



Strengthening Mahila Arogya Samitis
Series v.2.0

Gender Intentional

PURPOSE:

This tool provides 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:

- o Additional Director/Joint Director (DCPM/CCPM)
- o General Manager- FP and Urban
- o Chief Medical Officers (CMO)/Additional Chief Medical Officers (ACMO)
- o Nodal Officer- Urban Health & Family Planning
- o Divisional Urban Health Consultant (DUHC)
- o District Program Managers (DPM)
- o Urban Health Coordinators (UHC)
- o District/City Community Process Managers
- o District Family Planning Logistics Management Information System (FPLMIS) Manager
- o Medical Officer In-Charge- Urban Health Primary Center (UPHC)
- o Auxiliary Nurse Midwives (ANMs)
- o Non-Government Organizations (NGOs)/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 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).

Similarly, with the coaching and mentoring support of The Challenge Initiative (TCI) India, the government officials of Uttar Pradesh utilized MASs to improve access to FP services across 25 cities. In these TCI India intervention cities, 40 percent of the 5113 active MAS received untied funds, out of which 70 percent MAS utilized untied funds. TCI India assisted government with FP training for 50% of MAS members across 29 cities, who then trained the remaining MAS members. After receiving training, these groups integrated family planning into their existing agenda. With the assistance of ASHAs, MAS worked to become a resource agency that disseminated family planning information to the community and supported eligible couples to access family planning services and entitlements provided under government schemes. Around 47% of MAS supported ASHAs in conducting Saas Beta Bahu Sammelan during World Population Day 2022 fortnight. Many women's groups also worked to access entitlements for community members related to nutrition, routine immunization, neonatal care, etc.

"I informed a young woman Moni about family planning choices for spacing between children. However, her mother-in-law stopped her from adopting any family planning method. I tried counseling her mother-in-law, but she did not listen to me. Soon, I learnt that Moni was pregnant with her second child. After her second delivery, I spoke to Mahila Arogya Samiti members and requested them to counsel Moni's mother-in-law so that she does not conceive yet again and get burdened. MAS members invited Moni and

her mother-in-law in their next group meeting where they counseled both of them. Moni soon visited and met the UPHC doctor who explained the basket of choices to her and she availed a method of her choice.”

Heerawati, ASHA, Moradabad, Uttar Pradesh



GUIDANCE ON ESTABLISHING AND STRENGTHENING THE MAS

1. Identify women who can form a MAS

- 1.1 As per guidelines, identify clusters of households where a MAS needs to be formed
- 1.2 After conducting meetings at the community level in order to understand the health needs of the community, ASHA will sensitize the identified women on the role of MAS
- 1.3 Women who consistently participate in these meetings will emerge as MAS members
- 1.4 In slums, where other women groups such as self-help groups, savings groups 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. National Urban Livelihoods Mission (NULM), District Urban Development Agency (DUDA), Integrated Child Development Services (ICDS)
 - b. open their membership to include new members and representation from all socio-economic sections
 - c. incorporate health as a priority in their agenda

Selection of MAS 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.

2. Build capacity of MAS members on health issues including FP

- 2.1 Plan training on FP, MNCH for MAS members as budgeted in NHM
- 2.2 Provide relevant IEC materials and job-aids including frequently asked questions
- 2.3 Provide resources to MAS member for executing gender integration activities
- 2.4 Provide support to MAS members through joint home visits and continue building capacity of MAS members on FP, inter-spousal communication to promote shared decision-making among couples and support for contraceptive use.
- 2.5 Motivate them to use gender-inclusive language such as "people," "folks," or "individuals" in their daily communication instead of "women" etc.
- 2.6 Coach MAS members to address cultural and social norms that impact gender equality by enhancing their skills on creating awareness on Pre-Conception and Pre-Natal Diagnostic Techniques (PCPNDT), promoting spousal communication, and increasing male participation in FP.
- 2.7 Reinforce key issues such as including the most marginalized population groups, raising and using resources, undertaking advocacy etc.
- 2.8 Link MAS to the DUDA or to ICDS project officers.

Use platforms such as World Population Day, World Contraceptive Day, Saas Beta Bahu Sammelan, Arogya Mela, or Breastfeeding Week to increase visibility and recognition for MAS. Such recognition strengthens and motivates the group.



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 ASHA, Anganwadi Workers (AWWs) and Auxiliary Nurse Midwives (ANMs) in organizing Urban Health and Nutrition Days (UHNDs), and in mobilizing women, adolescents, and children for outreach sessions.
4. Generate demand for health services, including FP.
5. Refer eligible couples to Fixed day static service (FDS)/Antral diwas.
6. Support ASHAs to create awareness regarding gender issues such as PCPNDT, spousal communication, male participation in RCH etc.
7. Support in gender integration activities or simulation games, for example interactive games to change the mind-set of son preference in the community (white and black marble game), Kranti Bhranti an interactive game of Rashtriya Kishore Swasthya Karyakram (RKSK) etc.
8. Support ASHA in promoting spousal communication on FP and identifying gender champions from the community.
9. Encourage couples to be smart in planning their families, maintaining appropriate space between children and mutually agreeing on adopting a family planning method.
10. Ensure community access to health facilities, including accompanying couple whenever required.

11. Support ASHAs and AWWs in the distribution of health supplies, including FP methods. They can also be depot holders for condoms, OCPs, ORS etc.
12. Use untied funds to address the health needs of the community.
13. Participate in health campaigns, special events and drives like WPD, NSV fortnight.



ROLES AND RESPONSIBILITIES TOWARDS STRENGTHENING ASHAs

1. General Manager FP/Urban/JD/AD

- 1.1 Ensure formation MAS in all cities
- 1.2 Issue guidance to all the cities to refer this tool as one of the guidance documents to strengthen MAS to facilitate access to family planning services for the urban poor

2. CMO/ACMO

- 2.1 Plan and budget for MAS
- 2.2 Review formation and functioning of MAS
- 2.3 Ensure that MAS trainings are conducted as per calendar
- 2.4 Ensure opening of bank accounts and disbursement of untied funds for MAS

3. Nodal Officer- Urban Health

- 3.1 Provide IEC materials and health supplies (such as FP supplies) to MAS
- 3.2 Link MAS members with income generation schemes of the government, for e.g. NULM, Skill Development Mission, Start-Up Mission

4. District Program Managers, Urban Health Coordinator, Community Process Managers

- 4.1 Facilitate implementation of MAS activities in coordination with the Nodal Officer - Urban Health
- 4.2 Reward and recognize well-performing MAS

5. Medical Officer In-Charge- UPHC

- 5.1 Facilitate orientation of community women for establishing MAS
- 5.2 Facilitate participation of MAS members in training, UHNDs, outreach camps, Saas-Bahu and Beta Sammelan
- 5.3 Encourage MAS members to use IEC materials and health/FP supplies

6. ANM

- 6.1 Mentor ASHAs in conducting MAS meetings
- 6.2 Conduct periodic progress reviews of MAS with ASHAs in their area
- 6.3 Prepare and submit reports on MAS to the 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 and utilized funds
4. Number of UHNDs and outreach camps supported by MAS members as compared to the total number of UHNDs and camps conducted



COST ELEMENTS

This table is indicative and illustrates the manner in which cost elements are provided in a government Program Implementation Plan (PIP), thus giving guidance to the audience on where to look for elements related to MAS.

Cost elements/PIP budget head

Orientation of MAS members

Untied fund

FMR Code

HSS(U).2.131- MAS

HSS(U).9.149.UG.3
(Untied Fund to MAS)

Source: NHM PIP Guideline 2022-2024



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. TG segmentation matrix
8. Method specific training Presentation of GOI
9. Method specific counselling cards of GOI
10. Family Planning frequently asked questions and answers of GOI
11. RKSK Kranti Bhranti -Interactive Game
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,
13. NHM PIP guideline for a particular financial year
14. TCI India tool 'Fixed Day Static Approach to Expand Access to Quality Family Planning Services'- <https://tciurbanhealth.org/lessons/fixed-day-static-approach/>
15. TCI India tool 'Mapping & Listing of Urban Slums': <https://tciurbanhealth.org/lessons/mapping-urban-slums/>
16. TCI India tool 'Enabling Urban Accredited Social Health Activists': <https://tciurbanhealth.org/lessons/enabling-social-health-activists/>
17. Most Significant Change story: Strengthening the Linkages Between Community Structures and the Health System in Moradabad, Uttar Pradesh- <https://tciurbanhealth.org/strengthening-the-linkages-between-community-structures-and-the-health-system-in-moradabad-uttar-pradesh/>

For downloading and referring this tool visit: <https://tciurbanhealth.org/lessons/strengthening-womens-groups/> and to refer other tools visit: <https://tciurbanhealth.org/india-toolkit/>

Disclaimer: This document is based on the learnings collated from The Challenge Initiative India, supported by Gates Institute under the first grant of BMGF and USAID from the period October 2016 to October 2021. It is not prescriptive in nature but provides overall guidance on how this particular aspect was dealt with in this project for possible adoption and adaptation.

For further details, please contact: Population Services International (PSI) India | C-445, Chittaranjan Park, New Delhi- 110019

Population Services International India (PSI India) has strong expertise in health system strengthening, program implementation, planning and policy, research and evaluation, social behavior change communication and strategy for building habitable, sustainable and healthy cities.

For more information visit: <https://tciurbanhealth.org/overview/> | www.psi.org.in