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# SEWA Sangini Cooperative

**Providing Child Care for Women Informal Workers  
During the COVID-19 Pandemic in India**



Photo Credit: Paula Bronstein/Getty Images Reportage

## SEWA

The Self-Employed Women's Association (SEWA) was registered in 1972 as a trade union for women workers in the informal economy. It is both a union and a movement with 2.1 million members, organizing women workers across 18 states in India. SEWA's members are manual labourers and service providers including agricultural workers, domestic workers, street vendors, home-based workers and small producers like artisans. Across India, 90 per cent of all workers are employed under informal arrangements; in urban areas the proportion is 80 per cent.<sup>1</sup>

### Sangini Cooperative

Access to child-care services is essential to protect women's income security as it allows them to participate in the labour market, earn more and gain greater economic autonomy. As well as improving health and development outcomes among informal workers' children, it also supports older children, particularly girls, to stay in school rather than take care of younger siblings. Responding to women informal workers' pressing need for full-day child care, SEWA set up a child-care cooperative called Sangini, which runs 11 centres for SEWA members. These child-care centres provide full-time care in Ahmedabad, India. They are open from 9 a.m. to 5 p.m. on weekdays and cater for 350 children up to the age of six. Each centre has a maximum of 35 children and has two child-care workers called *balsevikas*. The *balsevikas* come from the same community as the children and the women informal workers.

The cooperative consists of shareholders, who are also its users, managers and owners – including child-care workers and mothers. It runs democratically with an election every five years in which seven to nine board members are elected. The board members are all *balsevikas* working with the cooperative. The cooperative charges a nominal fee from the parents that, in turn, ensures that no extra financial burden is imposed on the family. The fees paid by the parents cover only one-third of the total expenses per child. The remaining operating costs are covered through community donations (i.e. food provisions), donor grants and government subsidies.

The Sangini cooperative also provides child-care services for the employees of the Reserve Bank of India (RBI). The fees charged from the employees are higher than those in the 11 child-care centres for children of informal workers and the income generated from this helps cover some of the costs incurred in running the other centres.

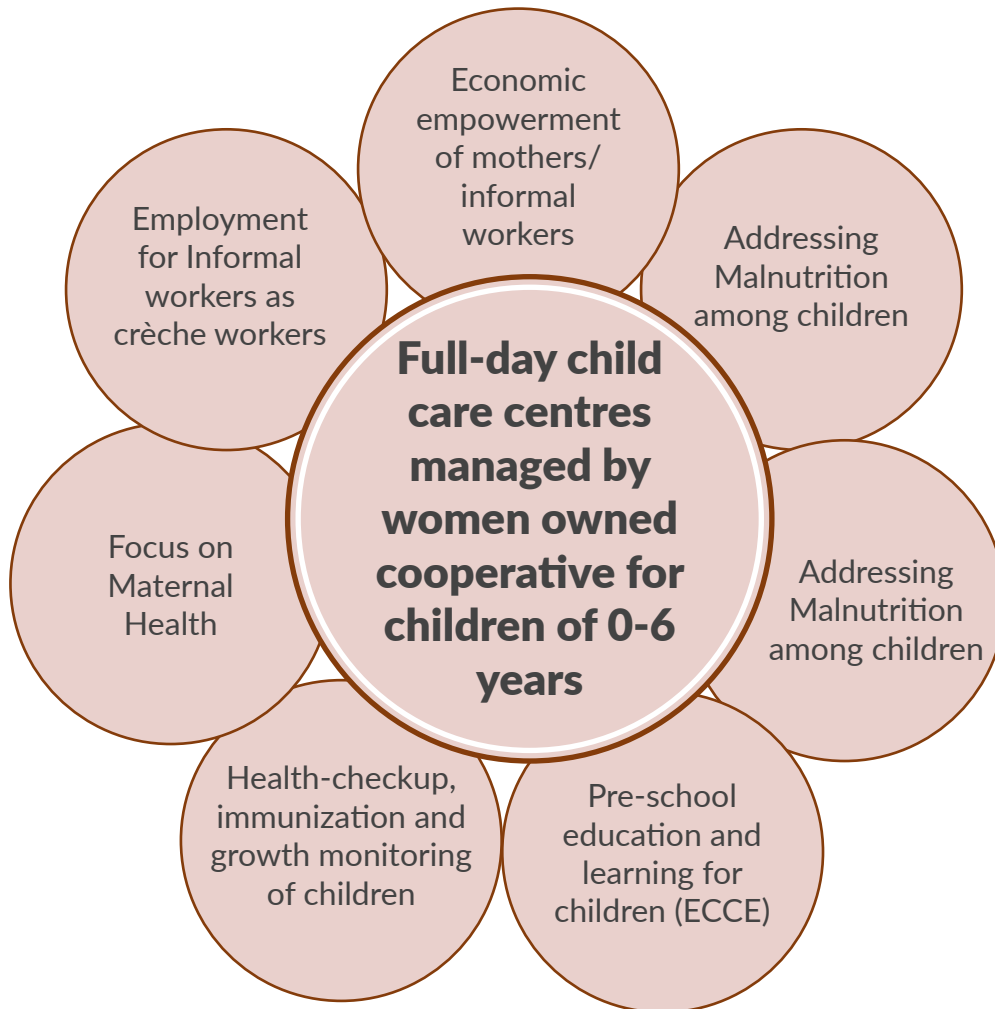
The main objectives of the Sangini cooperative are to:

- Improve child development and care services through an integrated and holistic approach focused on nutrition, health care, education, hygiene and safe spaces for children up to six years of age.
- Enhance women informal workers' economic empowerment, self-reliance and working conditions through access to full-day child care.

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<sup>1</sup> Raveendran, Govindan and Joann Vanek. 2020. *Informal Workers in India: A Statistical Profile*. WIEGO Statistical Brief No. 24.

## Care needs of SEWA's members-an integrated approach



The cooperative links to local municipal health officers for government health programmes focused on immunization, micronutrient supplementation and growth monitoring. The Sangini Cooperative works closely with SEWA's health cooperative to organize community health camps, counselling sessions, education and awareness sessions with parents on topics including maternal health, nutrition, communicable and non-communicable diseases, and how to access benefits from various government programmes. Children attending the child-care centres are from low-income households and many are underweight at the time of admission. Children are provided with three nutritious meals per day at the child-care centres.

Parent engagement is central to the cooperative structure as mothers and *balsevikas* are the shareholders. Targeted information sessions on children's growth patterns, health and nutrition, and developmental milestones are held. Quarterly meetings are also held with fathers to encourage them to share more caregiving responsibilities with mothers. The regular mother-teacher meetings have helped to address day-to-day issues and also larger social issues like gender discrimination and girls' education. The meetings are a space for sharing of concerns and also act as the convergence point for the community. They have enhanced coordination between the community and the government, and activities such as awareness campaigns and focused group discussions help build communal harmony as SEWA members come from diverse castes and religious groups.

## Emergency Response to COVID-19

The COVID-19 pandemic has had a severe impact on informal workers and exacerbated class and gender inequalities in India. Informal women workers and their children have been hardest hit. The Sangini cooperative closed the child-care centres between March and September 2020, but they remained open during most of the second wave (April–May 2021) as women informal workers, particularly street vendors, continued to work and desperately needed a safe space for their children.

Despite the closure of the child-care centres during the first lockdown, the Sangini cooperative found innovative ways to carry out activities and promptly deliver services to members and their families.



**Nutrition:** The lockdowns and resulting loss of income and employment among informal workers led to a high risk of food insecurity among children and adults. A survey of 250 SEWA members across Ahmedabad after the first lockdown in 2020 showed that one-third reported hunger among children and/or adults in their households, while most had to cut back on the quantity of food eaten each day and on basic items such as fresh vegetables, milk and tea.<sup>2</sup> Nutritious food is the first to be cut from family diets as it is more expensive. With deepening food insecurity, multiple forms of malnutrition, including child stunting, micronutrient malnutrition, and maternal nutrition has increased.

A study conducted by SEWA and the Institute of Social Studies Trust on the impact of the pandemic on children and parents from the Sangini Cooperative found a greater incidence of malnutrition among children.<sup>3</sup> In February 2020, no child registered at the centres was considered severely underweight. By December 2020, the percentage of children in this category rose to 8 per cent.

**Response:** Once lockdown measures were announced in March 2020, the cooperative members reworked their strategy and, rather than feeding the children at the centres, parents came to collect freshly cooked nutritious meals for their children. This ensured at least one hot cooked nutritious meal a day between April and September 2020. However, the deterioration in children's nutritional status during this period is indicative of severe food insecurity and suggests these meals may have been shared with other family members.

The cooperative identified 1,483 women informal workers' families for food-kit distribution based on their vulnerability (female-headed households and those with older people and people living with disabilities). The food kits consisted of essentials such as wheat flour, rice, turmeric powder, chilli powder, salt, sugar and dals. Although the kit ensured sustenance during extreme situations, the cooperative could only offer a limited supply. To provide a more sustainable alternative, we ensured access to food kitchens and relief packages provided by the government, religious institutions and private donors.

<sup>2</sup> WIEGO and SEWA. 2020. *COVID-19 Crisis and the Informal Economy: Informal Workers in Ahmedabad, India*

<sup>3</sup> Banerjee, Monika and Prama Mukhopadhyay. 2021. *COVID-19 Pandemic and Early Childhood Care: Assessing the Impact on Children Enrolled with Sangini BalSEWA Centres*. SEWA and Institute of Social Studies Trust.



**Learning and play:** With the child-care centre closures and lockdown measures, many children had no physical access to friends, peers and relatives for more than two months. Limited or no outdoor play and socialization adversely affected children, making them bored and frustrated at a time when their parents were under significant stress.

**Response:** The cooperative partnered with PRATHAM to reach community members and keep their children occupied in learning and play activities. It launched a daily activity called *Karona, Thodi Masti, Thodi Padhai* (Do it: A little fun, a little study) that equips parents to continue their child's learning during school closures. *Balsevikas* shared text, video and audio content focused on hands-on learning activities through a series of curated SMS and WhatsApp messages. While the Masti videos engage students in art, music and theatre, the Padhai ones focus on language, maths, English and science.



**Health care:** The pandemic overwhelmed the health system, leading to a reduction in many routine health-care services. Parents were reluctant to attend medical facilities, which led to a drop in vaccination rates among children. Lack of social interaction, nutritional deficiency, inadequate immunization and decreased immunity has led to increasing health problems.

There was also a lack of knowledge about the coronavirus and a need to disseminate public health guidelines as many informal workers continued to go out to work to earn an income and were exposed to the virus. Most SEWA members were not aware of preventative measures but had limited information on how to identify and respond about identifying and responding to symptoms. Many were afraid to get tested or see a doctor as they did not want to be admitted to a hospital and have no contact with their families if they tested positive.

Income and food insecurity brought on by the public health emergency and rising rates of domestic violence led to an urgent need for psycho-social care and primary mental-health services among women informal workers.

**Response:** The cooperative was able to link and refer children and their families to support for urgent and serious illnesses. In some cases, online support and counselling was provided. The cooperative assisted *ASHAs* (community health-care workers) and *anganwadi* (public child-care workers) to bring child health-related services to members' doorsteps. In emergency cases, referrals were made to urban health centres. If someone tested positive in the neighbourhood, *balsevikas* assisted the city administration in carrying out COVID-19-related tasks such as encouraging people to isolate, sanitizing the neighbourhood, ensuring waste management and other civic services.

Because it was difficult to meet members face-to-face, the cooperative sought alternative ways of connecting with mothers through phone calls and text messages. This was new and the *balsevikas* had to quickly adopt digital technologies. They shared public health information on COVID 19, focusing on care and prevention.

The Sangini cooperative partnered with SEWA's health cooperative, which produced affordable products such as hand-wash and hand-sanitizers that were provided across all the neighbourhoods where the child-care centres are located. We also distributed 3,020 packets of sanitary napkins to girls and young women. Sangini's *balsevikas* supported people and, where necessary, referred them to the health centres.

Online mobile-based awareness sessions were developed to provide essential information about stress and simple ways to cope with it. This was part of a month-long campaign supported by the World Health Organization that was accessible to all communities where SEWA members resided. The cooperative identified 28 grassroots leaders called *aagewans* and trained them through mobile-based platforms like WhatsApp and Zoom. They reached out to more than 500 women sharing health ministry information regarding COVID-19, psycho-social and mental health care, sexual and reproductive health, and gender-based violence.



**Access to government and community support:** Before COVID-19, many households in communities where the child-care centres operate were heavily dependent on benefits and entitlements provided under various government schemes. The reliance on these schemes grew with the pandemic, but government processes were severely disrupted and several households could not claim their rights and entitlements.

**Response:** *Balsevikas* helped women informal workers benefit from the government's various social security schemes. They provided information on how such entitlements could be accessed or if alternative schemes had been developed during the pandemic. In some cases, *balsevikas* supported SEWA members to fill out the forms and register with the relevant government services.



**Cooperative sustainability and operations:** For the financial year 2020-2021, the Sangini cooperative faced a huge loss because of diminished financial support from private donors and lower fees paid by parents. The community contributions that had come in regularly were also disrupted. In addition, the income from the child-care centre run for middle and high-income families stopped during the lockdown.

The *balsevikas* have primary to secondary education levels and limited experience with digital technologies. Management meetings and operations had to be conducted digitally and this was challenging.

**Response:** Despite financial constraints, Sangini continued to remunerate the *balsevikas* while the child-care centres were closed with funds raised through Milaap Foundation (a free crowdfunding platform in India), various individual donations and new partnerships to provide monetary and in-kind support to the cooperative.

Realizing the importance of digital platforms to carry out day-to-day activities, SEWA's Cooperative Federation provided cooperative staff with digital literacy training to use Zoom and WhatsApp. SEWA's health cooperative and Sangini ensured continuous support and motivation to overcome the *balsevikas'* fears and anxieties about the virus, and online discussion groups were created to provide a platform for the child-care workers to connect and support each other.

## Lessons from the COVID-19 Pandemic

The cooperative structure and community-based orientation of the child-care services ensured that the *balsevikas* and mothers, in collaboration with SEWA were embedded in their communities. Not only did they understand community needs, but they also felt motivated to act and prevent the spread of the virus. The public health information and psycho-social support provided by the *balsevikas* was effective because they are trusted members of their communities.

The cooperative governance structure allowed the shareholders, including *balsevikas*, mothers and SEWA, to adapt quickly to the changing circumstances by taking up digital technologies, creating a food relief system, and distributing health kits. The financing structure based on multiple sources of revenue allowed the Sangini cooperative to operate even as user fees fell during 2020 and 2021. The cooperative is backed and supported by SEWA, a trade union, and the SEWA Cooperative Federation, allowing for greater access to resources and agility during the pandemic. The Sangini cooperative drew on services and goods provided by other cooperatives run by SEWA members, such as the health cooperative, which provided sanitizers and soap, and the insurance cooperative VimoSEWA, which insured all *balsevikas* and many mothers. SEWA was able to raise funds quickly for Sangini through its networks and professional staff who have greater experience in fundraising and digital technologies.

Finally, an important factor in the success of the Sangini Cooperative's response to the pandemic is the longstanding ties with government health care, early childhood development and social security services. The value of the integrated and holistic approach taken by Sangini prior to the pandemic meant these connections with public service providers were already in place. In a time of unprecedented crisis, SEWA and the *balsevikas* acted as a bridge between women informal workers and the state.



Sangeeta Ben walks her daily route working as a waste picker in an Ahmedabad slum. She provides an essential door-to-door collection service for 240 households and a hospital in the neighbourhood, helping to keep the area clean. **Photo Credit: Paula Bronstein**



# **SEWA**

**SELF EMPLOYED WOMEN'S ASSOCIATION**

## **ABOUT SEWA**

Founded by Ela Bhatt in 1972, the Self-Employed Women's Association (SEWA) works to empower poor women in India's informal economy by equipping them with both the personal confidence and practical tools necessary to fulfil their needs and exercise their rights. With over 2 million active members across seventeen states, SEWA Bharat is one of India's largest and oldest trade unions and nonprofit organizations. At the national level, SEWA is coordinated by SEWA Bharat.