



URBAN HEALTH · NON - COMMUNICABLE DISEASES

Mahila Arogya Samitis

and the transformation of slum health

Community participation that turns women's leadership into a sustainable foundation for managing diabetes, hypertension and the everyday health of Pune's urban poor.



Grassroots health for **vulnerable communities**

For years SATHI–Anusandhan Trust has galvanised improvements in access to healthcare and nutrition for vulnerable communities through community participation. Its urban outreach rests on three pillars: activating Mahila Arogya Samitis to resolve community health and social issues, advancing patient rights and private-sector accountability, and grounding everything in action research and advocacy.

Why a non - communicable disease project

01

High prevalence of NCDs in slums

46%**HYPERTENSION****39%****DIABETES****02**

A leading cause of morbidity

NCDs have become a primary cause of illness in Pune's slums, where the burden of chronic disease now sits alongside everyday hardship.

03

Thin reach of primary care

Overcrowding and the limited penetration of formal primary health centers leave many households without a reliable point of care.

04

Affordability and awareness gaps

Treatment is held back by cost and by limited awareness of where free, suitable care can be found.

Transforming **three strategic domains**

1 Mahila Arogya Samiti (MAS)

- Activate the MAS and support members to recognise their rights and responsibilities
- Identify the community's health and health-related social needs
- Raise problems with the health system and ward offices, then follow up to resolution
- Run monthly meetings — sharing better NCD management and discussing community needs
 - Convene MAS meetings with HWC and PHC officials

2 Patient Support

- Identify NCD cases and provide continuous follow-up of old and new patients
 - Treatment adherence and detection of high-risk cases
 - Reduction in out-of-pocket expenses
 - Documentation support to link patients to government health schemes
- Deliver community-level awareness sessions on NCDs

3 Public Health System

- Workshops for frontline workers and block, district, state and PMC health officials
- Advocate for the expansion of Health & Wellness Centres (HWCs)
- Press for continuous service provision through appointed officials
- Assist the PMC health department with community outreach programmes

A continuum of care

The MAS focuses on community monitoring and awareness, bridges the community with dispensaries and the U-PHC, and drives greater use of public health services — a self-reinforcing cycle.

1

Activated & functional MAS

A working women's health committee anchors the cycle.

2

Identify & map vulnerable families

The committee locates households most at risk.

3

Awareness sessions, screening camps & services

Outreach raises awareness and brings screening closer to home.

4

Connect with the health system

Families link to HWC officials and frontline workers — increasing demand for care.

5

Enrolment & treatment of NCD patients

Patients are enrolled and treated through public services.

6






Better services & management of health

Improved care feeds back into a stronger, more active MAS.






Measured impact

Baseline: 1,333 cases enrolled across 12 slums and neighborhoods with a combined population of roughly 100,000. By the end of the first year of intervention, outcomes had improved significantly across every measure.

Diabetes (Cases: 516)

	At Baseline	End of Year 1	Change
Utilisation of HWC Services	29.1%	36.6%	 25.8%
Adherence to Treatment	29.8%	41.9%	 40.6%
Enrolment in Shahari Gareeb Yojana	4.9%	9.7%	 98.0%
Registration on Government Portal	17.4%	44.0%	 152.9%
Average Monthly Out-of-Pocket Expenses	Rs. 521.5	Rs. 400.5	 23.2%

Hypertension (Cases: 817)

	At Baseline	End of Year 1	Change
Utilisation of HWC Services	23.7%	35.7%	 50.6%
Adherence to Treatment	25.9%	37.9%	 46.3%
Enrolment in Shahari Gareeb Yojana	3.2%	13.3%	 315.6%
Registration on Government Portal	16.5%	49.1%	 197.6%
Average Monthly Out-of-Pocket Expenses	Rs. 356.3	Rs. 230.7	 35.3%

Voices that matter



Serve one, serve all

An 80-year-old woman in Kamana Colony, long hypertensive, struggled to keep up her medication because of cost and limited mobility. A SATHI health worker walked her to the nearest HWC and arranged for the ANM to deliver her medicines at home. Raised at the MAS meeting, the case became a collective demand — that all elderly patients receive the same support during ANM home visits.

Guiding health, restoring hope

An Arogya Sathi helped a 65-year-old man in Warje-Malwadi register at a UPHC, ending a ₹500–600 monthly medicine bill. After a fall, the worker also managed his new diabetes diagnosis and guided him through cataract surgery. With free government medication, light exercise and dietary change, his vitals are now stable.

“Because of your continuous efforts I could be healed. Thank you.”



Manage your health, embrace your life

A 61-year-old woman in Sahayog Nagar had fluctuating blood pressure despite taking medicines she knew little about. A SATHI field worker sent her to the nearest HWC, where a doctor prescribed treatment that suited her and advised on diet and exercise. Her blood pressure is now controlled, and she moves through her day with ease.



Securing their health

An elderly couple in Laxminagar were straining to cover the wife's treatment for hypertension and diabetes. When SATHI launched an NCD programme there and a MAS began functioning, their combined effort placed a doctor at the Laxminagar E-Health centre. Enrolled on the NCD portal, she now collects monthly medicines locally — and has taken the lead in voicing NCD medicine-supply concerns to the ward medical officer.

Impact beyond measure

A long-time resident of Gosavi Vasti had paid heavily for private hypertension treatment. Since the programme began, a field worker monitors her BP regularly and registered her at the HWC, where she now receives free care.

“It is a blessing. I have been registered at the government clinic and saved a significant amount on my medication.”



Free treatment, restored dignity

A 54-year-old hypertensive man in Ramnagar became bedridden after an episode of paralysis, unable to work or sustain his medication. A SATHI field worker reached out and registered him at the nearest HWC, where he now receives treatment free of cost.

“Ramatai, I am getting BP tablets free because of you.”

I couldn't have done it without you

A young woman in Ramnagar with hypertension and diabetes had paid ₹400 a month at private pharmacies, avoiding government care for fear it wouldn't suit her. After repeated encouragement, a SATHI worker persuaded her to visit the new HWC, where she completed her lab tests and received an NCD card and all her medicines free.





Mahila Arogya Samitis are the vital pulse of community health in urban slums — turning local collective action into a sustainable foundation for well-being and transforming vulnerable slum dwellers into architects of their own families' health.

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