

ANNUAL REPORT

2021-2022

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 organize women into their own membership-based associations, Self Help Groups, and cooperatives, to ensure 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. LSST works to achieve SEWA's vision by addressing the evolving and emerging needs of its members to ensure work security, income security, food security and social security. All of its programmes address these needs in a holistic manner and are led by its members, i.e. women informal economy 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. Organizing (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 that the requisite rights and entitlements reach them in a timely and easy manner.
- iii. Health Camps for screening and early detection of health issues and diseases
- iv. Referral Services to healthcare facilities
- v. Linkages with public welfare schemes and programmes
- vi. Empowering grassroot level committees, organisations and women to take on leadership roles 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. Education on 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 four districts of Gujarat; Ahmedabad, Surat, Sabarkantha and Tapi. In Gujarat, the population of about 11,19,196 is covered through various programmes in both urban and rural areas. Moreover, LSST also works closely with the SEWA's sister organisations 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 health care programmes.

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

Table 1: Geographic area of LSST's programmes

District/City	Block/Ward ²	Village/ Chali ³	Households	Population
Ahmedabad (Rural)	Daskroi	16	11,167	55,833
	Dholka	29	15,170	75,824
	Sanand	26	14,154	70,669
	Viramgam	26	13,400	67,003
Surat (City)	5 wards	83	73,807	3,68,770
Ahmedabad (City)	8 wards	211	93,511	4,67,558
Child Care Centres (Ahmedaba d City)	7 Wards	13	5,300	26500
Sabarkantha (Rural)	Poshina	7	2707	13,539
Total	5 Blocks 20 Wards (3 Wards common for Health and Child Care)	104 Villages 224 Chalis (3 Chalis common for Health and Child Care	229216	1145696

Table 1

Covid Relief

The Covid-19 pandemic has impacted the rural community adversely leading to a loss of livelihood, and a sickness induced financial crisis. The Community Resource Persons (CRPs) have been the backbone of the relief initiative during the pandemic. From awareness creation to helping people cope with the Covid infection, all aspects of prevention, care and treatment were managed by the CRPs and front-line workers. They engaged themselves in support work including tracking the symptoms of people who got exposed to the infection, managing and testing the oxygen level of affected people, supporting patients in home quarantine or local quarantine centres and assisting in the case of hospitalization.

Table 2: Following is the summary of the outreach activities

Activities	Outreach
Community level kit	24,874
Household kit	41,980
Safety kit	40
Ration Kit	8000
Surgical mask distribution	8000
Education and awareness sessions	1,13,880
Refer	19,751
Tele Consultation	922
Counselling services	74
Sanitary pad distribution	4000
Distribution of food packets	3000
Tiffin services by SEWA Federation	54

Table 2

Covid Rakshak

LSST has been actively working for COVID-19 relief since the start of the pandemic. It's Aagewan model (Grassroots leaders) has proved to be very successful in combating the pandemic by disseminating information and instilling behavioural changes among the members. Emergency health kits were provided in remote interiors and hard-to-reach areas, making the essential commodities accessible to marginalized and vulnerable people. Based on the behaviour change model, the organization was able to build its member's capabilities, along with motivate and assist them to take vaccines.

Even though the government hosted a lot of vaccination sessions and the majority of the population got vaccinated, there were certain sections of the population who harbored various myths about the vaccination process and were averse to taking vaccines. Responding to this situation, LSST reached out to such groups and individuals, and through its strategies of information dissemination, counseling and rigorous one-to-one follow ups, ensured that not only their myths were broken but they got vaccinated too.

SEWA Shakti Kendra

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. 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. LSST believes this initiative will trigger a process of exercising democratic rights and active participation at the local level.

The SSK is also 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, and at the same time obtain up-to-date information on all public programmes and schemes.

Awareness activities and outreach through SSKs

Activities	Outreach
Door-to-door contact	41599
Group Education	74(1364)
Area meetings	1167(13704)
Exhibition	110(3836)
Exposure visits of members to various public services department	77(622)
Mega Event	23(1235)
Liasioning meetings	45(462)

Table 3



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 to 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 local need. Activities at the camps include education/trainings, examinations, diagnostic tests, and referrals to nearby health facilities (Urban Health Centre or secondary and tertiary government healthcare facilities) along with follow-ups by the aagewan/community health worker. Details of health camps conducted and members reached through camps are summarized below:

Type of Health Camp	Outreach
General health camp	142(5190)
Eye camp	18(683)
Suvarna Prashan Camp (for infants and children)	2(45)
NCD awareness and diagnostic camp	7(250)

Table 4



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:

Linkages to Government Schemes through SSK's

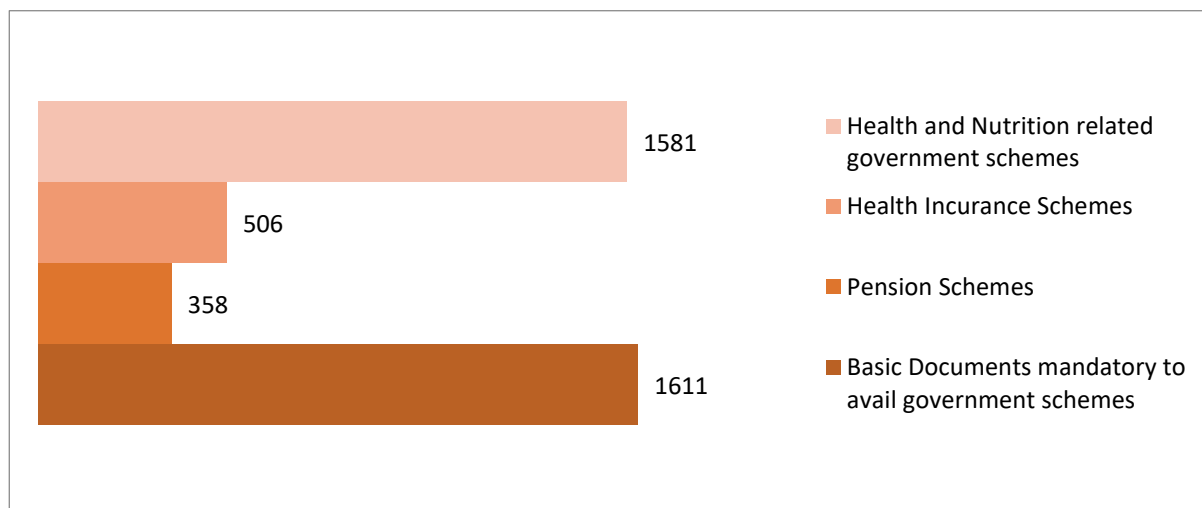


Figure 1

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. The number of such meetings conducted in the reported year is given below:

Local governance committee	No. of meetings conducted	Participation of committee members
Mahila Arogya Samiti (MAS)	23	302
Village health, sanitation, and nutrition committee (VHSNC)	449	3040

Table 5

Food and Health Relief:

A total of 1268 food kits were distributed in vulnerable communities (with support of PRI and different organisations). Further, 500 community members were linked to local community relief boards (such as SDM Patni Samaj, Muslim Community Groups in Danilimda; and Ahmedabad Municipal Corporation- UCD Bhavan Staff) for ready-to-eat meals. Additionally, 3358 health kits were disbursed and sanitary pads were provided to 1728 adolescent girls by networking with ULBs and other organisations.

Youth Programmes :

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

Responding to this need, 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 many such youth. The program expanded from one adolescent girl collective to 76 adolescent collectives in 2019-20, out of which 66 collectives were that of girls and 10 collectives were of adolescent boys. The **graph** below shows region- wise number of adolescent collectives mentored by LSST team

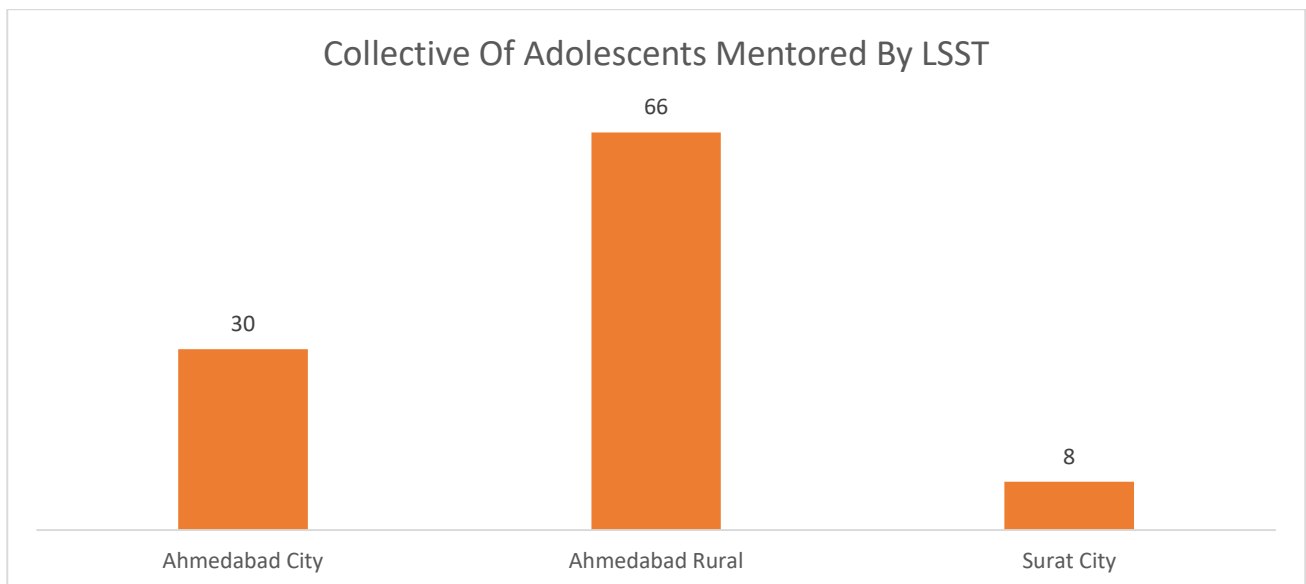


Figure 2

During the year, LSST engaged all the members of 104 mandals/collectives in various activities. Organizing adolescents into their own mandals/collectives provides them safe and secure spaces for building 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 meetings 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, and more. Moreover, the adolescents were also taken for exposure visits to various government offices and structures like Anganwadis, Urban Community Development Centres (UCD Bhavan), Urban/Primary Healthcare Centres, 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 information on the average number of adolescents engaged in various activities carried out in the reporting year.

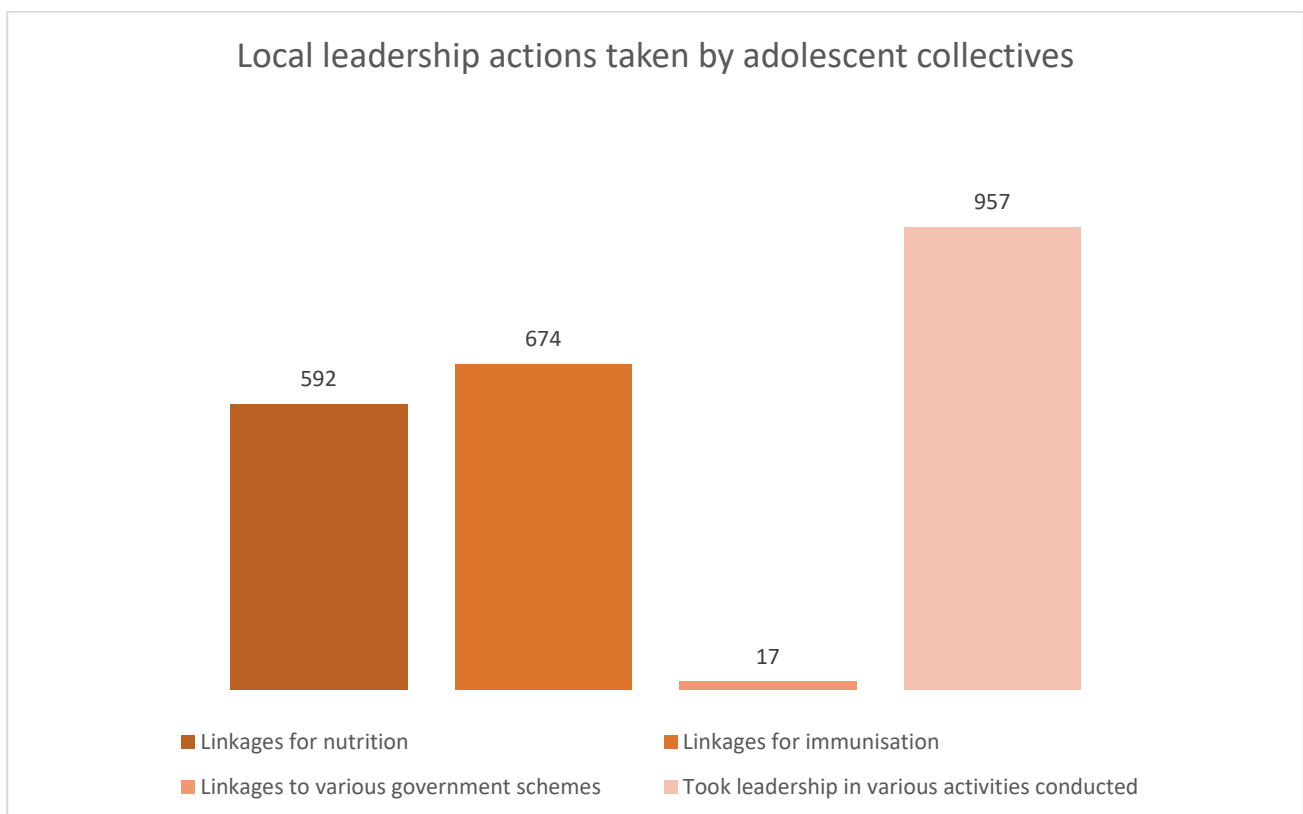


Figure 3

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, the importance of higher education, addiction, increasing prevalence of suicide among youth, etc. It was found that many adolescent girls in rural Ahmedabad had to drop out of primary school due to the unavailability of higher-secondary schools in their villages. However, on conducting regular meetings with their parents, LSST's community health workers were able to counsel and convince the parents to allow their daughters to travel outside of their village, and help achieve their dreams of pursuing higher education.



Poshan Suraksha

The goal of the project was to make significant improvements in the health & well-being of slum dwellers through an integrated nutrition & WASH intervention with objectives which included: 1. To decrease cases of undernutrition among vulnerable groups in targeted slum areas 2. To increase the percentage of the slum population using safely managed drinking water services and storage facilities.

Sahakari Shaktikaran:

The pandemic made us realize the fragility of the human mind and the adverse effects of the pandemic on mental well-being particularly on the less privileged, and marginalized communities, especially in the “informal sector”. The isolation and financial crisis brought constant distress and numbness that these women had to go through, leading to breakdowns which would negatively impact themselves and their families. This highlighted the urgency and need of community-based psychosocial interventions required for people in communities with limited resources. The challenges and hard times faced by people during and after the pandemic brought forth an emphasis on the importance of primary level mental health care and services.

At the time of the pandemic, SEWA, observed a drastic impact on its communities in both rural and urban areas, with everyone in panic, amidst an unknown disease. No one, including the doctors, were barely equipped with the basic knowhow of the situation. In partnership with various mental health professionals, LSST worked on addressing the mental health issues faced by the community during and post the different waves of the pandemic. Additionally, the team also addressed the widely spread myths and misbeliefs about the disease through our Arogya Sakhis by disseminating correct and recent information about the virus.

Below is the snapshot of the activities and outreach:

Activity	Outreach
Number of Arogya Sakhi educated through soft skill and digitization trainings	185
Number of members reached through Arogya sakhis	1,02,911
Total government schemes linkages (Both health and social security)	3349
Total health referrals	1836

Table 6

Occupational Health and Safety (OHS)

Over the years, the occupational health and safety of women informal economy workers has become an integral part of LSST’s health programming, so that the women can focus on maximizing their productivity and increasing their incomes without being restricted by work-related health problems. The Occupational Health and Safety Program aims at identifying and mapping various occupational hazards (i.e. physical hazards, chemical hazards, biological

hazards, ergonomic hazards, and psycho-social hazards) and providing primary prevention of occupational health issues for home-based, garment workers, incense stick rollers, bidi rollers, kite workers, and agricultural workers.

The program educates women workers about the occupational hazards and health issues related to specific occupations, how it can be prevented, and what measures need to be taken when health issues affect their work and responsibilities. Activities are organized at the community level where the maximum number of women can participate in accordance with timings that suit them. Door-to-door contacts, area meetings, exhibitions, and home visits are conducted to enable women workers to talk about their health complaints, and seek solutions through LSST.



Sahara

This programme was designed for the needs of the community where the focus was community participation and leadership that would eventually enable easy access to health, nutrition and social security services, entitlements and rights.

The intervention was implemented through local leaders from the community called Agewans/Community Health Workers (CHW), hence recognising their leadership at grassroot

level, their leadership in decision- making & implementation and centrality to all LSST does and has accomplished.

Below is the snapshot of the activities undertaken:

Activities	Outreach
Door-to-door contact	7200
Area meetings	145
Group Education	108(1721)
Exposure visits of members to various public services department	35
Liasioning meetings	5
Linkages with various government schemes Health and Social security	2686

Table 7



CHILDCARE

SEWA's childcare centers for children aged 0-6 years 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 would carry children to work, exposing them to workplace hazards. This adversely affects their growth and development. Therefore, to prevent the struggles of informal women workers and support them in making their ends meet, childcare centers were established with an integrated and holistic approach.

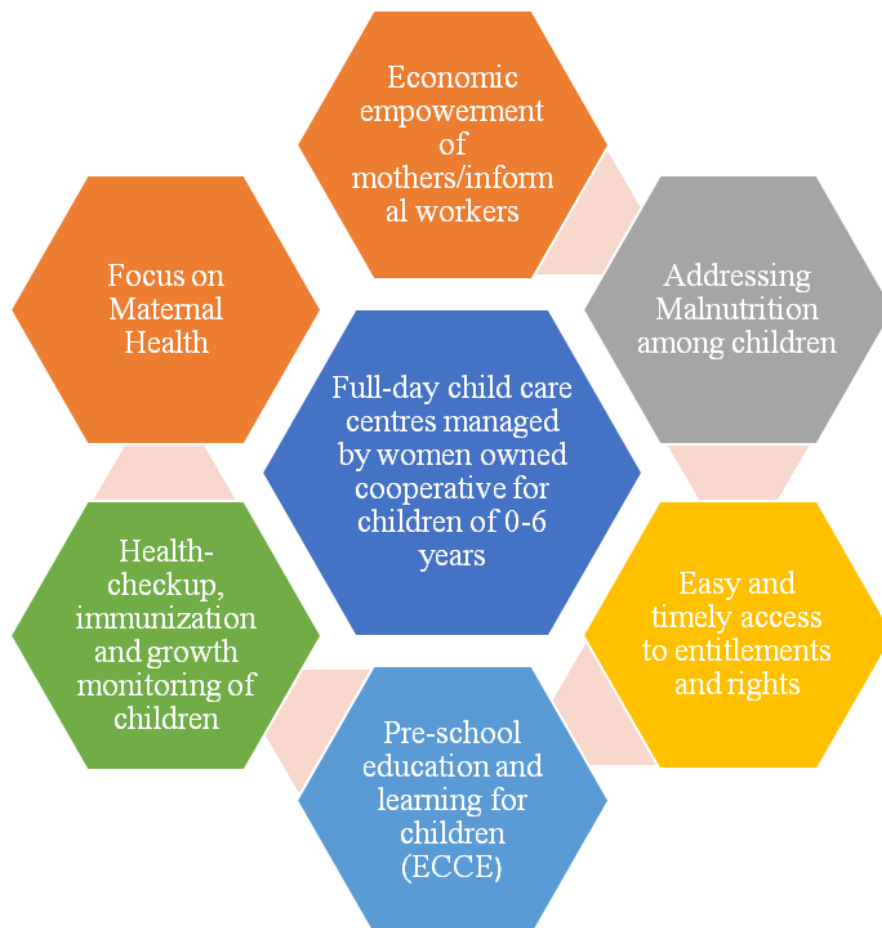


Figure 4

Samagra Balvikas

Through this project, LSST aims to highlight the unmet need for quality, full-day, community-based, participatory childcare, which responds to the needs of informal women workers. Informal women workers and their families, especially young children were the worst hit by the COVID-19 pandemic. By and large the project focused on providing services that enabled parents and caregivers to manage the emerging issues that impacted the children, around the ongoing pandemic. The intervention is being carried out in 5 districts of 4 states (two in Gujarat; one each in Kerala, Odisha and Meghalaya). Through this project, LSST worked in multiple locations on the issues of early childhood development through an integrated approach. The multiple needs of children have to be met through interventions that take into consideration education, health and nutritional need.

The project underscored the need to invest in devising a mechanism which enables digital communication and methods. This became clearer after the onset of the third wave. However, it was also understood that a hybrid model will have to be followed as there are still challenges with regard to the use of technology.

The following have been our major learnings from the project:

- **Relevance of the Digital Medium:** Going forward, LSST's focus will have to be on devising a mechanism which enables digital communication and methods. The post-pandemic world has highlighted the importance of digital and the fact that it is here to stay. Thus, investments in the capacity-building of community as well as grassroots workers with respect to digital methods are important.
- **Integrated approach:** Working on the issues of early childhood development entails engaging with various components like education, nutrition and mental health. These interventions require different kinds of sensibilities. Similarly, LSST is also working on two projects together in different geographies with efforts aimed toward constant reflections and conscious efforts towards integration.
- **Working in different geographies:** The project is operating in five districts which are distinct in terms of geographies and culture. While they have some cross-cutting needs, there is significant diversity in terms of community involvement, trust, approachability, governance etc. Thus, it has to be seen that in looking at the project as a whole, one does not homogenize the operationalization of the project. It is important to take into account the local factors.
- **Advantage of technology:** LSST has observed that technology offers many advantages like portability and accessibility. It empowers mothers by enabling them to spend more productive time with their children. For example, LSST's digital messages programme has given mothers the confidence to engage with their children and be their teachers. The fact that the LSST team can reach out to them and connect with them on a range of issues like mental health, education and health is a feat of technology. It highlights the primacy of digital technology and the importance of designing programmes keeping this in mind.

□ Need for childcare for mothers and children: As the ICDS centres are closed and mothers and children have been distressed, the need for this kind of intervention has been brought to the forefront. The response to the ECE activities has shown that there is an opportunity for this kind of a programme. Informal women workers and their families, especially their young children, were amongst the worst hit by the pandemic. Women have been unable to return to work due to a lack of child care, in addition to livelihood opportunities being seriously affected by the pandemic. After



some of the childcare centers were put in place by LSST, the response elicited by the team at the ground level has been positive and encouraging. We see that there is a lack of a childcare service, and communities are welcoming of any opportunity to engage their children in a meaningful way. They are also fatigued and need rest and respite and go to work with the security that their children are being looked after well.



Swavlamban

Following the ethos of SEWA, the Swavlamban initiative was born out of the need for a better equipped yet cost effective solution to childcare for the informal working mothers and will be an initiative comprising of one of its kind childcare centers providing time-based crèche facilities that operates in two slots – morning and afternoon.

The ICDS centers and preschools across Gujarat remained closed till March 2022 due to Covid-19. In April, LSST's team initiated efforts to establish the new Centre in the Nava Vadaj area. The balsevikas (childcare workers) went through an intensive training in guidance with PRATHAM – an organization that works on literacy and education for children. This training was followed by a refresher training in September 2022 and topics like early childhood care, overall growth and development of children, nutrition, cognitive and motor skills development were taken up. Special interaction with fathers of potential students was conducted to make them understand the importance of having a childcare facility in their area, and how this Centre was different from the other 11 centers and how the mothers can work extra hours if they send their children to these centres. 25 children in the 0–12 age group were identified who have working mothers. Identification of balsevikas/creche workers (people who will run the centre) were done thereafter.

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 grassroots 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, Delhi, Jharkhand, Madhya Pradesh, Nagaland, Punjab, Rajasthan, West Bengal and Uttarakhand.



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, and the understanding of what works 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

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

1. WIEGO
2. World Health Organization (WHO)
3. Tini Tata Trust
4. Ford Foundation
5. Azim Premji Foundation





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