The Role of Civil Society in the Commission on Social Determinants of Health
SEWA is a trade Union of 700,000 women workers in the informal economy in Gujarat and 7 other states.
SEWA’s MAIN GOALS

• Full Employment
  • Work Security
  • Income Security
  • Food Security
  • Social Security
• Self-Reliance

SOCIAL SECURITY:

• Health Care
• Insurance
• Child Care
• Housing
Informal Workers in India-
93% of the work force

The four major categories of workers are:

a. Home-based workers
b. Vendors (of all types of wares)
c. Manual labourers and service providers
d. Producers
OUR APPROACH

- Need-based, at doorsteps
- Decentralized – through local teams, associations
- Women – led, community – based organising
- Self – reliant
  - contributory
  - through workers’ organisations
- Holistic and Integrated
  - with work security
  - with other services
  - within a service
OUR APPROACH

• Promotes organizing, entry of new members
• Partnerships
  - with other People’s Organizations, NGOs
  - government
  - private sector
• grassroots work → policy action

CONVERGENCE WITH CSDH APPROACH
A. Health Care
   - Health Education - 23,730
   - Camps           - 44,469
   - Sale of Low cost Drugs - Rs. 13,731,701
   - T.B. Screening   - 4,517

Team:
Staff                  - 100
Aagewans & Health workers - 500

B. Child Care

- Children - 8662
- Mothers - 7919
- Teachers - 520

Team:

Staff - 20
Aagewans - 25
Teachers - 520

C. Insurance
Women - 80,389, Men- 34,753
Children - 18,541
Total Insured - 133,683

Team:
Staff - 68
Aagewans - 120
D. Housing

Urban  52 slums  7500 families

Rural  5345 houses

Team:

Staff       -  60

Aagewans -  495
SEWA Health

• PREVENTIVE AND PROMOTIVE HEALTH CARE
• Health Education (including HIV / AIDS).
• Maternal Health Care – ante-natal care, screening for risk, post-natal and neo-natal.
• Immunization, micronutrient supplementation.
• Contraception.
• Reproductive Health Care.
• Assisting in provision of basic amenities – water and sanitation.
SEWA Health

- Intensive health training, including midwives
- Health information to women, family members - including men, adolescents
SEWA Health

CURATIVE HEALTH CARE

• Low cost medicines
• Tuberculosis treatment
• Mobile RCH Care
• Acupressure
• Traditional medicines – Referral
## Population Coverage (SEWA Health)

<table>
<thead>
<tr>
<th>Ward / Village</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>12,00,000</td>
</tr>
<tr>
<td>Rural</td>
<td>15,00,000</td>
</tr>
</tbody>
</table>

### Work Areas
- Urban: Ahmedabad, Vadodara, Surat
- Rural Gujarat: 14 Districts
- Bihar Rural: 2 Districts (SEWA Bharat)
How SEWA Can Work With CSDH

• Experience sharing: of ground realities and what works
• Organising for work and social security - how
• Partnership with government and other stake-holders – and what works
How SEWA Can Work With CSDH

• Monitoring policy at country and state level action for pro – poor policies
• Building sustainable people’s organisations – how
• Building a movement for change - how
How Can CSDH Strengthen SEWA’s, other Civil Society’s efforts

• Provide evidence for holistic, integrated (social determinants) approach to push for appropriate policies
• Support people’s organisations (MBOs) and NGOs to implement social determinants approach
• Promote examples of best practices by MBOs, NGOs
• Support MBOs, NGOs efforts to gain voice and representation at policy table (especially planning, budgeting).