Mahila Arogya Samitis (MAS)

Strengthening Urban Health Governance through Women-Led Community Action

A SATHI Programme Initiative | Maharashtra | 2025–2029

Nashik Pune Solapur

Programme Overview

Implemented by SATHI (Support for Advocacy and Training to Health Initiatives) under the Anusandhan Trust the Mahila Arogya Samiti (MAS) initiative operationalises the National Urban Health Mission's (NUHM) women-led community health governance mandate. Since January 2025, SATHI has revitalised dormant MAS groups into accountable platforms across Nashik, Pune, and Solapur, that improve healthcare access for the urban poor. This scalable model strengthens existing municipal infrastructure instead of duplicating it.

Driving measurable health improvements across three strategic areas

3 Cities	5 Lakh+	160+	40
Nashik · Pune · Solapur	Residents reached	Active MAS groups	Urban PHCs linked

The programme directly reaches over

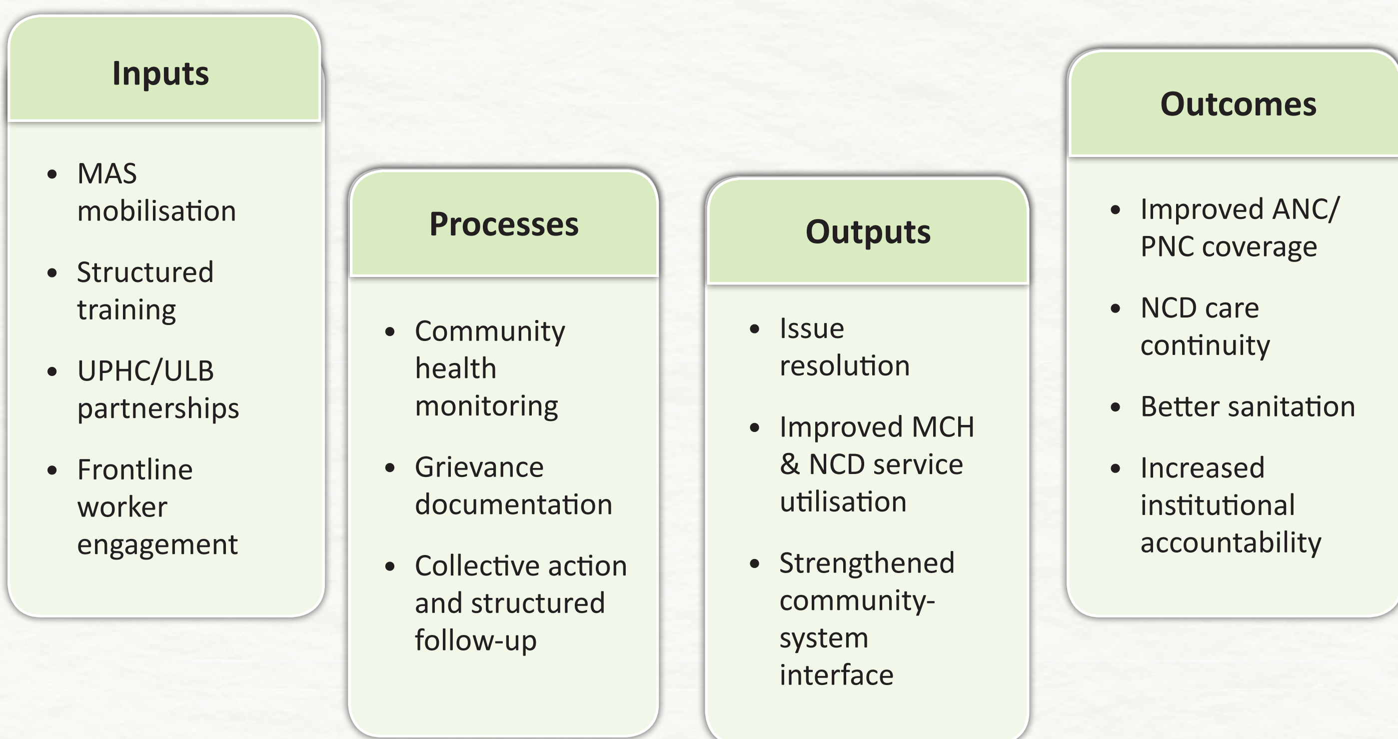
1,800
ANC/PNC women

3,000
0 to 3 years children

1,700
individuals living with hypertension or diabetes

in vulnerable urban settlements

Theory of Change



Operational Scale by City

	Nashik	Pune	Solapur
MAS Groups	50	60	50
Monthly Meetings (2025)	550	660	550
SATHI-facilitated Meetings	150	417	419

Value-driven health results

Quantified Impact 2025

- 168 community health concerns formally raised; 45 (26.8%) successfully resolved through structured MAS advocacy.
- 939 persons with hypertension/diabetes shifted from private to public facilities - saving an estimated Rs. 14.08 lakh per month (approx. Rs. 1,500 per patient).
- Increased uptake of antenatal and postnatal care services.
- Increased screening and follow-up for elderly individuals with chronic conditions.
- Faster resolution of sanitation, water supply, and epidemic-control issues through written grievance pathways.

Active NCD case management

Nashik	At Baseline	End of Year 1	Change
Diabetes cases identified	35	195	↑ 457.1%
Hypertension cases identified	86	335	↑ 289.5%
Both NCDs cases identified	102	194	↑ 90.2%
Utilisation of public services- Diabetes	11.1%	18.0%	↑ 62.2%
Utilisation of public services- Hypertension	4.4%	20.3%	↑ 361.4%
Utilisation of public services- Both NCDs	12.4%	28.9%	↑ 133.1%
Average Monthly Out-of-pocket Expenses- Diabetes	Rs 618.6	Rs 419.7	↓ 32.2%
Average Monthly Out-of-pocket Expenses- Hypertension	Rs 557.6	Rs 321.7	↓ 42.3%
Average Monthly Out-of-pocket Expenses- Both NCDs	Rs 1471.0	Rs 690.9	↓ 53.0%

Pune	At Baseline	End of Year 1	Change
Diabetes cases identified	532	653	↑ 22.7%
Hypertension cases identified	890	1061	↑ 19.2%
Both NCDs cases identified	249	297	↑ 19.3%
Utilisation of public services- Diabetes	18.9%	25.9%	↑ 37.0%
Utilisation of public services- Hypertension	16.2%	35.0%	↑ 116.0%
Utilisation of public services- Both NCDs	20.2%	32.1%	↑ 58.9%
Average Monthly Out-of-pocket Expenses- Diabetes	Rs 1247.6	Rs 540.8	↓ 56.7%
Average Monthly Out-of-pocket Expenses- Hypertension	Rs 444.0	Rs 265.7	↓ 40.2%
Average Monthly Out-of-pocket Expenses- Both NCDs	Rs 1725.5	Rs 711.2	↓ 58.8%

Solapur	At Baseline	End of Year 1	Change
Diabetes cases identified	75	289	↑ 285.3%
Hypertension cases identified	59	567	↑ 861.0%
Both NCDs cases identified	100	290	↑ 190.0%
Utilisation of public services- Diabetes	6.6%	5.9%	↓ 10.6%
Utilisation of public services- Hypertension	7.7%	4.9%	↓ 36.4%
Utilisation of public services- Both NCDs	6.4%	4.8%	↓ 25.0%
Average Monthly Out-of-pocket Expenses- Diabetes	Rs 885.7	Rs 796.5	↓ 10.1%
Average Monthly Out-of-pocket Expenses- Hypertension	Rs 805.2	Rs 443.9	↓ 443.9%
Average Monthly Out-of-pocket Expenses- Both NCDs	Rs 1311.5	Rs 1131.1	↓ 13.8%

Community Voices That Matter

Before our program, seeking NCD care was defined by fear, high costs, and time-consuming hurdles. Today, the intervention has made diagnosis and treatment accessible, affordable, and stress-free. Pregnant and lactating mothers have moved from facing barriers to feeling empowered, while local women's committees actively dismantle health inequities through community action and policy advocacy. The testimonials below reflect this profound transformation and the community's renewed trust in the health system.

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.

Garbage Gone, Peace of Mind Restored!

Irregular collection of garbage in Tavli Phata and Ramnagar (Nashik) caused a lot of inconvenience to the residents. Umang Women's Health Committee brought this issue to the Municipal Corporation's notice. After consistent follow-ups a garbage collection service has been initiated and regularized bringing a big relief to the area and between neighbors.

Our Entitlements, Delivered

The Public Distribution System (PDS) ensures 5 kg of grains per person to the vulnerable families. When residents of Naik Pura (Pune) found inadequacies in their ration quota they approached Savitribai Women's Health Committee for help. The health Committee along with the Mahila Arogya Samiti (MAS) met with the ration shopkeeper to remind him of the PDS guidelines. The women successfully compelled the shopkeeper to provide the full ration that the people were rightfully entitled to.

Back to Play, Back to Growth!

The Anganwadi in Sadiq Nagar (Nashik) was closed for more than two months resulting in disruption of nutritional meal provision to children of the area. The Swamini Women's Health Committee expressed their stern formal disapproval to the Anganwadi worker. The Anganwadi reopened the next day and has continued its routine operations with the committee monitoring its daily operations.

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."*

Clean spaces. Safe places

Massive unsanitary conditions due to rains and waterlogging were a source of mosquito-borne illnesses like Dengue. The Jijamata Women's Health Committee from Kshirsaling Nagar (Solapur) approached relevant officials and demanded an immediate relief to the problem. Fumigation/spraying and awareness campaigns among residents reduced the issue significantly.

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."*

City-Level Highlights

Nashik

- Garbage collection restored in *Tawli Phata* following persistent MAS advocacy with the Municipal Corporation.
- Community blood-pressure machine procured for public use by *Om Sai* MAS.

Pune

- Urban Poor Health Scheme cards facilitated for eligible residents by trained MAS members.
- Written complaints on contaminated water supply prompted municipal corrective action.
- *Gokul Pathar* garbage concerns resolved through structured MAS engagement with ward officials.

Solapur

- Targeted health camp for domestic workers organised by *Sanskriti* MAS, reaching a routinely excluded group.
- Regular availability of hypertension and diabetes medicines at *Apala Dawakhana* ensured through *Sai* MAS follow-up.
- Rapid mosquito-infestation response after *Jhansi Rani* MAS escalated waterlogging concerns to civic authorities.

Programme Strategy

SATHI empowers MAS as the primary voice of the urban poor in the public health system through:

- Reactivation and regular functioning of MAS groups across wards
- Structured capacity-building for MAS members, ASHAs, ANMs, and community volunteers
- Household and locality mapping to identify health gaps and priority populations
- Systematic follow-up with UPHCs, Health and Wellness Centres (HWCs), and municipal departments
- Community mobilisation on health entitlements, sanitation, epidemic control, MCH, and NCD care
- Exposure visits to public health facilities to build community trust and utilisation
- City-level Arogya Sanvad Melavas: structured dialogue between MAS representatives and civic systems
- Digital facilitation enabling MAS members to support Urban Poor Health Scheme applications

Institutional Alignment and Partnerships

Designed to integrate with—not replace—public systems, the initiative works hand-in-hand with:

- Municipal Corporations of Nashik, Pune, and Solapur
- Urban Primary Health Centres (UPHCs) and Health and Wellness Centres (HWCs)
- Urban frontline health workers — ASHAs and ANMs
- Elected representatives at ward and city levels

This integration embeds MAS into standard public health governance, ensuring sustained recognition and support.

Scale-Up Strategy: 2026-2029

SATHI's forward strategy transitions its role from direct delivery to a quality assurance and system-embedding model, driving sustainable scale through five structured pillars:

Scale-Up Pillar	Approach	Expected Result (2026–2029)
Replicable MAS Package	Standardised SOPs for meetings, role clarity, issue registers, scheme facilitation, and monthly UPHC interface	Modular, measurable, replicable across sites with minimal external support
Train-the-Trainer Model	MAS Master Facilitators trained using standard modules, checklists, and peer-learning circles	Local capacity to sustain MAS processes independently
System Embedding	Formal linkages with UPHCs, city health leadership, and ICDS/WASH/social welfare convergence	MAS institutionalised within urban health governance—not a parallel structure
Continuity of NCD Care	Medicine tracking, adherence counselling, BP/ glucose monitoring, and patient feedback loops	Sustained, reliable chronic disease care through public facilities
Measurement & Evidence	Track issue-to-resolution time; patients navigated; monthly cost savings; equity lens on beneficiaries	Actionable proof of impact to support replication and policy uptake

Success Indicators (3-5 Year Horizon)

- MAS formally recognised and integrated into municipal health and city planning processes.
- Measurable reduction in out-of-pocket health expenditure for urban poor households.
- Demonstrated preference for public facilities among communities managing chronic conditions.
- MAS feedback routinely used for UPHC micro-planning and health system responsiveness.
- Replication across additional Maharashtra cities with standardised quality assurance.

Opportunities for Partnership

SATHI actively seeks collaborative partnerships with government entities, funding agencies, and research institutions in the following areas:

- **Policy integration:** Formal adoption of the MAS governance model within NUHM state and city implementation plans
- **Geographic expansion:** Replication of the programme framework in additional Maharashtra districts and cities
- **Research and evaluation:** Independent outcome assessment and health-system cost-effectiveness studies
- **Funding support:** Programme scale-up, Master Facilitator development, digital tools, and evidence generation

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