



Annual Report

2024-2025



The logo for the Board of Trustees is a white rectangular box with rounded corners, centered within a larger orange rounded rectangular border. The text "Board of Trustees" is written in a bold, black, italicized serif font inside the white box.

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ABOUT THE TRUST

Lok Swasthya SEWA Trust (LSST) which is a charitable trust with six permanent trustees and five rotating ones, is a part of the Self- Employed Women's Association (SEWA) movement of 3.2 million informal women workers, which has given rise to more than 5000 small, medium and large organizations' of self- employed women across 18 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 education, 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, and towards their economic empowerment and self-reliance

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 and mental health and ensuring that their 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. Strengthening grassroot level committees, organizations 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 micro insurance for small entrepreneurs and promotion of insurance products by Vimo SEWA**
- 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, tribal and rural areas. Moreover, LSST also works closely with the SEWA's sister organizations 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	62	73807	207195
Ahmedabad (City)	13 wards	180	27174	123024
Child Care Centres (Ahmedabad City)	7 Wards	13	5,300	26500
Sabarkantha (Rural &Tribal)	1 Ward (Poshina)	6	2200	13886
Banaskantha (Rural & Tribal)	1 Ward (Danta)	7	1517	7912
Bharuch (Rural)	1 Ward (Hansot)	6	961	4716
Tapi (Rural & Tribal)	3 Blocks	4	3421	16539

Total 5 districts 2 cities (Healthcare)	11-Taluka 18- Ward (Healthcare)	137-villages 242-chalis (Healthcare)	132046 (Healthcare)	717382
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Table 1: Geographic area of LSST’s programmes

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

1. Selection of new Aagewans and Baseline Assessment

We identified 93 new Aagewans. In January-Feb 2025, we conducted a baseline survey of the new leaders to understand their lives and work, as in previous years, and also to set a benchmark for measuring the impact of our capacity-building efforts. The survey was designed by an external agency, the Institute of Social Sciences Trust (ISST). ISST will also run an end line survey to assess the impact on aagewans already trained and now actively serving their communities.

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.



- ✓ SEWA and SEWA ideology
- ✓ Organising and the importance of leadership
- ✓ Roles and responsibilities of Aagewans
- ✓ Social Protection for Informal Women Workers
- ✓ Organising Yuva Mandals (youth collectives)

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:

Shobhaben, an aagewan from Bhojva village in Gujarat took the lead to complete road construction in her area, where around 100 residents were facing difficulties due to poor roads, especially during the rainy season, preventing children from attending school and making it difficult for vehicles to reach homes. Pregnant women had to be carried by men of the village in a stretcher. After struggling for two years, visiting government offices regularly for follow up along with other women, and submitting numerous applications, Shobhaben's persistence paid off. In November 2024, the roadwork was finally initiated and



successfully completed.

Challenges

1. Aagewans need support and encouragement to reach their full potential. Organising them into unions and cooperatives, providing awareness and education sessions, exposure visits, opportunities to share experiences and other forms of support, helps build their confidence. Developing their leadership skills takes time, effort, patience and perseverance.
2. Addressing issues at the local level is time-consuming because it requires coordination at different levels and active support from the members. However, over time, aagewans have learned how to address these problems successfully and skillfully, and to deal with the external world, including government officials.
3. Baseline Survey of newly identified aagewans.



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

To initiate the CEI activities, a comprehensive community mapping exercise was conducted across five areas: Poshina Taluka in Sabarkantha District, Viramgam Taluka in Ahmedabad District, Khodiyarnagar in Behrampura Ward of Ahmedabad City, Pandesara Taluka in Surat District, and Vyara Taluka in Tapi District. The goal was to assess the characteristics of these local communities, along with their current engagement mechanisms and available resources.

A specialized community mapping tool was designed to gather essential data, which includes demographic information about the target communities, as well as details about the local groups and organizations. The tool identifies community leaders, available dental and healthcare services, educational institutions, government agencies, and ongoing research or public health initiatives in the area.

Sr. No	City/District	Taluka/Ward	Village/Chal i	Total Aage wan	Active Aagewan	Hous eholds	Populat ion	Community mapping exercise
1	Ahmedaba d District (2 talukas)	Daskroi Viramgam	Visalpur, Kamijla	2	2	180 0	10500	✓
2	Ahmedaba d City (1 ward)	Behrampur a	Khodiyarnag ar,Calico Mills	2	2	600	3000	✓
3	Surat (1 ward)	Pandesara	Nemnagar, Jayambe Nagar	2	2	120 0	6000	✓
4	Sabarkanth a (1 taluka)	Poshina	Amba Mahuda, Dantral	2	2	530	2930	✓
5	Tapi (1 taluka)	Vyara	Lakhali, Jhankhari	2	2	400	2010	✓
		Total		10	10	453 0	24440	✓



Shrinkhala

With over fifty years of experience organizing women workers in the informal economy at the grassroots level, SEWA has learned that access to information and awareness are essential for empowering women to claim their rights and benefit from anti-poverty programs.

To address this need, SEWA has established Shakti Kendras (SSKs)—community-based hubs for information and education in areas where informal workers live and work. These centres aim to bridge the gap between government programs and their intended beneficiaries, fostering greater transparency and governance.

By improving access to information about social security entitlements, the SSKs play a vital role in helping communities understand and claim their rights. They also serve as vibrant centres for community engagement, particularly in initiatives led by women and young people. SEWA views these centres as catalysts for strengthening democratic participation and promoting collective action at the local level.

As part of this initiative, six SEWA Shakti Kendras have been set up, with two located in Surat city (Navagam and Pandesara) and the remaining four in Tapi district (Chinchbardi, Raniamba, Velzar, and Nizar).



The SSKs were operated by community-based health workers who played a dual role. In the mornings, they conducted community activities such as area meetings and training sessions, and in the afternoons, they were available at the SSKs to offer guidance and services to the local people. These health workers, along with supervisors, led awareness and information-generation activities, including training sessions and exhibitions, focused on various government schemes related to social security.

The tables below represent the details of the sessions:

Group Education Sessions	Total Outreach
565	10900

Area Meetings	Total Outreach
310	7393

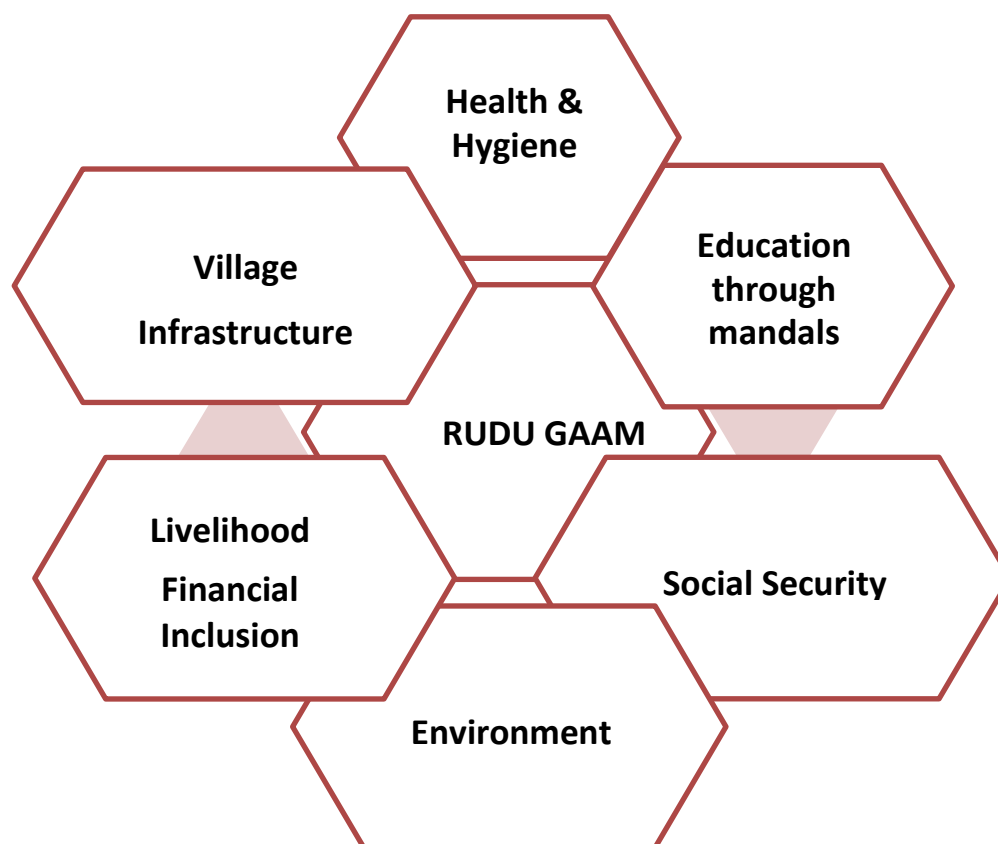
The SSKs focused on helping women and families, access information about relevant government schemes. They built connections with local leaders and government officials to facilitate access to services through meetings and public dialogues. These linkages provided a support system, ensuring updated information and addressing any challenges in the process, ultimately helping vulnerable groups access their entitlements.

SEWA Shakti Kendras are more than information hubs; they enable communities to learn, lead, and claim their rights, bridging the gap between policy and people. By strengthening local governance and active citizenship, they foster a more informed and equitable society.

Below are the activities and outreach through SSK

Activities	Total Outreach
Mega Events	33/3631
Liasioning Meetings	12/234
Jan Samvad	10/737
Refer	800
Linkages with government schemes	3352

Rudu Gaam



With over forty years of experience organizing women workers in the informal economy at the grassroots level, SEWA has learned that access to information and awareness is the first step in empowering women to claim their rights. Many anti-poverty programs exist to support them, but often fail to reach those who need them most. Bridging this gap is a core part of SEWA's mission.

SEWA Shakti Kendras (SKs) act as trusted community hubs where people can share their daily challenges and engage in discussions to address larger issues. These centres not only help individuals access their rights and entitlements but also keep them informed about the latest public schemes and services.

As part of this initiative, four SEWA Shakti Kendras have been established: two in Dholka taluka (Transad and Bhetawada) and two in Daskroi taluka (Bhat and Hirapur).

The table represents the details of education sessions:

Activities	Total Outreach
Group education sessions	318(11284)
Mega Event	32(2238)
Area meetings	490(4550)
Yuva Mandal trainings	16(194)
Tree Plantations	1926(1685)

The SEWA

Shakti Kendras (SSKs) have played a pivotal role in not only enhancing access to health, nutrition, and social security services but also in reconnecting out-of-school adolescents with formal education. Understanding that education is a cornerstone of empowerment, particularly for children of informal worker families, the SSKs have proactively identified and supported adolescents who had dropped out of school, helping them re-enter the educational system.

Through ongoing follow-ups, counseling, and close coordination with local schools and education departments, the Kendra's have successfully guided families through the process of re-enrollment. Community health workers—many of whom are mothers and caregivers themselves—have worked directly with both the adolescents and their parents to address the root causes of school dropouts, whether financial struggles, lack of awareness, or other social pressures.

As a result, 29 adolescents have been successfully reintegrated into the education system. While the number may appear modest, each success represents a profound transformation for the individual and a step toward a more empowered community.

At the heart of the SSKs' efforts is the commitment to helping women and their families' access to accurate and relevant information about government schemes and services. These centers go beyond simple information-sharing by building strong relationships with key community stakeholders such as ASHA workers, aanganwadi workers, ANMs, sarpanch, and talatis.

Moreover, the Kendras have established meaningful collaborations with government officials through regular meetings and public dialogues (jan samwads), which have played a crucial role in ensuring smoother access to entitlements and services. This two-way communication has positioned the SSKs as trusted support systems where community members can get the latest updates, seek guidance on navigating bureaucracy, and resolve challenges with documentation.

These partnerships have been instrumental in ensuring that vulnerable and marginalized groups, often overlooked in formal processes, receive the support they need. The cooperation of local officials has been key in extending the reach of these initiatives, ensuring that timely assistance reaches a broad spectrum of the community.

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

Activities	Total Outreach
Liaisoning 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.



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 programmes, so that women workers 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, kite workers and agricultural workers.

The program educates women workers about the occupational hazards and health 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.



Purpose and Project

- To conduct research in Ahmedabad, Sabarkantha and Tapi
- To understand the needs of informal women workers regarding their Occupational Health and Safety (OHS).
- To obtain information about their personal details, living conditions, working conditions and access to healthcare. To understand the health challenges and risks arising from heat stress caused by climate change.

Systematic Review

- To understand what knowledge is already available about occupational health needs in the unorganized sector in India, NIOH and SEWA studied the available literature.
- After an initial screening of nearly 4,000 articles, we studied 37 articles. Of these, only 14 studies focused on women workers.
- In every study, musculoskeletal (muscle and bone related) problems, especially in the upper body (neck, shoulders, etc.) were found to be more common among workers in the unorganized sector.
- Occupational injury was also observed, with an incidence of between 30% - 50%.

Focus Groups & Survey

Occupational Health and Safety (OHS) Challenges Informal Women Workers: A Qualitative Analysis and Pilot survey

- Informal women workers spoke of occupational injuries, lack of first aid, and unsafe equipment, often continuing work despite pain or injury.
- Climate stress (heat, monsoon) deeply affected their health and productivity, with coping mechanisms like covering heads or avoiding work during peak heat hours.
- Most women preferred private clinics due to proximity and shorter wait times, even if expensive.
- Workers need protective gear, home-based job support, and pension schemes for future security.

Workshop

We conducted two workshops to communicate the results of our research

- State-Level Workshop: 18 March 2025, at the NIOH Ahmedabad
- National Workshop: 04 April 2025 in New Delhi



Sakhi Saheli

The entry point to every community is the general health of women and adolescent girls with a focus on maternal and child health, particularly menstrual health as the onset of puberty brings about many changes in their lives. Providing adolescents and youth with

information on their own bodies and life options is the first step toward their critical awareness and reflection.

Learning from SEWA's organising work and approach, we have been working with adolescent girls by organizing them into collectives, called mandals, that serve as safe spaces for support and solidarity which would promote empowerment and leadership, thus enabling them to voice their needs, make choices and decisions on issues that affect their lives. Over the years, we have realized that when they come together and collectively work toward social security, food security, work security, and financial security, it enables them to take action to bring change in their lives.

The Sakhi Saheli project focuses on **'Access to menstrual products'** and **'Awareness on menstrual health and hygiene'** as two key outcomes.

Awareness of Menstrual Health and Hygiene- 50 mandals of 15-20 girls each from Ahmedabad city and district, Sabarkantha district, and Surat city are be included in this project. SEWA's frontline worker / aagewans with the support of mandal leader (YuvaSakhi) provides community education sessions (2 sessions/month/mandal) to the mandal girls, meetings with their mothers, and conduct local-level community events on menstrual health with the use of different communication tools. Aagewans reach local opinion leaders and influencers to sensitize them on menstrual health.

Access to menstrual products- Aagewans are provided with a kit of menstrual products and girls are exposed to a basket of products and their local availability. The girls and their mothers are educated on this, so they can have a wide variety of choices. SEWA's health cooperative maintains a stock of the products in demand, and aagewans buy and sell in the community with Yuva Sakhi with a small profit margin. This helps in ensuring minimal costs, timely availability, and easy access to products.



Adolescent Girls education and awareness – Adolescent Girls training

Subject	Months	Ahmedabad City		Ahmedabad District		Surat		Sabarkantha		Total	
		Mandal	Number	Mandal	Number	Mandal	Number	Mandal	Number	Mandal	Number
Know your body, good touch, bad touch	6	10	200	12	240	6	109	5	91	33	640
Menstrual cycle, fertilization, chromosomes, hygiene during menstruation, different products used during menstruation	7	12	237	17	341	10	185	5	100	44	863
Anemia, nutritional diet	8	13	259	18	359	9	163	5	100	45	881
Government structures, services, and schemes, (Anganwadi, Mamata Diwas, Prime Minister, Skill Development Scheme)	9	14	276	17	335	10	186	5	100	46	897
Maternal and child health	10	15	283	16	319	10	179	5	95	46	876
Menstrual cycle, fertilization, chromosomes, hygiene during menstruation, different products used during menstruation	11	13	249	15	297	10	164	5	100	43	810
HIV/AIDS, clean water, sanitation	12	12	236	15	302	9	167	2	39	38	744
Gender, Ethics and Culture	1	14	282	14	280	10	168	2	37	40	767
PCOD	2	14	273	15	295	8	138	2	30	39	736
Menstrual cycle, fertilization, chromosomes, hygiene during menstruation, different products used during	3	12	235	14	280	8	152	2	31	36	698

menstruation

Adolescent Girls education and awareness – Adolescent Girls meeting

Month	Ahmedabad City		Ahmedabad District		Surat		Sabarkantha		Total	
	Mandal	Number	Mandal	Number	Mandal	Number	Mandal	Number	Mandal	Number
June	10	200	12	240	6	109	5	99	33	648
July	12	237	17	333	10	190	5	100	44	860
August	13	254	18	360	9	168	5	100	45	882
September	14	276	17	333	10	186	5	100	46	895
October	15	274	16	319	10	183	5	95	46	871
November	13	254	15	295	10	159	5	95	43	803
December	12	237	15	301	9	165	2	39	38	742
January 2025	14	271	14	280	10	162	2	37	40	750
February 2025	14	266	15	300	8	132	2	30	39	728
March 2025	12	231	14	281	8	148	2	31	36	691

Points	Ahmedabad district	Ahmedabad City	Sabarkantha	Surat
Menstrual health and hygiene				
Understanding the menstrual cycle and problems of irregular menstruation, information about PCOD/PCOS and its symptoms	√	√	√	√
Maintaining hygiene during menstruation and what type of pads to use	√	√	√	√
White discharge: causes and solutions	√	√		√
Information about various products (pads, cups) used during menstruation and how to dispose them.	√	√		√
Menstrual problems (heavy bleeding, pain, itching)		√		
Discussion about fertilization and chromosomes		√		
Steps of placing a pad				
Physical health and nutrition:				
Anemia (blood deficiency) and the importance of a nutritious diet to prevent it	√	√	√	√
Discussion about body parts	√	√		√
Discussion about getting HB test done	√	√	√	
Use of nutritious food obtained from Anganwadi		√		
Information about women's reproductive system and white discharge problem				√
Discussion about HIV and AIDS				√

Meeting with the Mothers of the adolescent girls

Months	Ahmedabad City		Ahmedabad District		Surat		Sabarkantha		Total	
	Mandal	Number	Mandal	Number	Mandal	Number	Mandal	Number	Mandal	Number
June	10	178	12	223	6	96	5	88	33	585
July	12	190	17	314	10	187	5	100	44	791
August	13	190	18	294	9	154	5	78	45	716
September	14	231	17	269	10	150	5	81	46	731
October	15	232	16	287	10	141	5	79	46	739
November	13	179	15	247	10	150	5	95	43	671
December	12	177	15	201	9	126	2	38	38	542
January 2025	14	280	14	261	10	153	2	24	40	719
February 2025	14	250	15	270	8	114	2	26	39	660
March 2025	12	210	14	269	8	112	2	23	36	614

Sahara

In India, 92.4% of the population is informal workers. Informal employment entails daily wage earnings, poor working conditions and lack of work benefits. However, with the uncertainties in income, there is a lack of financial security among informal workers and this affects various aspects of their lives. Women working in the informal economy face these uncertainties as well as discrimination, exploitation and vulnerabilities at home, in the community and the work environment. Facing these vulnerabilities in their everyday lives, gives rise to stress and exacerbates mental health issues that go unidentified for the longest time. With the lack of awareness as well as services, and stigma around mental health within these communities, it further broadens the gap for addressing mental health conditions, thus putting emphasis on the increasing need for strengthening community mental health.

Any initiative that is taken to informal women workers and their families by LSST is led by aagewans. Lok Swasthya SEWA Trust is working with women in 4 districts (Ahmedabad,

Sabarkantha, Banaskantha and Tapi) and 2 cities (Ahmedabad and Surat) in Gujarat. Each of these locations have dedicated aagewans who work on primary health care, including mental health. Capacity building of aagewans who will ultimately lead mental health initiatives at grassroot level is essential. In this proposal, we aim for the following.

1. To assess mental health needs of a representative sample of SEWA members
2. Strengthening the capacities of health workers/ Aagewan to provide mental health care through awareness-creation and early recognition of symptoms and be the first response for psychiatric disorders and psycho-social interventions for, common mental health problems, substance use and domestic violence.
3. Increasing awareness about mental health amongst the SEWA members in both rural and urban areas.
4. Mapping of available mental health services in all the locations.
5. To provide primary psychosocial support, educate women and their families regarding need for referral and ensure verified referral as per the need.
6. Referrals and access to mental health services for those living with severe and enduring mental illnesses.
7. Monitoring, reporting and documentation of the above processes

Objective: Training and awareness – Group education

Subject: Mental health Awareness

Area	Total Sakhi	Total Education (June 24- March 25)			
		Group	Number	Door to Door	Total
Ahmedabad City	13	1318	25342	1018	26360
Ahmedabad District	9	1040	18431	2369	20800
Surat	9	940	15977	2823	18800
Tapi	3	305	4635	1465	6100
Banaskantha	5	370	6592	808	7400
Sabarkantha	4	560	7873	1307	11200
Total	43	4533	80870	9790	90660
Each subject was explained 5 times to the members					

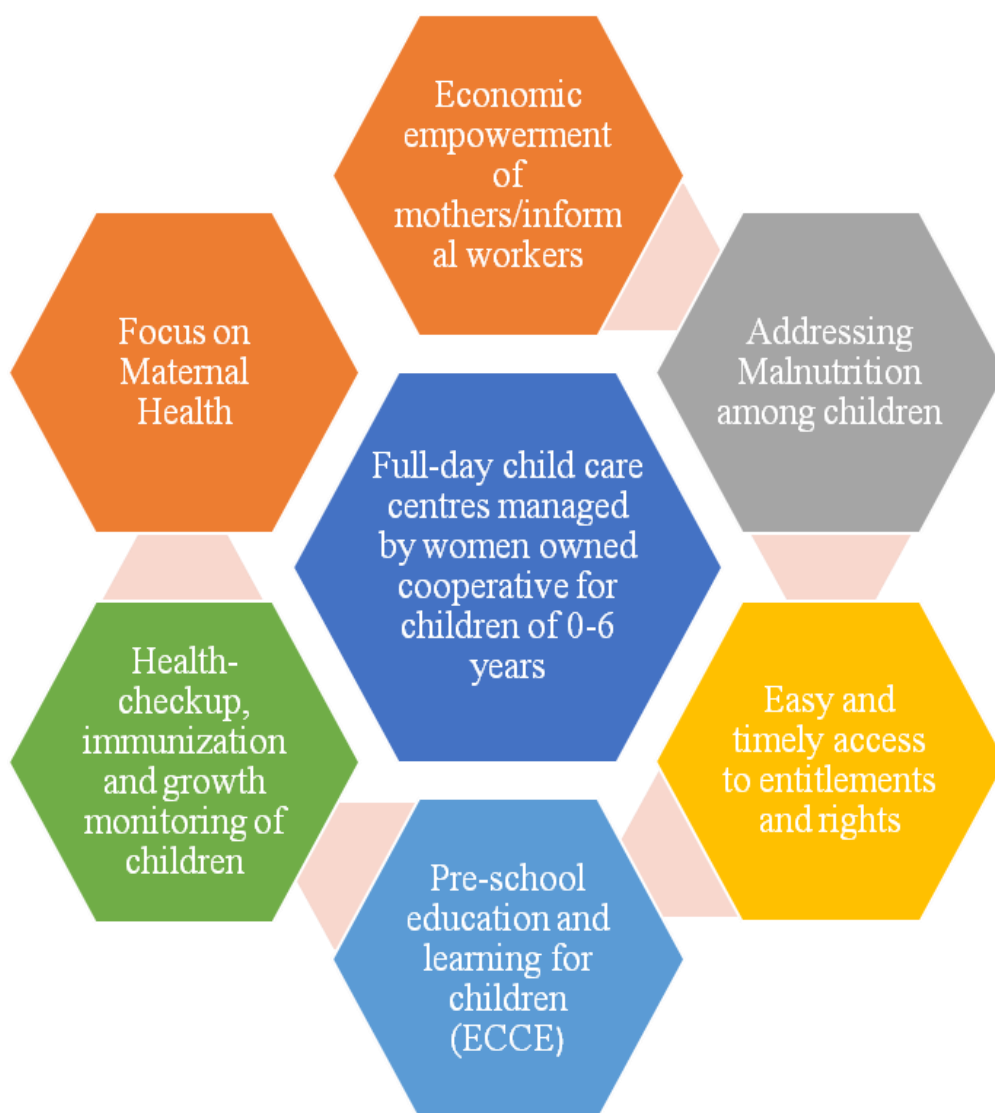
Area	Total sakhi	How many members came to talk/for help from sakhi									
Area	Total Sakhi	June 24	July 24	Aug 24	Sept 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	June to March
Ahmedabad city	13	22	14	21	9	10	17	22	19	23	157
Ahmedabad district	10	7	4	2	0	9	10	5	3	3	43
Surat	9	2	0	7	4	0	4	1	1	2	21
Tapi	3	23	3	4	9	7	4	4	1	3	58
Banaskantha	5	3	0	3	2	1	4	0	1	0	14
Sabarkantha	3	0	0	5	6	1	5	3	3	2	25
Total	43	57	21	42	30	28	44	35	28	33	318

Area	Members came on their own	Primary guidance given to the members	Members who were examined	Guidance given by Karyakartas	Referred through Karyakartas
Ahmedabad City	157	157	26	12	4
Ahmedabad District	43	43	6	1	0
Surat	21	21	0	0	0
Tapi	58	58	0	0	0
Banaskantha	14	14	0	0	0
Sabarkantha	25	25	1	1	1
Total	318	318	33 (10%)	12	5 (2%)



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 cannot work or they 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.



Sarva Sambhal

Supporting informal women worker's economic participation by co-creating different models of quality child-care as well as livelihood opportunities in the care work sector.

The long-term goal of Sarva Sambhal is to recognize, reduce and redistribute care responsibilities of the informal women worker's, by provision of universal childcare and other care services to enable livelihood opportunities, including the care sector, which will

support women's economic empowerment and self-reliance.

Objectives are as follows:

- ✓ To show how models of childcare can be developed for, with and by informal women workers for their young children (0-6 years), and in a manner that is sustainable in the long-term.
- ✓ To show how care work can be developed as a source of livelihood, and in a manner that adheres to the decent work standards set by the ILO.
- ✓ To generate knowledge and evidence on implementation of universal childcare and greater investments in services and infrastructure for care, both support services for informal women workers and also as sources of livelihood.
- ✓ To enhance LSST's ability to develop care work as a viable livelihood option.

Activities:

- ✓ A quality full-day childcare center with 3 different models.
- ✓ The Childcare Center provides pre-primary education, nutritious food, and creative activities to children to enhance their physical, social, mental, and intellectual development.
- ✓ Care training and employment will be provided to 3,000 women.

Cooperative Model:

- 5 new childcare centers in Banaskantha and Tapi districts
- Monitoring and evaluation of the 12 existing centers in Ahmedabad city would be undertaken to share their learnings

Entrepreneurship Model/ Homecare Model:

- 15 home-based care centers will be supported in Ahmedabad city
- Informal women workers will run the centers from their homes
- Each center will have 10 to 15 children below 6 years of age
- Regular training and monitoring for quality will be undertaken
- Equipment and supplies will be provided to these centers

ICDS With extended hours:

- To extend the hours of 20 new centers in Sabarkantha and Tapi districts
- Provide comprehensive childcare, including nutrition, healthcare and early childhood education.

Project	November 2024- January 2025	February 2025- May 2025
Co-operative model 5 centers (Tapi + Banaskantha)	Preparation before survey -Research design -Developing survey tool -Getting survey approval	Survey -online survey of training of balsevikas -63 surveys of the mothers have been done (20 tapi + 43 Banaskantha) - 16 interviews of the children's fathers -FGD in 5 villages with the mothers.
ICDS Model- 20 centers (Tapi+ Sabarkantha)	Preparation before survey -research design -developing survey tool	Survey - 500 mothers in Sabarkantha - 200 mothers in Tapi



Samagra Balvikas

The Integrated Child Development Services (ICDS) is a key government program in India that offers nutritional meals, preschool education, primary healthcare, immunization, health check-ups, and referral services to children under the age of six and their mothers. These services typically operate for about 4-5 hours each day, from morning to afternoon.

However, many mothers require additional time to manage both their paid and unpaid work responsibilities. This intervention aims to support these mothers by extending care for their children beyond ICDS hours, thus providing full-day, quality childcare through a community-based, participatory model that addresses the needs of informal women workers. It also emphasizes the importance of developing early childhood care and education tools that are culturally and locally relevant, along with providing supplementary nutrition to promote the holistic development of children.

The primary goals of the extended hours are twofold: first, to support the early childhood development (ECD) of children, particularly in the critical first 1,000 days of life, with a special emphasis on nutrition and health of all children of the age 0-6 years. Second, to empower mothers by enabling them to work full days, thereby enhancing their economic security and independence.

Number	Sabarkantha Childcare Centre	Vyara Childcare Centre
1	Dantral-1	Lakhali-1
2	Dantral-7	Lakhali-2
3	Aamba Mahuda	Jhankhri-1
4	Kaajawas	Jhankhri-3
5	Ganwaa-2	-
6	Ganwaa-5	-
Total	6 Childcare centres	4 Childcare centres

Year 4- Work from October 2024 to March 2025
86% of mothers are involved in farming/animal husbandry.
90% of children attend for an average of 16 to 25 days.
71% of children are in the average grade.
On average, 83% of parents attend parent-teacher meetings.
There are 413 average home contacts per month and 487 total referrals.
A total of 1,388 government schemes and linkages have been completed.

- **Survey and Interview:**

- To assess the knowledge, practices and attitudes of the community during the first 1000 days.
- Survey of caregivers in the first 1000 days – Mothers, fathers, grandparents (children 0-3 years)
- Pregnant couples
- Couples without children
- Focus group discussions with caregivers Interviews with village functionaries (ASHA workers/anganwadi workers/nurse/sarpanch/nursery teachers)

Area	December 2024- February 2025	March 2025- May 2025
First 1000 days – 10 centres (4 Tapi + 6 Sabarkantha)	Pre-survey preparation <ul style="list-style-type: none"> ● Research design ● Creating a survey tool ● Obtaining approval for the survey 	<ul style="list-style-type: none"> ● Training of Balsevikas ● Online Survey To be conducted ● Survey of 550 caregivers is underway (100 Tapi + 450 Sabarkantha) ● Interview with one official in each village ● FGD with caregivers in each village

Conclusion

The strength of LSST’s work has been its focus on organising and strengthening community level leadership through community health workers or ‘aagewans’, local committees such 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 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

