

ANNUAL REPORT

2023-2024



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ABOUT THE TRUST

Lok Swasthya SEWA Trust (LSST) which is a charitable trust with 6 permanent trustees and five rotating ones, is a part of Self- Employed Women's Association (SEWA) – a national union of approximate 3 million informal women workers, which has given rise to more than 3000 small, medium and large organizations' of self- employed women across 17 states, 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 Ayurveda 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 centers for children of informal women workers**
- xi. **Regional consultations on Universal Health Coverage (UHC)**

Operational areas: LSST works in six districts of Gujarat; Ahmedabad, Surat, Sabarkantha Banaskantha, Bharuch and Tapi. In Gujarat, the population of about 11, 92,357 is covered through various programmes in urban, rural tribal 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.

District/City	Block/Ward	Village/ Chali	Households	Population
Ahmedabad (Rural)	Daskroi	21	11167	55833
	Dholka	41	15170	75824
	Sanand	26	14154	70669
	Viramgam	30	14880	81603
	Bavla	5	3300	18320
Surat (City)	5 wards	83	73807	368770
Ahmedabad (City)	11 wards	211	93511	467588
Child Care Centres (Ahmedabad City)	7 Wards	13	5,300	26500
Sabarkantha (Rural Tribal)	Poshina	6	5305	25139
Banaskantha (Rural Tribal)	Danta	5	1014	5461
Bharuch (Rural)	Hansot	5	811	3960

Tapi (Rural Tribal)	3 Blocks	12	3421	16539
Total	11 Blocks 23 Wards (3 Wards common for Health and Child Care)	458	241840	1216206

Table 1: Geographic area of LSST's programmes

Capacity-Building of Aagewans (Women frontline workers) for Community-based Psychosocial Care

The pandemic made us realize the fragility of the human mind and the adverse effects of the pandemic on the mental well-being particularly on the less privileged, and marginalized communities especially the 'informal sector'. The isolation and financial crisis brought constant distress and numbness among the women leading to breakdowns and outbursts thereby negatively affecting the family environment.

This highlighted the urgency and need of community-based psychosocial interventions required for people of communities with limited resources. The challenges and hard times women faced during and after the pandemic made us realize the importance of primary level mental health care and services among the vulnerable population. With the support provided through this grant, we were able to reach out to them through various activities to support them with alternate livelihood options and providing primary health care services through Aagewans. They provided assistance and support all throughout and ensured the last mile reach.

Sr. No.	District / Ward	Number of Aagewans
1	Ahmedabad (Rural Areas)	27
2	Ahmedabad city	3
3	Surat city	16
	Total Number of Aagewans	46

Community Outreach through Aagewans

Education and awareness are the cornerstones of any SEWA intervention. Our aagewans approach women on a regular basis and provide them various training sessions in groups for better understanding. The sessions are conducted with the help of IEC in simple and lucid language. Women find it very resourceful and engaging as we deploy various interactive games to make it participatory. They enjoy our sessions and look forward to attending the same, no matter how busy they are. Women who are not able to partake in group sessions are reached out through door-to-door education sessions. The objective is to reach the last mile and no household is deprived of the needful.

Common Mental Health Symptoms Experienced				
Sr. No.	District / Ward	Number Of aagewans	Achieved Outreach (May 23 to November 2023)	Total number of members reached
				4. Isolating themselves from loved ones
				5. Lack of interest in things that once brought them joy.

During their routine door-to-door visits they also make a special note of the women who needed psychosocial support and make it mandatory to reach out to them several times a week. Their approach is to listen to them patiently and provide psychosocial support and counselling. This has proved to be very helpful as women from the community have started to recognize the aagewan as someone they can share their concerns with.

The aagewan also carried a set of cards with her that have different symptoms and signs of mental health issues. She would gather four to five women and give them various cards that they have to pick according to the symptoms they are facing and arrange it as per the time or days or weeks these symptoms are experienced by them.

				through activity
1	Ahmedabad (Rural areas)	27	26909	6949
2	Ahmedabad city	3	2400	506
3	Surat city	16	25699	1748
Total		46	55008	9203

Our grassroots experience over the years has shown us that informal workers and their families have a variety of interconnected demands, and it is crucial to address all of them in order to ensure holistic well-being of the community. Our aagewans make sure that the informal women workers and their families have an easy access to all government programmes and assist them in correcting any government documents, like aadhar cards, voter IDs, and pan cards

The aagewans' participation at the local level has proven to be of great benefit. They are able to respond to the emerging community needs, fill in the gaps, and collaborate closely with the public health system because of regular capacity building of the team.

SEWA: Capacity-Building of Grassroot-level Women Leaders to further the SEWA Movement in India

A total of 50 aagewans were identified from across various blocks and wards in Gujarat. We surveyed them to understand the profile of their lives and work. We developed six training modules and started training aagewans, enabling them to be leaders and undertake local action on livelihood and other issues like social protection.

1. Selection of new Aagewans and Baseline

We identified a further 50 new aagewans. Some aagewans dropped out for various reasons, including marriage and moving to a new location or getting paid work: in total we now have 323 active aagewans. We surveyed the new aagewans: they are mainly young, with limited education, roughly balanced urban versus rural, and in fairly low -income occupations. (See box.)

2. Capacity Building of Aagewans

All the aagewans from the six states participated in training on four of the six modules, along with practical exposure to various social protection and livelihood services. We will start training on the sixth module this coming year. Refresher training and review meetings have been conducted with the aagewans to assess where they need further support and training.

We also ran two workshops and one national-level meeting of all the aagewans, to improve understanding of SEWA’s work and ways to take local action based on people’s needs, and to learn from each other.

It helped to build aagewans’ leadership and confidence during the year. Aagewans also did in training on cooperatives, their values and principles, and their responsibilities as shareholders. We organized an exposure visit to an NGO working on maternal and child health for aagewans to learn about possibilities for effective health action. A summary of the number of aagewans trained in our specially-created modules is below. Training for the remaining aagewans is planned for the upcoming year.



Table Number of aagewans trained in the various modules

Modules:	1. SEWA and SEWA ideology	2. Organising and the importance of leadership	3. Roles and responsibilities of aagewans	4. Planning for public action and/or campaigns	5. Social Protection for Informal Women Workers	6. Organizing Yuva Mandals (youth collectives)
LSST (Gujarat)	119	119	0	0	94	56

Aagewans provide services to the informal women workers and their families to ensure that social protection services (health care, child care, insurance, pension, and housing with basic amenities like toilets, water and sanitation) reach the last mile.

Example impact:
 Meenaben is an aagewan in Miroli village, Gujarat. She took the initiative to resolve the issue of contaminated drinking water from the nearby lake by coordinating with local authorities. Walls were constructed around the lake and a water purifying plant also installed, benefitting 3000 villagers.



Table: Summary of various activities

Activity	Number
Education and awareness sessions	40012
Area Meetings	1020/35110
Linkages with various entitlements	17201
Membership	5820
Yuva Mandals (Adolescent girl's collectives)	56
Exposure visits	479/2579
Camp	284/10863

Challenges

1. Given the reality of aagewans' lives – work, marriage, and social customs – not all of them can continue with SEWA, although they want to do so. Often men in their families prevent them from working as aagewans. This results in “drop-outs”, even after training.
2. Support and encouragement of aagewans are needed to help them reach their full potential. Education, exposure visits, experience-sharing and other support mechanisms help to boost their confidence. Building their leadership for action requires patience, persistence, and perseverance.



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Shakti Kendras (SSKs), or Empowerment Centres, established in both rural (Ahmedabad and Tapi districts) and urban (Ahmedabad and Surat) areas of Gujarat, play a vital role in promoting transparency around health, nutrition, and various social security schemes. These centres contribute to improved governance by serving as accessible information and education hubs within communities where informal workers live and work.

Designed to enhance community access to services and entitlements related to health, nutrition, and social welfare, the SSKs also act as vibrant spaces for women and youth-led activities. They aim to foster awareness, encourage the exercise of democratic rights, and promote active participation in local governance processes, an effort strongly supported by LSST.

More than just information centres, the SSKs are gathering places where community members come together to voice shared concerns, engage in constructive dialogue, and work collectively to navigate and claim their rights. By offering timely updates on public programmes and government schemes, these centres empower people with the knowledge they need to take informed action.

Table: Awareness activities and outreach through SSK

Group Education	3710/74016
Area Meetings	1516/28312
Exposure Visits	220/1779
Mega Events	76/6409
Liasoning Meetings	73/800
Jan Samvad	15/821

Health Camps and Referrals:

The objective of these health camps is to bring essential healthcare services directly to the doorsteps of our members and their families. To ensure comprehensive care, doctors from government facilities, private practitioners, and trust-run hospitals are invited to participate in each camp. With the support of local public health institutions and other charitable trusts, necessary medicines are provided to those in need.

Camps are organized based on the specific needs of the community and may include general health check-ups, Ayurveda treatments, and specialized services. In addition to medical consultations, the camps also focus on health education, awareness sessions, diagnostic tests, and training activities.

Referrals are made to nearby health facilities such as Urban Health Centres or higher-level government hospitals (secondary and tertiary care), ensuring continuity of care. Follow-ups are



conducted by *aagewans* or community health workers to support members through the referral process.

A summary of the camps conducted and the number of members reached is provided below.

Type of Health Camp	Outreach
General	116/6295
Eye	24/1317
I-Breast	10/324
NCD	12/498
Child	2/67

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:

Name of Committee	No of meetings conducted	Participation of committee members
Mahila Arogya Samiti (MAS)	59	635
Village Health Sanitation and Nutrition Committee	182	1394

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:



Youth Mandals:

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 currently 30 Yuva mandal collectives in Ahmedabad city, 69 in Ahmedabad District, 7 in Surat and 9 in Sabarkantha District. So total in the year 2023-2024, we have been working with 115 yuva mandal collectives.



Community-Focused, Oral-Health Research for Equity (CORE Project)

To kick-start the CEI activities, a detailed mapping exercise was carried out in 3 communities Poshina Taluka of Sabarkantha District, Viramgam Taluka of Ahmedabad District and Allahnagar of Behrampura ward of Ahmedabad City to assess the nature of their local communities and existing engagement mechanisms and resources.

A community mapping tool was developed to collect relevant data on the target communities. This tool will collect demographic data on the target communities and information on the groups and organisations within these communities.

It will list their leaders, the dental services and health care available, educational institutions and government agencies in the community, and the research and public health programmes in operation.

Sabarkantha (Rural Tribal)	Ahmedabad City (Urban)	Ahmedabad District (Rural)
<ul style="list-style-type: none">1) Tribal communities - Bhils & Garasias2) Religion -Hindu majority3) The Government Dental Hospital is more than 50 km away from the villages.4) Lack of private dental clinics in nearby town5) Occupation: Farming & Animal Husbandry	<ul style="list-style-type: none">1) Hindi & Gujarati speaking community2) Religion: Majority Muslim3) Occupation: Kite makers, daily labour, domestic helpers4) Majority private dental clinics & services are expensive.	<ul style="list-style-type: none">1) Gujarati speaking community2) Religion: Majority Hindu3) Occupation: Farming & Animal Husbandry4) The Government dental hospital is 20 km away from the villages.

Shrinkala

With over five decades of experience in organizing women workers in the informal economy at the grassroots level, one of SEWA's most significant learnings has been that access to information and awareness are foundational steps in mobilizing women to claim their rights and benefit from various anti-poverty programmes.

To address this critical need, SEWA Shakti Kendras (SSKs) have been established within the SEWA ecosystem as community-based hubs for information and education in areas where informal workers live and work. These centres are designed to bridge the gap between government programmes and their intended beneficiaries, thereby enhancing transparency and governance.

By improving access to information and services related to social security entitlements, the SSKs play a crucial role in enabling communities to better understand and claim their rights. They also serve as active centres for community engagement, especially for initiatives led by women and young people. SEWA envisions these centres as catalysts for strengthening democratic participation and encouraging collective action at the local level.

Under this project, 6 SEWA Shakti Kendras (SSKs) have been set up, out of which 2 were in Surat city (Navagam and Pandesara) and the remaining 4 were in Tapi district (Chinchbardi, Raniamba, Velzar and Nizar)



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 table represents the details of education sessions:

Activities	Total Outreach
Group education sessions	406/6446
Area meetings	418/4329

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).

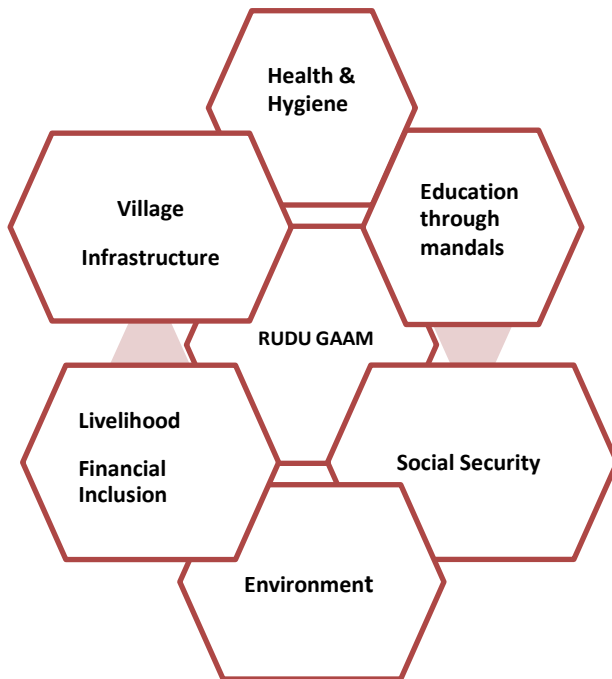
These linkages proved useful in running the SSK as it served as a support system from where the latest and updated information could be received, and any problems in the process of submission could be discussed to ensure entitlements reach the eligible individuals. The officials were for the most part 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. In essence, SEWA Shakti Kendras are more than just information centres, they are spaces of empowerment, where women and communities come together to learn, lead, and take charge of their rights. By bridging the gap between policies and people, these centres lay the foundation for stronger local governance, active citizenship, and a more informed, equitable society.

Below are the activities and outreach through SSK

Activities	Total Outreach
Mega Events	22/1805
Liasioning Meetings	16/221
Jan Samvad	6/294
Camps	11/652
Refer	782
Linkages with government schemes	3825

Rudu Gaam

With over four decades of experience in organizing women workers from the informal economy at



the grassroots level, one of SEWA's key learnings has been that access to information and awareness is the very first step in empowering women to claim their rights. Many anti-poverty programmes are designed to support them, yet often fail to reach those who need them the most. Bridging this gap has become central to SEWA's mission.

SEWA Shakti Kendras (SSKs) serve as trusted community spaces where people come together, share their everyday challenges, and engage in meaningful dialogue to address broader issues. These centres enable individuals to access their rights and entitlements, while also staying informed about the latest public schemes and services.

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).

The table represents the details of education sessions:

Activities	Total Outreach
Group education sessions	1153 (21734)
Door-to-door visits	1234
Area meetings	483 (4627)
Yuva Mandal trainings	12 (505)

In addition to strengthening access to health, nutrition, and social security services, SEWA Shakti Kendras have also played a crucial role in reconnecting school drop-out adolescents with formal education. Recognizing that education is a key pillar of empowerment, especially for young girls and boys from informal worker families, the SSKs have actively reached out to identify out-of-school adolescents and supported them in returning to the classroom.

Through consistent follow-up, counselling, and coordination with local schools and education departments, we have been able to guide families through the re-enrollment process. Community health workers, many of whom are mothers and caregivers themselves, work closely with both adolescents and their parents to address the barriers that led to school drop-out in the first place, whether they be financial challenges, lack of awareness, or other social pressures.

So far, 29 adolescents have been successfully linked back to the school education system through this effort. While this number may seem small, each case represents a meaningful transformation in the life of a young person and a step forward for the community.

The activities carried out at the SEWA Shakti Kendras (SSKs) have been centred around supporting women and their families in accessing accurate and relevant information about the government schemes and services available to them. These centres go beyond information-sharing—they actively build strong linkages with key community-level stakeholders such as ASHA workers, anganwadi workers, ANMs, sarpanch, talatis, and others.

In addition, the SSKs have developed meaningful connections with government functionaries through regular meetings and *jan samwads* (public dialogues). These engagements have been instrumental in facilitating smoother access to entitlements and services. By creating a two-way channel of communication, the Kendras have positioned themselves as reliable support systems, places where community members can obtain the latest information and seek guidance if they face difficulties in navigating documentation or procedural hurdles.

These collaborative relationships have proven highly effective in ensuring that eligible individuals, particularly those from vulnerable and marginalized groups, are not left behind. The responsiveness and cooperation of local officials have played a key role in the success of these efforts, helping the SSKs reach a wide section of the community with timely and much-needed support.

The following section outlines the specific activities carried out by the SSKs and the extent of their outreach.

Activities	Total Outreach
Liasoning Meetings	43 (293)
Exposure Visits	55 (403)
Mega Events	27 (2626)
Tree Plantation	495

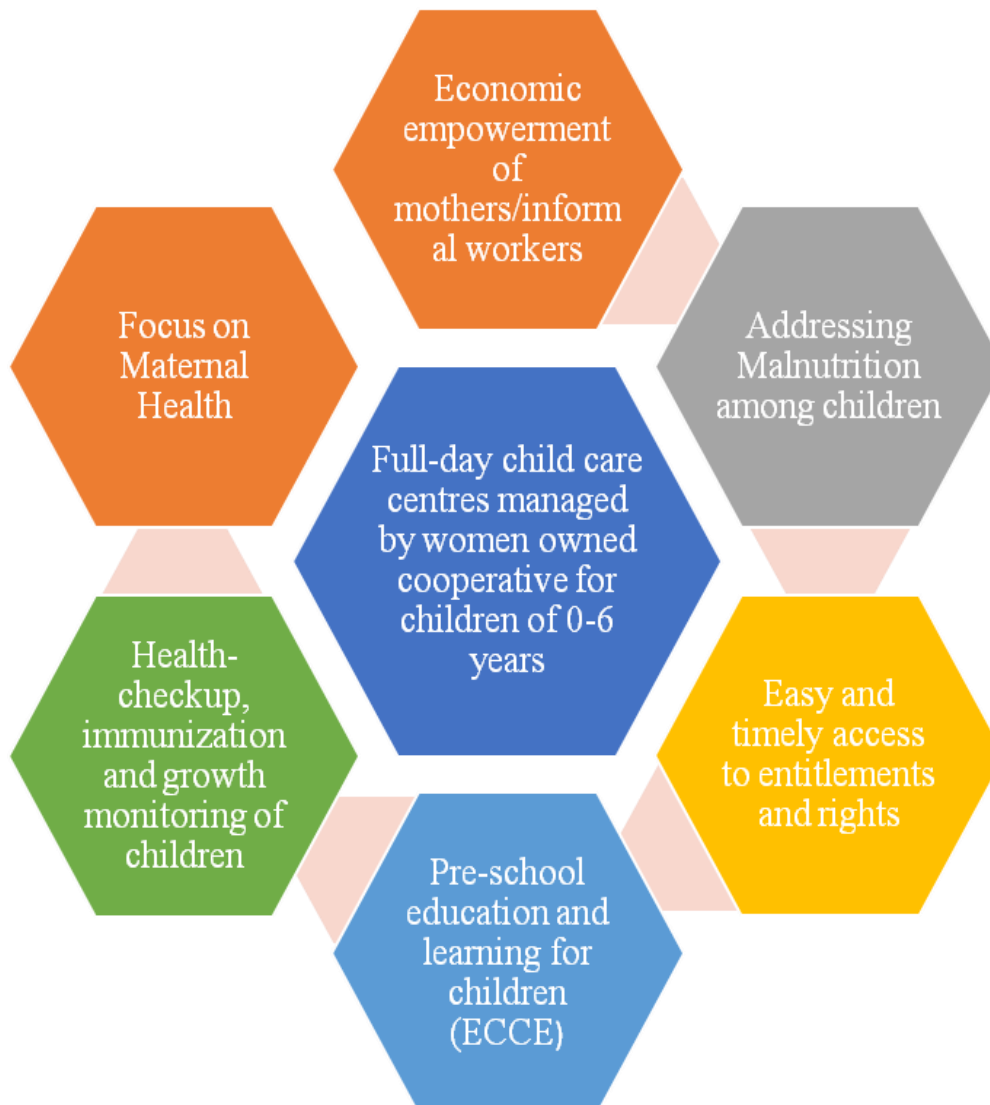
Through regular interaction with community members, the community health workers have identified women who are either unemployed or looking to supplement their household income. We then guide them toward suitable livelihood options, be it through skill development programmes, self-employment schemes, or connections to local job opportunities

Hand-holding support is provided throughout the process, including help with registration, access to training, and completion of required documentation. Women are also informed about relevant government schemes that offer financial or technical assistance for livelihoods.

So far, 137 women have been successfully linked to livelihood opportunities through these efforts. Each of these stories reflects not just an economic change, but a shift in confidence and agency. For many, it is their first step into earning and decision-making, marking a powerful transformation for themselves and their families.

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.



Taking Care of Our Children

Integrated Child Development Services is a flagship program of the government in India which provides nutritional meals, preschool education, primary healthcare, immunization, health check-up and referral services to children under 6 years of age and their mothers. They are operational for around 4-5 hours from morning till afternoon. The mothers need more time to cope up with their work, both paid and unpaid.

This intervention aims to support these mothers by taking care of the children after ICDS hours. Thereby providing the answer to full day, quality childcare which works as a community-based, participatory model so that needs of informal women workers are fulfilled. It also strongly emphasizes the need to develop early childhood care and education tools and mechanisms that are culturally and locally relevant as well as provide supplementary nutrition for the holistic development of children, especially in the indigenous or tribal communities.

This project was first introduced as an intervention in the year 2020, where extensive groundwork and partnership building was carried out in order to finalize the areas of work(tribal districts, blocks and villages, ICDS centers), to identify teams (team leaders and crèche workers), Liaisoning with various government officials across different government departments for better coordination and support at the community level, partnering with local organizations for technical support as well as to work on introducing ECD mechanisms through this project.

A significant part of the first year focused on completing all of these and initiating the programme. Following components proved essential in the setting up of the project:

- 1. Selection of the Location** – Areas where LSST was already present were identified and such villages were selected where the local village council was prepared to partner with us to develop the extended hour's childcare centers. Needs based assessment was carried out to understand the lives of women and children.
- 2. Space identification** – Identification of ICDS centers was done based on several criteria. We identified centers that had children who were undernourished, mothers who were farm laborers and needed extra time, children who had only grandparents or relatives taking care of them (and PROJECT OVERVIEW Figure 2: Children engaging in self play under the supervision of crèche workers 5 parents working in nearby villages or districts), space that could be used to provide additional facilities.
- 3. Worker identification** –An additional creche worker was placed from within the community to gain the trust of the community. This was important as we needed to keep the children after ICDS hours. The creche worker had reading and writing skills and the capacity to work as a care giver.
- 4. Initiation with parents** – Meetings with parents were held to better understand the needs of the community, talk about the additional facilities that will be provided and how full-day care centers have a positive impact on both the children and the mothers.
- 5. Curriculum development** – With the help of our partner organization a robust curriculum was developed to adapt to the tribal culture and to integrate their uniqueness, practices and language.
- 6. Health and nutrition** – for improved nutritional outcomes and to sustain the extended hours, supplementary nutrition plan was developed keeping in mind the local produce and dietary habits.

7. **Monitoring and evaluation** – Methods to document the progress indicators and impact of the intervention on children and mothers were planned.

8. **Community engagement** – planning of activities to be implemented by the creche workers to create a participatory and community-based model was done.



Table: List of ICDS centers in which the intervention is piloted

S.No	District	No. of children	ICDS Center name
1	Sabarkantha Block - Poshina	25	Dantral – 1
2		25	Dantral – 7
3		25	Ganva – 2
4		25	Ganva – 5
5		25	Kajavas
6		25	Amba Mahuda
7	Tapi Block - Vyara	25	Lakhali – 1
8		25	Lakhali – 2
9		25	Jhankhri – 1
10		15 ¹	Jhankhri – 3

Case Study:

25-year-old Anjanaben is a mother to 2 children under the age of 4 years, a 2.5 year old son and a 3.5 year old daughter. They're a family of 4 living in Jhankhri village in Tapi. Earlier Anjanaben used to stay at home without any knowledge of the extended hours provided for the children in the ICDS center. She was struggling to feed 4 mouths and didn't know how to properly care for 2 infants at the same time. When Hemlataben, the LSST creche worker met her as part of her routine door-to-door contact, she told Anjanaben about the full day childcare facility. With the help of ICDS workers and LSST creche workers, Anjanaben found help and support in keeping her children at the center for the entire day. She started working as an agricultural laborer and presently earns an income of 1500 rupees per month. Upon examining her children for routine health checkup at the ICDS center it was found that her son was severely malnourished. LSST creche worker along with the help of the ICDS staff, referred her son to the CMTC (Center for Malnutrition Treatment and Care) where her son got proper medical care for 14 days. Upon discharge from the CMTC, our creche worker followed up regularly on his health and helped him to improve his health. She finds the additional information on the government schemes and services that she gets from the creche worker very useful. Anjanaben is happy that her children receive adequate nutrition, education and care while she can work without worry and support her family.



CHALLENGES AND LEARNINGS

Challenges	Learnings
Get support from the community to send children for full-day childcare instead of mothers taking them to work or getting exempted from work due to burden of care?	Full-day childcare for children of working mothers is imperative.
Retaining full attendance of children as most tribal parents relocate for work during harvesting seasons	Focus on ECD is necessary for school preparedness in children under the age of 6.
To convince mothers to prioritize the need for full-day childcare as opposed to no care or education for children till, they are 6 years old, sometimes even more.	Integrated approach – Community involvement is necessary to garner trust and to work within the community.
Care for children below 3 years, as mothers tend to not work until the child is older.	Father’s involvement is important in Child’s upbringing.
Cultural practices such as polygamy, myths regarding health and hygiene.	A holistic approach is needed to bring social change in the community. Not just care work, but mothers and families also need support to get successfully linked to government schemes ensuring last mile delivery of social security.





LOK SWASTHYA SEWA TRUST