NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

Community Ownership of Health and Wellness Centres

Guidelines for

Jan Arogya Samiti

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Guidelines for Jan Arogya Samiti

(Committee at the Sub Health Centre level and PHC level Health and Wellness Centre)

I. Background

(i) Under Ayushman Bharat,-Health and Wellness Centres (AB-HWCs), Sub Health Centres (SHCs) and Primary Health Centres (PHCs) are being transformed to Health and Wellness Centres to provide Comprehensive Primary Health Care (CPHC) services. Such a transformation is expected to enable these AB-HWCs to serve as the first port of call for a range of primary health care services spanning preventive, promotive, curative, rehabilitative and palliative care to the population in their coverage area. AB-HWCs are also expected to play a critical public health role and focus on collective community action for Social and Environmental Determinants of Health, and support Social Accountability and Community Feedback processes.

(ii) Rogi Kalyan Samities (RKS) were established under the National Health Mission (NHM) in health care facilities at the level of the PHC and above. RKS were envisioned as a local level institutional mechanism to enable action for improvement in the availability and quality of hospital infrastructure and services, and promote a culture of accountability amongst service providers in the public health system. The RKS were also seen as a mechanism for promoting active public participation in health care.

(iii) RKS is a registered society to manage the affairs of health facilities in consonance with the principle of decentralization and devolution of administrative and financial powers. Their composition includes members from Panchayati Raj Institutions (PRIs), NGOs, persons of eminence, and officials from Government sector including health who are responsible for proper functioning and management of the facilities. RKS at all facilities have the autonomy to generate and use its funds for smooth facility functioning, maintaining the quality of services and enabling the delivery of patient-centered care. RKS at various levels also receive untied funds as budgetary allocation under NHM.

(iv) At the SHC level, ASHA and Village Health Sanitation and Nutrition Committees, (and subsequently, ASHA and Mahila Arogya Samities (MAS) in urban areas) were expected to undertake community action for health, in the form of monitoring health and related public services through undertaking semi-annual Jan Sunwais or community hearings, at which staff from AB-HWCs / SHCs are expected to be present. Under Ayushman Bharat, the SHC level AB-HWCs, are provided Rs. 50,000 as united fund, enhancing the amount from Rs. 20,000 that is provided to all SHCs. This untied fund is expected to be used primarily for supporting the essential requirements for AB-HWC. There have been requests from states to form a similar committee at AB-HWC-SHC level. This committee which is being proposed to be formed at the SHC level AB-HWC shall be named as ***Ayushman Bharat - Jan Arogya Samiti (JAS).***

(v) With the launch of Ayushman Bharat, Primary Health Centres are also being upgraded as Health and Wellness centres throughout the country. Understandably, the scope of services and responsibilities at Primary health Centre have also increased. ***In view of this, Rogi Kalyan Samiti at PHC is being reformed as Jan Arogya Samiti- PHC (JAS-PHC)***. The composition and role of JAS-PHC have also been included in these guidelines. The tenets for JAS at both SHC and PHC are similar unless explicitly stated.

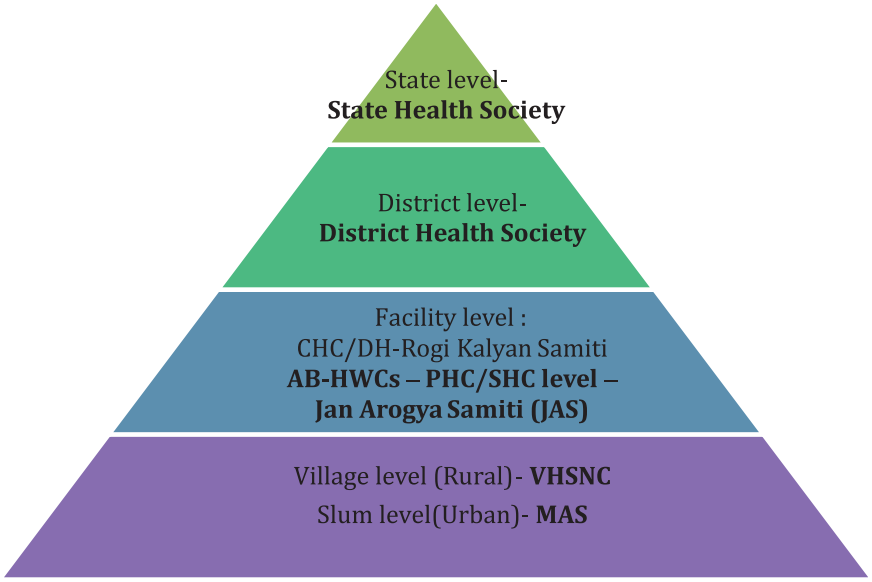

Fig 1 - Institutions for Effective Health Planning

II. Objectives of Jan Arogya Samiti (JAS)

The following are key objectives of JAS:

(i) Serve as institutional platform of SHC/PHC level AB-HWCs (similar to RKS at PHC / CHC), for community participation in its management, governance and ensuring accountability, with respect to provision of healthcare services and amenities.

(ii) Support AB-HWC team in working with VHSNCs, for Health Promotion and Action on Social and Environmental Determinants of Health, in community level activities of National Health Programmes and other community interventions.

(iii) Serve as an umbrella for VHSNCs, providing mentorship to VHSNCs and supporting them in management of Untied Funds and coordination with the health system.

(iv) Engage the VHSNCs of its area, in community level interventions of AB-HWCs, particularly, in the facilitation of screening for various age-groups, promoting follow-up and treatment adherence (including support to patient support groups).

(v) Leverage existing organized volunteers [NSS, NCC, Red cross, Scouts and Guide, Youth groups] for patient follow up, counselling, community mobilization, conducting surveys and other related action.

(vi) Support and facilitate the conduct of activities pertaining to social accountability at AB-HWC in coordination with VHSNCs.

(vii) Act as Grievance Redressal Platform for families who access healthcare services at AB-HWCs, ensuring availability and accountability for quality services.

(viii) Co-ordinate with Community Health Officers (CHOs) at SHC/Medical Officers (MO) at PHC to manage and be accountable for the use of untied funds at HWC.

(ix) Mobilise resources (both monetary and non-monetary) from rural and urban local bodies, other Government Schemes and Programmes, Corporate Social Responsibility (CSR) Funds, and Philanthropy and Charity Organisations, and ensure its use for improving quality of services and undertaking Health Promotion activities at AB-HWCs.

(x) Facilitate and support Gram Panchayats of the area in undertaking health planning.

III. Structure and Composition of JAS

A. The Proposed composition of JAS-SHC is –

1. Chairperson -

The Sarpanch of the Gram Panchayat (GP) falling under the AB-HWC area shall be designated Chairperson.

There are wide variations across states, in terms of size of Gram Panchayats. In states / areas, where either the size of Gram Panchayats, or the area and population coverage of SHC level HWC is bigger, leading to challenges in matching the jurisdiction of the two[1], states will design locally appropriate approaches. Thus, when the SHC-HWC area has more than one Sarpanch, Chairpersonship could be considered on rotation basis, with the Sarpanch of the headquarter village of SHC-HWC made Chairperson for the first two years. The Sarpanches of other Gram Panchayats under the SHC-HWC area will be members during this period. The term of each Chairperson will be 2 years.

2. Co- Chair - The Medical Officer of the concerned PHC of the HWC area shall be the Co-Chairperson of JAS

3. Member Secretary - Community Health Officer (CHO) of the HWC.

4. Members-

i. Ex-Officio

a. Sarpanches of the other GPs of AB-HWC area

b. President of VHSNCs: One per GP amongst those under AB-HWC area. This shall be on rotation (among VHSNCs under a GP) for 2 years to allow greater participation.

c. ASHAs – ASHAs/Member Secretary of all VHSNCs in AB-HWC area

d. All Multi-Purpose Health Workers (Male and Female) of AB-HWC

[1]Kerala has Gram Panchayats of about 25000 population, and many other states have gram panchayats of up to 10-12000 population. Many states have SHCs with up to 8000-10000 population coverage.

ii. General

1. Women Self Help Groups - President of one SHG from each Gram Panchayat of the AB-HWC area – nominated by GP
2. School Health Ambassadors: One representative from among the Ayushman Bharat School Health & Wellness Ambassadors of the AB-HWC area (representative from the school with highest enrollment)
3. Peer Educator - One from AB-HWC area (Senior peer educator in the area)

Special Invitees- Tuberculosis survivor, Youth representatives and "any male" who has undergone sterilization after one / two children"

Composition of JAS-PHC

1. Chairperson-Zila Panchayat Member/Janpad Panchayat member of the corresponding area
2. Co-chair- Block Medical Officer / Taluka Health Officer
3. Member Secretary - Medical Officer In-charge of PHC level AB-HWC
4. Members –
   a) Other Medical Officer / AYUSH Medical Officer of PHC
   b) Senior Staff nurse / LHV / ANM of PHC
   c) Chairperson of Janpad Panchayat's Health Sub-committee
   d) Sector Supervisor of Dept. of Women and Child (DWCD) / ICDS of the area
   e) Block level officer of Dept. of Public Health Engineering Dept. (PHED) / Department of Water and Sanitation (DWS)
   f) Block level officer of School Dept. / Principal / Headmaster of local School
   g) Block level officer of PWD
   h) Chairpersons of all JAS of SHC level AB-HWCs of PHC area (may be up to 5-6)
   i) Block level representative from NYK/Youth volunteers
   j) 2 Civil society representatives

   (Total number of members is likely to be up to 18-20)

Special invitees –

- Tuberculosis survivor and "any male" who has undergone sterilization after one / two children"
- Chairpersons / members of VHSNCs, Women SHGs, Youth Groups on rotation basis.

- All General Members shall have a tenure of two years. This is to enable participation of more community representatives in the JAS

- An ex-officio member of JAS, like, the President of VHSNC, will cease to be member of JAS, when she/he, ceases to be the VHSNC President.
- Formation of JAS and its role should be publicized. The selection of members could be done in Gram Panchayat meetings. The details of JAS of the AB-HWC along with phone numbers of the members should be displayed in the AB-HWC and also in Anganwadis / Schools / Government offices in the AB-HWC area.
- In the selection of JAS members, efforts should be made to ensure that all habitations, and all communities (especially the vulnerable communities like, SC or ST should) of the AB-HWC area are well represented (they should form at-least 1/3rd of the total). Care should be taken to ensure at least 50% representation of women.

IV. Legal position of JAS –

JAS will work as a component of District Health Society (DHS), and will need no separate registration. States have the prerogative to affiliate JAS with PRI / Urban Local Body Institutions and their standing committees

V. Roles and responsibilities of JAS

V.1 Role of JAS in Enabling quality service delivery -

The Jan Arogya Samiti will -

1. Facilitate and support AB-HWC team to ensure provision of quality healthcare services for all and ensure accountability.
2. Ensure that the Citizen Charter at AB-HWCs displays the list of services that are provided at the facility. The JAS will particularly highlight the preventive and promotive services that are provided at AB-HWC – ranging from screening for chronic diseases, vision, hearing; and services available for – pregnant and lactating women, children and adolescents; and conduct of yoga/wellness sessions.
3. Ensure provision and maintenance of safe drinking water, quality diet, litter free premises, clean toilets, clean linen, uncluttered waiting area, good security, Bio Medical Waste / Regular Waste disposal and clear signage systems at the AB-HWC.
4. Ensure that essential medicines and diagnostics are available (as per the Essential Drugs and Diagnostics List for AB-HWC).
5. Promote a culture of user-friendly behavior amongst AB-HWC staff for improved responsiveness and user satisfaction, by their training / orientation / sensitization.
6. Ensure that no user fees or charges are levied for any healthcare services being provided in AB-HWC.
7. Ensure by pro-active efforts and regular follow-up, that those from poor and vulnerable sections of community do not face any hurdles in availing healthcare services at AB-HWC, and ensure that services are not denied to anybody who visits the AB-HWC.

8. Encouraging use of social media and digital communication, ensure home/ community level follow-up of patients discharged from hospitals to reduce the risk of complications and re-admissions.

9. Undertake regular review and monitoring to ensure that the facility achieves the quality standards set for the AB-HWC.

Indian Public Health Standards (IPHS) Guidelines

IPHS guidelines set the standards to which facilities must conform. The guidelines will enable JAS members in identification of gaps related to physical infrastructure, services (essential and desirable), human resources (HR), equipments, drugs and diagnostics at public health facilities.

National Quality Assurance Standards (NQAS)

The National Quality Assurance Program under the National Health Mission has developed standards for DH, CHC, PHC and the Urban Primary Health Centers (UPHCs). The Quality Standards under the QA program are based on eight areas. There are 74 Quality Standards for the district hospitals, 65 for CHC and 50 for PHC. The QA programme revolves around finding gaps in each area, and in each department of health care facility. State & District Quality Assurance Committee (SQAC & DQAC) & Quality Units support the activities of QA program. The program consists of:

- Continuous assessment at facility level, district level and state level.
- Undertake improvement activates using quality tools & methods
- Quality Certification against explicit criteria.
- Reporting & analysis of Key Performance Indicators to undertake sustainable follow up actions
- Incentivisation on National QA certification.

Key Performance Indicators for HWC can be accessed through NQAS Assessor's Guidebook for HWCs

KAYAKALP

Ministry of Health & Family Welfare, Government of India has launched an Award Scheme of Clean Health Facilities – 'KAYAKALP'. The awards are distributed based on performance of the facility on predefined 6 parameters focused on cleanliness, hygiene, infection control & Bio medical waste management

Assessment is done through a three tier process:

a. Internal assessment

b. Peer assessment and

c. External assessment

V.2 Role of JAS in Leading Health Promotion efforts-

The Jan Arogya Samiti will -

1. JAS will work as the platform for planning and supporting multi-sectoral action on Social and Environmental Determinants of Health, especially to address: a) Non Communicable Diseases (NCDs), b) Water Sanitation and Hygiene (WASH), and (c) Malnutrition, Stunting and Anemia. It will co-ordinate the celebration of annual health calendar days at HWC-SHC and facilitate and support VHSNCs to undertake the celebration of Annual Health Calendar Days (Annual Health Calendar is attached as ***Annexure I***).

2. Support the HWC team in effective community level implementation of programmes like, Population Based Screening for NCDs, Eat Right Campaign of FSSAI (using Eat Right Tool Kit developed by FSSAI), and SABLA (Rajiv Gandhi Scheme for Empowerment of Adolescent Girls), etc.

3. Ensure community level collective action on Water Sanitation and Hygiene (WASH), using the handbook of VISHWAS (Village based Initiative to synergize Health Water and Sanitation) Campaign, using the structure of 11 monthly campaign days which are part of the VISHWAS Campaign.

4. Engage with women groups/SHGs/ Farmers Groups/Cultural groups / MAS / Milk Unions and other unions, etc to -

    - ensure greater participation of women to enable gender equity and promotion of women's health issues.
    - promote regular exercise and sports for adoption of healthy life styles, and initiate preventive and health promotive actions against the use of alcohol, tobacco and other forms of substance abuse.

5. Promote awareness about services and entitlements under various government schemes for health and financial risk protection making optimal use of community radios, social media etc.

V.3 Role of JAS in Catalyzing Grievance Redressal

1. Ensure setting up of a system to register complaints (Patient Feedback can be recorded through Patient Satisfaction surveys – ***Annexure II***) and enable redressal of the same within a reasonable period of time.

    - The process and methods of making complaints should be widely advertised at the HWC premises and in the villages under the AB-HWC.
    - JAS will periodically review the functionality of the system of complaints and ensure AB-HWC team's response to them.

2. JAS in its every meeting shall hear patient or user's concerns in accessing quality healthcare services at AB-HWC. The members shall facilitate timely and appropriate action on feedback.

3. JAS shall encourage respective VHSNCs to take feedback from community regarding the services at the AB-HWC level and outreach services in the community, and share them with JAS on a regular basis.

4. The JAS shall also act as Grievance Redressal Platform for families who access healthcare, under different healthcare schemes provided at the facility. JAS shall, as appropriate, escalate relevant issues and complaints by sending its representation (oral or written as per the requirement) to the PHC / CHC level (JAS/RKS) and the District Health Society (DHS).

V.4 Role of JAS in Social Accountability exercise -

JAS shall enable and facilitate smooth conduct of social accountability exercise of its AB-HWCs (in both SHC and PHC). It shall ensure that all necessary information/data and logistics support to the Team are provided. JAS shall also facilitate the public hearing as part of the Social Accountability process. JAS shall also follow-up on issues highlighted in the Social Accountability exercises.

VI. Capacity Building of JAS Members:

Since JAS is a newly created committee, capacity building of members will be undertaken to enable them to fulfill their roles effectively. Orientation of JAS members will be conducted by the States/UTs. The training content will be developed at national level in consultation with states. The cascade of national, state and district will be followed for training JAS members. Online mechanisms of training will also be explored including the online mentoring platform set up for CHOs. States should explore the possibility of involving NGOs to train JAS at block and districts. Development partners could also be approached for support.

VII. Meetings of JAS

i. The JAS will meet at-least once every month on a fixed day, which will be decided by the states/UTs.

ii. The member secretary will organize the meeting, and will communicate the day, date of the meeting, with the list of agenda items to all members, at-least seven days in advance. Every effort should be made to ensure that the clear information about the meeting has reached every member. The essential quorum for the meeting will be 50% of the members of the committee. If the required quorum is not fulfilled in a JAS meeting, the meeting will be adjourned, and reconvened the same day after notification of a suitable time to rest of the members to fulfil the quorum. In the reconvened meeting, normal business will be conducted, even if the 50% quorum is not fulfilled.

But in case of two consecutive monthly meetings being convened without the essential quorum of 50%, meeting in the third month can be conducted only with quorum. In addition, in the reconvened meetings that are conducted without the essential quorum, decisions and approvals of only routine nature and emergency requirements (based on policy approvals taken in earlier meetings) can be taken. Any decision relating to a policy decision or approval of a new activity or new financial expenditure can be taken only in a meeting with essential quorum of 50%,

iii. Every effort should be made to ensure that the quorum is fulfilled in every meeting, and also representation of different villages / communities is ensured.

iv. The JAS, in the last meeting of a financial year, will present its account of activities undertaken and expenditures incurred in the financial year, as its 'Annual Report'. Subsequently an action plan for the next year will be prepared and will serve as a monitoring mechanism.

v. The Annual Report of the AB-HWC of the previous year, as presented and approved in the JAS meeting of April of the subsequent financial year, will be placed for consideration in the Social Accountability process of AB-HWCs. Though the social accountability exercise may be planned as per local context, it is suggested to plan it in April-May, every year, so that it can feed the issues of Health and Health Planning into the Annual Planning process of concerned Gram Panchayat as it will also coincide with the Annual Health Calendar Days of 14th April, **Ayushman Bharat- Health and Wellness Centre Day**.

vi. Every proposed activity and expenditure would be approved by at least two third of the members who attend the meeting. All activities undertaken since the last meeting and their expenditure, would be presented, and will be approved in the meeting. All approvals would be by voice vote of the attending members, or by counting of hands, and should be recorded with number of members who were in favour of its approval.

Note- States will need to develop a monthly calendar of meetings/ activities/campaigns for engagement of JAS in various activities/events. This will support in organizing systematic action on planning, service delivery and monitoring of activities to be undertaken.

vii. Minutes of every meeting of JAS, with a written account of activities undertaken and expenditures made in previous month, would be documented. All details of the discussion shall be duly recorded along with signature of all participating members.

viii. In every JAS-SHC meeting, issues raised in meetings of respective VHSNCs (under the HWC), and activities undertaken by them, will be shared, especially with respect to support to be provided by JAS, to facilitate VHSNC functioning. In case of JAS-PHC meeting, issues raised in linked JAS-SHC-HWC will be taken up for discussion.

ix. In every JAS meeting, a set of fixed agenda items, as detailed in the 'Template of AB-HWC Agenda apart from other agenda items will be taken up.

VIII. Record Keeping-

The following registers will have to be maintained by the member Secretary of JAS:

- Record of proceedings of the JAS committee meetings.
- Financial Account register.

IX. Annual Public Dialogue –

The JAS will organize a Public dialogue, every year, to share an account of the activities, successes, and challenges of AB-HWC, with respect to its roles of healthcare service delivery and community level interventions. JAS will take steps to ensure active community participation from every village, especially from the vulnerable sections of community and panchayat under its area. The event should be timed appropriately, so that the consolidated issues or requirements articulated by community during the event, can be incorporated in the annual planning process of health department and NHM, as well as the planning cycle of the panchayat structures.

X. Untied Fund of JAS -

(i) The purpose of the untied fund is to make available a flexible fund, to cater to unanticipated minor requirements, based on decisions taken at the AB-HWC level, in consultation with JAS.

(ii) Under Ayushman Bharat, an annual untied fund is provided @ Rs. 50,000 for SHC level AB--HWCs and Rs.1,75,000 for PHC level AB-HWCs.

(iii) Ensuring basic amenities and services to the patients and citizens and supporting community level health promotion are two cornerstones for prioritizing expenditures from untied funds. The fundamental principle that should be adhered to, is, that the expenditure must be made based on the local needs and priorities.

(iv) Untied Funds should be used only for the common good and not for individual needs, except in the case of referral and transport in emergency situations. In exceptional circumstances to meet urgent health care needs of a destitute woman, an impoverished single elderly or disabled persons, small amounts (upto Rs 500) can be utilized. Any such expenditure shall be duly ratified in the next meeting of JAS. JAS can also mobilize resources/contributions from the local community for supporting such needs. JAS shall record such contributions in its meeting proceedings and may even consider honoring such contributors at health promotion days or at the annual public dialogue or social accountability events.

(v) For routine and regular requirements, such as for AB-HWCs maintenance / equipment / drugs and diagnostics, the untied fund should be used only in case of disruptions in regular supplies, after consultation with the PHC Medical Officer.

(vi) Purchase of essential drugs or diagnostics or consumables of diagnostics can be

purchased with untied fund during emergencies in case these are not available in stock. However, the essential drugs or supplies that can be purchased during emergencies should be part of the State / UT list of essential medicine or diagnostic to be available at AB-HWC.

(vii) Health Promotion is a key function of AB-HWC, and untied funds could be used for activities related to Health Promotion and Action on Social Determinants of Health. The principle to be followed is to spend on activities to initiate and support a sustainable process of Health Promotion, Lifestyle Change, and Preventive Health practices. Illustrative activities, in which untied fund can be used for small gap filling expenses include:

- Expenses related to consumables for cleaning of the HWC premises other than Human Resource cost
- Expenses related to arrangement for hygienic environment for washrooms and toilets.
- Expenses related to minor repairing of septic tanks/toilets
- Expenses related to provision of safe drinking water to patients
- Expenses related to improved signage in the facility
- Expenses related to making arrangement for proper disposal of wastage etc.
- Expenses related to conduct of Health Promotion Days and wellness activities (except purchase of equipment).

(viii) The States/UTs should ensure that an optimum balance is maintained between different categories of expenditure permissible from untied funds. For example, it will be useful to keep an optimum balance between different categories of expenditure like,

a) Upkeep of HWC premises, b) Patient Amenities, and c) AB-HWCs' Infrastructure Maintenance. States can decide to fix a ceiling of 20% for each of these expenditure categories, but they have the flexibility as per the local context.

(ix) Expenditure (up to a maximum of Rs. 400/- per meeting) can be made for organizing the monthly JAS meeting.

X.1 Negative List for usage of Untied Fund

The Untied fund shall not be used for the following purposes:

(i) Expenses related to regular maintenance services, for which a fund or budget is available (electricity, water bills etc.)

(ii) Cost of human resources/personnel cost.

(iii) Purchase of drugs, reagents and equipment related to diagnostics tests not listed in the AB-HWC list. (Pl see X(V) above)

(iv) Expenses on items or activities for which resources and provisions already exist in different programmes of the State/UT government.

(v) Expenses on building open-air or indoor gymnasium or other exercise equipment.

XI. Financial Management and Accounting of Untied Fund

(i) The bank account of the un-tied fund of JAS-SHC shall be operated jointly by the Chairperson and Member Secretary of JAS. No new account shall be created. Existing account of SHC and PHC will be continued (with due inclusion of signatures of JAS Chairperson and Member Secretary).

(ii) Any amount withdrawal will be based on approval for the proposed activity and expenditure in a meeting of JAS Committee, conducted with the essential quorum, as explained above.

(iii) All payments should be made only through cheque/ demand draft/net-banking/digital transactions, adhering to the financial norms prescribed by the State Government and records to be maintained thereof.

(iv) The JAS Member Secretary can maintain an Imprest/Petty cash of Rs.5000 to cater to emergency requirements. Every expenditure made from this must be reported in the next meeting of JAS, and approval will have to be taken on the activity as well as the expenditure. A Petty Cash register shall be maintained and the same balanced at least once a week. No cash payment beyond Rs. 500 can be made for any purchases, to any agency / vendor

(v) Every quarter, a detailed Income and Expenditure statement shall be presented in the JAS meeting

(vi) Utilisation Certificate (UC) is to be submitted in Form 12C (GFR 2017) every quarter with due signature of the JAS Chairperson and Member Secretary

(vii) The annual audit of the untied fund of the AB-HWC will have to be undertaken, according to the guidelines issued by the State Government.

(viii) An annual report of the activities undertaken and expenditures made from the untied fund, has to be presented in the JAS meeting in the month of April of subsequent financial year. This annual report will have to be presented during the Social Accountability exercise of the AB-HWC.

XII. Responsibilities of key JAS members -

XII.1 Powers and Functions of the Chairperson

1. The Chairperson shall have the powers to call for and preside over all meetings of the committee.

2. The Chairperson shall enjoy such powers as may be delegated to him by the JAS.

3. The Chairperson shall have the authority to review periodically the work and progress of JAS and to order inquiries into its affairs.

4. All disputed questions at the meeting of the JAS shall be determined by voting. The members of the committee as described in Section III(i) shall have one vote and in case of a tie, the Chairperson shall have the casting vote.

5. In the event of any urgent business, the Chairperson of the Society may take a decision on behalf of the committee at the recommendation of Member Secretary. Such a decision must be presented to the committee at its next meeting for approval.

A copy of the minutes of the proceedings of each meeting shall be furnished to the Chairperson as soon as possible after completion of the meeting.

XII.2 Powers and functions of Member Secretary

The Member Secretary of JAS shall facilitate all meetings of JAS, record proceedings and resolutions, and will ensure action upon them.

1. All executive and financial powers of the society shall vest in the Member Secretary who shall be responsible for; (i) Managing its day to day administration, (ii) Conducting all correspondence on its behalf (iii) Keeping custody of all its records and movable properties

2. He/she shall be entitled to sign on behalf of JAS, bills, receipts, vouchers, contracts and other documents whatsoever.

3. To form a subcommittee to perform a task and delegate powers to these subcommittees, with provision that any such decision will be presented and be approved in the next meeting of JAS.

4. Take action on urgent important matters in consultation with Chairperson and place them in the next meeting of JAS.

5. Exercise such powers and discharge such functions as maybe delegated to him by JAS approved in a meeting of JAS with required quorum.

XIII. Management and Performance indicators for JAS

The AB-HWC- team shall maintain all records pertaining to JAS. It shall include member details, schedule of meetings, meeting minutes, receipt of funds, donors list, public hearings, suggestions and complaints, social accountability report and action taken report etc The block community processes team will facilitate the functioning of JAS under guidance of Block health Officer. All supervisory staff must attend JAS meetings periodically.

Indicators for self- monitoring the performance of JAS (SHC and PHC) are as follows-

a. Number of JAS meetings held against planned (12) in a year.

b. Number of JAS meetings where monthly review of untied fund expenditure for past month has been done.

c. Number of JAS meetings where monthly planning of untied fund for next month has been done.

d. Number of public meetings conducted by JAS in the year.

e. Number of audit objections and response thereof provided by JAS

f. Total untied fund amount received by JAS during the year.

g. Percentage of untied fund utilised by JAS

h. Untied fund utilization pattern under different heads- a) Upkeep of HWC premises, b) Patient Amenities, and c) HWC Infrastructure Maintenance d) Health promotion e) Medicines f) Diagnostics g) Referral transport

i. Percentage of community grievances addressed during the year.

In addition to above indicators, JAS-PHC will monitor the performance of participating JAS-SHCs on following indicators-

j. Percentage of JAS -SHCs which held >10 meetings in a year

k. Percentage of JAS-SHC which held one annual public meeting in the year.

l. Percentage of JAS -SHC which utilized more than 90% of untied funds in the year.

m. Percentage of JAS -SHC which have submitted UCs on time

n. Percentage of monthly meetings of all JAS-SHC attended by PHC MO/his or her representative.

o. Percentage of JAS-SHC who resolved more than 60% of audit objections

XIV. Monthly Meeting of Jan Arogya Samiti (Template for Agenda)

The monthly meeting of JAS should be structured and a suggestive agenda has been discussed below. In addition to the topics mentioned, JAS members can include other topics that are deemed relevant for that HWC.

1. Monthly progress report of AB-HWC

2. Proposals and review of expenditure of untied funds

3. Issues at AB-HWCs-

1. Monthly progress report of AB-HWC

The Medical Officer(PHC) /Community Health Officer (SHC) will present the details of service delivery, referrals and outreach activities undertaken by AB-HWC team in the given month (with emphasis on marginalized population) at SHC and PHC respectively. The objective of discussing this data is to enable the JAS to understand the overall status, coverage and progress of activities mandated under AB-HWC. Format of Monthly Progress Report is

attached as ***Annexure III***. The JAS members should discuss the status of service delivery and functionality reports of AB-HWC as reported in the portal, and ensure that timely and accurate figures are reflected in the portal.

2. Plan and review of expenditure of untied funds -

The JAS committee will review the expenditure of untied fund for the last month and also plan for expenditure in the coming month. JAS will ensure that principles of untied fund expenditure are adhered to.

Total revenue and expenditure shall be maintained separately for NHM sources – untied funds and other sources and accordingly, presented during monthly JAS meeting and for social accountability purposes (Use format in ***Annexure IV***).

JAS will also review the overall financial management of AB-HWC, and play the role of oversight to ensure that the protocols and guidelines for funds of AB-HWC are followed. The CHO(SHC)/MO(PHC) will be responsible for appraising the JAS regarding the AB-HWC funds, Government guidelines related to the funds and will update them regarding the adherence to guidelines.

3. Administrative Issues at AB-HWCs-

In addition to service delivery monthly progress, administrative issues will also be discussed during JAS meeting. This will include: status of Human Resources, Infrastructure, logistics and finance.

Annexure-I
Annual Health Calendar

Sl. No.	Date	Day
1.	12th January	National Youth Day
2.	30th January	Anti-Leprosy Day
3.	4th February	World Cancer Day
4.	10th February	National Deworming Day
5.	11th February	International Epilepsy Day
6.	8th March	International Women's Day
7.	10th March	National GDM Awareness Day
8.	24th March	World Tuberculosis Day
9.	7th April	World Health Day
10.	11th April	National Safe Motherhood day
11.	14th April	Ayushman Bharat-Health and Wellness Centre Day
12.	Last week of April i.e. from April 24th	World Immunization Week
13.	5th May	International Midwives' Day
14.	12th May	International Nurses Day
15.	28th May	Menstrual Hygiene Day
16.	28th May to 8th June	Intensified Diarrhoea Control Fortnight
17.	31st May	World No Tobacco Day
18.	14th June	World Blood Donor Day
19.	21st June	International YOGA Day
20.	26th June	International Day Against Drug Abuse
21.	1st July	Doctors Day
22.	11th July	World Population Day
23.	28th July	World Hepatitis day
24.	01-07 August	World Breast Feeding Day/Week
25.	10th August	National Deworming Day
26.	15th August	Independence Day
27.	01-07 September	National Nutrition Week

28.	29th September	World Heart Day
29.	1st October	World Elderly Day
30.	10th October	World Mental Health Day
31.	7th November	National Cancer Awareness Day
32.	12th November	World Pneumonia Day
33.	14th November	Children's Day & World Diabetes Day
34.	15-21 November	Newborn Week
35.	17th November	World Prematurity Day
36.	25th November	International Day for the Elimination of Violence against women
37.	1st December	World AIDS Day
38.	10th December	Human Rights Day
39.	12th December	Universal Health Coverage Day

Annexure-II
Patient Satisfaction Form: OUT-PATIENT FEEDBACK

Dear Friend,

You have spent your valuable time in the hospital in connection with your / relative's/friend's treatment. It will help us in our endeavor to improve the quality of service, if you share your opinion on the service attributes of this hospital enumerated in the table below:

Please tick the appropriate box and drop the questionnaire in the Suggestion box

Sr No.	Attributes	Poor	Fair	Good	Very Good	Excellent	No comments
1.	Availability of sufficient information at HWC (Registration, treatment, diagnosis, drugs, diagnostics & referral)						
2.	Waiting time at the Registration counter	more than 30 mins	10-30 mins	5-10 mins	Within 5 mins	Immediate	
3.	Behaviour and attitude of staff at HWC						
4.	Condition of amenities in waiting area (Chairs, fans, drinking water etc)						
5.	Cleanliness of premises, toilets and surrounding						
6.	Regularity of MO/ CHO						
7.	Time spent on examination and counselling						
8.	Promptness & communication of Primary healthcare team						
9.	Availability of prescribed medicines with in HWC						
10.	Availability of diagnostics services with in the HWC						
11.	All the medicines & diagnostics are provided free of cost?						
12.	Availability of tele consultation services in HWC						

13.	Were you visited by ASHA / ANM at your home ?						
14.	Your overall satisfaction during your visit to the facility?						
Your valuable suggestions (if any)							

Date _____ OPD Ticket no._____/ Health ID :

Ward_____

Name _____

Patient Satisfaction Form: INPATIENT FEEDBACK

Dear Friend,

You have spent your valuable time in the hospital in connection with your/relative's/friend's treatment. It will help us in our endeavor to improve the quality of service, if you share your opinion on the service attributes of this hospital enumerated in the table below.

Please tick the appropriate box and drop the questionnaire in the Suggestion box

Sr No.	Attributes	Poor	Fair	Good	Very Good	Excellent	No comments
1.	Availability of sufficient information at Registration/Admission counter						
2.	Waiting time at the Registration/Admission counter	more than 30 mins	10-30 mins	5-10 mins	Within 5 mins	Immediate	
3.	Behaviour and attitude of staff at the registration/ admission counter						
4.	Your feedback on discharge process						
5.	Cleanliness of the ward						
6.	Cleanliness of Bathrooms & toilets						
7.	Cleanliness of Bed sheets/ pillow covers etc						
8.	Cleanliness of surroundings and campus drains						
9.	Regularity of Doctor's attention						
10.	Attitude & communication of Doctors						
11.	Time spent for examination of patient and counseling						
12.	Promptness in response by Nurses in the ward						
13.	Round the clock availability of Nurses in the ward hospital						

14.	Attitude and communication of Nurses						
15.	Availability, attitude & promptness of Ward boys/girls						
16.	All prescribed drugs were made available to you free of cost.						
17.	Your Perception of Doctor's knowledge						
18.	Diagnostics Services were provided with in the hospital						
19.	Timeliness of supply of diet						
20.	Your overall satisfaction during the treatment as in patient						

Your valuable suggestions (if any)

Date _____ IPD Ticket no._____

Ward_____

Name _____

Annexure-III
Presentation of Monthly Progress Report of AB-HWCs

Section 1 includes details of service delivery at HWC. This section is common for both SHC-HWC and PHC-HWC . Section 2A is to be filled for SHC-HWC while section 2B is to be filled for PHC-HWC .

SECTION-I

I. Progress on health services in the HWC

II. Note- All the numbers and percentage are to be given for the HWC for the duration of last one month. The number of total individuals in each service and age category of the population under HWC may be used for measuring performance against targets and to understand access of services, particularly by marginalized population.

1.	Foot Fall	**Children**		**Adults**		**Transgender**	**Total of All Patients**
		Male	**Female**	**Male**	**Female**		
		Total Children		**Total Adults**			
2.	No. of Births						
3.	No. of Deaths registered under HWC area	**1. Newborn deaths** (0-28days) -					
		2. Infant deaths (0 to 1year) -					
		3. Death of children (under 5 years)-					
		4. Death of Adolescents (10-19years)					
		5. Maternal Deaths (Pregnancy and till 42 days after childbirth)					
		6. Death of Elderly (>60years)					
		TOTAL DEATHS in the month :					
4.	Percentage of VHND sessions held as against planned	**Number planned (Target)**				**Percentage of VHND conducted**	
5.	No. of people linked to PM-JAY	**Eligible**		**Registered**		**Referred**	**Treated under PM-JAY**
A.	**REPRODUCTIVE AND CHILD HEALTH CARE**						
1.	Total no. of OPD cases for RCH last month (Pregnant Women, Children, adolescents)	Total		Repeat/Follow-up visit		Referred to higher centre	

Service Delivery Indicator (Source- Service Delivery records of SHC/ HWC-SHC and HWC-PHC)	**Target**	**Percentage of people who received services**	**Number of persons who did not receive services**
2. Mothers who have received full antenatal care (Early registration & 4 ANCs)			
3. No. of High Risk Pregnant Women identified			
4. Women who delivered at HWC			
5. Mothers who received DBT for Janani Suraksha Yojana (JSY)			Along with number , list of mothers who have not received JSY benefits can be attached as annexure
6. Children (upto 24 months) who received full immunization			
7. Newborns who received all HBNC visits by ASHA in last month			
8. Children who received all HBYC visits by ASHA in last month			
9. Children (0-18 years old) who underwent Universal Screening for 4Ds - Defects at birth, Deficiency, Diseases at Childhood and Developmental Delays under RBSK			
10. Number of women with anemia			
11. Number of children with SAM detected, referred & followedup.			
12. Number of children with diarrhoea who received ORS packets and Zinc tablets by ASHA/ANM			
B. COMMUNICABLE DISEASES			
1. Total no. of OPD for communicable diseases (TB, Leprosy, Vector Borne Diseases)	**Total**	**Follow-up visits**	**Referred to higher centre**

2.	Number of Tuberculosis cases diagnosed and treated.	**Number of pts**			**Number Cured/ Treatment completed**						**Number on Treatment**			**Number defaulted**		
3.	No. of notified TB cases getting nutrition support under Nikshay Poshan Abhiyan	**Eligible**			**No. Received**						**Number Not received** Along with number , list of patients who have not received benefits to be attached as annexure					
4.	Number of leprosy cases diagnosed and treated.	**Number of pts**			**Number Cured**						**Number on Treatment**			**Number defaulted**		
5.	Patients with Vector Borne Diseases (**D:** Number Diagnosed; **C-** Number Cured: **R:** Number Referred)	**Malaria**			**Dengue**			**Kalazaar**			**Chikangunya**			**Japanese Encephalitis**		
		D	**C**	**R**	**D**	**C**	**R**	**D**	**C**	**R**	**D**	**C**	**R**	**D**	**C**	**R**
6.	Community initiatives for source reduction for Mosquitoes	**Name of the activity**			**Planned number**						**Achieved**					

C.	**NON- COMMUNICABLE DISEASES**					
	No. of OPD cases for NCDs last month	**Total**	**Follow-up repeat /visit**		**Referred to higher centre**	
1.	Individuals screened for Non-Communicable diseases	**Target**	**Screened**	**Diagnosed**	**On-treatment**	**Drop-out**
a.	Hypertension					
b.	Diabetes					
c.	Oral Cancer					
d.	Breast Cancer					
e.	Cervical Cancer*					

D.	**EXPANDED SERVICES**				
1.	Patients for Palliative Care	**Target**	**Identified**	**Number on Home based care**	**Number of referred**
2.	Follow up at home of Patients from PM-JAY	**No. Referred in**		**No. Followed up**	

3.	Patients with mental illness	**Identified**	**On treatment**	**On Follow up**
		Total cases in OPD last month	**Follow up/repeat visits**	**Cases referred to higher centre**
4.	Patients with Oral Diseases/Conditions			
5.	Patients with Eye Diseases/Conditions			
6.	Patients with ENT Diseases/Conditions			
7.	Elderly Patients			
8.	Patients requiring treatment for Emergency conditions			
E.	**HEALTH PROMOTION AND WELLNESS ACTIVITIES**			
		No. of sessions / activities		**Details/Comments**
Number of yoga sessions				
Activities under Annual Health Calendar				
Any other wellness activities				
Others- Number of Teleconsultations conducted				
F.	**ACTIVITIES RELATED TO COMMUNITY GROUPS**			
1.	**Patient Support groups**	**Plan**	**Actual**	**Remarks**
	Tuberculosis			
	Elderly			
	Mental Health			
	Palliative Care			
2.	**Number of JAS meetings held in the year so far**			
3.	**Number of public hearings conducted**			

4.	**Utilization of untied fund under JAS** (Mention Accounting Head-wise both Receipts and Expenditure)	**Accounting head**	**Receipt**	**Expenditure**	**Balance**
G.	**ACTIVITIES IN THE COMMUNITY**				
1.	**Number of VHSNC meetings**	**Plan**	**Actual**	**Remarks**	
	Village 1 :				
	Village 2:				
	Village 3:				
	Village 4:				
	Village 5:				
2.	**Utilization of untied fund in VHSNC** *(Mention Accounting-Head-wise both Receipts and Expenditure)*	**Accounting Head**	**Receipt**	**Expenditure**	**Balance**

SECTION 2A				
SUB HEALTH CENTRE- HEALTH & WELLNESS CENTRE PERSONNEL AND ADMINISTRATION				
HUMAN RESOURCES	**No. Sanctioned**	**No. in Position**	**No. Vacant**	**Remarks**
1. CHO				
2. ANM				
3. MPW-M				
4. ASHA				
5. Performance Based Incentive Status	*Payment received by all team members (Y/N)*			
ESSENTIAL MEDICINES		**Remarks**		
1. All Drugs as per Essential Drug List available	**Yes/No**			
2. Number of stock out days in the month				
ESSENTIAL DIAGNOSTICS		**Remarks**		
1. All Tests as per List available	**Yes/No**			
2. No of days for which essential tests were not available during the month				
AMBULANCE SERVICES		**Remarks**		
1. Transport for Patient referral available as per need	**Yes/No**			
ADMINISTRATIVE ISSUES				
1. Any Operational Issues at HWC				
2. Any Infrastructural Issues at HWC				
3. Any Human Resource Issues at HWC				
4. Any Financial Issues at HWC				
5. Best Practices, and Learnings in given month				

SECTION 2B				
PRIMARY HEALTH CENTRE - HEALTH & WELLNESS CENTRE PERSONNEL & ADMINISTRATION				
HUMAN RESOURCES	**No. Sanctioned**	**No. in Position**	**No. Vacant**	**Remarks**
1. Medical Officer				
2. Staff Nurse				
3. Lab technician				
4. Pharmacist				
5. MPW-F				
6. MPW-M				
7. ASHA				
ESSENTIAL MEDICINES		**Remarks**		
All Drugs as per Essential Drug List available	**Yes/No**			
ESSENTIAL DIAGNOSTICS		**Remarks**		
All Tests as per List available	**Yes/No**			
AMBULANCE SERVICES		**Remarks**		
Transport for Patient referral available as per need	**Yes/No**			

ADMINISTRATIVE ISSUES	
1. Any Operational Issues at HWC	
2. Any Infrastructural Issues at HWC	
3. Any Human Resource Issues at HWC	
4. Any Financial Issues at HWC	
5. Best Practices, and Learnings in given month	

ANNEXURE IV
Suggested formats for Maintaining Records

A. Format for Cash Book

Receipts						Payments					
Date	Particulars	Ledger Head	Ledger Folio	Cash Rs.	Bank Rs.	Date	Particulars	Ledger Head	Ledger Folio	Cash Rs.	Bank Rs.

B. Format for Standard Ledger

(Illustrative and not exhaustive)

Receipts

1. Grants from State / Central Govt
2. Receipt from other agencies
3. Interest on bank account
4. Miscellaneous receipts

Payments

1. Medical and diagnostic consumable
2. Equipment
3. Drugs
4. Furniture
5. Linen
6. Maintenance contracts and repairs
7. Outsourcing
8. Rented Vehicle and POL, maintenance
9. Printing
10. Training, IEC
11. Health promotion activities
12. Contingencies
13. Miscellaneous

C. Format for Petty Cash Book

Name of JAS:

Date	Particulars	Ledger Head	Ledger Head	Ledger Head	Ledger Head
Total					

D. Format for Balance Sheet

Liabilities			Assets		
Particulars	Amount Rs	Amount Rs	Particulars	Amount Rs	Amount Rs
Opening Balance Add: Excess of Income over expenditure			Fixed Assets Advance to peripheries/ agencies Outstanding Receipts Interest accrued and due from bank		
Other Liabilities Expenses outstanding Other Fixed Assets Reserve Account			Current Assets Loans / advances Cash in hand Cash in bank		
Total			Total		

JAS B/S will be prepared in the same manner as NHM financial statements are prepared

Name of the JAS ----------

GFR 19-A

[See Rule 212 (1)]

Form of Utilization Certificate

Sl. No.	Letter No. & Date	Amount
	Total	

Certified that out of ……. of grant-in-aid sanctioned during the financial year …….in favour of …….. under this Ministry / Department Letter No. given above and ……. on account of un- spent balance of the previous year, a sum of ₹ ……. has been utilized for the purpose of …….for which it was sanctioned and that the balance of …….remaining unutilized at the end of the year has been surrendered to Government (vide No. ……., dated……..)/ will be adjusted towards the grant-in-aid payable during the next year ……

2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled/ are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised

1.

2.

3.

4.

Signature of the JAS Member Secretary

Signature of Medical Officer/Community Health Officer in Charge

Signature of Accountant

E. Format for Statement of Expenditure

Activity	A	B	C	D=(B+C)	E	F	G=(E+F)	H=(A+D)-G
	Opening Balance (Begin-ning of the year	Amt Received (In current FY till the previous Month	Amt Received During the Month	Total Amt Received (In current FY) Till date	Exp. (In cur-rent FY) Till the previous Month	Exp. During the Month	Total Exp. (In cur-rent FY) Till Date	Unspent Balance

F. Format for Receipts and Payments (Including the untied funds and income from other sources)

Receipts and Payment Account For The Period 1-4-20… to 31-3-20…..

Receipt			**Payment**		
Particulars	Amount Rs	Amount Rs	Particulars	Amount Rs	Amount Rs
Opening Balance			Outsourced Activity		
Cash in hand			Consumables		
Cash in bank			Drugs		
Receipt from Govt			Equipment		
Receipt from philanthropy			Furniture		
Receipt from CSR			Linen		
Receipt from other agencies			Contingencies		
Interest on bank account			Training		
Miscellaneous			Maintenance & repairs		
			Civil works		
			Printing		
			Closing balance Cash in hand Cash in bank		
Total			**Total**		

Ministry of Health and Family Welfare
Government of India

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