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A STUDY ON AWARENESS AND UTILIZATION ABOUT UNTIED FUND AMONG MEMBERS OF MAHILA AROGYA SAMITIS (MAS) IN DELHI.

Community Medicine

Sudipta Basa* Department of Community Medicine, FMHS, SGT University, Gurugram. *Corresponding Author

Madhulekha Bhattacharya HOD & Prof, Department of Community Medicine, FMHS, SGT University, Gurugram.

Ved Pal Asso. Prof, Department of Community Medicine, FMHS, SGT University, Gurugram.

V. K. Tiwari HOD, Department of Planning &Evaluation, NIHFW, Munirka, Delhi.

ABSTRACT

Introduction: Mahila Arogya Samitis are one of key community interventions in slum level under National Urban Health Mission. They are an all women led group who generate awareness on locally relevant issues related to health, hygiene, nutrition, water, sanitation, social determinants. Annual untied fund of Rs 5000 is given for undertaking above activities. **Objectives:** Assess awareness of MAS members regarding allocation and utilization of untied fund and problems. **Materials And Methods:** Cross-sectional study was conducted in South Delhi district. 135 MAS members, functioning under Urban Primary Health Centers were selected. MAS members were interviewed and records were reviewed. Data analysis was done by Microsoft excel. **Results:** 43.51% participants had awareness about untied fund and amount whereas 56.49% had no awareness of both. Utilization of fund pattern was poor. Problems cited were inadequate funds (54%), lack of interest (47%), less coordination (36%). **Conclusion:** Awareness levels and utilization of untied fund among MAS was poor.

KEYWORDS

MAS, Untied fund, NUHM.

INTRODUCTION

The Government of India (GoI) launched National Urban Health Mission(NUHM) as a sub-mission under an overarching National Health Mission, in May, 2013, to strengthen delivery of primary health care services in urban areas with special focus on vulnerable and poor population. The key community platforms in slum level under National Urban Health Mission are the Mahila Arogya Samitis (MAS). They are similar structures as compared to Village Health, Sanitation and Nutrition Committees in rural areas. The MAS are women led group who generate awareness on locally relevant issues related to health, hygiene, nutrition, water, sanitation and social determinants. They are particularly envisaged as being central to 'local community action', which would gradually develop to the process of decentralized health planning.[1,2]

To empower the MAS an annual untied fund of Rs 5000 is allocated for undertaking different activities related to health, sanitation and nutrition, aimed at improving the health of the slum community. Thus, MAS are expected to act as leadership platforms for woman's and focal community group in each slum area for improving awareness and access of community for health services and support the ASHA / ANM in developing the health plans specific to the local needs and serves as mechanism to promote community action for health at the slum. Thus, they serve as an important platform for facilitating access to services and services providers in the community.[3]

Though, the guidelines have been laid by the GoI for functions of the MAS and utilization of the untied funds. But various field reports of the States mention that untied fund utilization deviates from the laid guidelines, this raises question on the purpose of decentralized approach.

This study puts an effort to assess the awareness of members of MAS regarding allocation of fund and utilization of untied fund and the problems their in.

MATERIALS AND METHODS

A cross-sectional study was conducted in South Delhi district from July to September,2022. All 135 MAS members (100% sampling) functioning under two Urban Primary Health Centers were selected for the study. The operational definition used are (1) The inclusion criteria were MAS member who are literate, trained & had been providing services for last 6 months and gave consent to participate (2) Exclusion criteria was MAS member who do not gave consent. The MAS members were interviewed using pre-tested close ended questionnaire. The secondary data was collected through review of records such as MAS Register and Bank Passbook to understand the fund flow mechanism and utilization pattern.

The collected data was cleaned, arranged and tabulated. The data analysis was done by Microsoft excel and descriptive statistics used for analysis. The ethical clearance for the study was obtained from the ethical committee of the institution.

RESULTS

Out of 135 study participants,131 (97%) could be interviewed. All the 131 study participants had received MAS Induction training. About 32% study participants were in 31-40 years age group followed by 30% in 41-50 years age group and 59% study participants had received primary / middle level education followed by 27% who had passed class 10. About 82(63%) study participants were homemakers, 33(25%) were working in private sector and remaining 16(18%) in public sector. Only 33% study participants attended MAS monthly meetings whereas 67% did not attend.

About 57(43.51%) participants were aware about the untied fund and the amount as compared to 74(56.49%) who hadn't (Fig-1). Only 15.50% participants knew about correct amount of untied fund (Fig-2). The utilization of fund pattern was observed only during COVID-19 period for purchase of food items to be distributed in poor households. During non-COVID-19 period there was no utilization of untied fund (Table-1).

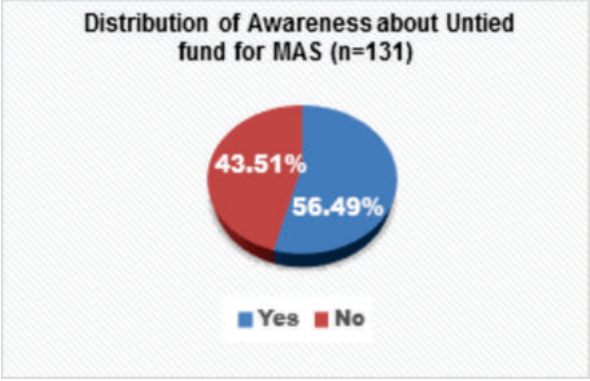

Fig-1: Percentage Distribution Of Awareness About Untied Fund.

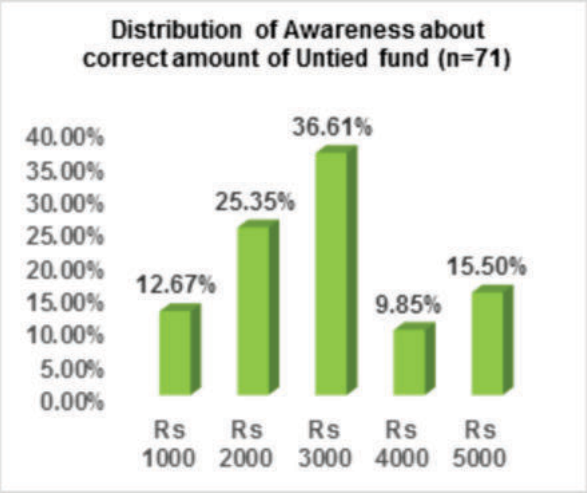

Fig-2: Percentage Distribution Of Awareness About Correct Amount Of Untied Fund

Table-1: Distribution Of Untied Fund Utilization

Year-wise	Amount Received (%)	Expenditure (%)
2017-18	100%	Nil
2018-19	100%	Nil
2019-20*	100%	20%
2020-21*	100%	81%
2021-22	-	-

*Fund was utilized during CoVID period: Food items to poor households.

About 58% of participants knew that untied fund can be utilized for cleanliness drive, insecticide spraying etc. followed by 40% who knew fund can be utilized for Repair/ installation of community water supply points (Table-2).

Table-2: Awareness About Activities Where Untied Fund Can Be Utilized Among MAS Members(N=131)

Activities	Response(%)*
Slum level public health activities like cleanliness drive, insecticide spraying,	76(58%)
Awareness generation in the slum on various govt. schemes	-
Repair/ installation of community water supply points like public taps, stand posts. Minor repair of the community toilets	52(40%)
To conduct IEC / BCC activities like wall writings, puppet shows, film shows for awareness generation on health topics	8(6.10%)
Make logistical arrangements for Urban Health and Nutrition Days with ANM & ASHA, wherever required.	-
To pay for emergency transport when 102/108 services are not available	15(11%)
To help destitute women or very poor slum households in accessing Healthcare services	4(3.05%)
To provide equipment like weighing machine etc	-
(*) Multiple response	

The most common reasons for non-utilization of untied funds as mentioned by participants were inadequate funds (54%), lack of interest among MAS members (47%), lack of coordination between MAS President (36%), lack of clarity/directions for spending on various activities (41%), administrative issues (18%) etc.

Table-3: Reasons For Non-utilization Of Untied Fund (N=131)

Activities	Response(%)*
Co-ordination between MAS chairperson & ANM/ASHA	47(36%)
Amount of untied fund is less	71(54%)
Clarity/ directions for amount to be spend on various activities	54(41%)
Administrative issues (bank account etc)	23(18%)
Lack of interest	62(47%)
Timely dissemination of fund	14(11%)
Others (Irregular MAS Meetings/difficulty in consensus of MAS members etc)	18(14%)
(*) Multiple response	

DISCUSSION

The present study highlights on the awareness of untied fund and problems the MAS experiences to utilize these funds for common public health activities at slum level. In this study all the 131 study participants had received MAS Induction training. About 63% study participants were homemakers and 25% were working in private sector in various capacities such as cook, attendant etc. Around 33% study participants attended MAS monthly meetings whereas 67% did not attend. The above finding highlights that though majority of MAS members were homemakers still did not attend the MAS monthly meetings which reflects on the lack of motivation towards their work. The same has been mentioned in 12th CRM report, 2018, where the MAS members did not play an active role at community level for creating awareness about the nearby public health facilities, public health schemes, free drugs and diagnostics schemes in states of Bihar and Uttarakhand. The community participation was also poor.[7]

It was observed that about 37(43.51%) participants were aware about the availability of untied fund and the amount as compared to 74(56.49%) who had no idea about untied fund. Only 11(15.50%) participants knew about correct amount of untied fund of Rs 5000 per annum. Similar finding was reported in the 11th CRM, 2017, where MAS members though were trained but lacked awareness about their roles and how to use untied funds and had limited knowledge on health and sanitation practices in state of Karnataka.[6] Moreover, field experiences highlight that simply training the MAS members does not solve the purpose, continuous handholding support at all levels is of utmost importance. The States where MAS have been successful in delivering primary healthcare services to community because of efforts at all levels from building the capacities of these platforms to regular support rendered. Similar findings have been reported in studies conducted in Kolkata where MAS played key role in delivering of eye services at community level and in Uttar Pradesh where self-help groups played key role in bringing effective health behaviour change on maternal and new born health practices in community.[9,10]

It is also important to consider the MAS members part of the health system with other frontline workers which was not observed in our study. But the MAS which has been given equal importance with other frontline health workers (ASHA/AWW/ANM), such as Kudumbashree in Thrissur and Kochi, Indira Kranti Padham in Vizianagaram and Visakapatnam, Sampoorna Mahila Samiti, Indore, Mahila Arogya Samiti in Bhubaneswar have been effective in articulating the needs of the communities they represent, as mentioned in Technical Resource Group for NUHM, 2014 and CRM reports.[4-8] During COVID-19 period the above MAS groups have played key role in home deliveries of medicines and ration items, organizing community kitchen, vaccination etc.[11] In our study also during COVID-19 period, though untied fund was used for purchase of food items to be distributed in poor households by MAS. This only led to the utilization of fund whereas during non-COVID-19 period there was no utilization of untied fund which requires attention.

In our study about 58% of MAS members had awareness that untied fund can be utilized for cleanliness drive, insecticide spraying followed by 40% who knew fund can be utilized for Repair/ installation of community water supply point. These were the most common activities cited by MAS where fund can be utilized but in the same time, they are also in dilemma that above activities are conducted free of cost by Municipality /Corporations. The most common reasons for non-utilization of untied funds as mentioned by MAS members were inadequate funds (54%), lack of interest among MAS members (47%), lack of coordination between MAS President (36%), lack of clarity/directions for spending on various activities (41%), administrative issues (18%) etc. The same has been mentioned in the CRM reports.[5-8,12]

The community-based platforms such as MAS, are yet to evolve as avenues where the voices of the community in planning and monitoring service delivery, accountability mechanisms and addressing social determinants of health are to be focused. Efforts are

needed at all levels to build the capacities of these platforms and continuous handholding support are required.

CONCLUSION

This study reflects on the poor awareness about untied fund among MAS members. Regular and need based sensitization and capacity building of the MAS members for effective functioning at community level and utilization of funds. The supportive supervision of ASHA/ANM in regular intervals will help in strengthening of MAS.

Study Limitation

The sample size is not large number; hence the results of this study cannot be generalized.

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