LEADERSHIP IN ACTION

ELECTED WOMEN LEADERS BRING HEALTH TO THEIR VILLAGES

THE HUNGER PROJECT

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INTRODUCTION

We as a nation celebrated the milestone of being declared a “polio-free” country by the World Health Organisation (WHO). Life expectancy went up from 50 in 1970 to 65 in 2010. Infant mortality rate has declined. The country ranks among top three medical tourism destinations in Asia. But these achievements tell only half the story. It is about urban India where 27 percent of the population lives. What about the rest of the 73 percent population?

Seventy-three percent of India’s population resides in villages where well-networked healthcare system is far from satisfactory. A large number of people living in rural areas have to travel beyond 20 km to reach a Primary Healthcare Centre (PHC). Apart from remaining mostly inaccessible, facilities often lack basic resources like medical equipment or trained staff. The efficiency of programmes being run by the government is dubious due to flaws in implementation. It’s worse for women, whereby, women’s health is one of the most neglected areas with people living with an attitude that health problems are part and parcel of women’s lives.

For the Elected Women Representatives (EWRs), the situation signaled the way to show that transformation is possible with determination. Be it the life story of Jayamma of Karnataka or Laxmi Devi of Bihar, each story depicts their efforts to safeguard basic healthcare services and make them accessible to their villages especially for women and children. The 73rd Amendment of the Constitution gave reservations to women to work as grassroots leaders. They took this opportunity as a chance to shine and work towards the betterment of their community. With determined efforts and approach, they have been working to bring necessary healthcare facilities to their communities and to their villages.

“Leadership in Action – Elected Women Leaders Bring Health to Their Villages” is an attempt to bring together the journey of ten such women leaders from the states of Madhya Pradesh, Rajasthan, Odisha, Bihar, Uttarakhand, Karnataka and Tamil Nadu, where The Hunger Project India has been part of their journey to strengthen their leadership capacity so that they can work as change agents.

This booklet is a compilation of stories of hope by women leaders who have been working tirelessly to bring essential healthcare to their families, communities and villages of India.
Jayamma has been working towards a healthy hamlet by ensuring healthcare amenities accessible to all. It started with a leap of faith, hard work and vision. A strong believer in participatory governance and equipped with possible solution to the problems besetting her community, she led the way to a healthy community.

Earlier, the village had a non-operational Primary Healthcare Centre (PHC) and information on essential healthcare was very inadequate among the inhabitants. Maternal and child mortality rate was notoriously high. The problem was both real and urgent. As the President of Namagondlu, her very first challenge was to resolve it. Her vision and determination helped her address the issue in a very structured way. Jayamma first enquired from the government authorities about the relevant schemes and entitlements. She then started to contact the relevant departments to get started in order to get a fully equipped healthcare body in her area. To make sure that officials acknowledge it as a priority area, she also got cooperation from the village women. With the help of them, she succeeded in reopening a PHC besides ensuring its effective implementation along with cleanliness and hygiene. The PHC now annually receives Rs.1.70 lakh under the National Rural Health Mission (NRHM) and also has two full-time doctors and four nurses working there.

All essential items for the maternity ward have been purchased and the ward is now acknowledged to have the best equipment in the state. Healthcare of women is crucial but unfortunately one of the most neglected aspects of rural life. Keeping this in mind, Jayamma ensured that women of her village and surrounding areas have access to good reproductive health service. A positive outcome of this initiative is in the increased number of institutional deliveries and a decrease in maternal deaths.

Fired with enthusiasm, Jayamma has done substantial work in other areas but her journey as a change agent is not over yet. “Right now all I can think of is work and this is how it is going to be till I see a happy and healthy community,” she says.
“Take the initial steps toward making your goal happen and you will be surprised at the results and how you are honored in the end”

What Jayshree Patel is doing is a result of her experiences while growing up. She hails from a low socio-economic background. As a young girl, she helplessly witnessed many pregnant women battling for their lives because of the complications caused by undernourishment.

Years passed and she contested for the post of a Ward Member and won the Panchayat election. Since then, Jayshree has been working on improving the standard of healthcare services keeping maternal health as one of the key areas of her work.

As a Ward Member, her first task was to ensure that pregnant women get their entitlements under the Integrated Child Development Services (ICDS). The Anganwadi workers in her village used to provide only two adas (a traditional measure lower than a kilo) of rice to the pregnant women. In a workshop organized by The Hunger Project (THP), she came to know of the entitlements in detail from a booklet which says that the actual entitlement is 4.75 kg per person. She went to the Anganwadi center but the worker there, did not agree to provide the provisions as per the guidelines. She then got in touch with higher authorities to ensure that pregnant women get complete and proper nutrition. It was only after all these efforts that women received what they are entitled to. Encouraged by this success, Jayshree has taken a leadership role in various other issues like adolescent health.

Jayshree now knows how a small step could change the entire scenario. So she has been constantly working to raise people’s awareness on hygiene and sanitation. She has been instrumental in convincing people to construct toilets at home. Under her supervision several discussions and awareness campaigns have been organized in the community.

“Take the initial steps toward making your goal happen and you will be surprised at the results and how you are honored in the end,” Jayshree says. “I am pleased that in my own ways I am contributing to the betterment of the society.”
LAXMI DEVI

Laxmi Devi, who describes herself as an introvert, is responsible for what her village has accomplished to spread awareness on maternal and child health. While most of the village women do not have money to spend on their health, Laxmi noticed that they have an inclination to learn so that they can take care of their health themselves.

Currently, she is working closely with Accredited Social Health Activist (ASHA) and Auxiliary Nurse Midwife (ANM) in order to make sure that women can easily avail essential healthcare services. She organizes awareness camps on reproductive health. As a result of her efforts towards ensuring that a mechanism is in place for institutional deliveries, maternal death rate has decreased in her Panchayat. This is one of her major achievements.

"Now I have women listening to me carefully on health issues and applying what they learn in their lives," she says. "They helped me at every point possible."

She has been a pioneer in the community, empowering women to participate in the development activities. During the pre-election campaign by The Hunger Project (THP), Laxmi Devi played an admirable role. She went from village to village and motivated women to contest for elections and encouraged them to emerge as leaders. With her hard work, she herself has transformed into an effective leader.

"I went to the local politicians hoping to create a positive change, never even imagining how much it would change me," she says proudly.

Establishing a political identity has not been easy for Laxmi. She wanted to go outside to work for people in need but it created a lot of problems. She has been pressurized to be in veil and not step outside. But, it did not discourage her from performing excellently.

An enthusiastic believer in the power of active participation, Laxmi Devi looks forward to other women contesting the election and shouldering the responsibility for growth of their villages and their Panchayats.

"I went to the local politicians hoping to create a positive change, never even imagining how much it would change me"
Bright-eyed and highly opinionated when it comes to women’s empowerment, she is idolized by other women in her Panchayat. A natural leader, her abilities were further enhanced by numerous training programmes provided by The Hunger Project (THP). Empowered by the information she received, she became a front-liner for the call of transformation.

M. Renuka fought with the functionaries to address the gaps in the functioning of the block hospital at Gauribidanur. While working on other development issues, Renuka realized that health has to be given a top priority as the hospital was the only one in the block catering to the healthcare needs of 37 Gram Panchayats coming under the purview of the block.

The hospital had a controversial history. Cases of irregularities and corruption were common. However, it came to her attention when the hospital management denied giving treatment to a pregnant woman. Instead, she was referred to a private hospital for delivery as she was not able to pay a bribe to the hospital staff. Apart from cases of gross irregularities, there was a dearth of medical and paramedic staff in the hospital. Worse, it lacked basic facilities such as water and sanitation. It was also found that the benefits to be given to the poor, pregnant and lactating women as per the government schemes were not being distributed in a fair manner. Many had faced similar problems on different occasions. After learning about the worsening condition of women, she decided to use her position as a vessel for change.

Renuka met the hospital staff to discuss this issue but they paid no heed to what she had to say. She then went to a local police station and filed a complaint explaining the situation.

Fortunately, she succeeded in drawing the attention of local media on the irregularities including the decreasing hygienic conditions, which were shown on TV screens. In an interview with a local TV channel, she protested against the doctors and paramedics demanding bribes, the poor hygienic conditions and other basic health services which were not up-to-date.

Her efforts bore fruit when the District Health Officer (DHO) questioned and instructed the hospital management to set things right. During the entire process, other women stood shoulder-to-shoulder with her for the cause and received recognition from the community. The hospital now is renowned to be women friendly.

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It was not a mere list of promises that Mani Devi made during the election campaign. Immediately after winning the election, she started working towards fulfilling her promises to villagers. One of the promises was that everybody will have access to healthcare in the Panchayat, a promise worth keeping.

During a Need Based Workshop (NBW) organized by The Hunger Project (THP) she expressed her eagerness to learn about health-related schemes, especially considering women’s reproductive health is something most-neglected in the villages. Her first step was to ensure proper living quarter for the Auxiliary Nurse Midwife (ANM) in the village.

“I was stunned with the fact that ANM did not visit the village regularly and did not provide free medicines,” she says. When Mani Devi asked her why, the ANM told her that she was ready to do it, provided she gets a work space in the village. Mani Devi found out that the compounider living in the village was using government quarter as a private clinic and was not even paying the rent. She raised the issue of the compounider not paying rent and suggested that if he leaves, ANM would stay in the village. Mani succeeded in her mission. Now, ANM stays in the village and does all her duties of providing antenatal and postnatal care.

With the cooperation of other women, Mani has advocated for the physical and psychological health of adolescent girls and this has proved to be a revolutionary step towards helping prevent diseases and infections, common during puberty which further leads to other severe health problems.

Mani Devi’s entire principle of development lies in her philosophy of “understanding of the entitlements” and through her tireless efforts and the empowerment afforded by knowledge, she has been scripting a new story of development in her community.
Neeru Devi has taken her development programme to a personal level and given it a face that was not even imaginable before she became a Sarpanch. It did not happen in a day but her careful observations and perseverance helped her help others.

Since winning the election, she has started going around the village and nearby areas, meeting people. She sits with them and listens carefully to their problems and needs. Meanwhile, she realized the need to setup a Primary Healthcare Center (PHC) which had been pending for a long time. This village is remote border in Gujarat. So whenever people fall ill they have to go all the way to Dungarpur city or to Gujarat for treatment. It was neither easy nor practical.

To address this problem, Neeru requested the higher authorities and followed up on a proposal that was pending and finally got the PHC sanctioned. The battle did not end there. Matters however, were a little difficult. The people of the nearby villages tried to get the location of the PHC changed to their village once it was sanctioned. They even succeeded in this. Thus Neeru Devi had to fight another battle to get the location of the PHC back to her Gram Panchayat. Finally, it was set up there.

Neeru Devi’s determination toward the betterment of society is self-evident. Access to health and education are some of the services she has provided to her people. Strengthened with knowledge and driven by faith, she is indeed today a role model for other women in her community. She gives the credit to The Hunger Project (THP) for the training she has received.

“As a Sarpanch, I have got the opportunity to attend some of the workshops organized by THP,” she says. “In these workshops, I learnt about our entitlements and along the way, it made me empowered on various levels to be an effective leader.”
Members of Sajha Manch constantly strive to coordinate with Anganwadi workers of their Panchayat for regular and effective functioning of Anganwadi. One day the members noticed that a one-and-a-half-year-old girl named Dhapu was looking exceptionally weak. Since the girl seldom came out of her home and lived in a settlement colony outside the main village, they had not seen Dhapu earlier.

With Anganwadi workers disinterested, Sajha Manch members went to counsel Dhapu’s mother and brought her all the way to Anganwadi to get the child weighed. The weight confirmed their worst fears: Dhapu was only 4.3 kg, making her fall into the category of ‘severely malnourished’ which required immediate nutritional treatment. However, the Anganwadi workers said that Dhapu had to wait for another nine days since the center had two fixed dates before she could be taken for a checkup and get admitted to avail 21-days nutritional treatment at a Nutritional Rehabilitation Center (NRC) located at block headquarters.

However, Sajha Manch members arranged a meeting with the most active members and decided to accompany the girl with her parents to the nutritional rehabilitation center as she was very ill and an immediate treatment was required. They talked with the doctor-in-charge and explained Dhapu’s health condition. The doctor listened to the women and then admitted Dhapu immediately for the treatment. After a critical few days, Dhapu made a complete recovery and returned to her home. She is no longer malnourished. With the help of the members of Sajha Manch, Dhapu’s mother is learning how to provide her daughter with a cost-efficient diet options.

Armed with enthusiasm and knowledge, the group now is a telling example of the strength of collective action.

Participatory grassroots efforts are key in eradicating inequality and it can easily be observed in Kachrakhadan Panchayat of Petlavad block. Women of Sajha Manch in this Panchayat conduct regular meetings. They discuss neglected issues like health and education, and collectively take decisions towards a solution. This Manch is playing as a potential hub of information about entitlements. The issue of malnutrition in the state not only represents poverty but also lack of information about available schemes. With this in mind, women constantly try to link communities with the nutrition schemes. The federation takes up the issue of malnutrition regularly in their meetings.
SHANTAMMA

GRAM PANCHAYAT: KG HALLI | BLOCK: MALUR TALUK
DISTRICT: KOLAR | STATE: KARNATAKA
YEAR OF ELECTION: 2010 FOR THE POST OF WARD MEMBER

“Today I stand in front of people and talk without inhibitions on issues relating to HIV”

Shantamma, a middle-aged woman who has received post-secondary education is managing the needs of the villagers with the ease of an expert. Happy to be the rebel, she says, “HIV/AIDS is not a ‘bad’ disease. It does not mean the end of the world, instead, if we all work together, it can be prevented.”

Refreshingly honest, Shantamma has no fear to talk about this topic which is seen as a taboo by the society as she has witnessed many people suffering from HIV/AIDS. As a Ward Member, she made a bold decision to involve herself with HIV/AIDS awareness campaign.

Since then, she has been at the forefront of shaping several awareness programmes. She recalls that there was a time when she would not step out of her home to see the village properly. Now as an elected woman representative (EWR), she is looking beyond conventional tasks. HIV/AIDS awareness is one of them.

How did it happen? Soon after she came to power in 2010, Shantamma participated in a leadership workshop organized by The Hunger Project (THP) for newly elected women leaders. “The workshop taught me to extend my work to many people and many issues”, she says. No stranger to hardship, Shantamma then decided to focus on creating awareness about HIV/AIDS in her community.

She uses specific techniques to generate frank discussions around sensitive topics.

She first started reading all the material available explaining causes and prevention of HIV/AIDS and then started talking to women on this subject. Initially she faced tremendous challenges but her organized mind, brought together like minded women. “I feel that it is important to add my support to this awareness campaign”, says a visible face of the group.

Shantamma continues to voice her opinion. She also plays a major role in the village’s health resource center. She is seen as an important person when it comes to her ability to influence women and organize campaigns. She often uses this skill as a platform to campaign on the issue that she feels passionately about. Much remains to be done to improve the situation.

“Today I stand in front of the people and talk without inhibitions on issues relating to HIV,” Shantamma says. “I tell people to be cautious as HIV/AIDS has claimed thousands of victims and now it is the time to do what we can to prevent it.”
Meet Vasanthi, the President of Sulli Palayam Gram Panchayat. Going beyond the limits of traditional awareness practices, she has not only managed to make people aware of general health issues but has also been spreading the message among villagers on equal rights to dignified life for HIV positive persons. Her close bond with the community has motivated her to work enthusiastically to make basic services available to the villagers.

“Health problems are part of a woman's life and I have experienced it in my Gram Panchayat,” Vasanthi says. “Reproductive health is also a major concern with high ratio of maternal deaths and so I decided to focus on ‘health seeking behavior’ in the women.” She keeps record of pregnant women and counsels them that delivery under a trained healthcare professional is one of the major tasks to ensure a safe delivery.

During her tenure, she noticed that a woman, who was diagnosed as HIV positive was shunned by her relatives and community in her Panchayat. Far from being alone in her pain and suffering, she had been struggling to make ends meet because people stopped involving her in agricultural activities fearing infection. As the President of the panchayat, Vasanthi met the victim and expressed her concern. She then started talking to the villagers. Since she had mastered the art of sensitizing people in her Gram Panchayat, she succeeded in convincing other women to link her with a Self Help Group (SHG).

Vasanthi organizes general health camps under the auspices of government’s health programme. People praise her for making medical facilities available them in her Panchayat. To Vasanthi, her post of President is mingled with purpose and passion and she seems determined to take forward the development work in her community.
The name itself justifies the group’s virtues, Veerangana meaning courageous women. The story of Veerangana and Dharchula Panchayat in Uttarakhand is an example of how leadership skills polished by the input of information and combined with collective action can work wonders.

Until recently, many of the EWRs had very little exposure to public life. The experience they gained through training programmes organized by The Hunger Project (THP) helped them make informed decisions towards betterment of the society with a special interest in ensuring healthcare accessible to all.

They conduct meetings on a regular basis to discuss and to act according to the needs of the community. During one such meeting, it was realized that pregnant women are facing a lot of difficulties as there was no lady doctor (gynecologist) in their block. The nearest hospital with a gynecologist was situated in Pithoragarh, which was very far away and women had to travel about 91 km for delivery. Physical access was an important barrier and women were being forced to deliver babies at home in an unhygienic condition. To worsen the situation, a sizable number of maternal deaths occurred on the way to the hospital if women opted for institutional delivery.

To address this problem, the members of Veerangana conducted a block-level meeting and came up with a strategy. Together they went to the district headquarter and met the Chief Medical Officer (CMO) to request for the appointment of a gynecologist in their block. When nothing happened even after six months, a follow up visit was made. The group members worked together at every stage. They constantly followed up until a gynecologist was appointed in their block.

The members of Veerangana Federation are an empowered set of women in their villages today who have held numerous health camps. Apart from creating awareness on health amongst the community members, efforts are being made by the group members to support other women in availing the benefits from the government welfare schemes.

The group now is a motivation to the rest of the community.
Glossary

**THP**: The Hunger Project

**EWR**: Elected Women Representative

**GP**: Gram Panchayat

**PRI**: Panchayati Raj Institutions

**WLW**: Women’s Leadership Workshop

**MGNREGA**: Mahatma Gandhi National Rural Employment Guarantee Act

**JAY**: Indira Awaas Yojana

**PHC**: Primary Health Centre

**BRGF**: Backward Regions Grant Fund

**BPL**: Below Poverty Line

**WCC**: Water Conservation Committee

**NBW**: Need Based Workshop

**SWEEP**: Strengthening Women’s Empowerment through Electoral Processes

**GSM**: Gram Sabha Mobilization

**FBW**: Federation Building Workshop

**VAW**: Violence against Women

**ICDS**: International Child Development Services

**NRHM**: National Rural Health Mission

**AIDS**: Acquired Immuno Deficiency Syndrome