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FOREWORD BY FOUNDER & DIRECTOR



The last year has been an amazing one, something which will become evident as you read on.

It was a shocking start of the year for all of us. Delhi is experiencing a beautification process in preparation for the Commonwealth Games of 2010 and parks, flyovers, malls and multiplexes are being constructed all over the city. While planning these adornments, the Indian Judiciary saw Delhi's slums and their residents as eye-sores, unsightly blemishes on the surface of the city. The Judiciary's solution to this perceived problem displayed the ugliest side of our justice system and was a gross violation of human rights. On the morning of 22 April, under the orders of the Delhi High Court, bulldozers and armed policemen destroyed and then set fire to thousands of shelters that had been the homes of people in the Thokar No. 8 slum for more than thirty years. Asha and its sixty women's groups lobbied intensively to obtain an alternative plot of land for the 30,000 who were made homeless and worked tirelessly to get the people re-housed as quickly as possible. A year later, the storm of injustice has finally calmed. All residents have constructed new homes at another location, Savda Ghevra - provided to them by the government - and are in the process of rebuilding their lives.

New developments were in store for Asha as we expanded our work by adopting three new slums at Jeevan Nagar, tucked away among multi-storey residential flats near Delhi's Nizamuddin Railway station. Embarking on these new projects required tremendous faith and courage as it was not only a privilege to give hope to Jeevan Nagar's residents, but also a challenge to liberate and empower them with a view to seeing their lives transformed.

Over the last year, Asha made another significant step towards attaining the UN's Millennium Development goals. We have been successful in bringing down the infant mortality rate in our slums to the lowest rate ever. It currently stands at 25.5, one-fourth that of the Delhi slum infant mortality rate (100 per 1000 live births). There was not a single child death due to diarrhoea, malnutrition or respiratory infections - the three

killers that prevent hundreds of slum children from celebrating their first birthday. Maintaining our record of the last six years, no mothers died during pregnancy or childbirth in Asha slums. These are great achievements in the field of healthcare and are a credit to the hard work of the staff and slum residents who participate in our programmes.

A major highlight of the year was the introduction of English Literacy Programme for the slum children. It was becoming evident that without adequate English communication skills, these children would remain disadvantaged within the world of employment as they grew older. Slum children have many challenges in society and without the ability to speak English the possibility of white-collar jobs remains a distant reality for them. Despite securing good marks in many of their school subjects, the children knew that their background would force them to take up the jobs as labourers in factories, drivers or vegetable vendors. So, it was exhilarating to devise an English literacy programme for them and to give them another reason to smile and dream. As they become equipped with English language skills, the children know that they have gained something in common with the more privileged children of society and realize that a great many more opportunities will be open to them in the future.

Also focusing on the children's English language skills, the production of 'Ek Choti Si Fairy Tale' was an exciting experiment in the development of the personality, talents and potential of the slum children. To witness the children's complete transformation as they came alive on stage was a source of great joy to everyone in the audience.

Yet another highlight has been the expansion of the exceedingly successful Computer Literacy Programme. Asha's computer centres have doubled from four to eight in the last year, giving hundreds of children exposure to a world that they believed to be out of their reach. We also saw the opening of three new children's resource centres which are used by large numbers of 6 to 14 year olds every day.

The development of a new Master Plan for Delhi includes promises to include Delhi's slum dwellers under a Social Housing Policy. It will be a huge challenge for Asha to ensure that this policy is put into practice and that slum dwellers get access to the improved housing that is currently out of their reach.

It gives me great pleasure to present Asha's new website which allows us to share both Asha's vision and Asha's model on a much wider basis. The website features lots of photos and information, comments and blogs from volunteers and other supporters and it's regularly updated with all our news. It provides the Asha Model as a training tool for learning among community health and development professionals, researchers and academics in developing as well as developed countries. The pages highlight the complexity of problems of urban poverty and illustrate the vast differences between the living conditions of the urban slum dwellers, their rural counterparts and the rest of the society. We are hopeful that the site will give insight and a better understanding of the plight and survival of the urban poor as a worldwide challenge, as well as initiating planning processes for some sustainable solutions.

We enjoyed welcoming many different teams and individuals from many different countries last year and have been greatly blessed by their willingness to contribute to the work of Asha. I shall always remain grateful to all our supporters and friends worldwide for their constant prayers, their generosity, their commitment to the cause of Asha and for their faith and confidence in our work and our abilities. I would like to thank God profoundly for His grace and strength that sustained us all in everything we did. I pray that He will continue to guide me and my team to further the vision of Asha through committed service in many years to come.

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

THANKING OUR PARTNERS

Government

- ❑ Ministry of Health and Family Welfare, Government of Delhi
- ❑ Ministry of Health and Urban Development, Government of Delhi
- ❑ National Institute of Health and Family Welfare
- ❑ All India Institute of Medical Sciences (Dr. Rajendra Prasad Centre for Ophthalmic Sciences and Institute Rotary Cancer Hospital)
- ❑ Municipal Corporation of Delhi
- ❑ New Delhi Municipal Committee
- ❑ Delhi Development Authority
- ❑ Delhi Jal Board
- ❑ Family Planning Association of India
- ❑ Directorate of Health Services
- ❑ Delhi Police
- ❑ Power and Works Department
- ❑ Conservancy and Sanitary Engineering Department
- ❑ Directorate of Family Welfare and Health & Family Welfare Training Centre

International Agencies

- | | |
|---|-------------------------------|
| ❑ Tearfund, UK | ❑ New Zealand High Commission |
| ❑ Tearfund, The Netherlands | ❑ British High Commission |
| ❑ Tearfund, New Zealand | ❑ Australia High Commission |
| ❑ ICCO, The Netherlands | ❑ Besom Foundation, UK |
| ❑ Irish Aid, Embassy of Ireland | ❑ Canassist Society, Delhi |
| ❑ Development Cooperation of Ireland, Dublin, Republic of Ireland | ❑ Caledonian Society, Delhi |
| | ❑ Embassy of Japan |

Trusts, Schools, Universities, Churches and other groups

- | | |
|--------------------------------|---------------------------------------|
| ❑ Barrow Cadbury Trust, UK | ❑ Christian Union, Aberdeen |
| ❑ New Generation Church, UK | ❑ Methodist College, Belfast |
| ❑ Global Generation Church, UK | ❑ Ballymena Academy, Northern Ireland |
| ❑ River Church, UK | ❑ Aberdeen University, UK |
| ❑ Oasis Church, UK | ❑ Harvard University, USA |
| ❑ City Life Church, UK | ❑ Edinburgh University, UK |
| ❑ St. Stephen's Church, UK | ❑ Glasgow University, UK |
| ❑ St. Michael's Church, UK | ❑ Rotary Club of Delhi, Southend |
| ❑ Restore Church, UK | ❑ CanSupport, Delhi |

Friends of Asha

- ❑ Friends of Asha, Great Britain
- ❑ Friends of Asha, Ireland
- ❑ ASHA, USA

We are thankful to individual donors, Hopegivers, volunteers and Ambassadors for their prayers and wonderful support.

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 18 years down the line, with a vision to love and serve the poor in the name and spirit of Christ, the Asha family has grown to encompass over 300,000 people living in 44 slum colonies. With 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 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 health care, 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 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 augments 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 (especially women) participates actively as a major partner at every stage of the project.

The goal and objectives of Asha's programmes are coherent to and in accordance 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. 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, amity, harmony, reconciliation and freedom from strife through working towards common goals.

The model has been studied, recognised and highly validated by many dignitaries and governments nationally and globally such as, the then Deputy Prime Minister of Australia, Hon. Timothy Fischer, many British, Australian and New Zealand members of Parliament, Congressmen from the USA as well as ministers and members of Parliament from India. These governments and political leaders have recognised that the principles of the Asha model are applicable to finding solutions to the enormous problems of poverty in the cities 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 has been 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 and 2004. 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 Founder and Director of Asha, Dr. Kiran Martin, was awarded India's highest civilian award by the President of India, Mr. K.R. Narayanan at a ceremony held at the Rashtrapati Bhavan, the "President's House". 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 also been taken as the prototype for drafting the National Slum Policy.

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. They have brought out a number of study packs and training materials on the Asha model with a view to using them as a training tool for their partners working in health development programmes all over the world.

ASHA'S PROGRAMMES

Asha's programmes are focused on and responsive to the problems of the urban slums and address the objectives they seek to achieve. The three main areas of focus are

I Community Based Health Care

Primary Level of Health Care

Asha's community health model established with a strategy for improving the health of the slum dwellers is radically different from the conventional primary healthcare approach. It entails establishing simpler but more effective means of administering primary health care and health awareness through training hundreds of slum women as 'Community Health Volunteers.' Community Health Volunteers (CHVs) are the chief promoters and providers of healthcare at the domiciliary or 'grass root' level.

Secondary Level of Health Care

Community Based Health Centres (CBHCs) and Mobile Health Care Vans

A CBHC operates in each project area. The physical building is based within the slum and allotted free of charge by the Government of Delhi. Part time medical doctors visit the centres and operate outpatient clinics once or twice a week depending on the size of the target population. Mobile Health Vans operate in the project areas where a physical building is not available. All the activities of the project are conducted through this van.

Tertiary Level of Health Care

The Asha Polyclinic provides the third level of care where specialist doctors along with laboratory, radiology and ultrasound facilities are available. Patients requiring highly specialised care are referred to appropriate medical institutions.

II Community Empowerment

Asha's attempt at community development is holistic in nature. Herein, the strategy lies in a multi-sectoral approach through the empowerment of women and children and raising men's awareness of key health and social issues. This involves women as partners in providing healthcare, community training, clean environment and sanitation, and collaborating with the government. Empowerment entails the formation of groups, awareness generation on health and civic rights, as well as 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 programme, focusing on water supply, 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 strategies and seeks to strengthen and build these. Asha's role is inherent in organising and training community groups; imparting education on healthy lifestyles, hygiene maintenance and community rights; and giving direction and support to liaise with government and political authorities, as they grow independent in facilitating environment and infrastructure improvements.

COMMUNITY BASED HEALTH CARE PROGRAMME

Maternal and New Born Health Programme

India's Maternal Mortality Rate is the highest in the world. The living conditions in slums cause many problems during pregnancy and childbirth, and most slum residents are completely unaware of the care and precautions that a woman must observe during pregnancy. In slums, the mothers' diets often lack in nutritional value which has a negative impact on the both mother and the new born, leading to misery throughout the period and often resulting in miscarriage or foetal death.

Asha's Maternal and Newborn Health Programme focuses on access to information and good health care as a right for all pregnant women. It aims to provide a comfortable pregnancy and the birth of healthy babies in a safe environment.

Community Health Volunteers and Asha staff visit the houses of expectant mothers to keep track of the health status of each woman, to counsel them on proper nutritional intake and to make sure that they visit the clinic regularly for their vaccination and antenatal check ups. Classes are also organised for their families, particularly the mothers-in-law and husbands, to familiarise them with their responsibilities and precautions to be taken during the pregnancy of the woman in the family.

Antenatal Clinics are also carried out weekly / twice weekly by the visiting doctor. Apart from the scheduled Tetanus vaccination and 3 regular antenatal check ups, women are advised of precautions to be observed, required nutritional intake, importance of breastfeeding and other required examinations that will allow timely intervention in case of any complications. Women are encouraged to go for ultrasound tests to ensure that the foetus is growing properly and rapid tests to screen for HIV.



Asha Doctor examining a pregnant woman

To be assured of the best natal care, expecting women are advised to register themselves with the nearest hospitals to ensure safe and well attended deliveries and are also encouraged to keep Birthing Kits during the last trimester in case they give birth at home. Asha staff has identified practicing traditional birth attendants in the slums and trained them as midwives, educating them in proper maternal care, identification of high risk pregnancies, clean and safe delivery practices and prompt and timely referrals to a hospital. CHVs advise the pregnant 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). Women are escorted to the hospital by the TBAs in case of an emergency during pregnancy or in the time leading up to delivery.

Post delivery visits are also conducted by the CHVs and Asha staff to ensure the well being of the mothers and their newborns. They are reminded of the importance of early breastfeeding and the babies are registered in Asha's newborn programme to keep track of their growth and vaccinations in the future.

Focus Issue : Prematurity

Through the year it became apparent that even after much attention and healthcare awareness training, some newborns were still not surviving. In the months of January and February Asha conducted an extensive assessment of why some children were still dying in Asha's slums. After much research it was found out that maternal factors like diabetes, high blood pressure and anemia during pregnancy were causing deaths due to premature births and low birth weight. Asha staff, CHVs and midwives were then intensively trained so that they can provide special care to pregnant women at risk in the form of timely investigations, disease control and nutritional supplementation in the case of premature births. Monitored institutional deliveries of these high risk cases are being planned as well as intensive care for premature babies in hospitals.

Asha runs a Community Based Health Centre (CBHC) in Mayapuri slum, which provides secondary level of care for the community members. One day a Community health volunteer (CHV), Kismati, came to the CBHC with a pregnant women to get an antenatal checkup done. The Medical officer of the CBHC examined the woman. She found her to be 5 months pregnant, and advised her for an antenatal ultrasound. The CHV then took the woman for an ultrasound at the Asha polyclinic. The radiologist at the Asha polyclinic found that the child had congenital anomaly (the head was big in size, the spinal cord was not present and the female had polyhydramnios). The woman was advised against keeping this child for the sake of the child and her family. She was referred for the same to another institution where the case was managed appropriately. The woman was very thankful to Asha for its timely intervention. After this incident people became more aware of the benefits of getting an antenatal ultrasound done.

Intensive training programmes for the expectant mothers and their families have generated remarkable awareness on maternal health. Pregnant women are now more aware of their right to effective healthcare during pregnancy and delivery. Institutional deliveries are increasing and even the home births are in the presence of trained birth attendants. Regular visits to the houses of expectant mothers have resulted in close monitoring of the adoption of healthy practices by the women so that they deliver healthy babies. Discussion about contraceptives amongst pregnant women has caused more of them to use family planning methods after delivery.

Child Health Programme

Child Health is an important component of Asha's Community Based Health programme wherein awareness generation accompanied by quality health service remains the focus of Asha's intervention in slum areas.

Well Baby Clinics

Well Baby Clinics are held weekly in each project area to meet the health care needs of the children under 5 years of age. Every newborn in each area is registered right after birth. All the children under 5 years of age are vaccinated, weighed and given Vitamin A supplements during weekly clinics. A Road-to-Health card is maintained for each child where their weight at monthly intervals and vaccinations are recorded. Children suffering from acute or chronic illness are referred to the doctor running the general clinics.

Vitamin A Prophylaxis

Vitamin A supplements are given every 6 months to children in the age group of 9 months to 5 years. These help to prevent xerophthalmia and night blindness that are caused by Vitamin A deficiency.

Immunisation

This is a regular programme run in the CBHCs by trained Asha staff. Children are vaccinated against ten preventable diseases including tuberculosis, diphtheria, Hepatitis-B and typhoid, whooping cough, polio and tetanus and they also receive the MMR (measles, mumps, rubella) vaccine. Intensive pulse polio programme, which is vaccination of each child under 5 years of age against Polio, is also organised at regular intervals with the support of the Directorate of Family Welfare.

Growth Monitoring

All under 5 children are weighed and their weight is then plotted against their age in the Road to Health Card maintained by Asha. The Road-to-Health Card is an important tool for detecting the right physical growth of the child against his age. The parents are taught about proper nutrition, a home remedy for preventing dehydration due to diarrhoea and care of their underweight babies. The mothers are instructed regarding healthy breastfeeding and weaning habits. Besides this, MAC bands (mid arm circumference bands) are also used to detect any delay in physical growth.



Asha staff explaining Road to Health Chart to a mother

Road to Health Charts tracking both the weight and the vaccination status of the children have resulted in decreased morbidity and increased child survival rate.

Reproductive Health and Family Welfare Programme

Asha's Reproductive Health and Family Welfare Programme aims at generating awareness about sexual health, family planning and other reproductive rights issues encouraging adoption of healthy sexual behaviour in couples living in slum colonies.

Reproductive Health Awareness

Workshops are conducted for the eligible couples (men and women of reproductive age) to make them aware of the need to have a planned family. Training is given on the subjects of reproductive anatomy and physiology, sexually transmitted infections (transmission, prevention and treatment), HIV/AIDS, maternal health and family planning, reproductive and sexual practices, family relations, and other relevant topics. Each topic is aimed to enhance knowledge about healthy sexual practices.

Comprehensive Reproductive Health Clinics

Women and men in the reproductive age group are screened and examined at the CBHCs and given comprehensive treatment for diseases related to their reproductive health, like irregularities in menstrual cycle, white discharge, infertility, etc. RTIs (reproductive tract infections) and STIs (sexually transmitted infections) are major causes of reproductive health concerns in men and women, therefore both partners are encouraged to visit the doctor and take simultaneous therapy. Counseling is provided by the doctor so that the couple may abstain from continuing practices which may increase their chances of contracting sexually transmitted infections in the future.

Family Welfare

The Family Welfare programme is aimed at increasing awareness among eligible couples regarding family planning and how a small family can raise their standard of living. CHVs educate eligible couples about the need to space their children. They are also taught about various contraceptive methods such as condoms, contraceptive pills, IUCDs and injectable contraceptives. Target couples who have had a desired number of children are encouraged to opt for permanent sterilisation. CHVs refer the couples to the doctors visiting CBHCs for contraceptive procedures, distribute condoms to interested couples and take couples wanting permanent sterilisation to referral health institutes.



A CHV distributing oral pills

Awareness and sensitisation on reproductive health has laid a foundation for the adoption of healthier sexual practices and acceptance of family planning not only as a need but as the reproductive right of every woman. Women have started taking decisions regarding spacing between children and gradually also in undergoing permanent sterilisation.

Sessions and classes by the CHVs on STIs and HIV/AIDS are gradually leading towards greater awareness on issues which have until now remained a taboo and the cause of stigma in society. There is evidence of an improved standard of living and quality of life due to a small family.

Adolescent Health and Social Development Programme

The objective of this programme is to raise awareness amongst adolescent boys and girls to enable them to live a healthy and safe life. It aims to impart education to the adolescents of the community enabling them to become responsible and to adopt healthy attitudes towards life.

Workshops are organised for adolescent girls and boys on topics such as hygiene during menstruation, masturbation, night emissions, sexually transmitted infections and mental health. Topics concerning adolescent health and gender issues like masculinity and peer pressure, family planning, preparing for family marriage and sexual abuse are also taken up during the workshops. Conscientious and dedicated adolescents attending these workshops who are seen to have good communication and leadership skills are chosen as peer educators. The peer educators lead sessions themselves on reproductive health for other adolescent members of their community, thus transmitting knowledge and reinforcing positive behaviour patterns at an early age.

This is a very promising programme providing a vent for queries and removal of myths and misconceptions that adolescents are generally faced with today. The awareness generation has resulted in increased understanding of various issues that will be relevant in adopting a healthy lifestyle, decreased high risk behaviour and increased positive attitudes on sex, sexuality, and other issues of social stigma like HIV/AIDS. The greatest impact of this is the decrease in the stigma attached to these topics which are very important for the present youth and future eligible couples.



A peer educator taking training session for adolescent girls

Tuberculosis Control Programme

The largest number of deaths in India is still caused by Tuberculosis. There are social aspects to this disease as well as medical ones. The deeply unhygienic conditions and constant addition to the population of the slums cause the rapid spread of TB. Asha's Tuberculosis Control Programme is run in collaboration with the government's DOTS (Direct Observed Treatment Short term) Strategy.

Asha staff and CHVs organise classes to generate awareness on various aspects of TB. Patients are informed that TB is preventable and that the treatment is now available free of cost at their doorstep. Suspected TB patients are identified within the community so that they can be screened and treated promptly. Awareness about TB as a curable disease is also generated through classes taken by the Asha staff and CHVs. Messages are displayed through flash cards.

Screening programmes were conducted intensively in the month of May in addition to the ongoing screening held throughout the year.



Asha staff and CHVs monitor TB patients closely and follow them up. The patients and their families are counseled on correct nutrition, keeping a clean environment and also the significance of timely consumption of medication. Asha collaborates with the Ministry of Health by participating in the DOTS programme. The CHVs and the Asha staff monitor each TB patient individually on a daily basis to ensure that the patients take their medicines as per the regimen.

A TB patient being given medicine under direct supervision

With awareness generation on various aspects of TB, strengthened collaboration with the government on programme implementation in the slums and increased accessibility to treatment, the number of TB cases has been brought down considerably. Better compliance with regard to completion of treatment is evident due to increased health seeking behaviour. However as slum populations are often transitory, containing TB completely remains a constant challenge.

General Medical and Preventive Health Programme

The aim of Asha's General Medical and Preventive Health Programme is to provide affordable access to quality primary, secondary and tertiary health care facilities at the doorstep of the slum dwellers.

Health Clinics

Patients are treated and advised about the prevention of various illness and diseases. Part time doctors visiting CBHCs, Asha staff and CHVs take into account both preventative and curative aspects when seeing patients. CHVs provide primary level care to the slum patients and refer relevant cases to the outpatient clinics to be treated by the part time doctors coming to the CBHCs. Services like laboratory investigations, radiology and consultation with specialised doctors are provided to the referred patients at highly

subsidised and affordable rates at the Asha Polyclinic. Patients requiring highly specialised treatment are generally referred to appropriate medical institutions.

Last year, sample collection centres were opened up in all project areas to make the services available within the slum. A mini laboratory was also established within the Chanderpuri health centre.

Awareness generation and availability of health care services have encouraged the slum dwellers to access the services. Health seeking behaviour has improved enormously, leading to a growing utilisation of healthcare services and far healthier community members. Collaborations and effective liaisons with medical institutions have resulted in greater accessibility to higher level medical facilities and timely referral of the cases requiring emergency medical attention.

Ophthalmology Clinics

Ophthalmology clinics are run in collaboration with the department of Dr. Rajendra Prasad Centre of Ophthalmic Sciences, AIIMS. The clinics are held fortnightly at the health centres in Kalkaji, Kanak Durga Camp, Dr. Ambedkar Basti and Ekta Vihar to treat patients with ophthalmic problems. Patients needing surgery are operated at AIIMS at highly economical rates.

Cancer Awareness and Screening

Cancer is feared as a dreaded disease not only in slums but generally too. People are ignorant and careless about the symptoms that may at a later stage turn out to be life threatening. Asha has been networking with CanSupport, an NGO, in spreading awareness on cancer in many slum areas. The organization has conducted street plays in many of the slum areas to educate people about the signs and treatment of cancer. Cancer Awareness and Screening session were also organised in June in collaboration with the Preventive Oncology Department, Institute Cancer Rotary Programme (IRCH).



A cancer awareness training session in progress

Diabetes and Hypertension Management

Training and workshops were organised for Asha doctors, staff and CHVs by two visiting physicians from the UK. The sessions included detailed discussions and presentations on the issues so that the information could be passed on to the community in full detail. Diabetes and Hypertension screenings were conducted in May and June.

Health Training Programme

Community Health Volunteers CHVs

Community Health Volunteers (CHVs) are the community health workers who provide primary healthcare to the slum dwellers. They are members of the same slum colonies and therefore are a sustainable resource in the community. A CHV is a nodal point for all health-related activities in the slum and provides all basic care, health monitoring, medication for general ailments, family planning advice, etc. During the year, the CHVs were given training on various new topics of interest, including

- ❑ Lethal combination of TB & HIV
- ❑ Lifestyle modification to prevent diabetes & hypertension
- ❑ Signs and symptoms of common concerns
- ❑ Women's health and gender concerns
- ❑ Prevention of Mother and Child training of HIV/AIDS
- ❑ Care of people living with HIV/AIDS
- ❑ Infertility



A CHV checking blood pressure

For the annual exposure trip, Asha staff and CHVs visited Seva Mandir, an organisation working towards empowering village communities in Udaipur, Rajasthan. The CHVs spent 3 constructive days at the organisation sharing strategies and experiences in the development of urban and rural poor.

Birth Attendants

Trained Birth Attendants (TBAs) provide skilled natal care to the pregnant women in the community. Apart from safely delivering a child at home, they also give sound birthing advice to the expecting mothers. They work in close collaboration with the CHVs in monitoring the progress of pregnancy. Newly appointed TBAs were trained this year in different government maternity centres in collaboration with Health and Family Welfare Training Centre, New Delhi. They continue to receive refresher training from Asha in safe delivery practices.

The training has given the CHVs and TBAs a lot of confidence and has been able to successfully explore the latent talent in these women of the slums. CHVs and TBAs have gradually turned out to be indispensable links between the community and the health services that are provided for the slum dwellers.

COMMUNITY EMPOWERMENT

In Indian society the status of women is low and their role is largely confined to domestic duties and childcare. They are rarely given the chance to pursue their dreams and ambitions or to get recognition as individuals. These problems are often even more pronounced in the slums as communities are very traditional with strongly defined gender roles. It is difficult for women within the slums to find a voice as they get little support from their family members and are not considered worth consulting on family matters.

Women's Empowerment Programme

Asha's programme for Women's Empowerment is designed in such a way that not only gives vent to slum women's desires to be recognised as individuals, but also addresses their aspirations to seek change and to bring about positive transformations in their communities.

Mahila Mandals (Women's Groups)

Women's groups, or Mahila Mandals, are the "Pressure Groups" that are functional in all the slums colonies where Asha works. The groups embody the spirit of womanhood and allow the women to join together and achieve their potential. Each Mahila Mandal consists of around 25-30 women who address and resolve issues that can range from an overflowing drain in a slum lane to cases of molestation. After a few years of support from Asha, these women's groups have started functioning independently as registered societies and are capable of dealing with any and every issue that is relevant to the slum dwellers.



Mahila Mandal members showing a clogged drain to a Government officer

Community Health Volunteers (CHVs) and Lane Volunteers (LVs) work together to form the heart and core of Asha's programmes in the slum. They receive training from Asha on health matters as well as a host of other issues including advocacy and how to lobby to get access to their basic rights. The Mahila Mandals hold weekly meetings to discuss all the important issues that have come up during the preceding week and devise strategies to resolve them quickly. All points are discussed and documented under a formal agenda.



The empowerment of women is a major component of Asha's strategy. The International Women's Day was celebrated in the slums with the Mahila Mandals with great zest and festivity. The women and men got together to talk, laugh and reminisce about how their lives have changed since they were made aware of their rights.

Slum women celebrating the spirit of womanhood

Exchange Visits

Mahila Mandals of one project area organised exchange visits to other Asha project areas. These visits provided an opportunity for the women to increase their understanding through sharing their experiences about the problems they face and their successes and strengths. This helped them to gain perspective and build knowledge about various issues and how they can be resolved.

Mahila Mandal Societies and National Slum Women's Development Federation

The Mahila Mandals form the foundations of Asha's Women's Empowerment programme. Asha has further strengthened the groups by registering them as independent societies so that they have a legal recognition. Each registered body maintains the required records and other pertinent documents for which Asha trains the office bearers on accounts keeping, banking, advocacy and lobbying skills and proposal writing.

Over the past few months every earning person in Kalkaji, Bhumiheen and Nehru Camps was scared while returning home with his salary each month. Some thugs and ruffians had been robbing the factory employees at night whilst they were on their way home. These muggings were becoming a regular phenomenon, compounded by increasing cases of sexual harassment causing the women of the area to fear going out alone.

The issue was brought to the notice of the Mahila Mandal Society. It was unanimously decided that a Police Booth was urgently required for the area. They filed an application with the Assistant Commissioner of Police (ACP). The building of the booth required a large sum of money which could not be released immediately by the relevant government department. On hearing this, the Mahila Mandal decided that they could wait no longer and they collected money from various sources like the local shopkeepers and municipal councillors and gave money themselves so that the booth could be built. They took turns to supervise the construction work even during the night and the booth was finally completed in one week. The booth was inaugurated early last year and since then two constables and beat inspectors have been stationed there. The crime rate has gone down considerably since the problem was addressed bravely by the Mahila Mandal Society.

The National Slum Women's Development Federation (NSWDF) is an umbrella organisation consisting of 42 members of Mahila Mandals from different slums in 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 than the societies are able to. The NSWDF meets monthly under the guidance of Asha and discusses community problems, identifies problems relating to the development of urban clusters and develops a unified position on various issues. Asha provides the Federation with regular training on advocacy and keeps it up to date with the latest slum development policies.

Self Help Groups for Savings Schemes

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

Public Meetings

This year the Mahila Mandals decided to hold Public Meetings. This was an interesting and a successful exercise as many issues that required immediate attention were addressed and resolved quickly. The meetings also served as a platform where the women could raise awareness on several socially relevant issues, discuss policies and share news on project achievements in slums.

The sale of locally manufactured liquor was rampant in Dr. Ambedkar Basti. This gave rise to problems like increased numbers of cases of theft and harassment of young women, but the worst affected were the women who were cruelly beaten up by their husbands under the influence of alcohol. This was having a bad impact on children who became helpless spectators to the quarrels taking place between their parents.

Both Mahila and Bal Mandals became aware of this and decided to take immediate steps. While the children wrote messages on posters and staged a procession against alcoholism, and members of the women's groups went to see the Police Station Head Officer and submitted a notice complaining about the illegal sale of liquor in the area. The SHO recognized the crucial nature of the matter and assured them that he would take some action.

After a few days the local police team raided the area and got hold of all the notorious people selling liquor illegally. He detained them in the police station and dealt with them very strictly, warning them of severe consequences if they were found involved in the same kind anti social activities in the future. To this day the liquor selling businesses remain closed, and the community is still free from the problem thanks to the efforts of the Mahila Mandal and Bal Mandal.

Child Advocacy Programme

Asha's Child Advocacy Programme involves children as advocates seeking justice as well as raising awareness about issues that are specific to them and are important to the community as a whole. They spread simple messages around the community regarding environmental and healthcare issues, amongst others. The children are trained in communication skills and are taught various methods of advocacy to enhance leadership qualities.

Bal Mandals

Bal Mandals (Children's Groups) are organised groups of children (from 6-14 yrs of age) with around 20-25 members in each group. These structured groups have a set of office bearers – President, Secretary, Treasurer. The office bearers take responsibility for their designated posts and are accountable for them.

As a part of their regular activities, members of Bal Mandals conduct their weekly meetings, on condition of health of under-five children in their lane, spread messages on cleanliness and hygiene and also organise meetings with parents who need to be encouraged to send their children to school. Members of the groups help their peers with any schooling problems, encourage attendance if non-attendance is noticed and accompany children who face difficulties at school to talk to teachers. The members also organise weekly sanitation drives in their communities. They are trained and encouraged to apply to and meet with the municipal authorities for sanitation improvements and other environmental concerns in their areas.

The Child Advocacy Programme has not only increased the slum children's access to information and widened their knowledge base but, more importantly, motivated the children to share this knowledge with their peers in the slums. They show evidence of being an active force in promoting child health and motivating others to improve their personal hygiene, nutrition and health practices. They experience greater confidence through contribution to their communities and live with confidence and self-esteem. Children have become active members of their community and know that they do have a voice, can take initiative and can make a difference not only in their own lives but also in the lives of those around them. They are dedicated to improving the fate of people living in their area of responsibility and exhibit total commitment to the duties assigned to them. On a personal front, the children value their own potential and are happier as individuals. The guidance they have received in beneficial moral codes and skills has meant that they are now equipped to deal with the challenges that face them and to aim high in life.

Children's Resource Centres

Children's Resource Centres offer educational as well recreational facilities to children to encourage the concept of learning while playing. The benefits accrued are far-reaching and immensely encouraging for the slum children.

The centres function from morning to evening and are open every day. Children can come at any time after their regular school hours and can use all the facilities available

for them in the centres. The facilities, made available to maximise the benefits for children coming to the centre, include a library equipped with educational books, simple story books and a variety of general knowledge material. The centres also have good open areas for children to enjoy outdoor games. Besides enjoying outdoor and indoor games, children have also formed a homework club where a teacher helps them out with their homework and encourages them to help their friends who may have difficulty in certain subjects. This breeds the spirit of helping and also raises the levels of confidence and self esteem in the children.

Computer Literacy Programme

Asha's computer literacy programme has a structured learning curriculum through which children are introduced to the world of data processing and communication through the use of computers. This programme has been received with lots of enthusiasm amongst children as computer education was only a dream for them up until now. The children are taught how to use the Microsoft Office package initially to acquaint them with computer usage. This year saw children learning to explore the internet. They have received training in opening e-mail accounts, surfing the internet to find academic information and downloading pictures useful in making good posters on social issues.



A computer training session at the children's resource centre

Child Rights

This year children identified issues within their communities that affected them adversely or negatively. They discussed the issues and then devised appropriate strategies and innovative styles to resolve them. They did this by organising rallies, giving public speeches in their colonies, organising debates within their clubs, and educating the community through skits and dramas. Through this, they were able to reach and sensitise large numbers of slum residents and were also successful in gaining their support and cooperation over matters of concern in their areas.



The child rights campaign

Carrying handmade placards and chanting the slogans “equal opportunities for girls”, “say no to child marriage”, “we are against drug abuse” and “free us from child labour”, thousand of slum children as young as 6 years of age held rallies in their slum lanes. Much interest was shown by the people who witnessed these rallies. The children were patiently answering their queries and any scoffs were good naturedly ignored. The rally was aimed at raising awareness of key people within the slum communities on various issues influencing lives of slum children. In other lanes of the slums, a variety of street plays, songs and cultural programmes were being performed by the children’s groups. Debates were organised by the children to discuss the importance of universal primary education and the menace of drug abuse that can destroy lives. The children’s campaign for child rights was an event full of life and vigour, showing promise of new commitments towards achieving justice for all children.

English Literacy Programme

Born from the simple idea of teaching the Children’s Group of Kanak Durga spoken and written English in a creative setting and then performing it in front of an audience, “Ek chhoti Si Fairytale” exploded from a small performance to a large scale production. Written and directed by students from Harvard University, USA, and Delhi University, the play was performed completely in English in front of an audience of over 450 people by children who strongly felt that the language was an alien one to them and who could only hope to be able to speak it so confidently some day.



Bharti Chauhan, resident of Kanak Durga slum colony and protagonist in Ek Choti Si Fairytale, had never dreamt that she could ever face a big crowd and speak in a language that was almost foreign to her. The huge success of the play has boosted her self-confidence and self esteem like never before.

A still from “Ek Choti Si Fairytale”

Deeply encouraged with the results of “Ek Chhoti Si Fairytale”, Asha launched its English Literacy programme for those children who are deprived of the opportunity to learn English because of their background and where they live. Most of the slum children go to government run schools where they are taught in Hindi and English. The standard of English teaching does not meet the standards which will fulfil their desires and allow them to get a good career. Hence, this year saw a team of three students from the UK volunteering to teach English to the slum children. It is a pilot project launched in four Asha slum colonies in New Delhi. The team assessed the level of the slum children’s English comprehension and designed a schedule accordingly. Despite being a long vacation time in India children have enthusiastically registered themselves for the course and are utilising this opportunity in the best possible way.

Men's Awareness Programme

Asha strongly believes that for holistic development of communities, participation of both men and women is equally important. With strong women's groups in action, Asha has facilitated the formation of male volunteers in the slums so that both groups complement each others' activities and strong advocacy can be undertaken.

Asha staff have identified active and responsible men from the community and trained them as Male Volunteers or promoters of health and healthy practices among the men in the community. These volunteers have been trained by Asha staff on various pertinent issues such as health issues related to men, and the gender role in his family. This year the volunteers were specifically trained in issues relating to STIs, HIV/AIDS, tobacco related diseases, cancer and drug addiction. These volunteers then promoted messages and raised awareness on the benefits of condom use in preventing STIs, and high-risk sexual behaviours. Men participated with enthusiasm and resolved their queries regarding these diseases. This greatly enhanced the level of their knowledge on issues that are often a taboo in slum communities and rarely discussed.

Gender roles were also highlighted and ideas were invited over what should be a man's role in his family. This gave an opportunity for serious deliberations within groups to discuss the role of women in their families. Taking a cue from this, family planning issues and discussions on domestic violence were also taken up.

Various training sessions and motivational classes are gradually involving men and providing them with knowledge about health and family issues. Discussions are also held about care of wives, the importance of girl children, equal opportunities and equal access to services. Though at a moderate pace, this programme is gradually influencing men as the awareness generated by the volunteers is spreading and reaching the community members.

Environment and Infrastructure Improvement

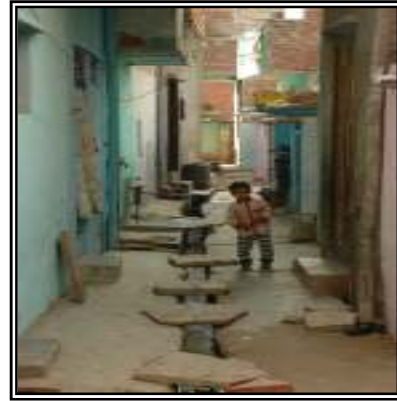
This year the Mahila Mandals and Bal Mandals organised campaigns and awareness generation on cleanliness and hygiene. They lobbied to get bricks laid in the lanes, desilting of major drains, installation of taps and hand pumps and construction of mobile toilet complexes. Bal Mandals in many slum areas lobbied for water tanks in their areas until the water problem was resolved. Infrastructure and environment improvement needs were identified by the lane volunteers and discussed in the weekly Mahila Mandal meetings. Facilitated by Asha, the Mahila Mandals met the concerned officers with their demands for solutions regarding water supplies, drainage systems, waste disposal, paved pathways and other such environmental problems.

The maintenance committees established last year were active throughout the year, raising awareness about the need for the upkeep and maintenance of the new installations

and constructions. They regularly reported any problems that they encountered in the old or new infrastructures in the slum colonies.



Mobile Toilet Complexes



Paved lane with clean flowing drain

Awareness on sanitation and hygiene issues has empowered communities and improved the civic sense of the slum dwellers. This has considerably reduced the fear of the spread of epidemics and there are now fewer cases of water borne diseases. Improved toilet facilities have decreased the incidence of open field defecation with reduction in illness spread by excreta.

W-88, Zakhira is an enclosed area, walled on three sides and a busy railway track on the fourth. The area has many environment related problems and the biggest of them is lack of a toilet complex. As a result, 100% slum dwellers of W-88 defecate along the train tracks or drains or anywhere in the slum. This lack of excremental hygiene due to lack of toilets is a major cause of disease. For women and girls, this has social implications with no hope of privacy other than the shadow of a bush. Residents of W-88 approached the authorities many times but without any success. Politicians campaigning for the party and asking for votes promised a toilet complex on numerous occasions, but their promises were never delivered.

Last year, Asha established a Mahila Mandal each in W-85 and W-88. During the Mahila Mandal meetings, the problem of lack of toilet complexes was brought up. After a lot of discussion in the meeting, it was decided that a delegation of Mahila Mandal members would meet the Member of Legislative Assembly (MLA) of the area and press their case. It was also decided that the toilet complex would be built in the area where the community dumped its garbage, as it would not only clean up the place which had been a breeding ground for illness but would also be a good utilization of the place. The women wrote an application and met the MLA and invited him to visit the place. The MLA could not keep his promise because of his other commitments but the women did not lose heart. They met with him repeatedly until he agreed to visit the area there and then. The women took him through the excreta filled streets and drains till he had seen enough.

The MLA wrote an urgent letter to the slums department, explaining the situation and insisting on an immediate survey by the concerned authorities. With the support of the MLA, the Mahila Mandal members were able to get the area surveyed. At long last, the slum department has agreed to set up a mobile toilet in the area have taken requisite measurements. It is expected that the complex will be completed shortly.

Asha Publications

Asha newsletter

Asha newsletters are printed on a quarterly basis and distributed to our supporters worldwide. They provide information on Asha's activities and successes over the previous few months, any important visitors and how our supporters have been successful in fundraising. They sometimes include interviews with Asha's staff and our partners within the slums, or articles written by visitors or volunteers. The newsletters are an important medium for keeping supporters about where their money is going, and making them aware of areas of our work that require additional funds or those that are the subject of particular focus at any time.

Manual on Urban Health and Development

Dr Kiran Martin has co-authored a book with Dr Beverley Booth and Dr Ted Lankester. The book, "Urban Health and Development" details and deconstructs the reasons for and problems associated with urban poverty. Dr Martin's experiences at Asha form the basis for the book which can be used as a practical manual for the replication of the Asha model in other developing countries. It gives the reader a clear and potent insight into the lives of people who are living in urban and underprivileged areas. The plight of the urban poor is acknowledged as a major and worsening worldwide challenge and the manual suggests strategies that could be sustainable solutions.

Patient Information Leaflets and Community Awareness Posters - Pamphlets

Asha produces a range of comprehensive patient information leaflets on health and disease. These leaflets are used by the doctors for patients during consultations and outline in simple ways in which patients can live healthy lifestyles and prevent illness in the future.

Asha also produces posters and pamphlets on various diseases that are a threat to slum residents. These are either put up for display or distributed within slums to spread information on prevention and treatment of illnesses with epidemic potential or seasonal illnesses that affect slum communities.

Asha Website

In February this year, Asha launched its new website. The site has kept the easily-recognisable Asha logo, but has otherwise been completely revamped. Pages covering all aspects of Asha's work are combined with others describing Asha's history, mission and other background details. The site aims to provide people who are new to Asha with a rich source of information, as well as giving people who are already Asha supporters a means of accessing news and updates so that they feel more involved with our work. Volunteers have a "blog" page which they can update themselves, and Asha Ambassadors have a special area that they can log into and exchange views and ideas.

We update the website regularly so that it is as current and relevant as possible. It has the capacity to accept donations online in a number of different currencies via credit or debit cards, and gives people the option to download forms for postal donations if they don't wish to donate online. The site is regularly viewed in a wide range of countries throughout the world, proving that the site makes our message and news of our work so much more accessible to those who are interested.

Asha Craft line

The Asha Craft line is made by women living in the slums of New Delhi. These women produce beautifully handcrafted goods in an endeavour that empowers them and allows them to make a financial contribution to their households.

With the help of Friends of Asha, Ireland, Asha trained women from the Kalkaji, Dr Ambedkar Basti and Mayapuri slums in handicraft skills. Some of the women had never even held a pencil before, and yet they now make beautiful greeting cards, scarves and bags and contribute to their household incomes. These new-found skills not only allow them to provide for their families, but also make a real difference to their self-esteem and confidence. They know that they possess talents that can be developed further over time.



Cards, scarves and bags made by slum women

This year, we've trained more women in fabric painting, sequin work, embroidery and stitching, and they have been familiarised with new card designs. Asha staff play a part in ensuring that the women get access to the necessary raw materials and supervising the work to ensure that all items are made to the highest possible standard. This is not a commercial venture and only the women reap the financial benefits of their work, receiving a fair price for the items that they make.

The Asha Craft creations are attractive and of the highest quality, and so far many satisfied Asha Craft customers have been happy to pay a reasonable price for such beautiful items. When talking with these women about how they use the money that they make from producing Asha Craft items, it is with great pride and satisfaction that they tell us they single-handedly funded their children's educations, family weddings, an upgrade in their housing amenities, or put it into savings.

The Asha Craft items are sold via our catalogue, and we will soon be launching an online shop so that the stock can be sold worldwide.

Asha Volunteer Programme

Asha continues to welcome volunteers from India and overseas. Sometimes people just want to spend a couple of days visiting various slums and seeing the impact of all our different projects, or interacting with the children, but others are prepared to give up months at a time to work with us.

We have just set up a structured programme that is likely to be popular with volunteers in the future. The implementation of our English Literacy project in 4 different slums will strengthen our Volunteering programme and will allow us to take on volunteers with TEFL qualifications on an ongoing basis. Only a couple of months into the programme, the students have made a great deal of progress and some in particular are showing a real aptitude for the language. The opportunity to learn English makes a remarkable difference to the children's confidence and self-esteem, and will give them a definite advantage when they choose their future careers.

Now that six Asha centres have computers, the computer literacy program has also become a huge success. Many volunteers choose to spend their time in Asha teaching Microsoft Word, Excel, PowerPoint and Paint to the enthusiastic slum children who make every effort to make the most of their classes. For these slum children computers were a distant dream a few years ago.

The Asha centres within slums need regular upgrading, a requirement which suits volunteers who visit in larger groups. These teams can combine painting the centres with spending time with the children who always get so much out of interaction with visitors from overseas.



Sometimes people visit alone or in smaller groups, and we are happy to try and adapt voluntary positions to suit the skills of individuals, and different possibilities arise periodically.

Asha Ambassador Programme

Asha Ambassadors continue to support us to the best of their abilities as they have done over the years by investing their time, sharing their experiences and their knowledge with others, as they passionately work for Asha. To recognise their efforts, we invited them to become official 'Asha Ambassadors' so that they can continue working with us in raising awareness and support for Asha all around the globe.

Asha Ambassadors have not only have helped raise awareness about the work of Asha, but have also raised funds for us.



The Role of Asha Ambassadors

Asha Ambassadors are individuals in any part of the world who voluntarily decide to represent Asha to others in their sphere of influence. This sphere could range from friends, family and local communities to churches, social groups and even business contacts. Asha Ambassadors represent Asha in its fullness, and raise awareness of what Asha stands for, the nature of its work, and the impact it has in the slums of Delhi.

Through help from Asha Ambassadors, we hope to achieve an increased awareness of the suffering and the needs of the poor worldwide, including the slums of Delhi. We would like to see the Asha family grow and be able to serve the poor together in partnership.

Resources available to Asha Ambassadors

The Ambassadors receive an 'Asha Ambassador Pack' that includes newsletters, brochures, posters, leaflets, an Asha DVD (recently added) and a PowerPoint presentation about Asha. If further resources are required, Asha supplies whatever is needed, either from the 'Friends of Asha' office in their respective countries or directly from the main Asha office in New Delhi.



Profiles of some Asha Ambassadors

Ranging from music composers, marketing professionals, professors, educationists and social workers to people working with the National Health Services, film makers, teachers, medical students, builders and officers from the Defence Forces, these visitors and volunteers, moved by the time they spent at Asha, sign up to be Asha Ambassadors.

The Asha Community Health Model has inspired many medical students from the US, the UK and Ireland to do their medical electives at Asha.

Vicars and other church members from all around the world have come out as church teams to volunteer at Asha.



Asha Ambassadors, coming from all walks of life, have had a significant impact on the lives of the poor and neglected people lost among the rich in Delhi.

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
		5	Indira Camp I
C	Jeevan Nagar	6	Indira Camp II
		7	Siddharth Camp
		8	J. J. Cluster (Blocks J & K)
D	New Seelampur	9	CPJ Block
		10	G Block
		11	Indira Camp
E	Trilokpuri	12	Sanjay Camp
		13	Anna Nagar
F	Tilak Bridge ITO	14	Sanjay Colony
		15	Dr. Ambedkar Basti
G	R K Puram Sector 1	16	Ekta Vihar
H	R K Puram Sector 6	17	Sonia Gandhi Camp
		18	Kanak Durga Camp
I	R K Puram Sector 12	19	Kusumpur Pahadi
J	Vasant Vihar	20	Vivekanand II
K	Chanakyapuri	21	Shanti Vihar
L	Moti Bagh	22	Lal Gumbad
M	Panchsheel Park	23	Hanuman Camp
N	R K Puram Sector 2	24	Saraswati Camp
O	R K Puram Sector 3	25	Parvatiya Camp
P	R K Puram Sector 4	26	Ravidas Camp
Q	R K Puram Sector 7	27	Malai Mandir Camp
R	Mayapuri	28	Kanchan Basti
		29	WZE Rewari Line
		30	Mandir Side C – 76
		31	Mandir Side C-149
		32	Mandir Side C-187
		33	Mandir Side C-200
		34	Mandir Side C-98
		35	Mandir Side C-228
		36	Mandir Side E-10
		37	Phase-1, Rewari Line
S	Gandhi Nagar	38	Ajit Nagar
T	Kailash Nagar	39	Chanderpuri
U	Zakhira	40	W-85, Amar Park
		41	W-88, Amar Park

In addition, Mahila Mandals undertake outreach work in the following slums

	Lal Gumbad	42	Jagdamba Camp
	Trilokpuri	43	Rajiv Camp
	Mayapuri	44	Khazan Basti

ANNEXURE – STATISTICAL INFORMATION

INDICATORS	ASHA SLUMS	INDIA COUNTRY WIDE
Maternal and Newborn Health Programme		
% of pregnant women who received at least 3 antenatal checks	100%	60%
% of pregnant women who received 2 doses of tetanus toxoid	100%	80%
% of pregnant women who had basic laboratory investigations done	97%	
% of pregnant women who had obstetric ultrasonography done	79%	
% of pregnant women who received a birth kit	100%	
% of pregnant women who underwent HIV testing	81%	
% of pregnant women who had skilled attendance during delivery	100%	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)	97%	
Child Health Programme		
% of children who received BCG vaccine	100%	73%
% of children who received DPT / OPV vaccine	98%	64%
% of children who received measles vaccine	93%	
% of children who received MMR vaccine	93%	
% of children who received Typhoid vaccine	72%	
% of children who received Hepatitis B vaccine	70%	
Clinical cases of vaccine preventable diseases detected	Zero	
% of children who received 2 doses of Vitamin A	97%	45%
Clinical cases of Vitamin A deficiency detected	Zero	
% of under-5 children who were healthy for age	97%	30%
Reproductive Health and Family Welfare Programme		
% of community eligible women trained in reproductive health	77%	
% of community eligible men trained in reproductive health	25%	
% of couples using temporary contraception	35%	47%
% of couples using permanent contraception	28%	Combined
Average Family Size	3	
Adolescent Health and Social Development Programme		
% of Female Adolescents Trained in Adolescent Health	71%	
% of Male Adolescent Trained in Adolescent Health	71%	
Tuberculosis Control Programme		
% of tuberculosis patients on regular treatment.	100%	
% of tuberculosis patients found positive for HIV	Zero	

MORTALITY RATES		
	Asha Slums	India Countrywide
Maternal Deaths (Maternal Mortality Rate)	Nil	540
Infant Mortality Rate	25.5	63
Perinatal Mortality Rate	35.3	46
Neonatal Mortality Rate	15.7	50
Post Neonatal Mortality Rate	10.8	26
Under 5 Mortality Rate	43.2	93
Child Survival Rate	97.5%	90.4%