THE CHALLENGE INITIATIVE
HEALTHY CITIES INDIA

STRENGTHENING MAHILA AROGYA SAMITIS TO FACILITATE ACCESS TO FAMILY PLANNING SERVICES FOR THE URBAN POOR

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PURPOSE

To provide guidance on how to establish Mahila Arogya Samitis (MAS), build their capacity as health advocates and develop them into self-governing institutions that work towards addressing and meeting the health and family planning (FP) needs of the community.

AUDIENCE

1. Chief Medical Officers (CMO)
2. Nodal Officer- Urban Health & Family Planning
3. District Program Managers (DPM)
4. Urban Health Coordinators/ Assistant Program Managers, NUHM
5. District/ City Community Process Managers (DCPM/ CCPM)
6. Medical Officer In-Charge - UPHC
7. Urban Accredited Social Health Activist (ASHA) facilitators/
8. Auxiliary Nurse Midwives (ANMs)
9. Non-Government Organizations (NGOs)
10. Health Partners

BACKGROUND

Women groups can be effective in expanding the base of health promotion efforts at the community level and building sustainable community processes. For this reason, the National Urban Health Mission (NUHM) has made a long-term commitment to community empowerment and leadership within the community by creating a role for women's groups in the form of MAS.

The NUHM guidelines (Refer to: Guidelines for ASHA and Mahila Arogya Samiti in the urban context by National Urban Health Mission - 2014, Page nos. 17 to 23) define MAS as a community group involved in community awareness, interpersonal communication, community-based monitoring and establishing linkages with services and referrals. This group focuses on preventive and promotive health care, facilitating access to identified facilities and management of untied fund. A key function of the MAS is to support community members to access health entitlements.

EVIDENCE OF THE IMPACT

Documented evidence from other countries demonstrates the impact of women groups on improving FP and maternal and new born health (Refer to: Post A. et.al., Women's group practicing participatory learning and action to improve maternal and newborn health in low resource setting: a systematic review and meta-analysis, Lancet 2013, 381, page nos. 1736 to 1746). Although data is not available to document the impact of women groups on maternal and new born health in India, however, anecdotal evidences from many health workshops suggest that these groups play an important role in improving health in both rural areas and urban slums.

UHI'S WORK WITH WOMEN GROUPS

The Urban Health Initiative (UHI) worked with 420 women groups across 11 cities in Uttar Pradesh. These included women groups, saving groups, Shakti groups, sanitation groups and Integrated Child Development Services (ICDS).

1. After receiving orientation from UHI, these groups integrated family planning into their existing agenda.
2. Though diverse in their objectives and functioning, each group worked to become a resource agency that disseminated family planning information to the community and supported women to access family planning services and entitlements provided under the government schemes.
3. Many women groups also worked to access entitlements for community members related to nutrition, routine immunization, neonatal care, water and sanitation, voter registration, income generation etc.

"In the beginning, things looked difficult since we were just 4 to 5 ladies then. But now we are around 1600 women working together, so every problem looks small in the face of our collective. There is immense power in togetherness." Member of Vishal Shahari Mahila Vikas Samiti

GUIDANCE ON ESTABLISHING AND STRENGTHENING THE MAS

IDENTIFY WOMEN WHO CAN FORM A MAS

1. As per guidelines, identify clusters of households where a MAS needs to be formed
2. After conducting meetings at the community level in order to understand the health needs of the community, the ASHA will sensitize the identified women on the role of MAS
3. Women who consistently participate in these meetings will emerge as MAS members
4. In slums, where other women groups such as self-help groups, savings groups, ICDS Matri Samitis etc. exist, these groups should be oriented by the ASHA, and members of these groups should be encouraged to join or form a MAS. These other groups can be co-opted into MAS, provided they-
    a) obtain approval from the respective authorizing department e.g. NULM, DUDA, ICDS
    b) open their membership to include new members and representation from all socio-economic
    c) sections
    d) incorporate health as a priority in their agenda

SELECTION OF MASS MEMBERS

1. Key criterion for selection of MAS members should be their commitment and willingness to work as a collective for community work.
2. Inclusion of women from the poorest and most marginalized segments of the community in the MAS is critical as they have the least access to health information and services.

BUILD CAPACITY OF MAS MEMBERS ON HEALTH ISSUES INCLUDING FP

1. Plan training on FP, MNCH for MAS members as budgeted in NHM
2. Provide relevant IEC materials and job-aids including frequently asked questions (Refer to: FAQs, IEC materials and job aids- http:/ / www.iecrmncha.in/node/102)
3. Provide support to MAS members through joint home visits and continue building capacity of MAS members on FP. Reinforce key issues such as including the most marginalized population groups, raising and using resources, undertaking advocacy etc.
4. Provide opportunities for MAS members to present their issues before the District Health Society (DHS).
5. Link MAS to the District Urban Development Agency (DUDA) or to ICDS project officers.

Use platforms such as the World Population Day or Breastfeeding Week to create events that provide visibility and recognition to MAS. Such recognition strengthens group identity of the MAS

KEY SUPPORT ACTIVITIES UNDERTAKEN BY THE MAS

1. Support ASHA in mapping and listing slum households and preparing resource maps in the communities
2. Monitor and facilitate access to essential public services related to health, water, sanitation, nutrition and education
3. Support the ASHA, Anganwadi Workers (AWWs) and Auxiliary Nurse Midwives (ANMs) in organizing Urban Health and Nutrition Days (UHNDs), and in mobilizing women and children for outreach sessions

4. Generate demand for health services including FP
5. Support ASHA in counseling family members on health issues, when required
6. Ensure access to health entitlements for the community
7. Ensure access to health facilities including accompanying women whenever required
8. Lead collective action and self-help initiatives at the community level
9. Support ASHAs and AWWs in the distribution of health supplies including FP methods. They can also be depot holders for condoms, OCPs, ORS etc.
10. Use untied funds to address health needs of the community
11. Participate in health campaigns, special events and drives

ROLES AND RESPONSIBILITIES TOWARDS STRENGTHENING MAHILA AROGYA SAMITIS

CMO

1. Plan and budget for MAS
2. Review formation and functioning of MAS
3. Ensure that MAS trainings are conducted as per calendar
4. Ensure opening of bank accounts and disbursement of untied funds for MAS
5. Ensure participation of MAS representatives in DHS meetings / City Coordination Committee meetings

NODAL OFFICER - URBAN HEALTH

1. Provide IEC materials and health supplies (such as FP supplies) to MAS
2. Ensure implementation of all directives by the CMO
3. Link MAS members with income generation schemes of the government, for e.g. NULM, Skill Development Mission, Start-Up Mission
4. Reward and recognize well-performing MAS

DISTRICT PROGRAM MANAGERS, URBAN HEALTH COORDINATOR, COMMUNITY PROCESS MANAGERS

1. Facilitate implementation of MAS activities in coordination with the Nodal Officer - Urban Health
2. Reward and recognize well-performing MAS

MEDICAL OFFICER IN-CHARGE – UPHC

Ensure that ASHAs are performing the following activities to form and strengthen the MAS:

1. Facilitate orientation of community women for establishing MAS
2. Ensure representation of marginalized segments in the MAS
3. Facilitate participation of MAS members in training, UHNDs, outreach camps

4. Encourage MAS members to use IEC materials and health supplies

ASHA FACILITATOR/ ANM

1. Mentor ASHAs in conducting MAS meetings
2. Conduct periodic progress reviews of MAS with ASHAs in their area
3. Prepare and submit reports on MAS to the Urban Primary Health Center (UPHC)

MONITORING OF MAS ACTIVITIES IN FAMILY PLANNING

As per NUHM guidelines, the monitoring of MAS and its reporting by ASHAs / ASHA facilitators to the CMO should include the following indicators:

1. Number of MAS established
2. Number and percentage of MAS that received FP trainings
3. Number of MAS that received untied funds
4. Number of MAS utilizing untied funds as per guidelines
5. Number of UHNDs and outreach camps supported by MAS members as compared to the total number of UHNDs and camps conducted
6. Qualitative analysis of the sample agenda/ minutes could also be done to overview compliance.

COST ELEMENTS

The cost elements required for formation and activation of MAS include the following:

1. Orientation of MAS members: one day (& one-time) orientation cost of Rupees 3,000 was proposed in the NHM PIP in 2017
2. Untied fund of Rupees 5,000 for each MAS (Refer to: Guidelines for ASHA and Mahila Arogya Samiti in the urban context 2014, page no. 21, for minimum members required to take decisions on future action plan and activities, and how to spend untied fund)

Cost elements/ PIP Budget Head	FMR Code
Orientation of MAS members	U.3.2.1.1
Untied fund	U.4.1.4
Support to organization engaged for community processes	U.3.2.1.2

Source: NHM PIP Guideline, 2018-19

This table is indicative and illustrates the manner in which cost elements are provided in a government PIP, thus giving guidance to the audience on where to look for elements related to a particular task, such as the formation of Mahila Arogya Samiti.

SUSTAINABILITY

Creating sustainability for MAS is a long-term process, which requires on-going training and supportive supervision by ASHAs and other health functionaries. It also requires linkages to various income generation schemes of the government as well as the annual budget provisioning through the PIP. Reward and recognition to well performing MAS can provide motivation for their continued involvement.

AVAILABLE RESOURCES

1. Guidelines for ASHA and Mahila Arogya Samiti in the urban context, 2014, by National Urban Health Mission, Page nos. 17 to 23
2. Induction for Mahila Arogya Samiti_English
3. Induction for Mahila Arogya Samiti_Hindi
4. Contraceptives display kit
5. Family Planning effectiveness chart
6. Pregnancy screening checklist
7. Orientation module for planners, implementers and partners, Section 4 point one, page no 53-62
8. TG segmentation matrix
9. Method specific training Presentation of GOI
10. Method specific counselling cards of GOI
11. Family Planning frequently asked questions and answers of GOI
12. Women's group practicing participatory learning and action to improve maternal and new-born health in low resource setting: a systematic review and meta-analysis, Lancet 2013, 381, Page nos. 1736 to 1746analysis