

Building Capacities of Mahila Arogya Samiti (MAS) in Gujarat

A pilot



Partnership with
NGOs and
Department of
Health and Family
Welfare,
Government of
Gujarat



Index

1- Introduction.....	1
1.1. Mahila Arogya Samiti.....	1
1.2. About the Pilot.....	1
1.3 Outreach of the pilot:.....	2
1.4 About CHETNA NGO Support Organisation.....	2
1.5 Identification of Partner NGOs.....	2
1.6 About the partner Organisations.....	2
2. Time line of Activities during November 2015 to September 2016.....	4
3. Review and Planning meetings.....	5
3.1 First Planning Meeting:.....	6
3.2 Second Review and planning meeting:	7
3.3 Third Review and planning meeting:	7
3.4 Fourth Review meeting:	8
3.5 Fifth Review and planning meeting:	9
4. Baseline Survey	10
4.1 Data collection tools.....	11
4.2 Training of Data collectors.....	11
4.3 Findings from the baseline Survey.....	11
5. Trainers Kit.....	20
6. Module Development.....	22
7. Training of trainers	24
8. Mentoring and Support by NSO.....	28
9. Training of MAS members	29
9.1. Orientation of members.....	30
9.2. First phase training of MAS members.....	31
9.3. 2 nd Phase training.....	34
9.4. 3 rd Phase training	37
10. Actions taken by MAS members.....	39
11. Conclusion.....	40
12 Recommendations.....	40
Annexure-I Details of MAS according to the areas.....	41
Annexure-II List of Partner Organisations.....	44

MAS trainings were conducted by 14 NGOs and as NSO CHETNA coordinated the pilot, provided capacity building and mentoring support to the trainers. This Report is prepared by CHETNA NSO with funds provided from NUHM-GOG

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1-Introduction

Urban Population of India has increased from 28.6 crore (census 2001) to 37.7 crore which is 31.16% of the total population (census 2011). The National Rural Health Mission (NRHM) launched by Government of India in 2005, aimed to provide affordable and accessible health services to people residing in rural areas. National Urban Health Mission (NUHM) was launched in 2013 on the lines of NRHM for urban areas with addition to strengthening public health facilities and primary health care in urban areas in its objectives. National Rural Health and Mission National Urban Health Mission are two sub-missions of the National Health Mission.

Gujarat's urban population is increasing and is estimated at 2.5 crores (42.06%) (2011 census). The primary reason for rapid increase is inter and out state migration in search of livelihoods and better quality life. In order to address the health concerns of urban poor, a total of 2.1 crore population is currently being covered by Government of Gujarat under NUHM.

1.1. Mahila Arogya Samiti

Mahila Arogya Samiti (MAS) is an initiative under National Urban Health Mission. It aims in promoting community participation in health at all levels and enable communities to take collective actions on issues related to health, sanitation, nutrition and other social determinants of health.

The Urban Health Department, Government of Gujarat has initiated the process of formation of the Mahila Arogya Samiti and a total of 5258 MAS have been formed in eight corporations (2015) viz. Ahmedabad, Bhavnagar, Gandhinagar, Jamnagar, Junagadh, Rajkot, Surat and Vadodara. (For details please see table:1)

1.2. About the Pilot

With a view to build capacities of Mahila Arogya Samiti, under NUHM, the Department of Health and Family Welfare, Government of Gujarat initiated a pilot in partnership with 14 Non Government Organisations to build capacities of MAS in eight municipal corporations. CHETNA NGO Support Organization took the responsibility of anchoring this pilot and providing capacity building support.

Table: 1 List of MAS formed in Gujarat State

No	Municipal Corporations	Expected MAS	Constituted	%	No of MAS with bank account	%
1	Surat	1000	726	73	695	96
2	Vadodara	776	580	75	580	100
3	Rajkot	548	548	100	548	100
4	Jamnagar	256	230	90	224	97
5	Bhavnagar	258	252	98	252	100
6	Junagadh	136	136	100	136	100
7	Gandhinagar	45	45	100	45	100
8	Ahmedabad	3100	2983	96	2778	93
Total		6119	5500	73	5258	96

Source: Presentation by the Urban Health team at planning meeting organized by CHETNA NGO Support Organisation; 21st November 2015

The rationale for this partnership being that, the organizations have rapport with the community and conducting trainings of community members on various issues related to health, hygiene, sanitation, livelihoods etc.

1.3 Outreach of the pilot:

Through this partnership, a total of 3998 members of 375 MAS in eight municipal corporations of Gujarat have been reached. These MAS were in 29 wards of 132 slums and linked with 43 Urban Primary Health Centers. The total population is 3, 58, 257. (For details about area, please refer annexure-I)

Table 2: Details of coverage of the pilot

Details	Number
Number of Corporations	8
Number of Organizations	14
Number of MAS covered	375
Members of MAS reached	3998
Total wards covered	29
Total Slums covered	132
Total UPHC	43
Total Population	3,58,257

1.4 About CHETNA NGO Support Organisation

In year 2004, CHETNA was identified as a Regional Resource Center (RRC) for Gujarat State by Health and Family Welfare Department, Government of India and Department of Health and Family Welfare, Government of Gujarat to provide technical assistance to NGOs of Gujarat and strengthen the implementation of Reproductive and Child Health Program. CHETNA was recognized as NGO Support Organization (NSO) by Department of Health and Family Welfare, Government of Gujarat in 2014 in order to strengthen the implementation of National Health Mission in Gujarat. During 2014-16, CHETNA NSO has provided capacity building support to a total of 77 organizations in rural and urban areas of Gujarat. As an NGO Support Organization, CHETNA anchored this pilot for training of MAS. Capacity building and mentoring support was provided to 14 NGOs of eight Corporations of Gujarat.

1.5 Identification of Partner NGOs

The Urban Health, Department of Government of Gujarat entrusted the identification of partner NGOs to individual Municipal Corporations, the criteria being experience of working on health, presence and willingness to partner with the corporation. The NGOs were then recommended to the state urban health department. A list of 14 identified organizations was provided and they were invited by CHETNA NSO for a planning meeting.

1.6 About the partner Organisations

1. Ahmedabad Municipal Corporation

CHETNA: is a Non Government Support Organization which raises nutrition and health consciousness among disadvantaged social sections. CHETNA's mission is to empower children, young people and women especially from marginalized social groups so that they become capable of gaining control over their own health and that of their families and their communities. CHETNA's core activities are strengthening capacities, communicating health and nutrition information, demonstrating workable models, networking and advocacy.

Gujarat Sahyog Trust: The organization has been working in the urban slum areas of Ahmedabad for 33 years for promotion family planning methods, and TB through various medical camps and counseling.

SEWA: SEWA is a trade union registered in 1972. It is an organization of poor, self-employed women workers. SEWA's main goals are to organize women workers for full employment to that they obtain work security, income security, food security and social security-at least health care, child care and shelter. Currently SEWA's activities are in 13 wards of Ahmedabad Municipal Corporation.

2. Bhavnagar Municipal Corporation

Family Planning Association of India: Family Planning Association of India, Bhavnagar branch, has been working to promote maternal and child health and vasectomy as well as tubectomy in 25 slum areas of Bhavnagar city as well as the surrounding areas. The organization also conducts vasectomy and tubectomy operations on a daily basis.

Indian Council of Social Welfare: The organization has been providing various vocational and livelihood courses to women in need and providing legal help, if necessary to women who have been victims of domestic violence in urban as well as rural areas of Bhavnagar.

3. Gandhinagar Municipal Corporation

CURE: Since 2009, CURE, Center for Urban and Rural Empowerment, has been working for rural and urban development. They build the capacity of members of Sakhi Mandal, and train them through vocational as well as livelihood courses.

4. Jamnagar Municipal Corporation

Chaitanya Charitable Trust: Chaitanya Charitable Trust has been working in the city of Jamnagar on the issues of women and child health, education for children, and vocational training for women since 18 years. The organization has day care centers where children of people who work as laborers, library for all age group and conduct free eye check-up camps in 20-25 slum areas.

Shree Sarvoday Mahila Udhog Mandal: Since 50 years the organization has been working for social development of women. They have counseling centers for women have been victims of dowry cases or domestic violence. It has also been working on the issues of HIV AIDS and maternal and child health.

5. Junagadh Municipal Corporation

Gayatri Shikshan Samaj: Since 1972 the organization has been working for development of women and children of rural as well as urban areas. It has been working in partnership with Department of Health and Family Welfare, Government of Gujarat.

6. Rajkot Municipal Corporation

Navjeevan Trust: since 1980, Navjeevan Trust, has been working for empowerment of women residing the backward areas, their health and on the issues of children. The work includes formation and capacity building of self help groups and partnership with government through various programs. It provides health services in 84 slums and conducts activities related to tobacco, TB, HIV AIDS etc.

7. Rajkot Municipal Corporation

Navjeevan Trust: since 1980, Navjeevan Trust, has been working for empowerment of women residing the backward areas, their health and on the issues of children. The work includes formation and capacity building of self help groups and partnership with government through various programs. It provides health services in 84 slums and conducts activities related to tobacco, TB, HIV AIDS etc.

8. Surat Municipal Corporation

Mahila Sahkari Udhog Mandir: Since its establishment in 1948, the organization has been working for women empowerment through activities such as vocational trainings, trainings of Aanganwadi Worker and Aanganwadi helper in 70 slum areas of Seurat.

9. Vadodara Municipal Corporation

Deepak Foundation: Deepak Foundation, a Corporate Social Responsibility of Deepak Group, was initiated in 1982 with a vision of providing healthcare facilities to the families of workers and local communities residing in the industrial area of Nandesari. The Foundation has progressed over the period into a leading non-profit civil society in Gujarat and has expanded its services nationwide with branch offices in Pune, Roha and Taloja in Maharashtra, Hyderabad in Telengana, Indore in Madhya Pradesh and New Delhi.

Sahaj Shishu Milap: SAHAJ, Society for Health Alternatives, was founded in 1984 and works on health rights issues by undertaking community awareness programmes on the Affordability, Accessibility, Acceptability, and Quality. Health Committees and Community Development Committees comprising of local community members spearhead various campaigns. Activities are implemented in Gotri, Tandalja, Vishwamitri, Atladra, Akota and Gorwa slums of Vadodara City.

Shroffs Foundation Trust: Shroffs Foundation Trust, registered in 1950, works to upgrade the quality of lives of everyone in the villages: the children, the youth, women, men and the aged, mainly through their own involvement, interest and initiative. Activities are implemented in Bhuj-Kutch and Vadodara. (For contact list please refer Annexure II)

2. Time line of Activities during (November 2015 to September 2016)

Activities	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	sep
1. Coordination with the state and NGOs											
2. Review & Planning meetings											
Baseline Survey											
3. Tools for Baseline survey											
4. Training on data collection											
5. Baseline survey data collection											
6. Data entry and Analysis											
Capacity Building –TOT and Roll out											
7. Adaptation of Training module											
8. 1 st phase training of trainers											
9. Roll out of Orientation and phase I											
10. Observation and field support											
11. Developed kit for trainers members											
12. Development of 2 nd phase module											
13. 2 nd Phase training of trainers											
14. Roll out of 2 nd phase											
15. Observation and field support											
16. 3 rd phase module, monitoring tools											
17. 3 rd phase training of trainers											
18. Roll out of 3 rd phase											
19. Compiled report											

Review and Planning meetings

3



Since this was a pilot, all partners – the implementing partners, CHETNA NSO, the state NGO coordinator and the Urban Health team from the Department of Health and Family Welfare, Government of Gujarat were engaged in planning and review of the initiative on a regular basis. A total of five such meetings were organized during November 2015- July 2016. The first two were organized separately and the remaining three were organized just before the training of trainers. The first meeting was held with the organization leaders to solicit their views and suggestions on implementation of the pilot. The remaining three were with project coordinators and trainers to review the experiences of roll out and plan for subsequent trainings.

3.1 First Planning Meeting:

A planning meeting with NGO partners was organized at CHETNA, Ahmedabad on 21st November 2015. A total of 24 representatives of NGO partners, CNSO team, State NGO Coordinator and project officers from the NUHM, Department of Health and Family Welfare, Government of Gujarat participated. The purpose was to plan the capacity building of Mahila Arogya Samiti's in their respective areas.

The following was the outcome:

Local coordination with the corporation

- The partnership with NGOs will be with the local municipal corporation. The MOU will be prepared by the State NGO Coordinator and the municipal corporations will enter in an MOU with the local NGO.
- The local contact people for this program will be Corporation Program Coordinator (CPC) and Medical Officer of Health (MOH).
- The areas will be selected in coordination with the Medical Officer of Health and Reproductive Child Health Officer.
- If needed, more members can be added to MAS, after discussion with Medical Officer of the UPHC.
- The activities and work done by MAS will be jointly monitored by the organization and CPC.
- Account and Audit team of Corporation will monitor the utilization of untied fund of MAS.

Training Module

- On the lines of the National Module, a simplified module in Gujarati language needs to be prepared as per the local context.
- Instead of day long trainings, the trainings can be organized in phases of 1-2 hours depending on the availability of women members and the context.

Workload and roll out

- NGOs will be associated with 25 MAS of their working areas and will build their capacity. Every organization will conduct baseline survey of 25 MAS.
- The national plan and budget is for a one day orientation of all members and a two day training of active MAS members should be organized.
- A half day training of ASHA and chairperson on record keeping and accounting of untied funds can be organized.
- Maximum 2-3 MAS can be given training together and 2-3 selected and active members need to be trained.

- The trainings need to be organized in Urban Health Centre or in the slum areas. A visit to Urban Health Centre must be organized as a part of their training.
- All the above activities should be completed by March 2016.
- Refresher training can be organized after training, and monitoring of MAS should be done during monthly meetings. This can be done during financial year 2016-17.
- Organizations will receive funds from the Municipal Corporation. Budget of Rs.5500/- per MAS has been assigned for orientation and training.
- It was decided that 2-3 trainers from every organization will be trained as trainers for MAS.
- CHETNA will coordinate the pilot and will organize and facilitate the training of trainers.
- Review meeting will be organized at the interval of 6 months.

Baseline Survey

As the capacity building of MAS was going to be implemented for the first time it was decided that a baseline survey should be conducted. The aspects to be included for baseline survey were listed. CHETNA NSO took the responsibility of developing the tools and training of data collectors.

3.2 Second Review and planning meeting:

In order to review the effort of the baseline and develop a realistic action plan on its basis, a half day review meeting was organized by CHETNA NSO on 1st March 2016 which was followed by the first phase training of trainers. A total of 30 representatives of 13 organizations from 7 Municipal Corporations, CHETNA NSO team and Project Officer, Urban Health participated in the meeting. The following was the outcome.

- All the MAS were registered and comprised of 10-12 members.
- Members need to be orientated about the Roles and Responsibilities of MAS.
- The training can be held for 1-2 hours.
- Games, activities, audiovisuals are needed to effectively communicate.
- Most shared that it will be a challenge for MAS members to come to a training centre and hence the sessions need to be conducted within their slums. One or two partners shared that they will organize MAS trainings at the Urban Health Centre.
- Most communities face issues of safe drinking water, waste disposal, and housing and inadequate health services in their area.

3.3 Third Review and planning meeting:

After the completion of Orientation and first phase training in March 2016, a review and planning meeting was organized by CHETNA NSO on 26-27 April 2016. A total of 23 representatives from 13 organizations of seven Municipal Corporation participated. State NGO Coordinator and Project Officer, Urban Health were also present during the meeting. The objective was to review the efforts during January-March 2016 and plan for roll out of second and third phase trainings. The following was the outcome:

- More efforts are needed for rapport and trust building between the system, MAS and organization.
- Issues related to water and air borne diseases as well as hygiene and nutrition can be included in the training.
- Efforts are needed to ensure availability of Health facilities in the intervention area.

- Plans need to be made keeping Migration of MAS members.
- Since most of the members are not able to give time for trainings because of their work, several short sessions will be required.
- Coordination between Officers of various departments of Municipal Corporation such as health, water supply, women and child and sewage treatment is needed with members of MAS and NGOs.
- ASHA is an important link between NGOs and MAS members. Her capacity should be strengthened.
- There is a need to enhance understanding of the trainers on principles of participatory training methodology.
- The trainer's team should comprise of women and men for mutual support and effective communication with members who are primarily women.

Suggestions by State Health department:

- The time period of obtaining support from Government should be decided by both the NGOs and MAS members. A meeting with MAS members should be organized in order to know the issues on which they want government support.
- In order to handle and solve issues prevailing within a community, the organization should coordinate with the local bodies and create awareness about the same in the community.
- Issues related community or areas should be discussed with local cooperator and MOH.
- ASHA is given incentive of Rs 150/- per MAS for conducting monthly meetings.
- It was decided that for second phase health and nutrition topics will be included and the third phase will focus on entitlements, knowing the municipal structure and monitoring of services.

3.4 Fourth Review meeting:

A half a day review meeting was organized on 26th May 2016. A total of 27 representatives of 14 organizations from 8 Municipal Corporations, CHETNA NSO team and Project Officer, Urban Health participated in the meeting. Following was the outcome:

- The third phase training on health and nutrition was very useful; MAS members were interested and enthusiastic.
- The women's empowerment songs developed by CHETNA NSO were very useful in communicating the aspect and energizing the group.
- The trainers' kit was very useful in communicating with MAS members. The pictures were helpful and the methods ensured participation. The trainers' were more confident of imparting training.
- There is good cooperation from the UPHC and the health administrators and managers from the corporations.
- In several areas, Anganwadi worker has been selected as chairperson and due to inter-departmental concerns, it is difficult to solicit their cooperation.
- In few areas, ASHAs are not enthusiastic for training of MAS members and do not see value in strengthening of MAS.

- In some of the areas, the slums are being demolished and the residents allocated housing in several places and in some ASHAs are not identified so continuity is a concern.
- There is a resistance in sharing of information about untied funds with all MAS members and hence the importance of MAS as a collective needs to be emphasized.

3.5 Fifth Review and planning meeting:

A half a day review meeting was organized by CHETNA NSO on 12th July 2016. A total of 26 representatives of 14 organizations from 8 Municipal Corporations participated in the review. Dr. G. C. Patel, Deputy Director, Urban Health and Project Officer, Urban Health were present. Some of the issues discussed were:

- Involvement of providers in the training was useful to develop linkages with the system.
- The MAS member found information about services and entitlements very useful. Action plans developed at the end of the session provided an opportunity to put their learning in to practice and also boosted confidence of MAS Members.
- Participatory training methods as mentioned in the revised module very useful to impart training. The Trainers also enjoyed.
- Some of the MAS have taken action on the burning issues faced- such as writing a letter to the ward office which resulted in replacement of pipeline.
- Several issues are linked with overall functioning of the corporation and hence for strengthening and operationalising of MAS, several (all) departments need to function.

Overall the review and planning meetings were pillars of the pilot as it helped to collectively plan and roll out the training of MAS as per the context and with active participation of partners.

Baseline Survey

4



4.1 Data collection tools

Simple data collection tools were developed by CNSO team. A questionnaire for interviews with MAS members and a checklist to facilitate group discussions with MAS and community members was developed in Gujarati language. This was shared with the Partners and the urban health team for review and then finalized. The questionnaire comprised of 52 questions which were divided into five sections given below.

1. Reason for joining Mahila Arogya Samiti
2. Knowledge about formation, objectives, Activities of Mahila Arogya Samiti
3. About training of Mahila Arogya Samiti
4. Monthly meetings of MAS
5. Untied Fund of MAS

The questionnaire was developed in both Gujarati as well as Hindi languages, as according to partner NGOs many of their MAS members were from others states, like, Uttar Pradesh, Bihar, Odisha, Rajasthan, Maharashtra, Madhya Pradesh etc.

A guide for conducting group discussion was developed by CNSO team. Group discussions were conducted to solicit information on Local issues related to health; Activities and work done by MAS; their opinion on public health services; suggestions to improve health of community; suggestions on strengthening MAS, public services etc. The checklists in Gujarati language can be made available on request to CHETNA NSO.

4.2 Training of Data collectors

A day long training of data collectors was organized and facilitated by CNSO on 30th January 2016. A total of 30 data collectors from partner NGOs; six CPC from Rajkot, Surat, Jamnagar, Bhavnagar, Ahmedabad and Gandhinagar Municipal Corporations and the Project Officer Urban Health participated. The participants were oriented on data collection methods and use of tools. Practical demonstrations were held followed by practice session. An action plan was developed to collect data by first week of March 2016. The data entry format would be developed by CNSO and shared with the partners. The data was analyzed and findings used to design the training intervention.

4.3 Findings from the baseline Survey

Objectives

1. To collect information about the current status of Mahila Arogya Samiti.
2. To collect information on the knowledge and information of members about MAS.
3. To collect information on health problems of the intervention slum areas

Data collection: February – March 2016

Methodology: Quantitative as well as qualitative methods were used to collect information. This included structured interviews of MAS members using a close ended questionnaire and group discussions with community and MAS members.

Sampling and Sample

All the 375 MAS were covered. A purposive sampling was done and a total of three members namely, Chairperson, Member Secretary/Convener and a Member were interviewed. In situations where ASHA was member secretary of more than one MAS, additional member from

that MAS was interviewed. A total of 1111 (27.79%) of the total 3998 MAS members from all the 375 MAS were interviewed.

About the respondents

Of the 1111 members interviewed,

- 24.84% (276) were member secretary (ASHA), 27.99% (311) were Chairperson and 42.66% (474) were members of MAS. Around four percent (50) members were not aware about their designation in MAS.
- 58.24% (674) were from Above Poverty Line (APL) category, 30.24% (336) were from Below Poverty Line (BPL) category and 11.52% (128) members were not aware about their economic status.
- 24.12% (268) were from Scheduled Caste, 10.53% (117) were from Scheduled Tribes, 31.77% (353) from Other Backward Caste (OBC) and 26.82% (298) were from General Category. 6.75% (75) members were not aware about their caste category.
- Around 13% (149) members were in the age group of 18-25 years; 23% (255) in the age group of 26-30 years; 18% (204) in the age group of 31-35 years and 44% (485) members were >35 years. Information on age of 2% (18) members was not available.
- 3% (29) members had primary education, 58% (646) secondary level, 20% (218) higher secondary, 8% (84) Graduate level and 1% (8) was Post Graduates. Around 6% (66) were not literate and 5% (60) members did not provide information.
- Only 10.98% (122) members were members of some other committees also.
- Of 1111 members, 3% (28) members have been members of MAS since 6 months, 48% (530) were members since 12-18 months, 15% (166) were members since 19-24 months and 1% (11) for more than 24 months. 34% (376) members were not able to recall the duration of joining the Samiti.

Table 3: Profile of MAS members interviewed

Age group	%	Education	%	Economic Status	%	Caste	%
18-25	13 (149)	Primary	3 (29)	APL	58.24 (647)	SC	24.12 (268)
26-30	23 (255)	Secondary	58 (646)	BPL	30.24 (336)	ST	10.53 (117)
31-35	18 (204)	Higher Secondary	20 (218)	Do not Know	11.52 (128)	General	26.82 (298)
>35	44 (485)	Graduate	8 (84)			Other	31.77 (353)
Don't know	1.71 (19)	Post Graduate	1 (8)			Don't know	6.75 (75)
		Illiterate	5.94 (66)				

Reasons for their joining MAS

45.99% (511) Members had joined MAS for a social cause, 34.29% (381) wanted to collectively solve the issues or problems of people and 33.03% (367) stated other reasons for joining MAS, such as ASHA asked them to join or because a relative or a friend had joined. Most common process of formation of MAS was that ASHA wrote down the names of women without consulting them.

Knowledge about Activities of MAS

According to 34.65% (385) members, community health planning is one of the main activities of MAS. 32.22% (358) said maintaining cleanliness and hygiene in the community, 20.79% (231) said planning for monthly meeting are some of the major activities of MAS. Awareness regarding public health services and monitor them 16.20% (180); mapping of health services 15.12% (168); maintaining records 4.95% (55); management of untied fund 4.23% (47) and accounting of untied funds 2.34% (36), are also considered as main activities of MAS. Other members 14.67% (163) said providing information to women about importance of family planning and its methods, creating awareness about importance of institutional delivery, awareness about infections and diseases among children and how to prevent them etc. are activities of MAS. 24.84% (276) members were not aware about any activities of MAS.

Role and Responsibility of MAS

On being asked about roles and responsibilities of MAS, 30.65% (341) members said maintaining cleanliness and hygiene in the community, 29.61% (329) members said helping community in eradicating diseases, 24.30% (270) members said monitoring of services provided by Auxiliary Nurse Midwife (ANM) on Urban Health and Nutrition Day (UHND) are some of the roles and responsibilities. Monitoring and supporting Aanganwadi centers was mentioned by 11.34% (126), facilitating and monitoring facilities for referral services by 3.24% (36), monitor the availability of medicines with ASHA by 12.15% (135) was shared by members. 12.78% (142) members said there are other roles and responsibilities of MAS such as providing information regarding health to people of community through various innovative methods, making people aware about the health faculties in the vicinity and the schemes given by the Government on health etc. 29.43% (327) members were not aware about any roles and responsibilities of MAS.

Formation of Mahila Arogya Samiti (MAS)

On being asked about how their MAS was formed it was found that none of the MAS were formed by following the four steps as per the guideline. 29.70% (330) members said that a team was formed at the slum level, 28.89% (321) members said initial meetings were held with women from the slums, 27.99% (311) members said active and committed women were identified to join the Samiti. 8.46% (94) members said offices bearers were selected and MAS was formed.

Around 30.60% members were not aware about how their MAS was formed. 7.38% (82) members said that their Samiti was formed by ASHA.

About members of MAS

25.47% (283) members said members of their MAS changed frequently, 62.02% (689) members said members of their Samiti did not change, whereas 12.51% (139) members were not aware about the change of members.

40.99% (116) members said members left their Samiti because they did not have time, 22.61% (64) said members left were not interested and 28.62% (81) members said there were other reasons such as migration to another place etc. Whereas 15.55% (44) members were not aware about the reasons other members left their Samiti.

Training of MAS members

Out of 265 members who participated in MAS training, 40.38% (107) members participated only once; 35.85% (95) members participated 2-4 times and 16.32% (43) members participated 4-6 times in the training. 6.42% (17) members did not share information about the number of times they had participated in the training related to MAS. Members who received trainings were mostly Conveners (ASHA) and Chairperson, a member of the Samiti rarely attended the training. Of 265 members 56.98% (151) members were able to recall the date/month/year of the last training given to them and 43.01% (114) members were not able to recall the same.

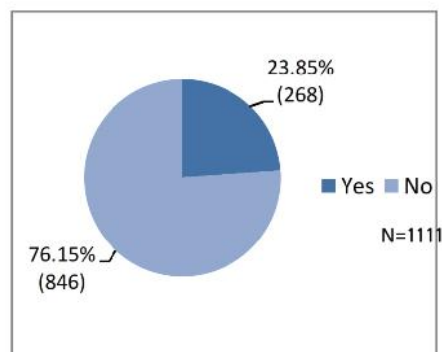


Figure 1 training of Members

Of 846 members who did not attend any training on MAS were asked for the reason of not attending the training, of which 49.53% (419) said they were not informed about the training which is why they were not able to attend it, 13.95% (118) members said they were busy during the time of training, 3.07% (26) members said they had recently joined the Samiti and 34.75% (294) said no training regarding MAS has been conducted till now. Topics discussed during last training according to 36.23% (96) members were importance of community participation in health and the need for Mahila Arogya Samiti, 27.17% (72) members said health and its importance was discussed, 30.19% (80) members said main function of MAS were discussed and 26.42% (70) members said objectives, process of formation of MAS, and its working was discussed.

48.30% (128) members said action plan for next month's activities was prepared after training, 42.64% (113) members said no action plan was prepared, whereas 9.06% (24) members were not aware about any action plan being prepared after the training. Action plans developed were on community health planning-23.77% (66); activities to create awareness regarding health- 19.26% (52) members, planning for monthly meetings-21.13% (56), plan to strengthen the health care services-22.26% (59), mapping of health services, 7.17% (19) strengthen the outreach of public health services- 9.43% (25), prepare accounts of Untied Fund-4.15% (11) and 2.64% (7) members said management of untied fund. Of 128 members who said an action plan was prepared, 89.84% (115) said work was carried out according to action plan, 7.03% (9) members said that work was not done according to the action plan, whereas, 3.13% (4) members had no information regarding the same.

MAS Monthly meeting

On being asked about their monthly meetings, 67.06% (745) members said their meeting is organized once every month, 7.20% (80) members said meeting is organized once every two months, 2.52% (28) members said that the meeting is organized once every three months and 7.02% (78) members said no specific time is fixed to organize a meeting. 14.31% (159) members said their meetings were organized as and when needed. 1.89% (21) members did not have any information regarding the schedule of meetings.

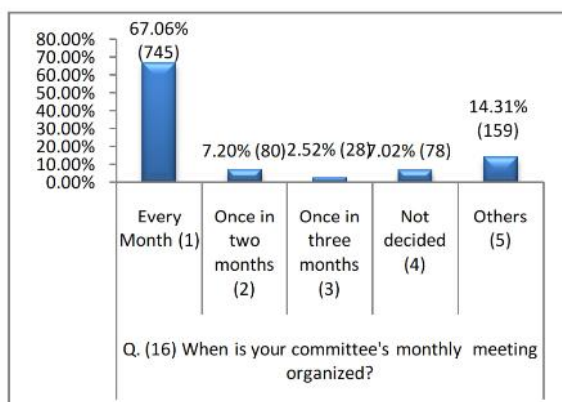


Figure 2 MAS monthly meeting

57.70% (641) members said that they were informed 1-2 days before the meeting, 11.70% (130) members said that they were informed one week prior to the meeting, 9.90% (110) members said they were informed on the day of meeting, 9.54% (106) members said they were informed at some other time, 2.34% (26) members said the time of informing was not decided, and 4.23% (47) members said they were not informed about the meeting. Other 4.59% (51) members did not have any information

regarding when they are informed about meetings of their Samiti.

On being asked about who informs them about the time and place of meeting 67.87% (754) members said Convener, 21.96% (244) members said Chairperson and 3.78% (42) members said that any member of MAS informs them about the meeting. 6.39% (71) members out of 1111 were not aware who informed them about meetings.

Members were asked whether their Samiti passed any resolution during the meetings to which 16.74% (186) members said resolution was passed during every meeting, 17.55% (195) members said rarely any resolution was passed, 12.60% (140) members said no resolution has ever been passed by their Samiti and 45.90% (510) members did not have any information about the same. 7.20% (80) members did not know what a resolution was.

18.72% (208) members said a decision was taken during every meeting, 23.22% (258) members said rarely a decision was taken and 12.24% (136) members said decisions were never taken by their Samiti; 38.70% (430) members were not aware about the decision being taken by their Samiti during a meeting. 7.11% (79) members did not have any information about the same hence were not able to answer the question.

Last Meeting

Out of 1111 members 61.29% (681) members were able to recall the date of their last meeting and 38.70% (430) members were not able to do so. They were asked about the number of people who participated in last meeting to which 31.23% (347) members said 9-12 people participated, 30.24% (336) members said 6-8 people participated, 10.80% (120) members said every member of the Samiti participated and 4.59% (51) members said less than 5 members participated in last meeting; whereas 13.86% (154) members did not remember the number of members who participated in last meeting. 9.27% (103) members did not have any information about how many people did participate in last meeting.

Members were asked whether the last meeting was attended by at least 50% of members to which 61.30% (681) members said yes, 6.39% (71) members said no, 5.49% (61) members were not able to remember it and 30.07% (223) were not aware what a quorum was. 6.75% (75) members were not able to answer the question.

According to 68.50% (761) members convener was present during last meeting, 63.10% (701) members chairperson was present, 52.12% (579) members said members were present, 29.97% (333) members said Nurse was present, and 10.71% (119) members said Doctor of U-PHC was also present; 25.27% members said other community people were also present during the meeting. Topics discussed during last meeting were:

- **local issues related to health 33.75% (375)**
- **members said issues prevailing in the community 13.50% (145)**
- **government schemes and policies for urban poor 15.75% (175)**
- **topics such as maternal and child health, family planning, TB, polio, malaria etc. 35.55% (395)**
- **use of untied fund 2.43% (27)**

9.27% (103) members said a plan was made to solve local issues, 8.19% (91) members said a system was created for grievances, 5.31% (59) members said a plan was made for next month's activities.

Process of last MAS meeting: As per the guideline there is a specific structure of conducting or organizing a monthly meeting of MAS. The members were asked about the process of their Monthly meeting

Table-4 Process of Monthly Meeting

	Process	Percentage(number)
1.	Meeting began with a motivational song	42.39% (471)
2.	Agenda for meeting was decided in advance;	36.00% (400)
3.	Agenda was discussed in the beginning of meeting	40.95% (455)
4.	Suggestions given by members were included in the agenda after discussion	41.67% (463)
5.	Every member was given an opportunity to express their views during the meeting;	70.48% (783)
6.	Proceedings were noted	51.67% (574)
7.	Last month's action plan was reviewed during the meeting	45.54% (506)
8.	Birth and Death Registers were filled	46.08% (512)
9.	Expenses and record writing was done during last meeting;	37.17% (413)
10.	Action plan for next month's activities was formulated	38.34% (426)
11.	Member was delegated responsibilities	43.02% (478)

29.07% (323) said a decision was taken by the end of last meeting, 44.55% (495) members said no decision was taken and 14.49% (161) did not remember.

Out of 323 members 93.19% (301) members said the decision was taken with consensus, 2.17% (7) members said otherwise and 4.64% (15) were not able to recall the same; 92.88% (300) members said that member's suggestion was taken into consideration during the decision making process, 2.79% (9) members said suggestions were not taken into consideration, 4.33% (14) members were not able to recall the same.

According to 73.68% (238) members decision was taken regarding cleanliness to be maintained in the community, ensure that every child is able to get proper education 28.17% (91), help Anganwadi Worker and Nurse 33.13% (107). 20.12% (65) members said decision was taken to organize clean drinking water for the community members, 15.79% (51) members said decision was taken to monitor work being done in Anganwadi and 62.85% (203) members said other decision related to problems prevailing in the area were taken as well.

About resolutions passed by their Semite last year, 23.58% (262) member said no resolution was passed, 11.34% (126) members said 1-2 resolutions were passed. 39.33% (437) members were not able to recall whether a resolution was passed or not last year. According to

18.63% (207) members resolutions passed were on issues/topics such as bringing improvement in the level of maternal and child health care, 10.17% (113) members said finding solutions to health related issues prevailing in the area, 9.45% (105) members said ensuring reach of health services to community members, 0.72% (8) members said to ensure improvement in referral system and 12.60% (140) members said resolutions were passed on other topics as well which were not specified by the members. Only 34.20% (380) members said that they were given information about next meeting, information regarding date, place and time, 37.53% (417) members were not given any information about next meeting and 16.47% (183) members were not able to recall the same.

Of all the members who did attend the meeting 29.16% (324) members decided to join the campaign of cleanliness drive, 16.47% (183) members maintained the minutes of the meeting, 11.16% (124) members decided to be a part of any community work, and 39.15% (435) members took part in other activities like creating awareness about government health facilities, providing health related information to women etc. From the above data we can say that last meeting was attended by 95.94% (1066) members and 4.05% (45) members did not attend last meeting.

Thus with the help of this analysis we can say that the structure of organizing and conducting a monthly meeting was not followed as per the GOI guidelines by every MAS, and the training need to focus on strengthening this aspect.

About Untied Fund of MAS

Members were asked whether they knew about untied fund being given to their Samiti to which only 39.96% (444) members said they knew about untied fund, whereas 60.04% (667) did not know about untied fund. The members who knew about untied fund were mostly Conveners and Chairperson.

Out of 444 members who knew about Untied Fund, 54.73% (243) members said that the fund is issued to their Samiti every year, 7.88% (35) members said fund is issued very month, 9.46% (42) members said fund is issued very six months and 6.53% (29) members said that the fund is issued every 15 days, or three months etc. whereas 21.40% (95) members did not have information about when was the fund being issued to their Samiti.

Of 444 members 52.70% (234) members knew that their Samiti gets rupees 5000/-, 25.45% (113) members said that their Samiti gets rupees 2500/-and 21.85% (97) did not have information about the amount of untied fund for MAS.

According to members Untied Fund should be used in doing following activities the most: 31.53% (140) members said for logistics arrangements for Urban Health and Nutrition Days (UHND), 30.18% (134) members said to fulfill health related need of community members, 25.45% (113) members said to conduct activities in the community, 25% (111) members said to plan activities like cleanliness drive, 22.75% (101) members said for organizing and planning of monthly meetings, 8.11% (36) members said to create awareness about government schemes, 6.76% (30) members said to purchase furniture for Samiti, and 20.72% (92) members said the fund should be utilized in other activities which were not specified by them. 8.78% (39) members did not have any information as to where should the fund be utilized.

46.62% (207) members said signatures of both Convener and Chairperson are required for withdrawal, 50.00% (222) members said signature of a Chairperson is required, 47.30% (207) members said signature of Convener is required, where as 0.68% (3) members said signature of other members is required to withdraw from Samiti's account; 5.63% (25) members did not have any information regarding the same.

36.04% (160) members said the Convener was allowed to spend up to rupees 500/- in case of urgent situations, 6.53% (29) members said the Convener was allowed to spend up to rupees 100/-, 13.51% (60) members said Convener can spend some other amount that is rupees 200-300/- in case of any urgent situation, whereas 33.33% (148) members did not have any information regarding the same. 11.04% (49) members said the Convener was not allowed to spend any amount from the fund in case of any urgent situation.

Untied Fund received in 2014-15

All the 444 (100%) who knew about Untied Fund were asked how much fund was released to their Samiti last year i.e 2014-15. 44.14% (196) members said the amount was rupees 5000/-, 29.28% (130) said rupees 2500/-; whereas 26.58% (118) members did not have any information.

According to 27.93% (124) members last year's fund was utilized in planning and organizing monthly meetings and logistical arrangements for UHND, 23.42% (104) members said to fulfill health related needs and requirements of community members, 19.59% (87) members said to plan and organize different activities in the area; 5.63% (25) members said some of the funds were used to create awareness regarding Government schemes and benefits related to health, 18.69% (83) members said to organize a cleanliness drive for the area, 13.74% (61) members said to buy furniture for the Samiti, and 8.69% (83) members said that funds were used in other activities as well which were not specified. 13.96% (62) members did not have any information as to where the fund was utilized last year.

Findings of Group Discussions:

A total of 155 group discussions were conducted by 14 partner NGOs in which 1646 MAS members as well as community members participated. Discussions related to local health issues, activities of MAS, health of community members, maternal and child health were initiated where MAS members shared their concerns and suggestions about how to solve those problems. Some major issues that emerged from the discussion were:

People belonging to various castes, class and different states like Bihar, UP, MP, Maharashtra, and Rajasthan have migrated to cities in search for job opportunities and have settled in slum areas. Hence most people in the slums are migrants from the state as well as outside follow diverse culture and speak diverse language.

People perform various types of works such as, auto driver, laborer in an industry; have their own shops, a construction laborer etc. Women also are engaged in different works like construction laborer, working in an industry, housekeeping jobs in bungalows near their areas, or employed as cooks etc.

People living in these areas face many issues which affect their health. Issues like supply of unclean and unsafe drinking water as well as water for daily use, congested houses, lack of maintenance of hygiene and sanitation in the area, lack of proper sewage system and overflowing sewage line and lack of proper place for dumping garbage. Diseases like diarrhea, malaria, and dengue are prevalent in the area. Another major problem found in these areas is of addiction to alcohol and tobacco is found among men, women and in some areas it is seen among adolescents as well. Logistical issues like absence of street light or lamp post are also seen in these areas.

People are not aware about health services and schemes provided by Government. During pregnancy women do participate in Urban Health and Nutrition Day (UHND/MAMTA Divas) but prefer to go to private hospital for delivery. During sickness or any epidemic, people visit a private hospital because the Urban Primary Health Center (U-PHC) is closed by the time they

get back home from work in the evening, and have no other option but to visit a private doctor. In some areas facility of Aanganwadi is not there, or Aanganwadi is situated in a rented place with minimal facilities.

- Problems related to hygiene and addiction was faced in every area.
- Community members were unaware about Mahila Arogya Samiti
- Members are not aware about the untied fund and are not a part if any discussion related to use of the funds.
- Challenge regarding Public Health Services and reach of people to it. Two main reasons were availability of the services and the distance to the facility.
- Members are eager and enthusiastic to become members of MAS, obtain trainings and improve health status of community members.

Decisions regarding training and module were taken on the basis of baseline data.

- As most of the MAS members were employed as skilled and semi skilled laborers at construction site or as domestic help, they were not able to devote more than 2 hours of their time to trainings. So it was decided that the trainings will be conducted in short sessions of 2 hours in three phases.
- Because most of the members were poorly literate, it was decided that the module should be developed with illustrations, pictures, games and activities.
- The module should be developed in easy language so that the members are able to understand the message being conveyed to them.
- For the trainers, the module should be simplified and the content and methodology must be placed together.



In order to support effective and accurate communication, CNSO developed a kit of trainers of the Mahila Arogya Samiti (MAS). The trainers were oriented on use of the material and practice sessions were held to strengthen their skills. The trainers Kit contain the following material:

1. Flipchart: to discuss roles and responsibilities of Mahila Arogya Samiti (MAS)
2. Flipchart: to discuss the issues related to hygiene, malaria and diarrhea
3. Flipchart: to discuss ante-natal as well as post-natal care, and adolescent health care
4. Cards: to discuss the importance and process of Monthly meetings
5. Cards: to discuss the principles of utilization of Untied fund of MAS and activities for use of untied fund
6. Booklet on Government Schemes on Health and Nutrition

Kit for MAS Members:

Kit for MAS members is a compact r version of the kit for trainers. This kit has details of untied fund printed in the form of Cheque book instead of cards as given in trainers' kit.

1. Picture book : to discuss roles and responsibilities of Mahila Arogya Samiti (MAS)
2. Picture book: to discuss the issues related to hygiene, malaria and diarrhea
3. Picture book: to discuss ante-natal as well as post-natal care, and adolescent health care
4. Picture book : to discuss the importance and process of Monthly meetings
5. Cheque book: to discuss the principles of utilization of Untied fund of MAS and activities the fund should be utilized
6. Booklet on schemes on health and nutrition

The use of kit was practically demonstrated by CNSO during the training of trainers. The following materials for MAS were provided to trainers and the Urban Health Department.

Training Module 1 and Trainers Note	34
Training module 2	27
Training module 3	28
MAS monitoring checklists	28
Trainers kit	40
MAS kit for members	1000

6. Module Development

CHETNA NGO support organization adapted the induction module and trainers note developed by Government of India and developed phase wise trainers' modules in simple Gujarati language. Based on CHETNA's expertise of participatory trainings, several interactive training methods were introduced and the trainers note was integrated with the content. The total training prescribed for MAS, as per the national module is 13.5 hours. These hours were divided in to four hours of a day for first phase and two and half hours per day for second and third phase across five days in three phases.

The modules were developed keeping the level of MAS members and using participatory training methodology. Several interactive methods such as games, songs were included in the module.

In order to ensure members' participation and strengthen their knowledge base, issues related to Adolescent and Maternal health, nutrition, hygiene and sanitation were included in the module. Monitoring is one of the important activities of MAS, for that purpose, checklists were developed by Government of India. Keeping in view their literacy levels, pictorial checklists were developed by CNSO. (Please refer table 5 for the schedule)

Table: 5 Schedule developed by CNSO for Orientation and three phase trainings

	Orientation of all Members-one day	
chapter	Topics	Time(minutes)
	Song/prayer. welcome	10
1	Need of MAS for community participation in health	15
2	About MAS-Objectives, formation, members, role of chair person and convener	30
3	MAS activities	20
4	Monthly meeting, topics	30
5	Untied fund details	15
	Total	60 mines/ 2 hours

	1 st phase one day	
Sr. no	Topics	Time (Minutes)
	Song, prayer and welcome	10
1	Community Participation and Need for Mahila Arogya Samiti (MAS)+Objectives	30
2	MAS – Objectives, Formation, Composition, and Roles of members	90
3	Activities of MAS	30
4	Monthly meetings, Structure of Meetings and Records to be maintained by the Samiti	60
5	Unties Fund – Objective, Principles of Utilization, activities to be undertaken with the help of untied fund	30
	Total time	4 Hours

2nd phase of two days, two and half hours a day		
Sr. no	Topics	Time (Minutes)
	Day-1	
	Song/prayer/ welcome. objective	5
1.	10 steps to stay healthy	25
2.	Hygiene and Health – causes, treatment, prevention of diarrhea, malaria	45
3.	Community participation and role of MAS	15
4.	Formation, role and activities of MAS	25
5.	Action plan of MAS	15
	Revision and closure	15
	Day-2	
	Song/prayer/Welcome	5
6.	Factors affecting women's health	15
7.	Adolescent health and nutrition	15
8.	Maternal and Child Health and Nutrition	45
9.	Use of untied fund	30
10.	Action plan of MAS	15
	Revision and closure	15
	Total	5 hours
3rd phase of two days, two and half hours a day		
Sr. no	Topics	Time (Minutes)
	Song/prayer welcome	5 min
11.	Structure of local self government	15
12.	NHM and public health services under NUHM	30
13.	Convergence of health	30
14.	Understanding vulnerability and vulnerable groups	30
15.	Vulnerability mapping and assessment	45
	Song/prayer welcome	5
16.	Monitoring of health services and increasing access	60
17.	Community health planning	60
18.	Monthly Meeting of MAS	30
	Total	5 hours

Training of trainers

7



CHETNA NSO organized a total of three trainings to strengthen the knowledge base and training skills of the trainers. For details about the training please see table below:

Table 6: Training of Trainers details organized by CHETNA NSO

Sr. no	Topic	Date	Number of hours	Place	No of Participants	Urban Health Team	CHETNA NSO team
1	Baseline training	30/1/ 16	6 hours	Samvaad Heritage Conference Center, (SHCC) Ahmedabad.	30	CPC's from Rajkot, Surat, Gandhinagar, Ahmedabad, Bhuvanagar, Jamnagar Municipal Corporations. Project Officer, Urban Health Medical Officer, Junagadh Municipal Corporation	Vd. Smita Bajpai, Arpita Suthar, Nidhi Mistry
2	First phase training of trainers	1-3/3/ 16	18 hours 30 minutes	SHCC Ahmedabad.	34	Project Officer, Urban Health	Vd. Smita Bajpai, Arpita Suthar, Nidhi Mistry
3	Second phase training of trainers	26-28/5/ 16	22 hours	SHCC Ahmedabad.	27	Project Officer, Urban Health,	Vd. Smita Bajpai, Arpita Suthar, Nidhi Mistry
4	Third phase training of trainers	12-13/7/ 16	12 hours 15 minutes	SHC C	26	Deputy Director, Urban Health, Dr. G. C. Patel. Project Officer, Urban Health,	Vd. Smita Bajpai, Nidhi Mistry

Participatory training methodology and principles of adult learning were used to impart training. Different methods such as games, group activities, and demonstration were used. Practice sessions were organized for trainers and feedback was given so as to strengthen their training skills.

Profile of trainers:

A total of 45 trainers from 14 organizations of 8 Corporations have been trained by CHETNA NSO. Of the 45 trainers, 25 were women and 20 are men and were either graduates or post graduates. Their field of expertise was vast which included Masters of Social Work, Masters of Arts in Sociology, BSc. Nursing, Masters in Rural Management, Bachelors of Arts, General Nursing, and Sanitary Inspector etc. Out of 45, 17 trainers completed training of all three phases. All the trainers were awarded certificates on completion.

First phase training of trainers

First phase training of trainers was organized during 1-3rd March 2016, in which 34 representatives from 14 organizations of 8 districts participated. During this training the topics included, community participation in health and levels of participation, role and formation of MAS, roles and responsibilities of chairperson and convener, monthly meeting, untied fun. Demonstrations were held on Monthly meeting. Practice sessions were held. At the end of the training, the trainers developed an action plan to roll out the orientation training of all members and first phase training of select members by 31st March 2016.

Second phase training of trainers

Second phase training of trainers was organized during 26-28 May 2016, in which 27 representatives from 14 organizations participated. This training was focused to strengthen their understanding on participatory training methodology, training methods, principles of adult learning. Topics mentioned in the National level module such as 10 steps to stay healthy, factors affecting women's health, sanitation and personal hygiene, diarrhea and malaria, adolescent health and anemia, menstrual hygiene, care during pregnancy, child birth were health and nutrition topics discussed. The trainers were also oriented on the topics such as Role, formation and activities of MAS; use of untied fund and MAS monthly meetings. In teams,

the trainers than practiced imparting training to MAS. Feedback was provided to strengthen their training skills. An action plan was prepared to provide training to MAS members during June- July 2016.

Third phase training of trainers

During the third phase training of trainers organized on 12-13 July 2016, a total of 28 representatives participated. The trainers were oriented on the structure of urban local bodies, public health facilities under NUHM, convergence, understanding and mapping of vulnerable populations and use of pictorial tools for monitoring of health facilities. The trainers were encouraged to first visit their local ward office and collect details about the duty bearers and then provide information to MAS members. An action plan was developed to provide training to the respective MAS during July-September 2016.

Pre-Post test Results

A written test was conducted to evaluate their knowledge about Mahila Arogya Samiti and methods of data collection. A total of 20 questions of one mark each were asked. Questions asked were related to:

- Mahila Arogya Samiti – Need of MAS, objectives of MAS, and four steps of formation of MAS.
- Members of MAS – Number of members in MAS, suggested members of MAS, convener of MAS, and election of chairperson.
- Activities of MAS.
- Untied fund of MAS
- Methods of data collection – quantitative as well as quantitative and methods of data collection under those heads.
- Focused Group Discussion (FGD) – sitting arrangement, number of participants, venue of FGD, and number of FGDs to be conducted by a particular organization.
- Interview – number of members to be selected for interview, members of MAS to be selected for interview, and number of MAS to be included for interview.

During the first phase training of trainers, a test of 30 marks containing 15 questions was designed by CHETNA NSO. Questions were related to:

- Community participation in Health –community participation in health and its four levels.
- MAS – need for MAS, objectives of MAS, suggested members of MAS, four steps of formation of MAS,
- Six roles and responsibilities of chairperson and member secretary of MAS.
- Activities of MAS.
- MAS monthly meetings – when it should be organized and person responsible to held the meeting.
- Ten records to be maintained by MAS
- Untied fund – amount receivable and suggested activities to be done with the help of funds.
- Activities to be done by MAS members during monthly meeting.

An analysis of the pre-post test results of the first training indicates marked improvement in the scores. The number of participants scoring 5 or less than 5 marks decreased from 10 in the pre test to two in the post test; those scoring marks between 6- 10 decreased from 11 in the pre test to 6 in the post and those between 11-15 increased from one in the pre test to 10 in the post test. The first phase pre and post test results also indicate gain in detailed knowledge about MAS. All the 34 trainers scored 10 or less than 10 marks in the pre test. This changed to 6 trainers in the post test. In the post test, 21 trainers scored marks between 11-20 and six scored between 21-30 marks.

Table: 6 Pre-post test results

1. Training on data collection and MAS		
Range	Pre test (n=22)	Post test (n= 25)
<or = 5	10	2
6-10	11	6
11-15	1	10
16-20	0	7
2. First phase TOT		
Range	Pre test (n=34)	Post test (n=33)
<or=10	34	6
11-20		21
21-30		6

At the end of each phase trainer's feedback was solicited. The trainers shared that they have gained clarity on MAS and the process of training the members. Their technical knowledge and about participatory training methodology has improved and they have become more confident of training MAS. They found the kit for trainers as well as MAS members useful. They appreciated the training methodology adopted by CHETNA and the effort put in supporting them. They also appreciated the fact that in all the trainings and meeting, the Gujarat State Urban Health Mission was represented.

- « ***I learnt how to groom myself as a trainer. I appreciate CHETNA's efforts and the feedback provided on our practice sessions will help us to further strengthen our skills.*** (A trainer during the first phase training)
- « ***The modules and material provided to us are relevant, useful, interesting , simple and as per the needs of women in the intervention area.*** (A trainer during the second phase training)
- « ***With practice sessions and feedback, I have gained confidence on how to conduct trainings and train MAS members.*** (A participant during first phase training)
- « ***The material, that is module and trainers kit developed by CHETNA, will be very helpful during trainings, and it will make the sessions very interactive.*** (A participant during second phase training)
- « ***I learned about participatory training method, and the principles of adult learning. All this will definitely help us when we organize training of MAS members.*** (A participant during second phase training)

8. Mentoring and Support by NSO

As an NGO Support Organization, all the organizations were provided on field support during the trainings. Onsite support was provided to 11 organizations of 6 corporations.

During the trainings, using a simple checklist, trainers were observed. The parameters of monitoring were:

- Facilitation and environment of training – everybody sitting at same level and in a circle, posters related to training displayed, material given to members etc.
- Training method – introduction of participants, their expectations from training, encouragement to share their experiences and views, songs, group control, trainer's confidence during the training etc.
- Trainers' competencies– clear communication, coverage of content, relevant example given during session and completion of session within given time period.
- Participation of participants – their active participation during discussion and their interest in training.

The trainers were given feedback such as:

- Display posters related to training topics to inform as well as create environment.
- Give the material/kit at the beginning of the training so that members can note down important points.
- Introduction of every participant including the trainer is important to build the environment of the training and know the participants.
- Ask the expectations of members.
- Start the session with discussion on experiences of participants, this will encourage them to speak and break the ice between trainer and participants.
- Always encourage participants to share their views, experience and opinions related to the ongoing topic.
- A trainer should have control over the group and should be able to bring back the discussion on track.
- Practice what you teach- provide nutritious low cost food at the sessions.

Apart from on field support, NSO also supported the trainers constantly over phone and email.

Training of MAS members

9



Orientation of members of all 375 MAS and three phase trainings of 343 MAS has been completed during March – 26th September 2016.

- A total of 3246 as against 3750 members and 1800 other community members of the 375 MAS were oriented during March 2016.
- A total of 3207 members and 1414 community members of 375 MAS participated in the first phase training during March-June 2016.
- A total of 3490 against the expected 3750 members and 488 community members participated in the second phase training during May-July 2016
- A total of 3191 from 343 MAS against the expected 3750 members from 375 MAS and 440 community members participated in the third phase training during July-September 2016.

Table: 7 Phase wise number of MAS members trained.

Sr. no	Corporation	Organization	Expected MAS members to be trained	MAS members trained in 1 st phase	MAS members trained in 2 nd phase	MAS members trained in 3 rd phase
1	Ahmedabad	CHETNA	250	112	169	135
2		Gujarat Sahyog Trust	250	259	178	171
3		SEWA	250	222	257	262
4	Bhavnagar	Family Planning Association of India	250	250	250	250
5		Indian Council of Social Welfare	250	267	245	248
6	Gandhinagar	CURE	250	255	252	249
7	Jamnagar	Chaitanya Charitable Trust	250	250	193	208
8		Shree Sarvoday Mahila Udhog Mandal	250	250	250	235
9	Junagadh	Gayatri Shikshan Samaj	250	311	274	275
10	Rajkot	Navjeevan Trust	250	108	240	253
11	Surat	Mahila Sahkari Udhog Mandir	250	372	545	477
12	Vadodara	Deepak Foundation	250	98	135	152*
13		Sahaj Shishu Milap	250	244	241	21*
14		Shroffs Foundation Trust	250	209	261	255
Total			3750	3207	3490	3191

9.1. Orientation of members

In order to strengthen MAS and its members within the community, a need to spread awareness about MAS was realized. As per the GOI Induction module orientation trainings were organized by 14 partner NGOs during 7 to 31 March 2016. A two hour session was developed by CNSO and imparted by the partner NGOs. The Trainers note was developed by CNSO in simple Gujarati language for interactive and interesting discussions.

The following topics were covered:

- Importance of Community Participation in Health and Need for MAS.
- Mahila Arogya Samiti – Objectives, Steps of formation of MAS, Suggested members of MAS, Roles and Responsibilities of Members Secretary and Chairperson of MAS.
- Activities of MAS
- Monthly meeting – Structure, Maintenance of records.
- Untied Fund – Principles of Utilization, Activities to be undertaken with the help of Untied Fund, and Accounting.

Table-8: Organization wise orientation of MAS

Sr. no	Corporation	Organization	MAS oriented	Period	Expected MAS members	MAS members oriented	Community members oriented
1	Ahmedabad	CHETNA	25	8-29/3/2016	250	122	101
2		Gujarat Sahyog Trust	25	8-26/3/2016	250	239	41
3		SEWA	25	7-29/3/2016	250	228	2
4	Vadodara	Deepak Foundation	25	15-25/3/2016	250	142	142
5		Sahaj Shishu Milap	25	10-21/3/2016	250	244	125
6		Shroffs Foundation	25	9-31/3/2016	250	237	150
7	Bhavnagar	Family Planning Association of India-Bhavnagar	25	8-19/3/2016	250	250	232
8		Indian Council of Social Welfare	25	8-21/3/2016	250	267	132
9	Gandhinagar	CURE	25	13-31/3/2016	250	255	47
10	Jamnagar	Chaitanya Charitable Trust	25	10-29/3/2016	250	250	51
11		Shree Sarvoday Mahila Udhog Mandal	25	8-29/3/2016	250	250	286
12	Junagadh	Gayatri Shikshan Samaj	25	9-22/3/2016	250	312	46
13	Rajkot	Navjeevan Trust	25	9-23/3/2016	250	108	201
14	Surat	Mahila Sahkari Udhog Mandir	50	11-30/3/2016	500	360	244
Total			375		3750	3264	1800

Highlights:

- Different strategies were adopted by partners to invite and ensure presence of all members at the sessions within a short time - for example CHETNA liased with the medical officer of the UPHC and planned with all the ASHAs at their sector level meeting. Deepak Foundation arranged for transport of members at their training institute, SEWA identified community leaders and with their support ensured participation of members.
- In Surat and Rajkot areas, the NGOs engaged with the women and child development department to organize MAS trainings as Aanganwadi workers were are elected as chairperson of MAS.
- Members are enthusiastic to take part in activities of MAS but are not able to do so because of their pre occupation in their work.
- In some areas coordination between members and ASHA was good.
- In few areas, monthly meetings are organized regularly by MAS members and health related information is provided in those meetings.
- It was observed that Members are well aware about the local health problems and are keen to take initiative to solve them.

9.2. First phase training of MAS members:

Keeping in mind the issues and situation of areas and GOI Induction module it was decided to conduct phase wise training as per the convenience of members. The 1st Phase training of 375 MAS was completed by the end of March 2016.

Topics covered in 1st Phase Training are:

- Importance of Community Participation in Health and Need for MAS.
- Mahila Arogya Samiti – Objectives, Steps of formation of MAS, Suggested members of MAS, Roles and Responsibilities of Members Secretary and Chairperson of MAS.

- Activities of MAS
- Monthly meeting – Structure, Maintenance of records.
- Untied Fund – Principles of Utilization, Activities to be undertaken with the help of Untied Fund, and Accounting.

Trainers note was designed in a way that the sessions are interactive and interesting. Total time for the training was 4 hours (250 minutes). 1st Phase training was conducted during the months of March-June 2016 during which 375 MAS were given training. All the above given topics were covered in the training. Trainers were given instructions to train batch of 25-30 members at a time, by clubbing 2-3 MAS in one batch

Table 8: Organization wise details of 1st Phase Training:

Sr. no	Corporation	Organization	MAS Trained	Duration of Training	Expected MAS members to be trained	MAS members trained	Community members trained
1	Ahmedabad	CHETNA	25	9-31/3/2016	250	112	131
2		Gujarat Sanyo Trust	25	14-30/3/2016	250	259	4
3		SEWA	25	9-29/3/2016	250	222	0
4	Vadodara	Deepak Foundation	25	28/3/2016	250	98	53
5		Sahaj Shishu Milap	25	10-21/3/2016	250	244	122
6		Shroffs Foundation	25	15-31/3/2016	250	209	143
7	Bhavnagar	Family Planning Association of India	25	17-27/3/2016	250	250	239
8		Indian Council of Social Welfare	25	8-22/3/2016	250	267	132
9	Gandhinagar	CURE	25	13-31/3/2016	250	255	47
10	Jamnagar	Chaitanya Charitable Trust	25	9-27/3/2016	250	250	51
11		Shree Sarvodaya Mahila Udhog Mandal	25	9-29/3/2016	250	250	286
12	Junagadh	Gayatri Shikshan Samaj	25	9-22/3/2016	250	311	45
13	Rajkot	Navjeevan Trust	25	9-23/3/2016	250	108	162
14	Surat	Mahila Sahkari Udhog Mandir	50	28/3/2016 to 4/4/2016	500	372	0
Total			375		3750	3207	1414

Action Plan prepared by members of MAS:

At the end of training, an action plan was made by the members. Action Plans reflected their learnings from the training. These have been summarized below:

- Create awareness about menstrual hygiene among adolescent girls.
- Create awareness about importance of nutrition among pregnant as well as lactating mothers.
- Create awareness regarding water and air borne diseases and their precautionary measures.
- Provide information to community members regarding various health related schemes and programs by Government.
- Create awareness on importance of cleanliness in the areas as well as at home.
- Plan for a cleanliness campaign with MAS and community members for awareness.

- Plan to conduct regular monthly meetings and search for active members for MAS.
- Provide information regarding important documents needed for BPL card, RSBY card, and Maa Amrutam Yojana Card.
- Plan for a campaign or a rally for addiction free community (to alcohol and tobacco).
- Draft a letter for supply of clean water (drinking and daily use), street light, construction of toilets and proper sewage line, and spraying mosquito repellent in the areas, to respective departments in Municipal Corporation.
- Obtain information from U-PHC about health schemes and yojanas and provide the same to members of community.
- Decision to use untied fund in order to increase the facilities given at Aanganwadi.
- A fixed day or date for monthly meetings.

The action plan covered all the issues related to maternal and child health and their nutrition, cleanliness, issues of addiction and logistic issues along with the ideas on how to solve them with the help and support of community members and local leaders.

Learning from the first phase training

As it was a first experience of the trainers to train MAS members and some of the areas assigned were new. Learning's are as follows:

- It is possible to communicate important and necessary information in short time period.
- It is important to learn different training methods and local language in order to train MAS members.
- Identification of active MAS members is important for planning and implementation of any activity in the area.
- Different issues faced by community are related to water, health facility, sanitation etc.
- More time is required to build capacity of MAS members.
- Co-ordination with ASHA is important in order to work with members of MAS.
- A trainer should have clarity about the content of training.
- Organizing training in the respective areas of MAS will increase the participation of community members as well

Some of the Challenges faced are

- Difficult to hold members for two to three hours of training due to their hectic work schedule.
- Time was needed to build rapport with MAS and communities.

Feedback on Module and Trainers note from the first phase training

As it was a first experience of NGO members to give training to MAS members and even members of MAS were receiving training for first time. Feedback on module was essential in order to incorporate the suggestions and recommendations in designing next module. Feedback given on module was:

- Language of module can be simpler.
- Module can include suggestions on activities which can be done by MAS.
- Pictures and activities should be added in module to make it more interactive and members will be able to understand the topic easily.
- Sessions designed in the module can be more precise for effective training.

- Module was well designed and all the topics were covered along with relevant examples, which made training process easy.
- Module prepared was easy to understand and simple.

Recommendations:

- It will be easy for members to coordinate with health services if Medical Officer and ANM are also present during MAS training.
- Frequent trainings and meetings of MAS members should be organized for keeping the MAS engaged.
- Members of community and MAS are eager to learn how to read and write, classes for the same can be planned and organized.
- Training for Chairperson and Member secretary on maintaining accounts and books on untied fund, should also be organized.
- More time is needed in capacity building of MAS members.
- A session on reporting and budget should also be included in Training of Trainers.

9.3. 2nd Phase training

Second phase training was conducted during the months of June-July 2016, and all the topics of module 2 were covered during the training. The detailed list of MAS members who received the training is given below. The actual time duration of training was 2 hours per day, as opposed to the proposed time, that is 2.5 hours per day. (For further details please refer table:8)

• Table: 8 Organization wise list of participants of 2nd Phase Training:

Sr. no	Corporation	Organization	MAS Trained	Duration of Training	Expected MAS members to be trained	MAS members trained	Community members trained
1	Ahmedabad	CHETNA	25	2/6/2016 to 11/7/2016	250	169	33
2		Gujarat Sahyog Trust	25	2/6/2016 to 5/7/2016	250	178	6
3		SEWA	25	1-30/6/2016	250	257	0
4	Vadodara	Deepak Foundation	25	6/6/2016 to 27/7/2016	250	135	0
5		Sahaj Shishu Milap	25	7/6/2016 to 22/7/2016	250	241	28
6		Shroffs Foundation	25	14/6/2016 to 19/7/2016	250	261	249
7	Bhavnagar	Family Planning Association of India	25	4-29/6/2016	250	250	0
8		Indian Council of Social Welfare	25	1-30/6/2016	250	245	0
9	Gandhinagar	CURE	25	6-28/6/2016	250	252	43
10	Jamnagar	Chaitanya Charitable Trust	25	2/6/2016 to 28/7/2016	250	193	43
11		Shree Sarvodaya Mahila Udhog Mandal	25	8-30/6/2016	250	250	54
12	Junagadh	Gayatri Shikshan Samaj	75	1-22/6/2016	250	274	32
13	Rajkot	Navjeevan Trust	25	6/6/2016 to 8/7/2016	250	240	0
14	Surat	Mahila Sahkari Udhog Mandir	50	6/6/2016 to 2/7/2016	500	545	0
Total			375		3750	3490	488

Action Plan prepared by members of MAS:

MAS members were encouraged to make an action plan at the end of training. Activities and issues covered under action plan are as follows:

- Organize regular MAS monthly meetings and encourage members to actively take part in activities of MAS and divide responsibilities among members.
- Organize sessions on importance of health and sanitation with students in primary schools.
- Start maintaining cleanliness from their own house and promote habit of washing hands and eating nutritious food.
- Collectively plan and organize a rally in order to promote importance of health and sanitation among members of community.
- Share information about Mahila Arogya Samiti, its activities, hygiene, women's health, malaria and diarrhea among 10 houses of their vicinity.
- Create awareness about government services so that more number of pregnant women avail those services.
- Awareness and promotion about importance of immunization of children.
- Share information on nutrition to adolescent girls, pregnant as well as lactating mothers.
- Share information on importance of hygiene and cleanliness and how to keep water clean.
- Create awareness on how to take care during epidemics like malaria and diarrhea.
- Encourage the current members of MAS to actively take part in MAS activities and identify new members who are enthusiastic and want to join MAS.
- Share information to members of community about services available at Public Health Centers and encourage them to avail the same.
- Teach the steps and methods of washing hands.
- Celebrate different days related to health and organize regular monthly meetings.
- Follow-up on the application written to Medical Officer, Urban Primary Health Center regarding supply of contaminated water in the area.
- Write an application for construction of new Anganwadi.
- Write application to ward office regarding supply of contaminated water.
- Write application to municipal office to place a dustbin in the area.

Learning from the second phase training

- It is necessary to train ASHA (Members Secretary/Convener of MAS) and Chairperson more rigorously.
- Coordination with ASHA can bring regularity in the work of MAS.
- MAS should organize activities related to health and celebrate certain health days.
- It is necessary that the local public health structure supports and encourages MAS members and helps them to create their identity and one of the ways could be that Medical Officers and ANM attend monthly meetings of MAS and support MAS members in their activities or work.

- Training of MAS members must be based on activities and games.
- Lack of information on how to get benefits of public health services is seen among people residing in urban slum areas.
- In order to conduct effective training the trainers should have clarity about the content and topics of training.
- Visits to different offices of corporation/ward will help in capacity building of MAS members.
- Follow-up with MAS members is necessary to ensure their learning.
- In order to work with a community, priority should be given to their issues, a discussion and solution of their issues should be initiated.

Some Challenges faced:

- Members of MAS have started to understand the role of MAS and its members, and also show interest in its activities
- Members do not engage for more than 1 and a half hour as they have their own work. That is why it is a challenge to make them sit for two and a half hour.

Feedback on Module and kit: The trainer's module for second phase was designed in a way that it covered both the module part as well as the trainers note. Also in order to make the training more interesting and affective, a trainer's kit was developed by CHETNA. Given below is the feedback of trainers on the same.

- The module and trainer's kit was very useful in conducting the training. Participants took active part in discussions and took interest in the training.
- The trainers kit developed for 2nd phase MAS training was very helpful while conducting the training and taking sessions. Similar kind of material should be developed for other trainings as well.
- Different activities during training, pictures given in flipcharts and methods for revision facilitated the learning of MAS members.
- The language in module and kit was easy to understand.
- The kit of MAS members helped the members to convey the message and explain the topics to other members of community. Through this, they felt that their identity as MAs members was created.
- It was easy to take sessions of training with the help of flipcharts.
- The puzzle game along with the examples about untied fund helped the members to learn how to utilize the funds.

Recommendations from the second phase training:

- Training of leaders of all 25 MAS should be planned together.
- After the completion of all three phases of training, MAS should be provided mentoring for at least 2-3 years.
- Training on maintenance of registers related to untied fund should be organized for member secretary and chairperson of MAS.
- As most of the members do not have time of more than 2 hours of training, the training can be divided into 6 phases, with each phases covering not more than 3 topics.
- Session on topics related to awareness on health can be taken by a team of ASHA, ANM and a representative of the organization; whereas sessions on technical topics of MAS can be taken by a trained trainer.

9.4. 3rd Phase training

Module for third phase training focused on importance of creating awareness about Urban Local Bodies, and Public Health Services under NUHM among the people residing in urban slum areas. The topics included during this phase of training were:

1. Structure of Local Self Government
2. Understanding National Health Mission and Public Health Facilities under NUHM
3. Convergence of Health
4. Understanding Vulnerability and different vulnerable groups
5. Vulnerability mapping and assessment
6. Monitoring and facilitating access to essential public health services
7. Community health planning
8. MAS monthly meetings

The module was designed in a way that certain difficult topics were explained with the help of games and activities. The trainers were asked to collect all the information regarding their respective municipal corporation, ward officer, names and contacts of heads of respective departments of wards etc. and provide the same to their MAS members.

Table 9. Organization wise details of 3rd Phase Training

Sr. no	Corporation	Organization	MAS trained	Duration of Training	Expected MAS members to be trained	Number of participants (MAS Members)	Number of Participants (Members of community)
1	Ahmedabad	CHETNA	25	14/7/2016 to 2/9/2016	250	135	12
2		Gujarat Sahyog Trust	25	19/7/2016 to 11/8/2016	250	171	3
3		SEWA	25	18/7/2016 to 20/8/2016	250	262	0
4	Vadodara	Deepak Foundation	23	28/7/2016 to 17/9/2016	250	150	0
5		Sahaj Shishu Milap	25	3/8/2016 to 20/9/2016	250	121	57
6		Shroffs Foundation	25	20/7/2016 to 11/8/2016	250	255	238
7	Bhavnagar	Family Planning Association of India	25	5/8/2016 to 12/9/2016	250	250	0
8		Indian Council of Social Welfare	25	3-26/8/2016	250	248	0
9	Gandhinagar	CURE	25	2-27/8/2016	250	249	39
10	Jamnagar	Chaitanya Charitable Trust	25	1/8/2016 to 12/9/2016	250	208	53
11		Shree Sarvodaya Mahila Udhog Mandal	25	22/7/2016 to 19/8/2016	250	235	79
12	Junagadh	Gayatri Shikshan Samaj	25	3-18/8/2016	250	275	16
13	Rajkot	Navjeevan Trust	25	18/7/2016 to 17/8/2016	250	253	0
14	Surat	Mahila Sahkari Udhog Mandir	50	25/7/2016 to 24/8/2016	500	477	0
Total			343		3750	3289	497

Action Plan by members of MAS:

Similar to other two phases, members of MAS made their action plan after the training of third phase as well. Action plan made by them is given below:

- In a team of two, collect information about health status and services received by families of the decided lane.
- Every member will acquire information about 10 houses of according to their convenience.
- Write an application regarding overflow of sewage line.
- Will work for removal of garbage and mosquitoes.

Learnings:

- If women are enthusiastic to work as MAS members they must be given regular support and guidance they will be able to complete all the tasks.

Challenges faced:

- The topics of third phase were difficult and fewer activities were incorporated in the module which created a challenge to make members sit for 2.5 hours for the training.
- To engage MAS members in monitoring of health services will require substantial capacity building and time till they are willing to do it.

Actions taken by MAS members

10



As a result of training, members of MAS took following actions and were successful in their tasks:

- MAS members in Jamnagar organized a cleanliness drive and spread message about importance of hygiene and sanitation among members of community. As a result people now do not throw garbage on the road or in their lane.
- MAS members in Ahmedabad decided to solve their problem of water supply as it was contaminated and dirty. They wrote an application to the respected department officer in Municipal Corporation and did a regular follow-up. As a result, the department workers changed the supply pipeline and now they are getting clean water.
- MAS members in Vadodara shared that the garbage collection van did not come in their area; as a result the garbage would stay there for days. They wrote an application and did regular follow-up. Now the van comes regularly in their area and collects the garbage.
- MAS members in Vadaj area of Ahmedabad Corporation, after the session on women's health, have decided that they will eat nutritious food and take care of themselves, and they will not ignore the situation of they fall ill and will consult a doctor at the earliest.
- Members of MAS as well as community, after the session on adolescent health and anemia, have decided that they will take proper care of their daughters, will send them to school and will not let them get married before 18 years of age.

11. Conclusion

In order to build the capacity of MAS members, partnership was initiated between 8 corporations, 14 organizations, CHETNA as an NGO Support Organization and the State Urban Health Department, Department of Health and Family Welfare, Government of Gujarat. This has resulted in reaching out to more than three thousand members of 375 MAS in eight municipal corporation of the state. As a pilot this has provided a learning opportunity to both the NGOs as well as the Health Department. As NGO Support Organisation, CHETNA anchored the pilot and built capacity of 14 organizations associated with MAS. For this purpose baseline training as well as 3 training of trainers were organized by CHETNA, during which 89 members were trained and 18 trainers completed training of all three phases. Field level follow-up support was provided by CHETNA NSO.

During the first phase trainers learned about the areas of MAS, issues and problems faced by community members, and also the fact that none of the members were aware about MAS. It was a challenging task to ensure members participation for a longer time at the training as they had their own work. During the second phase as a result of some rapport building helped the trainers to organize and conduct trainings more easily. Also the trainer's kits facilitated interactive discussions and engage members actively in discussions. Development of action plan was instrumental in ensuring their participation post training and providing an opportunity to perform their role. Members of MAS started taking interest in attending meetings and trainings after the success of the action plan made by them.

A pre-post test result indicated that the trainers gained information about MAS and the training method. Their feedback and field observations by CHETNA indicated increased confidence and training skills. However there were challenges on several fronts at all levels.

12 Recommendations

1. Working in partnerships for a common goal is essential to achieve the goal of the National Health Mission. This pilot of 375 MAS in Gujarat has paved the way for further collaboration and cooperation between communities, NGOs and Health department. However in order to ensure that the objectives are met, supportive structures and mechanisms are needed, as in the case of Gujarat where CHETNA NSO played a pivotal role.
2. The process of formalization of partnerships must ensure active participation of partners and their comments/feedback considered in finalizing the process.
3. Strengthening of community based committees is process oriented and requires substantial efforts. Adequate resources must be available to train and mentor the committees as well as trainers, which must continue for a period of three to five years.
4. Customization of activities according to local context is required to implement community based process oriented initiatives. For this flexibility in the budget and the programme outline is essential.
5. Training module for community based mechanisms need to be for short intervals spread out for a long duration.
6. Communication and training material is essential for interactive dialogues with MAS members.

Annexure-I Details of MAS according to the areas:

Sr. no	Corporation	Organization	Areas	Wards	U-PHC	Number of MAS	Population Covered	MAS members			
1	Ahmedabad	CHETNA	Keshavnagar	Juna Vadaj	Juna Vadaj	25	24,437	276			
2			Gandhi Ashram								
3			Juna Vadaj								
4			Ramapir Tekro								
5		Gujarat Sahyog Trust	Bhaipura	Bhaipura	Bhaipura	25	26,800	273			
6			Amraivadi	Amraivadi					Amraivadi		
7		SEWA	Odhav	Odhav	Odhav	25	23,925	250			
8			Behrampura	Behrampura	Behrampura						
9			Rajpur	Rajpur	Rajpur						
10	Bhavnagar	Family Planning Association of India	Akshardham	Aazadnagar	Aazadnagar	25	31,600	250			
11			Nareshwar Society								
12			Satyanarayan Society	Akhlol Jakatnaka	Akhlol Jakatnaka						
13			Gandhi Colony								
14			Kangasiya Vaad								
15		Indian Council of Social Welfare	Bharatnagar	Bharatnagar	Bharatnagar Akhlol Jakatnaka	25	15,000	293			
16			Akhlol Jakatnaka								
17	Gandhinagar	CURE	Palaj	Gandhinagar City	Palaj	25	18,829	305			
18			Indiranagar								
19			Sector 24								
20			Charedina Chhapraa								
21			Shrinagar								
22			Aadivada								
23			Basan								
24			Gokulpura								
25			Borij								
26			Vistapit Chhapraa								
27			Press na Chhapraa								
28			Sector 13 na Chhapraa								
29			Dholakuva								
30			Indroda								
31	Jamnagar	Chaitanya Charitable Trust	Kaamdar Colony	Ward no 1	Kamdar	25	13,250	277			
32			Dalit Nagar								
33			Kodi no Dango								
34			Bedi-2	Ward no 7	Gomtipur						
35			Gandhinagar								
36			MachharNagar	Ward no 5	Gulabnagar						
37			Dharanagar-2								
38			Jodiyabhunga-2	Ward no 8	Bedi-2						
39			Iqbal Chowk								
40			Nuri Raza Chowk	Ward no 2	Ek de ek						
41			Garibinagar-1								
42			Farooq Ajam Chowk								
43			Pipariyavaadi								
44			Husaini Chowk-2								
45			Gulabnagar								
46		Shree Sarvoday Mahila Udhog Mandal	Navanagar	Navanagar	Navanagar	25	24,750	260			
47			Vishram vaadi	Vishram vaadi	Vishram vaadi						
48			Paanakhaan	Paanakhaan	Paanakhaan						
49			Paanvaad	Paanvaad	Paanvaad						
50			Wambe Awas	Wambe Awas	Wambe Awas						

Sr. no	Corporation	Organization	Areas	Wards	U-PHC	Number of MAS	Population Covered	MAS members
51	Junagadh	Gayatri Shikshan Samaj	Fuliya Hanuman-1, 2			25	30,935	288
52			Hanumanpara					
53			Nagainkhaan-2					
54			Gopalnagar					
55			Kiritnagar	Ganesh nagar				
56			Daulatpara					
57			Shanteshwar					
58			Yogipark					
59			Hathikhena Deli	Shantesh war				
60			Majevadi Darwaja					
61			Chunarvas					
62			Ambedkarnagar					
63			Shintal	Daulatpara				
64			Bilnathpara					
65			Mangaldham-1,2,3					
66			Shravanfuliya					
67			Sukhnath Chowk	Ambedkar nagar				
68			Gokulnagar					
69			Godhvav-1					
70			Bhuvneshwari					
71			Neminath					
72			Vaanzavaad-4					
73			Pinjafari					
74	Rajkot	Navjeevan Trust	Khodiyar Para	Ward no. 18	Champakbhai Vora Dispensary	25	10,000	201
75			Nava Thorda					
76			Aaradhana					
77			Dr. Ambedkar Nagar					
78			Yunarvada					
79			Lakhajiraj Udhog Nagar					
80			Gokul Para					
81			Vinod Nagar					
82			Manhar Nagar					
83	Surat	Mahila Sahkari Udhog Mandir Ltd.	Udhna	Udhna (South Zone)	Udhna	50	56,750	523
84			Pandesara		Pandesara			
85			Vijayanagar		Vijayanagar			
86			Godadara	Limbayat (South East Zone)	Godadara			
87			Limbayat		Limbayat			
88			Navanagar		Navanagar			

Sr. no	Corporation	Organization	Areas	Wards	U-PHC	Number of MAS	Population Covered	MAS members
89	Vadodara	Deepak Foundation	Rathodwas	Ward no. 4 Danteshwar	Danteshwar Kapurai	25	28,210	280
90			Anupamnagar					
91			Vishnunagar					
92			Rabarivaas					
93			Hariomnagar					
94			Vinjayvaadi-1	Ward no. 3 Kapurai				
95			Vinjayvaadi-2					
96			Zawernagar					
97			Krushnanagar					
98			Gangretiya					
99			Somtalav-1					
100			Somtalav-2					
101		Sahaj Shishu Milap	Gujarat Housing Board	Ward no.- 6	Akota Gokulnagar	25	25,000	252
102			Navipatrani chal					
103			Shivajupuri					
104			Mali Mohallo					
105			Yogeshwar Chowk					
106			Hanuman Tekri	Ward no.- 11				
107			Sabri Mohallo					
108			Patel Chal					
109			Gayatri Nagar					
110			Hanuman Pura					
111			Jalaramnagar					
112			Gayatri Pura					
113			Mahinagar					
114			Chandramoleshwar					
115			Ramdevnagar-1					
116			Ramdevnagar-2					
117			Ramdevnagar-3					
118			Ramdevnagar-4					
119			Rampura-1					
120			Rampura-2					
121			Navavas-1					
122			Navavas-2					
123			Gayatrinagar					
124			Lakshminagar					
125			Navapura mali mohallo					
126		Shroffs Foundation Trust	Atladara	Ward .-6	Atladara	25	28,769	263
127			Vadsar	Ward -11	Vadsar			

Annexure-II List of Partner Organisations

Ahmedabad

1. CHETNA

Ms. Pallavi Patel – 9898969935
B-Block, 3rd floor, Supath-2, Opp. Vadaj Bus
Terminus, Ashram Road, Ahmedabad - 380013.
Email - chetna@chetnaindia.com , Phone no. –
079-27559976/77

2. Gujarat Sahyog Trust

Mr. Vipul P Patel, Trustee, - 9824540324
10, Viveknagar Society, Near Ranchodji no
vaad, Ambraivadi, Ahmedabad-380026.
Email – gujaratsahyogtrust@gmail.com

3. SEWA

Ms. Susan Thomas – 9426301566
Lok Swasthy Seva Trust, Chandan Nivas, 3rd
Floor, Opposite Karnavati Hospital, Elis Bridge,
Ahmedabad-380006. Phone: 91-79-26580530 /
91-79-26587263 Fax: 91-79-26580508
Email - health@sewass.org

Gandhinagar

4. CURE

Mr. Sanjay Patel – 8511187800
E-303, Shayona Heights, Nr. Sargasan
Crossroad, "KH" Road, Vasna Hadmatya,
Gandhinagar - 382006, Mob: 99138 88745,
8511187800, Email:
curecenter2009@gmail.com

Bhavnagar

5. Family Planning Association of India

Ms. Dharmishtha Raval – 9426160245
Red Cross Bhavan, Diwanpara Road,
Bhavnagar-364001. Phone no. – 0278-2519985
Email - vaghelaxerox@gmail.com

6. Indian Council of Social Welfare

Ms. Dharmishtha Raval – 9426160245
Near Vithleshvar Mahadev mandir, Ranika,
Bhavnagar-364001.
Email - vaghelaxerox@gmail.com

Vadodara

12. Deepak Foundation

Ms. Archana Joshi, Director
Nijanand Ashram Premises, Adjoining L&T
Knowledge City,
On NH - 8, Waghodiya, Vadodara - 390 019,
Gujarat, India.
Phone + 91 265 6562101/ 02/ 03/04/05/06
deepakfoundation@deepakfoundation.org

Jamnagar

7. Chaitanya Charitable Trust

Mr. Hitesh Pandya – 9428986026
2, Shivam Society, Airforce Gate 2 Road, Tirth
Play House, Jamnagar-361004.
Email - info@chaitanyatruster.org

8. Shree Sarvoday Mahila Udhog Mandal

Dr. Pushpaben Somaiya, President-
9624463196
Hitendra Chudasama – 9377995000
1/A Digvijay plot, Khambhaliya Gate, Jamnagar-
361005. Ph: 0288 2552274. Email -
sarvoday_jam@yahoo.com

Junagadh

9. Gayatri Shikshan Samaj

Mr. Shantilal Vyas
A-44, Janakpuri Society, Zanzardar Road,
Junagadh-362001. Phone no. – 0285-
2630011/2636035
Email - manavadaria@gmail.com ,
gurudevrajubhai123@gmail.com

Rajkot

10. Navjeevan Trust

Father Thomas N – 9825230079
Bishop House, Prem Mandir Campus, Kalavad
Road, Rajkot-360005
Phone/Fax: 0281-2563231, 2563891, 2563231,
2563427
Email - director@navjeevanrajkot.org ,
info@navjeevanrajkot.org

Surat

11. Mahila Sahkari Udhog Mandir. Ltd

Dr. Vikas Desai – 9825117259
Nandshankar Area, Gopipura, Surat-
395003. Email - adibhatt12@gmail.com

13. Sahaj Shishu Milap

Ms. Renu Khanna, Secretary.
1 Shri Hari Apartments, 13 Anandagar Society,
Behind Express Hotel,
Alkapuri, Vadodara 390007 India
Phone:+91 265 2342539. Email –
sahaj.am@gmail.com

14. Shroff Foundation Trust

Dr. Gaurang Rangpurwala – 9427118906
At & Post: Kalali,
Tal & Dist: Vadodara – 390012.
Phone no. – 0265-2680702/2680061/2680370
Email - healthedu@shroffsfoundation.org



Commissionerate of Health, Medical services & Medical education,
Block no.-5, Dr Jivraj Mehta Bhavan, Gandhinagar, Gujarat.