CONTENTS

FOREWORD BY FOUNDER & DIRECTOR

As I write this in May 2008, we continue to witness Asha's programmes developing and expanding, allowing slum dwellers to take advantage of ever-increasing opportunities. When I formed Asha twenty years ago, I was determined to improve the health and reduce the poverty of a group of slum dwellers, but I never imagined that the organisation would have the scope to benefit so many slum residents in the numerous ways that it does today.

Although we have ventured into new areas - and already seen success - this year, healthcare remains a priority for us. The fight against ignorance, poverty and the numerous health risks of slum conditions requires constant attention, dedication, and regular development of new tactics. We have been fortunate to be able to greatly improve the facilities of our Polyclinic and many slum-based health centres, and have collaborated with Asha supporters and various Government departments to provide our doctors and other members of staff with training in a number of new topics related to health.

In addition, I am delighted to report that our most recent statistics are inspiring figures that highlight Asha's success in improving slum dwellers' health. This year, not a single child died from diarrhoea, an achievement that we will make every attempt to replicate in years to come. The child mortality rate is the lowest in our twenty-year history at 29.7 children under the age of 5 out of every 1,000 live births, a wonderful statistic and one which is a world apart from the India countrywide figure at 76 out of every 1,000 live births.

We should all be aware that the under-5 mortality rate is an excellent indicator of the health status of a community, country, or any other group, and a much more accurate indicator of development than economic growth. The number of child deaths reflects not only the quality of healthcare that they receive, but also the health status and care available to mothers, the financial and nutritional status of families, and the availability of education and sanitation. This is why the World Health Organisation chose to set the reduction of the child mortality rate as one of its Millennium Development Goals; targets which echo many of Asha's objectives.

I urge you to review the full health statistics given at the back of this document. There are many other wonderfully encouraging results, such as 84% of children in Asha slums being healthy for their age; nearly double the percentage of the India figure. There were no maternal deaths again this year, and both vaccination coverage and contraceptive use has increased.

Over the past year, we have also seen hundreds of children take significant steps away from a life of poverty by completing computer literacy courses and immersing themselves in learning to read, write and speak English. It has been incredibly rewarding to see children living in such deprived areas having the confidence to chat in English to visitors such as Mr P. Chidambaram, India's Finance Minister, and other visiting politicians and dignitaries. The effect on their self-esteem and their ambitions is contagious, and we are eager to implement computer literacy and English literacy programmes in as many areas as possible in order to meet the demand from other potential students. I believe that these children can realise many of their ambitions, and that, in the future, they will be recognised as skilled and valuable members of society. I look forward to seeing these children gain some of the benefits of India's financial growth and take advantage of the increased opportunities that would previously have been available only to more privileged children.

Another exciting development is our collaboration with local banks to provide loans for slum dwellers. Individuals who were previously baffled by loan application forms, excluded by extortionate interest rates or simply turned away by bank staff have now become legitimate clients of these financial institutions. Many of them have proudly received loan cheques, and low interest rates and special terms have created real opportunities for these people to break out of the poverty trap.

Even with so much going on in our current areas, it is impossible to ignore the stark and glaring needs of so many other slums. Taking on a new area is a colossal task, but our past successes give us the conviction needed to take on new slums and all the challenges and frustrations that are sure to follow. The local areas of Coolie Camp and Azad Basti have many problems, but the community members are dedicated and eager to work with us to tackle the issues, and we have seen some success even this early in the process.

All our work relies greatly on our partners and supporters, and I'd like to thank you wholeheartedly for the multitude of ways in which you help Asha's cause. With your help, we have been able to give thousands of underprivileged men, women and children a sense of dignity and a vision and understanding of the kind of life they deserve. They refuse to be constrained by the dismal surroundings in which they lived, and every day I am inspired by the strength and resolve of these people who are at the heart of our work. When I see people from slum communities who command great respect for their knowledge, their practical skills in healthcare, and their consideration and empathy for their fellow community members, I am filled with admiration and thank God that we can help more people become like them.

Dr Kiran Martin
Founder & Director

GLOSSARY

ANC	Antenatal Care
AIDS	Acquired Immune Deficiency Syndrome
BCG	Bacillus Calmette Guerin (vaccine against tuberculosis)
BM	Bal Mandal
CBHC	Community Based Health Centre
CHV	Community Health Volunteer
CLP	Computer Literacy Programme
CRC	Children's Resource Centre
DOTS	Direct Observed Treatment Short-term
DPT	Diphtheria, Pertussis and Tetanus
ECG	Electrocardiography
HIV	Human Immunodeficiency Virus
IUCD	Intra Uterine Contraceptive Device
LV	Lane Volunteer
MLA	Member of Legislative Assembly
MM	Mahila Mandal
MMR	Measles, Mumps and Rubella vaccine
MV	Male Volunteer
OPV	Oral Polio Vaccine
PNC	Post Natal Care
RTI	Reproductive Tract Infections
STI	Sexually Transmitted Infections
TB	Tuberculosis
TBA	Trained Birth Attendant
TT	Tetanus Toxoid
USG	Ultrasonography
VDRL	Venereal Disease Research Laboratory
STD	Sexual Transmitted Disease
NGO	Non Government Organization

THANKING OUR PARTNERS

We wish to offer our most sincere thanks to the following agencies, organisations, departments, groups and churches for their loyalty and invaluable support.

Government

- Ministry of Health and Family Welfare, Government of Delhi
- Ministry of Urban Development, Government of Delhi
- National Institute of Health and Family Welfare, Government of Delhi
- Municipal Corporation of Delhi
- Slum Wing, Municipal Corporation of Delhi
- New Delhi Municipal Committee
- Delhi Jal Board
- Family Planning Association of India
- Directorate of Health Services, Government of Delhi
- DOTS, Government of India
- Delhi Police
- Directorate of Family Welfare, Government of Delhi
- Health & Family Welfare Training Centre, Government of Delhi

International Agencies

- Tearfund, UK
- Tear, Netherlands
- Tearfund, New Zealand
- ICCO, Netherlands
- Irish Aid, Embassy of Ireland
- Development Cooperation Ireland
- New Zealand High Commission
- British High Commission
- Australian High Commission
- Embassy of Japan

Schools, Universities, Banks, Trusts, Companies, Hospitals, Churches and others

- Monkton Senior Secondary School, UK
- Rainey Endowed School, N Ireland
- Abingdon School, UK
- Lakefield School, UK
- Methodist College, Belfast, N Ireland
- Ballymena Academy, Northern Ireland
- Harvard University, USA
- State Bank Of India
- Syndicate Bank
- Punjab National Bank
- Canara Bank
- UCO Bank
- Andhra Bank
- Bank Of India
- Vijaya Bank
- Indian Overseas Bank
- Barrow Cadbury Trust, UK
- Larkhill Charitable Trust, UK
- Marsh Trust, UK
- Parable Trust, UK
- Fidelity Trust, UK
- Pipeline Trust, UK
- Choudhary & Associates, California, USA
- Marcom Ltd, Bath, UK
- Findel Plc, UK

(Continued overleaf)

- Besom Foundation
- Yuba City Committee, California, USA
- Canassist Society, Delhi
- Caledonian Society, Delhi
- Charity Committee, British High Commission
- Rotary Club of Delhi, Southend
- All India Institute of Medical Sciences (Dr. Rajendra Prasad Centre for Ophthalmic Sciences and Institute Rotary Cancer Hospital)
- Saroj Hospital, New Delhi
- Global Generation Church, UK
- River Church, UK
- Oasis Church, UK
- City Life Church, UK
- St. Stephen's Church, UK
- 1st Antrim Presbyterian Church, N Ireland
- Restore Church, UK
- Wellington Street Presbyterian Church, N Ireland
- First Ballymena Presbyterian Church, N Ireland
- New Generation Church, UK

<u>Friends of Asha</u>

- Friends of Asha (Great Britain)
- Friends of Asha (Ireland)
- ASHA (USA)

ABOUT ASHA

Asha Community Health and Development Society was conceived in 1988 in response to the acute and distressing needs of the urban poor in New Delhi. Now, 20 years down the line, Asha has become the largest organisation working in healthcare and development in urban poor areas, its programmes catering to over 300,000 people living in 46 slum colonies. With a clear vision, focused goals, articulated objectives and well-implemented interventions, Asha reaches out to slum dwellers in Delhi to bring about a holistic and lasting improvement in their lives through the empowerment of individuals and communities and through raising their health standards and the conditions in which they live.

Asha's Mission Statement

The mission of Asha is to work with the urban poor of Delhi, to bring about long term and sustainable transformation to their quality of life. Through a practical expression of the Christian values of faith, hope and love, we aim to provide holistic community based healthcare, environmental improvement and empowerment through educating, resourcing and encouraging the community to receive and enjoy their basic human rights.

Asha also aims to influence the lives of its international audience by sharing local practice, experience and vision and facilitating partnerships where awareness and association between different cultures can impact and change individuals globally.

Asha's Strategy

Asha acknowledges the fundamental human rights and formulates its stratagem of community development and social progress based on observance of these human rights and freedoms. Asha acts as an augmenter and catalyst to develop on and mobilise the strengths and capabilities of the slum dwellers both as individuals and as communities. Asha helps them to organise and co-ordinate themselves to make the best use of the resources available to them. They are empowered to create, plan and organise for themselves and to build and develop for the long-term in all aspects. Asha's approach to community development is always holistic and the community participates actively as a major partner at every stage of the project.

The goal and objectives of Asha's programmes are in harmony with the UN Millennium Development Goals. These include cultivating community partnerships for development, ensuring environmental sustainability, combating HIV/AIDS and other diseases, improving maternal health, reducing child mortality, promoting gender and equality and empowering women.

Legal Status

Asha Community & Health Development Society is a registered society under the Societies Registration Act of 1860 with the Registration Number S/20849 of 1990. It is also authorised to receive funds under the Foreign Contribution Regulation Act. Contributions to Asha are exempt under Section 80G of the Income Tax Act.

CREDENTIALS

Asha is an international organisation that has influenced worldwide audience and development practices. It is the largest organisation working in the field of urban healthcare and development in India, with diverse programmes covering healthcare, empowerment, environmental improvements, education and micro-credit. Asha's unique model has been accepted as a trailblazer for slum development both nationally and globally. It is an exclusive example of how holistic slum development has been made possible by the working together of the organisation, the government and the slum communities, each with its distinct role. This model presents the world with a strategy to bring peace, harmony, reconciliation and freedom from strife through working towards common goals.

The model has been studied and highly validated by many dignitaries and representatives of overseas governments, such as ministers, Members of Parliament or Congressmen from Britain, Australia, New Zealand, Ireland and the USA, in addition to cabinet and state ministers of India. These governments and political leaders have recognised that the principles of Asha's model are applicable to finding solutions to the problems of urban poverty in developed countries as well. Government experts worldwide consider that this pioneering model has sufficient universal applicability to be worthy of study by anyone involved in this field. In recognition of this, Asha was awarded the World Human Rights Promotion Award for 2002. The UN Habitat has also declared Asha's work as one of the Best Practices for the year 2002, 2004 and 2008. These best practices are chosen from among 140 countries in the world that have provided proven solutions to the social, economic and environmental problems of an urbanising world. The UN Habitat, through these practices, acknowledges those organisations who demonstrate through practical ways in which public, private and civil society sectors are working together to improve governance, eradicate poverty, provide access to shelter, land and basic services, protect the environment and support economic development.

The Government of India has also validated the principles of development as adopted by ASHA as universal and replicable nationally. In recognition of this, the Founder and Director of Asha, Dr. Kiran Martin, was awarded the Padmashri, one of India's highest civilian awards, by the then President of India, Mr. K.R. Narayanan in 2002. Asha has been instrumental in changing Government policies in favour of the urban poor both at the city and the national level. The Slum Housing Model pioneered by Asha has paved the way for the Delhi Slum Housing Policy and has been taken as the prototype for drafting the National Slum Policy.

Asha has also collaborated with India's Finance Ministry at the highest level to develop a pilot loan scheme for slum dwellers in partnership with India's second largest public sector bank. Slum dwellers have been able to set up businesses, improve their housing and pay for further education for their children with the help of these loans, and the Finance Ministry may replicate the scheme nationwide in the future.

Successes in the field of health have also gained a great deal of recognition. The Child Mortality Rate in Asha slums, at 29.71 per 1000 live births (less than half

that of the India countrywide figure of 76) is the lowest of slum areas anywhere in the country.

Asha has the support of many students and staff in universities and schools around the world, including Harvard University in the USA, and regularly welcomes visits from volunteers, interns and researchers from educational institutions both in India and abroad. The Asha model has also been used as a training tool for learning and replication among community health and development professionals in developing as well as developed countries and has been cited in academic research. Some of these professionals have brought out a number of study packs and training materials on the Asha model for use as training tools for their partners working in health and development programmes in a range of other countries.

ASHA PROJECT AREAS

SERIAL	SLUM POCKETS	S.NO	SLUM COLONIES
A	Tigri	1	Janta Jivan Camp (Blocks A, B, C, E, G, I, J)
B	Kalkaji	2	Bhumiheen Camp (Blocks A, B, C, D)
		3	Navjivan Camp (Blocks A, B, C, D, E, F)
		4	Nehru Camp
C	Jeevan Nagar	5	Indira Camp I
		6	Indira Camp II
		7	Siddharth Camp
D	New Seelampur	8	J. J. Cluster (Blocks J & K)
		9	CPJ Block
		10	G Block
		11	Buland Masjid
E	Trilokpuri	12	Indira Camp
		13	Sanjay Camp
		14	Rajiv Camp
F	Tilak Bridge ITO	15	Anna Nagar
		16	Sanjay Colony
G	R K Puram Sector 1	17	Dr. Ambedkar Basti
H	R K Puram Sector 6	18	Ekta Vihar
		19	Sonia Gandhi Camp
I	R K Puram Sector 12	20	Kanak Durga Camp
J	Vasant Vihar	21	Kusumpur Pahadi
		22	Coolie Camp
K	Chanakyapuri	23	Vivekanand II
L	Moti Bagh	24	Shanti Vihar
M	Panchsheel Park	25	Lal Gumbad
		26	Jagdamba Camp
N	R K Puram Sector 2	27	Hanuman Camp

SERIAL	SLUM POCKETS	S.NO	SLUM COLONIES
		28	Azad Camp
O	R K Puram Sector 3	29	Saraswati Camp
P	R K Puram Sector 4	30	Parvatiya Camp
		31	Ravidas Camp
Q	R K Puram Sector 7	32	Malai Mandir Camp
S	Mayapuri	33	Kanchan Basti
		34	WZE Rewari Line
		35	Mandir Side C – 76
		36	Mandir Side C-149
		37	Mandir Side C-187
		38	Mandir Side C-200
		39	Mandir Side C-98
		40	Mandir Side C-228
		41	Mandir Side E-10
		42	Phase-1, Rewari Line
		43	Khazan Basti
T	Gandhi Nagar	44	Ajit Nagar
U	Kailash Nagar	45	Chanderpuri
V	Zakhira	46	W-85, Amar Park
		47	W-88, Amar Park
W	Ghevra	48	Savda Ghevra

ASHA PROJECT AREAS

- Slum Colony
- Children's Resource Centres

ASHA'S PROGRAMMES

Asha's programmes are focused on and in response to the problems of the urban slums and address a wide range of issues. The three main areas of focus are:

I. Community Based Healthcare

Primary Level of Healthcare: The primary level of healthcare provided by Asha is designed to deliver initial services to slum dwellers at their doorstep. This is achieved by comprehensively training hundreds of women from the slum communities in primary healthcare. These "Community Health Volunteers" are extremely effective providers of healthcare at the grassroot level.

Secondary Level of Healthcare: The secondary level of healthcare is provided by Community Based Health Centres (CBHCs) and Mobile Healthcare Vans.

The CBHCs are located in a number of Asha project areas. These buildings are based within the slums and allotted free of charge by the Government of Delhi. Out-patient care is provided by part-time doctors who visit the centres once or twice each week, depending on the population of the area.

Mobile healthcare vans are used as clinics to provide healthcare facilities in areas where buildings are not available. The other activities of the project are also conducted through the mobile vans.

Tertiary Level of Healthcare: The Asha Polyclinic provides the third level of healthcare. It is equipped with modern investigation facilities including a pathology and microbiology lab, radiology and ultrasound equipment and a machine for cardiological stress tests. Patients requiring further specialised medical care are referred to appropriate medical institutions by staff at the polyclinic.

II. Community Empowerment

Asha's approach to community development is holistic in nature. Its strategy is multi-sectoral and based on the empowerment of women and children and the raising of men's awareness on key health and social issues. Women are involved as primary partners in providing healthcare, community training, a clean environment, improved sanitation, and collaborating with the government. Empowerment entails the formation of groups, awareness generation on health and civic rights, and capacity building for decision-making, problem solving, and lobbying skills.

III. Environment and Infrastructure Improvement

Infrastructure and environmental improvements are key components within Asha's programmes, focusing on safe water supplies, garbage disposal, brick pathways, adequate drainage, and toilet complexes. Asha recognises partnership and co-operation between the community, local government authorities and public health authorities as vital to success, and works constantly to strengthen and

build these relationships. Asha facilitates the environmental improvements by organising and training community groups, providing education on healthy lifestyles, hygiene maintenance and community rights, and giving people direction and support in liaising with government and political authorities until they can take on these tasks independently.

COMMUNITY BASED HEALTHCARE

Maternal & Newborn Health Programme

CHV weighing a newborn

The Maternal Mortality Ratio and the Under-Five Mortality Rate are a direct reflection of the health standards of a community. The United Nations Millennium Development Goals aim to reduce the maternal mortality rate by three quarters and the under-five mortality rate by two thirds by 2015. Neonatal mortality and perinatal mortality contribute the most to the under-five mortality rate. The complications of pregnancy and childbirth are a leading cause of death and disability among women of reproductive age in developing countries; more than 500,000 women die each year from maternal causes. Over 100,000 women in India continue to die in pregnancy or childbirth every year. The Maternal Mortality Ratio in India is 540 per 100,000 live births (www.who.int./whostat/2007/en/index.html). The major causes of these deaths have been identified as haemorrhage (both ante and post partum), toxaemia (hypertension during pregnancy), anaemia, obstructed labour, puerperal sepsis (infections after delivery) and unsafe abortion. Many of these complications can occur without warning and require prompt access to quality obstetric clinics that can provide lifesaving drugs, antibiotics or transfusions and perform Caesarean sections and other surgical interventions.

Over 130 million babies are born every year, and almost 8 million die before their first birthday. The newborn health programme focuses on neonatal mortality, i.e. deaths occurring during the first four weeks after birth. It also addresses perinatal mortality, which includes both deaths in the first week of life and foetal deaths (stillbirths). The relatively brief neonatal period is when more than one in three deaths of children under five occur. Reducing neonatal deaths is, therefore, an essential step towards reducing under-five mortality.

Asha's Maternal & Newborn Health Programme is specifically designed to provide slum communities with effective antenatal, intranatal and postnatal care that will reduce maternal and neonatal mortality, thereby contributing towards achievement of the Millennium Development Goals.

Asha staff and Community Health Volunteers (CHVs) are trained to encourage expectant mothers to visit the CBHCs for early antenatal care. The CHVs keep a record of each pregnant woman in their designated areas, as they are responsible for the wellbeing of all patients there.

Antenatal (ANC) clinics are conducted regularly by the visiting doctor. Scheduled tetanus vaccinations and regular antenatal checkups are carried out for each

pregnant woman. In addition to this, they are taught about issues to be aware of during pregnancy, such as nutritional supplementation, personal hygiene, safe sexual practices and any alarming signs they might observe.

The ANC clinics are also designed to identify high-risk pregnancies, such as those that can occur among women with thyroid disorders, TB, Hansen's disease, Diabetes, and HIV/AIDS. The importance of antenatal ultrasonograms and screening for HIV/AIDS are also highlighted, and patients are continuously advised to undergo these procedures.

The challenge lies in ensuring the safe delivery of healthy babies from healthy mothers. To achieve this, Asha's intranatal care system provides the support, medical care and advice that the women need. CHVs escort expectant mothers for registration with the nearest hospitals to ensure safe institutional deliveries, and encourage them to keep birthing kits at home during the last trimester in case there is an unexpected home delivery. The CHVs also advise the women of their right to have a skilled attendant present at delivery, and encourage them to have either institutional deliveries or to deliver with the help of a Trained Birth Attendant (TBA).

Provision of postnatal care depends upon the effective functioning of CHVs and Asha staff. They conduct regular visits and ensure the wellbeing of the mothers and their newborns. They encourage new mothers to start breastfeeding early, and to register their babies in Asha's newborn programme for subsequent vaccinations and to monitor their growth and general health.

Yearly statistics revealed that some newborns were still dying due to prematurity and low birth weight caused by a number of factors such as maternal diabetes, hypertension, anaemia and so on. To combat this, Asha staff, CHVs and midwives were intensively trained to provide special care in the case of high-risk pregnancies. Timely investigations and referrals to nearby hospitals for monitored institutional deliveries were ensured for these women.

As a result of the efficient implementation of the maternal health programme, the maternal mortality ratio in Asha slums is zero in comparison with India's 540 per 100,000 live births. The coverage of pregnant women undergoing the mandatory three antenatal checkups and receiving anti-tetanus vaccinations is 100%. A total of 80% of antenatal patients have undergone obstetric sonography to monitor foetal wellbeing, and 96.4% of pregnancies had a skilled attendant or hospital based care during delivery.

Asha's calculated neonatal mortality rate is 16.71 per thousand live births in comparison with India's 39 per thousand live births. Asha's 2007-2008 statistics have revealed that 90% of the babies born weighed more than 2.5kg and 100% babies were breast fed in the first six hours. The incidence of low birth weight babies (those weighing less than 2.5kg) is 6.9% as compared with 30% in India as a whole (www.who.int/whostat/2007/en/index.html). This rate indicates the health status of pregnant mothers and is the single most important determinant of the effectiveness of antenatal care.

Case Study

The CBHC in Zakhira slum provides the secondary level of healthcare for slum dwellers in that area. A pregnant woman visited the doctor's clinic for her antenatal check-up with reddish lesions all over her body, and so the doctor immediately referred the patient to the emergency department of a local hospital. She was thoroughly investigated over the next few days and was eventually diagnosed with Nodular Leprosy and put on antileprosy multi-drug therapy. A CHV ensured that the woman visited the CBHC for all her antenatal checkups and also went to the hospital for monitoring of the ongoing drug therapy. Timely ultrasonograms were carried out to monitor the growth of the foetus, and the women delivered a baby boy around the expected date of delivery. Both the mother and the child are now receiving good care from their family, and regular postnatal advice is being provided by Asha staff and CHVs.

Child Health Programme

One of the most important Millennium Development Goals of the United Nations is to reduce child mortality. The target is to reduce the Under-Five Mortality rate by two thirds between 1990 and 2015.

Community Health Volunteer administering polio drops

Children represent the future, and ensuring their healthy growth and development must be a major concern of all societies. Children are particularly vulnerable to malnutrition and infectious diseases, many of which can be prevented or treated. The loss of a child is a tragedy; families suffer and human potential is wasted. Asha improves child health by helping to deliver integrated, effective care, starting with a healthy pregnancy for the mother, through birth and up to five years of age. The programme is implemented through a number of important components including well-baby clinics, immunisations and growth monitoring.

Well Baby Clinics are designed to meet the needs of all children below five years of age. Starting from the registration of the birth of a newborn, children are vaccinated, weighed and examined during weekly clinics. A "Road to Health" card is maintained for each child where their weight and vaccinations are recorded at regular intervals. Children found to be suffering from any illness are referred to the visiting doctor.

An immunisation schedule following WHO recommendations is implemented in all Asha CBHCs. Asha staff members have been intensively trained to provide advice to community members and to administer the vaccinations. Every child under the age of five years is vaccinated against ten vaccine-preventable diseases, namely tuberculosis, diphtheria, whooping cough, polio, tetanus, hepatitis B, typhoid, mumps, measles and rubella. Statistics for the year 2007-2008 revealed that 100% children under five living in Asha's slums received the BCG vaccination, 98% of the children received DPT, OPV and MMR vaccines, 95% received measles vaccine, and 92% received Hepatitis B vaccine. In addition to this, regular vitamin A supplements are given to children between the age of 9 months and 5 years in order to prevent xerophthalmia and nightblindness, both of which are caused by a lack of this vitamin in the diet. The yearly statistics show that 93.7% of children under five were given two doses of vitamin A. No clinical cases of vitamin A deficiency were detected in any of the Asha areas last year.

Polio has disappeared from the American and the European continents as a result of effective vaccination efforts. The World Health Organization (WHO) seeks to replicate this experience in developing countries by promoting the Pulse Polio Immunisation Programme. Under this programme, the polio vaccine is administered to all the children in the risk zone so that the disease can be eliminated once and for all. Asha has been working in collaboration with the Directorate of Family Welfare, Government of Delhi, and the Pulse Polio Programme is being run successfully in all Asha slums.

The physical growth and development of children are sensitive indicators of the health of a population. Development and learning are most rapid in the early stages of life, during which the child is vulnerable to adverse environmental influences such as infections or deficiencies in nutrition and stimulation. Children's growth and development need to be monitored closely so that early corrective steps can be taken to ensure normal growth. Proper growth monitoring consists of serial assessments of both weight and height measurements over time so that the speed of growth can be assessed. Growth monitoring strives to improve nutrition, reduce the risk of inadequate nutrition, educate caregivers, and produce early detection and referral for conditions manifested by growth disorders.

The Road to Health Card (RTHC) provides a simple, cheap, practical and convenient method of monitoring child health. Changes in the weight of children are easily measured even under difficult conditions. The information obtained facilitates the assessment of both the current weight and the trend of growth. The RTHC also records developmental skills achieved at specific ages, which means that non-achievement of these skills, a sign of delayed progress, is identified early. Every health worker in Asha considers all clinical encounters with children as opportunities to screen for needed vaccines and, when indicated, to immunise the children. The RTHC allows space for immunisation records, the dates they should be administered, supplementary information and appointments. The parents are educated about the need for immunisation, and Asha promotes the policy of all-opportunity immunisation. Failure to use the card contributes to delayed immunisation and to low immunisation coverage. This can lead to outbreaks of disease among unvaccinated children.

Therefore, Asha's health workers and staff are intensively trained in this field so that every child has a Road to Health Card and his or her growth is properly monitored. Growth monitoring in Asha slums is also carried out using the Mid Arm Circumference Band (MAC Band). The yearly statistics (2007-2008) show that 83.95% of the under-five children in Asha slums are healthy, whereas 47% of the under-fives in India as a whole are moderately to severely malnourished. (http://www.unicef.org/infobycountry/india_india_statistics.html)

The infant mortality rate in Asha slums is 25.06 per thousand live births, a very low figure when compared with India's statistic of 56 per thousand live births. The under five-mortality rate is one of the best indicators of the health and progress of the country as it is a reflection of quality health services, adequate nutrition, clean water and sanitation, immunisation coverage, per capita income and education. Asha's under-five mortality rate of 29.71 per thousand live births (2007-2008) is far lower than the figure of 74 per thousand live births for India as a whole (www.who.int./whostat/2007/en/index.html), and is a clear reflection of the factors mentioned above.

FACTS

- 67 million Indian children below five live without basic healthcare.
- Each year, over one million children in India die in their first month of life.
- Among Indian girls between 1 and 5, 61% are more likely to die than boys. (http://www.savethechildren.in)

Reproductive Health & Family Welfare Programme

"Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence." The World Health Organisation (WHO)

Many women and adolescents living in slums suffer from Reproductive Tract Infections (RTIs) and menstrual irregularities, but often do not consult a doctor and choose to suffer in silence due to social stigmatisation. Adolescents living in the slums are often unaware of reproductive health matters. This makes them extremely vulnerable to Sexually Transmitted Infections (STIs), HIV/AIDS, and unwanted pregnancies. Marriages at a young age contribute to maternal complications and infant death.

Asha places great emphasis on the reproductive healthcare of the community as it plays an integral part in raising the standard of health in the community.One of the important components of Asha's Reproductive Health & Family Welfare Programme is enabling people to have a healthy sexual life without fear of contracting disease. The programme places a lot of emphasis on promoting and encouraging healthy sexual behaviour among couples through information,

education and communication activities. Asha staff and CHVs are given intensive training sessions to provide community members with information and advice. They educate women and men about Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs) and motivate people with RTI/STI symptoms to seek medical help at the CBHCs. Workshops are also organised to generate awareness on HIV/AIDS and RTI/ STIs for eligible couples. These workshops provide information on reproductive anatomy, physiology, maternal health, reproductive health, safe sexual practices and reproductive rights.

A CHV explains how to use contraceptive pills

Family Planning refers to practices that help individuals or couples to plan their families by regulating the intervals between pregnancies, and to determine the number of children in the family. Asha's Reproductive Health and Family Welfare Programme aims to encourage parents in the slums to limit their family size to four (mother, father and two children). Workshops are conducted for eligible couples (men and women of reproductive age) to encourage them to adopt family planning procedures. These workshops focus on family planning measures that include information on temporary contraceptive methods, and the permanent sterilisation procedures of tubectomy (female sterilisation) and vasectomy (male sterilisation). This year, workshops were specifically conducted for mothers-in-law, which revealed new aspects of awareness in the community. It was observed that those mothers-in-law who were previously ignorant about contraception are now happy to allow their daughters-in-law to adopt family planning measures. Some of them also showed eagerness to get involved by encouraging their sons and daughters-in-law to adopt a family planning measure.

Target groups are taught about various contraceptive measures such as condoms, oral contraceptive pills, intra-uterine devices and injectable contraceptives. Those couples that have the desired number of children are encouraged to opt for permanent sterilisation. The CHVs refer the couples to the visiting doctors in CBHCs for contraceptive procedures and also distribute condoms to interested couples. Those opting for permanent sterilisation are referred to nearby hospitals or institutions for the procedures.

Asha's Reproductive Health & Family Welfare Programme has generated an immense increase in awareness on reproductive health and adoption of family planning methods among the men and women of the reproductive age group. As a consequence, the average family size in Asha slums has been calculated to be 4.8 in the year 2007-2008, and the percentage of total sterilisation is 27.76%. The percentage of target couples using spacing methods is 32% against India's total of 10.2% (http://mohfw.nic.in).

Rights-based information has facilitated greater reproductive health awareness, the ability to apply knowledge of reproductive and sexual rights in day-to-day life,

and better utilisation of reproductive healthcare facilities. It has instilled a much greater understanding of reproductive rights in the women of the slums, and has led to their independence in making decisions regarding birth spacing.

Adolescent Health & Social Development Programme

India is the second most populous country in the world with a total population of over 1081 million. Adolescents (10-19 years) form a large section of population – about 22.5%, or 225 million. They are living in diverse circumstances and have diverse health needs. Adolescents are full of energy, have significant drive and new ideas. They are a positive force for the nation and are responsible for its future productivity, provided they develop in a healthy manner. In slums, they experience a range of health problems that cause a lot of morbidity as well as definite mortality.

A training session for teenagers

In India there have not been any designated services for this age group so far, leading to substantial unmet needs. Absence of friendly staff, working hours that are inconvenient to adolescents and lack of privacy and confidentiality have been identified as barriers that prevent access to health services by adolescents and young people. Asha's Adolescent Health & Social Development programme aims to raise awareness among adolescent boys and girls by overcoming these barriers and prepares them to become healthy and knowledgeable adults of tomorrow.

Asha staff members organise workshops for boys and girls between the ages of 10 and 19 where they are taught about personal hygiene, menstrual physiology and problems associated with it, masturbation, night emissions, sexually transmitted infections (STIs) and mental health. Important issues including masculinity and peer presentation, family planning, preparing for marriage and sexual abuse are also covered in the workshops. Of the adolescents attending, those with good communication and leadership skills are identified and trained as peer educators. These peer educators are then directed to conduct sessions on their own with other adolescent boys or girls, thus spreading the knowledge among them.

These workshops and sessions have led to an increase in the expression of feelings by adolescents regarding their general and reproductive health. It has helped in transferring knowledge and promoting healthier learning through sharing of individual experiences. Elimination of myths and misconceptions and increased openness and willingness to ask about stigmatised issues have further developed positive attitudes in adolescent boys and girls towards preparation for marriage and parenting. Gradual shedding of fear and hesitation by adolescents

has greatly aided in acceptance of such issues as a significant and fundamental part of their growing up.

Tuberculosis Control Programme

Controlling TB in India is a tremendous challenge. Every year, 1.8 million people develop the disease, of which about 800,000 are infectious; 370,000 die of it annually, that is, 1000 every day. The disease is a major barrier to social and economic development, and an estimated 100 million workdays are lost due to the illness. As evident, the magnitude of deaths caused by tuberculosis in India is still staggering. Both social and medical aspects work in conjunction to magnify the problem within slum colonies. The unhygienic living conditions, uncontrolled births and ignorance about the disease all contribute to the situation.

WHO has developed a new six point Stop TB Strategy, with a goal to dramatically reduce the global burden of tuberculosis by 2015 by ensuring that all TB patients, including those co-infected with HIV and those with drug-resistant TB, benefit from universal access to high-quality diagnosis and patient-centered treatment. The strategy also supports the development of new and effective tools to prevent, detect and treat TB. Asha's Tuberculosis Control Programme is implemented in collaboration with the Government of India's DOTS (Directly Observed Treatment, Short-course) programme.

Asha staff and CHVs are instructed by trained government and Asha personnel on various aspects of programme delivery. The CHVs identify suspected TB patients and refer them to the visiting doctors so that prompt screening and treatment can be initiated. Workshops are also organised in the communities to spread messages about prevention of the disease, with flashcards and leaflets supplementing the talks. Identified and proven cases of TB are referred to the Asha DOTS centres run in collaboration with the government. CHVs and Asha staff monitor TB cases on a daily basis and ensure that these patients receive medication under supervision as prescribed. They also advise the patients on healthy lifestyle practices including proper nutrition, rest and hygiene.

TB is the most common opportunistic infection in people living with HIV virus. As the HIV breaks down the immune system, HIV-infected people are at greatly increased risk of contracting TB. The lifetime risk of developing TB is at least 50% in HIV patients. HIV is also the most powerful risk factor for progression from TB infection to TB disease. TB in turn accelerates the progression of HIV to AIDS and shortens the survival of patients with HIV infection. Thus, TB and HIV are closely interlinked. In India, there are an estimated five million HIV-infected people (http://www.tbcindia.org/RNTCP.asp). Asha staff and CHVs are intensively trained in this aspect, and all patients undergo HIV testing after receiving pre-test counseling sessions and giving their consent.

Providing slum residents with correct information on TB, and particularly its transmission and treatment, has greatly abolished myths and misconceptions about the disease, and the stigma associated with it has also been reduced. Relatives are now more likely to take care of the affected person, whether they

are male or female. Most people realise that there is a cure for tuberculosis and therefore do not fear the disease as much as they did in the past. It has also resulted in increased willingness to fight the illness and reduce the recurrence of its drug-resistant strains in the communities. A sustained effort by Asha has brought down the number of TB cases to a considerably lower level in its slums. Last year, Asha's tuberculosis control programme detected a total of 439 TB patients; out of this, 286 patients have already completed treatment, and those remaining are undergoing regular treatment under the DOTS programme.

The short course therapy has resulted in greater patient compliance and no defaulters. Asha staff and CHVs ensured compliance by satisfactory monitoring and follow-up of each case. Radical treatment, appropriate nutritional counselling and enforcement of health-promoting lifestyle practices made sure that there were few systemic health complications and deaths due to TB in the communities. The integrated approach adopted by Asha (networking and linking with the DOTS centres, good documentation, sound monitoring, good nutrition, positive health practices and better environmental conditions) has contributed to the success of the Tuberculosis Control Programme.

Care for the Elderly Programme

The needs of the geriatric age group within slums have always been an area of concern for Asha. Elderly people may not get much support from their families or they may live alone, and this, combined with deteriorating health and difficult living conditions, makes them particularly vulnerable.

Caring for the elderly increases the responsibility of the family manifold. Sickness and ailments seem to follow them and inevitably there are crises, which arise suddenly. A sudden heart attack, a broken hip or limb, or side effects of drugs are some of the things that have to be taken care of. Gaining an understanding their mental makeup and learning to identify signals, which spell out their requirements, is also very important.

In India, when there were joint families and people were not hard pressed for time, there was always someone available to take care of the elderly. Now times have changed. The Indian elderly population is growing rapidly because science and technology has created a revolution in the healthcare system and the healthcare needs of the average elderly Indian have increased. In slums, poverty and illiteracy have exacerbated the problem of elderly care and have rendered them more vulnerable. The role of health insurance in India and the old age pension schemes for the elderly are woefully inadequate. In such a situation, to provide elderly care without allowing the seniors to lose their sense of dignity and independence is very challenging.

Asha launched its Care For the Elderly programme this year in response to the growing need to address the problems of the elderly in the slums. The objective of this programme is to provide access to healthcare and other support services to the disadvantaged elderly aged 60 years and above in all Asha slum areas.

Elderly slum residents are taken care of by regular screening for illnesses such as heart disease, diabetes, hypertension, osteoarthritis and depression. CHVs and Lane Volunteers ensure that they are aware of the health status of the elderly within their areas, and each elderly person has their own health card recording the details of their screening and of any treatment. As with all other patients, any treatment needed is provided at highly subsidised rates, and links with hospitals used when necessary.

The government has several schemes to help the elderly, but those who need help are often unaware of the schemes or how they can benefit. Lane Volunteers ensure that all the elderly in their lane receive any benefits to which they are entitled, and Asha continues to lobby the government and political leaders to make sure that maximum benefits are available to the elderly.

Bal Mandal children happy to accompany an elderly woman to the Asha centre at Dr Ambedkar Basti

Informal social groups are formed for all those over 60 years of age. These groups get together on a regular basis, allowing the elderly to interact freely with those of a similar age. This chance to spend time with their peers provides them with companionship that makes a real difference to their quality of life. The groups create a sense of mutual support, and give the elderly a reason to leave their homes, where they otherwise spend most of their time. The Bal Mandal children of each area perform an important role by accompanying the elderly residents in their lanes to the community centre. The children are also responsible for visiting the elderly in their homes spending time with them, helping them with household chores, grocery shopping, and reporting any illness or other problems to the CHVs or members of the Asha team.

The programme also aims to care for the elderly who are in particularly difficult circumstances. Those who are destitute or in poor health receive financial help, and also practical help in the form of blankets, clothes or nutritious food. They are visited regularly by the members of the various community groups and the Asha team.

The elderly are now enjoying better health, companionship, and the care, affection and support of the entire community. The children in particular are learning the most important values of compassion, kindness, empathy and respect for the senior citizens of their colonies.

General Medical & Preventive Health Programme

Asha is dedicated to providing modern healthcare facilities at the doorstep of slum dwellers through its General Medical & Preventive Health Programme. The

programme is implemented by Asha's three tier healthcare delivery system through the CHVs, CBHCs and the Asha Polyclinic.

The CHVs or the "Barefoot Doctors" are actively involved by identifying people requiring medical attention and encouraging them to seek medical healthcare facilities at the clinics. Part-time doctors conduct outpatient clinics regularly at the CBHCs and daily at the Polyclinic. Patients requiring specialised medical care and diagnostic facilities are referred to the polyclinic or other specialised health institutions depending on their location. Asha also has a sound referral system through government dispensaries, private clinics, hospitals and other health institutions (National Institute of Health & Family Welfare, Family Planning Association of India, Directorate of Health Services, etc.) to make the services of these institutions more accessible to the community. This system results in greater accessibility and an increased range of healthcare facilities, in addition to speeding up the referral of emergency cases.

The Polyclinic provides services including laboratory investigations, radiology, TMT (stress) test, ECG services, and consultation with specialist doctors in the fields of Internal Medicine, Obstetrics and Gynaecology, and Ophthalmology. All these services are available for patients at highly subsidised and affordable rates. The laboratory in the polyclinic has recently been equipped with a specialised auto-analyser for blood investigations. To enable this machine to benefit as many people as possible, sample collection centres have been set up in all project areas. Recently, Asha has enhanced services within the tertiary level of healthcare provision. The polyclinic now has the following new equipment that has allowed it to function more efficiently and provide a more comprehensive service: a fully automated ELISA system, a Cell Analyser, and Treadmill with Electrocardiogram. The recent introduction of new equipment and availability of additional quality healthcare services has encouraged slum residents to be more health-conscious and to make use of these services.

Asha also provides ophthalmology services to the urban slums in collaboration with All India Institute of Medical Sciences (AIIMS). The Department of Ophthalmology of AIIMS – Dr. Rajendra Prasad Centre for Ophthalmic Sciences, operates ophthalmic outpatient clinics in slum areas, giving the urban poor access to this essential service. Those patients that require corrective surgeries are referred to AIIMS where they can be operated on at highly subsidised rates under the Government of India's Community Blindness Prevention Programme.

Asha also conducts regular screening for diseases and conditions such as Diabetes, Hypertension, Osteoporosis, Depression and Cancer (oral, breast, and cervical cancers) in CBHCs and the Polyclinic. The CHVs and Lane Volunteers identify and motivate high-risk patients to attend these screenings so that diseases can be detected and early treatment initiated. Periodical screening camps are also organised in order to reach a larger population in all the areas.

Easy accessibility to these healthcare facilities has shown an increase in the health-seeking behaviour of the slum communities. This is evident from the fact that around 50,000 patients have attended the out-patient clinics run in the CBHCs and the Polyclinic as shown by the yearly statistics of 2007-2008. This

figure also indicates an enhancement in the adoption of healthy lifestyle practices in the communities, which will lead to an improvement in the people's general health.

Health Training Programme

Community Health Volunteers are community members who work exclusively in community settings and who serve as intermediaries between Asha and the slum dwellers to promote health among people who have traditionally lacked access to adequate care. By identifying community problems, developing innovative solutions, and translating them into practice, the CHVs respond creatively to local needs. The CHVs translate health and system information into the language of the community and make it easily available to the slum residents. Working largely in underserved areas and with high-risk populations, they facilitate healthcare access through outreach, health promotion, and disease prevention services. Health training programmes have demonstrated that Community Health Volunteers can successfully teach concepts of primary or secondary prevention and improve access to proper healthcare.

Asha's Health Training Programme is an important means of enhancing the capacity of the healthcare providers so that they can supply health awareness and services to the community. The training programmes are held both in the community and at Asha's training centre. Asha's staff and CHVs undergo intensive training in all issues pertaining to health and community development, including gender concerns.

The CHVs generate and spread awareness in the community about healthy lifestyles and are responsible for all health-related activities in the community such as health monitoring, providing medication for general ailments, family planning advice and so on. The CHVs encourage pregnant women to attend the antenatal clinics and identify any high-risk signs in them. They coordinate with the trained birth attendants in the community to enable prompt and effective referral.

They monitor timely immunisation and growth of children in the under-five age group, identify any malnutrition and growth retardation in them, and provide appropriate interventions to improve their health status. In addition to this, they are actively involved in addressing issues of family planning through a strong interpersonal and group approach, breaking down the myths and misconceptions on sexuality and family planning. They take sessions for community members on various diseases, their prevention and treatment as well as on gender sensitivity.

Asha identifies popular and practising traditional birth attendants in the slum communities. They are then intensively trained in various subjects such as antenatal care, identification of high-risk pregnancies, clean and safe delivery practices, and prompt and timely referral to hospitals. Apart from conducting safe home deliveries, they also give expert advice to expectant mothers. They work in close collaboration with CHVs in this area, and help to provide good delivery services to the women of the slums. They convey vital information to families and communities in a culturally appropriate way that helps families to understand danger signs during pregnancy and ways in which to tackle them. Volunteers from

different parts of the world also conduct special sessions for the Trained Birth Attendants (TBAs) from time to time.

The Health Training Programme of Asha has increased access to information and awareness in all the community groups. This has led to strengthening of social consciousness and knowledge sharing, development of communication and leadership skills, and improved levels of health amongst the people of the community.

COMMUNITY EMPOWERMENT

Community empowerment allows collective participation of both men and women to gain greater influence and control over the determinants of health and the quality of life in their community. India is still a patriarchal society and in many areas women have a low status, their role being largely confined to domestic duties and childcare. The women's movement and a widespread network of NGOs, which have strong grass-roots presence and deep insight into women's concerns, have contributed in inspiring initiatives for the empowerment of women. Gender disparity manifests itself in various forms, the most obvious being the trend of the continuously declining female ratio in the population over the last few decades. Social stereotyping and violence at domestic and societal levels are some of the other manifestations. Discrimination against girl children, adolescent girls and women persists in many parts of the country. The underlying causes of gender inequality are related to social and economic structure, which is based on informal and formal norms, and practices.

Asha's aim is to empower the slum communities, bring them together for training and equip them with decision-making, problem solving and lobbying skills. Community Empowerment encompasses the Women's Empowerment Programme, Child Advocacy Programme and Men's Awareness Programme.

Women's Empowerment Programme

The objective of Asha's Women's Empowerment Programme is to create large-scale awareness with the active participation of women in slum areas to bring about change. The women's groups called Mahila Mandals are the foundation of the programme.

The Mahila Mandals actively focus on issues related to health, environment and social problems. The members hold weekly meetings with a formal agenda and discuss community issues and problems. They also discuss the status of health, sanitation, and infrastructure in their area. These are prioritised through discussion and appropriate strategies are formulated to overcome them.

Women of Dr Ambedkar Basti working together to achieve change

A Mahila Mandal consists of 25-30 members. The majority of them work as Lane Volunteers (LVs) while some of them work as Community Health Volunteers (CHVs). The LVs hold responsibility for their lanes consisting of 25-30 households whereas the CHVs hold responsibility of 250-300 families. The LVs and CHVs work together for identification and resolution of problems relating to healthcare, social issues, environmental improvement, resource mobilisation and community

organisation. The women are given regular training in order to reinforce their responsibilities and update their knowledge and skills for progression of the programme and in order to keep them motivated.

Asha has strengthened the Mahila Mandals by helping them to get registered as independent societies so that they have legal recognition. Each registered body maintains the required records and other pertinent documents. The training imparted by Asha has helped the group in areas such as account keeping, banking, advocacy and lobbying skills.

Exchange visits are also organised to allow the Mahila Mandals of a project area to visit other project areas. Through these visits, they have the opportunity to share and learn through each others' experiences. These visits are also a contributing factor in building up their self-esteem and developing a clear perspective on ways in which women can resolve community issues.

Case Study

Successful lobbying efforts of Mahila Mandal for safe drinking water

During the hot summer, an acute shortage of drinking water occurred in Block C of Mayapuri Phase II slum due to failure of the piped water supply. To add to the problem, the water department did not send water tankers to the area to provide an alternative source. The members of the Mahila Mandals and Bal Mandals together lobbied the Delhi Jal Board (Water Department). Seeing the huge number of people coming to their offices, the department was pressurised and the officials sent water tankers to the community the same day in order to meet the immediate need. Within a week's time, the piped water problem was resolved and the water supply became regular again.

Self Help Groups (SHGs) have greatly facilitated the habit of saving in slum women, and Asha staff members have continuously spread messages about the benefits of saving for the future. During the year, community members made regular deposits and took loans for travel, small enterprises, purchase of raw materials, and so on.

Slum residents receive support in financial matters

Public meetings are among the most effectively used methods of ensuring participation in a community. The public meetings in Asha serve as platforms where the members of the Mahila Mandals have the opportunity to raise awareness on socially relevant issues, discuss policies and share news of the achievements in various slums**.** Several public meetings were conducted during the year, and many issues

that required immediate attention were addressed and resolved.

The National Slum Women's Development Federation (NSWDF) is an umbrella organisation consisting of representatives of Mahila Mandals from different slums all over Delhi. The NSWDF oversees and coordinates the activities of Mahila Mandals. It provides direction and, having greater influence, is able to represent them at higher level. The NSWDF meets each month under the guidance of Asha in order to identify problems relating to the development of urban slum colonies and develops a unified position on various issues. Asha conducts regular training programmes for the federation on advocacy, problem-solving skills and so on, and keeps them updated on the latest slum policies of the government.

The women of the Mahila Mandals, with recognition of their own capacities and potential, have been able to make a big difference in many ways. The gaining of collective decision-making abilities and problem resolution skills have given a tremendous boost to their confidence and self-esteem. This is well reflected in their keen and determined lobbying efforts with various government authorities. Women have been successful in improving the condition of their communities in terms of sanitation, environment and infrastructure. The sustained efforts of the CHVs and LVs have also encouraged men to come forward and get involved in the development of their families and the community.

Child Advocacy Programme

Children in particular face severe difficulties in gaining access to basic facilities including health services, clean water and education. They have no power to assert themselves or to demand their rights, and there are no support networks within the slums for advice and help. The Child Advocacy Programme was initiated in Asha slums to address these problems. The programme aims to build confidence and self-esteem in children through their representation, leadership and action. Children take on the role of advocates seeking justice as well as raising awareness on environmental and healthcare issues amongst others. As a result, children have become active members of their communities and know that they do have a voice, can take initiatives and can make a difference not only in their lives but also in the lives of those around them.

Children from Jeevan Nagar rally for their right to an education

Children identify issues within their communities that affect them adversely. They discuss the issues and devise appropriate strategies to resolve them. The children's campaigns for child rights in Asha slums are full of life and vigour, showing promise of new commitments towards achieving justice for all children. They take out rallies in their slum lanes by carrying handmade placards depicting

slogans on various issues. They also organise street plays, public speeches in their communities, debates in their clubs, and educate people through the use of skits and dramas.

"Bal Mandals" are children's associations formed by children in the age group of 7 to 14 years. Each Bal Mandal is represented by a president, a secretary and a treasurer. The members are educated on health, environmental and sanitary improvements and social issues affecting children. Each member is responsible for looking after the welfare of about 25 households in their respective lanes. The groups hold weekly meetings with a focus on communication, problem solving and teamwork. Their active participation is seen in the Polio Drive, their provision of oral rehydration remedies for diarrhoea patients and the weekly sanitation drives that they organise in their respective communities. The Bal Mandals approach the local government authorities for improvement of sanitation and other environmental concerns in their areas. Education is considered a priority area, and the members make considerable efforts to increase the enrolment of children in local schools. The Bal Mandals have been instrumental in developing a sense of responsibility for the most needy members in their communities, and children often collect money to help the elderly slum residents who have no family to care for them.

This year, a group of children from the Bal Mandals of various centres had the opportunity to interact with the Honourable Finance Minister of India, Mr. P. Chidambaram, when he visited Ekta Vihar slum – a unique experience for them. National festivals such as Independence Day and Republic Day were celebrated with joy and fervour. The children also took part in exchange visits, where members of certain Bal Mandals visited the Bal Mandals of other slum areas. These exchange visits are always found to be inspiring, and are healthy learning and sharing experiences for the children. The children also made posters on social issues such as alcoholism and education, staged rallies, and performed street plays. They organised signature campaigns on problems requiring immediate attention such as cleanliness, sewer blockage, garbage removal and so on. As a precautionary measure against malaria they visited the malaria department of the Municipal Corporation of Delhi to request for the timely spraying of insecticides in their drains. Workshops on communication skills were very productive, and educational trips to the Science Museum, Dolls Museum, Children's Park etc. were also organised and thoroughly enjoyed by all the children.

The Resource Centres are invaluable in offering educational and recreational activities and encouraging the concept of learning while playing. Each centre has a library equipped with educational books, storybooks and a variety of general knowledge material. The children come and make use of the resource centre when they are free from school. Besides enjoying outdoor and indoor games, children have also formed a homework club where the resource teacher helps them with their homework and encourages them to help their friends who have difficulty in certain subjects. This creates a spirit of helping others and raises the levels of confidence and self-esteem in the children.

Basic computer literacy is imperative for success today. It is therefore vital to help children familiarise themselves with the use of computers from a very young age.

The introduction of the computer literacy programme in Asha slums was in response to the dismal situation in government schools, where computers are rarely available and students are often not allowed to use them. The resource centres are well equipped with computers and children are overjoyed at the chance to actually operate computers themselves. The classes are conducted in the morning as well as in the afternoon so that children can come for the classes without missing school. The children in the slums find this course immensely valuable in creating a sense of achievement and pride.

Chanderpuri children get to develop their computer skills

The teaching module is an eight-week programme and the contents include an introduction to computers (the machines themselves), Paint, Ms-office, Ms-Excel, PowerPoint and the internet. Children also receive training in opening e-mail accounts, and surfing the internet look for academic information. These new skills will not only improve the job opportunities for these children in the future but will also boost their confidence. Asha is already making good progress in getting broadband internet installed in many areas, and aims to provide this facility in every children's resource centre during the coming year.

English is the common medium of study in private schools, but Government schools still favour Hindi as a study medium. It was in the light of this that Asha launched the English Literacy Programme for slum children studying in government schools. The goal is to enhance speaking and writing abilities so that children can express themselves in English clearly, precisely and with confidence. Volunteers from overseas who come for short durations often teach English and are overwhelmed by the enthusiasm of the children who are clearly delighted to have the opportunity to learn the language. In order to make English Literacy a regular programme, young and enthusiastic Indian teachers have been appointed in different slums. The children are enjoying the sessions as the teachers are using innovative teaching materials and lots of group activities where everyone has a chance to participate.

The Child Advocacy Programme plays a vital role in the lives of children and prepares them to become active and contributing members of their community. They have a greater understanding of health related issues, and also develop an improved sense of community and social responsibility. The Computer Literacy and the English Literacy Programmes have facilitated self-confidence and self-esteem in the children and they feel that they are better equipped to compete with children who have better facilities and opportunities.

Men's Awareness Programme

Attitudes to reproductive health rights are very deeply rooted in the cultural and traditional values of Indian communities and therefore cannot be considered in isolation. It is a well-known fact that women receive the bulk of the information on reproductive health and family planning programmes. Men are generally left out in terms of knowledge on these issues as their role is mainly confined to earning money for the family.

A men's awareness session in progress

Asha organises Men's Awareness Programmes in the community and provides them with useful information on fertility, reproductive health and reproductive rights. Asha's holistic approach to community development can only be fully achieved with the involvement of both men and women in its programmes. Asha works towards enhancing their knowledge through focused group discussion, regular classes, workshops and community awareness programmes.

The CHVs and LVs identify motivated men who can spare time to act as male volunteers. These volunteers are trained on various issues such as the benefits of smaller family sizes, methods of family planning, and issues surrounding fertility. Effective IEC (Information, Education and Communication) materials such as flashcards are used for training and counselling sessions. This training enables them to transfer skills and knowledge to the wider community. The triple benefits of condom use for prevention of STD/ RTIs, HIV and protection from unwanted pregnancy are advocated and promoted. The men are motivated to use, promote and keep condoms for the benefit of the community.

The participation of men in this programme is gradually eliminating the misconception that men do not have an interest in doing something for their family or the community. The discussions held during different training sessions reveal their concern and curiosity on issues concerning their health and community problems. Young married men have shown great recognition of the benefits of smaller family size, and are now willing to use family planning methods. Many trained and responsible male volunteers are imparting knowledge to the other men in their communities. There has been a visible change in their perception towards females, who were often previously treated as mere commodities. In several areas, their involvement has resulted in an increased number of vasectomies as men have begun to understand the joint responsibilities for family planning. The rise in the number of hospital deliveries is also an indicator of their understanding and willingness to contribute towards a healthy community.

ENVIRONMENT AND INFRASTRUCTURE IMPROVEMENT

Slums dwellers in Delhi inhabit unused public land near railway tracks, drainage canals or any piece of land found vacant. These areas lack basic civic amenities and the population suffers from severe environmental disadvantages. These are noticeable during the rainy season and in summers, in the form of clogged drains, stagnant ponds, inadequate water supply, overflowing garbage bins and dirty, or absent, toilet complexes.

The Asha team took a lead role in motivating and supporting the Mahila Mandals and Bal Mandals in their efforts to make their surroundings more hygienic. The Mahila Mandals aggressively pursued their cases with the sanitation department for getting drains desilted regularly. A new toilet complex was inaugurated by the local MLA in Zakhira. The community volunteers in the area are determined to keep the toilet complex in good order, and are ensuring that others in the community understand the importance of proper maintenance of the facility.

Case Study

Water Problem Resolved

The recently adopted area of Coolie Camp has seen some really exciting results in terms of improved environment and infrastructure. The newly formed Mahila Mandal advocated and lobbied to resolve the problem of paucity of water in the area. Through keen lobbying of the concerned departments and the elected representative of the area, they were able to get a water tanker sanctioned which now visits every day. Soon, stationary water hand pumps will also be installed which will permanently resolve the water problem faced by the community.

A systematic effort of devoting one day a week to sanitation drives to raise awareness of the need for cleanliness in the community has been a successful initiative. It helps to a great extent, as it brings consistent pressure on the community and the local governments. The strategy of partnership between the community and the local authorities plays a critical role in bringing about change in the slum environment. The Mahila Mandals and the Bal Mandals work as agents of change by facilitating the overall development of their communities. Due to their efforts, there has been considerable improvement in all the project areas in the availability of water supply, toilet complexes, clean pathways and drains.

A local politician inaugurating a toilet complex at Zakhira

SPREADING THE WORD ABOUT ASHA'S WORK

Asha is dedicated to improving the lives of Delhi's slum dwellers, and there are thousands of stories and astonishing statistics that demonstrate the extent of the transformations. We believe it's vital that people get to hear about our work. Also, we need to highlight the fact that there are many more people in need, and numerous other areas where our programmes can make a difference. This report is just one way in which we can tell people about Asha's challenges and successes.

One of the most powerful means of telling the world about our work is to give people the chance to see it for themselves. We welcome volunteers from all around the globe, and nearly everyone who is interested can help in some way. This year has seen a record number of volunteers visit Asha. People have given their time and skills to teach English, dance and computer literacy to children in Asha slums, and opportunities for volunteers are growing all the time with the expansion of our English Literacy and Computer Literacy programmes. Doctors and birth specialists have visited to treat slum patients and to train Asha staff and slum community members, and over the last year a total of twelve community-based health centres and children's resource centres have been renovated and beautifully decorated.

Our website is used by many people worldwide as a source of information on the challenges and solutions surrounding slum development. The stories of individuals living in slums have inspired people to become long-term supporters of Asha, and anyone can read the latest news and send us their comments by using the site.

The quarterly Asha newsletter keeps our supporters updated on the latest situations and achievements. This year, we were delighted to be able to share news on such major developments as the Finance Minister's visit, the resulting loans for slum dwellers, and the adoption of a new slum at Coolie Camp.

Many of our supporters, often past volunteers, sign up to be Asha Ambassadors. These people of all nationalities, ages and backgrounds contribute to our work greatly by telling people about Asha, raising funds, and often adding offering practical help depending on their skills or contacts. They receive additional Asha news updates and have a special area of the website where they can keep in contact with other Ambassadors and exchange ideas.

We are always pleased to receive any contact from our supporters, and have members of staff that are available to answer any questions, provide more information or listen to any feedback that people may have.

ANNEXURE 1 – STATISTICAL INFORMATION

INDICATORS	ASHA SLUMS (%)	INDIA COUNTRY WIDE %
Maternal and Newborn Health Programme		
% of pregnant women who received at least 3 antenatal checks	100	74**
% of pregnant women who received 2 doses of tetanus toxoid	100	
% of pregnant women who had basic laboratory investigations done	94.2	
% of pregnant women who had obstetric ultrasonography done	80	
% of pregnant women who received a birth kit	100	
% of pregnant women who underwent HIV testing	86.9	
% of pregnant women who had skilled attendance during delivery	96.85	43**
% of pregnant women delivered without injection oxytocin	100	
% of women who breastfed within 6 hours	100	37**
% of newborns with normal birth weight (>2500 g)	90.5	70**
Child Health Programme		
% of children who received BCG vaccine	100	78**
% of children who received DPT / OPV vaccine	98.21	55**
% of children who received measles vaccine	95.8	59**
% of children who received MMR vaccine	98.1	
% of children who received Typhoid vaccine	91.36	
% of children who received Hepatitis B vaccine	92	
Clinical cases of vaccine preventable diseases detected	Zero	
% of children who received 2 doses of Vitamin A	93.7	64**
Clinical cases of Vitamin A deficiency detected	Zero	
% of under-5 children who were healthy for age	83.95	41**
Reproductive Health and Family Welfare Programme		
% of community eligible women trained in reproductive health	73.2	
% of community eligible men trained in reproductive health	25.08	
% of couples using temporary contraception	32.05	48.2 * Combined
% of couples using permanent contraception	27.76	
Average Family Size	4.8	
Adolescent Health and Social Development Programme		
% of Female Adolescents Trained in Adolescent Health	74.25	
% of Male Adolescents Trained in Adolescent Health	58.57	
Tuberculosis Control Programme		
% of tuberculosis patients on regular treatment	99.28	

MORTALITY AND SURVIVAL RATES

	Asha Slums	India Countrywide
Maternal Mortality Ratio	Nil	540*
Perinatal Mortality Rate (per 1000 live births)	41.78	--
Neonatal Mortality Rate (per 1000 live births)	16.71	43**
Post-Neonatal Mortality Rate (per 1000 live births)	8.35	17**
Infant Mortality Rate (per 1000 live births)	25.06	57**
Under Five Mortality Rate (per 1000 live births)	29.71	76**
Child Survival Rate	97.49	90.4*

References:

* WHO Statistics (www.who.int/whosis/whostat/EN_WHS08_Table1_Mort.pdf)
** The State of the World's Children (Unicef)

Annexure 2 - UN MILLENNIUM DEVELOPMENT GOALS

Goal 1: Eradicate extreme poverty and hunger	Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day. Target 1.B: Achieve full and productive employment and decent work for all, including women and young people. Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.
Goal 2: Achieve universal primary education	Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.
Goal 3: Promote gender equality and empower women	Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.
Goal 4: Reduce child mortality	Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.
Goal 5: Improve maternal health.	Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio. Target 5.B: Achieve, by 2015, universal access to reproductive health.
Goal 6: Combat HIV/AIDS, malaria and other diseases	Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDs. Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it. Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.
Goal 7: Ensure environmental sustainability	Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources. Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss. Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation. Target 7.D: By 2020, to have achieved

	a significant improvement in the lives of at least 100 million slum dwellers.
Goal 8: Develop a global partnership for development	Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. Target 8.B: Address the special needs of the least developed countries. Target 8.C: Address the special needs of the landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly). Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term. Target 8.E: In co-operation with the pharmaceutical companies, provide access to affordable essential drugs in developing countries. Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.