

ANNUAL REPORT

2019-20

Social Security for Informal Women Workers



Lok Swasthya SEWA Trust

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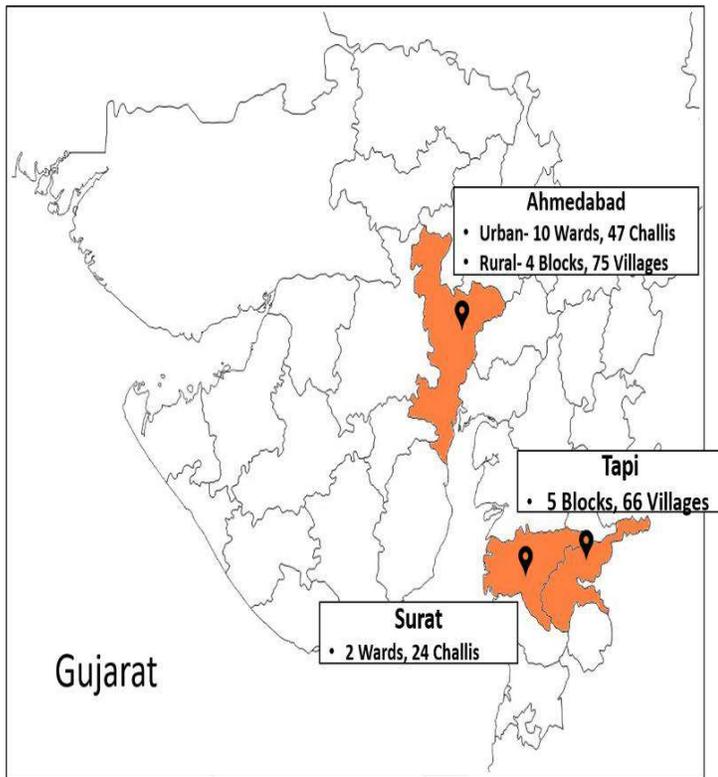
ABOUT THE TRUST

Self- Employed Women's Association (SEWA) – a national union of approximate 2 million informal women workers, has given rise to more than 3000 small, medium and large organisations of self- employed women across 17 states. One such is the **Lok Swasthya SEWA Trust (LSST)** which is a charitable trust with 6 permanent trustees and five rotating ones, all women, and informal workers themselves representing different trades, communities and geographies. SEWA's mission is to organise women into their own membership-based associations, SHGs, and cooperatives, ensuring that they access the services necessary to achieve economic empowerment and self-reliance. It has promoted the Lok Swasthya SEWA Trust (LSST) to provide social security services (i.e. healthcare, childcare, insurance, pension, housing and sanitation) to its members—informal women workers and their families. At LSST, we work to achieve SEWA's vision by addressing the evolving and emerging needs of our members to ensure work security, income security, food security and social security. All our programmes address these needs in a holistic manner and led by our members, the informal women workers.

LSST designed and implemented various programmes to provide social security in a sustainable manner to women workers in the informal economy, and their families. The core focus during the reporting year was;

- i. Organising (enrolling members in SEWA Union)
- ii. Education and awareness creation on health (sexual and reproductive health and rights (SRHR), communicable & non- communicable diseases, Occupational Health, TB, menstrual hygiene and management (MHM), oral health and hygiene, nutrition, etc) and ensuring rights and entitlements reach them in a timely and easy manner.
- iii. Health Camps for screening and early detection
- iv. Referral Services to healthcare facilities
- v. Linkages with public welfare schemes and programmes
- vi. Empowering grassroot level committees, organisations and women to take leadership to strengthen public health services, programmes and entitlements and constantly monitor the same to ensure quality and reach.
- vii. Education on microinsurance for small entrepreneurs and promotion of insurance products by VimoSEWA
- viii. Promotion and sale of ayurvedic products and generic medicines through SEWA's health cooperative
- ix. Working closely with SEWA Bharat to support and facilitate health and child care programmes nationally
- x. Supporting the Child care centres for children of Informal workers
- xi. Regional consultations on Universal Health Coverage (UHC)

Operational areas: LSST works in three districts of Gujarat; Ahmedabad, Surat and Tapi. In Gujarat, population of about 4, 75,000 is covered through various programmes in both urban and rural areas. Moreover, LSST worked closely with the SEWA sisters in eight states; Delhi, Punjab, West Bengal, Jharkhand, Bihar, Rajasthan and Uttarakhand and Gujarat. The focus was to engage SEWA members and their families in preventive and promotive health care programmes. The map below depicts more information about the operational areas.

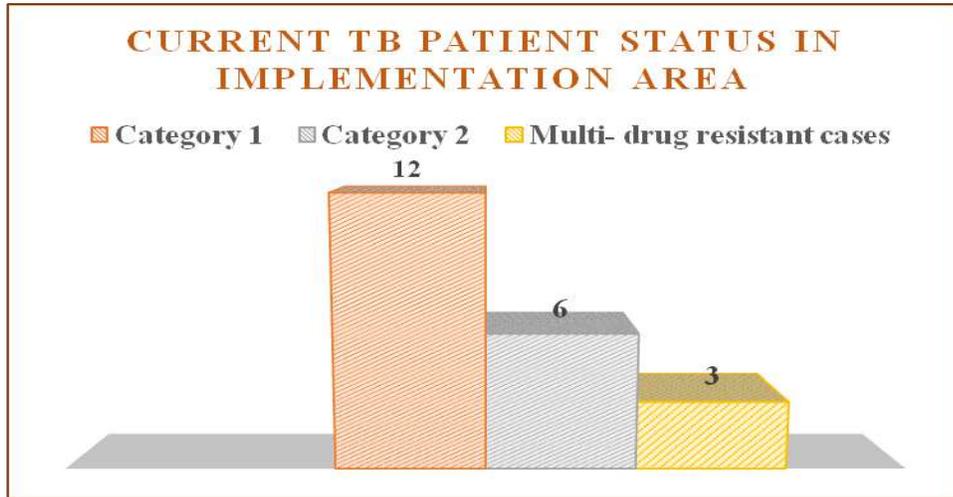


SOCIAL SECURITY FOR INFORMAL WOMEN WORKERS AND THEIR FAMILIES

From the very beginning SEWA recognized the need to ensure social security for members. Social security for informal women workers and their families is significant for their empowerment and their very survival. SEWA has always believed that health care, child care, insurance, pension, housing and basic amenities are the five basic components that is necessary for social security. LSST, from the very beginning has focused on these five areas through several programmes that are mentioned in this report and each of these through an integrated approach. We have been successful in achieving our goals by organising our members into the SEWA union and cooperatives and through their leadership. Our goal is to organise women for full- employment and self- reliance.

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

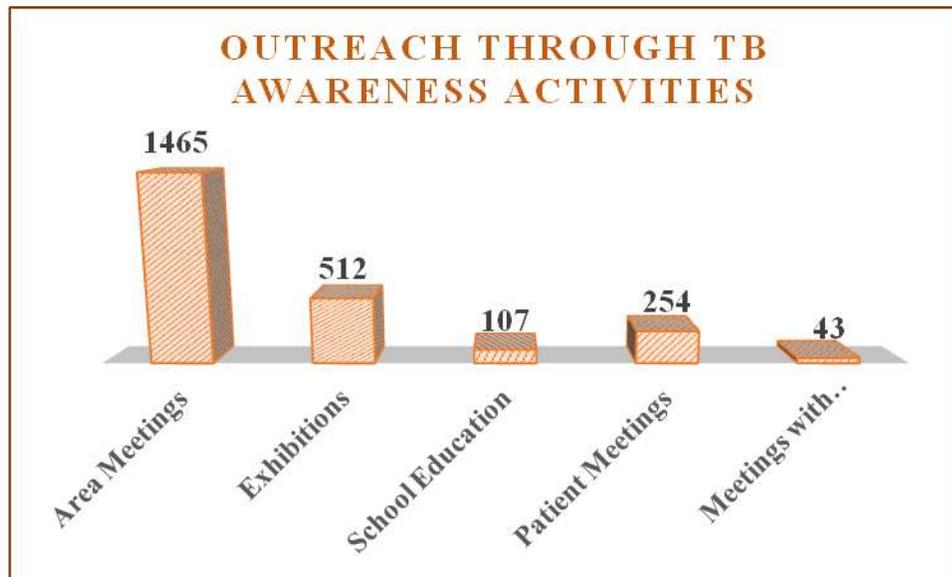
Majority of the TB burden is among the working age group, especially the working poor. LSST continued to implement its TB program with the support from Ahmedabad Municipal Corporation (AMC) during the reporting year. The **aim** is to work towards prevention and provide supportive and curative services for TB cases in low-income neighborhoods of Ahmedabad city where SEWA members live and work. The **graph** below demonstrates the number of TB cases in our implementation area:



Under this programme, awareness activities including referrals for diagnosis and treatment were conducted in 20 challis of Asarwa ward—a high density population area comprising of large slum pockets. Activities include **education and awareness sessions** on TB symptoms, no- cost screening and diagnostic facilities available at the public health facilities, management of symptoms through course of medicines; and **information and linkages of TB patients for nutrition assistance under Nikshay Poshan Sahay Yojna**. In these awareness sessions, emphasis is also given to TB co- morbidities, especially HIV, Diabetes and use of tobacco as the community members in this area have low level of education and information on health, addiction issues (both tobacco and alcohol), strong superstitious beliefs, and preference for availing traditional healing options for illnesses as opposed to following the treatment schedule prescribed by doctors.

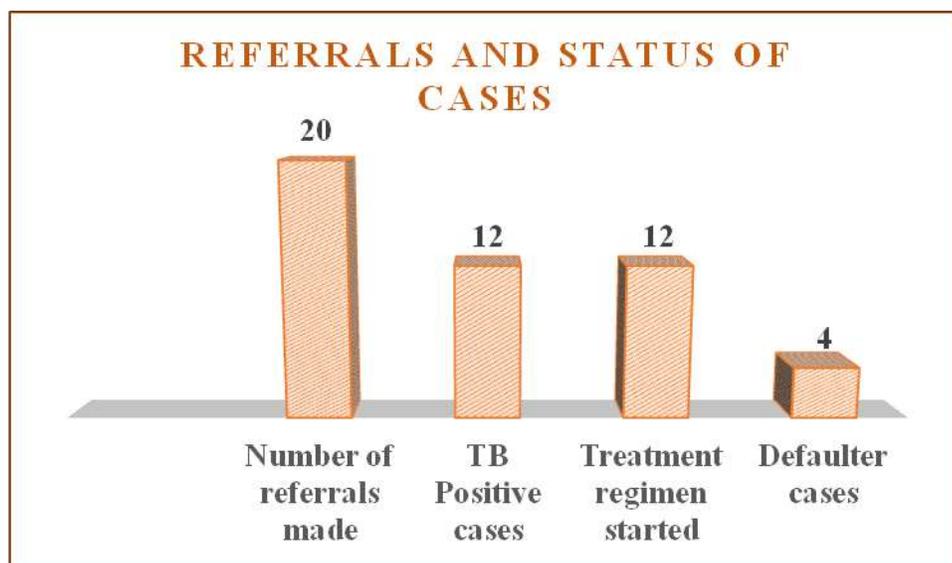


To mitigate all these challenges, our community health worker in this area ensures patients and their family members receive adequate information and have access to public health facilities for regular treatment regimen, support tuberculosis health visitor (TBHV) in counselling patients for treatment initiation, treatment adherence, completion of treatment, and default prevention. This helps in ensuring, one of the core mandates of the LSST that is strengthening of health systems by creating awareness and increasing access to public healthcare facilities by our members. The **graph** below demonstrates the outreach through awareness activities:



Additionally, other activities like **patient meetings, meetings with members of local groups/committees and leaders of religious institutions** are conducted to increase outreach through mass population. These meetings also help in understanding the personal issues of patients which are preventing them from showing proper compliance and adherence to medical regime and dosage. Our team, during patient visits and door-to-door contact focuses on understanding the needs of the patients and the immediate support system available for him/her. Women suffering from additional burden of responsibility to earn and manage household while being on heavy dose are a real challenge. LSST provides support to such women workers through personal counselling and any additional care and support that can be given through linkages and referrals.

Early and accurate diagnosis followed by prompt appropriate treatment is pertinent for preventing TB. Efforts are being made to identify suspected cases with persistent symptoms of TB through awareness activities, and further referred to public healthcare facilities for sputum smear examination and chest x- ray wherever required. The **graph** below shows the referrals made throughout the year, cases diagnosed positive, cases on treatment regimen, and defaulter cases.



LSST had periodic meetings with local public health functionaries and participated in state level consultations with various stakeholders. These meetings were used as a learning platform to demonstrate and discuss current trends, strategies for behaviour change, and opportunities to work together with the local communities to achieve desired outcomes.

OCCUPATIONAL HEALTH & SAFETY (OHS) OF INFORMAL WOMEN WORKERS

Occupational health of our members, informal women workers, has been a major focus for us from the very beginning. Some of the occupational health issues that require immediate attention are the wide prevalence of chronic musculoskeletal problems, injuries, stress and other mental health issues, lack of tools that safeguard workers' health while increasing their productivity and income and lack of health education and awareness among the workers, including on where to access services.

To address the issues faced by informal workers due to their occupation and link them with social security the grassroots team of LSST implements the following activities.

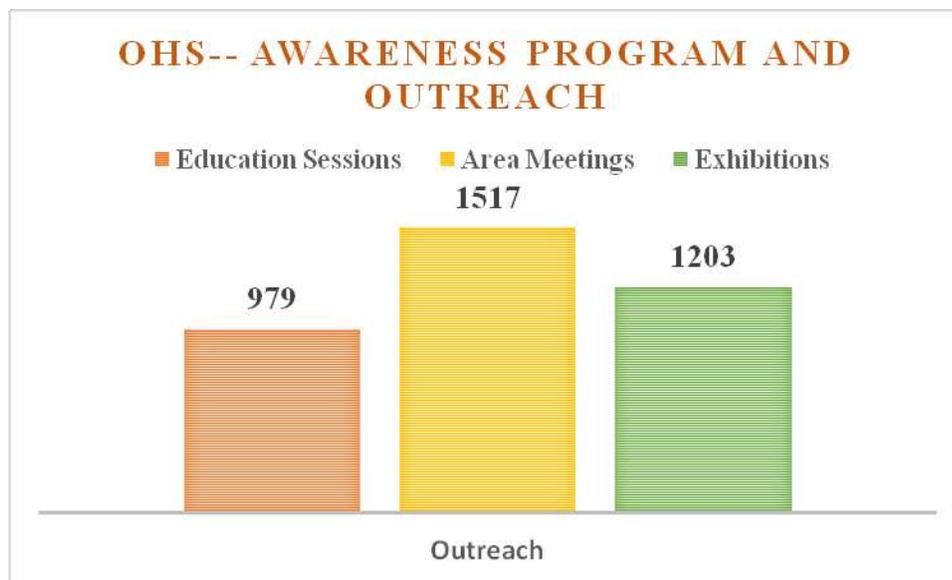
Education sessions were conducted in small and large groups of women workers in different trades. Mostly, the sessions were conducted at the workplaces of women, during lunch breaks or rest-time. In these sessions, emphasis is given to work processes, patterns, and risk/hazard involved at each level. These sessions also include discussion on ergonomics and use of PPE such as gloves, boots, hats, and use of height adjustable tools while doing fine movements. Importance of basic exercise and understanding on how their work could affect their body especially muscles and joints, respiratory system, and other systems is explained through participatory sessions involving members in activity clock, and post activity discussions. Members were also informed about the social security schemes such as maternal and child health schemes, public health insurance schemes, public distribution system entitlements, and other livelihood opportunities, and eligible members are also linked to avail these entitlements.

Along with health education, women workers are also organised into their own collectives, empower themselves through knowledge and information, to voice their needs, and take the leadership.

Area meetings were conducted within the communities, where informal workers live. These are large gatherings of workers and their families. Here, again information through leaflets, posters, and flip- charts (designed trade specific—wrong/right posture, risk/ hazard exposure, corrective measures and exercises) is provided. Issues pertaining to health needs of workers in different trade- groups are identified, and solved through participatory approach.

Exhibitions were conducted with large posters depicting workers at work, correct postures to be adopted, effect of work environment, and use of PPE for workers.

The **graph** below presents the outreach through awareness activities.



In addition to the awareness activities, yoga sessions were also conducted with the group of workers in both urban and rural areas. A total of **72** women workers from different trades adopted yoga as their life- style after continuous efforts of the team. Yoga/basic stretching is made compulsory post education session with workers. A professional yoga teacher is also invited for the sessions wherever possible. The objective is to alleviate the occupational health issues faced by informal women workers through awareness, enhance productivity, and improve their daily income.

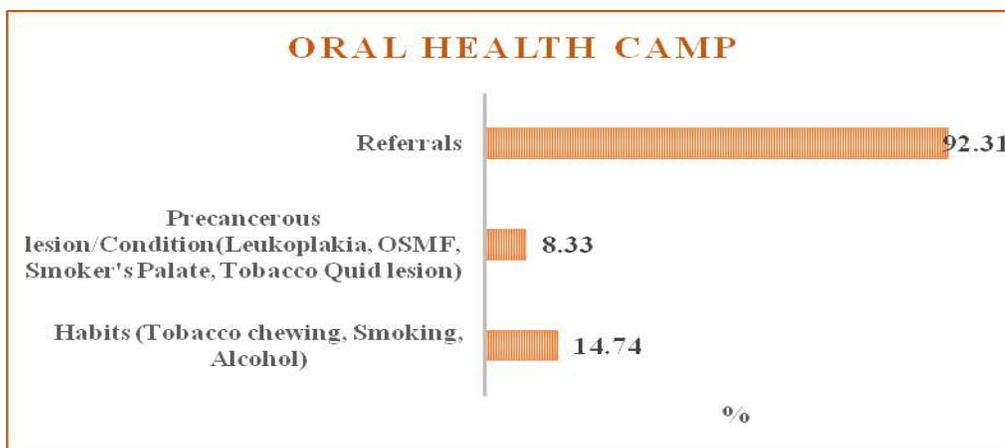
ORAL HEALTH CAMPS

Oral health is a neglected issue all around the world. However, the negligence is more prominent among vulnerable population like informal workers. Over the years through meetings with our members and working with them, we have realized that though oral health is a need due to lack of awareness, inaccessibility, and less affordability, the

dental care is not a priority. From our decades of experience of working at the grassroots, we have learned that good oral hygiene is one of the basic needs for good health, and hence to emphasize the need for oral health, LSST organized free dental camps along with awareness sessions in partnership with Indian Dental Association (IDA), and Public health department of Gujarat Dental College & Hospital (GDC). Three such camps were organized in low-income neighborhoods of Ahmedabad city.



Total 172 members attended the camp, out of which data of 156 members is present (with an attrition of 16 members). The most common diagnosis in adults and elderly were tooth decay and gum problems, whereas in children and adolescents, it was tooth decay. Free medications were also provided to the members. Few members (23 members) also had the habit of chewing tobacco, smoking, and/ alcohol consumption. These habit have led to the development of precancerous lesion and conditions (13 members) and increasing the possibility of getting oral cancer. The **graph** below depicts the proportion of members with the habit of tobacco chewing, smoking and alcohol consumption, and diagnosed with precancerous lesion & condition. The figures also indicate the need to refer more than 90% of the members for further treatment and care.



Most of the members who attended the camp, had not visited a dentist for more than a year, and many among them have had never seen a dentist. The major reason encountered for not visiting the dentist was that there was no “FELT NEED” to seek (oral health) care. Hence, awareness sessions were also organized for the people who visited the camp.



Awareness sessions with groups of workers focused on common dental diseases, oral cancer, and importance of oral hygiene -- like regular brushing of teeth, proper brushing techniques to enable prevention of dental diseases and bad breath. The members were also informed about low-cost dental care facility within the public health system.

LSST piloted oral health awareness sessions and camps with group of workers in low- income neighborhoods of Ahmedabad city. The aim was to understand the oral health needs and create a base for building oral health program for the same.

SEWA SHAKTI KENDRAS (SSKs)

SEWA Shakti Kendras (SSKs) or Empowerment Centres are set up in urban and rural areas where informal women workers live and work. These centres are attempting to bridge the gap between the public systems/structure/ services and the community members. Through these centres women workers and other community members obtain information on their entitlements, where and how to access them in a timely and transparent manner. These centres, locally known as “hub of information” serve as a focal point for all community- based activities that are led by collectives of women workers and their young daughters. These hubs have been proving since its inception to improve community’s access to public services, especially social security schemes which are meant for poor workers, but are not availed due to lack of information and hand- holding. SSKs have become a space where women

members can come and share their concerns freely, and get empowered through information and knowledge, participation in various activities leading to their independence on others, come out of poverty by availing entitlements, and become self- reliant.

Awareness activities and outreach through SSKs:

Activities	Outreach
Training/education sessions with women and young girls	6027
Door-to-door contact	16,074
Area Meetings	8415
Exhibition	7045
SEWA Sabha/Sammelan	120
Exposure visits of members to various public services departments	600
Mega Event	1183
Jan Samvad/Public dialogue	50
Rallies	347



Health camps and referrals: Health camps are conducted in partnership with the public healthcare functionaries, trust- based healthcare providers, and private practitioners. Prior to each health camp, members are provided education on the existing and emerging health topics, and based on the general needs the camps are

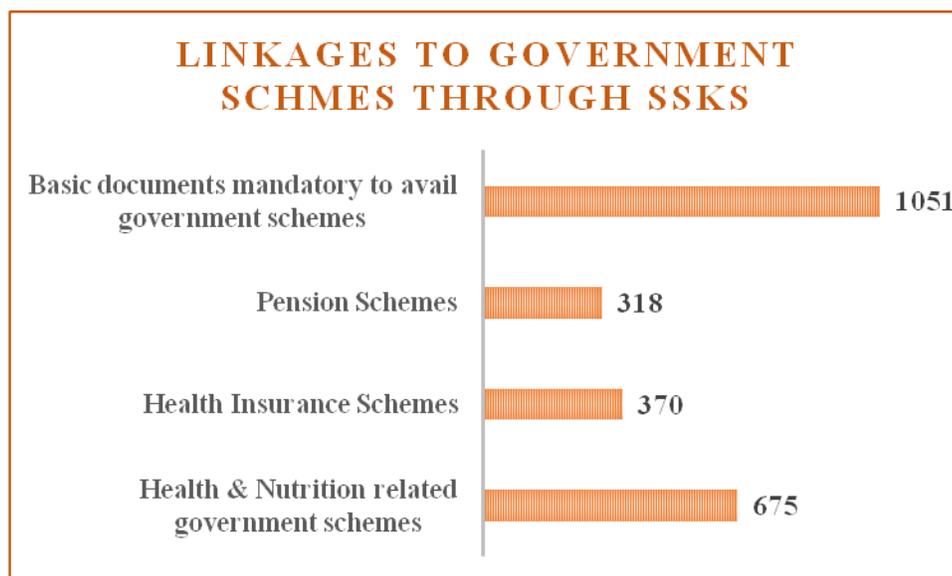
conducted. With the prescriptions from the medical expertise during the camp, members are also referred to free or low- cost healthcare facilities. The objective is to provide healthcare services at the door- step of the workers, reduce their out- of- pocket expenditure, and loss of income as most of our members are employed on daily wages. Additionally, our members are provided low- cost medicines available from the pharmacy shops managed by our healthcare cooperative, at their door- step with no extra cost. Details of health camps conducted and members reached through camps are summarized below:

Type of Camp	Outreach
General health camp	1555
Ayurvedic camp	87
Eye camp	265
Suvarna Prashan Camp (for infants and children)	349
NCD awareness and diagnostic camp	93
Camp under School health program	150
Mobilising members for free diagnosis and medicines through the mobile medical van unit by Ahmedabad based healthcare trust	472

“I am a widow and don’t have anybody in my family. I go to the farm every morning and return back in the evening. I need to work to meet my ends meet. I was having blurred vision, and it was affecting my daily routine. One day, SEWA sister came to the fields where I work, and informed me about the eye camp, they had organised. I went their and saw a doctor. I was diagnosed with glaucoma. I did not have enough money to cure my condition. SEWA sister consoled me and informed me about the trust hospital, which provides free of cost eye care services to poor working people like me. I have received eye drops and glasses free of cost, this was necessary for my survival.”

Manjulaben, Jalalpur Vajifa

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— have received the entitlements.



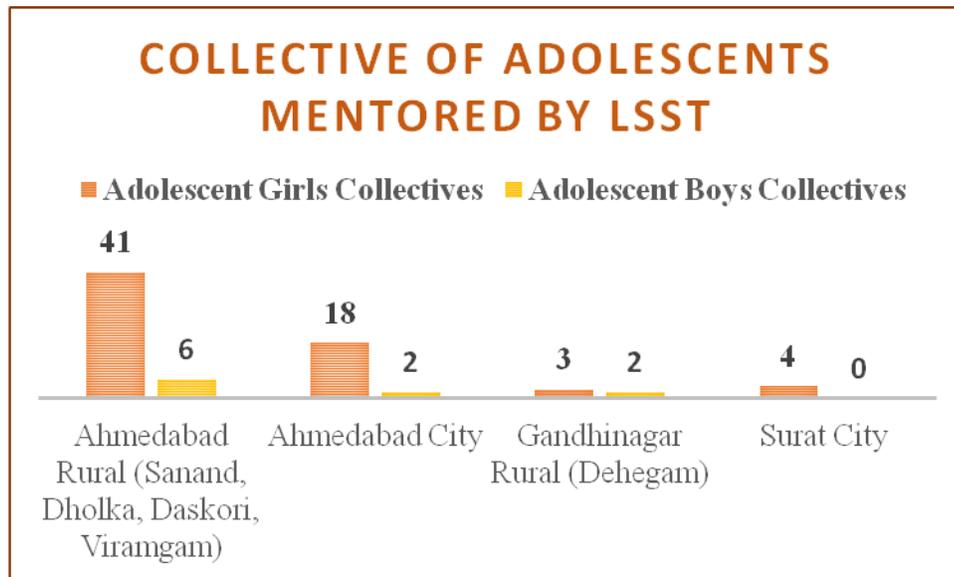
Meetings with the members of local committees of governance: These meetings are conducted primarily to increase participation of local women in forums of governance. Generally, committee members are informed about the purpose of the committees and how local women can take leadership to identify gaps in operations and administration, and can take actions through their leadership.

Local governance committee	No. of meetings conducted	Participation of committee members
Mahila Arogya Samiti (MAS)	36	151
Village health, sanitation, and nutrition committee (VHSNC)	27	125
Patient Welfare Committee/Rogi Kalyan Samiti (RKS)	2	10
Local leaders' committee	1	17
Gram Sabha(s)	3	130

YOUTH PROGRAMMES

Adolescence is a period of life with specific health and developmental needs. Known as relatively healthy age group, their health needs are often unaddressed/under addressed. Also, it is the time to develop knowledge and skills, and acquire attributes and abilities that will empower them to undertake various developmental issues.

Responding this, LSST started the Youth program (YUVA Swasthya karyakram) in the year 2002-03. The need for building a program around adolescents came from the mothers of the same. The program expanded from one adolescent girl collective to 76 adolescent collectives in 2019-20, out of which 66 collectives were of girls and 10 collectives were of adolescent boys. The **graph** below shows region- wise number of adolescent collectives mentored by LSST team.



During the year, LSST engaged all the members of 76 mandals/collectives in various activities. Organising adolescents into their own mandals/collectives provides them safe and secure spaces for their 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.



Various activities include monthly meeting and education sessions with the adolescents on sexual & 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 its structure, government schemes specific to the needs of adolescents, etc. Moreover, the adolescents were also taken for exposure visits to various government offices and structures like Anganwadis, Urban Community Development Centre (UCD Bhavan), Urban/Primary Healthcare Centre, Zonal City Civic Centres, etc. The practical exposure encourages them to take leadership in facilitating linkages of community members with government schemes and programmes. The **graph** below depicts the information on average number of adolescents engaged in various activities carried out in the reporting year.

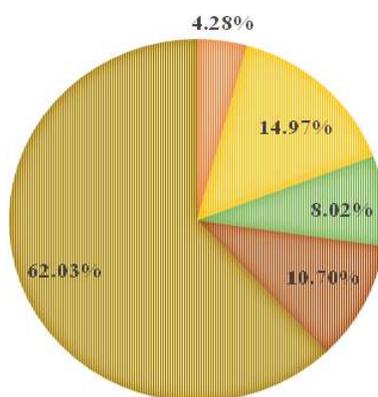


To ensure all the adolescents achieve good health and well-being, meetings with their parents were also conducted on regular basis to discuss issues regarding early marriage, importance of higher education, addiction, increasing prevalence of suicide among youth, etc. Many adolescents' girls in rural Ahmedabad had to drop out of primary school due to unavailability of higher- secondary schools in their villages. However, with regular meetings with parents, our community health workers have counselled and convinced parents to allow their daughters to travel outside of their village, and allow their girls to achieve their dreams of pursuing higher education.

With the persistent efforts of LSST, the adolescents were empowered enough to act locally to address health, social and developmental needs. Total initiatives undertaken by adolescents were 187. Below **graph** depicts proportion of different developmental initiatives undertaken by the adolescents in the year 2019-2020.

INITIATIVES UNDERTAKEN BY COLLECTIVES OF ADOLESCENTS

- Environmental & Safety initiative
- Gram Sabha
- Health & social initiative, and linkages with local committees
- Infrastructural initiative
- WASH related measures



As seen from the graph above, major initiatives undertaken by adolescents were related to water, sanitation, and hygiene-- WASH (62%) which includes addressing issues related to sewage, drinking water, wastage of water, etc., conducting cleanliness drive and disseminating awareness on WASH issues among community members. Other initiatives undertaken were, attending and mobilizing women in gram sabha (15%), addressing issues related to lane/road development, street lights, electricity (11%), linking women to various local committees, involved in activities related to vector disease control, identifying beneficiaries of government schemes, awareness on COVID-19 (8%), and plantation of trees (4%).

LOCAL COMMITTEES

Various Local committees in urban and rural areas of India were set up with an aim to provide accessible, affordable, and quality health and nutrition services to underserved population. These committees act as participatory health forums where issues related to community needs are discussed and addressed. Over the years, working extensively at grassroot level, LSST identified non-functional local committees and little/no awareness in the community about these committees. To address the identified gaps and strengthen the local participation in forums of governance, LSST works with committees like Village Health, Sanitation and Nutrition Committee (VHSNC), Mahila Arogya Samiti (MAS), Rogi Kalyan Samiti (RKS), Pani Samitis/Water committee, and School Management Committee (SMC).

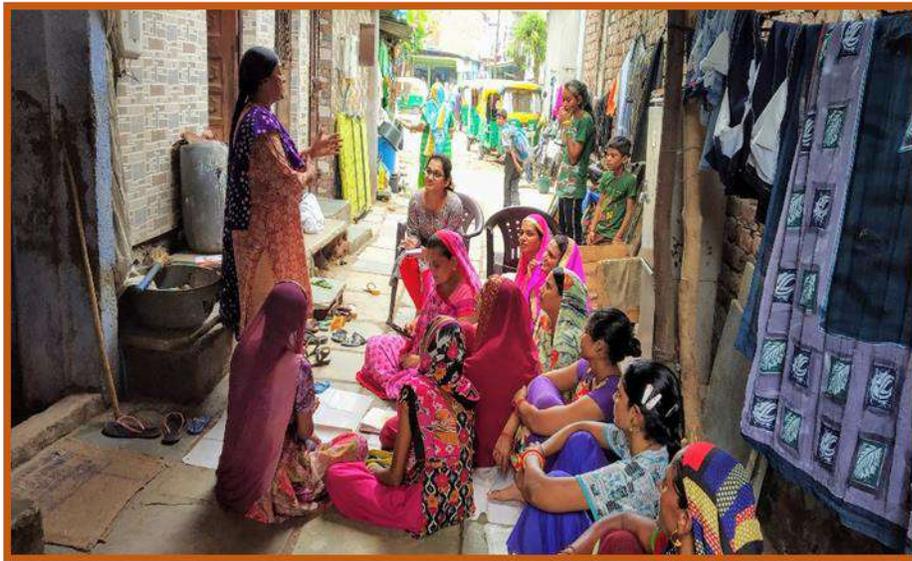
Strengthening these local committees has yielded benefits like a) better dissemination of awareness on health-related issues and public welfare schemes within the local community, b) adequate use of available untied fund, c) improved access to and availability of services and increased community accountability towards their own health.

Our community health workers and leaders engage with these committees at various levels to initiate community led-action. They are actively involved in creating awareness about these committees at the local level and encourage women to participate in them. The objective is to increase participation of women workers and their young daughters in forums of local governance, encourage them to voice their needs and representation, leading to community-led action on social and political determinants of health. LSST has been instrumental in identifying the members of committees, and linking women and young girls to become members of the same. Our efforts have been to strengthen these committees by building their capacities, empowering the communities to take charge of social and developmental issues and engage with the government to ensure that the entitlements that are meant for them actually reach them.

Mahila Arogya Samiti (MAS)

LSST is building capacities of members of Mahila Arogya Samitis in three wards of Ahmedabad city since 2015. Regular meetings with members of committees are conducted, where they are made aware on the topics like National Urban Health Mission (NUHM), optimal utilization of funds received, activities of local civil society, major health illnesses, with special focus on women and adolescent health. The main purpose of training MAS members is to empower them with information, make them functional, and active in undertaking the health & nutritional issues in the area, and promote their leadership for community- led actions.

Along with capacity building, refresher training sessions were also conducted to discuss any updates and identify social determinants that affect the health of the local communities, and suggest the measures to address issues identified. Various health camps such as general camps and eye camps were conducted with the help of MAS. Various community members were also linked to different government schemes.



In addition, exposure visits of MAS members were also conducted to different government departments, with the purpose of building confidence among MAS members while interacting with government officers, and strengthening partnership with local health functionaries and various government departments.

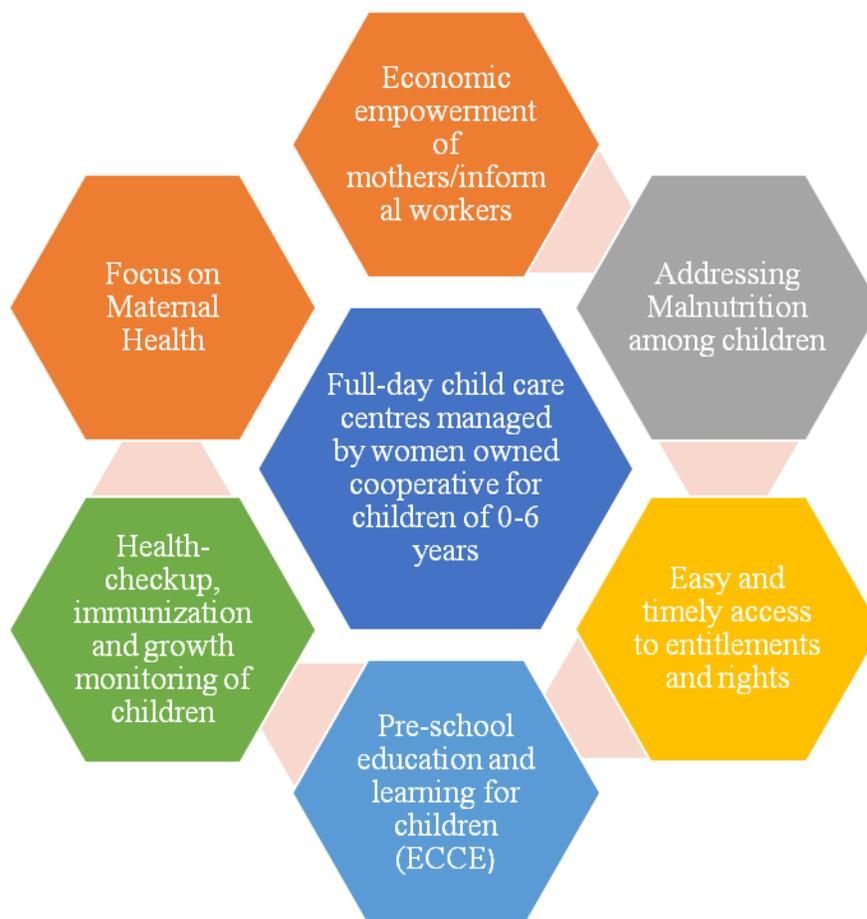
“We were not aware about the presence of local public health facility-- Urban Health Centre (UHC) in our area. While participating in committee meetings, we were made aware about public healthcare facilities, and available free services there. Now, we are going to UHC, and also provide information to others about the same. It reduces a lot of expenditure on monthly medicines, especially for diabetic patients.”

MAS members, Khodiyar nagar ward, Ahmedabad

LSST also formed a core committee of various local committees and community members in our implementation area. Community participation has increased over the years in these committees and has ensured better health at the grassroots level.

CHILDCARE

SEWA’s childcare centres were established in response to the needs of the informal women workers. In the absence of childcare, mothers, while at work, become anxious about the safety of their children. In many cases, mothers used to carry children at work, exposing them to workplace hazards. This adversely affects their growth and development. Therefore, to prevent the struggles of informal women workers and make their ends meet, childcare centres for 0 to 6 years children were established with an integrated and holistic approach.



Childcare centres at Idgah and Anil Starch 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:** Hot cooked nutritious meal is provided to the children. The diverse diet is rich in carbohydrates and proteins required for the optimal growth and development of the children.

Sample menu served at the centres

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

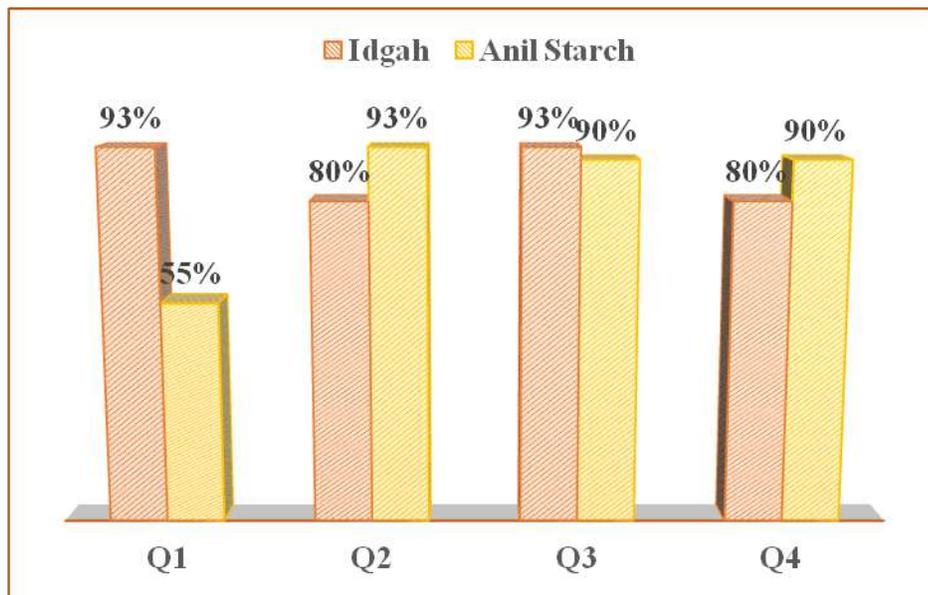


- 2) **Early childhood care and education:** Range of interactive activities including games, songs and storytelling are conducted to impart preschool learning to the children. The activities that are segregated

according to the age-groups include learning the alphabets in Gujarati and English, numbers, names of vegetables and fruits, names of days and months, etc.

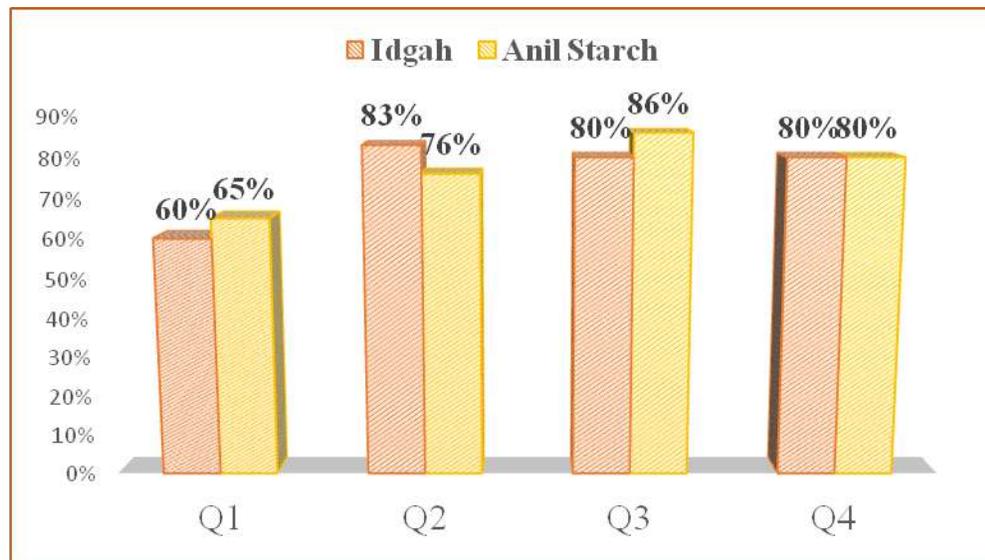


- 3) **Healthcare:** Monthly health check-ups and growth monitoring is conducted. Also, timely immunization of the children is ensured. This done with the help of Urban Health Centres.
- 4) **Meetings with Mothers:** Regular meetings with the mothers are conducted for updating them about the progress of the child. Also, mothers are provided information on health, social, and developmental issues. The **graph** below demonstrates the average participation of mothers whose children attend our childcare centres in monthly meetings with our childcare team.



The graph above demonstrates average participation of mothers in monthly meeting was 87% at Idgah child care centre, whereas in Anil Starch centre, it was 82%. In the first three months, average number of children taken care at Anil Starch centre was 35. Average participation of mothers was observed less due to mother's working hours at the factories, and lack of time to attend meetings due to household chores and care work. Meetings with mothers who could not participate in the meetings was ensured through door-to-door visits.

- 5) **Quarterly meetings with Fathers:** Apart from mothers, quarterly meetings are also held with fathers, where they are made aware about their role in parenting, they are also encouraged to spend more time with children.



The graph above indicates an average 75% participation of fathers in meetings every three months. The reason for plummeting number in presence of fathers in meeting in the first quarter was because they were busy with admission process to formal education, and applying to various schools for admission of their children. Fathers who could not attend meetings preferred individual meetings with teachers while dropping their children to the centre.

- 6) **Linkages with Government schemes:** There are many social security schemes launched by government for informal workers. Childcare centres also serve as information hub to ensure better and easy access to entitled rights for our members and their families.
- 7) **Vidaay samarambh/Annual graduation ceremony:** Children moving to primary schools were awarded certificates and gifted a stationery kit in the annual event, also called as *vidaay samarambh* or *graduation ceremony*. The annual function was organized with support from the parents and leaders of the community, and SEWA well-wishers. These events encourage the participation of area counselor or local social activist which is a motivation for the team, the children and their parents.

8) Right to Education (RTE) Act: Awareness on RTE Act is a major focus which starts in the month of January every year. The efforts are made to link our children to free and compulsory education. Parents are encouraged to apply online on the web portal created by the government and are also supported in filling online application forms. Not only children, but parents too are prepared and counselled by our child care team to appear for the interview. In May 2019, 10 children from both the centres were successfully admitted to nearby private schools, providing them free and compulsory education till completion of elementary education under the Right to Education Act.

“My child is coming to BalSEWA centre since he was 7 months old. Now he is 1 and a half year old. Teachers are taking care of him since then. I am a daily wage labourer and I can't afford to lose my earning. Every day, I leave my child to the centre and go for work. Teachers are my son's mothers; they take care of him, feed him and make him sleep. Even though, he is very small, he knows to wash hands before eating. He doesn't eat food when I feed, he prefers his teachers to feed him, or else eats on his own.”

Mother of a child at Anil Starch BalSEWA centre

TECHNICAL RESOURCE CELL (TRC)

Several decades of experience in primary, preventive and promotive health care and meeting the health needs of the members through a team of health workers and grassroot leaders has enabled LSST to take these experiences beyond Gujarat to other states and new teams. LSST has been taking the lead in health trainings and capacity building of various teams within and outside the SEWA network across the country. The technical resource cell has mastered the skill of identifying needs of members, training participants, developing modules and IECs based on needs, and designed and developed various techniques to keep participants engaged during the training. During the year LSST has supported and trained participants from Bihar, Jharkhand, Rajasthan, West Bengal and Delhi.

GDC FELLOWSHIP PROGRAMME ON WOMEN'S ECONOMIC EMPOWERMENT

The Lok Swasthya SEWA Trust (LSST) conducted a Fellowship Programme on Women's Economic Empowerment in partnership with the Global Development Centre (GDC) at Research and Information Systems for Developing Countries (RIS).

The key objective of the GDC Fellowship programme with LSST was to share SEWA's knowledge and experience of women's economic empowerment at the grassroots level and also to provide information on two of the Indian government's on-going transformative flagship programmes, viz. Ayushman Bharat and the National Livelihood Mission. Participants got the opportunity to learn about these programmes at the national and regional levels, and interact with women who were a part of these programmes. The participants also learned about SEWA's efforts to

organise women into membership-based organisations like unions and cooperatives for women’s economic empowerment through an integrated approach, and with concrete experiences in the areas of social security and livelihoods. At the end of the training programme, each country team made an action plan on how they would like to organise women for their economic empowerment through an integrated approach and also strengthen these two thematic areas of livelihoods and social security in their respective areas of work. This training programme, organised by the LSST and the GDC, was for representatives from civil society organisations and mid-level government officials from Ethiopia, Rwanda, Tanzania and Bhutan. The pedagogy included presentations, short films, interactions with SEWA’s leaders and key government personnel and field visits.

Universal Health Coverage (UHC):

A community perspective from Northeast India

A Consultation on Universal Health Coverage (UHC) focusing on Northeast India assumed significance for its discussions on the needs and priorities of people living in the eight states of this region. Given their unique history, culture and geography the Consultation underlined a nuanced approach to their special circumstances, realities and needs.

The Shillong consultation on Universal Health Coverage (UHC), focused on India’s Northeast states to see civil society and grass root groups from the region calling for renewal of public health care that was responsive to the special needs and circumstances of communities living in the region.

The workshop emphasized that UHC entailed a strong government role in ensuring provision of quality health services and a reduction in Out Of Pocket Expenditure (OOPE) of households and individuals, and a model was presented by which this could be achieved. OOPE accounts for 60 percent of the total health expenditure in India. A key issue in UHC is of ensuring that no one is left behind in the access to public health care.

Official data from the NE states revealed that substance abuse – alcohol, narcotic drugs and tobacco – was one of the main challenges affecting health in the NE. The need for primary health care with services for treatment and rehabilitation of addicts was an urgent community priority, discussed during workshop.

The limited government investment in public health services had led to the growth of corporate and private sector medical services in some states like Assam. It was also discussed that these providers were driven by the profit motive, and had no commitment to health promotion and encouraging life-style change. Inaccessible terrain, lack of transportation, absence of basic primary health facilities and untrained and insensitive health personnel further compounded the reach of public health care.



The Consultation saw a strong demand for the inclusion of traditional healers and medicines that have long been a part of NE health experience and faith. Concerned by fast changing life-style influences, participants said there was need to reinforce this wisdom and knowledge through public education.

Below are the existing and emerging health issues in the North East states:

- 1) Drug/substance abuse (alcohol, tobacco) are not being addressed by the health system and are major public health issues.
- 2) Traditional medicine and healers need to be included in the health system of the NE states.
- 3) Meghalaya's health insurance system is an example of good practice, but it should include suicide and alcoholism in its coverage.
- 4) Skewed sex ratios in several states of the NE: Nagaland, Sikkim and Arunachal Pradesh have to be addressed.
- 5) Young people's/adolescents health issues especially sexual and reproductive health issues require attention.
- 6) Malnutrition is still a serious issue in the NE though it was a rich biodiversity region with long tradition of healthy food practices. Processed foods and obesity was becoming an issue also.
- 7) Lack of awareness on health is widespread. There is a need for health education and information.
- 8) Pradhan Mantri Jan Arogya Yojna, PMJAY, part of the new Ayushman Bharat programme is not universal; there are enrolment and renewal issues that need to be addressed.
- 9) TB continues to be a serious health issue in the region.
- 10) Social Determinants of Health (SDH) need more attention, especially livelihoods, nutrition, water and sanitation and gender equality
- 11) The NE states face repeated and devastating disasters like floods and landslides. The public health system needs to be more alert to this reality and plan accordingly.



Public health system issues to be addressed:

- 1) While there is better health infrastructure (buildings), there is still a gap in human resources for health. Doctor availability continues to be an issue, and the terrain poses challenges for health workers.
- 2) Regular supplies of medicines and equipment, as well as diagnostic tests are major issues- -there continue to be gaps in supply.
- 3) Wastage of medical supplies needs proper attention and management interventions.
- 4) The working conditions of local ASHA health workers need attention---especially timely payment of their remuneration and the amount itself, given all that they do for their communities.
- 5) Data on diseases and on some health issues is not reliable. Authentic data for proper planning and management is needed.
- 6) Immunization in some states needs to be improved, through better public awareness and timely availability of vaccines.
- 7) Transport---for patient referrals and for delivery of timely medical supplies---continues to be a challenge, especially because of the terrain.

- 8) People have lost faith in the public health system in some states due to the insensitivity of health care providers. Women, in particular, face insensitivity and lack of caring during child-birth.
- 9) In some states like Assam, competition from the private sector was weakening an already weak public health system.
- 10) Local human resources, especially front-line healers like traditional birth attendants and herbal healers, needed integration into the public health system.

CONCLUSION

The strength of LSST's work has been its focus on organising and strengthening community level leadership through community health workers or 'aagewans' and local committees such as VHSNC, MAS and other groups and collectives at the local level. This strategy has helped sustain the efforts of several years and the learnings from the interventions, what work's and doesn't work, has further strengthened our programmes. Encouraging the communities to take action, for their own well being, through a wide range of activities to meet the diverse and multiple needs have brought good outcomes and reinforced our belief in empowering local communities for action through an integrated and holistic approach. Our health workers and aagewans, who are our leaders, teachers, and guide, continue to lead the way in providing social security to our members, not just in Gujarat but several other states across India.

LSST's Partners

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1. Ahmedabad Municipal Corporation (AMC)
2. Mahila SEWA Trust (MST)
3. World Health Organization (WHO)
4. The India Nutrition Initiative (TINI)
5. Unitarian Universalist Holdeen India Programme (UUHIP)
6. Research Information System for Developing Countries (RIS)



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