Internship Training

at

POPULATION FOUNDATION OF INDIA

Assessing the need for Mahila Arogya Samiti in Basant Gaon and Raj Nagar Slums, New Delhi, India

by

Name: **MAHEK GUPTA**

Enroll No. **PG/21/053**

Under the guidance of

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PGDM (Hospital & Health Management)

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International Institute of Health Management Research New Delhi

ABSTRACT

Mahila Arogya Samiti is a community mobilization framework for urban slums, empowering individuals and groups to plan, execute, monitor, and evaluate for health and development improvements. This study was conducted in two urban slums of Delhi, Basant Gaon and Raj Nagar from January 2022 to May 2022. The aim of the study is to describe the healthcare system of Basant Gaon and Raj Nagar slum dwellers and their expectations from Mahila Arogya Samiti. A qualitative descriptive study was conducted using structured questionnaire with health workers and focus group discussion with community members. Data analysis highlighted main themes namely Availability of staff members, Availability of Infrastructure, Facilities available, Problems faced, Areas of improvement and their expectations from Mahila Arogya Samiti. Formation of such a community group will encourages mobilization and engagement, empowers women, and promotes healthy behavior in urban slum areas. It will increase community awareness about government health initiatives and promotes healthy behavior behaviors such as hand washing, sanitation, and hygiene. Mahila Arogya Samiti can improve development and health outcomes by educating the community about these benefits.

Completion of Dissertation from Population Foundation of India

The certificate is awarded to

MAIIEK GUPTA

in recognition of having successfully completed

her

Internship in the department of

Advisory Group on Community Action (AGCA) Secretariat

and has successfully completed her Project on

Assessing the need for Mahila Arogya Samiti in Basant Gaon and Raj Nagar Slums, New Delhi, India

Date: **17th April, 2023**

Population Foundation of India

She comes across as a committed, sincere & diligent person
who
has a strong drive & zeal for learning

We wish her all the best for future endeavors.

Ankit Sharma

Ankit Sharma
Senior Manager
Human Resources

TO WHOMSOEVER IT MAY CONCERN

This is to certify that MAHEK GUPTA student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at Population foundation of India from January 2022 to May 2022.

The Candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfilment of the course requirements.

I wish him all success in all her future endeavors.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

Mentor
Dr. Ekta Saroha
IIHMR, New Delhi

Certificate of Approval

The following dissertation titled "**Assessing the need for Mahila Arogya Samiti in Basant Gaon Raj Nagar Slums, New Delhi, India**" at "**Population Foundation of India**" is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital & Health Management)** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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Name	Signature
Sidharth Mishra	Sidharth lekhai Mishra
Rupsa Banerjee	
T. Puli	

Certificate from Dissertation Advisory Committee

This is to certify that **Ms. Mahek Gupta,** a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. She is submitting this dissertation titled "Assessing the need for Mahila Arogya Samiti in Basant Gaon and Raj Nagar Slums, New Delhi, India" at "Population Foundation of India" in partial fulfilment of the requirements for the award of the **PGDM (Hospital & Health Management).**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

Dr. Ekta Saroha
Associate Professor

IIHMR, Delhi

Seema Upadhyay
(Team Leader, Advisory Group
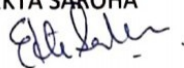on Community Action Secretariat)
Population Foundation of India

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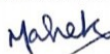Report checked by

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INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, NEW DELHI

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled "Assessing the need for Mahila Arogya Samiti in Basant Gaon and Raj Nagar Slums, New Delhi, India" and submitted by MAHEK GUPTA Enrollment No. PG/21/053 under the supervision of "Dr. Ekta Saroha" for award of PGDM (Hospital & Health Management) of the Institute carried out during the period from

January 2023 to May 2023 .

embodies my original work and has not formed the basis for the award of any

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other similar institution of higher learning.

Mahek
Signature

FEEDBACK FORM

Name of the Student: MAHEK GUPTA

Name of the Organisation in Which Dissertation Has Been Completed:
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Area of Dissertation: Community Action for Health under Nation Health Mission
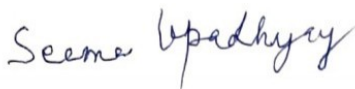
Attendance: Punctual and satisfactory

Objectives achieved: Formation of Mahila Arogya Samitis in both slum areas-Basant Gaon and Raj Nagar in Delhi

Deliverables:
1) Profiles of the 2 polyclinics
2) Need Assessment of 2 slums (Basant Gaon and Raj Nagar)
3) Resource map for both slums
4) Internship Report

Strengths: She is a keen and quick learner. Worked with honesty and enthusiasm to complete her assignment. She is polite and respectful of the people around.

Suggestions for Improvement: With experience she will learn fine art of probing with the community and articulating experiences and the facts in a written document.

Seema Upadhyay

Signature of the Organisation Mentor (Dissertation)
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Team Leader
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Date: April 17, 2023
Place: New Delhi

ACKNOWLEDGEMENTS

Contents

List of Abbreviations

MAS	Mahila Arogya Samiti
ASHA	Accredited Social Health Activist
LW	Link Workers
ANM	Auxiliary Nurse and Midwife
VC	Vision Centers
FGD	Focus Group Discussions
CDEO	Certified documentation expert outpatient cum assistant
SCC	Sweepers cum chowkidar
IEC	Information, Education, and Communication
UHI	Urban Health Initiative

1. ORGANISATION PROFILE

Population Foundation of India is a leading national non-government organization (NGO) in the country. PFI's mission is to advance gender-sensitive policies and programs focused on the health and well-being of young people in India.

The organization aims to empower women, girls, and young people and works towards improving their sexual and reproductive health (SRH) outcomes through five strategic pathways: strategic engagement with key actors and stakeholders; social and behavior change communication (SBCC); capacity building and technical support; knowledge generation and amplification; and grant making.

Population Foundation of India has a rich legacy and distinguished past, with several notable achievements. The organization centers gender equity in its programs and internal practices.

Population Foundation of India is headquartered in New Delhi, India with state offices in Bihar, Rajasthan and UP. Our team comprises over 60 highly skilled technical and managerial experts. Our multi-faceted team brings together vast experience in the fields of public health, family planning, maternal and child health, government engagement and evidence-based advocacy, public policy, gender equity, communications, technology, research and evaluation, capacity building, HR and finance.

VISION: A just and equitable society in India where all people enjoy their reproductive rights and pursue their aspirations with the optimal health, well-being, and quality of life enabled by these rights.

MISSION: Improved sexual and reproductive health (SRH) outcomes of young people, especially women and girls.

In the first decade of the 2000s, Population Foundation of India grew in its scope – there was increasing interface with the government and an expanded reach across the country.

Population Foundation of India played a crucial role in the formulation of the national and state level population policies, especially in Madhya Pradesh and Uttar Pradesh.

In response to new realities, Population Foundation of India's work was expanded to include gender, HIV/AIDS, urban health and scaling up. In 2004, for the first time, the organisation moved to implementation in the district and lower levels through advocacy and communication on issues of missing girls, quality of care in reproductive health services and law, policy and rights. In 2005 the government set up the Advisory Group on Community Action (AGCA) to support and advise the Ministry of Health and Family Welfare (MoHFW) on community monitoring under the National Rural Health Mission. The secretariat of the AGCA was housed in PFI and continues to be so even today.

Community Action and Accountability: Population Foundation of India leverages community action and accountability to strengthen the functioning of health systems. In tandem with the National Health Mission's strategy of Community Action for Health, we enable communities to discuss the availability and quality of healthcare services in public health facilities and provide appropriate feedback to healthcare officials. Our aim is to promote the agency of youth, particularly girls and women, within community-led participatory initiatives to bring greater efficiency and accountability into public systems and delivery services. We also host the secretariat of Advisory Group on Community Action (AGCA) since 2005, a committee constituted by the Ministry of Health and Family Welfare (MoHFW) to provide guidance on community processes, particularly related to accountability. AGCA comprises of eminent health experts and currently provides technical assistance to 24 state governments to strengthen and scale-up community action processes across 362 districts and 71 cities.

2. INTRODUCTION

Under the Swarna Jayanti Shahari Rojgar Yojana (SJSRY), a scheme of the Ministry of Urban Development that seeks to employ the slum dwellers, the National Urban Health Mission (NUHM) suggests promoting community groups for enhanced community participation. There are several provisions under the Urban Self Employment Program (USEP) for the Development of Women and Children in Urban Areas (DWCUA). Under Swarna Jayanti Shahari Rojgar Yojana, an informal association of women living in Mohalla's, slums, to create Neighbourhood Groups (NHGs), which may later federate into a more formal Neighbourhood Committee (NHC). Existing SJSRY structures may also federate into Mahila Arogya Samiti (MAS), a community-based federated organization of 50 to 100 households.

MAS is designed as a larger framework of community mobilization in urban settings, particularly at the slum level, enabling the people—individuals and groups— for planning, execution, monitoring, and evaluation to help enhance their health and development needs.(1)

As a result, MASs are anticipated to serve as a key forum for women and local community organizations in each slum area to increase knowledge of community health services, assist health workers in creating health plans specific to the needs of area and promote community involvement in health promotion. (1)

The primary goals of MAS include strengthening community ownership and sustainability, assuring optimal usage of services, building referral links, and create a monitoring system.

It will be developed at the slum level and will cover between 50 and 100 homes. This can, however, be amended based on the ground realities in each slum area, such as a small slum of fewer than 50 families or the existence of diverse groups inside each slum. In case of existing Anganwadi Centres in the slum, each MAS's coverage area

should be matched with the Anganwadi Centre's coverage area and must cover all pockets of the slum.

The number of urban poor has increased significantly as a result of urbanization, with many of them living in slums and other squatter communities. According to the 2011 Census, 22.5% of the population, resided in slums throughout 2613 towns/cities. (2)

3. LITERATURE REVIEW

The NUHM would foster community engagement in the development and management of healthcare services. In urban disadvantaged regions, it would promote the use of community health volunteers, Accredited Social Health Activist (ASHA) or Link Workers (LWs) (1 ASHA for every 1,000 persons). (2)

1000-2500 urban poor people (200 to 500 homes); promote involvement through the establishment of community-based groups like Rogi Kalyan Samitis and MAS (50–100 homes). However, hiring an ASHA might not be necessary if the states decide to take up the MAS function of motivating the community. (2)

Community involvement is collaborating with people who are linked by geography, interest, or comparable concerns affecting their well-being. Participating in the community helps to build relationships, find new allies and resources, improve communication, and enhance overall health results. The main reason for community involvement and health promotion is the understanding that social variables have an impact on people's lives, actions, and prevalence of sickness. (6)

As health inequities are rooted in larger socioeconomic situations, it is ideal for addressing health issues by involving community partners who can provide their perspectives and understandings of community life and health issues.

To promote community engagement in health initiatives, several state governments established systems like Mahila Swasthya Sangha (MSS, or women's health organization) and Health Committees. Kerala's People's Plan was a highly effective example of such a process. It involves the public in determining development. According to studies, these committees were mainly headed by the village elite; committees' functions were limited to rallying people and helping during pulse polio or

family planning programs. Health professionals utilized them to communicate health messages but seldom for program design or monitoring. (7)

State Health Resource Centre had created one training module for MAS and organized training on the same in 16 cities across Chhattisgarh. In total, 3125 MASs have been trained across the state. Currently, around 3700 MAS are focusing on social determinants of health. with 2015-16, I was involved with around 6000 cases of violence against women. Other major areas of MAS engagement include anganwadi, schools, and drinking water. Mitanin Trainers (MTs) actively assist. (8)

On August 4, 2016, the National Health Mission, Maharashtra signed a Memorandum of Understanding (MOU) with SNEHA as the "Mother NGO" to create 9393 MAS with bank accounts throughout state. 5733 MAS were given bank accounts. MAS conducted various campaigns within community. (9)

The government of Odisha has designated Society for Nature Education and Health (SNEH) to take measures for the development and strengthen the MAS. In 17 slum neighborhoods, MASs have been established. SNEH has also enlightened people in another 22 slums on health-related problems, superstitions, maternity healthcare, infant care, and the welfare programs of the Central and State governments through the staging of Pala (a traditional dance form) and slum meetings.(10)

Mission for Vision, in collaboration with Sightsavers and the Kolkata Municipal Corporation, established vision centers (VCs) in Kolkata in 2016. Local MAS were co-opted for this project to increase demand for eye services in the region, and 504 MAS professionals have been trained in the last few years. For their involvement in the study, MAS received no monetary incentive. The nine VCs served approximately 40,000 patients in the previous two years, with MAS accounting for more than a quarter of all

referrals. Involving MAS workers actively has boosted the use of basic eye health care and ensured that patients receive adequate follow-up treatments. (11)

4. OBJECTIVES

3.1 General Objective:

- To describe the healthcare needs and barriers to healthcare experienced by Basant Gaon and Raj Nagar slum dwellers

3.2 Specific Objectives:

- To describe the healthcare system of Basant Gaon and Raj Nagar slum dwellers

- To describe the expectations from Mahila Arogya Samiti.

5. METHODOLOGY

4.1 Research Design

- A qualitative descriptive study was conducted, using structured questionnaire with health care professionals and focus group discussions (FGDs) with the community members.

- Both questionnaire and FGDs were conducted face to face from 20 April to 25 May.

Inclusion Criteria

- ANM and ASHA of both the areas.

- Males and females living in the area.

Exclusion Criteria

- People who refuse to take part in the study.

4.2 Duration: January 2023 to May 2023

4.3 Research Instruments

- The questionnaire included questions about availability of staff members, infrastructure, health services and community interaction.

- FGDs were conducted at both sites.

- Each slum was divided into two demographic groups: males and females.

- Recruitment was done by ASHA and Auxiliary Nurse and Midwife (ANM), with a goal of 8-10 participants per group.

- Using ATLAS.ti, the transcriptions and field notes were translated and individually coded for themes.

4.4 Data Analysis

- The main variation variables for structured questionnaire were age, education qualification and years of service and for focus group discussion were age, gender, education qualification, occupation and years of living.

- The data was collected through audio recorders and transcribed, translated, classified, and sorted into themes based on the respondents' comments.

4.5 Outcome Measures

- Identify community's health needs and issues, as well as the potential for developing a community-based organization to address these needs.

- Study results will facilitate the development and implementation of MAS in the slums of Basant Gaon and Raj Nagar.

4.6 Ethical Consideration

This study was reviewed by IIHMR student research review board. The tool and study protocol were cleared through this committee. All the participants were explained the objectives of the study when surveyed. As a researcher, I made sure the participant understands and explain them in the language they understand. After explaining them, verbal consent was taken. Privacy and data protection was strictly followed.

6. RESULTS

6.1 RESPONDENTS' DEMOGRAPHIC CHARACTERISTICS

Male interviewees in the FGDs ranged from 18 to 55 years, with 30 as the median age. Female interviewees ranged from 22 to 50 years, 32 as the median age. Health professionals ranged in from 33 to 48 years. All of the healthcare professionals have completed secondary education, while the remaining participants have completed: 22% for elementary school, 58% for secondary school, and 19.3% for graduation. None of the volunteers objected to taking part in the study.

The questionnaire comprises total 4 sections: Availability of staff members, Availability of Infrastructure, Facilities available and Community health.

Basant Gaon

Availability of staff members: Staff available in the polyclinic are 2 medical officers, 1 pharmacist, 1 storekeeper, 2 ANMs, 1 lab attendant, 1 dresser, 2 nursing orderly, 1 certified documentation expert outpatient (CDEO) cum assistant, 2 sweepers cum chowkidar (SCC). There is no designated public health nurse, lab technician or social mobilization officer; and Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) unit in the polyclinic.

Infrastructure : It is an authorized government facility with a regular supply of water and electricity. The polyclinic has a well-spaced waiting area for patients with a capacity of 20-25 patients at a time. No beds are available in the polyclinic. Also, Information, Education, and Communication (IEC) materials on different programs like Food and nutrition, the Leprosy program, Jnani Suraksha Yojana, Malaria, Typhoid, and many more are pasted all over the facility for increasing patient awareness.

Facilities available: The polyclinic provides basic medicines, curative services, reproductive and natal health, child care and immunization, screening for diabetes and cancer, eye care services. There are no yoga and physiotherapy services provided. It is referred to Madan Mohan Malviya Hospital for delivery and internal examination and treatment for gynaecologic conditions.

Community health: Urban Health and Nutrition Day (UHND) are organised every month. Counseling on Nutrition, Family Planning, Sanitation, and Breastfeeding is provided by ANM, ASHA, and AWW in that area. UHND are organised at a place provided by a local NGO. Every Wednesday and Friday immunization takes place.

The referral unit of the polyclinic is a government hospital (Safdarjung hospital) and Madan Mohan Hospital. The proximity of the referral unit is 8-9 km.

Raj Nagar

Availability of staff members: Staff available in the dispensary are 3 medical officers, 2 pharmacists, 1 storekeeper, 2 ANMs, 2 lab technicians, 1 nursing orderly, 1 CDEO, Social Mobilization Officer (ASHAs and AWWs), 3 SCC. Apart from this they also have an AYUSH department with a Medical Officer, Pharmacist, and Nursing Orderly (1 each).

Infrastructure: It is an authorized government facility with a regular supply of water and electricity. A separate waiting area for OPD patients was also available. No beds are available in the polyclinic. IECs material on different programs (food and nutrition, NCD, Immunization, etc.) were displayed there. There is no telephone line and all use their mobile phones for communication.

Facilities available: The dispensary provides basic medicines, curative services, reproductive and natal health, child care and immunization, screening of NCD, yoga services, eye-care services, and physiotherapy services. Primary management of

wounds, cuts, and burns is not done in the dispensary. Ante-natal clinic is organized regularly and internal examination and treatment for gynaecological conditions are provided. Low birth-weight babies are screened by ASHA during Home-based newborn care visits.

Community health: UHND is conducted every month by ANM, ASHA, and AWW, with nutrition, family planning, sanitation, breastfeeding counseling, immunization, health talk, and screening camps conducted at Anganwadi centres. MR campaigns are planned and immunization day is held every Wednesday and Friday.

The referral unit of the dispensary is a government hospital (Dada Dev Hospital for deliveries and Indra Gandhi Hospital). The proximity of the referral unit is 6-8 km.

When asked about how MAS will contribute to the health community they quoted:

"They will support the work of community service providers and will help in making people aware about healthy health practices."

""This framework will give the community a way to communicate its experiences, needs, and concerns regarding health care access."

"MAS will work as the supportive hand for me. They can provide me with information that will make the work easier. This will enhance the area's social and environmental conditions as well as its health status."

"MAS will provide a platform for meeting the needs of people which directly or indirectly related to health. And will act as a helping hand for us."

Several themes appeared like availability and accessibility of healthcare services, issues/problems facing, areas of improvement and expectations from Mahila Arogya Samiti.

Availability and Accessibility of healthcare

a) Availability

According to the participants the health facility that first comes into their mind is the dispensary of that area. Participants refer government dispensary as the first point of contact with the doctor. They also discussed about the other health facility situated nearby the area.

"I go to dispensary in Basant Gaon. Soon a Mohalla clinic is also opening in our area. Other than the dispensary there is Madan Mohan Hospital nearby our vicinity."

"There is a government dispensary named Arya Samaj Dukh Niwaran Samiti. It is open 6 days a week. But we have to pay the consultation fees."

They also discussed about the local practitioners, hospitals they go in emergency.

"In emergency, for pregnant women we have to rush to Dada dev hospital OR Indraprastha Hospital."

"There are 2-3 local practitioners practicing in our area. I take medicines from them as many a times prescribed medicines are not available in the dispensary."

b) Accessibility

Proximity of Health Facility

Distance of the health facility is an important factor as most participants prefer the nearest health facility.

"I prefer going to the dispensary as it is ½-1 km away from my home."

"The nearest health facility is the polyclinic in the Basant Gaon, it's 2 km away from the area."

"Arya Samaj Dukh Niwaran Samiti is 2-2.5 away from the area."

Mode of transport

Mostly participants prefer going to the facility using auto-rickshaw, cycle as it is convenient, easily available.

"I go to health facility by auto-rickshaw."

"There is also a shortcut from the jungle on the backside of the area. Most people walk or cycle through this route."

"I travel through auto-rickshaw or battery rickshaw. It is convenient available"

Problem/issues faced

a) Health facility

The practitioner-patient interaction is an important aspect in determining quality care for all participant groups. Many interviewees cited unfavorable encounters as a result of health personnel' poor attitudes and a lack of time or 'attention.'

"there are times when I go to dispensary and doctor don't what spend time with only one person, they just refer me to other facility."

"Even when we go to referred facility, we have to wait in long queues and many times we are told to come other day as it overcrowded."

Several people attributed unfavorable attitudes of health personnel as a result of the social distance perceived between patients and providers.

"the doctor doesn't examines properly; they just ask what's the problem write some medicines."

"they examine us from a distance, they just spend max. 5 mins per patient."

b) Sanitation and Hygiene

Participants perceive hygiene of a community plays a major role in determining the health of a person. Many participants described poor hygiene conditions resulting from poor quality of drinking water, garbage disposal and open drainage system.

"there is no MCD arrangement, we collect ₹ 40 each month and a cleaner come to take the garbage and it is collected daily."

"Even when the cleaner comes daily for the garbage collection, people throw garbage in the park making it difficult for kids to play."

"Parks are cleaned at other places. People go there for walking, exercising and children go there to play. But here people spread garbage at that place making the surroundings polluted and unhygienic."

"We don't have a proper individual water supply in their homes. We take drinking water from the water tanker situated in community toilet management on a paid basis (1 litre- 1 Rupee)."

"... the drainage system is open, so many people throw garbage there making it polluted ."

Areas of improvement

During the discussion, participants suggest some area where the improvement to be done. This includes improving community awareness, conducting health talks and campaigns, providing specialized health services.

"if different health camps are conducted regularly, it will increase the awareness and health behaviour."

"some health camps for geriatric care should be conducted in the area as it is not possible for the old people to travel dispensary. This will keep them updated about their health status regularly."

"there should be health talks organised for the adolescents, as it will make them aware and help them decide what's right and wrong for them."

"it will be very helpful if health providers organize camps for the adolescents as at their age, they don't openly talk with their parents maybe they will talk about their problems with health providers."

Participants also suggest that if some screening test for diabetes, hypertension, blood pressure should be conducted.

Expectations from Mahila Arogya Samiti

Participants feels this platform will help in increasing the community awareness as well as provide an authority/say in the community. According to them it will be successful as if something is said in the group is more effective rather than standing for it alone.

"If such a community group will be formed it will help in the betterment of the area. This will improve the area's health, as well as its social and environmental conditions."

" MAS will not only provide a platform for women to speak but also help us in increasing community understanding of locally relevant health concerns and increase community adoption of effective health practices."

"I think… MAS will offer a space for coordinated action on all public services that are related to health and the socioeconomic determinants of health."

"this will give us a certain level of authority and say in the community and increases our confidence."

"this will act as a bridge between community and health providers. We will able to convey our concerns in a better way."

7. DISCUSSION

Most of activities of Mahila Arogya Samiti directed towards community awareness and engagement in health at all levels, including health program development, implementation, and monitoring. Impact of collective action on topics like health, nutrition, water, sanitation, and social factors taken by Mahila Arogya Samiti has been explored in only a few studies.

CHETNA an NGO in Gujarat, support Government of Gujarat took initiatives toward the development and strengthening of MAS. MAS members did following activities as a result of their training:

A cleanliness initiative was organized by MAS members in Jamnagar to raise awareness of the value of sanitation and hygiene among locals.

After attending a session on women's health, MAS members in Ahmedabad Corporation's Vadaj region have resolved to eat healthily, take care of themselves, and, if they become ill, to seek medical attention as soon as possible.

Following the discussion on adolescent health and anemia, members of MAS and the community has decided to properly care for their daughters, educate them, and restrict them from marrying before the age of 18.

In 11 cities around Uttar Pradesh, the Urban Health Initiative (UHI) works with 420 women's groups, including sanitation groups, Shakti groups, savings groups, and Matri Samitis for Integrated Child Development Services (ICDS).These groups incorporated family planning into their existing agenda after obtaining UHI orientation.

Numerous women's organizations also fought to ensure that community members received their legal rights to things like food, regular vaccinations, neonatal care, water and sanitation, voter registration, revenue generation, etc.

In Chhattisgarh, the state health resource center created a training module for Mahila Arogya Samiti and organized training in 16 cities. 3125 MASs have been trained and in 2015–16, 3700 people were working on social determinants of health and 6000 cases of violence against women.

According to the findings, by conducting awareness programs, the establishment of Mahila Arogya Samiti in these particular slums can enhance the social determinants of health. Through the community's involvement, such an intervention can enhance health-seeking behavior.

- MAS members can organize a cleanliness drive and educate community members about the importance of hygiene and sanitation.

- Members of MAS as well as the community can organize sessions on adolescent health, anemia, and proper diet and nutrition for both boys and girls.

- Educate community members about the services offered at health facilities and urge them to use them.

- Raise awareness of how to stay healthy during epidemics like malaria and diarrhea.

- Celebrate different national health days and organize regular monthly meetings helping people to be motivated for doing good for themselves as well as for the community.

- The resource map may be used to track pregnant women, nursing moms, infants, and adolescents, and it is regularly updated.

- Begin by keeping their own home clean and encouraging the habit of washing hands and eating nutritious foods.

- Putting dustbins all around the area for better waste management and monitoring the behavior.

8. LIMITATION

- Study site is suggested by the organization.

- The description of the healthcare system is not compared with the government guidelines.

- Status of previous MAS or other similar groups is not studied.

- Reasons for the disintegration of previous MAS not studied.

- The above findings, may not be generalized to other regions as different areas, has different needs.

- The study themes are determined prospectively.

9. CONCLUSION

In urban slum regions, the creation of a community organization like Mahila Arogya Samiti will improve community mobilization and involvement. Additionally, it will give women more self-assurance and enable them to take steps forward for the benefit of their community.

In urban slum neighborhoods, community-based programs like Mahila Arogya Samiti will aid in improving development and health outcomes.

The establishment of Mahila Arogya Samiti would raise community knowledge of several national health programs. Additionally, they will promote healthy behavior (such as practicing hand washing, sanitation, and hygiene standards) and educate the community on the need of doing so.

10. ANNEXURES

INTRODUCTION AND INFORMED CONSENT

Namaste! My name is Mahek Gupta, and I am here on behalf of International Institute of Health Management Research, New Delhi. I am carrying out the study for "Assessing the need for Mahila Arogya Samiti in Basant Gaon and Raj Nagar Slums, New Delhi, India"

We will talk about the availability and accessibility of health services in the area in this study. Also, what are your expectations for Mahila Arogya Samiti? The information you enter is completely private and will not be shared with anybody. It will be used solely for research reasons. Your name, address, and other personally identifiable information will be eliminated from the questionnaire, and only a code will be used to link your name and answers without identifying you. Any further contact will be made only if it is required to complete the survey information.

Participation in the survey is entirely voluntary. If you do not choose to respond, you just skip the question and move on to the next.

Do you agree to participate in this survey? Signing this consent indicates that you understand what will be expected of you and are willing to participate in this survey.

Tick the checkbox below if you agree to go ahead with the survey or if you do not agree you can close the page and exit.

Thank you for your valuable time.

Agreed   []   Refused   []

Respondent _____

Interviewer _____

Name: _____

Date _____

Questionnaire (Health Worker)

NAME OF POLYCLINIC:

NAME OF AREA:

POPULATION COVERED:

TIMINGS:

I.) AVAILABILITY OF STAFF MEMBERS:

S.No.	Category of staff	Recommended	
1.	Medical officer in charge Second medical officer	1 1	
2.	Pharmacist (Storekeeper) Pharmacist	1 1	
3.	Public health nurse	1	
4.	Auxiliary Nurse Midwifery	1 for the center	
5.	Laboratory technician	1	
6.	Dresser	1	
7.	Nursing orderly	1	
8.	Certified documentation expert outpatient (CDEO) Assistant	1	
9.	Social Mobilization Officer	1	
10.	AYUSH unit i. Medical Officer (AYUSH) ii. Pharmacist (AYUSH) iii. Nursing Orderly	1 1 1	
11.	Sweeper cum chowkidar (SCC)	3	

II.) AVAILABILITY OF INFRASTRUCTURE:

▪ Is it a government building?

▪ How is the facility currently accommodated?

- Can you share details about the water supply situation at the U-PHC?

- Could you provide information about the electricity supply at the U-PHC?

- The U-PHC has a phone line, right? If yes, could you describe how it is working?

- How many beds are there in the PHC?

- How is the waiting room for patients in the PHC's OPD organized? Is there a specific area set aside for them?

- Can you tell me more about the facility's Information, Education, and Communication (IEC) materials?

III.) FACILITIES AVAILABLE

Medicines

- Are fundamental medications accessible at the facility?

- Is there a rabies vaccination accessible at the facility?

- Are TB medications accessible at the facility?

Curative Services

- Is primary wound care provided at this facility?

- Is primary fracture treatment provided at this facility?

- Is primary burn management provided at the facility?

Reproductive and Maternal Health Services

Is this facility frequently organizing antenatal clinics?

Is there a typical delivery service accessible at the facility?

Are internal exams and gynecological treatment available?

Is anemia treatment provided to both pregnant and non-pregnant women?

Child Care and Immunization Services

- Are newborns with low birth weight cared for at this facility?

- Is there a set schedule for immunizations?

- Are BCG and measles vaccination available at this facility?

- Is this facility equipped to treat children with pneumonia?

- Is this facility capable of treating kids suffering from diarrhea and severe dehydration?

Screening of Non-communicable diseases:

- Does the NCD screening take place in the UPHC?

- If yes, for which disease the screening is done?

- Does the medicines for the same available in the UPHC?

- How dispensing of medicines done? (Weekly medication or monthly medication)

Yoga services:

- Are yoga services provided in the UPHC?

Does UHND occurs in every slum every month?

- Specify date /day

- Health facilities provided in the UHND

- Health providers present in UHND

- Where does the UHND occurs?

- Any other screening camps conducted?

- Is there a fixed immunization day?

- If yes, specify the day/date:

- What is the referral unit of the UPHC?

- Proximity to the referral unit?

Why do you feel there is a need for the formation of Mahila Arogya Samiti in the slum?

How Mahila Arogya Samiti will contribute to the community?

FOCUS GROUP DISCUSSION CHECKLIST

(COMMUNITY MEMBERS)

Slum name: _____

District: _____

Date: (DD/MM/YYYY) ____ / ____ / _____

Facilitators: _____

Group name/description: _____

 No. of persons participated: _____

Ages represented in the group:

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In this study, we will talk about the issues and barriers that are affecting the health of the community. Also, what are the expectations for Mahila Arogya Samiti? As part of this study, you will be assigned to a group of 6 - 12 people. While facilitating the discussion, a moderator will ask you numerous questions. This focus group will be audio-recorded, and there will be a note-taker present. Your responses, however, will be kept private, and no names will be used in the final report.

This talk could last roughly 45 minutes. Any information you provide will be treated as confidential. Participation in this debate is entirely voluntary, and you may choose not to answer any or all the questions. However, we hope you will join in this conversation since your involvement and opinions are valuable.

Do you have any questions about this study right now? [Answer any questions and answer any concerns raised by respondents.]

May I begin the discussion
Respondents agrees to be participated……………………1 [Start Discussion]
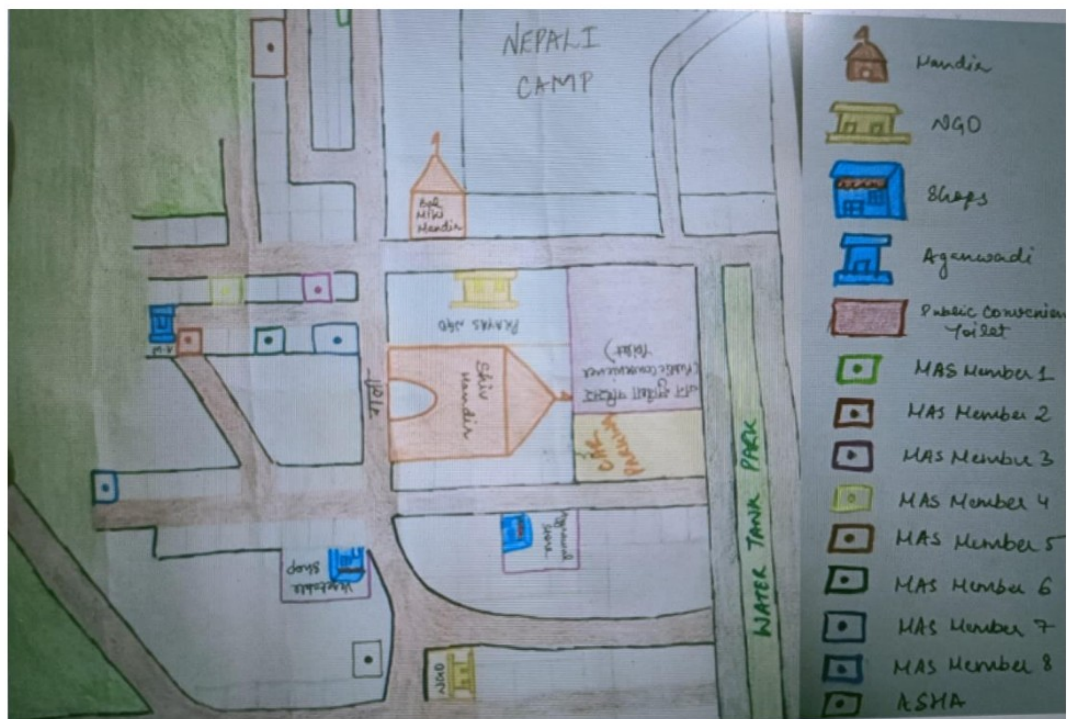Respondents did not give consent………………………..2 [End the discussion]
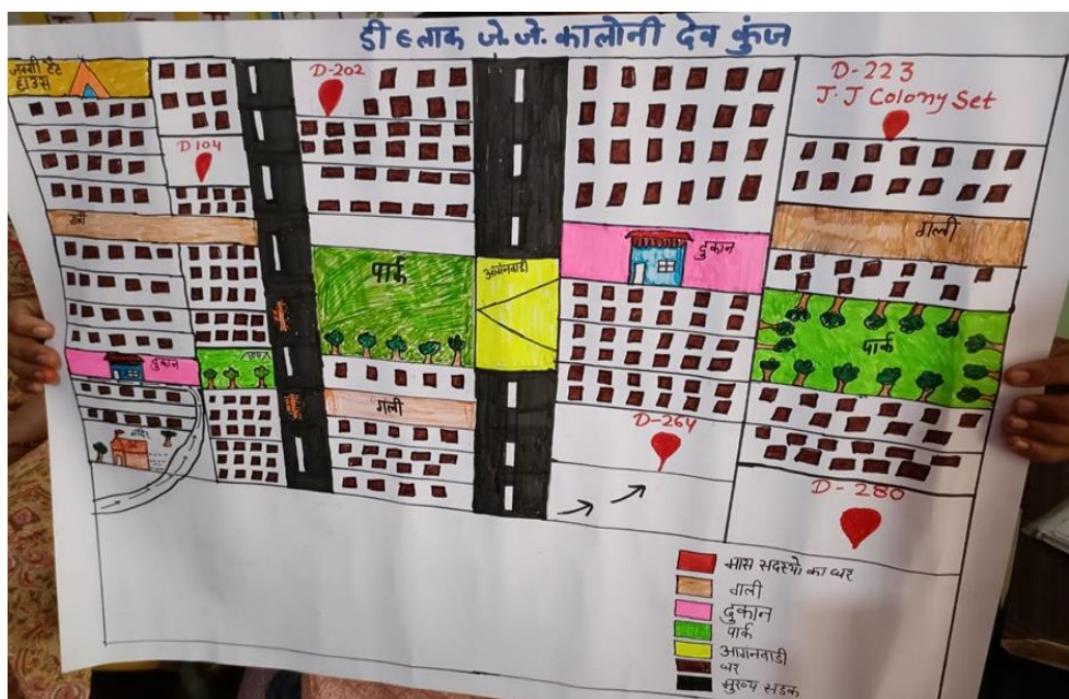Signature of participants _____
Date: _____

PART A: GENERAL QUESTIONS:

S.No.	Name	Age	Gender	Education Qualification

FGD QUESTIONS FOR ASSESSMENT	
QUESTIONS	ANSWERS
1. What is health-related resources does your community have in terms of health?	
2. Distance of the nearest health facility from your resident?	
3. What do you believe are the important issues that need to be addressed in your community to improve health? i. What are the most serious health issues/conditions in your community? ii. Do other communities in this area suffer from the same health issues?	
4. Which health facility do you prefer the most and why?	
5. What makes it difficult for individuals in your community to obtain healthcare? i. Are there any financial constraints preventing you from caring for your health? ii. Is there any issue with the health provider that restrict you from caring for your health if you do not seek treatment on a regular basis?	
6. How do these barriers impact your community's health? (Your family? Children? You?)	
7. What else do you think that is require to maintain or improve for health? i. Services, support, or information to help manage a chronic disease or improve unhealthy habits such as smoking, eating habits, physical activity, or substance abuse. ii. Opinion about the vaccinations, screenings, and immunizations in the community. iii. Specialized healthcare services or providers (for example, cardiologists or dermatologists) iv. Health services do you or your family require but do not have in your community.	
8. Why there is need for community group like Mahila Arogya Samiti?	
9. How will Mahila Arogya Samiti contribute to the community?	

Resource Map of Bhawar Singh Camp

Resource Map of J.J. Colony

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by Ms. Mahek Gupta Gupta

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