

Mahila Arogya Samiti Training in Punjab



A SEWA Bharat, National Health Mission (Punjab), and Lok Swasthya SEWA Trust Initiative



349 MAS trainings

across 21 cities in 11 districts

India faces chronic inefficiencies and workforce shortages in healthcare that pose challenges to the quality and effectiveness of health solutions, particularly in low-income areas.

Despite a much higher density of health institutions and professionals than rural areas, significant information gaps prevent effective and efficient use of healthcare in low-income urban areas. For individuals, understanding of preventative measures and reliable treatment resources remain low. Conversely, local health institutions have little awareness of specific public health needs of communities. This puts communities at greater risk for communicable diseases, poor water and living conditions, preventative conditions (such as malnutrition and maternal health), and addiction and substance abuse.

In order to address these information gaps between the provider and the communities, the National Health Mission (NHM) launched a program called Mahila Arogya Samiti (MAS), to provide linkages to public health resources, provide information around government health schemes, train members of the community around preventative practices, and identify local public health issues in low-income urban communities. MASs are women leaders who lead the NHM's initiative to lead community level health interventions.

SEWA Bharat became a partner with NHM in Punjab, leading the training of MAS members in 11 districts in the state, covering 21 towns/cities. SEWA Bharat trained women from these communities on leadership, community based monitoring, and public health linkages.

Pre-Project

November 2016



SEWA Bharat, NHM, and SEWA Bharat's sister organization, Lok Swasthya SEWA Trust led a training of trainers in early November, 2016. This training used NHM guidelines and were to train trainers who were leading MAS workshops.

Phase 1

November 2016-January 2017



Due to two year old MAS lists, SEWA began work training ASHA workers, ANMs, MOs, and other Public Health Center (PHC) staff to update their lists of MASs. SEWA also trained them to mobilize members of communities according to NHM standards.

Outcome:

- Create an equal understanding of MAS and the role in the public health system amongst existing PHC staff
- Help facilitate collaboration amongst different PHC staff and MASs, which made MAS trainings in the future easier

Phase 2

Mid-January 2017-May 2017



In order to make up for lost time, SEWA began training a second group of trainers. The training of MASs across the districts accelerated. By May, 349 trainings were held.

Outcome:

- MAS leaders were identified, trained, and are now facilitating linkages between communities and public health resources, such as schemes, hospitals, PHCs, and other community workers, such as ASHAs and ANMs
- Key community issues were identified in each district and city that are to be used in public health interventions

Post-Project

May 2017-Present



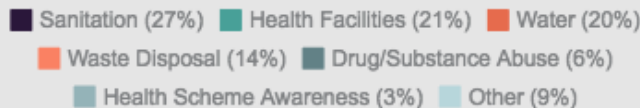
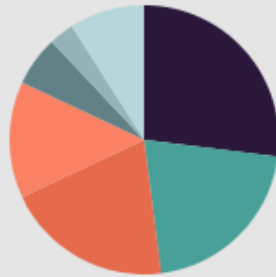
In May, a multi parnter meeting, including SEWA, NHM, and several NGOs in Chandigarh reviewed the bottlenecks, findings, and future of the MAS program. As India becomes more and more urbanized, community workers and leaders like MAS will become increasingly important in the distribution of public health resources.



Findings

Throughout the trainings and MAS interactions, SEWA identified several gaps in health delivery. Programs that were meant for the poor, and more specifically for women, often did not reach their intended beneficiaries. Basic sanitation municipal services, such as clean water, solid waste disposal, and power did not reach communities. SEWA also mapped and identified community level issues, such as unawareness of public schemes, improper waste disposal, drug and substance abuse, and lack of water through MAS trainings.

The following concerns were brought up from MASs during SEWA trainings most frequently:



1. Inadequate health services: Shortages of medicine and staff at PHCs
2. Corruption and bribe taking at health facilities
3. Discriminatory and negligent behavior of health facilities staff
4. Health Schemes and benefits not reaching beneficiaries
5. Lack of awareness of government health programs
6. Contaminated drinking water
7. Choked drains and poor solid waste disposal system
8. Erratic Power supply
9. Lack of resources and Anganwadi staff
10. Drug and substance abuse, domestic violence, public harassment, wild animals, and anxiety/stress



(Left) SEWA Bharat led training of MAS trainers. Sessions used NHM guidelines and standards.

(Right) SEWA Bharat led the mobilization of MAS candidates. MAS candidates were trained on how to identify health needs and connect beneficiaries to healthcare services and resources.



Our Recommendations

1. New MAS need guidance so they can use their collective strength to link the community to public health services

- Any untied funds should be released
- ASHAs and MAS should coordinate, especially during vaccination days
- MAS should be involved in other health programs (non-communicable disease, adolescent health, mental health)
- Monthly PHC level briefing of MAS activities

2. Convergence of various civic and municipal services is important. Public works, such as water, and sanitation, are key at preventing disease and poor health conditions. Collaboration between these departments and health initiatives should be stronger and leveraged more

3. State level health ministries and institutions need to improve maternal health services. Simple measures such as increasing beds in wards, easier gynecological services and tests, and gender sensitization of staff would help build trust between community and public health services

- Feedback and grievance redressal mechanism for frontline health workers, such as ANMs and ASHAs
- Various stakeholders (government, NGOs, and CSRs) should all look at and be involved in the direction of the MAS program

