

ANNUAL REPORT MAHILA AROGYA SAMITI

APRIL 2015 TO MARCH 2016

Mahila Arogya Samiti is a group of ten women who form the part of the support mechanism for the Urban Mitanin Programme at the community level, much like the Village Health, Nutrition and Sanitation committee in rural areas but comprises of only women from the community in contrast to different stakeholders who are a part of a VHNSC.

The group works primarily on the social determinants of health and monitors health, nutrition, sanitation and other services in the community. They also monitor births and deaths in the community and also support the Mitanin in preventing epidemics in the community through their work on health awareness.

The MAS selection is facilitated by the Mitanin Trainer and Mitanin, Each member of MAS represents an equal number of houses from the community (10 to 20 Households) and are nominated by the larger community once a Mitanin has been selected in the para (Urban Hamlet).

Each Member is unanimously elected by the community, much like the Mitanin. From within the group of 10, two members are then elected as the President and the Treasurer, who are responsible for operating a bank account in the Samiti's name. The appointment of the president and treasurer is for a period of one year and is extendable if the group agrees, the MAS members can also remove and appoint a new member or president or treasurer if 2/3 majority is in the favor of the decision.

The group also receives an untied fund which they utilize on activities targeted at improving health, sanitation and nutrition related services in the community. Decisions regarding these spending are taken by the MAS during the monthly meetings (also called MAS Baithak or Para Baithak) with consultation and consent of all members of the MAS.

Involvement of Mitanin trainers, Mitanins or Area Coordinators for spending from the untied fund is discouraged and the MAS members are expected to handle their accounts and documentation for their activities. The Mitanin Trainer is responsible for providing support in facilitation of MAS meetings, providing field level support for other activities that the MAS might be organizing and also help the MAS submit a quarterly spending report to the Urban-PHC for the untied fund.

The group also holds the right to select a new Mitanin with consultation of the Mitanin Trainer if they are unsatisfied with the Mitanin's services to the community. For this too, the MAS can

submit an application to the State Health Resource Center, Raipur through the Mitanin Trainer and seek permission from the Urban Mitanin Programme team there for a new selection.

MAS training

State Health Resource Center has created one training module for Mahila Arogya Samiti and organized trainings on the same in 16 cities across Chhattisgarh. This module was an orientation to the idea of the Mahila Arogya Samiti, health and related services available to the community and monitoring of these by the MAS members and their responsibility to take support from local administration in improvement of these; their engagement with the Mitanin programme, documentation and reporting with underlying values of volunteer ship and with focus on gendering of health. In total, 3125 MASs have been trained across the state.

Urban Mitanin Trainings

Round wise training	Name of the module	Theme of the module	Number of Mitanins trained
1st round	स्वस्थ्य हमर अधिकार हवे (swasthya hamar adhikar hawe)	Induction/Role of ASHA in urban health. Structure of urban health services in the state.	3500
2nd round	मितानिन तोर मोर गोठ (Mitanin tor mor goth)	Gender and Health (including Adolescent, Maternal health), Gender based violence and gendering health in the context.	3594
3rd round	मितानिन के दवा पेटी (Mitanin ki dawa peti)	Use of drug kit by ASHA	3786
4th round	Book 1: 'लाईका के गोठ बात परिवार के साथ' (Laika ke goth baat, parivar ke sath) Book 2: 'नवजात व बच्चों की	Newborn Care, Child Nutrition, Childhood Illnesses. Home Visits and counselling for maternal and child health	3697

	देखभाल' (navjat v bacchon ki dekhbhal)		
5th round	फेलने वाली बीमारियाँ (pehne wali bimariyan)	Introduction to major Communicable Diseases in Urban area. TB and role of ASHA in RNTCP. Leprosy and role of ASHA in NLEP. Malaria and role of ASHA in NVBDCP	3530

At present Around 3700 MAS working on social determinants of health. Intervened in around 6000 cases of violence against women in 2015-16. Anganwadis, schools, drinking water – other main areas of MAS activity. Actively supported by MTs.