

Making our lives healthy, secure and productive SEWA Social Security

Our members are active contributors to the Indian economy. They work long hours for very low wages or earn very little from their work. Often they have to toil under very difficult, indeed hazardous, conditions. All of this takes a toll on their overall well-being. And they have no access to statutory social security. SEWA believes that our sisters have a right to social security they are entitled to it as citizens and especially because of their significant economic contribution. Being poor and vulnerable to sickness and other crises, social security is required all the more by our members.

Over the years we have learned that women cannot be self-reliant without social security. If they are sick, or if they have a leaking roof or no one to take care of their children while they are working, they cannot go out to work and lose their valuable wages or income. They also have to liquidate their carefully acquired assets or use up their savings.

At SEWA, social security means at least health care, child care, insurance and shelter (housing and basic amenities). SEWA Bank has developed pension for our members in partnership with Unit Trust of India (UTI). As this was started in April 2006, it will be described in next year's report. At the time of writing this, 47,000 members had started up their pension accounts.

Protecting and promoting our health



SEWA has 30 years of experience in organizing workers on community health. In the early 1970's, it became actively involved in the public health field through the provision of maternity benefits and by emphasizing health education for women workers. Since then, it has been deepening its ties with the community through different health initiatives led by women workers. Starting in 1984, SEWA has been running a community health program in Ahmedabad city and eleven districts in the state of Gujarat. This program has expanded considerably in the last few years. SEWA's Health Team has promoted 4 health cooperatives in Gujarat along with SEWA's district-level associations. The first and largest of these is Lok Swasthya SEWA Cooperative. Currently, Lok

Swasthya Cooperative runs 400 stationary health centers (which help in conducting mobile health camps), 4 medical shops, 400 community health workers (Swasthya Sathis), 60 Sevikas or full-time community health educators, 5,000 midwives, and 100 full-time Health Organizers that help members and their families obtain proper health care.

The activities of the SEWA Health Team include:

1. Provision of preventive health services, including:

Health information and education, including information on HIV/AIDS;

Immunization, iron and folic acid supplementation, and Vitamin A Supplementation, in collaboration with government services;

Ante-natal care (ANC), including weighing, screening for anaemia, and nutrition Counselling;

Skills up-gradation (of all SEWA Health functionaries) and training of midwives;

Contraceptives both by providing information and making these available by coordinating with government services; Screening for reproductive tract infections (RTIs) and cancer through diagnostic 'camps'.

2. Promotion of health and well being. Health education and information is made available through a six- module training programme for SEWA members, and slightly modified programmes for their husbands, adolescent girls and boys and traditional midwives.

3. Provision of curative health services, including:

Low cost medicines;

Treatment of tuberculosis through DOTS method and screening and treating diagnosed persons;

Mobile clinics called 'camps' for reproductive health problems, children's and General health problems;

Accupressure therapy

Ayurvedic (traditional medicine) treatment

Our approach is characterized by the following:

- 1. Women led:** All the activities under SEWA Health are led by women workers because SEWA believes in the capacities of women to understand and take care of their own health needs and that of their communities. Activities are run by women, for women and for their families.
- 2. Need based and demand driven:** All our activities are based on the felt need and demand of SEWA's members, their families and communities.

SEWA's Health programme during the year 2005-06 mainly focused on strengthening and deepening its work, which was initiated since 1984. With the changing times and expansion in the programme, a need was felt to build upon our past experience and take an area approach. Besides this, new initiatives during the year were increased dove-tailing of Health and Vimo SEWA (SEWA Insurance) as well as expansion in urban areas.

The table below shows our outreach and activities in 2005. The major activities include primary health care including curative care, tuberculosis control, maternal health, health education, Reproductive health including family planning.

Table 9.1
Outreach of SEWA Health

Sr. No.	Particulars	Women	Men	Boys	Girls	Total
1.	Primary Health care	59,180	30,980	20,434	18,585	1,29,179
2.	Curative care	-	-	-	-	6,24,288
3.	T B referral	2,854	2,027	353	285	5519
4.	Family Planning – contraceptive distribution	40,430	37,036	-	-	77,466
5.	Family planning operation	8,257	134	-	-	8,391
6.	IFA supplementation	61,245	13,856	19,005	18,593	82,699
7.	Maternal and child health	35,890	8,372	29,004	20,785	94,050
8.	Camps					
	Eye camps - 222	9,866	2,935	1,356	1,417	15,574
	Paediatric camps - 25	-	-	735	5,25	1,260
	Gynaecology camps - 76	3,760	-	-	-	3,760
	RCH camps - 132	4,364	-	1,666	1,793	7,823
	General camps - 189	7,379	705	633	741	9,458
9.	Health Education	8,353	6,408	5,655	7,468	27,884

- 1. Integrated approach:** SEWA firmly believes that women workers cannot achieve health security if the other aspects of their lives are not addressed. All health activities are developed keeping the primacy of work with work security in mind. In addition, health action has been interwoven with other needs of members like Insurance, Childcare and Housing and Sanitation which ultimately contribute to better health and well being.
- 2. Decentralized Services at Women's Doorsteps:** Services are provided at the doorsteps of its members be it primary healthcare, diagnostic camps, health education or any other service. In this way, health services are accessible to a maximum number of women and their families and their hard earned resources are not used in transport to and from health facilities. Also, we believe in the decentralization of all our health services.
- 3. Partnership with government and private health providers:** Many activities of SEWA Health are run in partnership with government and private health providers with the dual purpose of strengthening the existing government health network and its optimum utilization and a greater access to quality services at a low cost from private providers.
- 4. Sustainability:** SEWA has always believed in sustainability of its activities i.e. running these in an economically viable manner and with decision making by local women themselves. Thus local volunteers are developed as Sevikas and Aagewans. It is through these local women then that all the activities of SEWA Health are implemented.

5. Policy Action: The need to organize, unite and demand just health policies for its members has always been an important part of SEWA's activities. Thus, women come together to voice their concerns before the policy makers. For example, SEWA Health has been engaged in organizing dais in the form of co-operatives. They have collectively demanded and obtained recognition as primary providers in the field of healthcare.

Low Cost Medicines

Lok Swasthya Cooperative has been running three medicine shops which promote generic medicines. This year one new shop was opened in the Chamanpura area of Ahmedabad city where there is a high concentration of SEWA members. Thus during the current year, the cooperative was able to cater to 150,000 people through its four medicine shops and the annual sales was Rs. 1,14,19,118.

Besides allopathic medicines, Lok Swasthya Cooperative has also been producing and marketing traditional medicines through a team of 400 members of the co-operative.

From Dai to Community Health Worker (Swasthya Sathi)

Our efforts in capacity building at SEWA Health include broadening the role of dais or traditional birth attendants to that of a community health worker, barefoot counselor, promoter of traditional medicines as well as an insurance promoter. We now call them Swasthya sathis. 400 dais of Ahmedabad district spread across four talukas were trained in the above - mentioned areas and at present they are successfully working as community health workers of their own village.

Our health programme expanded to the urban areas in Ahmedabad, Surat and Vadodara cities as well. A team of 80 Swasthya Sathis, 31 Sevikas and 3 Supervisors has been built. Health services were developed for self - employed women workers and their families in more than 100 slums.

Convergence between Health and SEWA Insurance or Vimo SEWA

SEWA promotes microinsurance as one of the many ways to address vulnerability and risk for poor self employed women. SEWA Insurance or VimoSEWA, is promoted using the door step approach. Further, cashless tie-ups with selected hospitals are being established to enable members to avail of medical facilities without worrying about immediate cash on demand and to facilitate speedy bill settlements after hospitalization.

Swasthya Sathis have been trained as insurance promoters to sell Vimo SEWA policies in their own communities. This past year, Sathis proved instrumental in increasing the insured membership in Sanand, Daskroi and Dholka talukas. In 2005, 608 Sathis insured a total of 11,549 members.

Policy Action

The Dai Sangathan, a statewide network of organizations working with traditional birth attendants, was registered this year. SEWA was one of seven founding partners: Chetna, Deepak Foundation, SAARTHI, SEWA, SEWA-Rural and SWATI. To formally launch the network, a Dai Sammelan was held in partnership with the Health & Family Welfare Department of the Government of Gujarat on 11th of April 2005. 1,500 dais participated. The Government of Gujarat formally recognized the Dai Sangathan. Its role will be to improve public health services in the state with a focus on women and children's health. Through its strong network of dais, the Sangathan will hold district, state and national level meetings to

raise issues related to dais. These will then be taken up for policy action both to strengthen dais and to improve public health in our country.

Besides the formation of the Dai Sangathan, policy advocacy also included active inputs in the National Rural Health Mission (NRHM) under which the Government of India has a clear goal of addressing the health needs of rural population. A new band of community based health functionaries will be developed who will be called ASHA "Accredited Social Health Activists". SEWA is on the advisory of the NRHM.

Thirdly, SEWA's active representation on the World Health Organisation's Commission on Social Determinants of Health (CSDH) brought on board social components interlinked with health issues especially of the self-employed women as well as inequities in health. The CSDH visited SEWA to understand how the various components of social and economic development are integrated in our work, and how they improve the health of workers.

Some Achievements

- Community level capacity building
- Service Expansion: Area Approach
- Partnership with government and local bodies
- Male involvement at community level
- Recognition of Dais trained at SEWA's dai school
- Dais' expanded role as health workers
- Computerised MIS to strengthen our work

Taking Care of our Children Child care at SEWA

Women workers often have to combine the tasks of looking after their small children and working at the same time. Since child-care is generally not available, a woman has to adopt alternatives like taking the child to work with her, leaving the child alone or in the case of older siblings. Where a woman works in hazardous occupations like tobacco-processing or salt farming, the risk to the child is considerable. She literally works at the cost of her child who does not receive proper attention.

SEWA's child care activities stress the overall development of young children and include health care, nutrition, recreational and child development activities. All children at our 250 centres are immunized and weighed regularly. They also have health check ups, are given micro nutrient supplementation and referral care for serious diseases. They learn through play, games and child development activities. Increasingly, our centres are stressing children's development through various means including trips to local sites of interest. The children also obtain milk and nutritious food at the centres. The centres run according to the mother's hours of work. Mothers regularly and actively participate in meetings at the centres, monitor the activities and give their suggestions.

Sustainability of the centres both in financial terms, as well as in terms of workers running the centres themselves are an important feature of our programme. Each mother contributes towards the cost having her child at the centres. In addition, employers and private trusts also provide contributions. Finally, the government provides resources through the Integrated Child Development Scheme



(ICDS), Rural workers Welfare Board and Social Welfare Board. Thus, through multiple sources of funding the child care centres are striving for sustainability.

The centres themselves are run by cooperatives of child care workers and local, district-level organisations:

In Ahmedabad, Sangini Child Care Workers' Cooperative is running centres for infants and young children. It has links with the ICDS and Social Welfare Board.

In Kheda district, Shaishav Child Care Workers' Cooperative is running centres for 0 to 6 year old children of tobacco workers and agricultural labourers.

In Surendranagar district, the local association Mahila and Balvikas Mandal runs Child Care Centres for the children of salt workers. It is running Balvadis (day care centres) in villages bordering the desert, the little Rann of Kutch and in the desert itself alongside the salt pans.

In Patan district, the Banaskantha DWCRA Mahila Sewa Association (BDMSA), is running centres for the children of rural workers' involved in agriculture, dairying, land-based activities like nurseries, gum-collectors and embroidery.

In Kutch district the Kutch craft Association is running child care centres. Most of the mothers are embroidery workers.

SEWA has also been actively working for the inclusion of child care in all our country's development programmes. Together with the Forum for Creches and Child Care services (FORCES) based in Delhi, we have been suggesting the following:

Flexibility should be encouraged and permitted in child care programmes supported by government. Organisations should be permitted to collect community contributions and other funds, and be given the flexibility to use allocated budgets in a locally appropriate manner. They should also be directed with decision-making powers on issues emerging from their implementation of child care services.

Decentralization of child care services should be undertaken. Both decision-making and resource allocation should be decentralized and undertaken at district level. Child care centres should be run by peoples' organisations and NGOs.

Documentation of child care by NGOs and people's organization should be undertaken.

Creches for 0 to 3 year-old infants and young children must be an integral part of child care.

In 2005, we took care of 9,563 infants and young children of our members.

Table 9.2
Parents' contribution to child care centers

Sr.no	District	Parents Contribution (Rs.)
1	Ahmedabad	6,69,600
2	Kheda-Anand	2,21,410
3	Surendranagar	8,300
4	Radhanpur	40,000
5	Kutch	17,580

Our centers work towards the overall development of young children new borns to six year old sexposing them to the joy of learning. We also monitor their nutrition and growth. The several different activities of SEWA child care in 2005 are outlined in the table below.

Health Care at our Child Care Centres (2005)

Table 9.3
Immunizations at child care centers

	Ahmedabad	Kheda	Surendra-nagar	Patan	Kutch
Immunization	5,757	3,000	1,800	1,300	1,000
Pulse Polio campaign	55,000	10,000	1,200	1,500	600
1. Medical checkups	5,757	1,000	900	700	300
1. Vitamin A supplementation					
- children	5,757	200	-	-	-
- mothers	2,520	130	-	-	-
Referral care (free surgery)	12 children	10	-	-	-
1. Tuberculosis referrals	425 persons	-	-	-	-

In the year 2005, the child care team focused on trying to ensure that each of its centers became self-sustaining. It is still a work-in-progress, but some significant steps forward have been taken. Throughout the year we had meetings with parents, child care centre teachers, local leaders, employers and other possible donors. But first we prepared an income-expenditure chart for each centre. We explained these to our members and their husbands the parents. The latter have been consistently contributing towards the running cost of the centers. Contributions are collected in cash

and in kind. The range of monthly fees contributed from parents is between Rs. 40 and Rs. 10 per child per month.

As the running costs amount to Rs. 200 per child per month or Rs. about 10,000 per centre per month, SEWA and the child care cooperatives raise the required funds through multiple sources. The table below shows the amounts collected every month.

Several local donors provide food grains like wheat, rice, dal and millet to our centers, as these are located in the neighbourhoods. Our village members bring in fruit and vegetables as well. In the city, some of our members who are vegetable vendors, give greens and other vegetables for our centers.

An important feature of our child care work is the on-going capacity-building of our child care teachers or "sevikas". We set up a special school for their continuous learning called Anand Shala or literally, Happiness School. It has developed ten learning modules with the help of a child development expert. These training modules were developed in consultation with the sevikas, and in response to their needs. Strengthening these grassroots-level workers to broaden their knowledge and skills, and to develop their creativity, thereby enabling them to serve the children better, is the main aim of the Shala.

During this year, 300 sevikas from the city and four rural districts participated in two-day training sessions. New modules have been developed and tested out. All our sevikas have participated in the first ten modules of training. We are now organizing training for the new modules.

In addition to this training, we had special capacity-building programmes for the two child care cooperatives, focusing on how to run a cooperative, accounts and book-keeping and overall management.

Finally, this year we had several children's and parents' "melas" or celebrations like fiestas. Children displayed their drawings and craft work, participated in plays, fancy dress focusing on their parents' occupations, games and stalls of various kinds. Women in large numbers came to these events. Fathers also have started coming in strength to our events.