

# WE, THE WOMEN OF WILL

Each petal indicates a prenatal visit and the dots are for iron tablets consumed

One leaf stands for each tetanus shot

Triangle stands for a pregnant woman

Literacy no bar: Women have evolved innovative methods to monitor their health

In the midst of all the dirt and grime of urban squalor, women in the slums of Indore are quietly rewriting their stories. They're on the path to empowerment through better healthcare for their community. Their collective voice is only getting stronger, writes **Priyamvada Kowshik**. Photographs by Haran



Sanju Chauhan heads a team of eight resident health workers, who together look after all the women in the slum



Anita Pawar (in blue sari, sitting in the centre) holds a health fund workers' meeting

**T**ill four years ago, Sanju Chauhan did not venture out of her house alone. Married at 12, mother of four, illiterate, a *ghoongat* pulled across her face, she could never have dreamt of what lay ahead for her. Today, the nameplate on her door tells the story of her journey – it bears her name. Chauhan, a community health worker, leads a team of eight resident health workers. Together, they monitor the well-being of all the women in the 4,000-odd people living in the slum.

They're the women health workers of Rahul Gandhi Nagar, a resettlement colony near Devas Naka in Indore. They ensure that every pregnant woman undergoes prenatal checkups; that newborns are immunised and breastfed. They distribute condoms, oral contraceptive pills, encourage hospital deliveries and motivate women to get sterilised.

They're part of a movement spreading across slum clusters in Indore, a city where nearly a third of the population lives in these colonies. Women are leading the demand for better healthcare and changing perceptions and practices. Supported by NGOs like the Delhi-based Urban Health Resource Centre (UHRC), these women representatives of clusters – called *basti* community-based organisations (CBOs) – are liaising with government and private hospitals, forming health funds to help each other in emergency, even roping in sponsors to offer subsidised care for the members of their community. They've taught themselves to read and write, they





perform plays and 'healthy mother and baby shows' to create awareness and to generate funds. They also know how to use the media: When an HIV-positive woman was denied maternity care in a government hospital, Chauhan's team got the case publicised in a local newspaper, forcing the hospital to admit the woman.

Introduced in 2003, the Urban Health Programme is primarily targeted at mother and child care, and has created leaders among women. Some have formed their own NGOs and are taking up other projects to widen the spectrum of facilities. They also work as an interface between government hospitals – where the women can avail of the 16 government-run health schemes – and the community, which is largely oblivious of their rights.

It's a giant leap for a population that lives at the bottom of the social pyramid. "Earlier, our communities were not open to getting the children immunised. My own children did not get them. We viewed the government staff with scepticism. Today, the women themselves ask for prenatal check-ups. They protest when the government nurses do not turn up," says Suneeta Kochale, one of the first women leaders, who monitors eight slum clusters. Her team uses CD shows, puppetry and street theatre to get the message across.

Where the penetration of immunisation programmes was negligible, community health workers have helped it cover over 80 per cent of this population. In Madhya Pradesh, nearly one out of every 10 children dies before the age of five. Among the urban poor, 73.8 per cent of



Mothers with their little ones attend a 'healthy baby' competition at Gautam Buddh Nagar

## "The number of hospital deliveries has increased. When women take it upon themselves, the men fall in line"

the childbirth happens at home. Hope, however, has begun to trickle in.

"The number of hospital deliveries has increased. Sterilisation among both men and women is on the rise. When women take it upon themselves, the men fall in line," notes Dr Vidya Jodhpurkar, medical officer, Primary Health Centre, Rajendra Nagar, Indore.

The figures are indicators of changing attitudes. It is the awareness of what a collective can do. As Shehnaz Thakur of Ahirkhedi slum cluster says, "When we became a *sangathan*, we had the voice to demand better living conditions."

The urban poor account for 25.7 per cent of the population of our cities. In Madhya Pradesh, the figure is as high as 42.1 per cent as per the latest data released by the National Sample Survey. UHRC has five partner NGOs in Indore, and together they target nearly 135 of the 604 clusters. Remarkably, the women involved in the project have evolved their own innovative

tracking methods to monitor cases, and meticulously distribute work to ensure no woman or child is left out. They know the tiniest of details, like iron and calcium supplement consumption and vaccines administered. Some are assigned the role of 'depot holders' and are responsible for distributing condoms, ORS sachets, sterilised syringes, even medicines provided by the local primary health centres. Some, like Kochale, have become DOTS providers (programme for tuberculosis) and counsel women on AIDS prevention. Others like Anita Pawar of Gautam Buddh Nagar run a health fund – managed like a self-help group – to take care of medical emergencies.

The enthusiasm and sense of community living among these women is laudable. As peer educators, rooted in a collective concern for the other, their reach is deeper, their concerns similar. They're meticulous and motivated. Their work has set the wheels of progress in motion. They're converting health into wealth. ■