

# 4. Madhya Pradesh and Chhattisgarh

## Women in Community Participation

From the beginning of the DANLEP project in 1986, Madhya Pradesh developed a strong community network and its partner organisations at the grassroots level included women's groups and NGOs working largely with women. The project made vigorous efforts to include women within the framework of community participation. Leprosy workers trained in the community participation approach developed sensitivity to women's needs and problems in health long before training for gender sensitisation became a formal programme. In districts like Durg and Rajnandgaon and later, in other parts of Madhya Pradesh, project staff developed rapport with women, encouraged them to come out in public and participate in leprosy elimination activity. A number of specific objectives were included in this overall aim of bringing women into leprosy activity:

- Women were made aware of facts about leprosy, its signs and symptoms, what caused the disease, the low risk of infection, its curability and treatment.
- Women were persuaded to take part in leprosy elimination campaigns to disseminate knowledge to others and to volunteer for search and detection activity. The chances of detecting cases among women increased when the physical inspection was done in privacy by other women.
- These two strategies were designed to bring about an increase in voluntary reporting among women.
- Women were encouraged to participate in camps, to help organise them, speak at them, provide and share food with others in the camp and learn not only the methods of ulcer care, but also to handle limbs with sores and ulcers without fear or disgust.

All these were aimed at the removal of stigma which would result in early reporting and detection among women; courage in leprosy affected women to acknowledge the disease, seek treatment and stand up for their rights in society; and refusal on the part of women to ill-treat or ostracise anyone with leprosy.

All these activities were specific to the needs of the leprosy elimination programme. Focusing on women in leprosy, they fell within the framework of the Women in Development approach. In this, the project worked not only directly with women in the community, but also through groups and organisations which focused on women. Women's self-help groups, and NGOs working primarily with women were given training in spotting symptoms of leprosy and in IEC. Many such groups included leprosy in their focal areas of activity. In addition, the *dastak* campaign (a door-to-door IEC campaign) in Gwalior district showed that girl students and guides made enthusiastic and effective volunteers in leprosy campaigns. At a time when there were no female field workers in the state system, the project trained *anganwadi* workers in leprosy activity to help in detection of female patients.



Girls raising their fists: School rally for leprosy elimination, Madhya Pradesh.

## First Initiatives in Gender Activity

It was not until 1996, when DANLEP's Gender Core Team was formed with representatives from the three DANLEP-supported states, that the project in Madhya Pradesh initiated the process of gender specific activities. The first of these initiatives was a workshop for women *panchayat* members in Gwalior district in June 1996. At the planning meeting preceding the workshop, there was some scepticism about this decision because there was a feeling that women elected to *panchayats* merely acted as fronts for their men. But those who felt that this, if true, was a further reason to give women a sense of self-worth and independence, won the day.

The two-day workshop, attended by eight women *panchayat* members, concentrated on identifying women's problems regarding health in general, and leprosy in particular. There was also discussion on how women could work to solve these problems in their communities. At the end of the workshop, the participants formulated a vow which they took together, that each of them would ensure certain health practices relating to pregnancy, child care and family planning in her village. They also agreed to send participants to the next workshop to be held the following month in Durg.

This was a much larger workshop with 105 participants from the three DANLEP-supported districts of Durg, Rajnandgaon and Gwalior. They included, besides women *panchayat* members, women from *mahila mandals* and the Literacy Mission as well as women medical officers. Here, in addition to health-related problems including the state of health facilities available to rural women, their social problems were also discussed.

Over the next two years, a series of similar workshops were held in various districts of the state. The focus in all of them was women's health in general and leprosy in particular. There were also IEC inputs related to women's health – printed material, songs, drama and folk theatre. Different groups and institutions were drawn into partnership with the project through these workshops and the activities which followed them. Among such partners were the ICDS and the Women and Child Development Department, female multi-purpose workers of the Health Department, the *Mahila Samakhya Sahayoginis* (village women activists), the *Nehru Yuvak Kendra*, the *Gayatri Parivar* and, in Durg district, the Literacy Mission.

Unlike Orissa and Tamil Nadu, Madhya Pradesh had not at this time included in its activities training in gender concepts or discussion of the nature of gender inequity. But as women's participation in health-related activities grew, awareness naturally spread to other aspects of gender injustice and discrimination. Above all, the project was successful in facilitating mobilisation of thousands of women across the state as activists in leprosy and health. In a state where women did not usually step out of their homes into public activity, nearly 30,000 women volunteers were mobilised for MLEC in 1998.

In 1999, workshops on gender sensitisation held at training institutions in Gwalior, Indore and Jabalpur included some of the theoretical aspects of gender training, such as concepts about sex and gender, as well as gender issues in health and health services, with special emphasis on leprosy. Trainees were from faculties of the training centres, district leprosy and training officers, health and ICDS supervisors. Trainers and resource persons were from the training centres (senior faculty), and from DANLEP, Danida and the Voluntary Health Association. These workshops were facilitated by DANLEP through its zonal coordinators.

Action plans mapped out at the end of these workshops related to the holding of more such events in other centres within each zone, for members of women's groups and *panchayati raj* institutions, and health workers. In Jabalpur zone, for example, nine workshops on gender sensitisation were held between October and December of 1999. However, the content of these workshops were again restricted to health issues with emphasis on leprosy. By the end of 2000, DANLEP Madhya Pradesh had taken a decision not to hold any more gender sensitisation workshops or training sessions. Chhattisgarh, which gained the status of a separate state that year, took a different road which will be discussed later in this chapter.

## Taking a Different Route

One reason for Madhya Pradesh discarding the practice of gender training was that the state government was reluctant to support it. Without support or at least approval from the government system, it was difficult for the project to sustain the activity. Besides, there was no gender focal person in DANLEP Madhya Pradesh to take up gender training and other related activity

with the kind of fervour that was shown by the individuals conceived in Orissa and Tamil Nadu. This is not to deny the sensitivity to gender issues of staff in Madhya Pradesh. To them it just seemed eminently practical to forget about workshops and to build gender into their leprosy and health-centred activities. The feeling among project staff was that the gender training undertaken so far had little impact. It was felt that the community participation approach helped to directly empower women and if the work with women's groups and NGOs was continued, this would itself bring about the desired change in gender attitudes. It was, indeed, true that the leprosy-oriented training provided to women in the state encouraged them to talk and act in public through participation in leprosy elimination activities. Women were brought out of their traditional retiring and submissive roles.

There were several ways in which the project in Madhya Pradesh gave importance to women's participation. Separate POD and skin camps for women were held. It was ensured that at camps involving both men and women, there was a significant number of the latter among both patients and volunteers. In IEC material and in training modules, a deliberate choice was made to use mainly pictures of women, showing them as knowledgeable, bold and active. Gender concerns were kept in mind at monthly meetings and in monitoring activity, preparation of supplementary reports giving



Female leprosy patients sharing their experiences, Madhya Pradesh.

gender disaggregated data was initiated. Said the State Project Coordinator: “In all campaigns we keep in mind the need for inclusion and empowerment of women.” In doing so, the project worked with women’s groups of widely differing backgrounds and purposes.

In Sehore, a short distance from Bhopal, housewives from well-to-do families formed a *mahila mandal* to involve themselves in whatever welfare activity that required their help. Introduced to leprosy elimination activity by DANLEP, they undertook to rehabilitate cured patients in a leprosy *ashram* and arrange for them to be taken home by their families. Their most rewarding experience was their successful negotiation for the return to her husband of a young woman who had been sent away and separated from her child for several years. The *mahila mandal* made a sentimental occasion of the event, giving her gifts and dressing her like a bride entering a new home.

The *Mahila Samakhya Samiti*, an NGO linked to the Rajiv Gandhi Primary Education Mission, worked in five districts for gender equity and women’s empowerment, covering about 500 villages through *sahayoginis* (cooperators). In Seoni, the *sahayoginis* received training in leprosy-related activity. In 1999-2000, they resolved to eliminate leprosy from one selected block and went about the task of organising IEC activities, a pilot survey, training as well as care-and-concern camps and other activities, culminating in a leprosy diagnosis and treatment camp.

In Bhopal, the NGO *Shuruat* (‘making a start’) working in 12 slums covering a population of 50,000, was drawn into leprosy activity by DANLEP. A group of women with whom the organisation was working displayed considerable knowledge about leprosy. They were also ready to discuss the problems they faced as women and the means by which they could solve these problems. NGOs like the *Mahila Samakhya Samiti* and *Shuruat* had strong inputs in gender sensitivity from other sources and they brought this awareness to their work in leprosy elimination as well. They were staffed with persons who had worked for women’s empowerment in education, health and economic development, organised women’s groups and dealt with problems of violence against women. It was the project’s strength that, while it did not itself provide gender training, it was able to establish close rapport with organisations which were committed to gender equity. There was recognition among members of such NGOs that the project was sensitive to gender issues.

## Chhattisgarh Breaks Away

Durg and Rajnandgaon, the two Phase I districts of the DANLEP project where the community participation approach was initiated, are part of the newly-formed state of Chhattisgarh. Until its separation from Madhya Pradesh in 2000, the project in the Chhattisgarh region followed the same model as the rest of the undivided state in gender-related activity. The first gender sensitisation workshop was held in Durg in July 1996, as part of the new focus given to all the DANLEP-supported states in the mid-nineties. Other such workshops followed in different Chhattisgarh districts. However, they all followed the pattern of training of women within the framework of gender in health and in leprosy. By the time DANLEP Madhya Pradesh decided to discontinue gender training in the state, Chhattisgarh had attained separate statehood. At this point, the project in the new state took a different route regarding gender-related activities. At the same time, in the Madhya Pradesh tradition, a strong relationship was maintained with women's groups and NGOs and this relationship was used to give force and direction to the project's gender initiatives.

Several circumstances, institutions and persons influenced this change in Chhattisgarh. Here, as in other states, the legal provision of one-third representation for women in *panchayati raj* (local government) institutions provided an opportunity for agencies dedicated to women's empowerment to provide training and encouragement to women *panchayat* members to exercise their rights. The *Didi* Bank system of saving by women's self-help groups was initiated in the new state to bypass the bureaucratic methods of conventional banking and help women's groups to retain control over their earnings. The system rapidly became both popular and successful. Chhattisgarh's health administration came up with the *mithanin* ('friend') scheme to appoint female health volunteers in every community, and a massive programme of selection and training of *mithanin*, with the help of NGOs, was set in motion. The *mithanin* was in a way a replacement for the community health volunteer (*jan swasth rakshak*). The difference was that all *mithanin* were female. The selection process was expected to ensure that they had both the support of the local designated NGO and the backing of the community they were to serve. Trained to provide for basic health needs in the community while reporting to the health system cases in need of more qualified medical attention, the *mithanin* would be entrusted with stock of certain medicines. She would function as secretary to the village health committee.

## Working with the Literacy Mission

For the DANLEP project, the most important factor was its own partnership with the Literacy Mission, the *Zila Shaksharta Samiti* (ZSS) in Durg. This partnership had been forged over more than a decade, almost from the beginning of the project in Durg district. A government-funded body for the promotion of literacy through non-formal means (out of school), the ZSS in Durg interpreted the scope of its work very broadly. Its philosophy was that in the promotion of adult literacy, activity should not be confined to classes in reading and writing but should include areas of study and training relevant to the lives of the target population. These included development issues, particularly health.

*Literacy is not just reading and writing. Awareness is also education. Where awareness raising is needed, we get involved. Awareness of leprosy was a need, when we started out, and we took it up as an exercise in literacy.*

**D.N. Sharma, Chief Director, ZSS, Durg**

Over a decade, the ZSS had built up in its staff of master trainers expertise in areas like water management and forestry projects, general health, particularly reproductive and child health (RCH) and leprosy. From the early Nineties, it was involved in all major leprosy awareness campaigns in the district. When the newly-formed state of Chhattisgarh conducted its first

*In 1990 I got to know about the Literacy Mission when they came to campaign for adult literacy in my village. I am educated, but they taught my mother to read and write. They made me a literacy ambassador, a person who spreads the message about literacy in her own and neighbouring villages. Later, I went for gender training and now I work for the ZSS as a trainer and also in organising programmes. When the panchayat elections were announced, my husband said: "So many women are standing for election even though they are illiterate. You are a graduate. You should contest." I live in a joint family but they do not oppose my activities. They look after my child when I am away on work for the ZSS.*

**Basantha Thakore, ZSS trainer and Zila panchayat member,  
Gunderdehi block, Durg**

independent Modified Leprosy Awareness Campaign (MLEC III), the Durg Literacy Mission helped in planning and organisation, designing and producing formats for reporting at each level for the whole state. In all leprosy awareness activities in which the ZSS was involved, DANLEP facilitated the process through funding and other material support. Close rapport was built up between ZSS trainers and project staff.

When DANLEP Chhattisgarh decided to take up gender-related activities on a scale wider than the Madhya Pradesh model, it turned to the ZSS for master trainers. The response was immediate and enthusiastic. In turn, DANLEP provided ZSS with material on gender training from other states, particularly Tamil Nadu. It also provided other support in the form of transport, training and display material. The DANLEP project in Chhattisgarh did not have on its staff a gender focal person as did Orissa and Tamil Nadu. The ZSS, in particular one of its master trainers, who took to gender training with fervour, filled this gap. The ZSS trained its own members and others in a proactive approach to gender sensitisation.

Gender training programmes facilitated by DANLEP and conducted by the ZSS were not aimed at one single group or confined to women only. They included women and men from *panchayati raj* institutions, *mithanin* and members of women's self-help groups. Under the state government's scheme the ZSS was one of the main institutions providing training for *mithanin*. It also had training programmes in income-generation schemes for women's SHGs and for the organisation and conduct of *Didi* Banks. A gender component was inevitably included in both kinds of training. In addition, women of these two categories were again included in gender training programmes, which were also attended by *panchayat* members, *anganwadi* workers and field staff of the general health system. The *Didi* Bank members, women holding *panchayat* office, *mithanin* and *anganwadi* workers and female field health staff formed a network of overlapping and interlocking relationships, with some of them belonging to more than one of these categories. Many of these women, especially in the districts of Durg and Rajnandgaon, had also been trained in leprosy awareness during the community participation activities of the Nineties and had taken part in one or more leprosy-related campaigns. Thus, at gender training programmes, there was a strong sense of 'family' and belonging together between project and ZSS staff and trainees.

## Varying Levels of Awareness

Within Chhattisgarh, there were marked differences in levels of gender awareness and training between districts. Durg and Rajnandgaon were way ahead of other districts in awareness, especially among women in the target groups of *panchayat* and SHG members, *mithanin*, *anganwadi* and field health workers. Such women had already been exposed to training in other areas of empowerment like income-generating activities, formation and management of *didi* banks, and RCH related topics such as nutrition and health during and after pregnancy, care of children and immunisation, leprosy detection and treatment. Training in gender sensitisation now brought to them knowledge about gender discrimination, education of girl children and women's access to health. It also introduced them to gender concepts like the difference between sex and gender, the biological role of the father in sex determination at conception, the socio-economic basis of discrimination and control over income and decision making. These concepts were new to them. But when presented to them in simple and logical terms, with examples relating to familiar situations, they were accepted – the women's own experience bore witness to their truth. The response was immediate and discussion was enthusiastic.

In Janjgir, on the other hand, a gender workshop held in February 2003 presented a different picture. With much the same composition of participants – male and female *panchayat* members, *mithanin*, *anganwadi*

*Earlier, at panchayat meetings, we women would cover our faces, sit on the floor and keep quiet while the men had chairs and did all the talking. Nowadays, we no longer veil our faces. We insist on chairs for everyone and we take part in the meetings. We also do many other things, like family counselling. To abolish dowry and bring down wedding expenses, we organise group marriages. In each marriage, both families give written promises that there is no dowry. We make sure that the bride is over 18 years of age. And we have told other villages how to handle these matters.*

*Now, we are planning to build a place for our activities. We are also asking for a PHC to be built closer to our village. The health sub-centre is too far away.*

**Draupadi Sahu, SHG member, *Didi* Bank organiser and former *panchayat* member, Rahut village, Gunderdehi block, Durg**

and health workers and SHG members – the pace was slower because most concepts and situations presented were new to the trainees and needed repetition, their response was shy and tentative, and opposition (sometimes derision) from male participants was stronger, in contrast to a workshop held in Durg a few days earlier, where there was some mild scepticism on just a few points from male participants, but all the men were friendly and open to persuasion. This was the first gender workshop in Janjgir and was seen by project and ZSS staff as a hopeful beginning with a lot of work yet to be done.

Since first obtaining material from DANLEP for gender training, the ZSS has come a long way in producing its own material – banners, posters slogans and games. Above all, the gender training module, borrowed from Tamil Nadu and adapted for local needs, has been replaced by a guidebook for gender training produced in both Hindi and English. While still following to some extent the Tamil Nadu module, the Chhattisgarh version has been adapted and rewritten on the basis of experience by the ZSS master trainer in gender sensitisation who is also convener of its women’s arm. Production of the guidebook has been facilitated by DANLEP Chhattisgarh.



Women at a walk, Dongagarh Camp, Madhya Pradesh.