



Ministry of Health & Family Welfare
Government of India



Handbook for
Mahila Arogya Samiti:
Urban Mobilization
(MASUM) for
Routine Immunization



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Acronyms

| | | |
|----------|---|----------------------------------------------------------------------|
| AEFI | : | Adverse Events Following Immunization |
| ANM | : | Auxiliary Nurse Midwife |
| ASHA | : | Accredited Social Health Activist |
| AWC | : | Anganwadi Center |
| BCC | : | Behavioral Change Communication |
| BSUP | : | Basic Services to Urban Poor |
| CAB | : | COVID Appropriate Behaviour |
| DH | : | District Hospital |
| FLW | : | Frontline Worker |
| IEC | : | Information Education Communication |
| JSSK | : | Janani Shishu Suraksha Karyakaram |
| JSY | : | Janani Suraksha Yojana |
| MCP | : | Mother & Child Protection Card |
| MO | : | Medical Officer |
| NGO | : | Non Government Organization |
| NHM | : | National Health Mission |
| NUHM | : | National Urban Health Mission |
| RBSK | : | Rashtriya Bal Swasthya Karyakram |
| RSBY | : | Rashtriya Swasthya Bima Yojana |
| RMNCAH+N | : | Reproductive Maternal Newborn Child Adolescent Health Plus Nutrition |
| RI | : | Routine Immunization |
| SIA | : | Supplementary Immunization Activities |
| SHG | : | Self-Help Group |
| UCHC | : | Urban Community Health Center |
| UHND | : | Urban Health and Nutrition Day |
| UIP | : | Universal Immunization Programme |
| UPHC | : | Urban Primary Health Center |
| VPD | : | Vaccine Preventable Disease |
| WASH | : | Water Sanitation and Hygiene |

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This handbook has been prepared for the members of the Mahila Arogya Samiti (MAS) under the National Urban Health Mission (NUHM) to build their capacities and enhance their awareness in critical aspects of immunization services. Members of the MAS are responsible for taking collective action on issues related to Health, Nutrition, Water, Sanitation and social determinants in Slums. This handbook informs MAS on their roles specific to immunization services in the community and equip them with knowledge and skills that will help MAS members to improve the health seeking behavior of the most vulnerable sections of the population.

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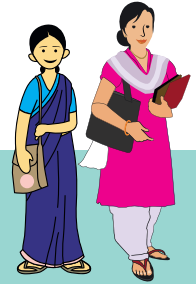




1 Mahila Arogya Samiti and its composition

What is Mahila Arogya Samiti?

Mahila Arogya Samiti (MAS) is one of the key community interventions of National Urban Health Mission (NUHM). It is an all women led group formed from community to generate awareness on locally relevant issues related to health, hygiene, nutrition, water, sanitation and social determinants in slum and slum-like settlements.



It is a group of 10-12 local women in an urban slum or slum like setting who are drawn from a neighborhood cluster/existing community. The MAS platform can be successfully leveraged for convergent actions on social determinants to improve Routine Immunization (RI) services in these settings. They are expected to promote and take local collective action on health and social issues, provide support and facilitate the work of ASHA and other Frontline Workers (FLWs) in RI and other health services.

Women who are active, possess good communication and leadership skills, hold a sense of social commitment, and have a desire to contribute to the 'well-being of the community' must be identified and encouraged to join the group.



A MAS is expected to cover about 50-100 households depending on the size of the slum or cluster.

The group should not have less than 5 or more than 20 members.



The ASHA and the ASHA facilitator/ Community organizer play a key role in the process of MAS formation. The step-wise process involved in the formation of MAS are depicted below:





2 Members of MAS

Who all can be members of MAS?



Women with a desire to contribute to well-being of the community and with a sense of social commitment and having leadership skills

1

2

Women from Locality/
Neighborhood



Representation from different communities and slum or vulnerable pockets (including migrant families)

3

4

Women's Group Members /
Self-Help Groups



Service users like pregnant and lactating women, mothers of children up to three years of age and patients with chronic diseases etc.

5



3 MAS meetings

Where are the MAS meetings held?

The MAS meetings should be preferably held at a fixed place which is easy to reach and also accessible to all members. The possible venues are as follows:

1

Anganwadi Centre



2

House of a MAS member



3

Community Centre



4

School / Office of Community based Organization / Local NGO Office etc.



How often should the MAS meet?

Meetings of MAS should be held at least once every month. It is better if there is a particular day or date for the meeting, for example, 10th of every month or third Saturday of every month. That will ensure better attendance in every meeting.

Who is responsible for organizing the MAS meeting?

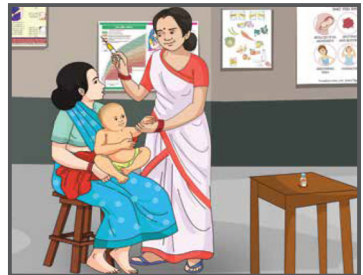
The ASHA (Member Secretary) and the Chairperson (elected MAS member) will be responsible for organizing the meeting. They would, in most circumstances, need to inform all the members about the date, place, agenda and timing of the meeting.

What should be discussed in the MAS meeting?

Meetings provide an opportunity to the MAS members to identify and discuss the local level issues and plan for local solutions. During the meetings, MAS reviews the situation and develops an action plan for addressing health and other related issues.

The meetings also serve as an ideal platform to discuss the following:

- ➔ The use of annual untied fund (sum of Rs 5000 per MAS group)
- ➔ Plan for any upcoming major health events or campaigns
- ➔ Maintain and update various records including financial records
- ➔ Share success stories/experiences of other MAS groups.



The meetings are also held for sensitization and capacity building of MAS members on various local issues related to health and health determinants, service entitlements, referral transport mechanisms, existing government schemes for urban poor and grievance redressal mechanisms etc.



4 Activities to be undertaken with Untied Fund

Under NUHM there is a provision of Rs. 5,000 as annual untied fund for each MAS group for undertaking various activities (Nutrition, sanitation, environmental protection, public health measures, emergency transport etc) in their slum or coverage area. Every MAS group should have a bank account, to which the untied fund of Rs 5000 per year shall be credited from State/City/District levels under NHM. The Chairperson & Member secretary (ASHA) are the joint signatories of MAS account. Decision to utilize funds should be taken during the MAS meetings. The fund shall only be used for supporting community activities that involve benefit to more than one household. MAS can use these funds for improving health of the community as per the list below:

Indicative list of activities that may be undertaken with the help of untied fund:

- 1** Slum level public health activities like cleanliness drive, insecticide spraying, etc.
- 2** Awareness generation in the slum on various govt. schemes for urban poor like JSY (Janani Suraksha Yojana), JSSK (Janani Shishu Suraksha Karyakaram), RBSK (Rashtriya Bal Swasthya Karyakram), RSBY (Rashtriya Swasthya Bima Yojana), BSUP (Basic Services to Urban Poor), etc.
- 3** Repair/ installation of community water supply points like public taps, stand posts. Minor repair of the community toilets to make them functional.

4

To conduct IEC (Information Education Communication) / BCC (Behavioral Change Communication) activities like wall writings, puppet shows, film shows for awareness generation on RI (Routine Immunization), Special Immunization drives (Mission Indradhanush, Polio, Supplementary Immunization Activities) Reproductive Maternal Newborn Child Adolescent Health Plus Nutrition (RMNCAH+N) and Water Sanitation and Hygiene (WASH) related issues.

5

To provide equipment like weighing machine etc.

6

To help destitute women or very poor slum households in accessing Healthcare services.

7









Make logistical arrangements for Urban Health and Nutrition Days (UHND) with ANM & ASHA, wherever required.

8

To pay for emergency transport when 102/108 services are not available.

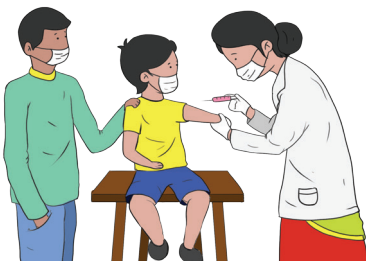
5 Role of MAS to mobilize community for access to Healthcare Services

MAS serves as an important platform for the following activities:

| Responsibility | Activities |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>Supporting organization of Urban Health and Nutrition Day (UHND)</p> | <ul style="list-style-type: none"> ◆ Mobilizing pregnant women and children particularly from marginalized families ◆ Supporting ANM, AWW and ASHA in organizing UHND |
|  <p>Support in organizing Outreach Sessions (both routine and special) and demand based services</p> | <ul style="list-style-type: none"> ◆ Mobilize pregnant women and children particularly from marginalized families ◆ Coordination with ASHA and ANM |
|  <p>Supporting community service providers</p> | <ul style="list-style-type: none"> ◆ Allowing community service providers to articulate community problems in MAS meetings ◆ Support the ASHA, AWW and ANM to reach the vulnerable and "hard to reach" populations |
|  <p>Facilitating Referral Transport</p> | <ul style="list-style-type: none"> ◆ Generating awareness among community regarding Govt. referral transport and emergency response services like 108 ◆ Organizing local tie-ups with private vehicle owners to transport a patient to the hospital in time of need |
|  <p>Support in Strengthening Anganwadi Centres</p> | <ul style="list-style-type: none"> ◆ Providing important amenities missing in the Anganwadi Centres thereby, improving their functioning |
|  <p>Facilitating Registration of births and deaths</p> | <ul style="list-style-type: none"> ◆ Maintain records of all child births and deaths in the slum cluster |
|  <p>Information on maternal and child deaths</p> | <ul style="list-style-type: none"> ◆ Provide immediate information on any maternal or child death to the ASHA/ ANM/ U-PHC Medical officer ◆ Record the perceived causes of death |
|  <p>Information on disease outbreaks</p> | <ul style="list-style-type: none"> ◆ Provide information on any disease outbreak to the ASHA/ANM/UPHC Medical Officer |

Source: Induction Module for Mahila Arogya Samitis (MAS), 2015-16, MoHFW





6 Basic Information on Immunization

What is Immunization?

Immunization is a process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against later infection or disease.

Why is Immunization important?







Immunization is a proven intervention for controlling and eliminating life-threatening infectious diseases and is estimated to prevent between 20-30 lakhs deaths each year. It is one of the most cost-effective health investments, with proven strategies. It has clearly defined target groups and it can be delivered effectively through outreach activities, thus making it accessible to hardest to reach and vulnerable population.







Where are the vaccines available?


All vaccines under National Immunization Schedule are available free of cost at selected Government urban health facilities such as Urban Dispensaries, Urban Primary Health Centers (UPHC), Urban Community Health Centers (UHC), District Hospitals (DH), Municipal Corporation Hospitals, Medical Colleges etc. Besides, immunization sessions are also held during Outreach activities such as Urban Health and Nutrition Day (UHND), special immunization drives such as Mission Indradhanush, polio campaigns and Anganwadi Centers (AWC).



What are the different types of vaccines available under National Immunization Schedule (NIS) and the diseases prevented by them?

| Vaccine | Disease Prevented | |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| BCG | Childhood Tuberculosis (or Primary Complex) |  |
| OPV | Poliomyelitis |  |
| Hepatitis B | Hepatitis B (affecting liver) |  |
| Pentavalent | Diphtheria (Gal Ghotu), Pertussis (Whooping Cough, Kaali Khansi/ Kukkar Khansi), Tetanus (Dhanustambh), Hib infection (causing pneumonia and meningitis), and Hepatitis B |  |
| Rotavirus | Rotavirus diarrhoea |  |
| IPV | Poliomyelitis |  |

| Vaccine | Disease Prevented |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Measles | Measles (Khasra or Govar)  |
| MR | Measles and Rubella  |
| JE | Japanese Encephalitis or Acute Encephalitis Syndrome (AES) or Brain Fever (Dimagi Bukhar)  |
| DPT | Diphtheria, Pertussis and Tetanus  |
| Td | Tetanus (Newborn/Pregnant women)  |
| PCV | Pneumococcal Pneumonia  |


START  **At Birth**

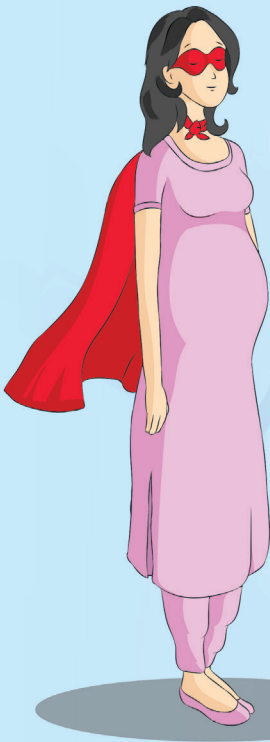
OPV-0
dose
Oral Polio Vaccine

Vaccines to be Given at Birth
Start the Immunization Schedule of the child immediately at birth! By doing so, you are ensuring a suraksha kawach (protection shield) for the child against deadly diseases! Well begun, is half done!

BCG
Bacillus Calmette Guerin

Hepatitis B Birth dose

6 weeks 



Vaccines to be Given at 14 weeks

Vaccines to give protection against Polio, Diarrhoea caused from Rotavirus (whooping cough), Tetanus, Hepatitis B, Haemophilus influenzae type B D Pneumonia

PCV-2* **Pentavalent-3** **fIPV-2** **RVV-3**

Vaccines to be Given Between 9-12 months
Vaccines to give protection against Measles & Rubella and Japanese Encephalitis. Booster dose against Streptococcus Pneumonia

9-12 months **MR-1** **PCV-Booster*** **JE-1***



Vaccines to be Given age - Immunization for

Continue to be protected against... Complete adolescent immunization

Td 16

16 y

Pregnant Women Td 1, Td 2 or Td Booster

Vaccines Given to Pregnant Woman

Td vaccine given to pregnant women for protection against Maternal and Neonatal Tetanus and Diphtheria during pregnancy

Primary dose vaccines to be Given at 6 weeks

Vaccines to give protection against Polio, Diarrhoea caused from Rotavirus, Diphtheria, Pertussis (whooping cough), Tetanus, Hepatitis B, Haemophilus influenzae type b Disease, and Streptococcus Pneumonia.

| | | | | |
|--------------|-----------------------------------|---------------------------------------------------------------|----------------------|-------------------------------------------------|
| OPV-I | RVV-I Rotavirus Vaccine | fIPV-I Fractional dose of Inactivated Polio Vaccine | Pentavalent-I | PCV-I* Pneumococcal Conjugate Vaccine |
|--------------|-----------------------------------|---------------------------------------------------------------|----------------------|-------------------------------------------------|

Vaccines to be Given at 10 weeks

Doses of vaccines to protect from Polio, Diarrhoea caused from Rotavirus, Diphtheria, Pertussis (whooping cough), Tetanus, Hepatitis B, Haemophilus influenzae type b Disease

| | | | | |
|--------------|-----------------|----------------------|--------------|--------------|
| OPV-3 | 14 weeks | Pentavalent-2 | RVV-2 | OPV-2 |
|--------------|-----------------|----------------------|--------------|--------------|

Vaccines to Be Given Between 16-24 months

Booster doses are given to boost up the immunity! DO NOT miss them! Booster dose of vaccines to offer protection from Polio, Measles & Rubella, Diphtheria, Pertussis (whooping cough), Tetanus and Japanese Encephalitis

| | | | | |
|---------------------|--------------------|-------------|----------------------|--------------|
| 16-24 months | OPV-Booster | MR-2 | DPT-Booster-1 | JE-2* |
|---------------------|--------------------|-------------|----------------------|--------------|

Vaccines to be Given at 5-6 years of age

With age, a child's immunity may wane. A 2nd Booster shot helps maintain immunity against Diphtheria, Pertussis (whooping cough) and Tetanus

| | | | |
|----------------|--------------|-----------------|----------------------|
| 5 years | Td 10 | 10 years | DPT-Booster-2 |
|----------------|--------------|-----------------|----------------------|

5-6 years

*in selected states/districts

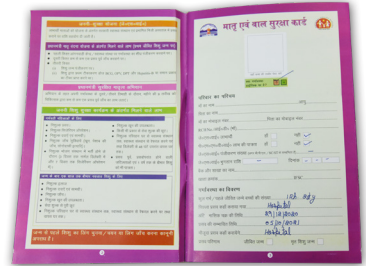
* Vitamin A will be provided at the session sites as per the national recommendations



7 Mother and Child Protection (MCP) Card

What is Mother and Child Protection (MCP) Card?

The MCP card is issued to all pregnant women at the time of registration of pregnancy or during the first contact with health system. The MCP card is a key tool that records the type of vaccines received by the mother/child (date and age). It also ensures the number of vaccines doses due for the mother/child. It is available free of cost to mothers/caregivers of children at the first contact or at the time of administering the first vaccines as per schedule.



A MAS member should emphasize to mothers/caregivers the importance of keeping this card safe and bringing it along every time they come for vaccination. However, if a pregnant woman has not received or has lost her card, then a new card may be re-issued at the earliest. MAS members may ensure this.

MCP CARD USERS:

- Pregnant woman/her family.
- Mothers/parents/caregivers of children under 5 years of age/10 & 16 years of age.
- Immunization Counterfoil to be retained by ANM.

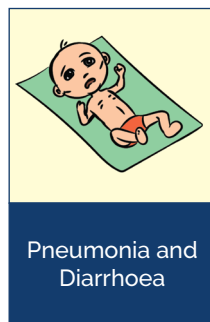
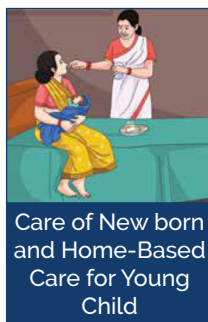
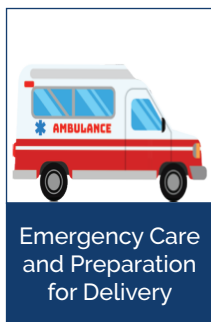
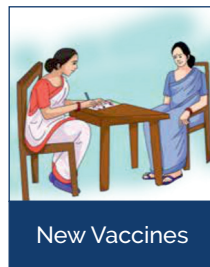
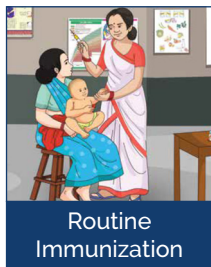
For more information on MCP card refer to images on next page

What should be done if parents/caretakers have lost or have not brought MCP card along with them for vaccination?

- In case, if MCP card is lost, MAS members should ensure that a new card is re-issued after filling the old entries from the RCH register available with ANM.
- In case if they are migrants who lost their MCP card then vaccine details can be tracked through recall memory and a new card may be reissued.

- c) MAS members should explain to parents/caregivers about importance of keeping MCP card safe for ensuring timely and complete vaccination.
- d) If parents have forgotten to bring the card, then refer to the records and give the due vaccine to the beneficiary.

MCP CARD PROVIDES INFORMATION ON THE FOLLOWING:



What are the specific roles and responsibilities of Health worker, ASHA, Anganwadi worker, and MAS member in UIP?

All these functionaries share separate responsibilities to:

- ➔ Generate awareness about the benefits of immunization.
- ➔ Remove false beliefs in the community regarding immunization and vaccines.
- ➔ Ensure that timely vaccination is given to all beneficiaries.



ASHA plays a specific role by preparing due list of beneficiaries to be immunized during a session and updating it monthly, mobilizing them to come to the session site where immunization services are being provided, and support health worker in organizing the session. They maintain a record of all immunization beneficiaries and update it by adding vaccines administered to individual beneficiaries at the session day.



Anganwadi workers also play an important role by mobilizing beneficiaries, supporting health workers in organizing sessions, and communicating important messages to parents and caretakers. Immunization of adolescent girls and boys is also a responsibility of Anganwadi workers.



ANM/Health worker administers vaccines, maintains cold chain, ensures injection safety, updates records, and prepares reports for submission to higher levels. They are also responsible for providing guidance to ASHA, Anganwadi workers, and other frontline functionaries in fulfilling their responsibilities.



MAS members play an important role to identify, mobilize and facilitate in tracking of beneficiaries. They mobilize the community about the importance of immunization, site, day and timing of vaccination. They also support the Medical Officer/ANM/ASHA in addressing vaccine apprehension among identified families in their area. They are to inform on any AEFI and support in timely treatment.



8 Role of MAS in Routine Immunization Services

- Identify vulnerable households/individuals with coordination of ASHA and ensure that they are not being excluded from receiving RI services.
- Special focus to identify, enlist, track and mobilize migratory population for any vaccine to be covered.
- Special focus to mobilize pregnant women and mothers of children especially from marginalized families to avail immunization services.
- Spread awareness, generate demand and mobilize the community about importance of immunization and completing the vaccination schedule through home visits, MAS meetings, community meetings at regular intervals.
- Create awareness through interpersonal communication at the family level, supported by mass communication at the community level.

Identify the following beneficiaries:



Td vaccine is to be given to children at 10 & 16 years of age

Adolescents



- ◆ Td 1st dose as early as possible and 2nd dose after 1 month
- ◆ Td booster only if the last pregnancy was within 3 years and Td two doses were taken

Pregnant Women



Newborns/
Infants



U-5 Children

- Sensitize the beneficiaries and caregivers about the importance of MCP card and ensure availability of the same when they visit RI session site.
- Share with the community the introduction of any new vaccine under the Universal Immunization Programme (UIP).

- ⊙ Inform the community about RI days/sessions, UHND, special Immunization drive (Mission Indradhanush, Polio, Mass campaigns, SIA's) and sites to follow up at regular interval.
- ⊙ Keep a record of the number of home deliveries in respective areas and ensure all home-born children avail RI services with support of ASHA.
- ⊙ Facilitate UHNDS and RI sessions by supporting ASHA, ANM, and AWW
- ⊙ Support in IEC/BCC activities to generate awareness on RI.
- ⊙ Mobilize the community for RI services even during any Vaccine Preventable Diseases (VPD) outbreaks or pandemics (COVID-19).

A MAS member must also know about the vaccines given at birth under National Immunization Schedule: These are the extra dose given at birth that adds to the protection of the newborns.

- **Hepatitis B (known as “birth dose”):** Should be given within 24 hours of birth to protect the newborn from possible Hepatitis B infection that gets transferred from mother. MAS members need to encourage for institutional delivery.
- **OPV (known as “zero dose”):** Should be given at birth.
- **BCG:** Should be given as early as possible after birth to provide maximum protection from childhood tuberculosis infection. BCG vaccine should not be given to the child beyond one year of age.

What are the four key messages that Health worker including MAS must give to parents and caregivers after each vaccination?

As per the national guidelines, the four key messages that need to be delivered to parents and caregivers are:

- What vaccine was given and the disease it prevents.
- When and where to come for the next visit.
- What minor adverse event could occur and how to deal with them.
- To keep the immunization card safe and to bring along for the next visit.

After vaccination, ensure that the parents/caregivers wait for at least 30 minutes at the session site. Parents should be advised to immediately inform the ASHA/AWW/ANM/MO of nearest health facility, in case of any Adverse event faced by the child or pregnant women.

What is Routine Immunization (RI) microplanning?

RI microplanning is the basis for the delivery of RI services to the community. The availability of updated and complete micro-plans at a planning unit (urban/rural) demonstrates preparedness of a unit and directly affects the quality of services provided. Micro-plans are prepared for a one-year period but must be reviewed every quarter.

MAS should be well informed about the:

*Nearest facility where vaccination services are available, Referral facilities,
Telephone no. of the ANM, ASHA, AWW*



✓ DOs & DON'Ts ✗ OF ROUTINE IMMUNIZATION

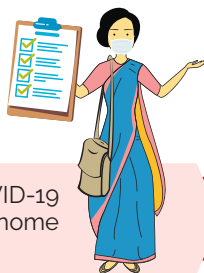


- ✓ Vaccinate your child to increase immunity and provide protection against all vaccine preventable diseases
- ✓ Timely Routine vaccination is important to achieve the best immunity.
- ✓ Vaccination session sites include Fixed session sites, Outreach session sites, Mass Immunization Campaigns, and UHND sessions
- ✓ It is completely safe to administer more than one vaccine to a child at the same time.
- ✗ Do not miss any vaccine dose
- ✗ Do not delay the immunization schedule of your child
- ✗ Do not fear the vaccines and worry about minor Adverse Events following Immunization (AEFI) like mild fever, swelling at the injection site, rashes and redness. Syrup PCM is available at session site and will be provided by ANM
- ✗ Do not misplace or forget to bring the MCP card on every visit to immunization session site. Carry it with you even when you shift your house
- ✗ Do not miss the RI session if you have lost the MCP card or forgot to carry it to the session site; a new card will be re-issued after filling the old entries from the facility register
- ✗ Do not believe any rumours, fake news about vaccines and immunization program. Get the news/information verified with your ASHA or ANM



9 Role of MAS in COVID-19 Vaccination

MAS members can play an important role in providing support to FLWs in COVID-19 vaccination programme in the following ways:



To sensitize the community on the importance of COVID-19 vaccination. Mobilize the community about the near to home vaccination sites.

To inform the beneficiaries about venue, date and time of the COVID-19 vaccination session. Ensure beneficiaries to follow COVID Appropriate Behavior before and after vaccination and ensure them to get tested if they show symptoms.



To help Frontline Workers / NGO in distribution of mask, soap, and sanitizer to the community/beneficiaries, wherever applicable. Ensure proper disposal of used mask in community.



Support Healthcare Workers to facilitate the entry and exit protocols and crowd management.

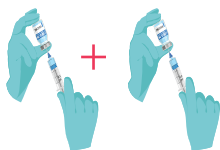


To connect with the concerned ANM/ASHA if there is any post vaccination complication.

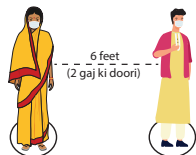
To share the COVID-19 Toll-free helpline number (1075) for any issues/grievances related to COVID-19 vaccination.



KEY MESSAGES MAS NEED TO KNOW AND SHARE WITH THE COMMUNITY



COVID-19 VACCINE IS SAFE AND EFFECTIVE



COVID APPROPRAITE BEHAVIOUR (CAB) SHOULD BE STRICTLY FOLLOWED DURING AND AFTER THE VACCINATION



BENEFICIARIES TO CARRY ANY PRESCRIBED ID PROOFS FOR ISSUING MCP CARDS AT THE VACCINATION SITES



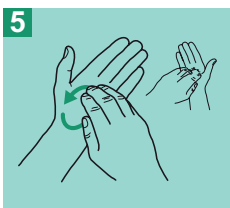
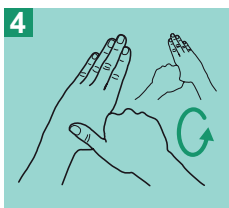
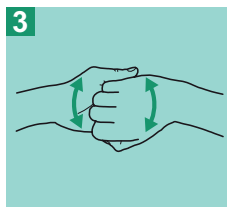
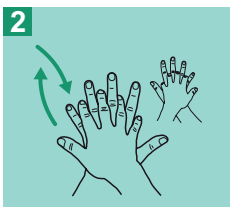
BENEFICIARIES MUST WAIT FOR 30 MINUTES AFTER VACCINATION AT THE SITE TO OBSERVE ADVERSE EVENT FOLLOWING IMMUNIZATION

Handwashing: Keep the germs away!

Hand washing refers to a thorough scrubbing of hands for 20-30 seconds with a cleaning agent (soap) and rinsing them properly with sufficient water. It prevents the spread of infections and diseases like COVID-19, Cholera Diarrhea, Jaundice, Skin diseases, Typhoid, etc.

Steps to proper Handwashing: SUMAN-K

1. **S**- Seedha (Front)
2. **U**-Ulta (Reverse)
3. **M**-Mutthee (Fist)
4. **A**-Angootha (Thumb)
5. **N**-Naakhoon (Nails)
6. **K**-Kalaaee (Wrist)



Source: Immunization Handbook for Health Workers, 2018, MoHFW

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