



### **ABSTRACT**

Health and Family Welfare Department – State Health Society – National Urban Health Mission – Formation of 2324 Mahila Arogya Samiti in 154 Urban Primary Health Centre under 10 Municipal Corporations and to utilize the amount of Rs.185.92 lakh approved in Record of Proceedings 2019-20 – Permitted - Orders - Issued.

### **Health and Family Welfare (EAP II-1) Department**

G.O (Ms) No.232

Dated :28.05.2019  
Vigari, Vaikasi-14  
Thiruvalluvar Aandu 2050  
Read:

1. From the Government of India, Ministry of Health and Family Welfare letter F.No.10(3) / 2019 – NHM-I, dated: 31.01.2019.
2. From the Project Director, Reproductive and Child Health / Mission Director, National Health Mission letter Rc.No.001512 / NUHM/SHS/2017, Dated: 15.02.2019.

### **ORDER:**

In the letter 2<sup>nd</sup> read above, the Project Director, Reproductive and Child Health / Mission Director, National Health Mission has stated that the Government of India have approved for the formation of 2324 Mahila Arogya Samiti in 10 Corporation in Rest of Tamil Nadu and the same has been placed and approved in the 37<sup>th</sup> Executive Committee Meeting of State Health Society, Tamil Nadu. The Mahila Arogya Samiti (MAS) is one of the key interventions under National Urban Health Mission aimed at promoting community participation in health promotion. The Mahila Arogya Samiti are expected to take collective action on issues related to Health, Nutrition, Water, Sanitation and social determinants including Non Communicable Disease at the slum level. Mahila Arogya Samiti are group of women from within the local population engaged for "Local Collective action" on health.

2. The Project Director, Reproductive and Child Health / Mission Director, National Health Mission has further furnished the details of Mahila Arogya Samiti as follows:-

#### **(i) Vision of Mahila Arogya Samiti:**

1. Interface between Community and System :  
Provide an institutional mechanism for linking community and system
2. Convergence in systems for health :  
Create platform for convergent actions on social determinants and public health services

#### **(ii) Objectives of Mahila Arogya Samiti:**

- a. Provide a platform for convergent action on social determinants and all public services directly or indirectly related to health.
- b. Provide a mechanism for the community to voice health needs, experiences and issues with access to health services.
- c. Generate community level awareness on locally relevant health issues and to promote the acceptance of best practices in health by the community.
- d. Focus on preventive and promotive health care activities.
- e. Support and facilitate community service providers like Auxiliary Nurse Midwife and other frontline workers.

- f. Provide an institutional mechanism for the community to be informed of various health programmes / Government initiatives and to participate in health programmes.
- g. Organize or facilitate community level services and referral linkages for health services.

### (iii) Composition and Identification of Mahila Arogya Samiti:

Each Mahila Arogya Samiti shall cover 100 House - Holds. Each Mahila Arogya Samiti will have 10 members, one member from each cluster of 10 houses. All groups and pockets should find representation in Mahila Arogya Samiti. The Mahila Arogya Samiti may be formed with existing Self Help Groups/ Mahalir Thittam in the respective slums identified by Slum clearance board/ TNULM. The Mahila Arogya Samiti will report to area Auxiliary Nurse Midwife.

### (iv) Roles and Responsibilities of Mahila Arogya Samiti:

|                                                                    |                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Supporting Organization of Urban Health and Nutrition Day (UHND)   | <ul style="list-style-type: none"> <li>• Mobilizing pregnant women and children particularly from marginalized families</li> <li>• Supporting ANM, AWW and ASHA in organizing UHND</li> </ul>                                                                                                    |
| Support in organizing Outreach Sessions (both routine and special) | <ul style="list-style-type: none"> <li>• Mobilizing pregnant women and children particularly from marginalized families</li> <li>• Coordination with ASHA and ANM</li> </ul>                                                                                                                     |
| Supporting community Service providers                             | <ul style="list-style-type: none"> <li>• Allowing community service providers to articulate their problems in MAS meetings</li> <li>• Supporting the ASHA, AWW and ANM to reach the vulnerable and "hard to reach" populations</li> </ul>                                                        |
| Facilitating Referral Transport                                    | <ul style="list-style-type: none"> <li>• Generating awareness among community regarding Government referral transport and emergency response services like 108</li> <li>• Organizing local tie-ups with private vehicle owners to transport a patient to the hospital in time of need</li> </ul> |
| Support in Strengthening Anganwadi Centres                         | <ul style="list-style-type: none"> <li>• Providing important amenities missing in the Anganwadi Centres thereby improving their functioning</li> </ul>                                                                                                                                           |
| Facilitating Registration of births and deaths                     | <ul style="list-style-type: none"> <li>• Maintaining records of all births and deaths in the slum cluster</li> </ul>                                                                                                                                                                             |
| Information on maternal and child deaths                           | <ul style="list-style-type: none"> <li>• Providing immediate information on any maternal or child death to the ASHA/ ANM/ UPHC Medical officer</li> <li>• Recording the perceived causes of death</li> </ul>                                                                                     |
| Information on disease outbreaks                                   | <ul style="list-style-type: none"> <li>• Providing immediate information on any disease outbreak to the ASHA/ ANM/ UPHC Medical officer</li> </ul>                                                                                                                                               |
| NCD                                                                | <ul style="list-style-type: none"> <li>• Mobilize for screening and follow up of NCD</li> </ul>                                                                                                                                                                                                  |

The key items monitored by Mahila Arogya Samiti through the following registers include:

- a) No. of malnourished children
- b) UHND and outreach services ( both special and routine) by ANM
- c) Institutional deliveries
- d) HBNC and SNCU follow up
- e) Availability of referral transport
- f) Availability of drugs with ASHA
- g) Use of Mosquito nets
- h) No. of Fever cases
- i) No. of Diarrhea cases
- j) Functioning of Schools including Mid day Meal Scheme

- k) Cleanliness around public drinking water sources like hand-pumps, stand posts etc.
- l) Functioning of hand-pumps/ public stand posts
- m) Cleanliness and functioning of community toilets
- n) Violence against women
- o) NCD –No of NCD cases screening and follow up.

**(v) UNTIED GRANT:**

Untied Grants of Rs 5,000 per year for each MAS has been approved. The untied grant to be utilized for conducting MAS meetings and other MAS activities is undertaken by the MAS members only with related to health. The Untied Grant should be operated by a joint account between the respective UHN/ANMs of UPHC and identified head of respective MAS.

**(vi) Training of Mahila Arogya Samiti:**

The Members of MAS are to be oriented and trained on Health issues, Health Promotion and form linkages with Health System to improve access. The Training of MAS is continuous effort with high dropout rate among members. Hence the MAS are to be hold by a specialized agency like a NGO to provide on hands training with holding the MAS as team. The NGOs already working in the slum areas and registered with Slum Clearance Board/ TNULM/ ULB will be engaged for training.

The amount sanctioned under National Urban Health Mission will be utilized for forming and engaging Mahila Arogya Samiti.

**I. Break of Untied Grant:**

| Supportive activities<br>(Supportive activities are limited to 20% of the annual untied fund budget.)                                                   | Unit Cost in Rs.                                                                    | Total cost / year in Rs |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------|
| Monthly meeting                                                                                                                                         | 40 / meeting                                                                        | 480                     |
| Incentive payment to Treasurer                                                                                                                          | 25 / meeting                                                                        | 300                     |
| Purchase of other stationery/registers                                                                                                                  |                                                                                     | 220                     |
| <b>Sub Total (A)</b>                                                                                                                                    |                                                                                     | <b>1000</b>             |
| <b>Developmental activities</b>                                                                                                                         |                                                                                     |                         |
| Participate and mobilize others to participate in observations of important days on health, water, sanitation and hygiene, slum cleanliness drive- ODF. | 20 / health programme                                                               | 500                     |
| Mobilize community for attending outreach camps, UHND sessions, routine immunization sessions, etc.                                                     | 10/ activity / month<br>(1 UHND, 3 SOC, 4-5 Immunization session = 8)<br>= 80/month | 1000                    |
| Identifying left out cases for Immunization / UHND and in preparation of the due list for immunization.                                                 | 25/Missed case (ANC and Immunization)                                               | 500                     |
| Promoting family planning and sterilization                                                                                                             | 25/case                                                                             | 500                     |

|                                                                                                                            |                                            |             |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------|
| Improvement of adolescent health – distribution of WIFS/PINK IFA, Sanitary napkins                                         | 5/adolescent (19.1% adolescent population) | 500         |
| IEC/BCC activities like puppet shows, film shows for awareness generation on MNCHN and WASH related issues                 | 40/IEC                                     | 500         |
| Promoting family health services – identification of high risk mother - danger sign and referral, home based new born care | 50/case                                    | 500         |
| <b>Sub Total (B)</b>                                                                                                       |                                            | <b>4000</b> |
| <b>Total (A+B)</b>                                                                                                         |                                            | <b>5000</b> |

#### Guidelines for utilization of untied grant

- MAS cannot spend more than 25% of the funds at single instance.
- Untied fund shall not be used for payment of monthly salaries though they can be used to make payments for services rendered.
- Untied fund should not be used for motorized vehicle purchase.
- Untied fund should not substitute for recurring expenditures that were borne by the City/State government.
- Expenditure can be made under untied fund to fill up temporary gaps created in response to poor supply of logistics or unexpected change in demand pattern.
- This fund should not be used to meet the expenses of the Ward which do not relate directly or indirectly to health care. In particular it cannot be used to meet administrative or establishment expenses of Ward.
- All plans and expenditure shall be approved by 2/3 members of the MAS.
- MAS could mobilize resources from other sources required for successful implementation of various activities.

#### II - Fund approved for Mahila Arogya Samiti Record of Proceedings 2019-2020

| Sl. No             | District    | Name of the ULB | Number of UPHC | MAS         | Untied Grants for MAS (Rs.5000/ MAS/year) | Training for MAS (Rs.3000/ MAS/year) | Grand total        |
|--------------------|-------------|-----------------|----------------|-------------|-------------------------------------------|--------------------------------------|--------------------|
| <b>FMR code :</b>  |             |                 |                |             | <b>U.4.1.4</b>                            | <b>U.3.2.1.1</b>                     |                    |
| 1                  | Coimbatore  | Coimbatore      | 32             | 258         | 1290000                                   | 774000                               | 2064000            |
| 2                  | Madurai     | Madurai         | 31             | 556         | 2780000                                   | 1668000                              | 4448000            |
| 3                  | Trichy      | Trichy          | 18             | 457         | 2285000                                   | 1371000                              | 3656000            |
| 4                  | Dindigul    | Dindigul        | 4              | 192         | 960000                                    | 576000                               | 1536000            |
| 5                  | Salem       | Salem           | 16             | 362         | 1810000                                   | 1086000                              | 2896000            |
| 6                  | Tirunelveli | Tirunelveli     | 9              | 136         | 680000                                    | 408000                               | 1088000            |
| 7                  | Erode       | Erode           | 10             | 55          | 275000                                    | 165000                               | 440000             |
| 8                  | Vellore     | Vellore         | 10             | 86          | 430000                                    | 258000                               | 688000             |
| 9                  | Tirupur     | Tirupur         | 17             | 144         | 720000                                    | 432000                               | 1152000            |
| 10                 | Thoothukudi | Thoothukudi     | 7              | 78          | 390000                                    | 234000                               | 624000             |
| <b>Grand Total</b> |             |                 | <b>154</b>     | <b>2324</b> | <b>11,620,000</b>                         | <b>6,972,000</b>                     | <b>1,85,92,000</b> |

4. The Mission Director, National Health Mission has requested necessary orders in this regard.

5. The Government have examined the proposal of the Mission Director, National Health Mission and decided to accept it. Accordingly, the Government issues the following orders:-

- (a) Permission is accorded to the Mission Director, National Health Mission as follows:-
- (i) To form 2324 Mahila Arogya Samiti (MAS) from the Mahalir Thittam/Self Help Group (SHG) identified by Slum clearance board/ TNULM in the Urban Slum areas of 10 Municipal Corporations viz., Coimbatore, Dindigul, Erode, Madurai, Salem, Thoothukudi, Tirunelveli, Trichy, Tirupur, Vellore.
  - (ii) To instruct the City Health Officers of the Ten Corporations to open a Joint Savings Account in Nationalized Bank between the respective Auxiliary Nurse Midwife (ANMs), Urban Health Nurse and identified head of respective Mahila Arogya Samiti for all 2324 Mahila Arogya Samiti groups.
  - (iii) To train and hold the Mahila Arogya Samiti groups through Non Governmental Organizations.
  - (iv) To utilize the fund approved for the Orientation and training of 2324 Mahila Arogya Samiti in the above said Ten Corporations.
  - (v) To transfer the funds towards orientation of training of Mahila Arogya Samiti to the concerned City Health Societies of the above said Ten Corporations.
  - (vi) To propose the funds for the 2324 Mahila Arogya Samiti incurring in future in the Programme Implementation Plan (PIP) proposal of National Health Mission every year.
- (b) The Mission Director, National Urban Health Mission is authorized to utilize the sum of Rs.185.92 lakh, as approved in Record of Proceedings 2019-20 for this programme.
- (c) The Director of Public Health and Preventive Medicine shall to monitor and supervise the functioning of 2324 Mahila Arogya Samiti in the above Ten Corporations and the City Health Officers should report to the Deputy Director of Health Services and the Director of Public Health and Preventive Medicine.

6. This order issues with the concurrence of Finance Department vide its U.O.No.20945/Health-I/2019, dated: 20.05.2019.

**(BY ORDER OF THE GOVERNOR)**

**BEELA RAJESH  
SECRETARY TO GOVERNMENT**

**To**

✓ The Mission Director, National Health Mission, Chennai -6  
The Director of Public Health and Preventive Medicine, Chennai – 6.  
The City Health Officers,  
Coimbatore, Dindigul, Erode, Madurai, Salem, Trichy, Tiruppur, Vellore, Thoothukudi, Tirunelveli.  
The Accountant General, Chennai-18.  
The Pay and Accounts Officer, Chennai-35  
Copy to:  
The Finance (Health-1) Department, Chennai-9.  
The Municipal Administration and Water Supply Department, Chennai – 9  
The Health and Family Welfare (Data Cell ) Department, Chennai – 9  
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**//Forwarded by Order//**

**SECTION OFFICER**

