

ANNUAL REPORT

2022 - 2023

LOK SWASTHYA SEWA TRUST



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About the trust

Lok Swasthya SEWA Trust (LSST) is one of the organizations which is a part of the Self Employed Women's Association (SEWA) movement of informal women workers for their economic empowerment. SEWA is a national labour union of approximately 2.9 million self-employed women workers¹ in the informal economy and it has given rise to a movement of several sister organisations, all comprising the SEWA movement. 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 enabling access to social security measures, including health support for its network of women members.

This year, LSST built the capacities of local teams working with women, adolescent groups and children to ensure that the latter's health needs and rights are fulfilled. Lack of awareness, limited resources and mobility constraints continue to prevent them from accessing the benefits of government schemes which are aimed to provide social security protection, including healthcare. 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.

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 the 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. Undertaking referrals of cases to hospitals
- v. Enabling linkages with government schemes and programmes
- vi. Insurance education
- vii. Education on Ayurvedic products and generic medicines
- viii. Working to facilitate health and child care programmes nationally
- Ix. Supporting child care centres for the children of women informal economy workers.

¹https://www.sewa.org/?gad_source=1&gclid=CjwKCAiAuNGuBhAkEiwAGId4aikCAKJA5bt4mDwZbtOnTSgtBq67haLkzTZK4zLtCr77BjZ6_U7yaRoCtoAQAvD_BwE

Operational areas

LSST works in four districts of Gujarat; Ahmedabad, Surat, Sabarkantha and Tapi. In Gujarat, the population of about 11,62,235 is covered through various programmes in both urban and rural areas. Moreover, in the past year, LSST also worked closely with SEWA's sister organisations in eight other states, namely; Delhi, Punjab, West Bengal, Jharkhand, Bihar, Rajasthan, Uttarakhand and Gujarat. The focus was to engage SEWA members and their families in preventive health education 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
Tapi (Rural)	4 Blocks	12	3421	16,539
Total	9 Blocks 20 Wards (3 Wards common for Health and Child Care)	116 Villages 224 Chalis (3 Chalis common for Health and Child Care	232637	1162235

Table 1

Sakhi Shaktikaran:



Several years of our work has taught us that informal women workers have multiple needs that are all interconnected. While mental health and psychosocial problems are important, other needs of these women should also be addressed for long term impact and better outcomes. The triple burden of informality, gender and poverty are the root causes of most of their day-to-day struggles which adds to their stress and anxiety. All of our initiatives implemented with the help of aagewans² help address these issues through an integrated and holistic manner. Our aagewans³ are trained to support the members on multiple matters of this nature in order to ensure they have easy and timely access to their entitlement and rights as well as various services that would meet their day-to-day needs.

The COVID-19 pandemic brought out the increasing need for front line community health workers who could provide services at the doorstep, in both rural and urban communities. This program strengthened grassroots leadership among women, enhanced their capacities to provide a range of services such as education dissemination and awareness generation on mental health and COVID -19, linkages with government schemes and programs, primary level counselling and support, as well as referrals to primary, secondary and tertiary care facilities. In the past year we were able to develop simple activities for the aagewans to make it easy for them to

² An 'Aagewaan' is a woman worker-leader in SEWA, who organises other informal women workers like herself into unions and cooperatives, and also takes charge of several trade-related and community issues

³ [Last-Mile-Model-Decentralised-Governance-by-Women-Community-Leaders.pdf](#)

have preliminary conversations about the whole concept of mental health in their communities without any stigma or discomfort.

For example, during their door-to-door visits in the field, they would make a special note of the women who needed psychosocial support, and in their regular visits made it mandatory to reach out to them several times a week. Their approach consisted of mindfully listening to the women in need of mental health support, and providing psychosocial help and counselling. This has proved to be very helpful as women from the community have started to recognize the aagewan as someone they can trust, they can talk to and share their problems. The aagewans would also carry a set of cards with her that have informative imagery designed around different symptoms and signs of various mental health issues common among general populations. She would gather three to four women and give them various cards that they would have the option to pick according to the symptoms they were facing and arrange it as per the time duration (days/weeks/months) of their experience of the symptoms. The following table offers an overview of the common mental health problems experienced by members of the community:

Name of District	Total number of members reached	Women identified for further support and care
Ahmedabad (Rural areas)	23589	404
Ahmedabad City	3180	144
Surat City	2681	131
Total	29450	679

Table 2

Common Mental Health Symptoms Experienced
1. Sudden decline in appetite
2. Getting angry and irritated for small issues mental reasons
3. Lack of proper sleep for more than 3 weeks
4. Isolating themselves from loved ones
5. Keeps forgetting Perpetual forgetfulness about little things
6. Keeps Tendency to keep talking to oneself
7. Lack of interest in things that once brought them joy.

Table 3

In addition to education, counselling and referrals, the aagewans also ensure that the women informal economy workers and their families have access to all government programmes and support them in fulfilling or amending any official documents, such as aadhar cards, voter IDs,

and pan cards, through SEWA Shakti Kendras or empowerment centres. Along with support with official documents, measures were also taken to educate and link community members with the various schemes that they are entitled to. A majority of the linkages within health and social security were connected with PMJAY (public health insurance), Janani Suraksha Yojana (maternal benefit), widow pension and old age pension.

Sr. No.	District / Ward	Number of Aagewan	Number of Health Linkages	Number of Social security Linkages
1	Ahmedabad (Rural areas)	35	3329	4431
2	Ahmedabad city	12	628	1518
3	Surat city	20	1935	1082
Total		67	5892	7031

Table 4





The given picture represents one of the events undertaken by LSST as a part of the World Mental Health Day Campaign, under the larger focus on improving mental health awareness for all. On October 10th, World Mental Health Day was observed in all of the locations where LSST carries out various development initiatives. Through a variety of activities, we educated the community about the importance of mental health and how they can take good care in their day-to-day lives through simple activities that they may include in their everyday routines, such as meditation. The response was astounding as women revealed their vulnerabilities and expressed the need to prioritize the physical and mental health of their families as well as for themselves.

Field Experiences From Our Grassroot Counsellors (Aagewans)

“When I go for house visits, sometimes women do not talk openly because of their family and neighbours. Their expression tells it all. So, I tell them to come to my house. They are able to open up and share very personal things that are causing a lot of stress and anxiety. Such conversations help them and they want to continue to talk to me. I have seen that many of them start trusting me and feel better after a few visits.”

-Reenaben (Aagewan)

“Initially when I used to go for field visits, no one would speak to me, even though I live in the same village. I continued visiting them and observed what they were going through. Then slowly some women started to open up and I could see it has made a lot of difference in their lives. Now they call me to their homes and are grateful for my being with them during very difficult times. I have learned that we have to have a lot of patience, not get discouraged and eventually we will succeed in reaching out to women.”

***-
Neetaben (Aagewan)***

The Unheard Voices on Oral Health -An Exploratory Qualitative Study

Interviews were conducted in all our areas of implementation to understand the awareness of the community on oral hygiene and its importance. Following are the findings of the study:

Summary of the findings				
Areas covered for the interview = 2 Urban+ 1 Rural +2 Tribal				
Total Interviews :20				
Age : Mostly around 30-50 years				
Sabarkantha (Rural Tribal)	Vyara (Rural Tribal)	Surat (Urban)	Ahmedabad City (Urban)	Ahmedabad District (Urban)
Cross cutting themes :				
1.Women interviewed were informal workers.				
2.They do not have a health seeking behaviour.				
3.Oral health not their priority. So ignored.				
Women who did go through toothache, stayed at home. Affected their livelihood. General lack of interest.	No easy access to dental services	Addicted to tobacco Chewing since childhood.	Women had easy access to dental services but could not afford the same.(Private)	Oral hygiene never priority.(Many said its okay if we do not have teeth as it does not play any significant role)
Lack of easy access to dental services (50 kms)	Lack of awareness about oral health and hygiene	In case of toothache, women chose to go to work ,could not afford day off. Faced concentration issues	Addicted to tobacco chewing since childhood	Few of them never visited dentist in their lifetime

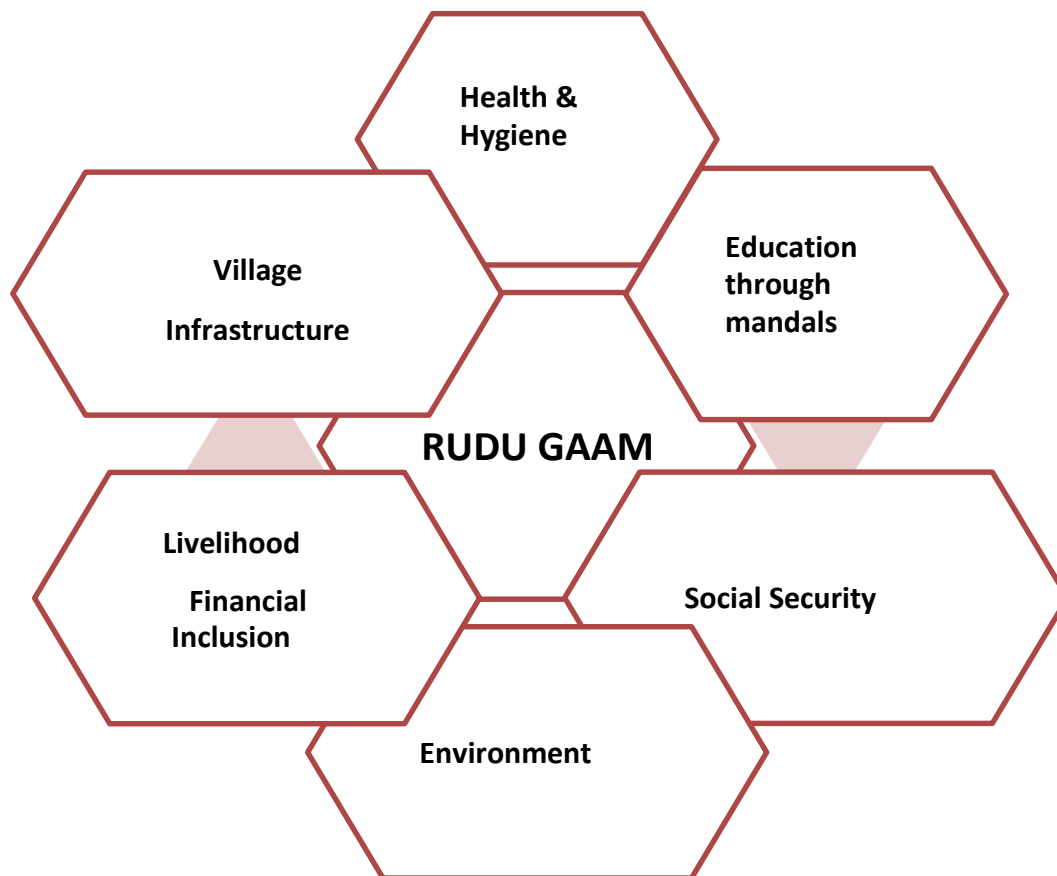
Table 5



RUDU GAAM :

In over five decades of organizing women workers of the informal economy at the grassroots level, one of the biggest learnings which have come through, comprises of the fact that enabling access to information and awareness are one of the first steps towards organizing women for their rights and access to the many anti- poverty programmes. Therefore, in order to address this challenge, SEWA Shakti Kendras function within the SEWA ecosystem to serve as hubs for information and education within the community, where informal workers live and work. These centres attempt to bridge the gap between access to government programs and their intended beneficiaries, thereby improving governance. The centres seek to improve the community's access to information and services on social security entitlements and also serve as a focal point for all community-based activities that are led by women and young people. SEWA believes that this initiative will trigger a process of exercising democratic rights and active participation at the local level.

Under this project, 4 SEWA Shakti Kendras (SSKs) have been set up, out of which 2 were in in Dholka taluka (Transad and Bhetawada) and the remaining 2 were in Daskroi taluka (Bhat and Hirapur).



Thematic Areas :

Figure 1

LSST’s body of work over the years has led to a renewed focus on building education and awareness among women informal economy workers along with plugging literacy gaps around welfare entitlements through a number of measures and initiatives. Generally, these measures include various informative sessions held in the community with the help of interactive posters and videos.

In the past year, many such educational sessions were conducted in the community, in different segments and clusters close to the women’s homes, thereby making it easier for them to participate while attending to their household work. The sessions were conducted with both women and adolescent girls in the community who have been the organisation’s focus throughout the project period. The content of the modules during these sessions focused on subjects like anemia, malnutrition, health, hygiene and various government schemes. Moreover, to ensure wider reach and impact, vulnerable members of the community who do not gain as many opportunities for group education such as pregnant women, sick etc. were also reached through door-to-door education. The goal was to ensure education reaches the last mile and no women are left behind, which is the core objective of any SEWA intervention.

The table below represents the details of education sessions:

Activity	Total Outreach
Group Education sessions	318 groups / 6090 outreach
Door-to-door educations	5194
Area Meetings	311 meetings /2976 outreach

Table 6

The SSK's were run/operated by community-based health workers who would conduct community-based activities in the morning (like area meetings, trainings, etc) and in the afternoon be seated at the SSK to provide guidance and services to the people. The information and awareness generation activities like trainings and exhibitions were conducted by trained health workers and supervisors on the various government schemes related to social security..

The services or schemes that were provided at the SSK included government schemes on social security available for informal workers, such as health insurance, old age, widow and destitute pension, schemes for maternal benefits, services specific to adolescent girls, pregnant women, lactating mothers and young children (like immunization, food supplements, growth monitoring, health check-ups, etc.) and other social security schemes.

The activities at the SSK focused on assisting women and their families to access information on schemes and services relevant to them. In addition, the centres also established linkages with the community level stakeholders and leaders like ASHA workers, anganwadi workers, ANM's, sarpanch, talati, etc. The centre also established linkages with government functionaries to facilitate access to schemes and services through meetings and jan samwads (public dialogues). These linkages proved useful in running the SSK as it served as a support system from where the latest and updated information could be received, and any problems in the process of submission could be discussed to ensure entitlements reach the eligible individuals. The officials were for the most part very supportive and our efforts brought good results in reaching a large number of people, particularly vulnerable and marginalized groups who generally find it challenging to access such provisions. Below are the activities and outreach through SSK:

Activity	Target	Outreach
Mega Event	16	25/2238
Exposure visits	36	44/311
Liasioning meetings	16	18/200
Jan Samvad	8	8/557

Table 7

As a part of the year's theme on Environment protection and preservation, multiple tree plantation drives were taken up in the village. The objective this year was to sensitize the community to start taking baby steps to preserve and maintain the environment in the most effective and sustainable manner possible. Below is the list of the number of trees planted during this year and number of trees alive.

Village Name	Trees Plantated	Trees alive
Transad	80	75
Bhetawada	38	31
Hirapur	12	7
Bhat	15	15
Total	145	128

Table 8



World Earth Day Campaign:

Every year, World Earth Day is observed on 22 April and there is always a theme selected by LSST to celebrate the occasion and promote environmentally friendly behaviours among the communities it works with. This year, the theme was 'Invest in our planet'. A massive campaign was ideated and operationalised to plant more trees as a part of the organisation's investment for a greener and more sustainable environment for the future. The following activities were conducted under the campaign:

1.Video and Poster campaign.:

The table below outlines the outreach of the campaign:

Name of village	Outreach (Video)
Hirapur	112
Transad	22
Bhetawada	25
Bhat	20

Table 9

2.In Hirapur, a yuva mandal meeting was held, wherein the girls were shown a video and a drawing competition was held based on world earth day.

3.In Transad, Jan samvad was organized with the theme of Organic farming and its positive impact on the environment. The objective was to raise awareness among the community members to start organic farming and stop using artificial fertilizers which are not only harming the earth, but also can cause long term side effects on the health of those consuming the farm produce.

4.In Bhetawada, a tree plantation drive was organized by the yuva mandal. 30 girls took part of this drive and planted 38 trees.





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 the 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.



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