



Bridges to Better Lives: SEWA's Community Health Workers

by Annie Devenish and Laura Alfors



Community health workers Seemaben (left), Ramilaben and Dhangauriben (far right) shared insights into their important work with WIEGO's Director of Social Protection, Laura Alfors (second from left).

Whether providing preventative health information, yoga classes or support in navigating official paperwork, community health workers spend their long days delivering invaluable benefits to members of the Self-Employed Women's Association (SEWA). These women are part of the SEWA Social Security Team's *Shakti Kendras* (empowerment centres), operating across several Indian states.

This Workers' Lives essay offers an intimate look at those who work in the *Shakti Kendras*, the wide range of services they provide in a challenging policy environment—and what they gain in return.

In 2015 SEWA's social security team established the Shakti Kendra model in Gujarat, incorporating innovative best practices that extend social protections to informal workers.

We're on the road with Savitaben. Today she's running a training in her local area of Jalalpur in the state of Gujarat, India.

As we stride along with our saris protecting us from the beating sun, we meet another woman who, like Savitaben, is a member of the Self-Employed Women's Association (SEWA).

"Come to the meeting," Savitaben urges. She does this all along the road. "It's lunch break, come on, you have time," she says to another woman. We even stop to chat with the deputy village Sarpanch, a village-level elected official.

Savitaben has come a long way since she arrived in the village as a newlywed and, in 1993, began working with SEWA. "I've developed my confidence," the community health worker says.

Savitaben is part of community of supervisors, volunteers and community health workers (CHWs) who run one of SEWA's innovative *Shakti Kendra* or empowerment centres. SEWA, a union of almost two million informally employed women workers in India, opened the first of these centres¹ in Delhi and Madhya Pradesh in 2007. In 2015 SEWA's Social Security Team established the Shakti Kendra model in Gujarat, incorporating innovative best practices that extend social protections to informal workers.

Since then, the centres have been replicated throughout India where SEWA operates, serving poor women informal workers who are often street vendors, home-based workers, waste pickers and agricultural workers. Today there are 23 centres operating in several Indian states, including also Uttarakhand, Rajasthan, Bihar, West Bengal and Jharkhand, among others.

Finally, we arrive at the house where the training is happening. Inside, it is mercifully cool and shady after the hot walk. Women start trickling in wearing their colourful saris until eventually, about 20 members have gathered. Most are agricultural workers who earn about Rs200 a day.

Today's training is on breast cancer, self-diagnosis and symptoms, and will last for about 35-40 minutes. Savitaben takes the register first: name, age, occupation. This helps to identify the members who attend, and which topics are relevant to which members. Then she introduces herself and explains the purpose of the training.

To teach the women how to do a breast self-examination, she brings out posters with a little Gujarati text and a lot of pictures to show. Colourful posters such as these, full of explanatory images, are used to facilitate the centre's intensive and innovative health education.

¹ These Shakti Kendras were started by the Lok Swasthya SEWA Trust (LSST). LSST was formed by senior SEWA leaders and registered in 2005 to help informal women workers and their membership-based organizations obtain basic services such as health care, livelihood support, child care, insurance and training. LSST organizes women for self-reliance, developing its own health and child care co-operatives to provide services to SEWA members in areas where state provision is weak or non-existent.

LSST also works closely with local governance structures to create a bridge between women informal workers and state, working to improve existing service provision and access to state entitlements.



Dhangauriben, Seemaben and Ramilaben putting up education posters at a health exhibition session in Danilimda, Ahmedabad. Exhibitions such as this usually last around two hours and use picture-heavy posters to impart information about kitchen hygiene, hand washing techniques and personal hygiene. SEWA's CHWs are on hand to answer questions about social security schemes, helping to ensure that those who are entitled to benefits are actually able to access them.

These educational sessions form an important component of the Shakti Kendras' work, together with empowering SEWA members and the local community to access government social security, health, and nutrition programmes that have a direct bearing on their health and wellbeing. Members receive information and advice on state benefits that members are entitled to, how to obtain the necessary documentation to apply for these, and which government departments offer what services. They also receive support in navigating the often-complex procedures and entitlement system.

When Savitaben asks if there are any questions, the discussion moves on to other reproductive health issues such as heavy menstrual bleeding and fibroids. A member who had been suffering from uterine tumours shares her relief at having a space where she can talk about such issues. "It was so difficult to share this problem with my family," she sighs. This environment of trust is strengthened by the fact that the supervisors, volunteers and CHWs who run these Centres are themselves SEWA members, selected on the basis of their leadership skills and their involvement with the community.

"I like working for SEWA," Savitaben says. "The diversity of the membership, the staff, the nature of the work – all of it keeps me motivated."

Her first connection to the renowned union was when she joined SEWA bank, volunteered, and then became a leader. "People came to trust me to do their banking. Others gave me a lot of support." Due to financial difficulties, she then went to work for another social justice organization and a woman's *mandal*—a group devoted to social service activities—run by a relative. But she encountered difficulties when an uncle stole all the *mandal*'s money. She left and took up some agricultural and construction work.

"After a few months someone from SEWA came to run some reproductive health camps. They were looking for local leaders and traditional birth attendants." Savitaben signed up, and she hasn't looked back since.

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The Shakti Kendras have become a meeting place for local government representatives and the community members as well.

A central hub for activities

Previously, SEWA's CHWs went door-to-door to deliver health information and education; now, the Shakti Kendras operate from a central location in the community, acting as a hub or nodal point for activities and information and providing a base for community outreach such as trainings, exhibitions and camps. The aim is to provide access to comprehensive and integrated health and social services in a space where people know they can come.

In some of the rural areas, SEWA has negotiated with the local government, and the Shakti Kendra has been set up in the village community centre. In urban areas, space is normally rented, or a centre might share space with government-sponsored [Integrated Child Development Scheme](#) (ICDS). The central location operates during convenient hours to meet informal workers' needs, which is important in ensuring the centres are successful.

"[H]aving this physical space with chairs and tables, it's given me more recognition amongst the village members," Savitaben notes, adding that they see her as a person who sits in the government hall and can help them get things from government. "Earlier...I was recognised as a person who gives information, but not much else."

The Shakti Kendras have become a meeting place for local government representatives and the community members as well. Local elected leader or village headman take advantage of the convenience of the centres' locations to address local issues and have dialogues with the community. Such meetings are facilitated by the CHWs, who act as the link between the two.

Shakti Kendra services

To support their mandate of health promotion and access to social services and security, the centres offer a range of services to members. These include yoga classes and access to affordable medications and ayurvedic (natural,

Savitaben standing outside her Shakti Kendra office in Jalalpur, near Ahmedabad. The office is loaned to SEWA by the local Panchayat. "Having this physical space with chairs and tables, its given me more recognition amongst the village members, she says. They now see her as someone who can help them get things from the government.



preventative) treatments, together with health assessments, diet and nutrition camps—from where members can receive referrals to local state health services. Health and nutrition exhibitions and demonstrations are also offered. The focus of these is primarily on non-communicable diseases, tuberculosis (TB) and sanitation.

More recently, centres have started to tackle mental health as well as Occupational Health and Safety (OHS) concerns. To keep members involved and interested, the CHWs innovate: for example, by bringing a nutritionist to the diabetes camps to give advice, or by inviting their members to judge food competitions as a way in which to provide education on micronutrients.

Building the bridge between workers and state services

In Gujarati, there is a saying: *Bole tena Bor vechaay*. This translates to mean “the one who speaks will be heard”. In India, many working-class people are not able to access the social security, health, and nutrition programmes they are entitled to because the system is confusing and complex.

Accessing one’s entitlements is no straightforward process. Many separate government departments are involved in the provision of different social services. A long list of identity documents is required to access such services—documents which themselves must be applied for. These include the aadhar card, which provides a unique identity number, an election card, ration card, Below Poverty Line (BPL) card, income certificate, caste certificate, birth certificate, marriage certificate and an age certificate. If the scheme is a cash benefit, beneficiaries also require a bank account.

This creates a barrier between the government and the people who lack the correct information about what they need, where to go and how to navigate the system. There are strict rules about the spelling of names, which proves a challenge for workers who are barely literate, and often means completing the application procedure multiple times. Valuable work time is lost visiting the various government departments involved; transportation costs mount for repeated visits. As a result, some workers have started to use a cohort of middle-men, who charge high fees and have sprung up to fill the gap between the state and its citizens.

“The entire procedure is difficult—the number of times you have to go to the government officials—it is so cumbersome. And if we find it difficult, can you imagine what it is like for an average informal worker?” Dhangauriben, another Shakti Kendra CHW, says.

Many separate government departments are involved in the provision of different social services.

This was initially a challenge, recalls Jashodaben, another Shakti Kendra supervisor who works with Savitaben: “When we first started visiting them, the government staff felt like it was an interrogation. So, we sat with them and explained what we were trying to do.”

Pannaben, a fellow Shakti Kendra Supervisor adds, “We made that connection: we’re not going to complain about you, we will support you – we want the same things. So, let’s do things together—they help us, we help them. We’re trying to build a positive environment.”

CHWs also maintain an almost constant dialogue with the officials to reinforce this relationship, reporting on problems and progress, and following up after any joint activities. They invite government programmes to run campaigns for the centres and encourage government officials to participate in dialogues with workers. “We do a lot to try and build trust with the officials—to build a rapport with them—before we invite them to the dialogues, we build rapport, we take the members with us, expose them to one another. We really try and think through solutions together.”

In terms of local government health services, the SEWA Shakti Kendra supervisors and CHWs work closely with the Block Health Clinics in rural areas and India’s Urban Health Centres, as well as Integrated Child Development Scheme Centres.

Enhancing confidence for CHWs and members

Regular engagement with government workers has changed perceptions of the accessibility and the functionality of public health care and social services from the side of the workers, who have come to feel more confident about accessing and navigating the system. “I can say that I have seen a change in the members—they are starting to seek healthcare,” Savitaben tells us. “Earlier we would have to go with them, but now...there are even members who are able to approach government officials on their own.”

Lately, the CHWs have started to organize exposure visits for the members of SEWA to various government departments. These visits have had a tremendous impact, as many women have started to go on their own to get documents made or enrol themselves in programmes. In the words of a local SEWA member, “I have never gone out of this village and after visiting the block office, I am no longer afraid to talk to an officer.”

“Our members are losing their fear of government officials; they are more aware of their rights. They understand the entitlements that are due to them,” Yasmeenben tells us. This has helped to make members more assertive with government. So, for example, in the 950-household urban neighbourhood where team leader Yasmeenben works, there were many drainage issues. She says the municipality remained ignorant of these, as local community members were not aware that they could bring it up—“And they didn’t know how to make them listen,” she says. Now, however, “Our members are more aware. They know how to fill in application forms and where to submit them and we’re seeing many examples of drains being fixed. The members keep going to the authorities and submitting the forms until they are heard. They follow up themselves now.”

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Better access and better care

For Mukthaben, a glaucoma sufferer who runs a garment business in Rajiv Nagar, Ahmedabad, this increased sense of accessibility has meant better diagnosis and more affordable medication. “Most members never used to go to government health facilities, but now we go because we realized that it's low cost and for major issues, it's much more affordable to go to the government hospitals,” she says. “I went from private practitioner to private practitioner, trying to sort out this glaucoma and they couldn't help. I'd heard from people that government services are rubbish, but after going to one I've realised this isn't always true. They might not be perfect, but they're a lot more affordable.”

This interaction has changed SEWA's relationship with public health care sector, as well as the sectors response and treatment of its clients. Pannaben, who works with many street vendors suffering from hypertension and diabetes, notes, “Earlier our members would go for iron tests and so on and they weren't given very good treatment. There was a sort of standoff: we are government, and they are SEWA—but now there is a change in attitude of the staff and even the *aanganwadi* (government child care) workers. They are more keen to cooperate.”

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Moreover, the Shakti Kendras have had an important impact on the CHWs themselves. Savitaben observes that CHWs such as herself have learnt how to make “links to higher authorities” and understand the workings of public systems, giving them greater confidence.

Dhangauriben agrees. “I used to think that if I have to meet a government official—how would I do that? What would I do? All of those questions were going through my head. But now I have the confidence to approach the officials.”

Working within a locally embedded centre, Shakti Kendra workers have gained a greater understanding of the dynamics of their own communities. “The advantage of working at SEWA is that you come into contact with people from different religions and different castes. I am from a scheduled caste and I've learned that caste-based treatment isn't good. We need to treat each other equally. I've taught this to my children as well,” Dhangauriben notes. She works in a largely Muslim area and says, “I've also learned how to dress and work more effectively... This kind of sensitivity really helps people to start taking you seriously. I've gained confidence to talk to people in areas I've never been.”

The work has also given the community health workers greater power within their own families. Like Savitaben, Dhangauriben has a long-standing relationship with SEWA. “I've known about SEWA since I was unmarried—since I was 17. I always wanted to work with them. I had participated in some of their activities.”

At 22 she married, and her husband went off to college. At home, her in-laws gave her a hard time because the couple were not contributing to the extended family. She tried a little bit of primary school teaching, but her

in-laws didn't like this because it meant she had to work with male teachers. She then took up some agricultural work, which she wasn't very good at. So, she decided to approach SEWA and got a job with at one of the [Balsewas](#), SEWA's child care centres. This was 18 years ago.

When Dhanguariben joined Balsewa, her husband felt more comfortable as she had female colleagues, but when she went to work for her local Shakti Kendra that changed—"because I had to go out to lots of government departments where there are lots of men." Over time, however, as her husband has begun to observe the benefits of Dhanguariben's work directly in his own family, he has been won over. "At first, I had to call him every time I went out. But then I was able to help my son with some information and documents... and my husband was so impressed, he doesn't restrict my movements anymore."

The benefits of being part of a cooperative

Within the public health system, community health workers—all of whom are women—are firmly situated at the bottom of a heavily bureaucratic hierarchy, which pays poorly and demands much.

"If you want anything done at grassroots level, from data collection through to vaccinations, you just grab an ASHA (state community health worker) and make them do it," says Mirai Chatterjee, Director of SEWA's Social Security Team.

There is a general lack of recognition and respect for such workers, reinforcing already existing gender and caste inequalities in Indian society. "It's a lot of work doing this job: we have to register women in the community from three months of pregnancy until the kids are 5 years old... make sure vaccinations have been done... do basic family planning education about birth spacing and so on," says Geeta, an urban ASHA worker who has been serving her community for seven years. "[T]he work I do is very strenuous, but I only get an incentive—government should make us fixed employees. Many of us are widows and sole-earners for the family," she emphasizes.



In addition to offering education sessions like this one, Dhanguariben and other community health workers often serve as liaisons between people and government officials.

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In contrast, all Shakti Kendra CHWs are members of SEWA's health cooperative, The Lok Swasthya SEWA Mandali (LSM), which provides SEWA members with basic preventive and promotive health services. The LSM cooperative model brings affordable health care closer to SEWA members, while simultaneously offering greater economic security for its members through its income generating activities. In 2016, the cooperative had close to 2,000 shareholders managed by a board of 15 elected directors.

Working as a CHW within a cooperative model has several advantages over being a government or NGO-employed CHW, where community health workers are effectively stipendiary employees with no rights or decision-making power. The fact that the cooperative is owned and operated by the health workers, and generates its own income, means that it tends to be more self-sustaining and independent. Furthermore, the cooperative structure—based on the idea of community health work as collective action—encourages ownership and buy in. It is not surprising to hear that SEWA's health workers regularly turn down coveted government jobs so that they can remain with the cooperative.

"I wouldn't take a job from the government instead of SEWA. Neither would my [co-workers]" says Savitaben. "Any government job is actually a desk job with a target," explains Seemaben. "Here we grow, get exposed, learn."

In fact, many of the ASHAs have taken shares in the SEWA LSM, especially in rural areas. This makes them eligible to be on the board and take a share of the profits.

Being part of a cooperative structure, which gives members decision-making power and an income, has been important in building the confidence that Shakti Kendra CHWs today display in their interaction with government officials, as well as enhancing the social position of CHWs in their families and communities. "[T]he whole family of a CHW gains status through her work," Mirai Chatterjee explains. "She brings money into the home—that can also change the dynamics."

"[I]t's given us a lot of prestige in our families—now we can voice our opinions within our families and people actually listen," observes Seemaben. At the community level, too, CHWs have gained new respect, often becoming leaders within the wider SEWA movement.

Impact: Advancing access to state resources and employment security for workers

The Shakti Kendras have helped to leverage and channel government health and social security services to the needs of ordinary working-class people in India—bridging the gap between the grassroots and the government.

Evaluations of the Shakti Kendras operating in Delhi and Madhya Pradesh suggest that they can help large numbers of workers to access their entitlements. In 2015-16, a total of 69,000 workers visited their local Shakti Kendras in Delhi, and nearly 67 per cent of those people received benefits as a result. In rural Madhya Pradesh, Shakti Kendras have successfully

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linked 20,000 women to the Mahatma Gandhi National Rural Employment Guarantee scheme, which provides 100 days of guaranteed work in a year. This has brought added employment security and resources to these workers and their families.

But the real impact of the Shakti Kendras can be seen in individual stories of improvement to the lives of SEWA members and their local communities. The fact that the Shakti Kendras aim to provide a “one stop shop” to meet the health, social service and security needs of all members means that the interventions and activities of the centres work together to have an accumulative benefit.

SEWA-member Jeevieben from Rajiv Nagar says, “I have used the Shakti Kendras for training, and I go to the monthly meetings. I’ve enjoyed the yoga and I also found the BP [blood pressure] diagnostic camps very useful.” Equally important, Jeevieben explains, was the information that she got on the government-sponsored health insurance card. Her husband had a heart attack and had to have an operation. With the help of the health insurance card, accessed through the support of the CHWs, Jeevieben notes, “We didn’t have to pay a penny.”

“The SEWA CHWs provide a lot of information—our whole family has benefitted,” Jeevieben notes. She says Ranjanben from their local Shakti Kendra made an effort to get low-cost medication for her husband following his operation and has also given them useful information on government-sponsored family planning services for Jeevieben’s son and daughter-in-law.

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Savitaben and her fellow SEWA community health workers walk through the streets of Jalalpur as they return to the SSK office after a health education session.

Although their work is sometimes challenging, CHWs are empowered because they feel they are able to make a difference.

Although Jeevieben hasn't followed all the health advice she got at her local Shakti Kendra diet camp, her husband does. "He eats better, goes for a daily walk and became more health conscious after the heart attack."

For her, the affordable yoga classes run by the Shakti Kendra have proved most useful, and she says they have given her relief from shoulder and knee pain. "I am more free, my health is better than before, so I can sit longer at the machine." And that equates to a better earning potential.

Although their work is sometimes challenging, CHWs are empowered because they feel they are able to make a difference.

In the words of Alkaben, a Shakti Kendra supervisor and colleague of Savitaben in rural Jalalpur, "I keep doing this job, despite how difficult it is. I like working in rural issues—there are some very challenging issues like child marriage. But in rural areas people are generally receptive to our interventions. Our members bless us for our work—and that is worth more than money."

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Workers' Lives provide intimate portraits of informal workers. Part of the WIEGO Publication Series, these papers illuminate the living and working environments that individual workers face and how policies and organizing initiatives impact their daily lives.

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