



KALTHANA, INDIA

Hope on the hills

One woman takes on the challenges, hopes and fears of new mothers in Rajasthan's remote mountains.

Mulki Bhil spends her days walking in search of expectant mothers. She walks over hills and through wheat fields, in the blistering heat of summer and in spring's monsoon rains.

She works at the *anganwadi*, a health center and refuge for maternal care in her village of Kalthana, which offers free checkups, immunizations, nutrient packets and preschool for children until age six. On paper, the *anganwadi* seems like a mecca for the kind of social services that many Western nations can't achieve. But for Mulki, whose job is recruitment, it can be a hard sell. The services she touts can save lives, but every part of her job is difficult.

Mulki is an *asha*, part consultant, part scout, in the business of health reconnaissance. Easing the fear that comes with creating life isn't easy here, where education is rare, formal care is scarce and villages are remote. Every day, Mulki travels over foothills at the base of India's biggest mountain range, canvassing Kalthana's 14 hamlets that span several miles, approaching at least 10 doors each day. Leads about growing families come from local gossip. The task is physically demanding but also psychologically draining.

The women behind the doors often don't believe her; what she offers seems impossible. Every mother wants more for her children, but not every mother knows what more could mean. Not every mother knows what to hope for.

Mulki meets women like Kamla Gameti. Married at 16, Kamla was in her early twenties and pregnant with her second child when she first opened her door to Mulki. Kamla's three-year-old son, Naresh, played at their feet while Mulki tried to sell Kamla on formal prenatal care, as well as a hospital delivery for her second birth, patiently explaining potential complications of a traditional home delivery and the hospital's resources in case of emergency.

Ninety-nine percent of maternal deaths occur in developing countries, with over 90 percent of those in Africa and Asia. Most are preventable. Rajasthan, Kamla's home province, is one of the poorest in this newly industrialized nation, where child brides

PILLAR
♥ **HEALTH**

Mulki Bhil: traveling health advocate



ABOVE: Every day, Mulki Bhil sets out across the 14 hamlets of Kalthana village, offering health care services to new and expectant mothers.

FACING PAGE: Mulki visits a young child and grandmother on her rounds.

and adolescent mothers are especially vulnerable during childbirth. Here, maternal and infant mortality rates are higher than national averages.

The option of a hospital birth in a nearby town is another perk of the anganwadi's services. To be eligible, new mothers must agree to checkups and consent to keeping medical records, an incentive meant to boost health, not just hospital births. It seemed like an offer would-be mothers wouldn't refuse, but they do.

Kalthana's anganwadi opened in 1997. Years earlier, a government scheme had designated the centers mandatory resources for the country's urban slums and rural villages. Though the state will erect a building to meet requirements—one for every 1,000 people—infrastructure and awareness of services are often lacking. Many young women in Kalthana have never attended school. New mothers couldn't read newspaper articles about child welfare policies. Attendance was low.

Over decades, Kalthana's anganwadi fell into disrepair. Its thatched mud roof leaked in the rain. Ink-and-paper medical records were vulnerable during monsoon season. Nutrient packets set to deliver vital protein and vitamins to pregnant women and





ABOVE: Kalthana's anganwadi (a health center and daycare) opened in 1997 but over decades fell into disrepair. After WE Charity renovated the building, it became a refuge for new mothers and young children.

FACING PAGE: New mothers look to Mulki for health advice and to ease the fear that comes with creating life.

Ninety-nine percent of maternal deaths occur in developing countries, and most are preventable.

toddlers—a dry mix of ground wheat, sugar, soy and lentils—spoiled in the damp. Nurses failed to turn up to treat would-be mothers. The long walk from home for a pregnant woman seeking services might result in nothing more than swollen ankles.

Mulki was left peddling false hope. “They used to be afraid,” she said of the local women. “They were not confident in me.”

Anganwadis are the centerpiece of WE Charity's health pillar in India. An existing government investment makes municipal partnerships and rehabilitation of anganwadis the best course of action. WE leverages that commitment to health programming and bolsters it. In Kalthana, the anganwadi's roof and floors were refurbished and supplies replenished—medicine was restocked, furniture was provided. With better resources, local nurses renewed their promises of regular appointments. WE Charity's own mobilizers now join Mulki on her rounds to spread the word. The same team runs health education for mothers and children. At the anganwadi, there are lessons on handwashing and the need to boil well water to prevent the spread of bacterial diseases and waterborne illnesses. Prenatal dietary needs are discussed to prevent malnutrition.

Kamla had never received formal medical care. Before Naresh was born, she had no prenatal consult, no blood test for hemoglobin levels or screening for pelvic cancer. There was no stethoscope to check for a fetal heartbeat. It was Kamla and her baby against the odds.





“*Darpani*” and “*santa ve*” are the Mewari words Kamla used to describe her first pregnancy. Fear, because she didn’t know anything about the health of her baby. Worry, that stress from her fear would harm the life inside her. She and Mulki spoke through a translator, relaying the details of their first meeting.

Kamla faced a choice between two fears: the anxiety that would surround a pregnancy without formal care, and her stress about a hospital delivery in a cold, sterile room miles from home. The doctor would be a stranger. A village midwife known as a *dai* had delivered Naresh at Kamla’s parents’ home in Jardhol, a few towns over. Despite a lack of formal training, dais are trusted community members and comforting choices for anxious moms.

Many mothers in all parts of the world choose home births for similar reasons, but they can also make a game-day decision to head to a hospital in the case of a difficult labor. For Kamla and other women without access to health care, there’s nowhere to turn for formal knowledge of healthy birth weights or organ development, infections, high blood pressure or breeching. A litany of risks are unheard-of—*anemia*, *asphyxiation*, *preeclampsia*. Here, “normal” delivery means the baby survives. “Abnormal” means a stillbirth. There is only life and death. Variances between the extremes are unknown unless someone intervenes. Mulki walks so that young mothers like Kamla won’t become statistics.

With Mulki’s insistence and the fresh memory of panic from her first pregnancy, Kamla agreed to go to the *anganwadi* for prenatal care. Kamla’s youngest baby, Vinod, was born at Sayra Hospital in the nearest city, Kelwara. After delivery, she and Vinod spent 48 hours under observation. Her family received health records, complete with inoculation dates for the boys.

At the *anganwadi*, Kamla’s sons receive health care, daycare and preschool lessons. When they’re older, they will graduate to the nearby Kalthana Primary School and its bright classrooms built by WE Charity.

And when Kamla has another child—she will one day, she says, and hopes for a girl—Mulki won’t have to beg her to come. Since the refurbishment, *anganwadi* attendance is up, making Mulki’s pitch much more appealing. Her job just got a little easier.

Mulki sets out again. Doors are waiting.



KATIE HEWITT



FACING PAGE, TOP: *Checking on a newborn*

FACING PAGE, BOTTOM: *Mulki is on the road again.*

A woman in a pink sari is operating a traditional wooden water wheel in a rural setting. The wheel is made of wood and has a metal bucket attached to it. She is standing on a stone platform and pulling a rope. The background shows a hillside with trees and a stone wall. The scene is lit with warm, golden light, suggesting late afternoon or early morning.

IMPACT

The Improbable Story of WE

Edited by
SHELLEY PAGE

Photography by
PETER CORDY



A special thank you to Peter Cordy for his vision, stunning photography and financial support in bringing this book to life.

COPYRIGHT 2019 WE CHARITY

All rights reserved. No part of this book may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, without prior written consent of WE Charity or a licence from The Canadian Copyright Licencing Agency (Access Copyright). For a copyright licence, visit accesscopyright.ca or all toll free to 1-800-893-5777.

ISBN: 978-1-9991540-1-1

Cataloguing in publication information available upon request

WE CHARITY

339 Queen Street East
Toronto ON M5A 1S9
Canada

Learn more at WE.org

Distributed by WE Charity

Printed and bound in Canada by Friesens
Design by Counterpunch Inc. / Linda Gustafson

WE Charity is committed to reducing the consumption of old-growth forest in the books it publishes. This book is one step toward that goal.



IMPACT PHOTO CREDITS

All photography is by Peter Cordy, with the exception of:

Vito Amati: 10

Courtesy of Craig Burkinshaw: 307

Sara Cornthwaite: 15 (top left, and three on bottom right), 52, 53, 99 (top right and middle left), 206 (top right), 278 (top and bottom right), 282 (top right), 284 (top)

Karloso Fiallos: 229 (bottom left), 292 (top left), 293 (top right and bottom right)

Zeddy Kosgei: 127 (bottom row)

Victor Li: 294 (middle left and bottom left)

Reuben Muriuki: 126

Wanda O'Brien: 121 (bottom), 123 (top left), 207 (top left)

Courtesy of Kim Plewes: 304

Kim Plewes: 13 (top right), 15 (bottom left), 98 (top left), 99 (bottom right), 125, 127 (top), 166–167, 168, 169 (top right), 172 (bottom row), 184 (bottom), 205 (top), 206 (top left and bottom left), 294 (top), 299 (all except top right), 302

Scott Ramsay: 14 (bottom left), 99 (top right), 207 (bottom right), 296 (middle left, bottom left), 299 (top right), 305

Courtesy of Phoebe Rotman: 301

WE Archives: xii, 2, 3, 4, 6, 8, 9, 11, 12 (all), 12 (all except top right), 14 (top row and bottom right), 98 (top right and bottom), 99 (middle right and bottom left), 206 (middle and bottom right), 207 (top right, middle and bottom left), 212, 292 (top right and bottom), 293 (top left, middle row, and bottom left), 294 (middle right, bottom middle and bottom right), 295 (all), 296 (top left, and all on right), 297 (all), 298 (all), 300, 303, 306, 309

This book was made possible through the extraordinary generosity of dear friends inspired by the impact of WE.

