

Demand Generation-Innovation: Health committees to promote health seeking behavior

Background:

The National Urban Health Mission (NUHM) launched in 2013 by India's Ministry of Health and Family Welfare, seeks to address the health care needs of the urban population, particularly of those residing in informal settlements and that of marginalized groups. This is designed to be achieved through a series of initiatives aimed at strengthening the existing health care service delivery system, convergence between government departments, programs and initiatives, partnerships with various stakeholders and community based mechanisms with the active involvement of urban local bodies. One of its initiatives for strengthening community processes is the formation of Mahila Arogya Samitis (MAS), which as the name suggests are local women's groups, proposed to act collectively on issues related to health, nutrition, water, sanitation and its social determinants at slum/ward level.

SNEHA's program on Maternal and Newborn Health (MNH) has been forming and empowering voluntary women's groups called Health Committees to create community support networks that help pregnant women and post natal mothers to access timely and appropriate care.

Steps / Processes:

Health Committees are formed in communities with poor MNH indicators and hard to reach locations. These communities are selected after consultations with concerned health posts in the areas under SNEHA's intervention. The groups are formed with the purpose of empowering them to address community health needs and promote healthy practices, particularly for maternal and newborn health. Our aim is to convert those groups into MAS under the National Health Mission (NHM) mandate so that they are handed over easily to the ASHA workers of the public health system. As of now the program has formed 151 Health Committees of which 105 have been converted to MAS and are in the process of being handed over to ASHAs of the concerned municipal corporation.

As a representative of their communities, MAS members have a greater understanding of the problems and needs of their neighbours. Their constant presence within the community enables them to reach out to more women, specifically in emergencies, as compared to outreach workers of the public health services. Members are trained on various topics related to maternal and newborn health to build their capacity and serve as an effective resource pool for their community. Although the focus is on building capacity of the committees on maternal and newborn health, the outreach of the health committees is envisioned to go beyond these aspects, and contribute to the overall health and sanitation of their community.

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- **Identification of potential members** - likeminded women are identified based on their interest to work for the community without any monetary gains. Repeated visits are required on many occasions to gain the trust of the community and to influence their behaviour.
- **Initial meetings with the health committees** – the selected women are introduced to the work of the organization and the purpose of the committee. This needs repetition in the first few months since women who are not interested tend to drop out and new members are added.
- Being voluntary and informal groups, members are not directed to perform any role, but are encouraged, motivated and supported to identify beneficiaries and health needs, refer them to the public health facility, inform the community about the availability of health facilities, attend meetings and trainings to build their knowledge and use this to motivate the community to improve health seeking behavior, encourage community access to health etc.
- They also act as a bridge for the community and various service providers and provide support during community outreach activities through mobilization, logistic support, crowd management etc.

Health committees are expected to meet regularly as a group, either for meetings or trainings. Meetings are held monthly and trainings are held quarterly. These activities provide them a platform to meet together as a group, share their experiences of the past month with regard to their role as a health committee member and plan future activities and trainings along with the Community Organizer.

The members have enthusiastically participated in identifying the health needs of their respective community and high risk cases thereby referring them to the appropriate health facilities. The referrals include early registration of pregnancy, regular check-ups, identifying danger signs during pregnancy, immunization of children and providing access to family planning methods. In some instances, they also accompany the patient or pregnant women to the health facilities if there is an emergency. They have also actively participated in community awareness activities and cleanliness drives organized by themselves in many of the communities.

Challenges and Solutions:

- Getting women to commit their time for meetings and trainings is a constant challenge faced by the field staff wherein home and work responsibilities are cited as a reason on many occasions. This challenge will always remain a part of working with communities and requires persistent follow-ups, negotiations with family members and encouragement by the field staff.
- Another common challenge is space for conducting meetings and trainings within the community. Not having a fixed space within the community means that meetings are organized

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in a committee member's home or other community spaces such as Anganwadis which are subject to cancellation at any time depending on the availability.

- The level of engagements and participation varies from member to member. In each group there are around 3-4 members who are active and proactively support the other women in the community during difficult situations.

The health committee members have reported that after joining the program they have become highly respected members in their community and are looked up to not only by their community but also by their family members. The women feel worthy and honoured when community women approach them without any hesitation to seek their help and support.

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