



Mahila Arogya Samiti (MAS)



ODISHA

Mission Directorate

**National Health Mission, Odisha
Department of Health & Family Welfare,
Government of Odisha**

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Abbreviation:

ANM	Auxiliary Nursing Midwife
ASHA	Accredited Social Health Activist
AWW	Anganwadi Worker
CSO	Civil Society Organization
H&FW	Health & Family Welfare
H&UD	Housing & Urban Development Department
MAS	Mahila Arogya Samiti
NGO	Non-Government Organization
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
NHM	National Health Mission
PHEO	Public Health Engineering Organization
S&ME	School & Mass Education Department
SHG	Self Help Group
SOE	Statement of Expenditure
UHND	Urban Health & Nutrition Day
ULB	Urban Local Bodies
W&CD	Women & Child Development
WKS	Ward Kalyan Samiti



Background:

National Urban Health Mission (NUHM) document suggests promoting community based groups for enhanced community participation and empowerment in conjunction with the community structures created under the Swarna Jayanti Shahari Rojgar Yojana (SJSRY), a scheme of the Ministry of Urban Development which seeks to provide employment to the urban poor. Under the Urban Self Employment Program (USEP) of the scheme there are provisions for Development of Women and Children in Urban Areas (DWCUA). There is also provision for informal association of women living in mohalla, slums etc. to form Neighborhood Groups (NHGs) under SJSRY who may later federate towards a more formal Neighborhood Committee (NHC). Such existing structures under SJSRY may also federate into Mahila Arogya Samiti, (MAS) a community based federated group of around 50 to 100 households, depending upon the size and concentration of the slum population, with flexibility for state level adjustments, and be responsible for health and hygiene behavior change promotion and facilitating community risk pooling mechanism in their coverage area.

Mahila Arogya Samiti in urban areas especially at slum level is envisaged as a broader framework of community mobilization enabling the people both individual/group for planning, execution, monitoring & evaluation of activities on a sustained basis to help improve their health and development needs. It further emphasizes demand generation at the community level, optimal utilization of health care and other community level services being provided by government to ensure better health at the grassroots level.

Hence on the realization of the above, it is proposed to form Mahila Arogya Samiti (MAS) to oversee Health, Sanitation, Water and Nutrition activities/program in the urban areas of the State.

List of the cities/towns under formation of MAS

SI	District	SI	Name of the cities/towns
1	Khordha	1	Bhubaneswar
		2	Khordha
		3	Jatani
2	Cuttack	4	Cuttack
		5	Choudwar
3	Sundargarh	6	Sundargarh
		7	Rourkela
		8	Rajgangpur
4	Ganjam	9	Berhampur
		10	Chhatrapur
5	Puri	11	Puri
6	Sambalpur	12	Sambalpur
7	Balasore	13	Balasore
8	Bhadrak	14	Bhadrak
9	Mayurbhanj	15	Baripada
10	Bolangir	16	Bolangir
11	Jharsuguda	17	Jharsuguda
		18	Brajarajnaragar
12	Koraput	19	Koraput
		20	Sunabeda
		21	Jeypore

13	Baragarh	22	Baragarh
14	Raygada	23	Raygada
15	Kalahandi	24	Bhawanipatna
16	Jagatsinghpur	25	Jagatsinghpur
		26	Paradip
17	Dhenkanal	27	Dhenkanal
18	Keonjhar	28	Keonjhar
		29	Barbil
19	Jajpur	30	Jajpur
		31	Byasanagar
20	Kendrapara	32	Kendrapara
21	Gajapati	33	Paralakhemundi
22	Angul	34	Angul
23	Kandhamal	35	Phulabani
24	Nawarangpur	36	Nawarangpur
25	Malkanagiri	37	Malkangiri
26	Deogarh	38	Deogarh
27	Sonepur	39	Sonepur
28	Boudh	40	Boudh
29	Nayagarh	41	Nayagarh
30	Nuapada	42	Nuapada
Total			42 cites/towns



Constitution of city level committee:

A committee will be constituted at city level for ensuring formation of MAS in the respective city. The committee consisting of the following members:

For Cuttack, Bhubaneswar and Berhampur Municipal Corporation

- CDMO – Chairperson
- Asst. Commissioner/ Slum Improvement Officer
- CMMO in case of Bhubaneswar or Municipal Health Officer for other cities
- CDPO, Urban ICDS
- DPM, NRHM
- City Program Manager
- Assistant Manager, GKS/ASHA
- NGO representative to be nominated by CDMO

For rest of the cities and towns

- CDMO – Chairperson
- Executive Officer – Municipality
- Municipality Health Officer
- CDPO, Urban ICDS
- DPM, NRHM
- City Program Manager
- Assistant Manager, GKS/ASHA
- NGO representative nominated by CDMO

Role of the City level committee:

- The committee shall provide overall direction, coordination and support for formation process of MAS in the urban area.
- The committee shall resolve any issues and problems related to formation of MAS.
- Each members of the committee may be given the responsibility of supervision and monitoring of selection process in a particular slum area.
- The decision of the committee regarding formation of MAS shall be final.

Mapping for calculation of MAS requirement:

The committee shall prepare a projected numbers of MAS to be formed under NUHM as per the format given below.

Sl No	Name of the City/Town	Total number of Slum Population (2011 Census)	Name of the ward	Total number of Slums	Total number of households in the slum	No. of Existing MAS	Nos. of MAS to be formed

- Slum population could be collected from the office of the respective urban local bodies.
- Total number of MAS to be formed in the city/town will be finalized based on the above mapping.
- Assistant Manager, GKS/ASHA or City Program Manager, NUHM will prepare the above format in consultation with the Slum Improvement Officer/Executive Officer of the respective urban local bodies and CDPO(urban/ district head quarter block) & NGOs implementing the Urban Slum Health Project under NRHM.
- The city level committee shall approve the mapping list.

Selection of Nodal NGOs to support the process

The city level committee may select the Nodal NGO to support formation of MAS in urban slums of respective city.

1. The existing partner NGOs implementing the urban slum health project in the city, to be engaged/given preference to support the process.
2. In case of more than one partner NGOs operating in the city; the operational areas may be distributed among the NGOs as per their existing area of implementation.
3. In case non- availability of partner NGOs mentioned in serial 1, MNGOs/FNGOs /other partner NGOs implementing NRHM program and working nearby the city to be engaged/given preference to support the process.
4. In case of non-existence of any partner NGOs mentioned in serial 1 and 3, the committee may select other NGOs from the district /city. In this case NGOs working in the nearest area shall be given preference.
5. In case of any disputes in NGO selection between two or more NGOs; NGO having highest financial turn over shall be given preference.
6. The decision of the city level committee shall be final in case of any dispute/s.



Norms and Composition of MAS:

Mahila Arogya Samiti (MAS) is a forum of Women Group of the slum who desire to contribute to well-being of the community with a sense of social commitment and leadership skill to look after their health and its determinants in holistic manner.

- One MAS shall cover 50-100 slum households with flexibility in consideration with the size and concentration of the slum population preferably within a particular ward.
- In case of bigger slums having more than 100 households, number of MAS may be formed based on the slum household coverage (one MAS per 50-100 slum households) to strengthen the community mobilization process at the grassroots level

Composition:

- One Mahila Arogya Samiti shall be consisting of 11-15 women members depending on the slum.
- Representation shall be ensured from all pockets and each community of the slum
- Social acceptance of the members shall be ensured by consulting with family members and community
- MAS shall be headed by a President and other office bearers are Secretary and Treasurer, who shall be selected / nominated by the group members. The Secretary of the MAS shall be the ASHA of that particular area of the slum
- Members of MAS shall be chosen from existing women groups formed under various Government schemes and programs like SJSRY, etc.
- ASHA, Anganwadi Worker of that particular slum area shall be incorporated as member of the Samiti
- While selecting the members, preference may be given to those women who are vibrant and dwelling longer in that slum
- In case of drop out/continuous absence in the meeting /absence for a longer period or other reasons of any MAS member(s), Samiti shall decide about engagement of new member(s)

Steps for formation of MAS:

1. Assessment:

Assessment to be conducted by the city level committee for number of MAS to be formed in a ward having slum population

2. Process of Constitution:

a. Sensitization Meeting –

- The NGO shall conduct meetings with SHG, ASHA, AWW, existing Mahila Mandal and women from the slum to understand the health conditions and to sensitize the women to work towards improving the health of the men, women and children in the slum. The same process shall be documented by the NGO
- After sensitization meetings women shall be spared with one week time, so that they can consult with their family, community members and make up their mind.

b. Follow-up meeting with interested women-

- A follow up meeting shall be conducted with the interested women for formation of MAS
- Roles, responsibilities, functions of MAS shall be discussed in the follow-up meeting

c. Formation Meeting-

- In subsequent meeting MAS can be formed involving 11 to 15 members those were active and determined women and following all prescribed norms above
- MAS members can select/nominate their office bearers (President – selected/nominated, Secretary – ASHA, Treasurer – selected/nominated) after formation of MAS
- In case of more than 15 willing women members for one particular MAS, the NGO may scrutinize members as per following norms:
 - Members shall represent every corner of the area
 - Members shall have desire to contribute to well-being of the community
 - Members dwelling longer duration in the community

- Married and aged women shall be given preference
- Process shall be initiated for opening of bank account of MAS

Documentary evidence for formation of MAS:

- Resolution copy (All meetings)
- MAS registration sheet

Activity timeline for Formation of MAS:

Activity	Responsibility	Timeline
Constitution of City level committee for formation of MAS	CDMO; Assistant Manager, GKS/ASHA; City Program Manager/Assistant Program Manager	Within 15 days from the date of receipt of the guidelines
Mapping for assessment of requirement of MAS	CDMO/Asst. Commissioner / SIO/ Executive Officer, Municipality /Asst. Manager, GKS/ASHA; City Program Manager/Assistant Program Manager	
Selection of Nodal NGOs for formation of MAS	Selection committee	Within 10 days after completion of mapping
Sensitization of Nodal NGOs about MAS	Assistant Manager, GKS/ASHA, City Program Manager/Assistant Program Manager	Within 7 days after selection of Nodal NGO

Issuance of Notice for formation of MAS	Nodal NGO	Within 10 days of sensitization of Nodal NGOs
Community process by Nodal NGOs for formation of MAS – 1 st Meeting	Nodal NGO	Within 15 days from issue of the notice
Community process by Nodal NGOs for formation of MAS – 2 nd Meeting	Nodal NGO	After 7 days of 1 st meeting and within 15 days
Community process by Nodal NGOs for formation of MAS – 3 rd Meeting	Nodal NGO	After 7 days of 2 nd meeting and within 15 days
Preparation of MAS profile	Nodal NGO	Within 7 days of 3 rd meeting
Opening of Bank Account of MAS	Nodal NGO	Within one month of 3 rd meeting
City level committee meeting to finalize MAS formation and intimation to all concerned.	Selection committee	Immediately after submission of MAS profile by Nodal NGOs

Total maximum period for formation of MAS– 3 months

Roles and Responsibilities of MAS:

- Act as community peer group on health, nutrition, water, sanitation and hygiene
- To identify health, water, sanitation and nutrition related issues/problems in their slums and discuss the same with frontline workers, members of WKS, facilitating NGOs etc
- Create awareness and generate demand in slum on MNCHN, WASH and other health related issues
- Ensure referral linkages for MNCHN, WASH and other health related services
- Mobilize community for attending outreach camps, UHND sessions, routine immunization sessions, etc.
- Help in identifying left out cases for immunization/UHND and in preparation of the due list for immunization.
- Track pregnant and infants for timely immunization and other health related issues using health resource map



- Participate in Ward Kalyan Samiti(WKS) meetings and raise the issues related to health, nutrition, water, sanitation and hygiene issues of their respective areas
- Help WKS in preparation of ward level plan to address the issues related to Health, Sanitation, Water supply, Nutrition
- Participate and mobilize others to participate in observations of important days on health, water, sanitation and hygiene, sishu mela, health camp, slum clearness drive, IEC program, urban health nutrition day etc.
- Help frontline workers, member of WKS, facilitating NGOs to do the sanitary survey of drinking water source in their respective area

Role of the President:

- Chair monthly meeting(s) of Mahila Arogya Samiti on fixed day(s)
- Allocates households to MAS members for regular tracking through Health Resource Map
- Representing the group in WKS meeting and other events for demand generation.
- Share the proceedings of the meeting with all the members concern

Role of the Secretary:

- Making all arrangements for monthly meeting (s) including venue selection, logistics, prepares agenda and minutes of the meeting
- Updating all the samiti's records and registers
- Have all the administrative responsibilities of the group.

Role of the Treasurer:

- Responsible for maintaining all financial records and registers
- Management of the untied funds
- Operating the bank account of the group



Role of Other Members:

- Help Samiti in all the above mentioned activities
- Perform individual assignments given by the Samiti
- Adheres to the rules and regulations of the Samiti
- Maintain high standard of transparency and discipline in the Samiti

Meeting of Mahila Arogya Samiti (MAS):

The MAS shall meet at least once in a month. A particular date can be fixed by the respective MAS for regular monthly meeting. Other than the fixed day of meeting MAS meeting can be organized in case of requirement or in emergency. The date, place and time shall be communicated to all the members by the President well in advance. The meeting shall be presided over by the President. The quorum shall be 2/3rd of the respective MAS members. The health, sanitation, nutrition, water related issues/problems of the slums shall be discussed in the meeting. Further the activities/achievements of the previous month shall be reviewed and coming month's plan of action shall be prepared and approved in the meeting. The expenditure incurred for different activities shall also be approved in the meeting. The minutes of the discussion shall be prepared by the secretary.

Fund Provision (Annual Untied Fund):

Each MAS will be provided an annual untied fund of Rs. 5,000/- to meet the expenses for implementation of activities as per the plan. The fund will be directly deposited in the bank account of the MAS.

Operation of Bank Account:

- The account will be operated jointly by the Treasurer and President/Secretary (any one of the two) of the Samiti.
- The bank account may be opened in any scheduled bank/nationalized bank/post offices.
- Care shall be taken by the MAS for making expenditure of the available funds not at one shot but throughout the year and as per the plan.
- All plans and expenditure shall be approved by 2/3 members of the MAS
- MAS cannot spend more than 25% of the untied funds at single instance except during emergency and with due approval of samiti.
- Records relating to expenditure of the funds of the MAS shall be maintained properly and in a transparent manner.
- MAS could mobilize resources from other sources required for successful implementation of various activities.

Utilization of Untied Fund:

National Urban Health Mission provides Rs. 5,000/- as annual untied fund to Mahila Arogya Samiti (MAS) for undertaking different activities/program. The amount can only be utilized after approval in the MAS meeting/s. The MAS shall submit the quarterly Statement of Expenditure (SOE) to the ULB/District/NGO (whom they received the fund). The MAS should prepare the plan to address the health and its determinant issues in the slum location. The suggestive expenditure of the annual untied fund is given below:

Supportive activities	Developmental activities
<ul style="list-style-type: none"> • Monthly meeting • Incentive payment to Treasurer of Rs. 50/- 	<ul style="list-style-type: none"> • Tracking of pregnant women, children 0-5 years for increasing immunization

<p>per month/per meeting</p> <ul style="list-style-type: none"> • Purchase of stationary/registers for preparation of health resource map • Purchase of other stationary/registers • Supportive activities are limited to 20% of the annual untied fund budget. 	<p>coverage using health resource map</p> <ul style="list-style-type: none"> • Slum cleanness drive, sanitation drive • Promotion of use of safe drinking water • Promotion and demonstration of hygiene practices like hand washing with soap at critical time • Creating awareness about good sanitary practices • Providing emergency health services and arranging vehicle for referral of poor pregnant women and children, old, infirm, destitute, orphan or handicapped etc. • Any other health related activities that is a felt need of the slum with the approval of the samiti • It may be noted that the MAS cannot spend more than 25% of the funds at single instance except during emergency and with due approval of samiti.
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Dos & Don'ts on utilization of untied fund

- 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.
- The activity should have the evidence of records



- 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.

Registers/Records:

The following registers/records to be maintained by Mahila Arogya Samiti (MAS)

- Cash book
- Bank passbook
- Health Resource Map
- Vouchers against the expenditure/s
- Multi-purpose register for keeping meeting minutes, referrals, stock, etc. will be provided by NUHM

Monitoring and Handholding Support:

- The monitoring shall be conducted by the CPMU/DPMU and front line workers during formation of MAS and implementation of the program.
- The Facilitating NGO selected by the district/city shall provide support for formation of MAS and handholding support for smooth functioning of MAS and coordinate with ASHA, AWW, Ward Kalyan Samiti, CPMU/DPMU.
- The State, city and district officials shall also monitor the activities of MAS and provide necessary guidance and strategic direction to the samiti. The officials shall check the records/registers maintained by the samiti from time to time and suggest rectification if any.
- The Ward Kalyan Samiti may visit the MAS and provide necessary support to MAS.

Integration and coordination:

- MAS shall act as the focal community group in the catchment area of the slum for facilitation of community level health services and referral linkages for MNCHN and WASH services, generating community awareness on MNCHN, WASH and local relevant health issues.
- MAS shall co-ordinate with different front line workers like ASHA, Anganwadi workers, ANMs, Community Organizers of ULB, sanitary inspectors, CBOs, NGOs, self help groups, etc. for ensuring services to be reached at the community.

Capacity Building:

- Training and capacity building program shall be undertaken for the member of the MAS on their role and responsibility, MNCHN, WASH, schemes/programs of Govt. for urban poor, tracking left out cases, drop outs and counseling skills for tracking of beneficiaries
- Develop skills in listing of the target population and depicting target families of their assigned lanes on the social/ health resource map
- Preparation and implementation community health plan
- Facilitate linkages of MAS with the neighboring public sector health facilities, government hospitals, accredited private and charitable hospitals for referral and diagnostic services
- Develop coordination between UHC service providers (public, private and charitable) and MAS members for receiving regular supplies of all components of the RCH, Immunization and Disease Control programs under NRHM
- Develop understanding of MAS members by organizing cross learning visit(s) to neighbouring well-functioning MAS

Expected Outcomes and Outputs from the MAS:

Outcomes	Outputs	Indicators
Increased community awareness on MNCHN, WASH and locally relevant health issues	<ol style="list-style-type: none"> 1. Thematic Orientation Training for MAS members on MNCHN and WASH and other health issues 2. Health education sessions during MAS meetings 	<ol style="list-style-type: none"> 1. No. of thematic orientation trainings conducted for MAS members 2. No. of health education sessions held during MAS meetings
Increased acceptance of best practices in MNCHN, WASH and other health issues by the community members	<ol style="list-style-type: none"> 1. Dissemination workshops on best practices for MAS members 2. Health education sessions during MAS meetings 3. Exposure visits for MAS members to promote cross learning 	<ol style="list-style-type: none"> 1. No. of dissemination workshops organized 2. No. of exposure visits conducted 3. No. of health education sessions held
Community based monitoring of MNCHN, WASH and other health services developed	<ol style="list-style-type: none"> 1. Planning for regular outreach services involving MAS members, health and ICDS 2. Monitoring of planned activities by MAS members through a standard monitoring format 3. Regular feed forward of community monitoring data to CPMU/DPMU 	<ol style="list-style-type: none"> 1. No. of microplans for outreach services developed 2. No. of community monitoring formats submitted 3. No. of dissemination meetings for monitoring data among CPMU/DPMU conducted
Referral linkages for MNCHN, WASH and other health services established	<ol style="list-style-type: none"> 1. Meetings conducted for establishing referral linkages between MAS and service providers 2. Beneficiaries referred to identified facilities 	<ol style="list-style-type: none"> 1. No. of meetings between MAS members and service providers 2. No. of beneficiaries requiring referral 3. No. of beneficiaries actually referred



ANNEXURES:

- Annexure I : MAS Registration Form**
- Annexure II : Sample Health Resource Map**
- Annexure III : Different MAS in a Single Larger Slum - An Illustration**
- Annexure IV : Letter to Bank for opening of Bank Account**
- Annexure V : Format for Recording Meeting Minutes – Sensitization Meeting**
- Annexure VI : Format for Recording Meeting Minutes – Follow-up Meeting**
- Annexure VII : Resolution of the Mahila Arogya Samiti (MAS) Formation Meeting
(Third Meeting)**



Annexure I: MAS Registration Form:

Mahila Arogya Samiti (MAS)

Registration Sheet

Name of the MAS:

Date of formation _____ Total members of the MAS _____

Name of the Slum _____ Total no. of HHS _____

Name of ASHA/AWW/ANM _____

Objectives:

- 1 To promote health status of mothers and children in the slum
- 2 To promote gender and women empowerment in the slum and end discrimination among boys and girls
- 3 To bring qualitative change in the lives of the socially and economically backward people in the slum

We do agree to undertake the following activities to achieve the above objectives.

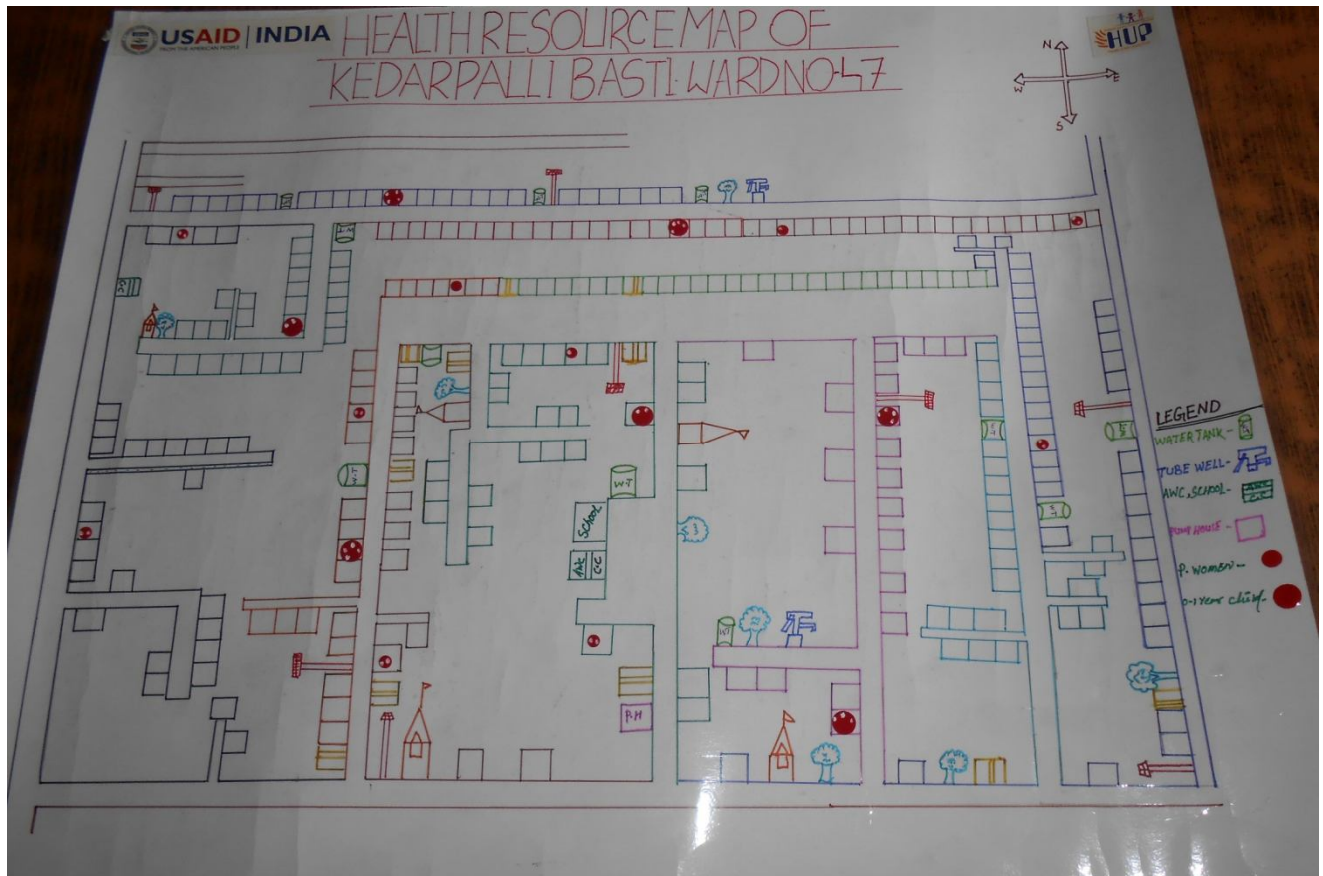
- Initiate sanitation drive to keep our slum clean and healthy
- Mothers shall be sensitized to adopt proper attitude in dispensing with household wastes so that the cleanliness both within and outside is well maintained
- Members shall be trained on several important health issues like
 - Care of the mother and new born
 - Prevention, control and treatment of diarrhea
 - Early identification of pneumonia and its treatment
 - Nutrition and breast feeding
 - Immunization
 - Water and sanitation
- Once the training is completed, we will start sensitizing mothers on safe pregnancy, care in the post natal period, how to prevent diarrhea, care of the child suffering from pneumonia, creation of awareness on signs and symptoms of severe diarrhea, malnutrition, etc.
- Keep record of incidences of diseases, births and deaths in the slum and will inform the ASHA/ANM/AWW at regular intervals
- Identify pregnant women and sick children and shall inform to the ASHA/ANM/AWW
- Sensitize mother on importance of child immunization through immunization calendar - complete immunization in first year of child life, track left out cases for immunization through immunization card
- Give information on importance of TT injection and IFA tablets to pregnant women
- Participate and help in health mela, outreach camps, UHND & immunization sessions



- Support regularly Anganwadi Worker in proper tracking of malnourished children like taking weight of the baby below six months of age
- Help AWW/ASHA/ANM in identifying pregnant and lactating mothers in the slum
- Educate mothers on the importance of colostrum feeding, exclusive breast feeding for first six months of the child and complementary feeding after six months
- Send mothers for health checkup and treatment to Skilled/trained health personnel - institutional delivery and immediate visit to health centre in case of illness/sickness
- Support in different demand generation activities like street plays, pocket meetings, health education camps – identification of place and informing community on these activities
- Organise MAS meeting every month and keep record of the meeting in the minutes book

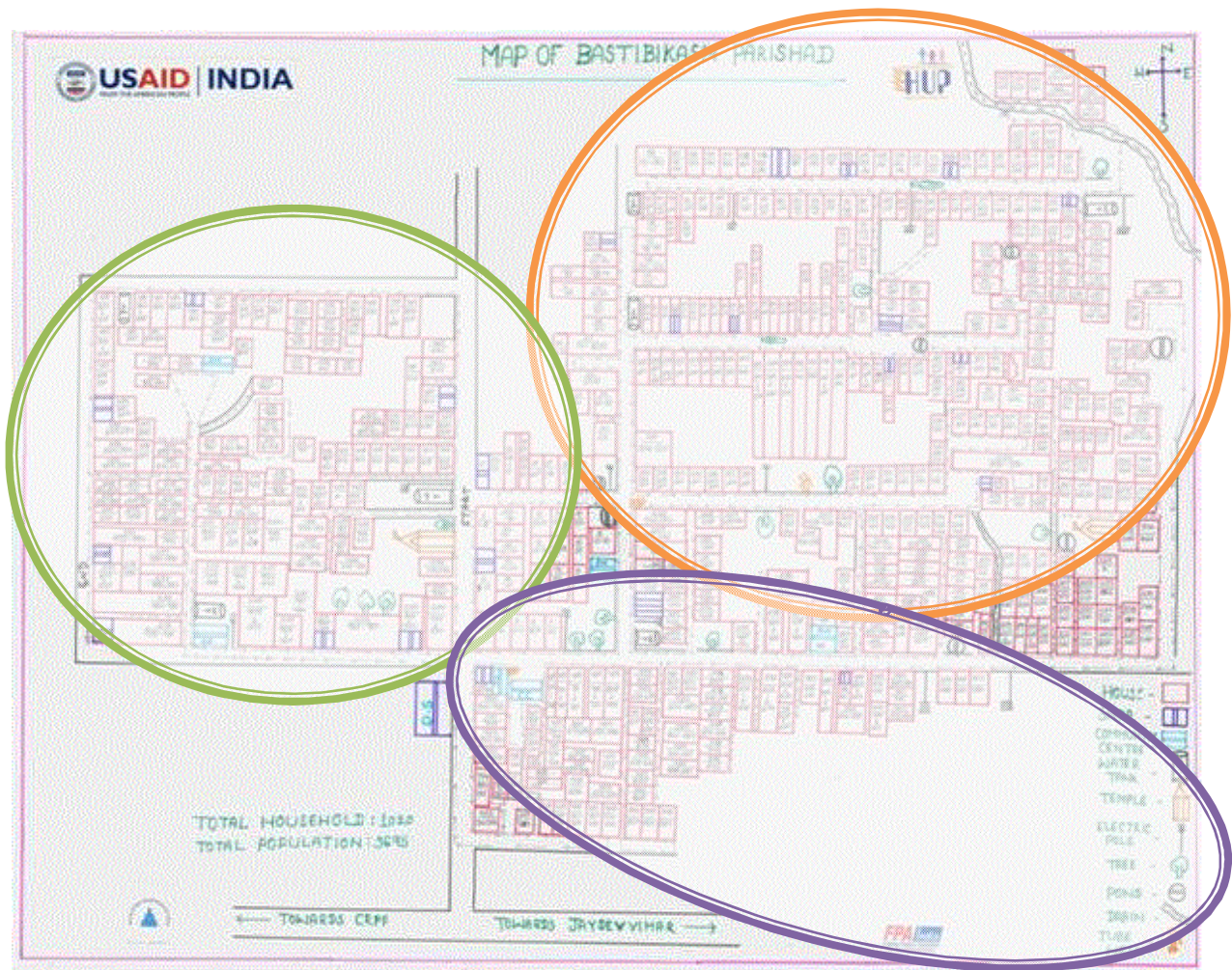
Sl No.	Name	Address	Age	Designation	Signature	Photo

Annexure II: Sample Health Resource Map:



Health Resource Map is used for tracking pregnant women and children below one year of age for immunization. MAS members divide the slum households among themselves and identify pregnant women and children below one year of age in their area which are then denoted by sticking bindis on the map. The smaller bindi denotes the status of two Tetanus Toxoid injections in the pregnant women and larger bindi denotes the vaccination status of the child.

Annexure III: Different MAS in a Single Larger Slum - An Illustration



In bigger slums with more than 100 households more number of MAS can be formed in different corners. Above illustration shows the operational area of three different MAS in a single larger slum.



Annexure IV: Letter to Bank for opening of Bank Account:

To

The Branch Manager

Sub: Opening of the Bank Account in the name of Mahila Arogya Samiti

Sir,

We would like to inform you that _____ Mahila Arogya Samiti (MAS), _____(Name of the slum) is formed to implement health, nutrition, sanitation related activities in ward no..... of city/town. To facilitate the funds transaction it was decided in the Mahila Arogya Samiti to open a saving bank account in your bank. The account will be jointly operated by

- | | |
|------------|---------------------|
| 1. Smt./Ms | President/Secretary |
| 2. Smt./Ms | Treasurer |

The resolution of the meeting held for the formation of MAS and opening of bank account in name of MAS is attached herewith for your reference. We request you to open the bank account in the name of _____ MAS in your bank. The account opening form duly filled in is also enclosed with this letter. It is therefore requested to immediately open an account in your bank in favor of our Mahila Arogya Samiti.

Yours faithfully,

President, MAS

Encl: Copy of the resolution of the meeting.



Annexure V: Format for Recording Meeting Minutes – Sensitization Meeting:

Place of Meeting :

Time of Meeting :

Date of Meeting :

Members Present :

S. No.	Name of the Member	Designation	Signature

Meeting Proceedings in Brief:

Discussions held

- 1.
- 2.
- 3.

Decisions taken

- 1.
- 2.
- 3.



Annexure VI: Format for Recording Meeting Minutes – Follow-up

Meeting:

Place of Meeting :

Time of Meeting :

Date of Meeting :

Members Present :

S. No.	Name of the Member	Designation	Signature

Meeting Proceedings in Brief:

Discussions held

1.

2.

3.

Decisions taken

1.

2.

3.



Annexure VII: Resolution of the Mahila Arogya Samiti (MAS) Formation

Meeting (Third Meeting):

Name of the city :
Name of the ward :
Name of the Slum :
Date & timings of the meeting :
Venue of the meeting :

The first meeting of the Mahila Arogya of ward no..... in ----- city/town was held under the chairmanship of Smt./Ms -----President. The members of the MAS participated in the meeting. The aims, objectives, activities, role of different stakeholders, fund management and utilization, record maintenance etc. of MAS were discussed in details. Smt./Mswas nominated as President of the Samiti and Smt/Mswas nominated as Secretary of the Samiti. It was discussed that Rs. 5000/- (Rupees five thousand only) will be sanctioned to MAS under National Urban Health Mission (NUHM) to implement various health and its determinant activities in the slum. To facilitate the same, it was decided to open a SB joint account in the nearest -----bank.

It was agreed that the resolution of this meeting along with a letter of request should be submitted to the Branch Manager, -----bank for opening of the bank account in the name of MAS. The following persons will operate the bank account.

- | | |
|------------|---------------------|
| 1. Smt./Ms | President/Secretary |
| 2. Smt./Ms | Treasurer |

It was decided that the functioning of the MAS would be governed by the guidelines of National Urban Health Mission (NUHM). The meeting of samiti will be held on each month. The meeting ended with a vote of thanks to the chair and all

Signature of the members present in the meeting

1. _____ 2. _____