Asha

Hope and Transformation in the Slums of Delhi

Australia India Institute

THE UNIVERSITY OF MELBOURNE

THE NOSSAL INSTITUTE FOR GLOBAL HEALTH

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Foreword: Documenting the Story of Asha

Background and aims

On 25th November 2010 a team from the Nossal Institute for Global Health at the University of Melbourne visited the slum community of Zakhira, which winds along railway lines in the western section of India's capital, Delhi. It was the team's first exposure to the grassroots work undertaken by the Asha Community Health and Development Society. We spent several hours wandering through narrow laneways, and conversing with Asha staff and community members of all ages. Children materialised from nowhere to follow the tall, bearded foreigner in our team, peppering him with questions about Australian cricket, and remarking on his resemblance to a popular Bollywood star. That day also marked the start of a nine-month project to document Asha's history and evolution from its beginning 23 years ago.

Equity in development is an international concern that finds expression in the UN Millennium Development Goals, which call upon countries to reduce poverty and the negative health and social conditions that are both the cause and consequence of inequality. Globally there is increasing interest in using good evidence for making decisions about allocation of resources for development projects. However, most existing evidence on intervention effectiveness in low-income settings has emerged from studies on programs for rural populations. Little is known about what works best in urban settings, whose populations comprise an increasing majority of the world's people, and include more than one billion slum-dwellers. Asha, a non-governmental organisation based in Delhi, is renowned internationally for its contributions to equity and well-being among the 400,000 slum residents reached by its multi-sectoral program. Our project aimed to document Asha's program content, ethos and strategies, and provide evidence of its impact on health and well-being in the communities where it is active.

Methods and sources

The team used a variety of methods to gather and assess material from a range of sources, including:

- Review and analysis of change over time using Asha data sets on a number of health and equity indicators in selected slums;
- Collation and extraction of data on program coverage from Asha records;
- Extraction of selected findings from Asha's baseline surveys;
- Review of Asha's printed reports and external evaluations;
- Observation in 12 slums, focusing on housing, water systems, drainage, and Asha centres;
- Informal discussions with staff, organised women's and children's groups and community members for preliminary orientation (Nov-Dec 2010) (approx 50 individuals);
- Formal interviews and focus group discussions with Asha staff, community volunteers, students, program beneficiaries, foreign volunteers/diplomats/supporters, donors, elected officials, and authorities with decision-making power in domains of relevance (March-June 2011) (approx 135 individuals).

Sample type (number) of participants in formal interviews and focus group discussions

- Asha senior staff (10)
- Asha coordinator, financial inclusion (1)
- Community Health Volunteers (and Trained Birth Attendants) (4)
- Women's group members (Mahila Mandal) (25)
- Children's group members (Bal Mandal) (30)
- Peer educators (2)
- Residents active in land title campaign (5)
- University students (6)
- Parents of university students (7)
- Small loan recipients (13)
- School principals (2)
- Information technology/ computer tutor (1)
- Asha Nurse Practitioners (2)
- Slumlords (2)
- Police Station House Officers (police chiefs) (2)
- Councillors (3)
- Member of the Legislative Assembly (1)
- Bankers (2)
- Diplomats/donors (4)
- Foreign volunteers (8)
- Foreign Asha 'Ambassadors'/ 'Friends' (5)

The documentation project was approved by the University of Melbourne's Human Research Ethics Committee. All interviewees were given information in English or Hindi, and assured that their participation was voluntary. They were also told that any material used from the discussion would not be attributed to a named individual without permission.

Acknowledgements

The documentation team wishes to express its deep appreciation to Asha staff, who generously gave their time for interviews, collection of statistics and documents, and the complicated logistics of our visits. We thank them for their patience, insights and the many reflections upon which this monograph relied. Any inaccuracies are the responsibility of the documentation team. In particular we wish to thank the following individuals within Asha, and those outside who kindly agreed to be interviewed (most will remain anonymous to protect their privacy and the confidentiality of the discussion):

- Dr Kiran Martin (Asha Director)
- Mr Freddy Martin (Asha Associate Director)
- Mr Ramesh Pandey (Asha Programme Officer)
- Ms Rani Kumar (Asha Senior Programme Assistant)
- Ms Soni Sharma (Asha Senior Programme Assistant)
- Ms Sweeta Jacob (Asha Senior Programme Assistant)
- Other Asha Programme Assistants and Team Leaders
- Members of Mahila Mandals and Bal Mandals
- Members of the community
- External individuals interviewed.

For their great assistance to our team and the documentation project, we want to recognise two Asha staff:

- Ms Kiran Gera (Senior Programme Coordinator), who worked many hours to collect documents and data, and organise interviews; and
- Dr Krishna Vatsa (Programme Coordinator), who acted as our interpreter during fieldwork.

We would also like to thank our Nossal Institute colleagues, including:

- Mr Sasi Kumar, for assistance with FGDs, and other colleagues at the Nossal India office, for their logistical support; and
- Associate Professor Peter Deutschmann, Nossal Institute, for his guidance and support throughout.
- Ms Mia Urbano, who so carefully assisted with proof-reading.

Finally, we would like to express our gratitude for funding provided by the Australia India Institute and the Nossal Institute, which made this project possible.

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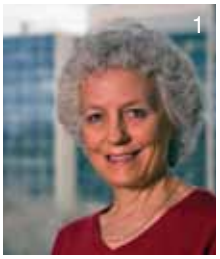
All photos taken either by Nossal Institute or Asha staff, with permission for their use obtained.

Staff Photo: back row L-R: Mr Godfrey Martin (Associate Director), Mr David Masih (Programme Assistant), Mr Ramesh Pandey (Programme Officer), Dr Krishna Vatsa (Programme Coordinator), Dr Kiran Martin (Founder Director), Ms Lily Massey (Programme Assistant), Mr KC Sekhar, Mr Subodh Maseeh (Programme Assistant)

Front Row: front row L-R: Ms Kiran Gera (Senior Programme Coordinator), Ms Thresi Joseph (Auxilliary Nurse Midwife), Ms Sweeta Jacob (Senior Programme Assistant), Ms Faith Ross, Ms Rani Kumar (Senior Programme Assistant), Ms Soni Sharma (Senior Programme Assistant), Ms Ajitha Raj (Programme Officer)



Glossary

Aage barho	Move ahead, advance
Bal Mandal	Children's association
Basti	Slum neighbourhood
Dai	Traditional birth attendant
Didi	Lit. older sister (also used as affectionate term for non-relative)
Dupatta	Loose scarf worn with shalwar kameez
Mahila Mandal	Women's association
MDG	Millennium Development Goal
NGO	Non-governmental organisation
MLA	Member of Legislative Assembly (state government)
MP	Member of Parliament (central government)
NCT	National Capital Territory (state of Delhi)
Pahchan	Identity, status
Pallu	Draping part of a sari
TB	Tuberculosis

Introduction

> Three thousand families live in one of the Delhi slums in houses made of cardboard and discarded material. Six-to-eight persons share the only room they have. Thousands of people go to public toilets piled high with rotten faeces. They quench their thirst with muddy water contaminated with excreta and teeming with germs. Little children with bulging eyes, sunken cheeks and protruding ribs are a common sight. They are hungry and ill most of the time, many dying young. Parents cannot afford to buy enough food. They are at the mercy of employers who pay them appallingly low wages for dangerous work.
>
> Stories of husbands beating their wives mercilessly, often in a drunken state, abound. The women look pale and tired of life. The residents are terrorised by the slumlord against whom they dare not raise their voices. He looks fearsome, formidable and powerful. They live in constant dread of the bulldozers that can arrive at any time to turn their homes into rubble in an instant...
> We must remember that injustice is forceful and committed, and it therefore thrives on moral weakness and failure to commit... The oppressor is fully aware that his success depends on most people doing nothing. The sheer inertia and inaction of people make him look much stronger than he really is.
>
> Let us attempt to live lives of nobility and heroism, and have the faith and fortitude that can bring about momentous achievements. Let us remember that there can be no neutrality in a situation of injustice and oppression. If we say we are neutral, we have already taken sides with the powerful. Let us be those who speak up on behalf of the marginalized ones, ... those who are faceless, voiceless. Let us work towards a new order, a new society, where human life is not just respected but revered[1].

From its beginnings in 1988, the Asha Community Health and Development Society is now active across 50 Delhi slums, home to 400,000 residents. Asha slums have witnessed remarkable changes in health, equity and standard of living, e.g.

- The infant mortality rate has declined from 53.6 per 1000 live births in 2003 to 16.9 in 2010-11. This compares to 33.0 in 2009 across the National Capital Territory of Delhi (hereafter referred to as Delhi) [2] [3]
- Child mortality has declined from 49.0 in 2004 to 17.8 in 2010-11. This compares to 46.7 in 2005-06 across Delhi[4].

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1 Kiran Martin, Reflections 12 (2009) and 14 (2010)

2 India's capital city is officially the National Capital Territory of Delhi, and has the status of a state - in this document we use the term 'Delhi'

3 Ministry of Home Affairs, Census of India, Sample Registration System bulletins, http://censusindia.gov.in/Vital_Statistics/SRS_Bulletins/Bulletins.aspx (accessed July 2011)

4 National Family Health Survey (NFHS-3), DHS Final Report 2005-06. http://www.nfhsindia.org

- Last year the sex ratio for children aged 0-5 years was about 956 girls per 1000 boys, virtually identical to the natural ratio. India's 2011 Census found a ratio of just 866 girls to 1000 boys in children 0-6 years in Delhi[5], a consequence of sex-selective abortion of females.
- During 2009-10 nearly 100% of pregnant woman had ≥3 antenatal checks, gave birth in hospital or with a trained birth attendant, and breastfed immediately after birth. In Delhi in 2007-08, only 72% had ≥3 checks, 31% delivered without trained assistance, and 30% breastfed immediately after birth[6 7].
- 90-95% of children aged 5-10 attend primary school, and 60-70% go on to secondary school. Across Delhi in 2005-06, 22.5% of females and 10.8% of boys aged ≥6 years had had no education[8].
- To date, nearly 600 children from Asha slums have enrolled in tertiary studies.
- More than 13,000 residents have opened bank accounts since 2008, and 776 educational or business loans were given to slum residents, with repayment rates of 90-95%.

While many organisations undertake development work in Indian urban settings, Asha has developed a unique model comprising a distinctive set of values and strategies, described later in the monograph. Asha's primary approach is to provide critical supports to unlock individual and community potential.

Asha's work is inspired by the following values:

Inherent dignity of the individual

Social justice

Peace-making

Citizenship

Accountability

Shanti Vihar slum after Asha intervention

5 Census of India 2011. Office of the Registrar General and Census Commissioner, India

6 District Level Household Survey (DLHS III), 2007-08. http://www.rchiips.org/PRCH-3.html

7 National Family Health Survey (NFHS-3), DHS Final Report 2005-06. http://www.nfhsindia.org

8 National Family Health Survey (NFHS-3), DHS Final Report 2005-06. http://www.nfhsindia.org

The principal strategies Asha employs to implement its programs are:

Long-term commitment

Systems, protocols and monitoring

Strengthening civil society

Identifying and responding to local needs

In addition, the following characteristics are central to Asha's success and sustainability:

1. Programs and staff remain in communities over years and decades;
2. Relationships between staff and community are built on mutual trust and respect, and go beyond service provision;
3. Staff offer family and individual counseling and advice;
4. Cordial relations with politicians, government departments and authorities are initiated and nurtured;
5. Programs are comprehensive and able to respond to changing needs and opportunities;
6. Quality training is ensured through the use of common protocols;
7. Leadership and self-awareness are fostered among both staff and the community;
8. Systematic monitoring is used to regularly assess progress of programs;
9. Local issues are identified through networks of Lane Volunteers;
10. Local ownership is fostered as volunteer group members contribute their own time and money;
11. Individuals and communities learn to claim their entitlements, and to lobby government for community improvements; and
12. International interest and involvement in volunteering and fund-raising are garnered and maintained.

Preventing or reducing the deleterious impacts of urban slums is a complex challenge that lacks a strong evidence base. This gap is particularly important as urban populations, and urban disparities, increase globally. For this reason, the Cochrane Collaboration is currently undertaking a systematic review of the impact of slum upgrading on specific health and social outcomes[9]. In addition, India's planned National Urban Health Mission, counterpart to its current National Rural Health Mission[10], offers additional scope for development of effective interventions.

It is therefore timely to consider examples of programs addressing equity in slums, and to document their content, approach, strategies and impacts (insofar as these may be measured). Asha, which has been in place for over two decades, is an example of such a program. It is hoped that this monograph, which summarises findings from our documentation of Asha, will contribute to better understanding of options and approaches for sustainable urban health and development among Indian government policy-makers, donors, non-governmental organisations (NGOs) and development practitioners

9 http://www2.cochrane.org/reviews/en/title_CD4D9D9682E26AA2012CEF5E7B36B44A.html

10 http://india.gov.in/citizen/health/national_rural.php

Chapter 1. Asha: Making a Change in the Slums of Delhi

In this first chapter we will briefly introduce the challenges of improving life for urban slum dwellers globally and in India, and present some of the measureable impacts in the slums where Asha has been active.

1.1 The global challenge of urban slums

In 2010 the world reached a momentous, if silent, turning point: most people were living in cities for the first time in human history. While less than 40% were urban dwellers in 1990, experts predict the urban proportion will reach 70% by 2050. Density of settlement, a key factor setting urban living apart from rural, allows more efficient delivery of infrastructure and services, contributing to economic growth. Cities offer services, jobs and new opportunities, and are a beacon for those without prospects on the land. However, the hazards of cities can be concentrated when benefits are not distributed equitably. Today, about one-third of urban dwellers live in slums or informal settlements[11].

Nearly one billion people live in urban slums in the developing world. Urbanisation itself has influenced the rise of non-communicable diseases, injuries, road accidents, crime and the impacts of climate change (heat waves, storms, infectious diseases). Slum dwellers often see little of the so-called 'urban advantage', suffering disproportionately from infectious diseases, increasing costs of food, and poor access to education and health care, despite their geographic proximity. Only a quarter of slums in Dhaka, Bangladesh had a government school (with just 70% of primary-aged children attending), and 50% of India's urban poor children (vs 33% overall) were underweight for age. Other constraints on achieving health and equity arise from inadequate water and sanitation, exposure to hazards, threat of eviction, and informal, unprotected employment; these constraints typically are greater for girls and women due to traditional roles and gender based discrimination[12 13 14].

These disparities underlie Target 11 of Millennium Development Goal 7: 'By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers'. The United Nations' 2011 MDG report notes a small relative decline in the proportion of urban dwellers living in slums, but an absolute increase in numbers of slum residents since 2000. It concludes:

> Growing urbanization is outpacing slum improvements, calling for new and realistic national and local targets... Priorities include housing and basic services, infrastructure such as water and sanitation facilities, transport, energy, health and education [and] affordable land with secure tenure[15].

11 WHO-UN Habitat (2010). Hidden Cities: Unmasking and overcoming health inequities in urban settings: viii. UN-Habit and WHO

12 UN-Habitat (2006). State of the World's Cities 2006/7. The Millennium Development Goals and urban sustainability. Nairobi, United National Human Settlements Programme

13 GRNUHE: Global Research Network on Urban Health Equity (2010). Improving urban health equity through action on the social and environmental determinants of health. Final report. UCL and The Rockefeller Foundation

14 United Nations (2011). Millennium Development Goals Report 2011. http://www.un.org/millenniumgoals/11_MDG%20Report_EN.pdf

15 United Nations (2011). Millennium Development Goals Report 2011. http://www.un.org/millenniumgoals/11_MDG%20Report_EN.pdf: 57

Achieving development targets in health, economics and social development requires the inclusion of populations frequently excluded from development activities. Exclusion is linked to the status and autonomy of individuals, which may vary by factors including ethnicity, gender, age, location, disability and legal status. People who experience exclusion are more likely to experience disadvantage, be amongst the poorest of the poor, face more difficulty asserting their rights, and have the least opportunity to participate in and benefit from development[16 17].

1.2 India: demography and urban slums

India is the world's second most populous country. According to provisional data from the 2011 Census of India, the total population is 1.21 billion, slightly behind that of China (1.34b)[18]. India's economic growth rate has been robust, averaging >7% per annum since 1997. In 2010 it exceeded 8% in year-on-year terms. However, India ranked just 119 among 169 countries on the 2010 Human Development Index (vs 89 for China), largely attributable to its relatively low life expectancy and inequalities in gender and income distribution. Its citizens include some of the world's wealthiest – and most impoverished – people.

Like China, India has a stark sex imbalance, with males far outnumbering females across the lifespan in most states, although regional disparities exist. The natural ratio in the 0-6 years age group is about 952 females to 1000 males. Nationally, in the 0-6 age group, there were 927 females per 1000 males in 2001; the 2011 figure has worsened to 914. In Delhi the ratio is even lower: 866. Child sex imbalance is largely driven by sex-selective abortions, in turn influenced by discrimination against girls and women in education and opportunity, along with the burden of dowry payments at marriage. UNICEF reports that although sex-selective abortion has been illegal since 1994, as of May 2006 only two convictions had been recorded in India, with small fines. The practice thrives through ultrasound and other sex determination technologies, sometimes delivered by mobile vans. The long-term nature of this practice is now evident in states such as Haryana, where young men have travelled as far as 3,000km to southern India in search of a bride. UNICEF notes that experts warn the demographic 'crisis' will lead to:

> increasing sexual violence and abuse against women and female children, trafficking, increasing number of child marriages, increasing maternal deaths due to abortions and early marriages and an increase in practices like polyandry[19].

Child ragpickers work long hours sorting through garbage heaps instead of attending school

16 Department for International Development (2009). DFID Research Program Consortia: Guidance Note on Gender Mainstreaming and Social Exclusion in Research, DFID June 2009

17 Beall J, Pirion LH (2005). DFID Social Exclusion Review. London School of Economics and Political Science and Overseas Development Institute

18 Government of India. Ministry of Home Affairs. Office of the Registrar and Census Commissioner. http://censusindia.gov.in/ (accessed 5 July 2011)

19 UNICEF. http://www.unicef.org/india/media_3285.htm (accessed 5 July 2011)

While the most recent Census shows a declining sex-based literacy gap since the previous census (among people aged 7+ years), it remains large (82.1% among males vs 65.5% among females). However, the gap between the sexes in Delhi was smaller, at 10.1%, vs 16.7% nationwide[20].

It is estimated that close to one-tenth of India's population, approximately 93 million people, currently live in slums. The government of India in June 2011 launched the first phase of a scheme to provide property rights to slum dwellers. The scheme is targeted at around 250 of India's urban centres, and is part of a plan, announced in 2009, to make India slum-free within five years[21] [22].

1.3 Delhi and its slums

Delhi, officially the National Capital Territory (with the status of a state), is India's capital and its second largest city (population 16.75m) after Mumbai, and in 2011 has a population density of 11297/sq km, vs 9340 in 2001. Delhi's population increased about 21% since the 2001 Census, which represents a steep decline in growth compared to the increase experienced over the previous decade (47%). This suggests some stabilisation of growth. However, the Census website posits that the removal of 'slum clusters' – including in the lead-up to the 2010 Commonwealth Games in Delhi – was the 'primary reason' for the relative decline.

The 2011 Census employed the same definition of 'slum' as in the previous Census, namely: areas officially notified under various Acts or recognised as such by public authorities, and/or a compact, congested area with an 'unhygienic environment, ... inadequate infrastructure and lacking in proper sanitary and drinking water facilities'[23].

A Government of India analysis of 2005-06 national survey data found that about 20% of the population of Delhi resided in slums. However, the proportion living in slums was greater than the proportion in poverty (14%), indicating that not all slum dwellers were poor, but most poor households were located in slums. The survey also found that 48% of Delhi slum households had at least five, and 20% had at least seven, family members sleeping in the same room. As well, less than 60% of Delhi slum homes had even one window. Just 5% of poor families in Delhi had unshared toilet facilities, and 19% of slum residents had no toilet facility[24]. One hundred litres of water per capita/day is considered a minimum sufficient quantity; in Delhi, 72% of slum dwellers use less than this amount, and one-fifth use less than 50 litres per day [25].

Water queue

20 http://censusindia.gov.in/2011-prov-results/data_files/delhi/2_PDFC-Paper-1-major_trends_44-59.pdf (accessed 5 July 2011)

21 http://www.ummid.com/news/2010/December/06.12.2010/slum_free_india.htm (accessed 15 July 2011)

22 http://www.thehindu.com/news/national/article2070897.ece (accessed 15 July 2011)

23 Census of India 2011. http://censusindia.gov.in/2011-Circulars/Circulars/Circular-08.pdf (accessed 5 July 2011)

24 Government of India (2009). Ministry of Health and Family Welfare. National Family Health Survey 2005-06: Health and living conditions in eight Indian cities. http://www.measuredhs.com/pubs/pdf/OD58/OD58.pdf (accessed 5 July 2011)

25 http://www.jmi.ac.in/asc/Water_Poverty_in_urban_India.pdf

1.4 The comprehensive Asha program in 2011

Today, the Asha Community Health and Development Society offers a range of programs in slums across Delhi. Asha's programs directly address land rights, health, education and income, as well as the underlying social and environmental factors that influence them. Acting in concert, activities are mutually interdependent and reinforcing, thus amplifying the individual impact of each.

A brief summary of these programs is given below, with greater detail provided in Chapter 4.

1. **Land rights.** Asha has worked successfully in two slums to secure Delhi government support for on-site slum improvement and land title, a model that has been incorporated into official government policy. It also spearheaded relocation with land rights for a community forcibly removed prior to the 2010 Commonwealth Games in Delhi.
2. **Health activities.** Most slums have community centres from which Asha operates its programs, including health (mobile vans operate in others). Asha employs fully trained nurses, complemented by part-time doctors, to provide primary health care, including maternal and child services, in a welcoming environment. It also trains Community Health Volunteers (CHVs) who provide information and outreach services, and referrals to the Asha Diagnostic Centre or government hospitals. Some CHVs are trained as birth attendants. Groups of volunteers are also tasked with sharing basic health information, and identifying and encouraging people with health needs to seek treatment.
3. **Education of children and young adults.** Asha works with schools, communities, volunteers and donors to raise awareness of the benefits of education, boost school attendance, supplement learning gaps in critical areas such as English and computers, and support students in transition to secondary school and beyond.
4. **Financial inclusion.** Since 2008 Asha has addressed the financial invisibility of slum residents by collaborating with branches of nationalised banks to provide the first-ever scheme that allows slum dwellers to access savings accounts and loans for business and education.

1.5 Effectiveness of Asha programs

Evaluating the effectiveness of large, complex programs such as Asha's that grow organically over an extended period of time is a major challenge, especially when they are located in resource-constrained settings such as the slums of Delhi. It is to Asha's credit that staff recognised the need to maintain systematic records that would allow them to both document what they were doing and capture the changes in their communities over time. In this section we will describe Asha's record-keeping system, and present a summary of change over time on selected indicators.

1.5.1 Asha's routine data collection

Asha staff routinely collect data to monitor many aspects of its programs. Data are captured using a series of registers that are maintained and stored locally at Asha community centres. While all people living in Asha-supported slums have access to programs, the registers do not routinely record information regarding temporary or short-term residents.

Many elements of the Asha maternal and child health and other health programs have their own specific register (Table 1). The networks of volunteers and Asha staff track all permanent residents of interest to each program (e.g. children up to five years of age), so it is possible to obtain a reliable denominator from which to calculate percentages.

Table 1: Asha's routine health data collection registers

Register	Information recorded
Child health register	Immunisations, growth monitoring
Maternal health register	Antenatal care, lab investigations, obstetric sonography, birth kits, maternal HIV testing, birth weight, breastfeeding, deliveries
Reproductive health register	Permanent and temporary family planning methods, family size, sex ratio, screening for reproductive tract infections
Mortality register	Child and maternal deaths including cause of death
General health register	General clinic visits, HIV testing, cancer, hypertension and diabetes, general adult deaths
Tuberculosis (TB) control register	Tracks TB patients, treatment adherence, TB-related deaths

Data collected by community volunteers, nurses and other Asha staff are initially entered into the hard-copy registers by hand. Subsequently they are entered into an annual statistics form that is sent to head office for entry into Excel spreadsheets. The annual statistics forms have been developed to allow volunteers and Asha staff to calculate and interpret the findings, even if their statistical understanding is limited. Data are analysed and used by staff in the local slums and Asha headquarters to track progress and to identify important issues that need to be addressed, e.g. a rise in the number of TB cases.

Although Asha started its work in 1988, the collection and management of data across slums has evolved, and has been available as soft copy in a consistent format since 2004. For this reason, much of the effectiveness data presented here compares most recent data with that from 2004[26].

Additionally, baseline surveys were conducted in each slum prior to the implementation of Asha's program of work, providing a point of comparison that demonstrates improvements over time for some variables. These surveys use a convenience sampling approach to obtain information on as many families as possible (both permanent and temporary residents) given the resources available.

1.5.2 Maternal and child health outcomes

Infant and child mortality

Most of the common problems that cause child deaths, such as diarrhoea and pneumonia, are preventable or treatable. The health of communities is commonly assessed using infant and child mortality rates[27]. MDG 4 calls for a two-thirds reduction in global child under-five mortality rates. A child mortality rate is considered high if it exceeds 40 deaths per 1000 live births; the child mortality rate for India in 2009 was 66 per 1000 live births.

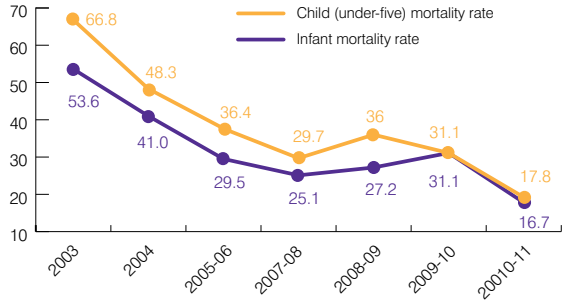
26 Data in the year 2004 represents a calendar year; data from the other years represents a financial year. Soft copy data on the health statistics for the financial year 2006-07 were unavailable

27 The infant mortality rate is the number of deaths of children under 1 year per 1000 live births, and the child mortality rate is the number of deaths of children under 5 years per 1000 live births

Within the slums supported by Asha there has been a marked decline in both the infant and child mortality rates. Infant mortality dropped from 53.6[28] per 1000 live births in 2003 to 31.1 in 2009-10, and the most recent figures (2010-11) suggest it has fallen further to 16.7[29]. By comparison, infant mortality in Delhi has fluctuated over the last decade: 32.0 in 2000, 28.0 in 2005, 36.0 in 2007, and 33.0 in 2009[30]. Child mortality in Asha slums has declined from 66.8[31] in 2003 to 17.8[32] in 2010-11; the most recent estimate of the child mortality rate for Delhi was 46.7 in 2005-06[33].

These reductions in infant and child mortality are a striking testimony to the impact of Asha's programs, which are delivered in slums characterised by extreme poverty, low levels of literacy, limited knowledge of maternal and child health, poor sanitation and restricted access to water. These reductions are comparable to, if not an improvement on, the infant and child mortality estimates across wider Delhi, which reflect all echelons of society from the richest to the poorest. While infant mortality in Delhi has fluctuated between 28.0 and 36.0 over the last few years, the trend for Asha has largely been one of steady improvement. (Figure 1)

Figure 1: Infant and child mortality rates in Asha slums



A nurse examines a female patient at an Asha clinic

28 Based on 1286 live births and 69 deaths of children aged under 1 year

29 Based on 898 live births and 15 deaths of children aged under 1 year

30 Ministry of Home Affairs, Census of India, Sample Registration System bulletins, http://censusindia.gov.in/Vital_Statistics/SRS_Bulletins/Bulletins.aspx (accessed July 2011)

31 Based on 1286 live births and 86 deaths of children aged under 5 years

32 Based on 898 live births and 16 deaths of children aged under 5 years

33 National Family Health Survey (NFHS-3), DHS Final Report 2005-06. http://www.nfhsindia.org

Sex ratio

Delhi's child sex ratio at the most recent census (2011) was 866 girls per 1000 boys; this is no change from 868 in 2001, and is substantially lower than the 915 estimate from 1991, giving Delhi the fourth worst sex ratio among all the states and Union territories34. In contrast, the child sex ratio in Asha slums for the year 2010-11 was 956 girls to 1000 boys among children aged 0-5 years, a ratio indistinguishable from the estimated natural ratio.

One must be cautious about attributing the sex ratio in Asha slums to Asha programs. Analysis of 2001 census data revealed a worse child sex ratio in more affluent areas of metropolitan India compared to slums, presumably because wealthier families had better access to ultrasounds and induced abortion. In slum areas of Delhi in that year, the estimated child sex ratio was 918, i.e. better than the estimated 854 for non-slum areas[35]. While the 2011 Census figures on this breakdown are not yet available, the 2010-11 child sex ratio in Asha slums is substantially better than the 2001 estimate among Delhi's slums in general.

Vaccination and Vitamin A supplementation coverage

Asha's vaccination program follows the Indian government's schedule of immunisations. In addition, two doses of vitamin A supplementation are provided to prevent blindness and mortality from various causes in young children.

Asha's vaccination program has achieved excellent coverage for all age groups (Figure 2). In 2009-10, 99.0% of children between the ages 0-1 years had received the BCG vaccination for tuberculosis prevention. Maintaining this level of coverage for other vaccinations as the child ages is a challenge in most settings; yet across the Asha slums, coverage remains above 90.0%. Furthermore, 94.6% of children between the ages 2-5 years have received two doses of vitamin A supplementation.

A greater proportion of children residing in Asha slums receive these important vaccinations and micronutrient supplements in comparison to other children in Delhi. Among children in Delhi aged between 12-23 months in 2007[36], 91.9% had received the BCG vaccination, 76.7% had received 3 doses of DPT, and 83.1% had been vaccinated against measles. Only 55.1% of children aged ≥ 9 months in Delhi had received at least one dose of vitamin A. At that time, Asha's coverage for each of these vaccinations was consistently above 90.0%.

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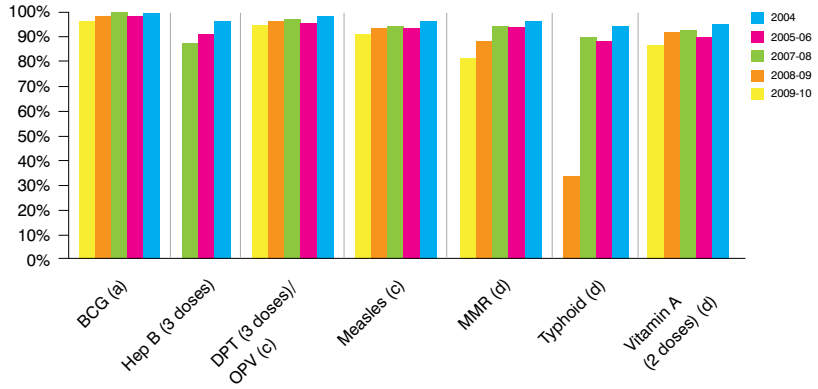
34 Census of India 2011. Office of the Registrar General and Census Commissioner, India

35 Slum population – Census of India 2001, Series 1, Volume 1, Office of the Registrar General and Census Commissioner, India, New Delhi, 2005

36 District Level Household Survey (DLHS III), 2007-08

Figure 2: Coverage of vaccination and vitamin A supplementation in Asha slums



Note: (a) % 0-1 year olds, (b) % 1-2 year olds, (c) % 1-5 year olds, (d) % 2-5 year olds

Child malnutrition

Asha conducted baseline surveys between 1988-89 in the four slum areas[37] where operations first began. The proportion of surveyed children aged under 5 years who were severely malnourished[38] ranged between 14% and 36%, and the proportion moderately malnourished ranged between 17.0% and 72.0%. Between 2004 and 2010 the proportion of children in Asha slums who were severely malnourished ranged between 1.1% and 2.2%, and the proportion moderately malnourished ranged from 8.3% to 9.5%.

Maternal health

Asha's maternal health program has achieved large gains by ensuring that almost every pregnant woman receives at least three antenatal check-ups (Figure 3). Almost every pregnant woman receives two doses of tetanus toxoid vaccination to immunise both the expectant mother and her child, preventing neonatal tetanus. In comparison, across Delhi in 2007[39] only 71.7% of women received three or more antenatal check-ups, and 90.7% received tetanus toxoid injections.

The majority of pregnant women in Asha-supported slums receive basic laboratory investigations, e.g. for anaemia, and there has been an increase in the proportion receiving ultrasound testing from 72.4% in 2004 to 90.4% in 2009-10. Less than 10% of newborns had a low birth weight (i.e. < 2.5kgs) and almost all women breastfed within the first six hours of birth. In recent years across Delhi, it is estimated that only 30.0%[40] of women breastfed within the first hour and 26.5%[41] of infants weighed less than 2.5kgs at birth.

37 Ambedkar Basti, Ekta Vihar, Kanak Durga, and Kusumpur Pahadi

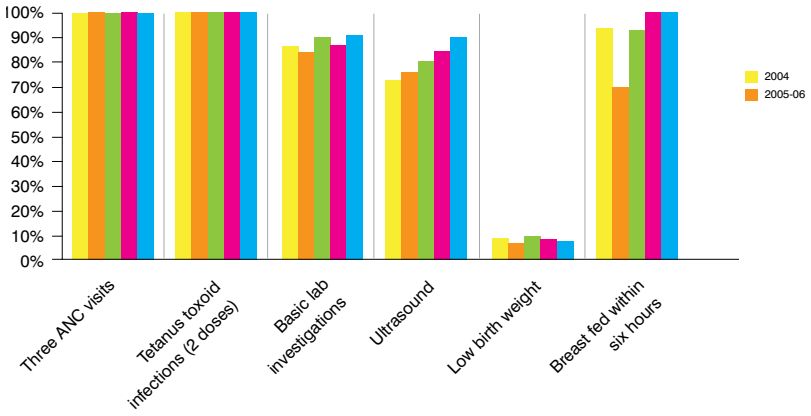
38 The degree of malnutrition was measured using the mid upper-arm band circumference (MUAC) test

39 District Level Household Survey (DLHS III), 2007-08. http://www.rchiips.org/PRCH-3.html

40 District Level Household Survey (DLHS III), 2007-08. http://www.rchiips.org/PRCH-3.html

41 National Family Health Survey (NFHS-3), DHS Final Report 2005-06. http://www.nfhsindia.org

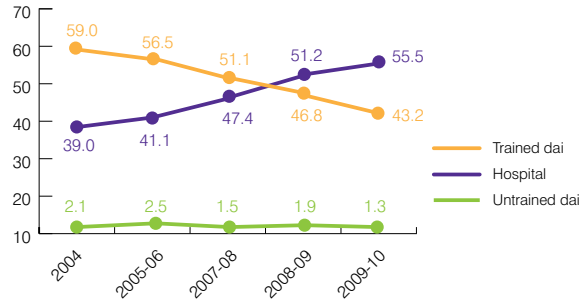
Figure 3: Key maternal health indicators in Asha slums



When Asha first started working in the slums, most deliveries were conducted by either family members or untrained traditional birth attendants (dais). Currently, almost all deliveries are either conducted in a hospital or at home by an Asha-trained dai (Figure 4). In Delhi, 30.8%[42] of deliveries in 2007 were conducted at home without the support of skilled personnel.

There is an increasing trend for women in Asha-supported slums to have hospital-based deliveries in preference to home-based deliveries attended by trained dais. Both government policy and Asha staff have encouraged this shift to facilities where emergency care is available if needed.

Figure 4: Type of deliveries in Asha slums



42 District Level Household Survey (DLHS III), 2007-08. http://www.rchiips.org/PRCH-3.html

1.5.3 Outcomes of community mobilisation, education, and financial inclusion programs

Community mobilisation

Each Asha-supported slum has organised women's (Mahila Mandal) and children's (Bal Mandal) groups, as well as a network of Lane Volunteers and Community Health Volunteers (CHVs). In 2009-10, there were 63 Mahila Mandal groups which collectively made 444 government visits to lobby for the needs of their community (Table 2), making an average number of 7.0 government visits per group. There were 54 Bal Mandals that collectively made 177 government visits, with an average of 3.3 visits per group. Additionally there were 1,417 Lane Volunteers who each took responsibility for a section of their slum, and 81 women who had been trained as CHVs, at a ratio of one CHV per 250-300 families.

Members of a Mahila Mandal interacting with a government official

Table 2: Snapshot of key community mobilisation statistics for the year 2009-10

Total number of organised women's groups (Mahila Mandal)	63
Total number of organised children's groups (Bal Mandal)	54
Government visits by Mahila Mandal groups	444
Government visits by Bal Mandal groups	177
Average number of government visits per Mahila Mandal	7.0
Average number of government visits per Bal Mandal	3.3
Total number of Lane Volunteers	1,417
Total number of Community Health Volunteers (CHVs)	81
Ratio CHVs:Families	1:250-300

Education

One fifth (22.5%) of females and 10.8% of boys aged ≥6 years in Delhi have had no education; across India this figure is 41.5% of females and 21.9% of boys[43]. However, within Asha-supported slums 90-95% of children aged 5-10 attend primary school, and 60-70% of primary school children go on to secondary school (Class 5 to Class 10). Among those attending secondary school, 15-20% reach class 12, and 38% of children studying class 12 have been accepted into university in recent years. During the year 2010-11, 550 girls and 635 boys had completed computer courses, and 392 girls and 281 boys had taken English classes offered in Asha community centres.

In 2008, Asha launched a concerted effort to support young slum residents to transition from high school to higher education. So far, a total of 578 students have been accepted into higher education courses, and the number of new students has risen annually. There were 58 students accepted in 2008, 157 in 2009, 173 in 2010 and 190 in 2011. Most were accepted into the prestigious Delhi University, where they are studying degree courses including Hindi, tourism, arts, commerce, history, Sanskrit, political science, geography, and science. The remaining students were accepted into other higher education institutions to study courses such as fashion, IT, hospitality, animation, accountancy, tourism, sales, nursing and midwifery.

Financial inclusion

Asha started supporting slum residents to open bank accounts in 2008, and thus far 13,116 residents have opened an account. Having access to a bank account enables residents to apply for loans for both business and education purposes. By mid-2011, there were 776 loans granted to slum residents from a variety of financial institutions totaling Rs 28,828,930[44], comprising 69 education loans (totaling Rs 8,085,570) and 707 business loans (totaling Rs 20,743,360). Women comprised slightly more than half (57.8%) of the beneficiaries of business loans. The repayment rate on the business loans is between 95-99%, and 150 of the 707 loans are fully repaid.

1.5.4 Zakhira: a case study of slum development

The impact of Asha can be further examined by focusing on the changes in one particular slum area over time. Zakhira was chosen for this purpose because it is a relatively new site for Asha (work commenced in 2004) and, as such, has had a continuous stream of comprehensive monitoring and evaluation data in a consistent softcopy format from the baseline survey to the present day.

Zakhira is located alongside a railway line in the west of Delhi. Residents have largely migrated from the states of Bihar, Uttar Pradesh, and Rajasthan, and the majority are Muslim. Prior to the arrival of Asha, Zakhira was a harsh environment. There were no toilets or bathing complexes, leading to poor personal hygiene, bad odours, and skin disorders. No safe local water collection points were available so residents frequently had to make a precarious trip across the railways tracks to fetch water, resulting in serious accidents and injuries. As there were no pavements or drainage systems, the slum would flood with mud and slush in the rainy season. A single tanker occasionally supplied water to the estimated 5,300 residents, and with just 14 taps available on the tanker, there was a mad scramble for a share. Electricity was not connected, so residents tapped power illegally from nearby poles. The dwellings were made from plastic sheets, scrap metal, and old clothes, and built contiguously, thus greatly increasing the fire hazard.

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43 National Family Health Survey (NFHS-3), DHS Final Report 2005-06. http://www.nfhsindia.org

44 1 USD = 45.32 INR (18th Aug 2011). At this exchange rate the total amount of money borrowed for these education and business loans to date is equivalent to approximately USD 636,119

Community mobilisation and environmental improvements

Asha started work in Zakhira using a mobile health van. The staff gradually established communication channels and built trust with residents and slumlords. The first Mahila Mandal was formed after a careful process of liaising with slumlords (one of whom was a woman) to identify a few women who could participate in community work; these women provided the entry point to the broader community. Mahila Mandal and Bal Mandal groups were formed and, with the support of the Asha team, successfully lobbied the authorities to obtain a number of improvements in the environment of the slum.

Table 3 summarises the mobilisation of the community in Zakhira and highlights the large number of government visits made each year by these groups in their efforts to secure improvements for their slum. Table 4 summarises selected major environmental improvements since 2004; these have focused primarily on water and sanitation.

Table 3: Indicators of community mobilisation over time in Zakhira

	2004	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
No. of Mahila Mandals	1	2	2	2	2	2	2
No. of MM members	20	30	45	54	58	60	58
No. of MM govt visits	14	50	70	69	64	41	39
No. of Bal Mandals	0	0	3	3	3	3	3
No. of BM members	0	0	40	90	80	75	75
No of BM govt visits	0	0	8	10	8	8	4

MM = Mahila Mandal BM = Bal Mandal

Table 4: Environmental improvements in the development of Zakhira slum

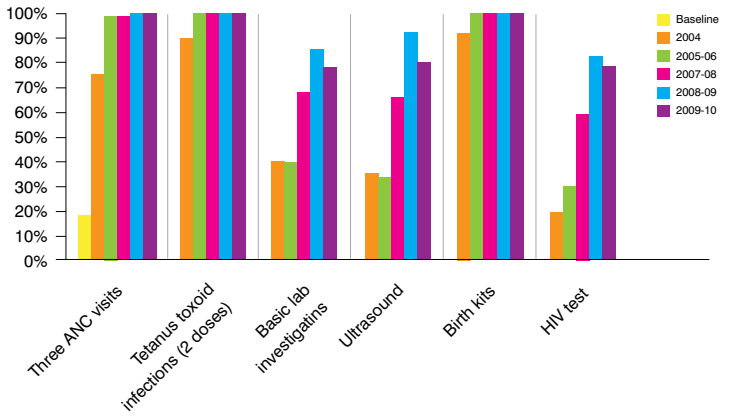
Time	Development
Nov 2004	A small government-owned building handed over to Asha to be used as a centre for its activities.
2005-06	A second water tanker began deliveries, bringing the total to two, and a main road constructed next to the slum.
2006-07	A concrete road constructed, and boring undertaken for a tube well.
2007-08	Eight hand pumps installed to increase water availability. Training sessions conducted by Asha on personal hygiene for diarrhoea prevention when using shared pumps, and ways to limit breeding areas for mosquitoes.
2008-09	Twenty two new taps and fifteen hand pumps installed. One toilet complex and two bathrooms built, totalling 28 toilets each for men and women, and 21 bathroom units for both sexes. Drains constructed by the sanitation department.
2009-10	Four more hand pumps installed. Another toilet complex and seven more bathrooms built. A park created especially for children.
2010-11	Two more hand pumps installed.

Maternal and child health improvements

Maternal health

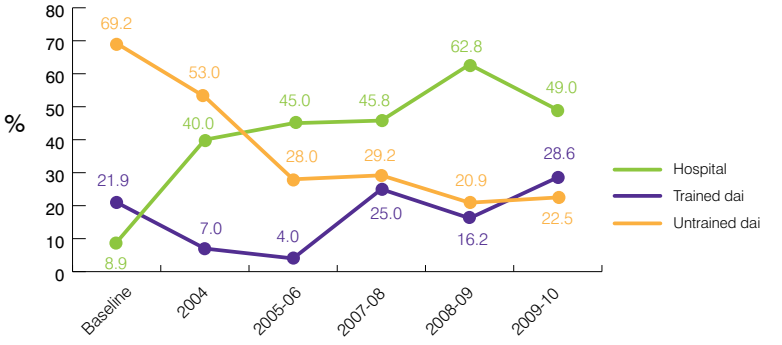
When Asha conducted baseline surveys[45] in Zakhira slum in 2003, only 18.2% of pregnant women were receiving antenatal care (Figure 5). The program's impact was immediately visible, with 75.0% having at least three antenatal checkups during 2004, rising to nearly all women by 2005-06. Similar achievements have been recorded for other aspects of maternal care, with >80% of women now receiving tetanus toxoid injections, basic laboratory investigations, ultrasound monitoring, birth kits, and HIV testing. Furthermore, in 2009-10 less than 10% of newborns had a low birth weight (<2.5kgs) and almost all women commenced breastfeeding within the first 6 hours of birth.

Figure 5: Maternal health indicators in Zakhira



Baseline measurement found that 69.2% of deliveries were attended by untrained dais (Figure 6). The proportion of deliveries attended by untrained dais has decreased steadily since the inception of the Asha program in Zakhira, while deliveries conducted either in hospital settings or by Asha-trained dais have increased substantially, rising to nearly 80% in total in 2009-10.

Figure 6: Types of deliveries in Zakhira

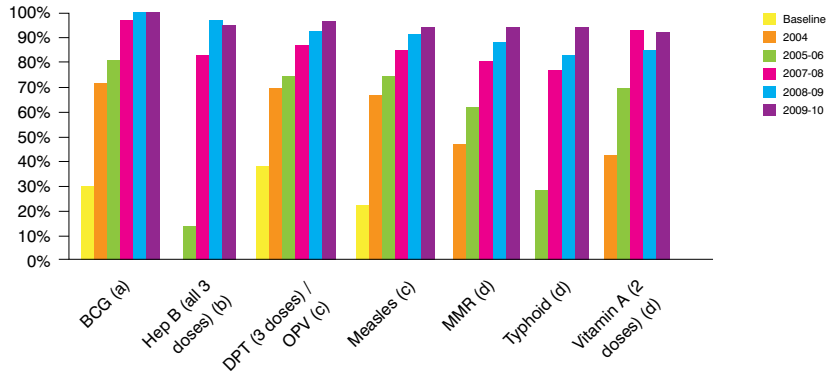


45 Conducted by Asha staff in 2003 on a convenience sample of households comprising 4,212 people (from an estimated population of 5,300). The baseline figures represent a combined percentage calculated on results obtained from the two slum areas (W-85, W-88) that together comprise Zakhira. The percentage adjusts for the estimated population size in each slum area.

Vaccination and Vitamin A supplementation coverage

The rapid expansion of vaccination coverage for children living in Zakhira is evident in Figure 7. At baseline, only 29.9% of children had received the BCG vaccine. After just one year in operation, 70.0% of children aged 0-1 years had received BCG vaccine, rising to over 95% by 2007-08. The same pattern of expanded coverage can be observed with other standard vaccines, protecting against several disabling and life-threatening diseases.

Figure 7: Coverage of vaccination and vitamin A supplementation in Zakhira

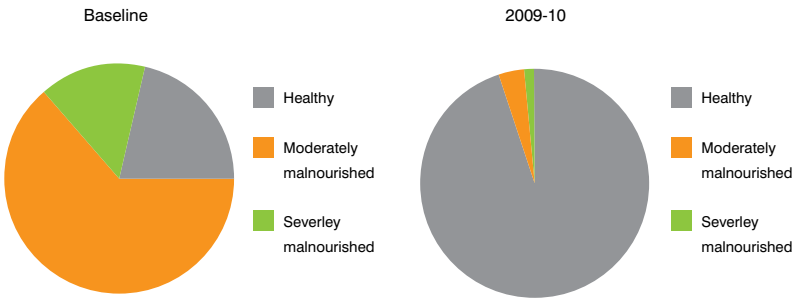


Note: (a) % 0-1 year olds, (b) % 1-2 year olds, (c) % 1-5 year olds, (d) % 2-5 year olds

Child malnutrition

The baseline survey in Zakhira revealed that 15.4% of children aged under 5 years were severely malnourished, and 60.7% were moderately malnourished (Figure 8). By 2007-08, less than 10% of this age group were severely or moderately malnourished, dropping to just 3.0% in 2009-10.

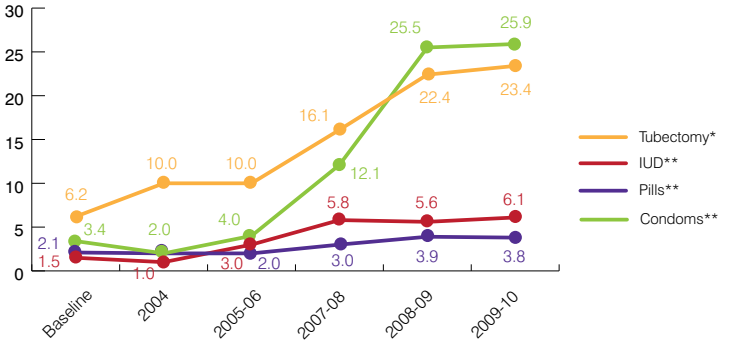
Figure 8: Proportion of malnourished children in Zakhira



Family planning and average family size

At baseline, approximately one in ten couples aged between 15-45 years in Zakhira was using a modern family planning method (Figure 9). In 2009-10 one in four women had had a tubectomy, and of the remainder, one in three is using condoms, the contraceptive pill or an intra-uterine device (IUD).

Figure 9: Proportion of couples (15-45 years of age) using various family planning methods in Zakhira



* % of couples aged 15-45 years of age

** % of couples using these temporary methods who were not already using a permanent method

1.5.5 Limitations and conclusions

In an ideal world evaluating the impact of the Asha program would involve a controlled prospective study design. However, the field reality is that many successful indigenous programs have small beginnings, often in response to an identified need, and subsequently grow and evolve over time in interaction with their environment. Certainly, a carefully designed evaluation plan rarely is on the agenda at the outset when more pressing priorities dominate, e.g. stemming a cholera outbreak. In turn, retrospectively evaluating a long-standing and apparently successful program is a methodological challenge. Consequently, it is difficult to attribute definitively the positive outcomes reported above directly to Asha's activities. It is possible that some of the observed gains are explained by economic growth across India as a whole (although slum residents are rarely major beneficiaries of such growth). Nevertheless, the consistently positive trends evident in the Asha data above, coupled with the passionate testimonies of many long-term slum residents and others, combine to present a compelling case for Asha's profound and positive impact on the lives of the people it has served for so long.

Our findings indicate that Asha's success is the product not only of what it does, but also of how it does it. The following chapters describe in detail the Asha philosophy and the strategies that together create the Asha model.

Chapter 2. The History of Asha: from Managing a Cholera Outbreak to Bold Dreams of Equity

Non-governmental organisations (NGOs) and development agencies around the world offer health, education and livelihood programs that resemble those of Asha. This observation invites the questions: why has Asha succeeded, and how is it different from other programs?

It is not its programs, as important as these are to living standards, but the ethos and values that underpin the strategies Asha adopts to implement its programs that are distinctive, and almost certainly explain its longevity and positive impacts. We call these values and strategies the 'Asha Model', described more fully in the next chapter. In this chapter we will sketch the origins and evolution of Asha, and approaches used to consolidate and sustain the organisation.

2.1 Dr Kiran Martin: Founder and Director of Asha

The Asha Model, and its genesis and evolution, cannot be understood without an insight into the person and vision of Asha's founder and Director. Twenty-three years ago Kiran Martin, a fresh medical graduate from an elite college of Delhi University, entered a slum hoping to stem a cholera outbreak. Growing up in a middle class family did not prepare her for the conditions she encountered. For a start, she could barely move through muddy laneways and piles of rubbish, and there were no drains or toilets. People would fill a container with water in the morning for washing clothes or vegetables, tossing it out after use onto the nearby dirt paths, making laneways permanently wet, as there was nowhere for the water to run. Dr Martin remembers it starkly:

Slum resident on unpaved road prior to Asha intervention

> There was nothing but mud. There were no toilets at all; the only form of waste management was a large open drain used for the toilet, which was barely used, as children were used to squatting anywhere to defecate. The people lived next to the pigs, which wallowed in the sewage and garbage that pervaded the slum. The community lived in extreme poverty; they didn't even have two square meals a day, and much of the community suffered from moderate to severe malnutrition. They never ate fruit, except the occasional banana. Disease outbreaks were frequent in the slum, but the proper medical equipment needed to care for them was not available. Even if it had been, when the kids had severe cholera the parents wouldn't take them to hospital out of fear of the way they – as slum dwellers – would be treated.

Since that foray into the slum, Dr Martin has devoted her entire working life to the organisation she established. Today Asha's founder is recognised internationally as a visionary leader in urban health and equity. Kiran Martin evolved from ardent, young idealist intent on saving cholera victims, to radical reformer calling for nothing less than a transformation of structures, a transfer of control to those who have never known it, and unleashing of the potential of people whose primary concern had been basic survival. While 'Asha' means 'hope' in Hindi, to the Director the name is not redolent of charity doled out to give a sense of optimism to the 'underprivileged', but the product of determination and hard work. Hope must be summoned in the face of gritty realities and seemingly intractable difficulties. It must be grounded in an awareness of rights, tempered by empathy for every actor – the exploitative slumlord, the demotivated civil servant, and the ordinary individual who inhabits the slum community.

The significance of Dr Martin's contribution to improving the lives of so many slum dwellers was recognised by the Indian government, which awarded her one of the country's top civilian awards, the Padma Shri.

Dr Kiran Martin with slum residents

2.2 The beginnings of Asha: hard work, seizing opportunities, and forming relationships

In 1988 an estimated two million people resided in approximately 900 slums of various sizes in Delhi. Baseline surveys in the slums where Asha worked in the first few years found that health and development indicators were extremely poor:

- 14-36% of children under five years were suffering severe malnutrition, and larger proportions were moderately malnourished;
- Virtually no pregnant women received trained assistance at the time of delivery;
- Over half the population had to travel >50 metres to collect water; and
- Literacy rates and school attendance were extremely low, especially among girls and women (see Table 6, below).

Table 6. Literacy and school attendance by sex in four Asha slums, 1989-90[46]

	Ekta Vihar Colony, RK Puram	Kanak Durga Camp, RK Puram	Kusumpur Pahadi, Vasant Vihar	Navjeevan Camp, Kalkaji
Literate males >15 years of age (%)	32.1	70.0	36.0	17.0
Literate females >15 years of age (%)	4.2	24.8	6.0	4.0
School going males 5-15 years of age (%)	18.2	53.1	52.0	43.0
School going females 5-15 years of age (%)	9.7	37.3	37.0	23.0

46 Asha baseline survey data

When Dr Martin approached the slumlord to begin her treatment of cholera patients, he offered her a rickety table in the slush in front of his house. This may have been a strategy to monitor her more closely; it was so rare for a doctor to appear in this way that he was probably wary about her intentions. As she struggled to cope with the dehydration caused by cholera, Dr Martin gradually persuaded the slumlord to give her a small room in his house to provide life-saving intravenous fluids. She got some IV stands and located a nurse willing to support her, but the facilities prevented anything on a larger scale, as patients seeking various types of care began to arrive in greater numbers. The slumlord then agreed to her request to build a small treatment room in one of the few open areas of the slum. Here Dr Martin describes the erection and use of the first – very modest – Asha centre:

> Our first centre was a single room, with no running water and only one bucket and mug in the stagnant basin of water. We worked surrounded by flies and rats scuttling in and out, and mosquitoes, due to the stagnant water, were constantly an issue. It was very difficult to maintain sterile conditions. As I began working there, I found that the number of people suffering from neonatal tetanus, polio, malaria, and complications of pregnancy and childbirth and TB was overwhelming. Without the proper diagnostic tools, however, it was exceedingly difficult to treat them properly. We did the best we could with the tools we had.

As increasing numbers of women appeared, they started confiding their problems and anxieties, such as having to bathe inside their cramped, tiny huts, and to walk a considerable distance in the dark to go to the toilet. They had begged water from neighbouring areas, and dug shallow hand pumps to 30 feet, but the water was contaminated with *E. coli* and cholera.

Dr Martin recalls, 'After a while I realised just giving medications wouldn't bring sustainable change'. It was around this point that fortune smiled on her endeavours in the form of a planned visit to inaugurate a new toilet complex by a senior government figure responsible for slums. She saw that this could be an opportunity to meet the slum commissioner and to appeal to him for improvements to this slum. Dr Martin was also thinking that she would not make these requests on her own, but together with the women she had started to befriend. This would enable residents to present their own case. However, the young doctor had not expected that there would be a need for a unified stance even before the planned visit. On the morning of the event, she was taken aback by the degree of hypocrisy employed by some in the bureaucracy to shield the commissioner from hard facts at the local level, an effort that she feared would simply perpetuate the status quo:

Slums before Asha intervention

> I had no experience with government officials. I remember vividly the day the commissioner arrived. He was planning to come in the afternoon, and in the morning the women and I found engineers coming in with trucks of mud. They said they were going to cover all the dirty mud in the slum with clean mud to change the appearance, to hide the filth. The situational irony of this was such that I almost had to laugh; if this happened, no one would see the real conditions that they lived in. The façade they were trying to create was sickening. The women and I banded together to stop the engineers from 'beautifying' the slum. The junior officials objected, saying that it was too shameful for high officials to see it. But I said, 'it's more shameful that people live like this'. The engineers were uncomfortable and shocked at finding this resistance, but we convinced them to leave the slum as it was.

The halting of the 'make-over' of the laneways, and the retreat of the trucks of mud gave Kiran Martin and about 200 community members the confidence to go jointly to meet the slum commissioner. She recalls that he was also in for a surprise:

> When he arrived, the commissioner, who initially thought he was there for the inauguration of a new toilet block, quickly realised there was much more than toilets that needed to be addressed in the slum. I introduced myself and asked him to come and tour the slum, meet the women and listen to the problems. He was initially hesitant and tried to beg off, saying he was too busy. I said, 'I can understand, but these people are living in sub-human conditions'. The crowd of women and men who were standing with me made it impossible to say no.

Local slumlords wield enormous power

As he walked with the residents towards Asha's makeshift clinic, the commissioner soon saw that the lanes were virtually impassable. The group eventually arrived at the clinic, where Dr Martin explained her work. The commissioner was surprised by her respectful manner and polite insistence that residents would be part of the conversation:

> I said, 'we really need things to change here'. Realizing his clout, I was careful not to show the extent of my passion and outrage at the conditions that residents were living in. After calmly explaining my ideas to him, and allowing him to speak with some of the slum dwellers, something quite unexpected happened. He turned to his staff, and called out orders to them: build a road, remove the garbage, get paving for the inside lanes, dig deep bore wells. The next day I got a letter saying he was committed, and was glad he'd visited the slum. And he invited me to his office to discuss expanding these services in other slums, and offered space for our work.

With the backing of this powerful bureaucrat, things moved very rapidly, and by the end of 1988, the commissioner's promises had all been fulfilled, much to the happy amazement of the community:

> I can remember the days the hand pumps and the roads came in; people couldn't believe it, there was so much joy! The toilet complex that had been constructed at the edge of the slum was for them. These basic services made a huge difference. Even the inside lanes were bricked and they could keep them clean.

Thus, the first advocacy efforts in this realm – characterised by persistence, politeness and community involvement – came to fruition, and Asha's early form was taking shape. By the end of Asha's first year, its focus was directed at these underlying determinants of well-being.

2.3 Confronting power structures – peacefully

Advocacy inevitably brings activists up against entrenched forces that are unwilling to cede control gracefully, which often precipitates struggles that can become violent. As Asha's advocacy efforts increased in frequency and urgency in the first slum, the fledgling organisation and the community began to be seen as threatening by a number of corrupt officials and aspiring politicians. In particular, the slumlord gradually adopted a more hostile stance as the community became more assertive, despite Asha's continued attempts to maintain cordial relations. Slumlords are self-appointed. Like many local leaders, this one had an allegiance to a political party; however, he also feared losing his financial power:

> Slumlords are seen as a necessary evil by community members. But as we started working with the community members, people started to realise that he hadn't worked hard enough in exchange for his services, and his status began to diminish in the eyes of the community. He was basically a politician, so if the votes weren't delivered he would fall into disrepute. He could see things gradually change and move out of his grasp, and became increasingly nervous. (Kiran Martin)

Tensions reached a peak when the community, with Asha support, attempted to secure land rights, with a plan to procure bank loans and build durable on-site housing to replace their makeshift dwellings. The slum commissioner backed the concept, and it seemed that it would proceed. A public event was even organised for the launch. However, just beforehand, the slumlord learned that an elected official from the main rival party would attend, and accused Dr Martin – who had played no role – of betrayal. He marshalled his supporters (men she saw as bullies and mobsters), who furiously denounced her, shouting death threats. She was able to escape, but the result was that the venture was finished, because the endorsement of the slumlord was essential, which was an enormous disappointment to the community.

What is surprising is that the same slumlord (still in place today) has greatly mellowed towards Asha, now considering himself a stalwart supporter. In an interview he commented positively on Asha's achievements and long-term commitment. Discussions with Asha staff and local members of the Mahila Mandal revealed the efforts to peacefully engage with this slumlord, despite his opposition to land tenure, and community anger when the plan collapsed. From the start, Dr Martin – driven by her values and belief system – argued to the community that that he, like everyone, was a product of his environment and upbringing, and it was unreasonable to expect he could readily transcend these. This meant that he, and all individuals, should be accorded dignity and respect. The impact of this approach over time is obvious today, not only in the slumlord's warm words, but the visibly cordial relations between him and members of the women's group. Even more striking is that the slumlord has only small vestiges of the power he once enjoyed – it has shifted to the community – but has not lost his self-respect, and genuinely feels part of the positive changes that have occurred. Asha, like many practitioners of non-violence, sees powerful benefits in peaceful approaches, even with those most opposed to the principles of the organisation.

Clean streets and drains after Asha's intervention

2.4 Building a new structure: community leaders and Asha staff

As noted earlier, Dr Martin recognised that transformation of health, environment and power structures could occur only if driven from and by the community. Her role was to help the community understand the potential power available to them, and to foster local leaders with the necessary awareness and skills. She also saw the value and significance of involving women, whose lives were largely confined to home duties. Women wielded little power, but were relatively more available to donate their time, and were also responsible for family health, nutrition and care. This situation presented an opportunity to tap these overlooked resources, give a voice to those who typically have less influence on decision-making, and also spread new learning and concepts into households. Kiran Martin observed the women she met, and gradually identified a few with leadership potential, defined as being willing to leave their homes, and exhibiting some dynamism, as well as curiosity about the proposed activities of Asha. Thus the first formal women's group (Mahila Mandal) began to meet regularly in the first slum, and later galvanised the community into a new form of action, an approach described more fully in Chapter 3.

Concurrently, Dr Martin needed colleagues to share the management of Asha. This required a certain mix of professional skills, and the capacity and enthusiasm to use these on behalf of slum communities. Such work was hardly a dream job for many young people with aspirations for conventional recognition and rewards. However, she was able to discern a number of likely candidates, and eventually recruited nurses for health work, and others from a range of backgrounds, including science teaching and even a beautician.

The staff who joined two decades ago recall their uncertainty about what lay ahead, but also the sense of excitement presented by this unexpected opportunity. For some, it appealed in terms of their religious faith or desire to serve the poor. Others were drawn to Kiran Martin's energy and vision, or the chance to improve their skills through professional challenges. During recruitment she emphasised the difficulties of slum work, ranging from discomfort to hostility, while promising the possibility of personal growth and deep job satisfaction. She felt it was essential to be transparent about the opportunities and the confronting nature of this work, but she never wanted to compromise her principles about quality and professionalism.

Dr Martin meeting with Mahila Mandal

Here she explains her attempts to strike a good balance:

> I look for people who possess both professionalism and dynamic compassion—those have always been guiding qualities that all of our staff possess. The importance of operating professionally is even more important when you are shifting between government officials, slum dwellers and potential donors. You must treat everyone with the same level of respect and commitment. Dynamic compassion is also of paramount importance. Without keeping hold of the passion that encourages us to keep going, our work can be very drai
>
> Our team imbibed these values over time. We had lots and lots of conversations. What I think makes our team unique is that they are from a diverse range of backgrounds and religions, and all come to Asha prepared to offer a different set of skills. It is the team dynamic that is robust and comprehensive. Not everyone may have the same set of talents, but together, the Asha team is a force to be reckoned with.

It was a steep learning curve for the new recruits. One middle class nurse, who was just 24 when she began with Asha, readily admits:

> I had no knowledge of slums or even how to catch a bus. Yet Dr Martin said my responsibility was to learn everything about households in the community, so I was overwhelmed. I used to offer advice on family planning, and people told me I was too young – they assumed I wasn't married myself, though I was. I soon got involved in our baseline survey, which meant many home visits, and started establishing relationships. By three years I knew every household, 1600 families!

Working for Asha requires exceptional commitment. Several senior staff have faced down bullies and death threats. In one case the slumlord, fearing the erosion of his power, sent word that he would stab the Asha organiser if she did not desist. Not only did she refuse to be intimidated, but she visited the man and asked his concerns, which pacified him sufficiently. Another long-term staff member publicly rebutted, before a magistrate, a fabricated police statement purportedly from a girl sexually abused by a man who supervised the public toilet. The girl's original complaint had led to a charge against the man, whose family bribed police to alter the statement in the man's favour. The magistrate applauded her courage, which led to a new statement from the girl, and the offender being sentenced to four years. The ten staff we met impressed us greatly with their verve, feisty enthusiasm, and intimate understanding of slum communities, development and the specific ways each staff member makes unique contributions to Asha.

2.5 From little things, big things grow

As staff were recruited, Asha began to have dreams of expansion. These were realised partly through the support of the slum commissioner, who was genuinely committed to slum development. Delhi's Slum Department is in fact obligated to deliver basic services, including water and sanitation, but funds are often unspent unless a local authority takes a strong interest and lodges appropriate requests. The Department also constructs community welfare buildings in some slums, typically given over to NGOs for activities. As a consequence of the growing relationship with Asha, and his personal visits to slums, the commissioner became convinced of Asha's probity and credibility, and ultimately ordered construction of community buildings for Asha's use in the slums where it was working. Intensive follow up visits by Asha at various levels helped ensure the completion of construction of these facilities.

A slum dwelling, home to a family

This was a turning point in terms of expansion and sustainability, because it meant Asha did not need to fund-raise for construction, to say nothing of the nearly impossible task of finding spare land for building within the slums. In addition to the relationship with the slum commissioner, Asha was learning to manage the often convoluted bureaucracy that could facilitate or impede its expansion, and to forge relationships with other individuals of integrity within the public sector.

Nonetheless, it was soon obvious that the program, reliant as it was on its staff, was doomed without a funding base. Dr Martin responded by starting to establish relationships with potential donors, and – as with the commissioner – inviting them to see Asha's work for themselves. The synchrony was perfect, given the upsurge in interest in international development within western NGOs in the late 1980s. TEAR Fund UK, a Christian donor organisation, learned about the support of the Delhi slum commissioner, and became the first major supporter of Asha. Fortunately for Asha, this organisation recognised the need for longer project timeframes and flexible approaches, giving space for innovation within the highly complex settings where Asha worked. TEAR Fund's support was crucial to the success of Asha, and enabled its expansion to over 15 slums in the first three years.

Meanwhile, by 1990, just two years after its inception, Asha was officially registered under India's Societies Registration Act. Additional staff were hired, and workspace was located. At that point, the focus was on seizing every chance to expand, and at times this outpaced identification of facilities. On one occasion, Asha worked out of the first floor of a toilet complex that was still in use. Kiran Martin recalls the vitality and excitement of that period. 'Expansion brings in energy and opportunities. For example, we would take residents of one of our "old" slums to visit the "new" slum to reassure and encourage people.' These were years of very hard work as slum programs began across Delhi.

By around 1994 Asha began to reduce the pace of expansion, and shifted to consolidation, deepening and strengthening its programs. This decision recognised that rapid growth could jeopardise the robustness of projects and the very values on which Asha was based. At this time, and partly to address these concerns, Asha introduced systems of management along with data collection on a number of indicators. This system enabled them to monitor progress, address shortfalls, and make evidence-based decisions about its directions, as Dr Martin recalls:

> We were starting up one or two new slums per year and we wanted to make sure we were maintaining the quality of each program, had adequate funding, and so forth. In the ones we had started there was now a desire to expand to new activities to fit local needs. Now that we had established strong relationships with the slums in which we were working, we had a better sense of what specific interventions were needed. We began monitoring and evaluating very early, because we knew this was essential. The monitoring processes were rudimentary at the start, and we increasingly added indicators. We distinguished between process and impact indicators. We also saw that we needed to expand the funding base. I wanted organisational growth in all its dimensions – team building, good governance, good leadership and our values permeating through it all. I learned by doing and having to do.

Over the years Kiran Martin has drawn upon many mentors and colleagues in India and other countries for inspiration and collegial support. In particular, she cites the following individuals: the late Dr Raj Arole, Founder and Director of CRHP (Comprehensive Rural Health Project), Jamkhed, Maharashtra, who pioneered a model of rural community development; Professor David Hempton of Harvard University, a theologian with an interest in development; and Bishop Christopher Cocksworth (Bishop of Coventry, UK), who offered personal spiritual mentoring.

Today Asha operates in about 50 slums across a wide geographic area of Delhi, as indicated in the map below.

Figure 10. Areas of Asha work* in the National Capital Territory of Delhi[47]

*Marked in red

47 Asha Annual Report 2010-2011

2.6 Efforts towards sustainability: resourcing and leadership for the long term

The endurance of Asha over 23 years and its measureable impact have caught the attention of the Indian government and international development practitioners. In this section we will discuss some of the mechanisms Asha has used to consolidate the program and foster its longevity.

2.6.1 Tapping into the public system

To run a complex development program is extremely costly. Quite early in its evolution, Asha staff realised that its resourcing could not – and should not – rely entirely on foreign donations. Indeed, there was every reason to turn to public sources of support for slum communities that are embedded in Indian statutes, as noted earlier. A variety of regulations and policies mandate the provision of many of the services, infrastructure and programs lacking in the slums. Certainly the fact that India has a rule of law was greatly in Asha's favour, but it was necessary to find approaches that were effective and manageable in holding authorities to account.

Many community members, however, had no idea that various rights and benefits were enshrined in law, so a first step was for Asha to raise their awareness. For example, among the poorest segment of Indian urban dwellers in 2004-05, just 29% held government ration cards[48] and less than 22% had a bank account, compared to around 70% of people who live in non-slum settings[49]. Along with raising awareness of rights, Asha from the start relied on the community to shoulder the lion's share of efforts on their own behalf. With this source of manpower, and the potential funding lines through government networks, a large proportion of Asha's sustainability would be assured.

Even with these strategies, however, it was clear that advocacy efforts often take a great deal of time. Both the community and Asha were impatient for some visible signs of change in the near term, which led it to turn to several powerful supporters in government (such as the slum commissioner) to help champion its causes. In these efforts, Asha was assisted by Dr Martin's strong communication skills, which drew heavily on her interest in international trends, and theories of development and social change.

Asha's network of supporters has included Cabinet ministers, elected officials from both major parties at all levels of government, and senior bureaucrats in departments whose functions are of central importance to slum dwellers. These relationships are nurtured carefully by regular contact and, importantly, invitations to visit the slums and attend major celebrations. Such visits allow direct observation of the vitality of slum communities, the ability of residents to speak for themselves about their problems (and achievements), and the dramatic transformations that have occurred over time, thus reinforcing the interest of these supporters.

2.6.2 Obtaining international support

Since the early years, when external support primarily came from TEAR Fund UK, Asha has been successful in forming relationships with a range of government and non-government donor agencies, including Irish Aid, New Zealand Aid, the Australian Agency for International Development (AusAID), ICCO Netherlands (an inter-church development organisation), TEAR Fund Netherlands and TEAR Fund New Zealand. In most cases, decisions to fund Asha arose following visits to its slums by diplomatic staff and representatives of these organisations living in or transiting Delhi.

48 Public distribution system and other sources of household consumption, 2004-05, Press Note, National Sample Survey, Government of India, 2007. http://mospi.nic.in/press_note_510-Final.htm

49 National Family Health Survey III, 2005-06. http://www.nfhsindia.org

Asha also has a large following among church, university and community groups in Europe, North America and Australasia, and the diplomatic community in Delhi. These relationships are cemented by person-to-person visits by Kiran Martin and her husband, Freddy Martin (Asha's Associate Director), to these regions, and – once again – by their citizens to Asha. Asha's regular supporters are called 'Friends of Asha', and those willing to publicise and fund-raise are 'Asha Ambassadors.' Asha maintains close touch with supporters on its large database through its electronic and hard copy newsletters, reflective pieces by the Director, and annual reports. While international financial support has been crucial, it is obviously vulnerable to external events (e.g. most recently, the Global Financial Crisis, which significantly reduced its donations).

Individuals and groups of international supporters from all age groups visit Asha, and leave with valuable insights into poverty, inequality, and community action. University students come in groups for stays ranging from a few days to eight weeks, often for successive years, to refurbish or decorate community centres, or to tutor slum children in English. High Commissioners and Ambassadors regularly visit, and have provided grants over the years for specific activities.

Students from Methodist College, Northern Ireland, renovate an Asha slum centre

As powerful as these exchanges are in terms of eliciting commitment to Asha, they mean Asha staff must coordinate a steady stream of individuals and groups, all eager to see the Asha program first-hand and to meet the community. While Asha spreads the visitors around between its slums, it is sometimes difficult to strike the right balance. However, despite the burden, the foreign volunteers are seen as having an importance beyond fund-raising, including exposure to native speakers of English and sprucing up of centres, as Dr Martin explains:

> I think if the balance is right it can work well, and everyone benefits. Whether it's teaching English or applying whatever specialty a volunteer may have to improve one of the centres, volunteers leave something wonderful behind. You need bright and beautiful places for these lovely children in our communities to come and enjoy, and the visitors are very artistic, very creative.

These exchanges also bring less tangible benefits to Asha, such as the opportunity for cross-cultural exposure that broadens horizons on both sides. In addition, Asha sees as part of its mission the raising of awareness about poverty and injustice internationally. Its slums and programs are an ideal way for this learning to occur, as one foreign volunteer tutor explains:

> Asha's work in the slums attracted me, from what I'd heard from my friend back home. Also, how they are doing their work, through empowerment, so people can take care of themselves and have dignity. I like how they brought women together and trained them and sent them out to look after their lanes, petition officials, fight for their own rights. I wanted to work with an organisation that valued empowerment and giving people the power to lift themselves up.

2.6.3 Developing effective leadership

If an organisation is only as good as its people, many of those we interviewed are greatly impressed by the passion, sincerity and warmth of Asha's staff. Asha's scale, achievements and the stability of its core staff (most have been there 10-20 years) prompts a curiosity about the approaches or policies used in relation to human resources. In this section we consider the ways Asha (and its Director) have tried to build and retain the second rung of leadership.

2.6.3.1 The goals of leadership: creating other leaders and inspiring the team

Asha's emphasis on the fulfilment of individual potential is visible in its approach to staff development. Through this focus, new leaders have emerged as their individual talents gain expression. For Kiran Martin, a good leader is a mentor to other leaders, and must be grounded in the world inhabited by those being led:

> A very important part of leadership is being able to liberate people into being who they are, the ability to pass on leadership, to make many leaders. Good leaders can't work and lead from an armchair – they can't theorise because it doesn't work, because the two reference points are different. I could be sitting here talking about good leadership, but I first have to lead by example, through my actions.

Of course leadership also comprises the more conventional roles of decision-maker, and of marshalling and retaining support for the organisation's goals and programs. Dr Martin believes that real and lasting success in these roles depends on the capacity of leaders to engender trust and fellowship among staff (and the community), and to be respected for their personal credibility and authenticity. A leader's inconsistency and hypocrisy make it impossible to secure a following without employing force or intimidation. In India, leaders expect to exercise control, but it is the source of that control that is critical. To Kiran Martin, it should rest upon authority:

> Authority is different from power... it's accorded to you through the life you lead, and is something you earn, not something you take by force. Power is about keeping things for yourself, getting others to do your will; authority comes from the kind of life you lead. Twenty-three years is a very long time. There's a certain amount of credibility you have to establish; it's not something you can achieve in a few months. Ultimately, how they perceive me will be shaped by the true intention behind my words, and not through my management techniques.

Other attributes besides credibility are central to securing enthusiastic support from staff. Leadership should inspire others, but this is difficult to achieve without certain skills:

> One quality that all good leaders need to possess is excellent communication skills. That doesn't necessarily mean being able to give a large, public speech, but a leader needs to be able to communicate effectively with people of all different backgrounds and needs to be able to articulate thoughts and concerns in an effective manner. Above all, however, a good leader needs to listen. (Kiran Martin)

Communication is not only essential for galvanising staff, but for forging connections with those crucial to Asha's success – the powerful and the community. Yet here as well the way in which one communicates reflects a person's value base:

> If there's a big enough gap between the leader and the common people, they can never be close to you, they can never understand you. If you genuinely believe in human rights and that all human beings are equal, you won't change your body language if you're speaking to a poor person or to someone else. At the same time, your mindset should allow you to be able to change your words or language instantly as needed. You might be on the dais with a minister one minute, and chatting with a slum dweller the next minute. The principle in a leader's mind should be to look at all people in the same way, not be patronising towards a poor person. (Kiran Martin)

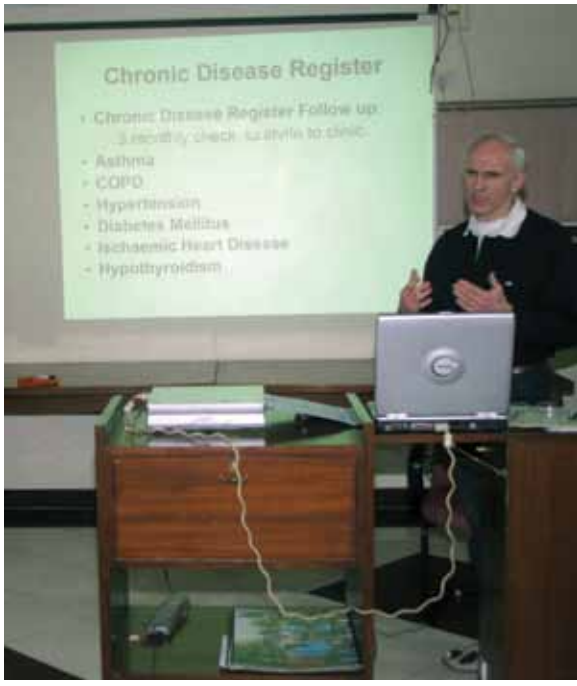
Kiran Martin is a gifted communicator, able to connect to people at all levels, and this has undoubtedly been critical to Asha's success.

2.6.3.2 Building community and avoiding burnout among the Asha team

The strength of an organisation often rests upon a sense of solidarity among staff, and a system that ensures staff remain committed. The latter is a particular challenge for Asha, given the necessity to put in long hours in conditions that are often physically and emotionally demanding.

A variety of approaches has been used to meet these challenges. Firstly, staff meet for work and play on a regular basis. In terms of the former, there is a bi-weekly general staff meeting and a weekly get-together for senior staff. Problems and potential solutions are aired in an atmosphere staff described as open and affirming. Staff alluded often to what they call the 'Asha family', which they saw as a product of frequent, and positive, interactions.

Despite the obvious improvements over time, Asha slums remain crowded, noisy places, and its community centres are often surrounded by rubbish heaps, flies and smells. Staff are confronted daily with extreme deprivation and human needs, conveyed at times with great urgency and distress. Probably because Kiran Martin herself has spent lengthy periods in the slums, she has prioritised rest periods, excursions, and relaxing together as a team. Leave entitlements are quite generous: four weeks of annual leave, 12 days' casual leave, 15 days' sick leave, plus public holidays and another week or so between Christmas and New Year. Staff also travel together to see other development organisations, such as the Comprehensive Rural Health Project at Jamkhed in Maharashtra, and occasionally have staff holidays at hill stations. Professional development is offered to staff, via formal training, visits by outsiders, and being called upon themselves to give presentations about their work.



General Practioner Dr Christopher Paxton conducts a Workshop for Asha staff

There is no sign that Dr Martin has retreated from the priority she places on solidarity among staff, despite the demands on her own time and energy. Of course it is not only staff who face stresses and possible burnout. Kiran Martin is conscious of the challenges she herself faces as leader of a large organisation, and acknowledges the critical role of her personal support base:

> Leaders are in great need of mentors and friends; it's a very important thing. There are so many complex realities they face. The task is huge and multifaceted, with so many contradictions. A visionary leader means you will face turmoil. You will face loneliness and fear. There is no way it can always be smooth. There is pressure and so many intensive tasks.

2.6.3.3 Building competence, quality and independence

Asha staff, with few exceptions, had never worked in slum communities – or across the range of activities they now had to manage. As Director, Kiran Martin believes that fostering independence is the best means to consolidate their skills, while also engendering organisational loyalty based upon mutual respect and responsibility. As soon as it is clear they will not make any major mistakes, staff are sent into the field:

> I would give them the freedom to do it on their own, to make mistakes, to grapple with complex issues. When staff know they are trusted, they become more committed. They buy more into your vision, and become a part of something much bigger than themselves. (Kiran Martin)

During interviews with senior staff, many emphasised the sense of achievement they experienced through these challenges, finding it very motivating.

As Asha expanded, it adopted what staff described as an effective, strengths-based approach for ensuring quality. This consisted of exchange visits between slums, which offers staff the chance to observe other styles of program delivery, prompting them to identify their own strengths and weaknesses, as well as providing scope for cross-fertilisation of good ideas. Dr Martin sees this as 'a healthier way than using the term "evaluation". This way, people would be open and transparent, because it's non-threatening'.

It is clear from the measureable improvements on many levels, and the perceived self-confidence among the senior staff, that quality has been maintained to a high degree over the two decades of Asha's existence.

2.6.4 Future challenges for Asha

Every organisation faces potential threats to its survival that arise from a range of circumstances, some within and some beyond their control. For Asha, these include scaling up, financial viability and generational change in leadership.

Despite the success of advocacy efforts organised by Asha and its community groups, which have brought significant government-funded or -authorised supports (e.g. infrastructure, sanitation, banking and loans), the comprehensive Asha program is not yet available to everyone who resides in the slums where it operates. This is almost certainly a by-product of the strategies that account for its success; specifically, these rely upon extremely intensive time inputs by staff (and the community), as is particularly obvious in both the loans scheme and higher education program, as discussed below. If these were to be scaled up, recruitment of a much larger staff complement would be required, one beyond its current funding base. At present, Asha depends on its highly committed but relatively small team, close supervision by Dr Martin, and a funding flow from overseas donations. Kiran Martin discusses the personal challenges that arise from the time needed for fund-raising:

> I would, if I had the choice, be in the slums almost all day. However, when I meet Asha Ambassadors, enjoying each other's company, and excitedly talking about our work, it motivates and inspires me. Similarly, watching a company or organisation devote themselves to Asha is always a rewarding experience. (Kiran Martin)

The fact that much of Asha's leadership, vision and energy derive from Kiran Martin's skills and personal commitment is another challenge for the future. As in much of the world today, India's increasing middle class has aspirations that make commitment to working in the slums a less likely professional option. Dr Martin, however, is optimistic that the right person will come along:

> I personally feel there are a lot of people out there who are highly capable of running Asha with purpose, dedication and passion. There is no urgent need, but when the time comes we can put our heads together to find a good replacement. I hope to find somebody who can lead the organization with their own set of strengths and unique skills; they do not necessarily have to mirror my own.

Local slum barbershop was started with the help of a small business loan through Asha's Financial Inclusion Program

Chapter 3. The Asha Model: Unlocking Individual and Community Potential

Although Asha programs may at first appear similar to those implemented by other development organisations, many NGOs never attain Asha's level of achievements. This documentation exercise therefore focused on explicating not only Asha's activities, but its distinctive way of working. As noted in Chapter 1, in this retrospective analysis we cannot unequivocally attribute Asha's impacts to its way of working, but this is a reasonable conjecture.

In this chapter we will describe what we call the **'Asha Model'**, which consists of its key values and the concrete strategies it adopts to manifest these values.

3.1 Asha's ethos, overall approach and strategies

On its website Asha lists its values and mission[50]. Our team took the view that our examination should set aside Asha's self-description at this point, and instead seek to infer its values and approaches from the data we collected, i.e. what we saw during visits to multiple slums and headquarters, heard during interviews and group discussions, and gleaned through analysis of Asha data and reports. This process produced a somewhat different configuration from Asha's own, as can be seen by comparison with its website, but the essential elements overlap.

3.1.1 The five values of Asha

Asha's values are grounded in the Christian faith, and are an expression of the New Testament's radical messages of individual and community transformation, along with social justice. Asha's values also reflect contemporary notions of human rights, civil society and governance. In our view, there are five values that permeate Asha's work.

Inherent dignity of the individual

This value posits the inalienable equality between all humans, regardless of age, sex, religion, caste, class, or other distinction. It directly challenges the pervasive systems of caste and class that impose hierarchies and determine life chances in India (and elsewhere). This value rejects the notion of innate inferiority based on wealth or power. It does not countenance prevailing assumptions that girls and women are of lesser value, assumptions which in India account for stark disparities in the population sex profile, and lower female rates of literacy, educational and occupational attainment. The value also rejects any form of paternalism, as this justifies abrogation of autonomy.

Social justice

Social justice stands naturally alongside the belief in individual dignity and equality; it is a visible indicator of the extent of equality in a society. 'Social justice' differs from 'justice' as constructed by laws and statutes because the former is explicitly aspirational; it requires the equal distribution of goods, services, and the opportunities and benefits of development. It insists on the rights of all people to reach their individual potential. And it rejects the (often legally acceptable) accumulation of wealth generated by the exploitation of those of lesser power and status.

50 http://www.asha-india.org/about-us/mission-and-values

Peace-making

Equality and justice theoretically can be achieved through a variety of mechanisms, including armed struggle. Asha completely rejects the route of aggression, confrontation and force. It sees no contradiction between the desire for social justice and the desire for harmony and fellowship between people. Indeed, Asha asserts that attaining empathy towards all – the exploited along with the exploiter – is fully consistent with its belief in human dignity and equality, and its refusal to countenance distinctions. Peace-making, like social justice, is both a value and a measure of the extent of individual and community transformation. An observer would note the overlap with the nonviolence movements of Gandhi and Martin Luther King, among others.

Citizenship

Citizenship is a more 'modern' value, but one that reflects and connects those listed above. Citizenship is the foundation of civil society. Citizenship requires that rights and responsibilities be in balance. It means that all individuals are enabled to play active social roles according to their potential, while also imposing obligations on all to consider the rights and well-being of neighbours and the community. It implies a respect for the rule of law, and for the checks and balances that characterise democratic systems. Primacy is not afforded to the individual, as it is in much of the western world and beyond. Nor is primacy given to the community, as in totalitarian systems that restrict individual expression. Citizenship rejects systems of power that derive from wealth, status or force.

Accountability

The value of accountability may also be seen as modern, yet it shares a common antecedent with other Asha values. If each individual is equally deserving of a fair share of the world's bounty, and if each is obliged to work for the betterment of the community, accountability is essential to ensure that these values are honoured. Accountability means openness and transparency of systems and ways of working; it implies relinquishing of control at the top. Accountability means external scrutiny of standards of professionalism, and implies the intention to learn from mistakes, use resources effectively, and listen to disaffected voices. It means a determination to monitor changing circumstances and needs, and to measure progress and failure. And it means sharing this measurement with those inside and outside, including those who offer logistical, infrastructural or financial support.

3.1.2 The translation of values into ways of working: Asha's strategies

In this section we will consider how Asha's values are translated into its approach and strategies, that is, how the organisation incorporates its beliefs into the ways it delivers activities.

At this point it is helpful to describe what Asha is not. In our view, it is neither paternalistic nor welfare dependent. It does not offer hand-outs or quick fixes. Instead, Asha's starting point is that transformation of and by individuals and communities is possible, given appropriate support. Critical to this confidence is an awareness – tested by over two decades of work – that positive, lasting change will occur only when it emanates from those who will benefit from this change. It follows that people need basic knowledge of the nature and possibility of transformation, coupled with the skills to effect this transformation. Put another way, Asha's overall approach may be described as the provision of critical supports to unlock individual and community potential.

From our assessment we identified four main strategies used by Asha to unlock this potential. These strategies do reflect Asha's values, but they are also informed by the lessons of Asha's own field experience over the years, along with an awareness of effective approaches used elsewhere[51].

The diagram below (Figure 11) presents the Asha Model, and the relationship between its elements. We will discuss the four strategies in turn in the next sections.

Figure 11. The Asha Model

51 The Asha team has learned about the merits of various approaches to development through numerous visits to development programmes in India and abroad. Kiran Martin herself collaborated on a manual on urban slum development with prominent practitioners in the field: Booth B, Martin K, Lankester T (2001). Urban Health & Development: A Practical Manual for Use in Developing Countries. Macmillan Education Limited: London.

A mother in the slum watches her children as she dries grain in the sun for the evening meal

3.2 Strategy 1: Long-term commitment

> **Programs and staff remain in communities over years and decades**

Asha has existed for over two decades and delivers a program that has expanded in nature and coverage over that time. Many development projects and organisations function with a short-term mentality. This is not necessarily their preference, but reflects the dominant mode of funding, which typically ranges from one to five years at most. As noted earlier, Asha is a life calling for Dr Martin, and the senior staff, most of whom have been involved from nearly the beginning, and intend to remain indefinitely. This mindset reflects the nature of staff commitment, but also reflects the protracted nature of social change led by the community. Transformation takes a long time.

Asha nurse practitioner in a slum resource centre

During the early period in each slum, Asha staff encountered disinterest, wariness, even hostility, often for months on end. It is natural that people who subsist on the margins of society and have experienced exploitation would be sceptical about outsiders coming 'to help'. These communities were accustomed to politicians paying visits around election time to make promises that were rarely realised. Residents needed convincing about the sincerity and value of Asha's intentions, which would be apparent only through constancy, personal presence and visible actions. These were gradually offered over months and years, enabling the generation of trust and collaboration that are essential to success. As one senior staff member put it:

> We really commit to what we promise. We commit to staying with communities for the long run. We have told them we will not leave them in the middle. For example, we have told students that we will not leave them till they get a job.

A woman from one slum community reflects here on the way she sees, and believes in, gradual change through the permanent presence of Asha:

> It has not finished as yet. First we built one floor, then another. Now Dr Kiran got us a loan, so we have built better roofs and another floor. We have held on to Dr Kiran's *pallu*[52]…she has continued to support us and we will not let go.

Community wariness usually dissipates with authentic interest, empathy and responsiveness, all of which characterise Asha's entry into new slums. Staff describe their efforts as a balance between establishing human relationships and offering tangible responses such as child immunisations, which they knew would be seen as valuable. They invited women to chat in laneways about their lives and needs and – as soon as there was sufficient engagement – tried to start regular women's group meetings. The women themselves recollect their initial doubts and bemusement over the notion of gathering for meetings. They – and their husbands and in-laws – considered this a 'waste of time' at first. But the staff did not give up; they continued to appear daily, gradually deepening the relationships, and offering practical advice and health care. Finally, a few women overcame their hesitancy and the first meetings took place, from which the broader Asha program gradually emerged.

At the same time, Asha had to manage community expectations. Getting action on problems is rarely immediate, and many people soon expressed frustration. In some slums, women stopped attending Mahila Mandal meetings because they were disheartened. But once again, Asha staff did not withdraw. As one long-term staff member described it:

> Asha would persist and hold meetings with whoever came. Asha does not accept defeat. So if the women stopped going to the MLAs[53], for example, to follow up their requests for services, Asha would continue to do so, and eventually the community returned to join in.

Perhaps the best evidence of Asha's long-term commitment is the admission of hundreds of students from Asha slums into tertiary education over the last few years. This achievement is the culmination of collaborative efforts between Asha and the community that literally span a lifetime.

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52 Drape of a sari

53 MLA = Member of the Legislative Assembly (state government)

3.3 Strategy 2: Systems, protocols and monitoring

> **Training is consistent, and program progress is reviewed regularly and transparently to make adjustments and ensure quality and accountability**

The value of accountability gets expression in Asha through its highly developed, robust guidelines, systems of record keeping, and regular review of progress.

A distinguishing feature of Asha's community mobilisation (which is described fully under strategy 3, below) is the development and use of protocols that guide the dissemination of knowledge and skills within each community group. There is some overlap between the protocols, but adjusted as appropriate for age and role. The protocols incorporate international covenants, protections and obligations under national or local legal frameworks, practical advice, and ways to elicit community needs. They are regularly revised in response to emerging needs and opportunities.

Having explicit protocols means that Asha staff trainers know what to cover, creating standards across all their slums. Because these are written, they are accessible for visitors to Asha (including volunteers), enabling others to quickly grasp the focus of Asha capacity building efforts. The ability to share protocols with outsiders offers a level of transparency not always found in NGOs.

From the first year of its operations, Asha began to gather data about its communities, activities, and impact. This included baseline assessments to reveal community needs in several slums, offering a more robust approach to program design than the informal, small samples often used to decide upon action. Asha's data gathering and management system today is sophisticated, covering both process (content and reach of activities) and impact (change in behaviour, health status and other measures of equity and social change). These data are gathered at the local level, regularly updated, and posted on Asha centre walls, allowing scrutiny by the community and by staff during review meetings. Mahila Mandals also receive monthly updates, which they review in their meetings. Asha headquarters collates data across all centres, enabling it to identify shortfalls, gaps, and changes in health-seeking that may indicate disease outbreaks, and tracking of all its process and outcome indicators. These data comprise the evidence base for decision-making, as well as reporting to government, donors and the community.

More informally, but also important, is the review system instituted to mitigate some of the anxiety inherent in evaluation, described in Chapter 2, i.e. staff exchange visits, that are used instead of formal evaluation. Asha staff cited these as an effective mechanism for generating new ideas, and for reflecting on weaknesses and strengths. Dr Martin also makes similar visits to each slum at 3-4 monthly intervals.

Asha shares its progress widely (through its website and mailing list) through newsletters and, more concretely, annual reports that include an auditor's statement. In this way, Asha acknowledges the right of its supporters to assess 'value for money,' and of the community to judge the continuing merits of its program.

Data on latest health indicator targets posted on the wall of an Asha health clinic

3.4 Strategy 3: Strengthening civil society

> **Volunteers in women's, youth and children's groups learn rights and responsibilities of citizenship, and the means to advocate for common needs using non-violent methods**

We noted at the outset that effective development requires active participation of community members, including those typically excluded from involvement in decision-making. In most segments of Indian society, women face severe constraints on their autonomy within the family and community. The National Family Health Survey of 2005-06 asked married women about decision-making relating to their own health care, large household purchases, daily household purchases, and visiting their own relatives. Just 37% participated in all of these decisions, and 10% did not participate in any of these. Among both married and unmarried women, 19% were not permitted to go to the market by themselves; 72% were allowed to go alone to a health facility, but only 37% were able freely to travel alone outside their own community. Those least likely to be able to move around to these places included Muslims, lower caste Hindus, those with no children and slum dwellers[54].

'Community participation' and 'strengthening civil society' are buzzwords in development circles, with both typically claimed as mechanisms or goals by grassroot level programs. However, in our team's experience, few programs witness the level of involvement visible in Asha slums, where hundreds, even thousands, of individuals have given countless hours of their time, resources and energy over many years to improve their communities – with neither pressure nor incentives from Asha. Nor is it common to see an NGO that actively works to make communities gradually independent of the NGO's support; and yet this is the natural outcome of a strategy that genuinely and effectively fosters citizenship.

Perhaps Asha's most distinctive feature is the breadth, depth and dynamism of its organised groups, which cover children as young as six. It is this system of informed, motivated and confident volunteers that enables Asha to reach, understand and support the 400,000 residents within its fifty slums. These associations are the lynchpins of a citizenship that acquires its own momentum, enhancing the sustainability of a new mode of community action and control. The very people typically ignored by authorities gain substantial autonomy over their lives and circumstances. The role and impact of these groups was clear to the team, and invariably emphasised by visitors and foreign volunteers during interviews.

Today there are Asha associations for women, children aged 6-14 years, and teenagers. It is the women's and children's groups, Mahila Mandal and Bal Mandal, respectively, that have played the most pivotal role in Asha's dreams of social change, and we will focus on them here. Both have similar structures, and members often become role models to their peers in the broader community.

54 National Family Health Survey (NFHS-3), 2005-06. http://www.nfhsindia.org

3.4.1 Women's and children's groups: the mechanism for community transformation

As noted earlier, one of Asha's first steps in a slum is to identify women with leadership potential to form a Mahila Mandal. Bal Mandals are established somewhat later using a similar approach, and both are central to the implementation of Asha's comprehensive program. The number of Mahila/Bal Mandals per slum depends on the overall population size, with membership limited to approximately 35 per group. The common model for both groups includes:

- Weekly meetings
- Payment of dues (Rs 10 per month);
- Discussion of community needs and agreed responses;
- Building of skills, awareness and knowledge by Asha staff;
- Social gatherings; and
- Reporting on action taken within area of delegated responsibility.

Although many NGOs organise community groups, Asha's method of building citizenship ensures the systematic embedding of its values of individual dignity, social justice and peace-making, as can be seen in the structure and function of these groups.

Firstly, Asha imposes a number of expectations upon intending members. They must: (1) attend meetings regularly for up to three months before being accepted; (2) demonstrate their commitment by paying dues; (3) agree to abide by group regulations and shared decision-making; and (4) enthusiastically use their time, energy and talents to identify and respond to community needs. The result of these stringent requirements is pride in one's perseverance, a sense of (literal) ownership through committing one's scarce financial resources, and a deep understanding of individual obligations to the community.

Second, through training that draws on written protocols, members learn about fundamental human rights and equity, basic health care, gender discrimination, non-violent action and ways to communicate effectively, but with respect. They also learn the necessity for persistence, empathy, accountability, rules, and a shared responsibility for action.

Members are not given money or handouts; instead, they are provided with an awareness of what they themselves can – and should – do, and how to do it. And in the process, they quickly recognise the benefits and pleasures of knowledge, personal growth, friendship and solidarity:

Mahila Mandal group

Asha gives the community training, but then gives them the freedom to do things themselves, and to help themselves. (Asha senior staff)

Asha staff taught us everything - like a mother teaches a child. She held our hand and taught us how to talk to people, fundraise, go to the hospital. She taught us the way, then she told us to do it ourselves – *'aage barho!'*[55] (Mahila Mandal member)

3.4.1.1 The 25 Households Model: Lane Volunteers

Perhaps the most powerful and effective element of these groups is the allocation of responsibility to each member for a cluster of households. Almost every Mahila Mandal member is also a Lane Volunteer expected to monitor the needs of 25 families in her neighbourhood. Bal Mandal members play a similar role, as appropriate to age. In conditions of overcrowding and insufficiency, people are likely to perceive their neighbours as little more than competitors for space, water and other scarce facilities. This perception is exacerbated by the artificiality of many slum 'communities', which draw migrants from several states that may not share common languages, religions or caste. Understanding the circumstances of one's 25 households obviously entails a measure of communication and familiarity, and this opens the way for empathy and, over time, the recognition of shared interests. In turn, this recognition helps diminish tensions and offers scope for united approaches to authorities, and common action for local improvements. Members also use this system to disseminate information about health, education, rights and important external events affecting the area, and to motivate their neighbours to take joint action for common welfare. Women frequently mentioned the impact of joining forces. As one of them recalled:

55 Move ahead, advance

Mahila Mandal meeting

> Earlier we weren't able to approach the authorities because we were all separated, but now we are united, and we can.

Members of two children's groups spoke feelingly about the effect of these bonds and shared action:

> What is special about our Bal Mandal is that whatever we do, we do it all together. We really unite for everything.

> We get to make a lot of friends. Earlier we were only friends with the kids in our lanes. Now we are friends with the entire *basti*[56].

Being responsible for 25 households offers another critical benefit; it is a channel for Asha to monitor the often changing needs within each slum, thus promoting appropriate organisational planning and higher-level advocacy. In the same vein, the system provides an identified 'go-to' person for individuals or families in crisis, who otherwise are likely to feel – and to be – left to their own devices.

3.4.1.2 Unleashing leadership through awareness and mentoring

Another transforming feature of these associations is the fostering of leadership within segments of the population that traditionally lead restricted lives. The gender equity gap has already been mentioned. Children, too, normally defer to adults. Asha puts substantial time into education about health and rights, mentoring and other confidence-building approaches. Today all women members and many young people have personal bank accounts, and some have loans. Even illiterate women and children gradually begin to play more active roles in the wider community. They also begin to assume a new status within their families and laneways as they transfer useful knowledge and share the credit for improvements in slum environments. One or two members of each Mahila Mandal is trained more intensively as a Community Health Volunteer, who offers basic health advice and minimal care (e.g. for headaches, cuts), and acts as a referral link to the local Asha health unit and – in emergency cases – local hospitals. Asha also produces trained birth attendants to support safe deliveries (further information on Asha health workers is found in Chapter 4).

56 Slum neighbourhood

Mahila Mandal leader

Both women's and children's groups become aware of rights enshrined in Indian law and international covenants, but often honoured in the breach. Both groups learn about child rights, including the illegality of child labour and child marriage, which persist through a combination of custom and poverty. They learn that gender roles are socially-determined, not inevitable. Children are taught about self-care, hygiene, dental health and practical ways to prevent illness. They learn how to properly nourish infants and the need for growth monitoring, management of child diarrhoea and respiratory infections, danger signs, prevention and treatment of TB, the consequences of tobacco and misuse of alcohol, and care of the elderly. They also are introduced to communication skills that assist them to discuss these topics within families and laneways. Children are given tips on stress and time management, and exam preparation to promote academic success. Their activities in the community, despite being untraditional, appear to be well-received.

As one child put it:

> When we go to other people's homes and speak to the mothers about different things, they always tell our parents how good we are, and tell their children to become friends with us. They want their children to be like us.

Women's groups have a broader curriculum, covering additional and more detailed health topics in different age groups, and additional social issues. Gender equity is a particular focus, including the negative consequences of foetal sex determination and the sex ratio imbalance, discrimination against the girl child, sexual harassment and assault and domestic violence. Both women and children learn about protection under law. Members learn about the opportunities offered through Asha, as well as various schemes provided by the Delhi Government for certain categories of slum dwellers like the girl child, widows, the elderly, etc.

Asha staff provide both groups with pragmatic tips on the best ways to approach authorities to achieve outcomes. For example, groups learn the subtleties of body language, and to practice maintaining eye contact (even in the mirror at home) to convey strength and self-confidence. When meeting with authorities they prepare a written submission and take two copies to get the duplicate stamped for safe-keeping, so that authorities acknowledge having received a complaint or request. Asha helps members understand that persistence and determination are essential to reap outcomes, meaning that multiple visits are often needed:

> We got a tube well constructed to overcome the problem of water. We used to go all together – we had to go many times. They don't listen if we just go once. We went repeatedly, over two or three months. (Mahila Mandal member)

3.4.1.3 Active peace-making

A central part of the training offered to Mahila and Bal Mandals is the concept of peace-making. Members are enjoined to consider everyone – friend and foe alike – as 'part of their extended family'. Despite their years of degradation and impoverishment, and the obvious inequities around them, they are encouraged not to display resentment, rage or even impatience. They are taught to treat each person, high and low, with respect, and to understand the strong influence of background and environment on people's world views and values.

At the personal level, this means approaching everyone in the community and outside with kindliness. It also calls for something that is often more difficult: fellowship and a degree of intimacy between castes and religions. In this instance, Asha staff have modelled this behaviour, publicly sharing food with individuals

of different castes, and treating people of different ages, castes and religions with equal respect and warmth. Today in Asha slums, women and children from Muslim and Hindu backgrounds, including from low castes, work, play and eat together in apparent harmony. The documentation team asked respondents (community members, local officials, police chiefs) in each of the 12 slums visited whether there were any communal tensions between Hindus and Muslims. Every respondent denied there had ever been a single incident. Kiran Martin reflects on the power of this fellowship and shared action:

> Sharing a meal builds a sense of solidarity; you discover others like you going through similar struggles. When we first started, the slum dwellers had been isolated so long. They would go to the local market or to their village in the previous time, but that was it. This allows them to see the outside world. Going to lobby is so exciting in a group; they feel so much more empowered, and we would always stop and eat something. It's about encouraging sisterhood and brotherhood among members of the community, whether yours or others. It demonstrates what a loving community can achieve. In each human there is a desire to be part of a group, to articulate your joys and concerns. It breaks down caste and religious and socio-economic barriers. You become so much more cohesive as a group. Once it's harnessed it can work wonders... one begins to look out for every person in the community, and will not ignore the needs of neighbours.

During our many visits to the slums, the visible warmth and ebullience among group members seemed clear testament to the success of peace-making. Smiles, raucous laughter and comfortable teasing, along with the literal harmony of voices raised in group songs, reflected their close bonds.

Asha also teaches groups about peace-making within families. Children learn they should speak to the entire household with deference, but are expected to share their learning and awareness with their elders, which is significant in a society where young people rarely take this role. Possibly most confronting is the management of violence against women. Asha stands up firmly for women, often acting as mediator, but simultaneously calls upon wives to forgive their husbands on the grounds that men and boys are socialised to believe such violence is acceptable, and it takes time to shift these perceptions. Many Mahila Mandal members described the initial hostility of husbands and in-laws to their Asha involvement. Today, virtually every member interviewed agreed their husbands and relatives now offer at least tacit approval, and for many the endorsement was enthusiastic:

> Now our families do not object to us coming to the Mahila Mandal. Initially we did face some problems from family members, but we bore with it. We kept coming. In the beginning husbands stopped us, but we knew we were not doing anything wrong. We were not stealing. We told them what we were learning. If you want to move forward, learn something new, then you have to persist. (Mahila Mandal member)

Finally, Asha emphasises the critical importance of establishing relationships with the authorities who have the power to say yes or no to their requests for infrastructure or services. Asha training emphasises that the tone of their letters and direct approaches for assistance must be more than correct; these should be gracious, though concrete in terms of requests and reasons for them. Members are encouraged to get to really know those in authority (e.g. slumlords, police chiefs, MLAs, Councillors). They should invite them to family or community events, and treat them with friendliness and politeness on these occasions. While the strategic value of these relationships is immediately obvious, group members and Asha staff alike say this is not the primary objective. One Asha senior staff member explained her view this way:

> Whenever there is a new official in the area, we go and meet them. We don't just go to officials at the time of need. We invite them to various functions, not just at the time of some work.

Staff appear truly to desire to win over those who exploit and control them, to disarm and reassure them, rather than humiliate them, or cause loss of face, particularly when their lobbying efforts bear fruit. A sanitary inspector, when asked to compare Asha with other NGOs he has known, said:

> There is some difference with Asha. Work-wise, every organisation has its focus, but Asha goes door-to-door. They approach me more personally than the other ones. The relationship is direct – they know me personally.

Similarly, an MLA reflected on some aspects of Asha's approach that struck him:

> The first time I met Dr Martin was during a public inauguration of facilities. I was happy to see the women from the community very nicely dressed. I congratulated Asha because they were so well dressed. Asha wants to totally develop the poor people. They are doing much more than I do. Not everyone can do the kind of work they do. In Asha, people work like family members. Their way of talking is like the community. Other NGOs may use a higher language. Their purpose is the same, but they don't feel others are like their brother, sister or friend.

Finally, a long-term slumlord in an Asha area spoke with real enthusiasm about Asha's credibility and commitment. Because slumlords in particular have much to lose, his attitudes obviously suggest Asha had approached him in such a way that he was able to cede power gracefully:

> As far as I know they are doing good work for the poor. Whatever they have done has benefited us and they haven't done anything that hasn't. Only Asha has worked with the poor like this.

Members of Mahila Mandal meet with government sanitation inspector in the slum

3.4.1.4 Social change in action

Mahila Mandals and Bal Mandals act with certainty about the legitimacy of their grievances and aspirations, coupled with shared responsibility for action. Consistent with the awareness of their rights and obligations, Asha community groups run their own meetings, whereas in many other settings, NGO staff take the lead. Thus, individually and in concert, members become agents of change as they identify critical needs and potential pathways to address these. Their action takes several forms, including:

- Making shared decisions about allocating the group's accumulated dues, e.g. to support an elderly woman on her own;
- Approaching officials and government departments through writing letters or personal visits, e.g. to request sanitation facilities or a local police post; and
- Offering practical or emotional support to those in need, e.g. accompanying new residents to get children enrolled in school, mediation between spouses.

Mahila Mandals, through their efforts, have brought about changes in quality of life for their communities. The national and state government schemes for slum dwellers, as noted above, are not always in place. These often require identification papers, which many poor people and migrants do not have. Asha groups have successfully lobbied to ensure residents were issued with Ration Cards for access to basic commodities. These cards can also be used as proof of residency for school enrolment, bank loans, etc. In one slum, they agitated to increase the number of 'ration shops' from one to six, making subsidised provisions more available. The system of Lane Volunteers helps to ensure that women register births, partly to guarantee the child's eligibility to receive normal entitlements, but especially for girl children, who will receive Rs 100,000 on completion of year 12 if the birth was registered within two months. Some Mahila Mandals directly seek donations from MLAs and local shop-keepers, etc., by explaining their various needs:

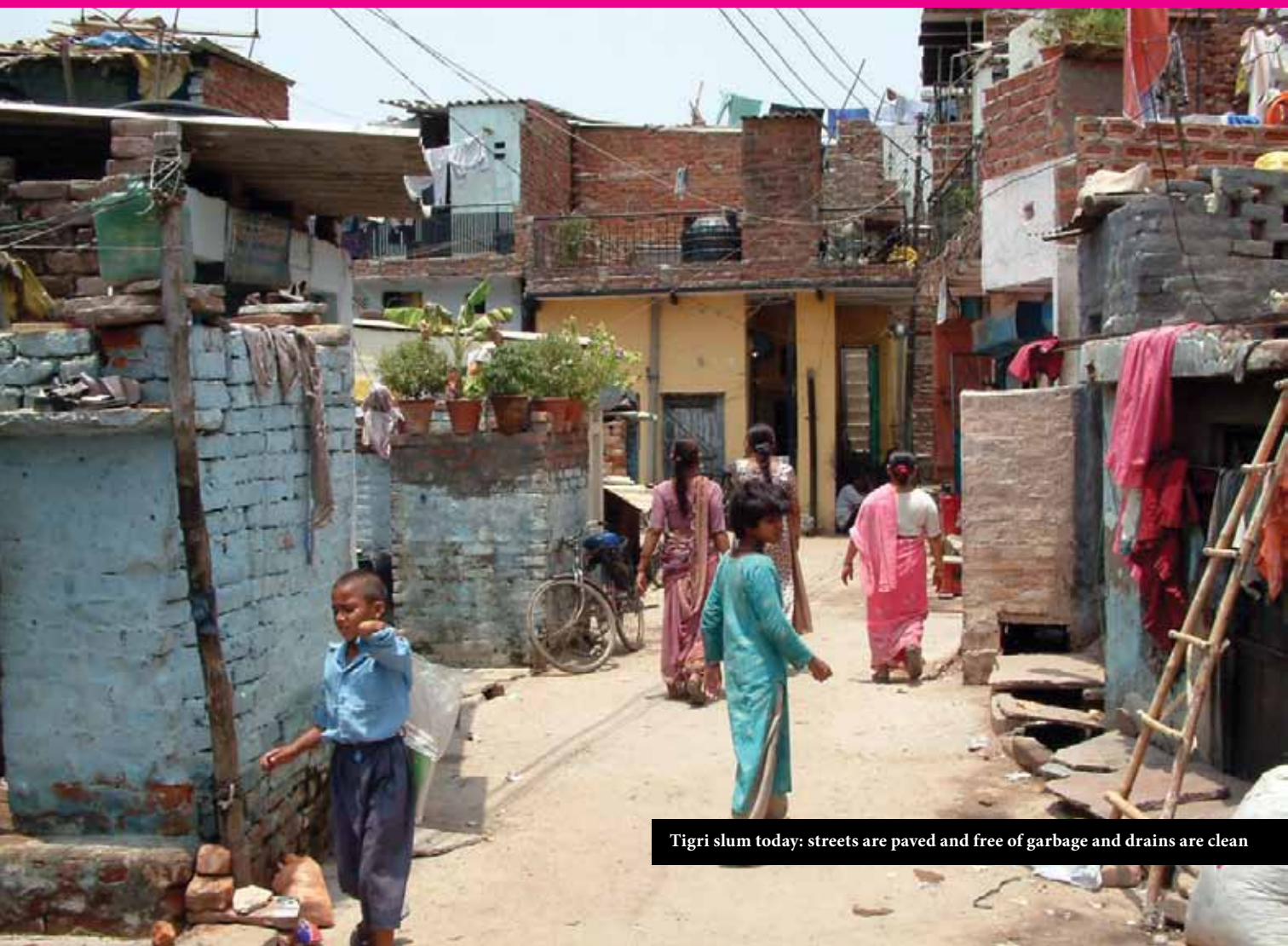
> People think of the Mahila Mandal as a forum to come to if they are having problems. They come to us to get their issues resolved. (Mahila Mandal member)

In impoverished conditions with little oversight by authorities, there may also be opportunistic exploitation. In one slum the manager of a toilet complex was illegally charging women to use it, but stopped doing so following intervention by the women's group. In another, when members learned that substandard materials were going to be used in laneway paving, the group physically obstructed the work until contractors were able to prove the mixture met quality standards. Local security is a major concern in most slums, which often have no regular police presence. Women's groups in several slums convinced Delhi Police to establish posts within or near the boundaries of slums, greatly reducing violent episodes and forcing out illegal alcohol shops.

Sanitation and drainage affect health, hygiene and quality of life in slums. Asha community groups have taken on these problems repeatedly, e.g.

- In one case, a local shop-keeper refused to allow drain repairs because he feared disruption to his business. Both women's and children's groups assembled en masse, along with the police, until he agreed;
- In many settlements, slums lie along railway lines, which are used as de facto toilets, often at great risk to residents. In one such area, the women's group lobbied for years to the local MLA, who eventually visited and then authorised construction of a toilet block;
- In one slum, the group successfully pressured authorities to provide 25 water tankers where there had been only a few, meaning residents could get water every second day; and
- In many slums, repeated pressure has led to paving of lanes, provision of rubbish bins and regular garbage removal.

2009-10, 63 women's groups collectively made 444 visits to the authorities, and 54 children's groups made 177 visits to lobby for the needs of their community.



Tigri slum today: streets are paved and free of garbage and drains are clean

The following letters (translated from Hindi) were used by Mahila and Bal Mandals in Zakhira slum to request action on sanitation. The language is succinct, while offering potent examples of the dire conditions of daily life, including risks posed by inadequate infrastructure. Letters are addressed to a range of authorities. One of them is from the local MLA on their behalf to another authority. The dates convey the relentlessness of efforts, and the emergence of additional needs over time.

From Mahila Mandal, Zakhira, to [appropriate officer], Slum Department (25/07/05)

Due to the lack of toilets in W-88 Amar Park, Zakhira, our slum is very dirty. During the rains, it gets even dirtier and due to these unhygienic conditions, we are afraid of various diseases spreading in the community. Since there are no toilet facilities, people use the railway tracks as toilets and we have had several accidents in which children and the elderly have died. Therefore we really need a toilet. We request you to please build a toilet facility in our slum to improve the lives of our slum dwellers.

Letter from Mahila Mandal, Zakhira, to Municipal Corporation of Delhi (23/11/05)

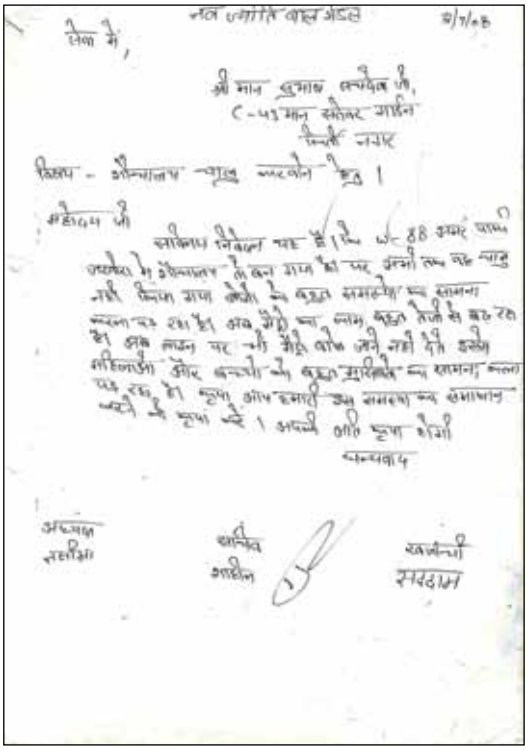
We have requested you several times to build a garbage facility in W-85 Amar Park, Zakhira, but you have neither built a garbage disposal facility, nor installed big garbage bins. As a result, garbage is piled up all over our slum and disease is spreading. The drains are also blocked due to which we have mosquitoes breeding. In W-88 people are facing a lot of problems since there is no toilet. Even this morning, a man who had gone to the railway tracks for toilet had an accident and lost his arm and leg. We request you to please pay attention to all these problems being faced by the people in the slums. We will be grateful to you.

Letter from MLA to Additional Commissioner (Slum and JJ) (27/11/05)

The people living in the slums in my constituency in Zakhira are facing acute difficulties due to the lack of toilets. Since there are no toilets, people defecate in the open, which creates several problems. I hope that you will pay attention to this problem and provide toilets to the slums at the earliest.

Letter from Bal Mandal, Zakhira, to MLA (31/07/08)

Although toilets have been built in our slum, W-88 Amar Park, Zakhira, they are not yet functional. As a result we are facing a lot of problems. Since the Metro is being built very rapidly, the Metro workers do not permit us to go on the railway lines. The women and children are really suffering because of this. We request you to please help resolve this problem. We will be grateful for your assistance.



Letter from Bal Mandal Zahkira to MLA

Children's group meeting

Visitors to Asha are usually surprised to learn of the tangible impact of groups of children aged just 6-14 years in raising community awareness, assisting people to receive their entitlements, and lobbying the authorities. One Bal Mandal helped widows obtain identification cards to enable them to start collecting their pensions for the first time. A member of another group recounted successfully persuading the mother of a young boy to send him to school rather than keep him working in the family's food stall. Another child helped encourage school enrolment in this way:

> Sometimes parents don't know that till the 5th grade, education is completely free. Students get free tuition, free clothes and books and mid day meals. We go and explain this to parents who are not sending their children to school and try and get their children enrolled.

The Bal Mandal, like the Mahila Mandal, accumulates dues and decides how best to spend their sums. In one case, the group decided, 'From the money we collect we buy eggs, milk and bread for the poor people in our *basti*'. Another member described how his group spreads information about health and sanitation.

> We go and check houses in our lanes. For example if a child is playing barefoot we tell them they should wear slippers. Or if we see a water cooler with stagnant water, we tell the family that if they cannot clean it regularly they should put two capfuls of kerosene oil in it to kill the mosquitoes. We also tell people not to throw rubbish in the laneways.
>
> At one point garbage started to be dumped outside the building where Asha had built a library for us to study and where we had computer classes. So we wrote an application and went to the authorities requesting them to do something, because the smell was so bad we couldn't study. Now the garbage is regularly removed. (Bal Mandal member)

Asha encourages children's groups to have drama and poster competitions about health and social inclusion. Such street theatre is often performed within communities, typically highlighting the dangers of alcohol and tobacco, along with child marriage and domestic violence. Members proudly claim their efforts have led their fathers to quit smoking and drinking.

Bal Mandal members are optimistic about their impact. As one child put it:

> They won't listen once, they won't listen twice, but if we keep repeating it they ultimately will! (Bal Mandal member)

Children conduct TB awareness campaign in the slum

The efforts do not always bear fruit, but members learn about working collaboratively, being persistent, and gradually come to understand the mechanisms for seeking redress:

> We put in several applications to close the liquor store near our *basti*. It has now been closed but alcohol is still being sold illegally. So, we've put in another application to address this problem. (Bal Mandal member)

Asha accompanies some groups on monthly visits to MLAs, police chiefs and local Councillors, offering them unusual opportunities to mix with those who wield power.

3.4.1.5 Women's groups as official societies: leaving the nest

A singular feature of Asha's approach was the decision in 2002 to obtain the rights for official registration for Mahila Mandal groups under the Indian Societies Registration Act. The Act stipulates requirements for democratic elections, external auditing of finances, and regular meetings, among other things. Over time, as individual chapters gain in confidence and maturity, they apply for this official designation, thus achieving an autonomy and status that give them leverage in the public domain, and increases the responsiveness of authorities. Indeed, they are often seen by public officials as useful partners when new plans are implemented by local government.

This decision has a powerful symbolic value, as it implies the attainment of mature self-reliance. The early period of confidence-building, nurturing and practical supports provided by the Asha staff gradually gives way to self-sufficiency. Asha is there if needed to offer counsel, but it considers the ultimate independence and self-reliance of the community to be essential for mature citizenship. The registration of women's groups signifies their ability to operate on their own, and the expectation that they will continue to perform their crucial function on behalf of the community for the longer term.

3.4.2 Teens educating teens

Correct knowledge about changes at puberty, reproduction and sexual health, and the stresses of modern life for adolescents is not readily available to Indian youth. Asha sets up groups of youths (Yuva Mandal) who meet regularly to discuss their own challenges and ways they can contribute to their community. From within the group, Asha invites individuals to volunteer for training as peer educators, learning the most effective ways to transfer information to their friends. Peer educators emphasise the laws against early marriage and the benefits of staying in school, which is often less valued by parents who are desperate for another wage earner. Peers offer reassurance about bodily changes and clarify confusion about fertility and reproduction. And they can raise awareness of the dangers and illegality of sexual harassment and abuse.

Asha Peer Educators

3.5 Strategy 4: Identifying and responding to local needs

> **Needs are identified through volunteer networks, community meetings and visits by outside experts**

The final strategy utilised by Asha consumes the majority of its efforts and resources, namely, monitoring the most pressing community needs, and – especially – delivering activities to address these needs. The scope and content of these activities has evolved considerably over time as the organisation has grown, new challenges have emerged, and new opportunities have presented.

One of the most distinctive differences between Asha and many other NGOs is the extent to which it is truly embedded in its communities, as discussed above. This is possible both because staff are willing to undertake daily work in slums, and because Asha is able to set up its activities in the local community centres. Thus Asha is seen as a permanent feature of the neighbourhood. In the same way, consistent with its values, Asha never offers financial incentives to the community to obtain its collaboration; incentives are seen as both unsustainable and symbolic of externally-driven models of engagement.

Another distinguishing feature is Asha's willingness to ***take on any concern*** that it deems within its capacity. Many NGOs work in a single, predetermined domain, typically with a specified sub-group, such as children, while Asha programs are more integrated and active across the age spectrum.

As a local police chief described it:

> Hardly anyone comes forward to actually work for the poor, but Asha has been with the slum dwellers emotionally, physically, economically and supplying all-around support, whereas only a small percentage of ordinary people would do so. If I get transferred to an area where Asha isn't working, I'll invite them to start up there.

The main mechanisms used by Asha to identify community needs and possible responses are:

- Weekly Mahila and Bal Mandal meetings, during which members report on concerns they identify via monitoring of 'their' 25 households or via direct requests from the community, and together determine priorities for action;
- Monthly meetings convened by Asha to communicate information and invite expressions of local concerns;
- Occasional visits and reviews by outside experts (e.g. maternal health, micro-credit);
- Assessment of its own data on changing trends and comparisons between slums;
- Exchange of staff and community group members between slums, providing opportunities to observe local variations on activities; and
- Bi-weekly staff meetings, during which emerging challenges are raised and responses discussed.

While Asha began life as a health organisation, it quickly expanded to other areas in response to expressed needs (water and sanitation, security of tenure) and those identified from outside the community, such as tertiary education. Its work has spanned land rights, health care, environmental upgrading, education (from basic to tertiary), bank accounts and loans. Asha has been adept at maximising opportunities for introducing or adjusting programs through its broad support networks. These relationships, and its flexible approach to programming, have made the generation of ideas for rapid and innovative responses possible. However, equally important has been the intimacy between senior staff and communities, which offered the capacity to check these 'good ideas' for appropriateness in the real setting, thus minimising the likelihood of program failure.

In the next chapter we summarise the four main programs implemented by Asha across the Delhi slums in which it operates.

Young girl with schoolbag saying hello to the documentation team

Chapter 4. Asha Programs: Land Rights, Health, Education and Financial Inclusion

A slum area that has benefitted from on-site renovation and land rights is today approaching middle class

Slum family in home that has been renovated thanks to housing program

South Indian Hindu temple in Shanti Vihar

All programs draw heavily on the Asha Model. The mobilised community remains at the forefront of activities, responsive to changing needs and providing the voluntary force required to deliver activities in a more sustainable fashion. Asha efforts now centre mainly on health, education and financial inclusion, but one of the first and most critical programs – land rights – will be described although it is not currently available in all slums.

4.1 Land rights program

The primary concern expressed by slum residents, following lack of water and sanitation, is typically the constant threat of eviction. Residents spend sleepless nights wondering whether bulldozers will appear without warning to sweep away their modest possessions and semblance of protection from the elements. Like most urban settings around the world, land values in Delhi have skyrocketed, and developers are perennially on the lookout for space to erect shopping centres or apartment blocks, presenting ever greater obstacles to secure tenure for slum dwellers. Asha has been involved in two different types of land rights programs.

In the first several years of operations, Asha worked with residents of Ekta Vihar and Shanti Vihar to secure land rights on site. On-site improvements (with land tenure given to those who have resided for substantial periods) is seen by residents as greatly superior to forcible relocation, even where land is provided. Relocation is normally to the distant fringes of Delhi, where jobs may be few and public transport and other services limited. Relocation also disrupts the sense of community established over years in the slums. In these two slums, communities were granted land title and small loans for building construction, with labour supplied by residents. All titles were given to women as part of this arrangement, which provided them with a measure of control they had not known before. Today, these two slums can be described as approaching middle class in appearance and prosperity. One of the female residents described the revolution in their lives:

> The living conditions are neat and clean, children can go to school and there is a smaller family size. It's eliminated a lot of stress, because our houses are concrete. They won't be washed away. We have our own identity and we have the benefits of getting regular jobs because we have proof of residence. Earlier, when we worked outside as domestic help, the children didn't go to school because our houses had no proper doors or locks, so they had to be there to keep watch. Now we have our own house and can live comfortably. We have freedom. If we hadn't got land title we couldn't have realised our dreams.

This approach to slum renewal was unique at that time, and its success has had a far-reaching impact. The government of Delhi has now sanctioned on-site renovation for zones where land is not required in the short- or medium-term for other purposes.

Asha's second type of involvement in land rights was precipitated in April 2006 by the Delhi government's decision to raze slums for the construction of facilities for the 2010 Commonwealth Games. In some cases, just 24 hours' notice was given to communities. Asha initially appealed for a reversal of this decision for Thokar No 8, which had been home for up to 20 years for a population with well-established Asha programs. When these attempts failed and the slum was demolished, Asha and the community made repeated approaches to the government for allocation of land elsewhere. Eventually the government provided plots for a proportion of residents in an isolated area, Savda Ghevra, 30 km distant, depriving residents of schools, clinics and often livelihoods. Not willing to abandon this community, Asha had to start afresh because the area was lacking in almost all basic requirements. As its website explains:

> The nearest medical facility was 15kms. There was no transport available into the city and so people couldn't reach their jobs. A few mobile toilet blocks were the only provision for sanitation, and an open drain formed a perfect breeding ground for mosquitoes. A water tanker visited sporadically, causing conflicts between people struggling to get their share.[57]

Over the years since 2006, Asha established a new Mahila Mandal group to take the lead in advocacy, through which the community has achieved a new bus service into the city, toilet blocks, dustbins, new schools and even a local market to sell and buy provisions. This venture provides another promising example of slum renovation.

The challenge for Asha, however, is the extraordinary amount of time and effort needed to bring about land rights programs. At the same time, regulations on land ownership and development in Delhi have increased in complexity. At present, Asha directs most of its attention to areas that may offer better value in the short- and medium-term in relation to its human and financial resource investments. Nonetheless, visits to the two slums where on-site renovation and land title were achieved present a dramatic example of the impact on lives when the full range of basic human rights is realised. This issue remains essential for full human development.

An Asha slum demolition and eviction underway in 2006

Three years on, refugees granted land by government and rehabilitated to Savda Ghevra

4.2 Health program

People residing in Delhi slums are exposed to diseases that flourish in crowded conditions with inadequate ventilation, water and sanitation. They are more vulnerable to illness due to their poor nutritional status. Globally, most mortality in children under five years is attributable to acute respiratory disease and diarrhoea, both of which are widely prevalent in these slums. Children are also at risk of dengue fever, and vaccine-preventable illnesses. Tuberculosis and other infectious diseases threaten the health of all age groups. Women of reproductive age face potential dangers due to pregnancy and childbirth, which are rarely attended by skilled professionals. Other health problems include violence, often fuelled by alcohol, occupational exposure to toxins, accidents and injury, and, increasingly, cancer, cardiovascular and pulmonary disease, and type-2 diabetes.

Pregnancy education classes at Asha centre

57 http://www.asha-india.org/news-and-information/archived-news/update-on-community-from-demolished-slum-thokar-no.-8

Residents typically lack knowledge about risks and prevention of these health conditions, and the means to act where knowledge exists. As Asha notes on its website, health and poverty are closely interconnected, and may become a vicious cycle:

> Slum dwellers are at risk from a wide range of health problems and when they become ill they are often reluctant to seek treatment. Fear, ignorance or a lack of money to pay for healthcare can all cause them to suffer in silence. Poor health causes them to miss work, creating new financial problems. Increased poverty further endangers their health and that of their families, and the cycle continues[58].

Asha-trained Community Health Volunteer

Asha's health work addresses both direct and indirect factors, and covers both curative and preventive approaches, including:

- Advocacy for infrastructure to prevent illness, including clean water, sanitation and paved laneways;
- Provision of primary health care services and referral system; and
- Advice and information to prevent or mitigate illness for individuals and communities.

Asha operates most of its health care from local community centres, which include a small clinic staffed by a nurse trained to give antenatal care, immunisation, and basic health care. A doctor visits the clinic about twice a week to provide higher-level services. In slums without centres, Asha works from mobile vans. Asha's Diagnostic Centre at its headquarters has ultrasound, pathology and other services that are highly subsidised, although patients make a co-payment. These are available for people referred from near-by slums, including pregnant women, and also for the

58 http://asha-india.org/what-we-do/make-healthcare-accessible

Asha-trained traditional birth attendant (dai)

general public. In more distant locations, Asha clinics send specimens for analysis to the Centre or other facilities. Through its network of clinics in the slums, Asha also collaborates in two major national public health programs, TB control[59] and polio eradication.

Pregnant women in Asha slums are regularly monitored until delivery. Certain days are allocated for antenatal visits at Asha clinics, during which staff conduct information sessions. Women learn about healthy diets and danger signs, but also that most life-threatening risks cannot be predicted; they are strongly urged to deliver in hospitals, a practice virtually unknown among the poor in India until recently. To address widespread anxieties and reluctance to give birth in hospital, Asha staff or volunteers routinely accompany women, and Asha's trained traditional birth attendants (dais) are available for those who insist on home births.

Identifying those in need of care is not easy in highly-populated settings. To do so, Asha uses the 25-household monitoring system that draws upon its mobilised groups of Lane Volunteers, who are given basic training about symptoms of common illnesses, immunisation, and the special needs of women and children. Trained Community Health Volunteers (CHVs) (members of the women's association) provide more sophisticated detection of health problems and act as a conduit for referrals. CHVs and group members not only help identify the ill and encourage (or bring) them to the local Asha centre, they also educate their families, neighbours and peers about health risks and prevention. Community street theatre, public meetings and immunisation drives are spearheaded by these groups. In 2009-10, 1417 Laneway Volunteers and 81 CHVs cared for their neighbours (a ratio of 1 CHV per 250-300 families).

Asha's staff and voluntary groups, in concert, have vigorously pursued their rights to infrastructure that directly influences health outcomes. Repeated approaches are made to authorities for water, sanitation facilities and drainage systems. Most Asha slums today are dramatically improved in these critical areas, which has resulted in declining rates of infectious diseases and mortality, particularly among children.

Retention of CHVs is a challenge around the world as these individuals, due to their training, can compete for more highly remunerated positions. The main alternative employment for Asha CHVs is domestic work. Asha's approach to retention has these elements: (1) selecting women who have time for the role (e.g. without small children) and are not interested in jobs as domestic helpers; (2) offering in-service training on a regular basis; and (3) allowing CHVs to impose small charges on the community for their care. In the event, very few CHVs have left their Asha posts. Some depart for a period of time due to other demands, and then return to resume their roles.

4.3 Education program for children and young adults

Under Indian law, education to the end of primary school (grade 5) is both free and compulsory, but many children from poor urban and rural families fail to attend at all or to complete this minimum standard, as noted in Chapter 1. The reasons are varied, and include unmotivated teachers, difficulties in access, and perceived opportunity costs of supporting children to study when they might otherwise be helping out at home or earning money (despite child labour being illegal).

Asha recognises the life-changing role of good education, which creates opportunities for better jobs, leading to income for improved nutrition, housing and health care. Education also unleashes the potential lying within each individual, and this focal area thus reflects Asha's values. Even from primary school, education can raise self-esteem, build social skills, and produce well-rounded individuals. Learning taken home can enlighten families about the wider world, as well as preventive health, rights under the law, and the negative effects of school dropout and early marriage, traditional patterns in poor families.

59 Under the World Health Organization DOTS system

Asha promotes education for young people in slums in a variety of ways, covering what could be called both 'supply' and 'demand' factors, with particular emphasis on the latter. In relation to 'supply', Asha staff and community volunteers lobby local authorities to ensure teachers are in adequate numbers and facilities meet basic standards. In relation to 'demand', Asha attempts the difficult task of overturning scepticism about the value of education – especially, but not only, for girls – by addressing the barriers to changing attitudes and behaviours through awareness raising and support (scholastic and financial).

Demand would soon falter if slum students did not achieve academically. Asha offers training, counselling, practical advice and a range of educational supports to boost self-confidence and achievement. These interventions occur in conjunction with its army of local and international volunteers, targeted to specific moments or phases of greatest need.

Today, primary school attendance and completion are nearly universal across Asha slums, and secondary completion rates continue to rise. Even more remarkable, hundreds of Asha children are now attending university and other tertiary programs across Delhi, as we shall discuss overleaf.

Dr Martin meets with children in a slum

4.3.1 Making primary schooling available and accessible

There are no primary schools located within slums, meaning children invariably must travel some distance – usually on foot – to attend. Given local conditions, pupils from slums face dangers from traffic – both road and rail – and the hazards of negotiating muddy, even flooded laneways. Sometimes lobbying is undertaken by women's groups for removal of rubbish that blocks drains, or for safer road and rail crossings. In one slum, women and children joined forces to improve local toilet facilities to make it easier for children to get ready for school on time. Principals typically worry about non-attendance or poor results among slum children. Asha staff and members of Mahila Mandal and Bal Mandal raise awareness in their communities about regular attendance and completing homework. They also forge relationships with principals, inviting them to come personally to witness the noisy, cramped conditions that deter effective study, and the difficulties in getting to school during the rainy season, for example. These relationships – and a recognition of Asha's commitment to education – foster greater understanding and support from local schools. As one principal put it:

> Around here the parents are out working and don't understand about learning. They are not available. There is often no one at home... But the children are now more regular in attendance; they have people to motivate and support them, and if they are absent for a few days and return, they tell teachers it's because of Asha's intervention.

However, simply to enrol in primary education may generate insuperable obstacles for slum children. Despite schooling being compulsory, the requirement to present a birth certificate for enrolment means children born at home and never registered lack this crucial document, prompting an alternative solution through Asha channels:

> Because we've established good links with school authorities, most of them are willing to accept the Asha Child Health Care Card [issued to most children in its slums] as equivalent for identification purposes. (Kiran Martin)

4.3.2 Creating demand in the community: awareness raising and successful role models

Most slum children live in homes without books and have no quiet space to study. Their parents usually are uneducated, even illiterate, and dubious about the advantages of formal learning. Here, Asha's local staff make a critical difference by visiting families, often repeatedly, to encourage them to make short-term sacrifices that will yield substantial longer-term financial benefits. They also need to persuade parents of girls to keep them in school, when tradition dictates that they will be housewives and mothers, and in any case will normally leave the parental home at marriage to join the husband's family. Gradually attitudes are changing and an increasing proportion of Asha children are completing secondary school.

To help generate and sustain demand for education, Asha women's and children's groups act as laneway education advocates, sharing their knowledge about the impact of learning to persuade parents to permit school attendance. Group members monitor individual families in their lanes, calling upon the wider group to lend support to households facing crises leading to school dropout:

After school computer class run by Asha

Pankaj Kumar, Asha computer tutor, Zakhira

Slum children attending school

> Often for education matters, we might intervene even if family does not ask us to. For example, we knew of a child not going to school who was working. We all went and told the family that the child should go back to school… And eventually we did get the child back in school. (Mahila Mandal member)

Success in school is typically a product of family background, including financial means and attitudes towards education. Wealthier parents are likelier to be educated, and thus able to offer practical, intellectual and financial support to children, including entry into better schools. Government schools, especially in poor areas, often have classes as large as 75, and are unable to offer much individual attention to students with learning difficulties, nor to foster high achievement for the academically gifted. Teaching methods are usually dull, emphasising rote learning. To address these situations, Asha community centres offer study skills classes as well as tutorials, particularly in English and computer literacy (centres all have broadband internet), that run for several months at a time. These are staffed by both paid and voluntary tutors, including foreign volunteers. In this way, slum children's relative disadvantage is significantly diminished; indeed, children from Asha slums often outperform their peers from other areas.

In 2010-11, 550 girls and 635 boys completed Asha computer courses, and 392 girls and 281 boys took Asha English classes.

The transition to secondary school is a time when children often drop out. For those who continue, many others fail the major board exams at Class 10, and thus cannot complete Class 12. Secondary school is the first occasion when many slum children study on the same premises with middle class children. Asha understands the role of healthy self-concept in taking on life challenges, working through its local staff and community groups to promote the notion of the inherent worth of individuals, regardless of background. While secondary school is also nominally free, materials and books supplied are the basic minimum, and insufficient for most students to support high achievement. Asha helps with additional books for students.

Steph Dubbeld, from Australia, teaching English

Asha's heaviest intervention at secondary level occurs before and after the board exams at the end of Class 10. It is essential to pass it to continue to higher secondary and, potentially, tertiary studies. Asha's higher education coordinator describes some of Asha's responses:

> We give them sample exam papers at the centres, along with regular workshops on how to study and stress management. The major challenge is their involvement in other activities, such as housework, and because everyone lives in one room it's very distracting – often with the TV going – and there is no proper space for study. We advise them to come to the Asha centre to study or to the local library, which is open in the evening.

If students pass these exams, they are required to select their general study field for the last two years of high school. The choices comprise science, commerce, humanities and vocational. The problem with vocational studies, a direction often encouraged by local teachers, is that it is not a pathway to university. Asha staff work with families and students to provide a more informed choice, especially for academically talented children. It does not intervene at the school, but encourages students to speak up for themselves at this critical juncture.

Asha's approach is clearly bearing fruit, with ever-increasing pass rates at Class 10 and Class 12, the entry point for tertiary education that until several years ago was beyond the imagination of most residents.

4.3.3 Children from the slums in higher education: the target of '5000 by 2015'

It is astonishing to most observers to learn that, at time of writing, 578 children from Asha slums have been accepted into tertiary studies since 2008. Perhaps more than any other indicator, this achievement represents the breadth, depth and sustained focus of Asha over many years. In 2008, 58 students were accepted; in 2011 it was 190. Reaching these numbers has occurred through constant support and mentoring over the long-term, and through overturning strong family opposition to the radical step represented by enrolling in tertiary study. Asha's success in higher education has prompted it to set a target of 5000 students in tertiary education by 2015.

Nossal's Greg Armstrong with Asha-supported university students from slums

Shabnam outside her home in the slum

Shabnam at Delhi University

4.3.3.1 Overturning scepticism about the value of tertiary study

For years leading up to the first batch of university enrolments in 2008 Asha worked intensively with parents, motivating and reassuring them, and intervening where a family crisis threatened to result in withdrawal of the student from school. Staff report that every year some mothers want to remove their daughters and get them married to be 'finished with their duty'. Asha visits them repeatedly, even calling upon parents who are more supportive of tertiary study to persuade the others of the merits of allowing their daughters to complete their studies. Asha also provides basic financial aid to all Delhi University students, and assists with loans as needed to other institutions to remove financial barriers to study, which is a critical factor for most parents, especially in the case of girls.

Parents variously described the ways Asha overcame their resistance. For some, this completely unexpected situation unleashed undreamed of hopes for their children's – and grandchildren's – future:

> My daughter is studying in college. She always wanted to study but we were not keen and had thought that after school we would not let her study more. We have problems at home in terms of money, and were also hesitant to let her go every day far from the home to college on her own. We don't even know where the colleges are. But then Asha *didi*[60] talked to us, and convinced us to let her go to college. (mother)
>
> My son is in 3rd year studying English. I used to dream about my children being in college. My husband died early and I didn't think that my son would be able to do higher studies. But Asha supported me and helped get my son admitted to regular college and a multi-media institute. I am very happy – both my son's dream and my own are getting fulfilled. (mother)
>
> I thought it would be good if my daughter could be educated. I want her to become economically independent because you don't know how the boy she marries will be. So at least she will be able to earn and feed herself. (mother)
>
> Till my daughter is 21 or 23, I won't pressure her to get married if she wants to work or study further. I want a husband for my daughter who has at least studied as much as she has. She wants the same thing and tells her mother this. (father)
>
> When I hear my son's dreams about what he wants his own children to be, it makes me very happy and hopeful. My dreams came true, so maybe his will too, and our children will keep moving ahead. (mother)

One student described the way Asha supported his efforts to persuade his parents:

> I study in university and also work as a labourer since I need to support my family. My father has epilepsy and can't work regularly, and my mother also has health problems... Because of my family situation I didn't think I could study after the 12th grade since I needed to work. My family was also not supportive. I was the first one in my family to pass the 12th grade and I wanted to study more. So I explained to my father that I would study and work. Asha staff helped me to explain this to my family, and eventually they agreed. I took admission in evening classes so I can work in the day.

60 Lit. older sister; used as polite, informal honorific for females

4.3.3.2 Slum students as Asha trailblazers

Asha tries to anticipate everything a student from the slums needs to negotiate the complicated admissions process, and then manage the transition to an utterly foreign setting, where their peers are mainly from more privileged backgrounds. Once student results are known, staff from the Director down work 12-hour days for several weeks to: persuade parents to agree to send children for higher study; counsel students who have scant awareness of the wider world on course selection; compile a mountain of necessary documentation and paperwork to fulfil bureaucratic entry requirements; make various trips to concerned authorities to obtain required documentation such as Scheduled Caste/Scheduled Tribe certificates; and (sometimes) argue with university staff over the admission of qualified students.

Once admission is secured, staff begin to prepare each student psychologically and practically for this major life change. They give them sessions on study skills and the differences between secondary school and higher education. In particular, they focus on self-confidence, giving pep talks on their worth, focusing on their objective achievements. Staff also take them for haircuts and shopping for clothes (subsidised by Asha) so that they will not look out of place on campus, and show them how to get to and from campus on public transport. As one female student reflected, 'The scariest thing for me was taking a bus, because I'd never been on one before'.

Despite this preparation, a crisis of confidence seems to be a universal experience as students move from a world on society's bottom rung to the higher echelons. During the first months Asha staff stand ready to offer reassurance and advice. The students we met attributed much of their capacity to survive this period to Asha, and were conscious of the great changes in their own self-concept and personal growth:

> I studied to 12th class in the local school and had friends only from similar backgrounds. I had lots of problems in university in the beginning, especially related to very low confidence. But I went to several classes given by Asha on how to deal with others in the university, how to talk, how to meet people. This really helped improve my relationships, and my shyness has reduced so much that now I can talk even to 3rd year students. My way of thinking has changed. Earlier I was very negative. My thinking was based on what I saw in movies – that university was for the rich and the poor cannot study there. Before, when I used to pass the university I am studying in now, I never thought I could be there. When I got in I was very scared about going, the ragging, etc., but now I feel very confident. (male student)
>
> Asha kept telling us that we are equally talented as the wealthy students, so we should just try to impress others with our abilities. So I joined all the competitions, debating, art, and others. I got so much confidence from this. I got a 2nd prize in one of the debate competitions and all my high-class friends came to me and said that they didn't realize how talented I was. Now they come to me to become friends. That's when I realized that it was true, that we were talented and just being economically strong wasn't everything. (female student)
>
> Earlier in college I was very hesitant to talk to anyone. Some students from high-class families teased us, so it was difficult to handle this. We felt that this place was not for us. We used to come to Asha and tell them these problems, and the staff would give us workshops, and tell us 'You are just like the others! Don't look at yourselves negatively; you have gone to university because of your hard work. You might not be economically high, but you got there on your own merits, so don't think of yourself as any less'. Now we have integrated well. Now no one can tell that we are slum children, unless we tell them ourselves. We got a lot of support from Dr Kiran. She gave us pocket money to go to the canteen and be able to treat our friends. She said 'You should also have money so you don't feel any less than the others'. Now when we are with others we come across as equals… Our dress and body language have really changed. We had never travelled in a bus before, but now we go all over Delhi. We are studying but also having a lot of fun. (female student)

Students – both males and females – have a new view of their potential life trajectory. Their journey to this point has expanded their horizons and led them to question some traditional norms:

> After the 12th class we thought we'd just get a job for Rs 3000 and help the family financially. But then Asha told us about all sorts of courses, nursing courses, and others. They said we should study what interests us, not from pressure. Then Asha staff helped us get admission, filled out the forms, paid our admission fees, bought us a bag and clothes. They got us jeans, sandals ... they made us look really good for college. The first time we wore jeans for college we felt very awkward and wanted to wear our *dupatta*[61] with it, but now we are comfortable wearing jeans. We have changed a lot. Earlier we used to dream of a Rs 3000 a month job; now we think that we should earn at least a 30,000 a month job. (female student)
>
> Before we used to think if we tried to go to a restaurant people would stare at us, and not allow us in, but now we go everywhere. We used to not go alone anywhere; now we can go everywhere; we can get our work done independently. (female student)
>
> Earlier we girls said we'd have been happy to marry a boy who had passed Class 10. Now we want someone who is also university educated. Things are so expensive these days that both partners need to work. Also people should get inspired by the fact that we have studied. (female student)
>
> Mummy used to say 'we will get you married after school'. We used to agree. Now if Mummy says to get married we will say no. We want to study and prepare for our future. Today we have this opportunity – we might not have it again. This time is crucial – we can either progress or stay where we are. We don't want our future generations to have the same difficulties we had. We want to make sure our hard work pays off and our future generations benefit from that. (female student)

4.4 Financial inclusion

A feature that exemplifies the invisibility of slum inhabitants is their lack of financial identity. In the booming economy of contemporary India, many millions sit apart from the world of ATMs, credit cards, credit ratings and loans at reasonable interest. Banks are rare in impoverished areas, with most financial institutions unable to see economic benefits in providing services to such populations. This sets up a vicious cycle, making residents with accumulated savings vulnerable to theft and unable to expand their income through interest-bearing savings accounts. Where banking is possible, many residents lack necessary identity papers to open accounts.

The obstacles are even greater in relation to obtaining finance to support business ventures or other purposes designed to improve longer-term standard of living. Instead, slum residents turn to the traditional money-lender with usurious interest rates (10%/month), propelling many families into a downward spiral of indebtedness and eventual destitution. It is paradoxical that those most in need of small sums of money to enable any movement out of poverty are least able to procure it. The 2005-06 National Family Health Survey found just 15% of women had a bank or savings account, and just 29% had heard of any microcredit program in the area, but only 1% had ever used one[62].

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61 Loose scarf worn with a shalwar kameez

62 National Family Health Survey (NFHS-3), 2005-06. http://www.nfhsindia.org

While it had gradually become apparent to Asha that financial exclusion was inhibiting improvements in living standards, Asha had no involvement in this area until a unique opportunity presented itself, as Kiran Martin describes:

> Early in 2008 we decided to invite the Finance Minister of the Government of India to visit Asha. We weren't ourselves thinking of engaging in anything as expansive as comprehensive financial inclusion for slum dwellers. We were simply hoping to engage in a discussion with him about the financial barriers that many slum dwellers face. But when he came he was disturbed to discover that residents didn't have bank accounts and that there were no loans. His visit set in place a chain of events. He soon called me for a meeting with the branch managers of the public banks in the area, and asked them to draft a loan scheme for the urban poor in collaboration with Asha. He launched this scheme himself in June of 2008.

Initially the bank managers were less than enthusiastic due to assumptions that slum dwellers could not be reliable clients, and that the overall scheme might negatively affect their bottom line. However, the involvement and interest of the Finance Minister led them to reconsider, and when they visited Asha slums and saw the work, their views changed. The fact that Asha was able to carefully scrutinise prospective borrowers and monitor repayments, greatly reducing the likelihood of default, convinced them. Once the loan scheme was underway and borrowers began to repay as stipulated, bank resistance evaporated.

Today most members of Asha's community groups – and many others besides – have savings accounts, and a loan scheme has started to operate, though the numbers are smaller in order to ensure its viability. ATM cards are no longer an alien concept within the slums. The banks, with support from Asha, hold public meetings to explain the system and seek clients, and now see a modest financial interest in their involvement. As one bank official said, 'there are many rich people from poor backgrounds in India, and they all used to be students,' adding that the sheer size of India's population means a huge reservoir of potential profit. Another advantage for this project was summed up by a local branch manager, who asserted, 'In the long term we are benefiting, because we can advertise our social responsibility'.

4.4.1 Bank accounts in Asha slums

Since the introduction of banking to Asha slums in 2008, over 13,000 residents have opened savings accounts, transforming the ways in which banks see this population and the way residents see themselves. The establishment of bank accounts was spearheaded by Asha staff, who raised awareness of the new program and its advantages to members of its Mahila and Bal Mandal groups, helping them to assemble a complete set of the necessary documentation required to open accounts, including proof of residence, ration card, identity card, electricity bill, two photographs, and a reference letter to introduce the client. Mahila Mandal members became the first account holders, and it spread through them to the wider community. One member said, 'In the past I only ever managed to save a few rupees at a time. Now I can save more, and have money available for emergencies'.

Given the generally very low incomes in slums, the ability to open zero-balance accounts was the single most important attribute; it meant virtually anyone could begin to save, and could keep money safe. One resident describes what it was like before bank accounts:

> We hid our money in the ceiling but when it rained there were leaks and it would get wet. Sometimes the rats would eat it. When we went to pull it out, there was sometimes nothing there.

Theft was another obvious threat to the accumulation of wealth. Yet another was the temptation to spend ready cash on less essential commodities, including alcohol or tobacco. Overall, the absence of bank accounts meant there was relatively little incentive to save.

A variety of accounts is available, both current accounts and fixed term and recurring deposits, which Asha encourages due to their higher rates of return. Asha considers savings accounts as one approach to sustainability of its higher education program. If students manage to save over the years, they are better placed to support their studies, which may be necessary if the number of tertiary students grows beyond Asha's capacity to subsidise them.

The impact of a savings account on self-esteem is powerful. Children see their account book as evidence of something they have achieved on their own; passbooks have photos, and this can function as an identity card in some situations. The passbook also enables them to watch the numbers change over time. For adults, the passbook offers a form of identity that is critically important for obtaining voter forms, and other benefits. They also take pride in seeing their savings increase. Even if their account bears interest of just 3.5% per annum, to save in this way is an option they previously lacked.

4.4.2 Bank loans for slums residents

In a radical departure from the normal requirement of collateral for loans, Asha acts as a so-called nodal agency in determining the soundness of applications. The Mahila Mandal plays a key role here. Its networks and intimate knowledge of each household enable the group to assess the reliability of borrowers and their capacity to repay. In addition, staff from the local Asha centre conduct interviews with intending borrowers to identify the number of incomes in the family, the business concept, estimated loan and profit and the business plan. With support from both assessments, Asha's Financial Inclusion Coordinator visits prospective borrowers and family members. If satisfied, he puts his signature and stamp on the application form as a de facto guarantor (Asha is not legally liable in case of default). Asha's involvement continues throughout the period of the loan, maintaining close contact with banks and borrowers. As one staff member explained:

> Every month we go to the bank and get a statement for each loanee, showing us who has paid and who has not, and we go around reminding people to pay their monthly instalment.

Where repayment is inconsistent, Asha urges banks to approach the borrower. The Financial Inclusion Coordinator also makes home visits to investigate the situation. As he describes this:

> People have many reasons for not making repayments, such as being summoned by relatives in their home village to attend a festival, illness in the family, monsoon damage to their roof, and so on. So in many cases the Mahila Mandal will draw upon its own small resources to help the borrower repay the bank, and then collect later on.

Slum residents filling in loan applications

In this way, Asha ensures that almost no one defaults, which – if it happened – would jeopardise the viability and future of the loans program. While small, the Asha program has been highly successful in terms of repayment, which stands between 95-99%, a figure higher than average. Some people have now taken a second loan. At the time of writing, this loan scheme is unique in India, but is being observed closely by nationalised banks with a view to potentially expanding it elsewhere.

The Asha loan program is relatively much smaller than the savings accounts scheme, but vital at the individual level. At the time of writing, a total of 776 loans had been taken since 2008, at least one in each of Asha's 50 slums. Slightly more than half (57.8%) of the beneficiaries of business loans are women. However, the average amount of money borrowed was higher for male beneficiaries (median = Rs 25,000; range Rs 3,000 – Rs 240,000) than female beneficiaries (median = Rs 10,000, range Rs 5,000 – Rs 150,000). The breakdown, value and purpose of loans is summarised in Table 7 below. The overwhelming majority were for small business ventures and home renovation. By contrast with the 120% interest per annum charged by local money lenders, banks charge residents 4-10% interest per annum, slightly less than rates charged to other sectors of the population. The 4% rate is for small loans up to Rs 15,000, and 10% is for the larger loans, normally ranging from Rs 50,000 to Rs 300,000. To date, around a third are small loans.

Table 7. Loans facilitated by Asha since 2008

Purpose	No of Loans	Amount (Rs)
Education Loans	69	8,085,570
Business Loans	707	20,743,360
TOTAL	776	28,828,930
Details of Business Loans		
Home renovation	105	
Motorbike purchase	23	
Small Business (e.g. tailoring, General Store, costume jewellery, beauty parlour, electrical goods, embroidery, garments, mobile phone repairs, restaurants)	579	
TOTAL	707	

Education loans primarily are used to support tertiary study in private institutions. These include courses such as multi-media studies. Loans cover tuition fees and other costs associated with higher education, e.g. travel and clothing; the median amount borrowed is Rs 126,000. Repayment is required 6-12 months after finishing the course, and some are already being repaid. These loans make the difference to being able to undertake life-changing tertiary study for slum children admitted to private institutions

Loans have been used mainly to expand or consolidate an existing small business. Some have been taken to add a room or storey to a home dwelling which is then rented out, providing a stable income source. Others were used to purchase vehicles that can carry goods, thus enabling greater sales opportunities. Asha's Financial Inclusion Coordinator rates the market in Delhi for small business as relatively strong, and believes borrowers can expect at least to get their money back. One borrower recounts his story:

> First I borrowed Rs 5000 for a small shop selling children's things, such as clothes, biscuits and toffees, since it's very close to a school. I repaid that loan quite quickly. Now I've taken another loan of Rs 50,000. I had an ice cream business. Before I used to go and buy the wholesale ice cream and sell it out of a small chiller that the company provided, getting a 30% commission. With the loan I bought a deep freezer. Now I get 50% commission as I have my own freezer – so that's an income of Rs 500-600 a day. I've already repaid the Rs 50,000 loan in 2 years even though the term was for 5 years. (male borrower)

The business loans program has served to reinforce Asha's efforts in unexpected ways. In particular, the example of women borrowing has inspired hope for a better future among their neighbours, and publicised the community action model represented by Mahila Mandals. This has prompted many women to join the group – and to think in entirely new ways about ventures that could offer them financial security, as well as utilise their energy and creative potential.

Loan recipient's general goods store in a slum

> I've taken a loan to build four extra rooms in my house and have rented them out. I haven't had any problem in repayment because I'm getting regular rent. In fact I get Rs 6000 rent and deposit Rs 5000 a month as repayment, whereas I need to deposit just Rs 2500. So I pay more on the loan, and am making an income. (female borrower)
>
> I took a loan to start a beauty parlour. I borrowed Rs 30,000 and have to pay Rs 900 a month. I operate out of my house with my daughter-in-law. We had both done a course in beauty. (female borrower)

Interviews with borrowers made it clear they believe they would never have obtained loans without the Asha program. Indeed, a borrower who had recently gone alone to request another loan was told by the manager (not involved with the original loan) that he could not grant his request, despite having repaid his previous loan early. Two successful borrowers offer their perspectives:

> If we go to the bank, who will give a loan to someone who lives in a slum? No one listens to us. They want a guarantee or a co-signee who is a government officer. They just make us run around to get all sorts of documents. We got the loan because Asha gave the guarantee for us. Asha showed us the way. It is too difficult otherwise.
>
> When Asha told us about the loan program, we thought it was great. If they were willing to give us a loan, we would take one. We had always thought no one would give a loan to a slum dweller.

Borrowers also credited Asha with their ability to repay because Asha explained all the terms clearly in plain language, and reminded them every month about making timely payments:

> If I cannot pay a certain month, then I pay double the next month. But we try to pay even if it means borrowing money from someone to pay, because otherwise we are charged interest. (male borrower)
>
> No one that we know has defaulted on the Asha loans. Everyone has done well and paid well. But we know of someone in our *basti* who took a loan outside of the Asha scheme some time ago. That person has defaulted and run away. The bank told us when we went through Asha. (female borrower)

Loan recipient, beauty parlour

Chapter 5. Personal Transformation in India and Beyond

A preliminary visit to Asha's website, as well as to its slum activities, immediately reveals the deliberate use of the term 'transformation' to describe Asha's overall goal and impacts, both perceived and measured. The dictionary defines transformation as 'a change or alteration, especially a radical one'.

As noted in relation to the Asha Model, Asha aims not only to alter people's living conditions and life chances; it wants to enable all people to reach their individual potential, foster citizenship that balances rights and responsibilities, support equitable distribution of life chances, and bring individuals to a fuller understanding of their shared humanity. In our interviews and discussions with staff, community, volunteers and donors, it was clear that some or all of these changes – and certainly an appreciation of their desirability – had occurred for nearly everyone we met.

Perhaps it is in meeting these people that the power of Asha's Model, and its capacity to live up to its Hindi name, is most impressive. In this chapter we will share some of these many personal observations and experiences of change.

5.1 Individual change in the community

> My life would be incomplete without Asha. The way we have moved from health, to education, to financial inclusion wouldn't be there. And I have become much stronger; I will not waver. I am more balanced. Asha has changed me to allow me to work on my own with the staff in the background only. There are so many small things that bind us together, but the love which is invisible – from formerly completely covering my face to being able to talk in front of anyone – the real emancipation is through Asha. Asha is like the trunk of a tree and we are like small branches, but we are part of that trunk. (Community Health Volunteer)

Mahila Mandal leader

It is at community level that one readily hears reflections on the differences between now and the past, even from children whose 'past' is not so many years ago. In many ways, it can be seen that these transformations reflect inculcation of Asha's values. It was also evident that many individuals are consciously aware of Asha's values, approach and rationale.

In the following observation, a resident of one slum that obtained land title and the multiple benefits that followed reflects on the alternative approaches to community development. Clearly he understands the impact of removing obstacles that prevent people from fulfilling their potential, and places this far above hand-outs that are ephemeral in their impact:

> If anyone wants to help people, like we were helped, instead of giving small gifts that last a short time, give these lasting things. This land is more precious than gold to us. If we had been given any other thing it would be gone by now, but this will last for generation after generation. Even in Australia, if you advise anyone, tell them that the best help is raising the level of people. If the Australian government wants to help the poor they should do it this way. If we were given cash we would have finished it, but whatever we've learned from the training will go on and on. (male community member, Shanti Vihar)

Through the work of Asha, change is visible at both the individual level as well as the aggregate. Members of the Mahila Mandal repeatedly described how different they are now in their awareness of the world, confidence to play new roles inside and outside of the home, and knowledge and skills to complete new tasks independently, as these examples demonstrate:

> Because we used to stay at home, we didn't have much knowledge about anything. We did not even value education.
>
> We could not talk to people earlier – we were very shy. Now we have a voice.
>
> After Asha came we interacted with different people, we learned so much. Before, I didn't go out. I couldn't speak to anyone, not even my husband or father-in-law. But now I'm a tigress! I used to cover my face, but not anymore.
>
> Earlier we needed a man for everything. Now we can do a lot of work on our own… We can go to the hospital on our own.
>
> We can pay the electricity bill; we can get the ration card made. And even though we are illiterate, we know how to go to the bank to deposit money and all.
>
> Earlier there used to be a fear inside me about everything. Now the fear has gone out of me.

It was obvious during interviews with Mahila Mandals that social change has penetrated even the age-old traditions about the role and status of girls and women:

> People used to have 6 or 7 children. Now they prefer two, and having a third is rare.
>
> They taught us communication skills and about health. In earlier days only the men would talk on our behalf, and we would stay at home. But the Mahila Mandal helped women come out of their homes. Women have the power and they can do many things ... These days it is quite common for both men and women to work outside. You are better off economically if both are working.
>
> Earlier we used to discriminate against our girls. We used to not make them study; we did not give them the same foods we gave boys. Now we know they are the same. Our boys and girls are both studying now.

The change in gender norms was remarked upon by many of those familiar with Asha slums, including a local (elected) male Councillor:

> Asha's most important work is education, health care, medicine, and the empowerment of women. Women are now much more aware. In olden times, the men didn't like it, but now it's okay; women have the right to come forward and the mindset has changed. Okay, one hundred percent of men should think this way, but not all of them do. About half of them do.

Asha staff emphasised this point when asked to comment on changes at community level that they attribute to their activities:

> Family thinking has changed. Earlier, parents did not want girls to study – they only wanted them to get married. Now parents are realising that girls also need to be economically independent, that they should also move ahead.

It was impressive to hear quite young people offer reflections on personal and community change. These observations were made by Bal Mandal members (aged 6-14).

> Earlier we used to never feel like studying. We hardly attended school. We would just go up to the building, but then run away.

When people from that lane talk to my mother about my work, she feels very proud.

At first the community took us lightly when we gave them information about TB, but then they began to take us more seriously. I had problems with some people who drink, who would abuse us, but now they have accepted us. Over time even they realise they shouldn't stop me from speaking – they also wanted to know what we were going to talk about.

Through the exposure children get at a young age to meet the MLA, police chief and all, the child feels, 'I am in such an important place'. Children learn about the roles these people have. And as part of Bal Mandal, we can also address the problems in our own community. We know where to go for help. If there's an elderly person who isn't getting a pension, we know who should be responding. If I wasn't a member or there was no Bal Mandal, I would only know a few people in my lane. Then my society would have been so small. We wouldn't have been able to get people to sign up for a signature campaign, for example.

Offering reproductive health information via peer educators is contentious in Asha communities, mainly due to general resistance in much of India about girls learning about sexuality. But this 18-year-old female peer educator had seen a shift in girls' willingness to attend group meetings, despite parental objections.

Initially when I started giving peer education to the girls they were shy and worried about their parents. After some time I began to see a change in those girls. Sometimes they didn't tell their parents. We would have a topic and they'd ask lots of questions.

When this same peer educator was asked to describe Asha's ethos, it was clear she had imbibed the values of equality and social justice:

I think the ethos is that people in the slums should be no less than those from other areas. They should not be deprived of their rights. And they should change their thinking, for example, about early marriage for girls, dowry, not going to school and having many children.

The Asha youth who have joined the elite ranks of university students are perhaps the residents who have been most obviously transformed. Their achievement means potential liberation from the social and financial strictures that often block personal development and advancement. The students recognise how this opportunity will influence their own life chances, as well as serve as an example to young people coming after them.

Younger children look at us and ask us 'will we also become so smart and intelligent if we went to university? Would our personalities develop like this?' They have become quite motivated about going to college.

First year students from the slums outside their university campus

> Earlier my father was always scolding us and talking to us badly. But I speak to my younger siblings politely and as if I am their friend. So my father sees that and has also changed his tone.
>
> Now we have a different *pahchan*[63] in society. People know us as the person who goes to college. We have received more respect and standing in society.
>
> When we leave for college we tell ourselves that we will not come back to this *basti*. When we are outside we forget where we come from. In ten years we don't want to be living here. We will make our children study; we will be able to put them in better schools. We don't want our children to struggle like we did.

5.2 Alteration and personal growth among Asha staff

No members of Asha staff had originally expected or wanted to work in slums, but having done so has profoundly affected their self-image and skill set. For example, nurses who work at Asha community centres have substantially more autonomy than in most settings, where they typically only follow the instructions of doctors. All are adept at community mobilisation and data management. This long-term senior member of staff is conscious of her personal development, including in unexpected areas.

> I have really gained knowledge and information about a lot of things. For example, I didn't know before how to calculate percentages and interpret statistics, fill out loan applications, or the college admission process. My involvement with Asha has built my leadership qualities and communication skills. Now I work with very little supervision or direction.

However, adjusting to work in the midst of squalor was challenging for most. For some, it was the modelling behaviour of Kiran Martin that gave them confidence to take on activities they previously would have deemed disgusting, if not degrading. One staff member recalls his early work with Asha as a new social science graduate who had a technical diploma:

> One day, several Asha staff and I were working with some street children who had visible lice. Dr Martin picked up this child and held her. At first I didn't feel able to do that myself, but after seeing her and talking it over with her afterwards, I felt I could... She is my motivation, my role model.

In this quote another senior staff member recognises her own transformation, as well as the changes that penetrated her own family, including the way she raises her children.

Leader of a Mahila Mandal group (left) with Asha long term staff member, Sweeta

Rani, Asha senior staff member, with pregnant woman at Asha centre

63 Identity or status

> I can see that leadership qualities have grown in me, for example in motivating people. The other changes are in my levels of knowledge and confidence. I am no longer hesitant to talk to people. I feel I can work anywhere, can do anything. I've learned how to keep working even though I'm exhausted. After working here I know how to guide my children in their own lives. I can see my children are learning more than other children because I share the success of our work with them. They've learned about rights, about love and service.

One of the mechanisms by which transformation comes to both staff and community is the interaction with foreign volunteers and visitors, who come with their questions and new ideas. Asha considers that hosting these visitors is a precious opportunity, rather like a study tour to a foreign land. But these engagements may elicit a range of emotions and perceptions if people are self-conscious or ashamed of their poverty.
Dr Martin sees visits by westerners as a great opportunity, as she explains:

> If I am able to cross these barriers and talk to people from so many different parts of the world, it's because I've had the privilege of being able to travel with and talk to people from many different walks of life. How can staff do so, unless they've had exposure? In staff development, exposure to people from other cultures is irreplaceable. This gives them a much better understanding of and respect for people with other world views. (Kiran Martin)

5.3 Winning over the powerful

Transformation is not restricted merely to those who were well-intentioned from the start, or had most to gain from Asha's activities. Indeed, as noted above, the slumlords whose financial interest is clearly threatened by the stronger civil societies created under Asha, are among those eventually won over by the program.

In the strongly hierarchical society of India, those at the top of political parties, ministries and various levels in bureaucratic structures are accustomed to wielding power and control, and to being treated as superior. And yet Asha counts among some of its firmest friends people such as these, who had never dreamed of stepping foot in a slum, and have little or nothing to gain from their Asha involvement, endorsement or assistance. It is obvious through their actions and words that these individuals were disarmed by their reception and moved by what they have seen. For some, it has awakened a sense of social justice, prompting offers of significant support to the community.

Also striking is the symbolic social levelling that has occurred, something unthinkable at the start (or in most settings today): as we ourselves observed, local authorities and elected officials routinely exchange mobile phone numbers with Mahila Mandal presidents for purposes of sharing critical information, and serve tea and biscuits to group members when they visit, whether to make requests or simply calling in to say hello. Ordinarily, slum dwellers would never be able to have direct contact with these powerful people, let alone receive such hospitality.

During one interview with an MLA, the man pointed to an Asha staff member, asking whether we found it surprising that this woman felt confident to come to him to seek help. The woman herself responded, smilingly, 'That's because you listen to us', after which he observed, 'To have their own identity, that is really something very big'.

5.4 Bringing change to people in the developed world

Asha would not be the healthy, dynamic organisation it is today without the strong support of its international friends, mostly from western countries. This includes donors who have never been to India, visitors to Asha slums, and volunteers who work for various periods of time in its programs. As noted earlier, it seems that those who come in person depart with a new perspective on how development can proceed. Indeed, some who arrive expecting merely to transfer what they assume to be superior approaches used in their home countries go back home believing that the Asha communities have much to teach the rest of the world about collaboration and sustainable development.

Asha has received funding from a number of countries through their diplomatic missions in Delhi. The representatives of these missions – including at the most senior levels – have made personal visits to slums and witnessed the activities and changes. One diplomat, asked to identify key features of Asha, revealed that he had discerned various features of the Asha Model, and found it promising:

> From my point of view I was struck, quite apart from the enthusiasm you pick up right away when you meet them, struck by their model. The emphasis on empowerment and looking to women to play a leading role was impressive. Also I was impressed that it's not something for nothing; there is a contribution from the recipient. It makes a difference to the mindset. Also the emphasis on education, because it is the most effective accelerator of upward social mobility and Asha has recognised that.
>
> Taken together, it was based on solid first principles, and works in action. You see their confidence. The thing that really struck me was their level of self confidence about their own lives that would never have happened without Asha, and a sense of social responsibility. It isn't just what I can get out of it, but what I can give too.
>
> In terms of Asha's most important contribution, you can see it in the lives of people it's affected, but it's also in the extent to which it provides a model for dealing with a set of issues ... and the template it establishes for dealing with challenges outside of India. I think wherever you see something that works it makes sense to see how this can be applied elsewhere, especially at a time when the whole project of development assistance has had a patchy outcome.

Asha students enjoy a game of cricket at a slum resource centre

Asha visitors include those who come just for an afternoon, while others volunteer for weeks or months, sometimes repeatedly. An unusual feature of Asha's 'mission statement'[64] is its explicit call for the sharing of development lessons with the western world. In this observation, Dr Martin recalls the reactions of some westerners when confronted by the slums:

> Western visitors are, like all of us, products of their environment and upbringing. Many of them have been raised in an environment much different from the slums of Delhi. I've found a lot who come here have a particular world view that has been shifted once they meet the slum dwellers, CHVs and centre managers, and see how dynamic they are, their warmth. It doesn't take them very long to understand that this is a situation totally different from what they were imagining.

One British woman, now a Friend of Asha, has been coming since 2005 – gradually bringing her whole family to see the program. Her attention was grabbed when she heard about the impact of community mobilisation in one of the slums:

> They had no toilet facilities. They had to go to the toilet in a park. A little girl had been murdered when she went to the toilet in the middle of the night, and the people had great difficulty in getting that investigated. So the women's group gathered and just sat in the road; they stopped the traffic so the police would take action. The women were confident enough about their rights to bring about change; they didn't have to accept it all. From my point of view, that is the thing that excites me most. People ask me, how do you feel seeing all that poverty? I say, what I see is the difference Asha is making, lifting them out of poverty. It excites me hugely.

Foreigners who spend time in these slums may also be challenged to ask themselves some hard questions about their lifestyle and responsibilities. One long-term Asha Ambassador from the UK recounted part of what he had learned:

> It's been enriching in every which way. Now I am more conscious of need in the third world, more conscious of poverty and how wealthy we are, how abundantly provided for we are, and how selfish we are so much of the time. It provokes me to think much more about what I need to buy, another washing machine, car, shirt, etc. It's introduced me to a level of poverty I'd never have known about.

Some visitors and regular supporters try to be agents of changes in their own communities. The Friend of Asha quoted earlier and her husband use their experience to raise awareness about poverty and its impacts:

> We go into our local primary schools. So, if they're doing a project on India, we'll talk to the teachers and children. One approach we've used is to set up a 'slum house', constructed on the dimensions of a typical one in Delhi, and get the children to dress in Indian costumes, giving each of them a specific role. Then we talk about what the children are able to learn through this experience. It helps them to understand how people live, what poverty means. Then we got our children to write letters to the children in Tigri slum, and to take a photo. We took the letters to children in the slums, who then wrote back and sent a photo too.

64 http://www.asha-india.org/about-us/mission-and-values

During interviews with diplomats, volunteers and fund-raisers, we heard repeatedly that learning about development and equity had touched them quite deeply. One can only speculate about the reasons for these strong responses, which undoubtedly differ between individuals, but Kiran Martin has some theories:

> People from the west have limited exposure to people from developing countries; there is so much talk of poverty on TV, in human rights discourse, in so many places. Here you can be immersed in a model that you see is working; you need not go back with a fatalistic approach or a resigned attitude to poverty. You can go back feeling challenged that these are very complex issues, but they do have solutions. Ultimately, all of us can grow through our challenges and be excited about the possibility of change and transformation. You can go back to your constituency, go back to your university and do something about it.

The reactions of foreigners may also stem from the vitality and good humour that characterise the community centres and laneways where the Asha team and community interact. For many it is likely to be the satisfaction of crossing a cultural and class divide, even for a few moments. In these slums there is none of the obsequiousness often found among those who have accepted the prevailing view on their worth, measured according to their income, living situation or sex.

For some visitors, the experience of Asha perhaps has suggested new ways of finding purpose in life. For Asha, the ideal of individual fulfilment applies to affluent foreigners equally with those in slums:

> Everyone has problems. It's not just the slum dwellers who want to find meaning in life. There are so many people who want to get involved in the higher good. They want to change the course and trajectory of their lives. And why not, if we can make it possible by creating opportunities, through energising people, through discussion and what they can see themselves. And I've seen how much of an impact it's had on people, starting from the age of 6 to the age of 85.
>
> It's also a great privilege for the giver to feel the freedom of what money can do, and how money can transform the giver and the receiver, rather than just perform its very restricted role of helping to accumulate possessions. (Kiran Martin)

Volunteer builders from Ballymena, Northern Ireland, renovate a house in the slum

Decorated doorway in an Asha slum

5.5 Kiran Martin's vision of change

Asha began as a response to a health emergency by a young doctor. Today, Kiran Martin is a leader, communicator and importunate advocate for the poor. Asha is a large and complex development organisation in which health is considered a basic right and necessity, and not the end goal. Asha programs reach into the critical gaps that obstruct the achievement of individual potential. Its strategies and activities reflect beliefs in the capacity and requirement for mature citizenship in all communities, and in the possibility of gaining substantial control over their lives through common, non-violent struggle and persistence. Asha's approach is grounded in values of respect for all and a vision of peace between individuals and among communities.

Perhaps we will leave it to Kiran Martin for the last word on the transformation she seeks, and often finds, in the slums of Asha – and in herself:

> In the last twenty years, I have spent most of my time on the streets of some of the poorest places on earth ... crowded and strewn with garbage, edged with choked, overflowing, open stinky sewers, narrow passageways filled with skinny, naked, barefoot children with vacant eyes, deeply frustrated unemployed adults trying to scrape by somehow, and thousands of people enduring brutal oppression and extreme misery. I have seen their lives filled with so much poverty, suffering, corruption and injustice, so much hatred and distrust.
>
> I wanted to pursue a vision that gave me direction, values and inspiration and provided a framework for my life. If I believed that all human beings deserved to be treated with equal dignity then I must face their injustices ... I must go farther than charity, to the realm of justice, and deal with the systems that make and keep poor people in poverty.
>
> Today, nearly two decades later, I see beautiful women holding their heads high, empowered and confident, and healthy children living in safe and secure homes, playing happily on the clean paved streets. The slums become a place where the poor become possessors of dignity, and their inherent worthiness is inalienable and inviolable.
>
> Today, when I walk among these communities after twenty years, and witness the lives of the women, men and children into whom I have invested my days and years, it gives me great joy to see some of the poorest communities in the world seeking peace through justice, generosity and mutual concern, expressing and sharing a generous overflow of love, joy and life. Together, our lives have found profound meaning through the pursuit of virtue, peace and mutual care for one another.
>
> In these communities, the poor are treated with high dignity and respect; the lost and excluded are recovered and given a place, and leaders stoop to serve.
>
> Wealth and power can become a matter of responsibility and accountability. The dominant system we live in today has no power except the power we give it by believing it. But if we transfer our trust from the dominant system into a new way of seeing, believing and living, normal people can turn into heroes and history changers.[65]

65 Kiran Martin's Reflections 4 and 11 – 2008, 2009

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