ANNUAL REPORT
2018-19

SOCIAL SECURITY FOR INFORMAL WOMEN WORKERS

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INTRODUCTION

“Social Security for all Informal Women Workers” continued to be the focus of all our programmes during the year. Lok Swasthya SEWA Trust (LSST) upheld the spirit of Universal Health Care and Universal Child Care and we strengthened partnerships across the country to ensure informal women workers have easy and timely access to affordable, quality and essential healthcare and childcare services. LSST worked closely with the SEWA sisters in seven states; Delhi, Punjab, West Bengal, Jharkhand, Bihar, Rajasthan and Uttarakhand in addition to Gujarat. The focus was to engage SEWA members and their families in preventive and promotive health care programmes. LSST supported in providing the capacity building of the local teams working with women, adolescent groups and children to ensure their health needs and rights are fulfilled. It was also important for SEWA’s members to benefit from various health and social security entitlements announced by the government for them. Lack of awareness, limited resources, mobility and exposures continue to prevent them from accessing the benefits of these schemes. In order to address these gaps LSST strengthened local leadership and community structures through aagewans and by empowering them to take the lead in ensuring social security for all workers. The year also witnessed the launch of the Ayushman Bharat Programme of the government of India, a programme to assist the poor and vulnerable populations. Through SSKs all the eligible members of SEWA were provided information on the scheme, those who did not have the PMJAY card were enrolled, those who had the card and did not know about it were provided information and some who already had the card were assisted to use the card when they were hospitalized.

The year laid the foundation to intensify our work on the emerging issues around NCDs, OHS, mental health and also providing our members with the right information on the Ayushman Bharat programme and other health schemes to access them without any hindrances. The SEWA Shakti Kendras (SSK) played an active role in bridging the gaps and building strong linkages between the communities and the government systems and programmes.

Taking care of children of our members has also been important and LSST supported the child care centres in Ahmedabad city. Our efforts to expand the learnings of the past several years continued. We organised meetings and built partnerships with organisations working on early childhood care and education across the country in order to initiate the much-needed full day child care services for the children of working women.
LSST is one of the organizations under the umbrella of the Self-employed Women’s Association (SEWA), a national union of approximately 2 million self-employed women workers in the informal economy. SEWA organizes women for full-employment and self-reliance, both financially and in terms of decision-making. LSST’s objectives and activities contribute to this larger objective of SEWA by providing social security in a sustainable manner to women workers in the informal economy.

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 Union)
ii. Education and awareness creation on health, nutrition, hygiene and access to 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 VimoSEWA¹
vii. Promotion and sale of ayurvedic products and generic medicines through SEWA’s health cooperative
viii. Working closely with SEWA Bharat to support and facilitate health and child care programmes nationally
ix. Supporting the Child care centres for children of Informal workers.

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

<table>
<thead>
<tr>
<th>District/City</th>
<th>Block/Ward²</th>
<th>Village/ Chali ³</th>
<th>Households</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahmedabad (Rural)</td>
<td>Daskroi</td>
<td>17</td>
<td>14,220</td>
<td>71,113</td>
</tr>
<tr>
<td></td>
<td>Dholka</td>
<td>24</td>
<td>11,480</td>
<td>57,413</td>
</tr>
<tr>
<td></td>
<td>Sanand</td>
<td>18</td>
<td>11,375</td>
<td>56,811</td>
</tr>
<tr>
<td></td>
<td>Viramgam</td>
<td>16</td>
<td>7,820</td>
<td>39,087</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>75</td>
<td>44,895</td>
<td>2,24,494</td>
</tr>
<tr>
<td>Tapi (Rural)</td>
<td>Vyara, Uchchhal, Nizar, Songadh, Valod</td>
<td>30</td>
<td>8700</td>
<td>43,500</td>
</tr>
</tbody>
</table>

¹ The National Insurance VimoSEWA Cooperative Ltd. has been promoted by SEWA and offers insurance services
² Ward is an administrative unit of the city region, a city area is divided into Zones, which in turn contains numerous wards
³ Chali is a street or lane in an urban neighbourhood settlement
<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gandhinagar (Rural)</td>
<td>Dehgam</td>
<td>5</td>
<td>4,100</td>
<td>20534</td>
</tr>
<tr>
<td>Surat City</td>
<td>2 Wards</td>
<td>20</td>
<td>9100</td>
<td>45,500</td>
</tr>
<tr>
<td>Ahmedabad City</td>
<td>11 Wards</td>
<td>35</td>
<td>8000</td>
<td>40,000</td>
</tr>
<tr>
<td>Child Care Centres (Ahmedabad City)</td>
<td>7 Wards</td>
<td>13</td>
<td>5,300</td>
<td>26500</td>
</tr>
<tr>
<td>Total</td>
<td>10 Blocks</td>
<td>80095</td>
<td>4,00,528</td>
<td>6000 common for health and child care</td>
</tr>
<tr>
<td></td>
<td>20 Wards (3 Wards common for Health and Child Care)</td>
<td>110 Villages</td>
<td>80095 (1200 common for health and child care)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11 Villages 72 Chalis (3 Chalis common for Health and Child Care)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TUBERCULOSIS (TB) PREVENTION & ELIMINATION PROGRAMME- URBAN SLUM SCHEME**

Globally, TB incidence has reduced in the year 2018, but it continues to be prevalent among the working poor in India. There are several risk factors which attribute to rise in TB cases such as undernourishment, inability or affordability to access nutritious food, living and working in areas with dense population, with poor ventilation and space, addiction (smoking, alcohol), rising non-communicable diseases, and HIV (Human immunodeficiency virus) infection.

During the reporting year, LSST has implemented awareness activities in 15 chaalis/urban streets of Asarwa ward in Ahmedabad city in collaboration with Ahmedabad Municipal Corporation (AMC) under the Urban Slum Scheme Programme. Most members here are migrant workers from inter/intra-state, and are engaged in informal economy (eg. street vendors, small food producers, etc) to make their ends meet.

One of the core mandates of this programme is to monitor the trends around tuberculosis in the area and implement awareness programmes, and linkages to public healthcare facilities for screening and treatment adherence. Our aim is to provide education about TB—signs and symptoms, screening, finding active TB cases, and provision of referral care where necessary. Various activities are designed and implemented to create awareness among community members by our grassroots leaders. The graph below demonstrates the number of TB cases in our implementation area:
Our strategy to prevent new cases and contribute towards TB elimination:

**Provision of services:**
- Education and awareness about TB screening and treatment, school education, patient meetings, information and linkages of TB patients for health and nutrition assistance, organising adolescents to advance their health rights & entitlements and promote their leadership at local level.

**Institutional:**
- Collective strength of SEWA's members, training, access to information and access to healthcare at the door-step, encouraging leadership of local adolescents to take health related actions through training and exposure visits, meetings with AMC officials and other NGOs, meetings with religious leaders and local politicians for creating awareness about TB.

**Community:**
- Improved work and living environment, reduction in health risk, reduction in health expenditure, adolescents taking leadership through participation in various activities to prevent TB in their areas.

Outreach through various awareness activities and linkages to nutrition assistance: Our team provides information on various topics such as TB and HIV, adherence to treatment regimen for recovery, importance of hygiene, sanitation and nutrition, addiction issues and help available from de-addiction centres and government nutrition scheme - Nikshay Poshan Sahay Yojna for TB and TB/HIV patients. Various mediums and platforms
(such as rallies, exhibitions, area meetings, door-to-door contacts, and many more) were used to provide education within the community and to create awareness among municipal school children (aged 10 to 14 years), adolescents, pregnant and lactating women (on Mamta Diwas- Health and Nutrition Day at the ICDS), and family members of active TB cases who are at risk. **11 members** who were diagnosed with TB were linked to Nikshay Poshan Sahay Yojna by providing them the information and support.

Through awareness activities at the community level and interactions with community members, a total of **46 suspected cases were referred** to Urban Health Centre (UHC) for sputum smear examination.

*Sputum collection of a suspected TB case by our community health worker*
The graph below demonstrates the number of members referred for sputum smear examination, number of cases tested positive with chest examination, and members who have started medical treatment regimen from public healthcare facilities.

Additionally, LSST also took part in the meetings with national/international NGOs working for TB awareness and elimination organised by the AMC. LSST team presented monthly reporting and planning of their activities in these meetings along with current trends and community’s response to their strategies. This served as a platform to interact with other grassroots implementers, government representatives and policy makers, and opened up
new opportunities to work together at the grassroots, learnings from experiences, and working closely with the government for better results.

OCCUPATIONAL HEALTH & SAFETY (OHS) OF INFORMAL WOMEN WORKERS

Occupational health and primary care share common values that are important for the health of working populations. However, at the primary level health services to address occupational health issues are not available. In order to address this, LSST designed an occupational health programme which aims to alleviate the occupational health issues of informal women workers through awareness, enhance productivity, and improve their daily income. Our Community Health Workers provide information and education sessions to our members, the informal workers, in small groups and through exhibitions. These sessions create awareness on health issues specific to different trade groups as different types of work involve working in different environments, work processes and varying levels of exposures to risks and hazards. These sessions have a preventive emphasis through simple dos and don’ts, correct ways of working and exercises to reduce occupational issues of informal workers.

Occupational Health & Safety Programme of LSST

Information campaigns such as participatory training programmes, exhibitions, and area meetings were organised to address issues faced by informal women workers in rural and
urban areas. IEC materials such as posters, flip-charts, and audio-visual tools were used during information and awareness campaigns. Group education sessions with women workers in the reproductive age-group were organised with the help of trainers and community health workers. Prior to information campaigns, health issues faced by women workers due to occupation, work hours, working conditions, nutrition status, were identified for detailed discussion and encourage preventive measures. The graph below demonstrates the reach-out through various activities.

![OHS Programme and Outreach](image)

Such training sessions were primarily focused on work related health problems such as aches and pains, fatigue, stress, difficulty in concentrating at work, reduced productivity due to illnesses; work environment, workplace modifications and safe practices such as chemical and electrical safety, identification of hazards, and how these interact with their household chores and care responsibilities, significance of diet diversity for nutrition and health, importance of hygiene and sanitation while at work and home, and access to welfare schemes and services available to them by the Government. Yoga/physical exercise is a mandatory component of each training session, for at least 10 minutes, to reinforce the need to exercise for a healthy life style and to mitigate the occupation related health concerns.
EYE CAMPS

Informal workers need to be healthy in order to work efficiently. Different types of work done by them require a healthy body and we have heard our members say several times that “Our body is our only asset”. Over the years LSST has initiated several programmes to address the emerging needs and demands of our members. One such area that is much neglected is the vision and eye related problems. For many informal women workers, suffering from vision loss, a pair of eyeglasses could mean the difference between work opportunity, loss of income, and quality of life. In our decades of experience of working with informal women workers, we have learnt that improving worker’s vision by providing them a pair of eyeglasses and restoring their sight through referrals to cataract surgeries is one of the most cost-effective health interventions.

LSST creates awareness on ophthalmic problems (eg. myopia, presbyopia, etc) faced by our members in both rural and urban areas, provide education on early symptoms of vision loss and blurred vision and how it compromises one’s ability to work effectively, to read and learn in school, and to navigate surroundings with ease and safety. Inavailability of Ophthalmologist and Optometrist, eye check-up clinics within the
nearby public healthcare facilities, transportation cost and fees at the private hospitals are the main barriers besides the lack of awareness about eye related problems among the community members, while seeking eye care.

In order to address the issues faced by our members---informal women workers, LSST organised eye camps in both rural and urban areas of Ahmedabad district, Gandhinagar, and Surat city in partnership with the not-for-profit international healthcare organisation- “Vision Spring” through distribution of eye- glasses, and community outreach activities. During this year, total 22 Eye camps were conducted, with an outreach of 1065. The objective of the camps is to provide adequate and affordable eye care services to our members at their doorstep. These camps address eye check-up of members for vision problems- refractive errors, eye infections, cataract and glaucoma. Members needing further care and surgeries were referred to public healthcare facilities and trust- based healthcare institutions. The graph below demonstrates the outreach through 22 camps.

<table>
<thead>
<tr>
<th>OUTREACH THROUGH EYE CAMPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>People Screened</td>
</tr>
<tr>
<td>Probable Cataract Cases</td>
</tr>
<tr>
<td>Eyeglasses for nearsightedness/myopia</td>
</tr>
<tr>
<td>Eyeglasses for farsightedness</td>
</tr>
</tbody>
</table>

By organising Eye Camps at the community level, we have learnt that such community- based interventions tackle the social, economic and cultural barriers that prevent women workers
and their young children, especially girls from getting the care they need. As a result, women and girls are empowered to live productive lives and reach their full potential. A pair of glasses brings the world into focus. A 15-minute cataract surgery restores sight and hope. A medication for eye infection made available to members free of cost prevents decades of blindness and suffering.

**SEWA SHAKTI KENDRAS (SSKs)**

SEWA Shakti Kendras (SSKs) or Empowerment Centres set up in rural areas (Ahmedabad and Tapi districts) and urban areas (Ahmedabad and Surat) of Gujarat provide greater transparency of information on health and nutrition, and other social security schemes and programmes leading to better governance. The SSKs serve as a hub for information and education within the community, where informal workers live and work. These centres are attempting to bridge the gap between government programs and its access thereby improving governance. The centres seek to improve the community’s access to information and services on health and nutrition, and other social security entitlements and also serve as a focal point for all community-based activities that are led by women and young people. We believe that this initiative will trigger a process of exercising democratic rights and active participation at the local level.

The SSK is a place where people meet and share their common concerns and have healthy dialogues to address larger issues faced by them to avail and access rights and entitlements, at the same time obtain up-to-date information on all public programmes and schemes.

At present, there are eighteen SEWA Shakti Kendras functional in Gujarat. The SSKs are run by local women, all community health workers, trained by SEWA. They are all themselves workers of the informal economy. They provide information on health and nutrition; link local people with many government schemes meant for them and then hand-hold them through the maze of procedures and preparing the documents required. They support and remain connected with local people, especially women, till the services and entitlements reach them.

**Awareness activities and outreach through SSKs:**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training/education sessions with women and young girls</td>
<td>9449</td>
</tr>
<tr>
<td>Door-to-door contact</td>
<td>19323</td>
</tr>
<tr>
<td>Area Meetings</td>
<td>12481</td>
</tr>
<tr>
<td>Exhibition</td>
<td>4064</td>
</tr>
</tbody>
</table>
Linkages with government schemes: The graph below demonstrates the number of members linked to various government schemes and basic documents mandatory to avail the services, and their processes completed.

Meetings with the members of local committees of governance: The aim is to exchange information with local governance functionaries, discuss issues faced by the communities, and bring solutions collectively to address the gaps. Our approach has always
been to empower local communities to take decisions, address local problems through their own leadership and collective strength. We constantly encourage women to actively participate in various local committees, platforms and forums so that the issues of women are heard and addressed.

<table>
<thead>
<tr>
<th>Local governance committee</th>
<th>No. of meetings conducted</th>
<th>Participation of committee members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mahila Arogya Samiti (MAS)</td>
<td>9</td>
<td>32</td>
</tr>
<tr>
<td>Village health, sanitation, and nutrition committee (VHSNC)</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Patient Welfare Committee/Rogi Kalyan Samiti (RKS)</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Local leaders’ committee</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>GramSabha</td>
<td>5</td>
<td>190</td>
</tr>
</tbody>
</table>

**Health camps and referrals:** The aim is to provide healthcare services to our members and their families at their door-steps. Doctors from the government, private or trust hospitals are invited at each camp and medicines are made available to the patients with the help of local public health facilities or other trusts. Different types of camps such as ayurvedic, general and for other specialized services are organized as per the local need. Activities at the camps include education/training, examination and diagnostic tests, referrals to nearby health facilities (Urban Health Centre or secondary and tertiary government healthcare facilities) and follow-up by the aagewan/community health worker. Details of health camps conducted and members reached through camps are summarized below:

<table>
<thead>
<tr>
<th>Type of Camp</th>
<th>No. of camps</th>
<th>Outreach</th>
</tr>
</thead>
<tbody>
<tr>
<td>General health camp</td>
<td>51</td>
<td>2112</td>
</tr>
<tr>
<td>Ayurvedic camp</td>
<td>13</td>
<td>388</td>
</tr>
<tr>
<td>Gynaecology camp (to address women’s sexual and reproductive health issues)</td>
<td>5</td>
<td>138</td>
</tr>
<tr>
<td>Eye camp</td>
<td>18</td>
<td>792</td>
</tr>
<tr>
<td>Suvarna Prashan Camp (for infants and children)</td>
<td>5</td>
<td>129</td>
</tr>
<tr>
<td>Swine flu awareness and check-up camp</td>
<td>2</td>
<td>745</td>
</tr>
<tr>
<td>Polio eradication campaign with local public health functionaries</td>
<td>1</td>
<td>150</td>
</tr>
<tr>
<td>Mobilising members for free diagnosis and medicines at the mobile medical van unit by Ahmedabad based healthcare trust</td>
<td>13</td>
<td>305</td>
</tr>
</tbody>
</table>
Additionally, during the reporting period, SSKs ran a campaign to create awareness about public entitlements and the procedures for grievance redressal. All the members were informed about the toll-free number for ration entitlement (PDS), complaint number of Ahmedabad Municipal Corporation (AMC) for problems around water and sanitation and organized meetings with CDPO and ICDS supervisor in Ghoda village of Ahmedabad district. LSST staff was also provided training through experts from different organisations on leading such campaigns.

A Workshop on SEWA Shakti Kendra- a local empowerment centre for informal women workers

The Lok Swasthya SEWA Trust (LSST) organised two Workshops on SEWA Shakti Kendra- a Local Empowerment Centre for Informal Women Workers on 16th and 18th of December 2018 in Vyara block in south Gujarat and second in Ahmedabad city of Gujarat. Among the participants from other organisations included representatives of Unnati Organisation, Ahmedabad. The workshop also observed the presence of invited guests from government health departments like Assistant Health Secretary, Coordinator- Mukhyamantri Amrutam Yojna, Sarpanch/Village headman from rural areas, and officials from block level offices in Ahmedabad and Tapi district.

The workshop was organised to share our experience and learnings through establishing SSKs at the grassroots level, where informal women workers live and work. The SSKs launched in Gujarat since 2015 have implemented a number of important innovations around accessing health and social security. Some of the experiences shared by our Aarogya Sevikas/Community Health Workers (CHWs): “I cried initially when I was asked to meet the Collector at the block office. I wasn’t confident enough to present myself in front of higher authorities. But, with the passage of time, I have learnt a lot through SSKs, and this experience
has helped me gain confidence in myself, and enhanced my managerial and communication skills”—says Kailashben Chavda, SEWA member and CHW at Sindhrej SSK in Dholka block of Ahmedabad district.

“In my village, in our community, girls were not able to complete their schooling as they had to travel about 20kms to attend school. This was due to lack of transportation facility. So, there were many girls who dropped out of school. Young girls who were participating in SSK meetings learned to send an application to officials at the Jilla Panchayat regarding the lack of transportation facility in the village. Our local SEWA sister helped girls in submitting the application form to start transportation facility in the village. To my surprise, I being a Sarpanch couldn’t do it, but the collective strength of women worked, and now our village has public transportation facility every day so that girls can go to school. Over the past year and more, we realised that in such a short period of one year, very few girls have dropped out of school, most of them have gone back to school. The SSK in my village has truly empowered women and young girls.”

Jayantibhai Thakor, Sarpanch, Navapura village, Daskroi block

YOUTH PROGRAMMES

The Youth program (YUVA karyakarm) started in the year 2002-03 by organising young girls into collectives/mandals in both rural and urban areas. The need for building a program around adolescents came from our members, who wanted us to educate their daughters and ensure a secure future for them. The programme began with a few adolescent girls
collectives to 76 adolescent collectives in 2018-19. Although we started working with girls the need to work with boys emerged and today we have formed 10 adolescent boys’ collectives.

All through the year several activities were organised through the collectives. Organising adolescents into their own mandal/collectives provides them safe and secure spaces for support and solidarity. It also promotes their empowerment and leadership, thus enabling them to act locally on health and related developmental issues. The engagement with these mandals/collectives was on a regular basis through meetings and training sessions.

**Member of adolescent boys collective in Kadiya-ni-chali area of Ahmedabad city, registering the complaint on CCRS (Comprehensive Complaint Redressal System) launched by AMC about the garbage heap in his area.**

The efforts of LSST to encourage adolescent groups to take leadership actions for health and other developmental issues at the local level brought good results and many young girls and boys took active participation in all the activities. One of the adolescent’s collective in Ghoda village of Ahmedabad district initiated a cleanliness drive in their village. The garbage present all over the place was making the place unhygienic and difficult for everyone. The adolescents from the collectives along with SEWA members complained to the sarpanch about the same. They insisted on getting the place cleaned and setting up proper garbage disposal system in the village. With the support of the village and the panchayat they were successful in their efforts. Another collective of adolescent girls in Makubhai-na-Chapra in
Girdharnagar ward of Ahmedabad city helped LSST team in conducting a survey to identify families who are eligible to avail the government health insurance schemes. The team also conducted regular meetings with the parents on issues regarding early marriage, importance of higher education, addiction and its socio-economic impact, and increasing prevalence of suicide among youth. It was important to connect with the parents as they realized the significance of these meetings thereby ensuring the active participation of young people in all the activities. The graph below provides the information on average number of adolescents engaged in various activities carried out during the reporting year.

**PARTICIPATION OF MEMBERS OF COLLECTIVES IN VARIOUS ACTIVITIES**

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Average No. of Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average No. of Adolescents participated in various activities conducted by SEWA (Mega event, health...)</td>
<td>330</td>
</tr>
<tr>
<td>Average No. of Adolescents visited various government departments</td>
<td>372</td>
</tr>
<tr>
<td>Average No. of Adolescents participated in various campaigns like Swachha Abhiyan, Polio campaign...</td>
<td>129</td>
</tr>
<tr>
<td>Average No. of Adolescents given awareness about various local committees</td>
<td>332</td>
</tr>
<tr>
<td>No. of Adolescents linked with various Vocational Programs</td>
<td>181</td>
</tr>
</tbody>
</table>

**CAPACITY-BUILDING OF MAHILA AROGYA SAMITI (MAS)**

Our work has evolved over the past years as per the needs of the community and we have learned that communities can benefit from various programmes and schemes through local leadership, particularly women who can take the leadership, make decisions and become empowered. However, they need support and direction for collective action through committees such as MAS, VHSNCs, SHGs and other community-based organisations. Therefore, it is important to strengthen local committees like MAS. In Ahmedabad city LSST has been providing support to over 70 MAS committees and we have seen that the community members use and respond positively to health and other services available to them by the government if they are involved in the planning and decision-making processes.

*These committees* yield several benefits: a) better dissemination of knowledge on health issues within the local community, water and sanitation issues and grievance redressal mechanisms, b) available untied fund and its adequate use, c) better dissemination of knowledge on public welfare schemes and programmes, better organization of services keeping in mind the community’s needs and increased community responsibility for their own health.
825 members of 77 Mahila Arogya Samitis in four wards (Shahpur, Behrampura, Meghani nagar, and Vejalpur) of Ahmedabad city were provided capacity-building sessions to strengthen MAS. The topics of the capacity-building training include:

1. National Urban Health Mission
2. Optimal utilisation of untied funds given to MAS
3. Activities of local-level civil society organisations
4. Causes of illnesses and preventive measures to lead healthy lifestyles
5. Adolescent and women’s health
6. Identifying and reaching out to marginalised groups

Further, members of the committee in each ward were encouraged to monitor health, sanitation, and nutrition-related services available to the community, and encourage other community members to utilise the public services and entitlements which are meant for them, but often do not reach them due to lack of awareness and proper guidance. Members of MAS were also given exposure to various public departments, and information and use of toll-free numbers for queries related to water and sanitation.

LSST also conducted the workshop titled “MAS-Future Direction” with the participation of MAS members and team members of LSST. Two representatives from each MAS were invited to participate and share their experiences. Total 70 representatives attended the workshop. All the participants shared their experiences of being a member in the local committee of their area, and how it has helped build their own capacities enabling them to take charge of the health and wellbeing of their communities.
“I came out of the four walls of my house when I started attending meetings with other women. Initially, I was not interested, but soon I realised the importance of these meetings as I was getting to know about public services which are available within the community. I did not know anything at all. I have been a member of MAS over three years now, and one thing I have realised is that every woman of this country should come out of their homes and be aware and informed, so that they can take charge of their health and their families. I am grateful to SEWA for identifying some skills in me and giving me the opportunity to be a member of MAS. I am well trained now and I have also provided training on nutrition to adolescent girls in my area.”

Zebaben Sadhguru, MAS member, Odhav

**CHILDCARE**

Children of informal workers are a central concern to LSST particularly as the mothers have to work and need support in the care of their children. Our child care centres focus on overall development of children and emphasis is given to physical, emotional, mental, and social well-being of the child. This has been the approach of LSST for its child care centres located at Idgah and Saijpur of Ahmedabad city. Our child care centres are managed and run by informal workers, themselves and ensure the needs of the children and working mothers are taken care in a holistic manner that is locally relevant and with the support of the entire community.
Childcare centres at Idgah and Saijpur in Ahmedabad city

Our childcare centres provide a range of services to enhance the physical, social and mental wellbeing of the children and their families. The services provided through integrated approach are mentioned below:

1) **Nutrition**: Children are served freshly cooked nutritious meal for lunch and a nutritious snack at tea-time. The menu is prepared with lot of care to ensure diversity and nutrient rich (carbohydrate and protein-rich meal, which is acceptable to the local community) meals given to children every day.
### Sample menu served at the centres

<table>
<thead>
<tr>
<th>No.</th>
<th>Days</th>
<th>Daily Diet</th>
<th>Quantity of Food served per child (Details shown for uncooked ingredients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monday</td>
<td>Fada Lapsi (Broken Wheat-Porridge)</td>
<td>40gm Broken wheat/30gm jaggery</td>
</tr>
<tr>
<td>2</td>
<td>Tuesday</td>
<td>Dal-Rice (Lentil Soup-Rice)</td>
<td>15gm Lentils/50gm Rice</td>
</tr>
<tr>
<td>3</td>
<td>Wednesday</td>
<td>Mag-Fada (Lentils with Porridge)</td>
<td>30 gm Lentils/40gm Broken wheat</td>
</tr>
<tr>
<td>4</td>
<td>Thursday</td>
<td>Pulav (Vegetable Rice)</td>
<td>50gm Rice/10gm Vegetable</td>
</tr>
<tr>
<td>5</td>
<td>Friday</td>
<td>Chana-Khichdi (Chick pea and soup-rice)</td>
<td>40gm Chickpea/40gm Rice</td>
</tr>
<tr>
<td>6</td>
<td>Saturday</td>
<td>Dhokla (Fermented Rice cake) or Poha (Rice Flakes)</td>
<td>50gm (either rice or flake)</td>
</tr>
</tbody>
</table>

2) **Early childhood care and education** includes plethora of fun-filled activities to make learning fun. To instill good habits and discipline a variety of games, songs and creative methods form part of the curriculum. The activities that are segregated according to the age-groups include learning the alphabets in Gujarati and English, numbers, names of vegetables and fruits, names of days and months and learning to say their own names. A variety of rhymes and songs conveying useful messages are also taught.

3) **Healthcare** of the children is done regularly through monthly health check-ups, growth monitoring records of each child is maintained and timely immunization ensured. All this is done in close coordination with the government health system.
4) **Education meetings with mothers:** Our Crèche workers/ balsevikas make it a point to keep in regular touch with the parents, particularly the mothers. Regular updates on the progress of their children are provided in addition to discussing some of the issues the mothers, informal workers are facing and how we can support them. Keeping this in mind the meetings focus around health and nutrition, government programmes and schemes that they can benefit from, on community level issues such as water, sanitation, and hygiene, growth chart of children, seasonal illnesses and various social issues that hinder the empowerment of women and girls. The **graph** below demonstrates the average participation of mothers whose children attend our childcare centres in monthly meetings with our childcare team. On an average, 80% of the mothers attended the monthly meetings in both the centres.

![Graph showing participation of mothers in meetings](image-url)

**PARTICIPATION OF MOTHERS IN MEETINGS**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Saijpur</th>
<th>Idgah</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1</td>
<td>71%</td>
<td>81%</td>
</tr>
<tr>
<td>Q2</td>
<td>76%</td>
<td>79%</td>
</tr>
<tr>
<td>Q3</td>
<td>86.40%</td>
<td>80%</td>
</tr>
<tr>
<td>Q4</td>
<td>77%</td>
<td>82%</td>
</tr>
</tbody>
</table>
5) **Quarterly meeting with Fathers:** During these meetings the focus is on keeping them informed about their child’s growth and development. Fathers are encouraged to spend more time with their children, and to share the responsibilities with the mothers in the development and upbringing of their children. On an average, 65% of the fathers participated in the quarterly meetings.

6) **Linkages with government schemes:** There are many health and social security schemes launched by the government from time to time for informal workers. The child care centres create awareness on these to the mothers during the meetings and also during home visits and community events. The focus is to ensure the benefits of various schemes and programmes reach everyone.

7) **Vidaay samarambh/annual graduation ceremony** of children moving to primary school, organised with support from parents and community leaders. In May 2018, **21 children** (12 children from Idgah childcare centre and 09 children from Saijpur childcare centre) went on to join formal schools.

8) **Right to Education (RTE) Act:** We provide information and hand-holding in filling applications of children eligible to enroll for free and compulsory education under the RTE act. **Twelve children**, aged 5 and 6 (9 children from Idgah and 3 children from Saijpur) were successfully admitted to nearby private school for free education under the **Right to Education Act**.

“Earlier I used to earn Rs. 2000 per month with lot of difficulties, and was constantly worried about my children. Now, I am not at all worried about my children. Balsevikas/childcare workers are there to look after them and they have taught both my children to eat nutritious food. After sending my children to childcare centre, I am able to work peacefully and do other household chores. My earning have doubled to Rs. 4500 per month. I am happy that we have full-day childcare facility within the same community, which allows women like us to work and earn without having to worry about our children.”

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**Sanoferbano, SEWA member, Idgah, Ahmedabad city**

**WORKSHOP ON QUALITY CHILDCARE AS A RIGHT FOR ALL INFORMAL WORKERS**

The Lok Swasthya SEWA Trust (LSST) with CHETNA and FORCES network organised a Workshop on Quality Child care as a Right for All Informal Workers in Ahmedabad, Gujarat. The participants represented various organisations from Gujarat, Rajasthan, Madhya Pradesh, and Maharashtra.

The purpose was to bring together trade-unions, child care organisations, women’s organisations, researchers and technical experts from national and international agencies.
The overall **objective** was to create awareness on the need for quality public child care for all and;

1. To share experiences on child care and its impact on women workers and on young children.
2. To understand and exchange ideas on the national campaign for child care for informal workers.
3. To develop state-level action plans and constitute a taskforce for taking these forward

**Six demands of this workshop are mentioned below:**

1) Quality child care is a right for all

2) Full day, free, quality, holistic and integrated early childhood care for all

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

**NATIONAL WORKSHOP ON UNIVERSAL HEALTH COVERAGE: A GRASSROOTS VIEW**

As a first step towards building an alliance with people’s voices informing the discourse, and especially involving active participation from the most vulnerable groups; women, disadvantaged communities like Adivasis, Dalits and those who are differently abled, a national workshop was organised by LSST, PHFI and PFI, with two smaller follow up meetings thereafter. The workshop had representatives from people’s organisations like unions, cooperatives and SHG Federations, in addition to community health organisations and advocates, already working to make UHC a reality at the grassroots level.

The workshop and meetings are part of a wider strategy to disseminate information on UHC at the grassroots level, and with the public more generally, so as to build up an understanding on UHC and a possible people’s movement, as envisaged by the National Health Policy 2017.
The aim of the workshop was to build a shared understanding among Civil Society Organizations (CSOs) and grassroots workers about what needs to be done to achieve UHC in India.

**TECHNICAL RESOURCE CELL (TRC)**

The team members of LSST have been working at the grassroots level to address issues faced by our members on health and childcare for several decades, in both urban and rural areas. LSST is often approached by various organisations including SEWA sister organisations in different states to initiate, implement and establish similar programmes at the grassroots level. During the reporting year we organized training sessions in Bihar and Rajasthan.

List of trainings conducted by LSST is mentioned below in the table.

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Place</th>
<th>Topics</th>
<th>Training/Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEWA Bharat</td>
<td>Bihar</td>
<td>Life- skills, Maternal &amp; child health, and Nutrition</td>
<td>1/18</td>
</tr>
<tr>
<td>SEWA Bharat</td>
<td>Jaipur, Rajasthan</td>
<td>Maternal &amp; child health, Health &amp; sanitation, and Diversity in nutrition</td>
<td>1/23</td>
</tr>
</tbody>
</table>

The training sessions include methods of learning through discussions, role-play and case studies. The topics are selected based on local health needs and programmes.
CAPACITY- BUILDING OF THE TEAM

Our staff has many years of grassroots experience, and have led the health programmes of SEWA. The commitment and dedication demonstrated by them is commendable. Regular reviews and evaluations to assess their performance help in identifying the gaps which further help in developing trainings that are organised from time to time. Refresher training on health, nutrition, and other topics is given every year. Their representations in workshops and seminars as well as exposure visits to learn from other organisations further develop their skills. Through capacity- building of our team, the aim is to bring in new and innovative methods of education and better understanding of emerging issues pertaining to women workers’ health and social protection.

CONCLUSION

LSST has established a multi-sectoral and multi-dimensional approach to address the needs of our members and their families. The focus has been to identify the vulnerabilities that affect their lives and address them through a range of activities and programmes as mentioned in this report. LSST has focussed on early childhood care and development, employment and working conditions of poor women informal workers, strengthening local health systems through linkages with local government health functionaries, and participatory governance through awareness and linkages to government schemes, and strengthening local committees by increasing participation of members.

LSST has taken the lead in providing social security, which includes healthcare, child care, insurance, pension, housing and basic amenities, to SEWA’s members all through the past 14 years. The emphasis has been to ensure these services reach the last mile through the leadership of aagewans or community health workers and child care workers. All of these
could be achieved by empowering informal workers at the local level, by organising them into their union, cooperatives, SHGs and small groups. The aagewans have been our strength and leaders in ensuring health care and quality child care services reach our members and their families. Our journey to reach out to more and more families of informal workers will continue through partnerships with the government programmes, civil society, the SEWA network and other alliances.
LSST’s Partners

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

1. Ahmedabad Municipal Corporation
2. Azim Premji Philanthropic Initiative
3. Women in Informal Employment: Globalizing and Organizing (WIEGO)
4. Save the Children
5. Mahila SEWA Trust
6. Mridula Sarabhai Foundation
7. Unitarian Universalist Holdeen India Programme
8. Vision Spring