

Kiran Martin presents a world-leading best-practice model.



Rendle Short Lecture 2005

# Transforming communities

## key points

The Asha project is a world-leading best-practice model for transforming slum communities. Since Dr Kiran Martin was originally called to the work it has grown to involve 70 staff caring for a population of 200,000 in Delhi's slums. Successful healthcare delivery in slums must be in partnership with communities, and Asha's strategy is based on three tiers of involvement through community health volunteers arising from women's associations, community health centres staffed by doctors and a polyclinic providing facilities for investigations and specialist care. All levels of the community including children play a part in improving healthcare, overcoming discrimination and planting churches. Jesus' Nazareth manifesto in Luke 4:16-19 of good news, physical healing and justice provides the model.

The Hindu religion has about six hundred and forty million gods. I come from a Hindu family and as a child my grandmother took me to the temple every day. I would have to bow my head before many of those gods painted all over the walls. Yet I knew there was no real truth here. I was very empty in my spirit.

The way the Lord Jesus revealed himself to me is an amazing story. I had never ever read the Bible; I had never gone to Sunday School. Somehow I just knew a little bit about Jesus but little did I know that he had such a radical, transforming power.

I went on to study medicine and paediatrics and while I was studying I felt that the Lord was saying to me, 'I really want you to go among those who are the poorest people in the city. That is where I would have been found if I was in Delhi.'

### The Invisible Poor

If you visit Delhi you see slums everywhere. You see them next to five star hotels. You see them by very big posh bungalows. You see them next to Embassies and High Commissions. They are hardly out of sight but they are off society's radar screens.

The Lord spoke to me, 'You know I have come to bring good news to the poor. I have come to bring good news to those who lack food, to those who

lack shelter, safety, security. I'm going to do it through you.'

Twelve million people live in Delhi, out of which three million live in shanty colonies. In fact half of the world's population today live in urban areas and in any town or city in India about one third of people live in shanty colonies.

In the slums there can be as few as one public toilet for 125 people. Most of the time it's not used for obvious reasons. Not surprisingly out of every 1,000 under fives, 20 die due to diarrhoea. Some 80 per cent of children under five in the Delhi slums are malnourished.

I suspect that few UK doctors will have even seen Vitamin A deficiency. In India it's very common and the major cause of blindness in children under five. There is a national programme for vitamin A prophylaxis, but the coverage is only 27%.

Polio and other preventable diseases are found in abundance in the slums. Some 55,000 children died of neonatal tetanus last year. The immunisation coverage in Delhi slums is only 30%, an average for all the vaccines is approximately 20%.

This is just to give you an idea of the kind of causes of deaths under five that you find in India. The infant mortality rate that you find in the slums of Delhi is 100 for every 1,000 live births, which is one of the highest in the world. Under five mortality rate is 146 for every 1,000 live births and

child survival rate is 86% so out of every 100 children born only 86 of them live to the age of five.

Tuberculosis is of course very common. Out of eight million cases of TB in the whole world, 3.5 million of them live in India and a large proportion of those live in the slums. Tuberculosis in an impoverished slum family leads it into destitution.

Only half of the children would ever go to a primary school and out of that about half of them drop out by class five. The largest number of child labourers in the world exists in India and they contribute 20 per cent of India's GNP working 12 hours a day.

### Principles of transformation

It was very clear to us that any kind of healthcare delivery in the slums must be in partnership with communities. In Isaiah 61 it says that those places that are waste, that are completely devastated, are those the Lord will use to bring about revival and to bring about restoration.

I started helping the women from all the different slum areas together to form women's associations. The whole healthcare programme of Asha is basically in partnership with them. Asha trains these community health volunteers and empowers them actually to deliver primary health care and treat common ailments.

The community members actually decide priorities. Do they want immunisations first, or would they rather have a water tap? Do they want a proper TB controlled programme or help with shelter? It's their decision. Asha trains all the traditional birth attendants. There was very high maternal mortality and newborn infant mortality.

A second tier is community health centres in different slum areas staffed by Asha doctors and other staff. In such cases where there's no land available our mobile vans work along with the community to improve health. A third tier is the Asha polyclinic which provides facilities for investigations and specialist care.

The under-five child health programme is exactly like that: same tier one, tier two, tier three and most of the work gets done at the level of tier one. I would give full credit to the community members who have been so actively involved. Child survival rate is a very good indicator of a good child health programme so 95 out of 100 children are living till age five.

At first we did not initiate a reproductive health programme because it was not a priority for the community. The average family size now has gone down to three. In Delhi the sex ratio is actually 800 females per 1,000 males, quite an alarming figure. So we have many interventions to ensure the happy birth of a girl child.

It's amazing to see how much they have developed such a wonderful Gospel model of the way in which they live. They won't even hesitate to wake up in the middle of the night to take a neighbour to the hospital. Or they will collect

money to help somebody with no money for a delivery. They have self-help groups that function as informal banks for savings and loans. They make greeting cards and scarves sold at a fair price.

Children's associations have emerged, for the age groups of 7-14. Each has a president, secretary and treasurer. All the children have a street they are responsible for. They promote breast-feeding, they discourage bottle-feeding, they know the symptoms of tuberculosis and they are really actively involved in promoting good health.

They have discussions about social injustices that go on in the slum, especially gender discrimination against girls. They have special support groups for handicapped children, and even the children collect money for those who are much poorer than they are. We have resource centres where children come and do their homework, play games and read books.

Women have been at the centre of planting churches. Early on the women started saying, 'We can't even read the Bible, how will we be able to preach.' I said, 'The Lord will give you wisdom.' It's amazing to see how these women have actually been able to stand up and expound Scripture that somebody else reads out to them through the revelation of the Holy Spirit.

Isaiah 61 says, 'The Spirit of the Lord God is upon me because the Lord has anointed me to preach good news to the poor. He sent me to bind up the broken hearted, to proclaim liberty to the captives and the opening of the prison to them that are bound.'

This is a word for those who are crushed with grief in the slums, those who are greatly depressed in their spirit, which is what I found when I first went to Delhi. This passage was Jesus' manifesto (Luke 4: 16-19).

Today he says, 'I have come to bring really good news to them. I have come to make them whole. I have come to set them free from loan sharks, to set them free from cycles of violence. I have come to set you free from the bottle, from dependency on drugs. Then he says that he has come to comfort all who mourn, those who are grieving and sorrowful.'

I'm so grateful to God that he has chosen me and my team to have a small part to play in his wonderful plans for the poor.

**Dr Kiran Martin** is director of Asha, a team of 70 healthcare professionals that in a decade has helped transform the lives of 200,000 of Delhi's slum dwellers.

*This article is abridged from the 2005 Rendle Short Lecture delivered at the CMF National Conference on 22-24 April 2005. The full text is available on the CMF Website at [www.cmf.org.uk](http://www.cmf.org.uk)*



Asha

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