2,000 children** through their parents/family members and help them to keep occupied in some **learning and fun activities through digital platform** during lockdown situation.

CHALLENGES

- Digital divide and lack of digital literacy among many women in the communities was a challenge. Women were using the phones of their family members and needed support from them to use it efficiently and according to their need and time. Because of this the schedules for providing health education and information on social security schemes had to be adjusted in many cases. But, in few places we found that men were very supportive. When they came back from work, they would call the aagewans and make them speak with their wife/daughter/sister. They thus helped the women in their families receive the educational messages.
- We observed that multiple communication channels with information on COVID-19 from various sources had created a lot of confusion and myths about its preventive measures. Hence, some discussions around this were needed to make them understand the correct and good practices to be followed.
- In Delhi and MP, it was observed that Government helpline numbers of COVID-19 weren't responding. To address this aagewans in Delhi found out the district-wise helpline numbers and shared this information with the women, whereas in MP along with finding alternate numbers, aagewans also contacted the police department to provide ambulance services for COVID-19 patients.
- We also observed that some women were not comfortable listening to the sessions on Sexual & Reproductive Health and Rights (SRHR) and Gender-Based Violence (GBV) as they would have male members of their family near them. This pattern was mainly observed in Delhi, Gujarat and Rajasthan. However, women would reach out to aagewans later with questions and concerns on SRH and GBV issues.
- Due to the COVID situation all the public human resources especially chief functionaries and their assistants were moved to manage COVID situation. This also was a challenge for us as we were not able to communicate problems faced by communities at the grassroots level due to officials' engagement in COVID duty. It took us more than a month to communicate responses from the members needing essential goods for survival, facing difficulties in accessing healthcare services, lack of sanitisation activities in the areas by local bodies, and contact tracing in the areas where active cases were identified. Similarly, in Surat migrant workers were facing difficulties in accessing fair chance to book a place in Shramik Special Train to return to their native places. But the local corporation had given responsibility to local area leaders who were giving preferences to their known people. Some of the online booking service providers were also not operating fairly, and were charging extra fees for train ticket booking.

EMERGING NEEDS

1. Need for strengthening and investing in front-line health workers especially women. The cadre of frontline workers developed for emergency response should be recognized by the public health system, and their health and wellbeing should not be ignored. The frontline workers trained for emergency response should be sustained even after the pandemic. This can be done by integrating them with other activities (non-health

activities) and their incentives continued. The emergency response team should be an integral part of the public health system.

2. There is a need to reduce the digital gap by improving connectivity and making it affordable. Additionally, there is an emerging need to provide digital literacy to women workers in informal economy. This would help to tackle inequalities in earning, networking opportunities, and access to technology and information.
3. There is a need for building an understanding on psychosocial care and mental health services. We need to communicate widely with people in both rural and urban areas about the psychosocial impact of this pandemic to allay their fears about the disease and prevent stigma. In addition, this support would help them deal with the stress associated with loss of work and income.
4. Sexual and Reproductive Health issues remain neglected. There is an urgent need to build awareness about family planning and its importance, knowledge and use of contraception, evidence-based family planning messages, information on sources of contraceptive methods and increasing women's decision-making skills for their reproductive health needs.



Lok Swasthya SEWA Trust

Chanda Nivas, Opp. Karnavati Hospital, Nr. Town Hall, Ellisbridge, Ahmedabad – 380006
Tel: +91 79 2658 0530/ 7263 Website: www.lokswasthyasewatrust.org

