Women and Urban Health Governance: a Study of Empowerment and Entitlement

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Introduction

Behind the sheen of city life is a large section of people that is deprived, hidden, voiceless, often food-insecure, with poor access to healthcare and basic services like sanitation, drinking water, housing, education (Agarwal S, 2014). By urban slums, we usually mean those who live in slums, on pavements, in informal housing, construction sites, brick and lime kilns, and those who live in disadvantaged settlements—in short impoverished populations. These populations are insecure, excluded, with poor representation, social capital in spite of being on the border of world class facilities. There is weak family support and community cohesion in slums. Unlike in rural settings, women and children do not enjoy a socially well knit community that ensures them physical safety, a fair level of food security, and the availability of social support, often from extended family connections, for childcare. Without these safeguards, women's mobility in urban areas is limited, compromising their ability to avail of healthcare services for themselves and their children when required. Slum residents often have very limited knowledge and access to services and entitlements and owing to lack of confidence seldom are capable of demanding their rights. Disempowered with the lack of Government ID and Proof of Address in the city, they are often threatened with eviction and often live in fear. Many families tend to not want to be known owing to the risk of being exploited by police, municipal and other authorities.

Poor working conditions, water and food vector borne diseases like repeated episodes of diarrhea, typhoid, other fevers, jaundice, dengue and malaria; migration for work, low confidence in public systems, lack of social cohesion and weak negotiation skills, all render them vulnerable, leading to powerlessness and a sense of resignation. Women suffer more owing to lower social status, lack of control over household finances, decision making and are often forced to borrow from traditional money lenders to meet daily food needs and health and education needs of the family.

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Slum Women's Groups as Agents of Change

Most social choice theorists have moved beyond the early negative interpretations of Kenneth Arrow's "impossibility theorem" (1951) and are identifying the trade-offs involved in finding satisfactory collective decision procedures. Amartya Sen has promoted this 'possibilist' interpretation of social choice theory (e.g., in his 1998 Nobel lecture). Amartya Sen used the dimension of 'Participatory Freedom' to propose that individuals can acquire the "freedom" to participate in and contribute to collective decisions both social as well as governance related. The key issues here are democracy, political and social liberty, and particularly a society based on public debate and decision (Sen, A.1999). In this theoretical background, UHRC learnt with practical experience that when stimulated to think, determine, judge and act in larger social interest, community groups in most instances proceed towards positive social choices. Over time, they learn from their own errors of judgment and from experiences of other neighborhood groups which further stimulates positive social choices. Amartya Sen has noted that "gender inequality has many faces including in the areas of mortality, natality, opportunity, and ownership and that these faces "hurt the interests of men as well as women" (Sen 2001).

A women's empowerment focused program approach has been adopted based on the well-documented premise that mother's education level is a strong social indicator of child and family health in addition to research showing the health consequences for females of gender inequality (Agarwal and Srivastava. 2009). Thus stimulating women to be drivers of slum-level improvements has far reaching implications on health and socioeconomics of slum life. Bandura theorized that an intervention enhancing people's faith in their own capacity improves their actual collective ability to tackle challenging situations (Bandura, 1994).

The 'theory and practice of change' that the UHRC has been fortunate to learn from first hand is that organized slum women who are trained, mentored, and supported have a greater capacity to access government services and entitlements. This has been evident through UHRC's program experience across 410,000 urban vulnerable populations in

Agra and Indore. Urban Health Resource Centre (UHRC) extends these principles to programming for poor/vulnerable slum communities, sustaining efforts to incrementally build socioeconomic and environmental self-confidence, self-efficacy through community organizations. UHRC forms, mentors and strengthens women's groups in slums, informal settlements in Indore and Agra to build confidence along-with strong social cohesion, grassroots level community based organizations that work towards reducing health, environmental, socio-economic risks.

Methodology and Program Approach

Community-based Interventions

Slum women are initially stimulated to think whether and how collective organized effort could help them better deal with challenges. Then, they were encouraged to assess whether they would be interested to form groups. Interested women were helped to decide how such groups should be formed and operated. UHRC encourages slum women to pursue health, nutrition and hygiene education sessions to improve household health behaviours and care-seeking practices to experience small instances of success. Noting lack of information about government schemes, services, entitlements among slum families, UHRC conducted awareness and capacity building sessions on obtaining Government picture-ID and address-proof of the city, voter-cards. These strides of modest wins help families develop confidence of being legitimate citizens, and lead to bigger successes such as access to government welfare schemes, bank accounts, and children's birth certificates issued by city's authorities. UHRC's social facilitators help women's groups and communities write petitions/applications, reminders to civic authorities, learn about importance of paper-trail of to ensure responsiveness, good governance. Armed with negotiation skills, women's groups interact and engage with government officials, functionaries for slum-level infrastructure improvement and improved access to government services and schemes.

How UHRC's Slum Women's Empowerment Process Progressively Digs Deeper and Works

UHRC's approach focuses not just on individual self-efficacy but collective self-efficacy, which can be defined as a group's shared belief in its aggregate ability to a) mobilize collective motivation, b) access and utilize information required, and c) pursue courses of action to accomplish a valued social goal. Slum women are encouraged to think, decide and participate in problem solving actions in a collaborative environment in which to steadily build and develop their capacity develop higher levels of motivation, support, and belief in their own capability as well as the ability of those around them. Collective self-efficacy and individual self efficacy positively reinforce one another, creating a virtuous, positive feedback loop influencing what people choose to pursue as a group, how much effort they put into the group's objectives, and their persistence when group efforts fail to produce results (Bandura, 2000).

There is recognition in literature that local community networks which facilitate collective action have a positive impact on health (Israel, 1994) both through the psychophysical benefits of feeling group solidarity (Rogers, 1996) and through direct engagement with health outreach work (Yen and Syme, 1999). A crucial dimension of this process is encouraging groups to develop at their own pace while providing support and training. Of course standards, of group member accountability are established, but that process is facilitated by the naturally emerging leaders within the groups and by the group members. Along with the methods, described above, Urban Health Resource Centre's programme also motivates women's groups to consider developing a community group based savings and loan system. Once developed, this community level savings and loan mechanism also contributes to enhancing the self-reliance of the group and the community. Such grassroots institutions are able to promote a sense of collective responsibility, group cohesion and initiative among the people. Increased knowledge, improved links with service providers and local agencies encourage the community organizations to aspire to work towards improved quality of life.(Agarwal and Sarasua, 2002).

Results and Outcomes

Outcomes from Monitoring Data of 125 Women's Groups in Indore-Agra: During April 2013-March 2014 shows that negotiation power of in women-groups led to improved access to services and government proof of address and picture ID:

- 5600 women availing deliveries in government, private-affordable hospitals,
- 3350 of these availing Government's Maternity-

Benefit scheme (called JanniSurakshaYojana)

• 4656 children availing immunization

• 8422 persons not previously having govt. picture ID obtained proof of address and picture-ID (important for feeling of legitimate citi-zens and for availing benefits of government schemes and entitlements)

Improvement in Community Access to Civic Services: Periodic assessment of progress of community petitions/requests and reminders to civic authorities and gentle negotiation show that during April 2013 and March 2014 through community petitions/reminders submitted by women's groups perseveringly:

• 37000 slum population was benefitted from improved water supply,

• 6000 slum families could avail legal electric connections,

• Streets/lanes in 23 slums have been paved benefiting 60,000 slum population and

• 120,000 population benefitted from regular cleaning of drains

Use of Community Social needs fund by Slum Women's Groups: 125 slum women-groups across 410000 slum population in Indore/Agra save regularly and provide low-interest loans to members and other needy families. During April-2013 to March-2014, 3327 loans were given. 550 loans served maternal-child health needs, 375 loans other health needs, 531 loans helped uninterrupted children's education, 524 loans helped start/expand livelihoods, 424 loans supported grain-storage at harvest time, 221 loans supported girl marriages, 302 loans enabled repaying moneylender debts, 190 loans were used for food/kitchen expenses, 210 loans enabled house improvements, including toilet.

Results of a Comparative Study Conducted During May-June 2013: To assess the difference in access to health, children's education, basic services and government proof of address and picture ID between a) slum women's group member families, b) non-intervention slums and c) non member families in intervention slums, a study was carried out during May-June 2013. The study showed that:

• Access of group-member families to address-proof/ picture-ID was nearly twice as high (45% vs 27%) as compared to families in slums without women's groups;

• Toilet in house was twice as high in group member families (60% versus 30%) than in slums without women's group intervention.

• Appropriate household garbage disposal was four times higher (59% versus 14%) as compared to families in slums without women's groups.

• Usage of public health facilities thrice as high (31% versus 9%) among group member's families as

Table 1: Access to Services

	Group member slum families(%)	Non-Group member	Non-intervention
Access to government health facilities	31	15	9
Usage of Family Planning measures	77	76	26
School/pre-school enrollment of Children	67	68	42
Toilet facility in house	60	58	30
Appropriate garbage disposal	59	61	14
Family members having Aadhar (Govt. Address proof and Picture (D) or applied for Aadhar	45	38	27
Having Bank Account	47	26	19

compared to non-intervention slum families.

• Usage of any family planning method was thrice as high (77% versus 26%) as compared to families in slums without women's groups.

• School/pre-school enrollment of children was 1.6 times higher (66% versus 42%). among member's families over non-intervention slum families.

• Non-group members from intervention slums show improvement similar to group-members in indicators pertaining to toilet in house (58%), continued education of children (68%), disposal of household garbage (61%), use of family planning measures (76%), slightly lower access to government address proof and picture ID (38%); but much lower access to government health-facility (15%).

• Having a bank account was 1.8 times higher in group member families than non-group member families; 2.5% higher as compared to non-intervention slums.

The above study demonstrates that organized, trained, empowered slum-women's groups help improving access of their families to healthcare, children's education, facilitate environmental improvements. Observing value in the program efforts, slum women develop confidence to represent their families and communities to demand rightful services. Non-parameters (e.g. children schooling, toilet in house, garbage disposal) studied, while on others (usage of Govt. facilities, access to Bank) further inputs are needed for benefitting intervention slum communities at large.

A Practical Perseverant Step towards Inclusive Urbanization

According to 2011 Census data, Indore's population in 2011 was 1,960,631, of which 590,257 people lived in slums, accounting for around 30% of the population (Census of India, 2011). In 2011, Urban Health Resource Centre, with the help of social facilitators and 500 women's group member's knowledge of their neighborhoods updated Indore's slum list and estimated population for the District Health Department of Indore. This exercise revealed a total of 633 slums in Indore city with an estimated population of 918.575, nearly 50% of Indore's population. This effort of over 9 years of close partnership with civic authorities of Indore helped bring 328,000 urban vulnerable populations on the radar for health services planning.

Discussion

Learning Gained: Civil-society organisations can strengthen community's 'expertise' and facilitate identification and implementation of context responsive doable solutions in the slum context. Skills and understanding of how the system works e.g. maintaining paper trail, seeking receipt of petition during Public Hearing are important approaches that the women learn.

How Women's Empowerment Helps Family and the Community: Slum women's groups gradually contribute to a positive gender equation at family and society levels, provide social support to needy families. Women's enhanced access to resources and greater capacity to take timely care of themselves, children, and the family helps the family and community.

Simple 'Indicators' can Assess Slum Challenges and Improvements: To identify the exclusionary mechanisms and interaction of social inequalities that need to be countered, the programme draws upon knowledge, wisdom and efforts of disadvantaged community representatives.

What keeps them Motivated: Recognition from the community and enhanced self-esteem motivate group members and other slum women to participate and work for their socio-economic development. Honouring active women's groups at city-level conclaves promotes higher self-esteem energizes the groups, helping them continually strengthen the organisation that they are steering. Training them in outreach health and nutrition promotion skills and facilitating them take on roles which also help livelihood e.g. opportunities as Govt. mandated health volunteers: Urban ASHA, AWW, AWW Helper also serves as a motivating factor.

Implications and Significance for India

Government, Non-government stakeholders are encouraged to adopt the approach that enhances collective and individual self-efficacy of community individuals and group-members. Lessons from Indore and Agra, have resulted in India's National Urban Health Mission (NUHM)mandating Women's Health Groups (MahilaArogyaSamiti) as the demand side the intervention, and creation of a Collective Savings or Revolving Community Fund as two of the eight core NUHM strategies (Government of India, 2013). The approach of slum women's group led negotiation for services, entitlements is adaptable across cities of developing countries.

Relevance in Global Development Agenda

The 11th goal of the Sustainable Development Goals (SDGs), as drafted by July 2014, focuses on the conditions of human settlements and demands inclusiveness, safety, resilience and sustainability towards making a human settlement more livable. Slum women's group empowerment, collective slum, community savings approaches and linking slum-community groups with service providers (supply side) and motivating and mentoring these groups to express demand through written community petitions/requests to civic authorities is an effective programmatic method that improves utilization of public sector services (Agarwal et al, 2008) is an approach adaptable in other developing countries to work towards SDG 11.

As the world moves to pursue SDGs, the UHRC women's empowerment approach demonstrates in practice how a) disadvantaged urban people can be encouraged to build a more equitable citizens' position and a strong voice in the city, b) take up negotiating roles for themselves that contribute towards equitable well-being in urban centres of developing countries, c) demonstrate the community's 'expertise' in analyzing challenges, problems and with facilitation, identifying and implementing solutions towards long-term social progress, d) that slum women's groups can proactively reach out to politicians and authorities and create their own space on the table and ensure that priorities of slum/vulnerable communities are included in decisions and actions.

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