

# ANNUAL REPORT

2020-2021

**SOCIAL SECURITY FOR INFORMAL WOMEN WORKERS**



**LOK SWASTHYA SEWA TRUST**

Contents :

Introduction .....	3
Response to covid 19.....	5
Poshan Suraksha .....	6
Arogya Sakhi .....	7
SEWA Shakti Kendra (SSK).....	8
Sahkari Shaktikaran .....	11
Conclusion .....	12

## 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)

## **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



## 1) RESPONSE TO COVID 19

The Lok Swasthya SEWA Trust (LSST) took lead in training grassroots women leaders/aagewans, who were frontline responding to COVID 19 crisis across 8 states in India with an outreach of **308916** community members.

### Grassroots women leaders across states:

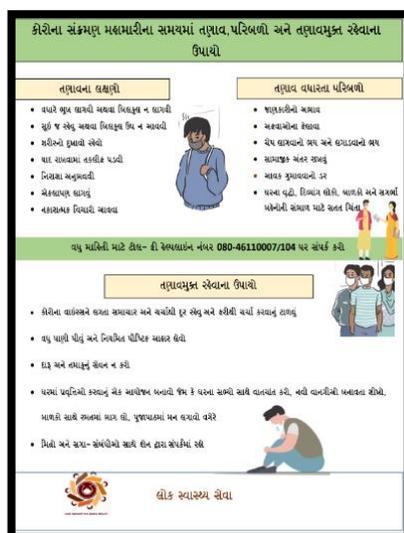
Sr. No.	Name of the states	Name of Partner organizations	No. of grassroots women leaders
1	Gujarat	Lok Swasthya SEWA Trust (LSST)	140
		SEWA Federation	70
		Mahila Housing Trust (MHT)	85
		Vimo SEWA	25
2	Madhya Pradesh	SEWA MP	40
3	Delhi	SEWA Bharat	90
4	Rajasthan	SEWA Bharat	15
		Unnati Organization	30
		Mahila Housing Trust (MHT)	15
5	Meghalaya	North East Network (NEN)	10
6	Nagaland		35
7	Assam		10
8	Punjab		SEWA Punjab
<b>Total</b>			<b>615</b>

### Topics:

- 1) About COVID 19
- 2) Home care and precautions
- 3) Psychosocial care
- 4) Sexual and reproductive health and domestic violence

### Methodology:

A structure of supervisors and grassroots women/aagewans was developed to disseminate the training effectively and rapidly to a large number of people. The LSST expert trained the supervisors and then the



supervisors further trained the grassroots women/aagewans. The IEC material was developed with information that is more pictorial and easy to understand. The IEC was sent through WhatsApp as well to the community members.

## POSHAN SURAKSHA

The inception of the program began with a two day training program on zoom by Dr Rupal Dalal.



Awareness camps were organized at accessible areas in challi, where women, adolescents & others could easily participate. Range of interactive activities were conducted some including Mela where awareness regarding nutrition including micronutrients and minerals were imparted. Stalls for showcasing different types of pulses while discussing its nutrient components, and showcasing healthy food recipes.



Target groups (Pregnant & lactating mothers, and Adolescents) were encouraged to prepare healthy food with locally available low cost food. The recipes were discussed from nutrition point of view.

**Activities and outreach through this program :**

<b>Sr No</b>	<b>Activity</b>	<b>Outreach</b>
<b>1</b>	Training for local agewans	30
<b>2</b>	Door to door contact	100
<b>3</b>	Area meetings	1118
<b>4</b>	Mamta D IVas	78
<b>5</b>	Education and awareness activities for pregnant and lactating women	
<b>6</b>	Food and recipe exhibition	162
<b>7</b>	Capacity building of local committees	30
<b>8</b>	Hb test for adolescent girls	11
<b>9</b>	Growth monitoring	10

**AROGYA SAKHI : SABARKANTHA, GUJARAT**



The project was implemented in five villages of Psohina block of Sabarkantha District, Gujarat. The districts chosen were 100 percent Adivasi districts with very poor living standards, health, nutrition and overall well-being indicators.

The main objectives were health education and awareness and digital inclusion for women's economic empowerment.

No	Activity	Outreach	Topics
1	Education awareness	4500	Corona, Balanced diet, Anemia, Sanitation, Communicable and non communicable diseases.
2	Anganwadi	18	
3	Mamta Divas	15	

### SEWA SHAKTI KENDRA (SSK) :

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
Education and awareness	1499
Door to door	5888
Area meeting	2446
Exhibition	969
Exposure	439
Meetings with local committess	17
Refer	18
Mega event	1521
Meetings with local health functionaries	18



## Health Camps :

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 :

<b>Type of camp</b>	<b>No of camps</b>	<b>Outreach</b>
<b>General camp</b>	8	437
<b>Corona camp</b>	5	155
<b>Homeopathy</b>	1	66

### **Meetings :**

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.

<b>Name of the committee</b>	<b>No of meetings conducted</b>	<b>Participation of committee members</b>
<b>Mahila Arogya Samiti (MAS)</b>	6	47
<b>Village health,sanitation and nutrition committee (VHNSC)</b>	4	37
<b>Local governance</b>	26	286

**Linkages with government schemes:** The below number 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.

Linkages with health and social security entitlement : 491

## SAHKARI SHAKTIKARAN :

The gap of health professionals in developing nations is vast and even wider in the mental health department. Community health workers have taken lead in aiding during health crisis in India. Factors like deprivation and poverty majorly affect the mental health and makes people vulnerable to developing disorders. LSST and partner organizations worked on community based psychosocial support program with the aim to extending psychological and social support through task shifting at the grassroots level. The program started off with needs assessment at grassroots level and recruiting and training Sakhi's (community-based counsellors) by a team of mental health professionals. The program aims to empower and strengthen informal women through providing them with livelihood opportunity and skill development by working few months in day on awareness and education around mental health and Covid-19.

After the second wave the team worked rigorously to spread awareness about Covid-19 and offered an empathetic ear to people in distress in their respective communities. The team worked on referrals for people in need of medical assistance, linkages with government schemes and services. The program further aims to strengthen the community-based identification, awareness and discourse on issues related to mental health



### Outreach and Refer Activities :

No	Activity	Outreach
1	Education and awareness	21,476
2	Refer	211

## **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.