



# JAN AROGYA SAMITI HANDBOOK FOR MEMBERS







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## Abbreviation

AB-HWC	Ayushman Bharat – Health and Wellness Center
ANM	Auxiliary Nurse Midwifery
ASHA	Accredited Social Health Activist
BCC	Behaviour Change Communication
CBAC	Community Based Assessment Checklist
CHC	Community Health Centre
CHO	Community Health Officer
CPHC	Comprehensive Primary Healthcare
CRA	Community Reflection and Accountability
CSR	Corporate Social Responsibility
DH	District Hospital
DHS	District Health Society
FAN	Follow-up Action Note
GR	Grievance Redressal
ICT	Information Communication and Technology
IEC	Information Education and Communication
IPD	In Patient Department
JAS	Jan Arogya Samiti
MAS	Mahila Arogya Samiti
MO	Medical Officer
MoHFW	Ministry of Health and Family Welfare
MPW	Multi-Purpose Worker
NCC	National Cadet Corps
NCD	Non-Communicable Disease
NSS	National Service Scheme
OPD	Out Patient Department
PHC	Primary Health Centre
RKS	Rogi Kalyan Samiti
SHC	Sub Health Centre
SHG	Self Help Group
TB	Tuberculosis
UPHC	Urban Preimary Health Center
VHSNC	Village Health Sanitation and Nutrition Committee
VISHWAS	Village based Initiative to Synergise Health Water and Sanitation
WASH	Water Sanitation and Hygiene

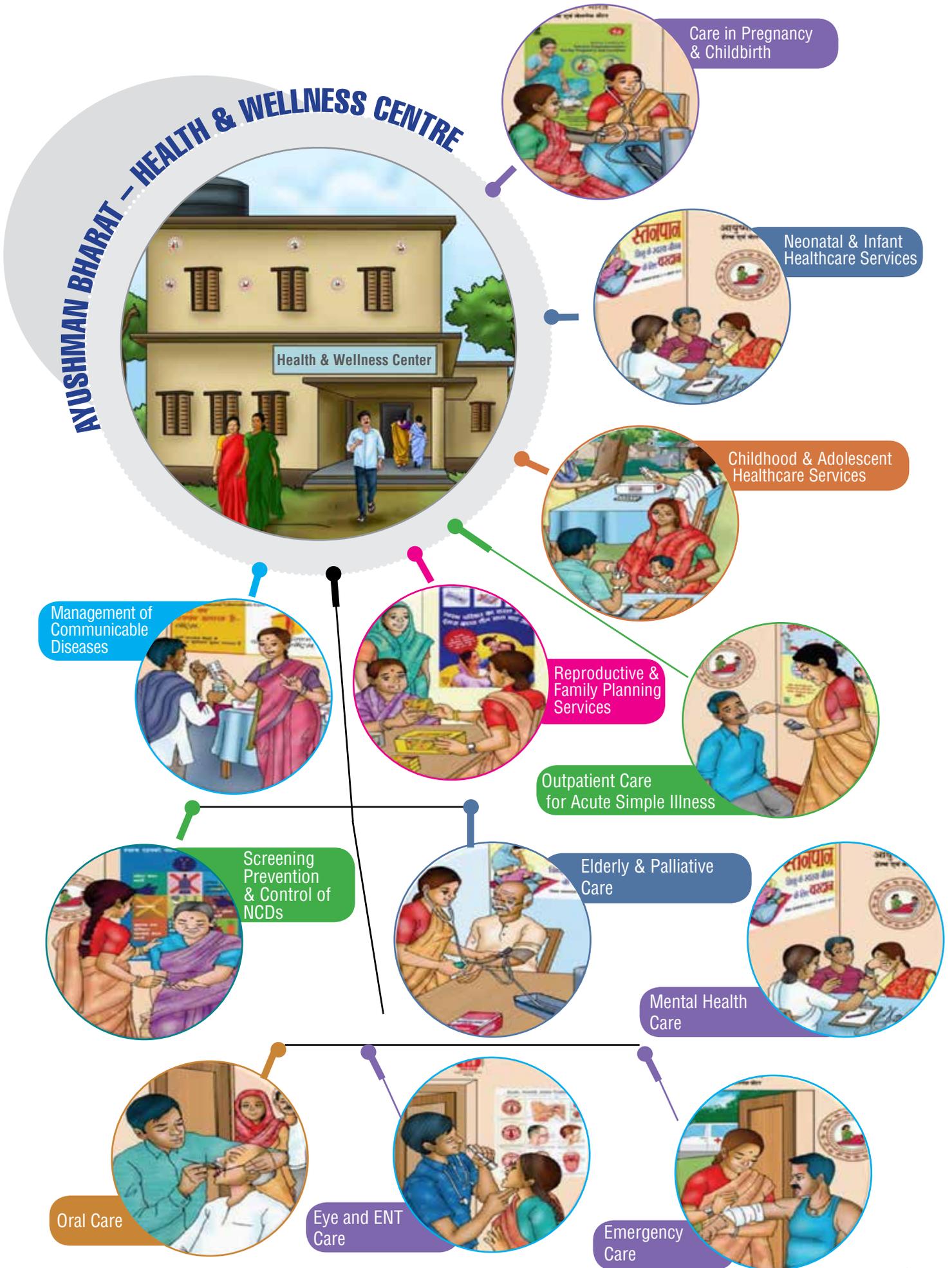


## Background

Under the Ayushman Bharat initiative, all primary healthcare facilities in rural and urban areas are being transformed into Ayushman Bharat- Health and Wellness Centres (AB-HWCs) to provide comprehensive primary healthcare (CPHC) services. These are Sub health centre – Health and wellness centre (SHC- HWC) and Primary health centre- Health and wellness centre (PHC-HWC) in rural areas, Urban health and wellness centre (UHWC), and Urban primary health centre - Health and wellness centre (UPHC- HWC) in urban areas. These AB-HWCs will serve as the first point of care for the comprehensive range of primary healthcare services to people in their catchment area.

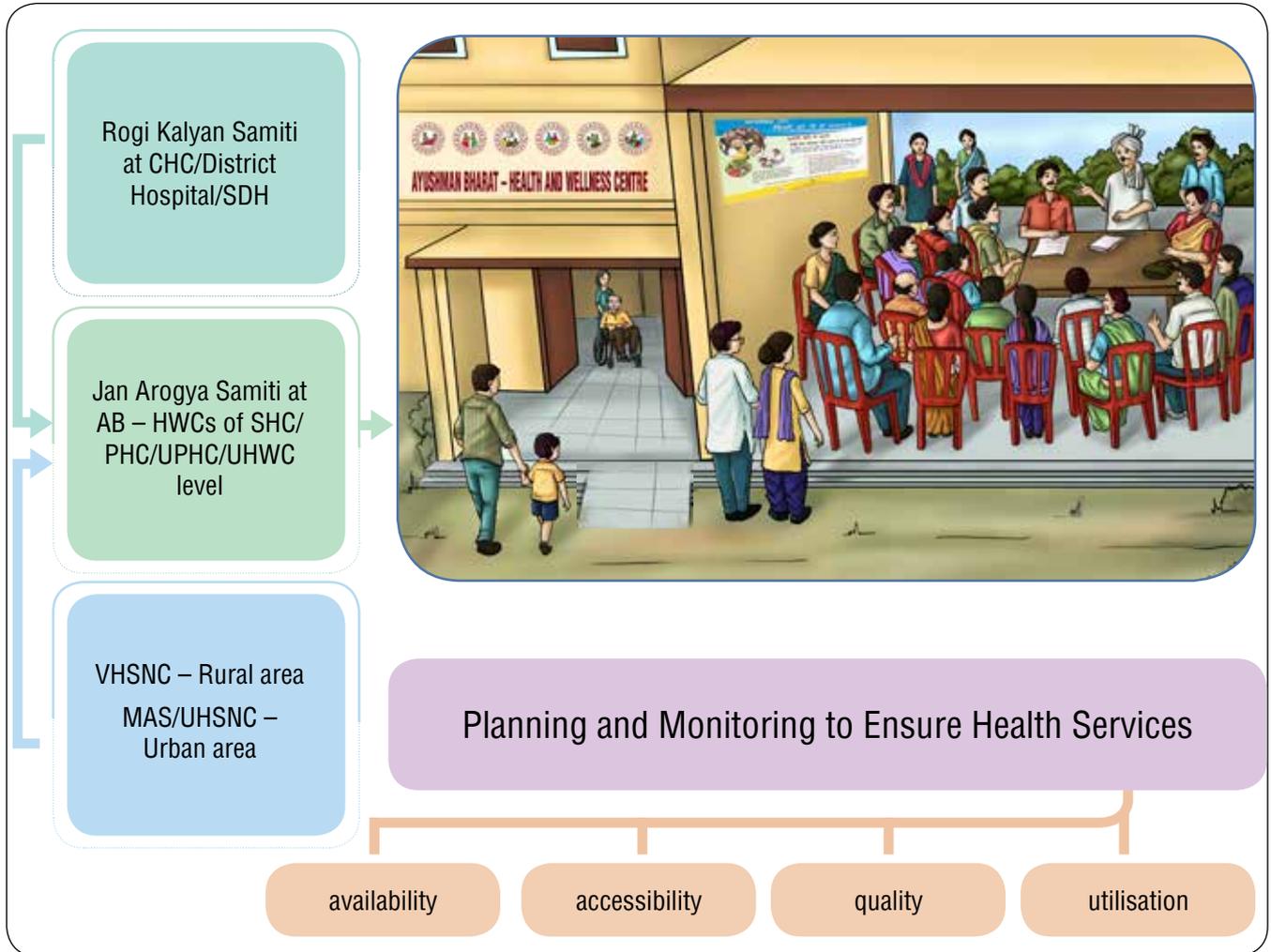


# Expanded range of services provided at AB-HWC



## What is the purpose of Jan Arogya Samiti?

JAS are institutional platforms created at SHC, PHC, UHWC, and UPHC level AB-HWCs. JAS provides support and oversight for AB-HWCs in the delivery of comprehensive primary healthcare. JAS strengthens people's participation in planning and monitoring the comprehensive primary healthcare delivery to ensure access, availability, and quality of health services at AB-HWCs.



## Why JAS handbook?

The Guidelines for JAS “Community Ownership of Health and Wellness Centres Guidelines for Jan Arogya Samiti” have been released by MoHFW, GoI in December 2020. It lays down the structure, composition and principles for functioning of JAS. This handbook elaborates the functioning of JAS and roles and responsibilities of the JAS members.



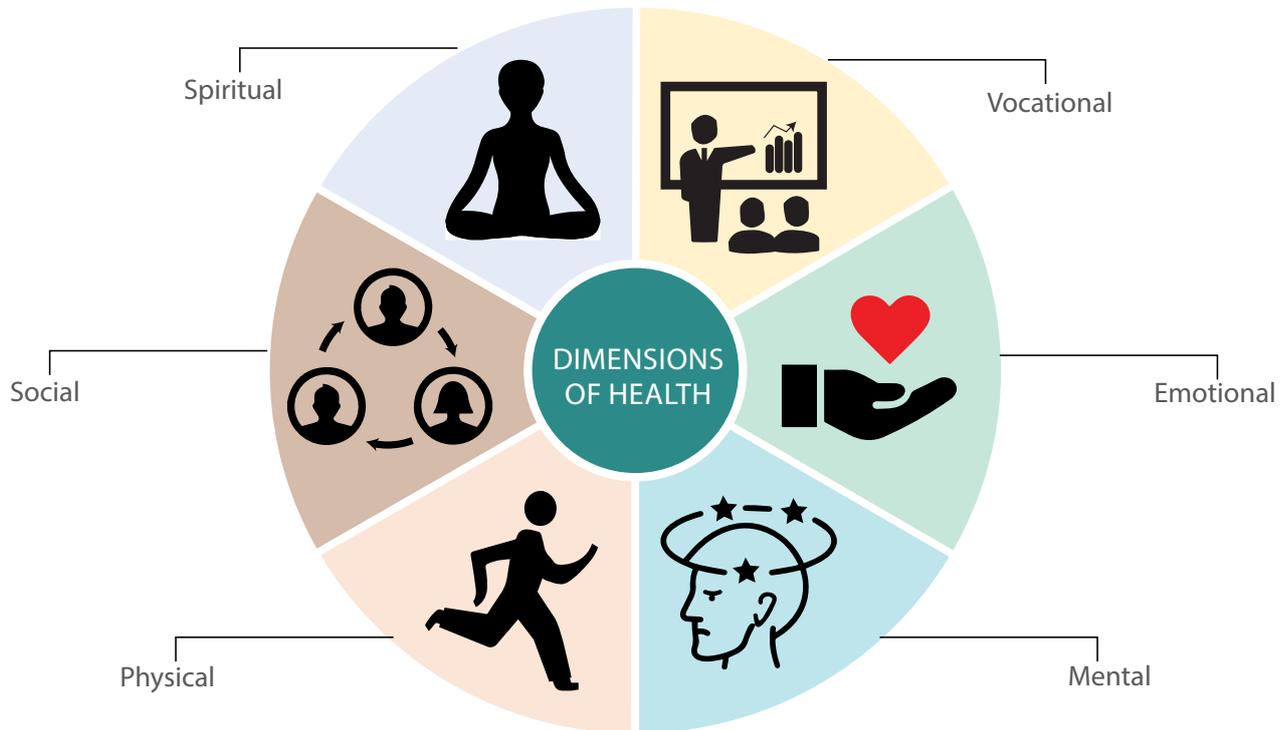
## Understanding Health of Community

### What is health?

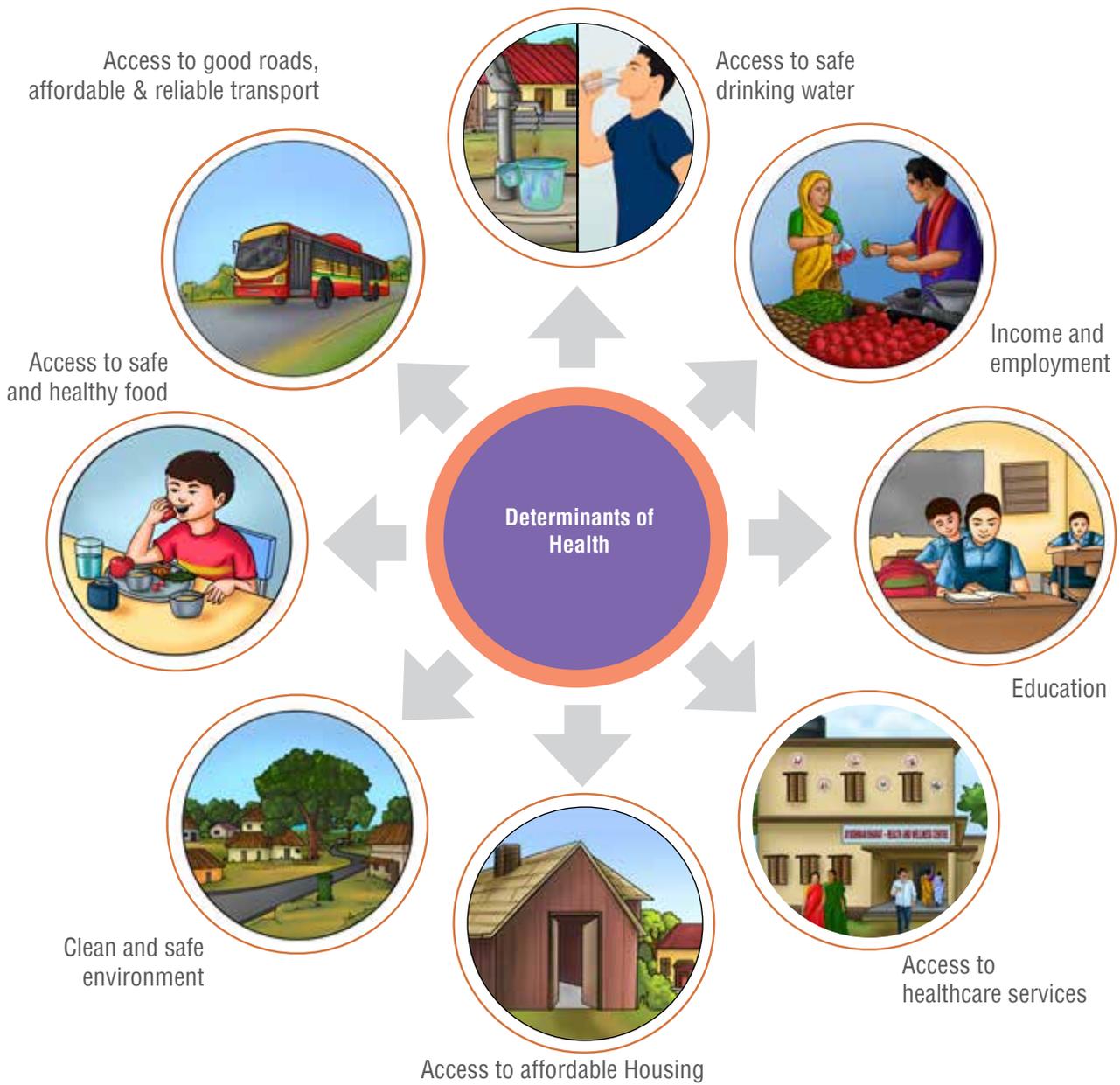
People usually associate health with illness, doctor, and medicines. Actually, being healthy does not simply mean the absence of disease, but is related to good physical, mental social wellbeing.

### Dimensions of Health

Health is multi-dimensional. The key dimensions of health are physical, mental, social, spiritual, emotional, and vocational.



# What are the determinants for health?



# What are the common health challenges in the community?



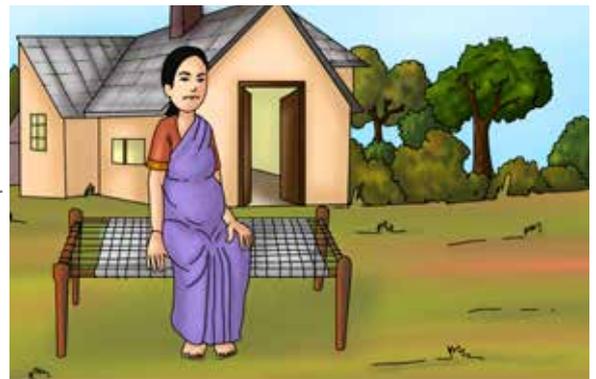
Undernutrition



Unsafe drinking water



Poor sanitation and unclean surroundings



Lack of skilled care during delivery and lack of prompt care for complications leading to maternal deaths



Common childhood illnesses like pneumonia, diarrhoea causing infant deaths & malnutrition



Infectious diseases like dengue, chikungunia, malaria and TB and non-communicable diseases like high blood pressure, high blood sugar and cancers etc.



Other problems affecting health of the individual-Unhealthy lifestyle like Tobacco and alcohol consumption, unhealthy food social problems like extreme poverty, homelessness, early age of marriage, migration etc.



Mental health and Substance abuse



## Points to remember

- Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.
- Health is multidimensional. Various dimensions of health include physical, mental, emotional, social, spiritual, and vocational dimensions. Only the physical dimension is visible while other dimensions may or may not be apparent.
- Health has several determinants; it is influenced by access to safe drinking water, safe and healthy food, affordable housing, healthcare services, affordable and reliable transport; income and employment; education, and a clean and safe environment, etc.

## Exercise

1. What it means to be healthy?
  - a. Good mental health and social well-being
  - b. Good physical health
  - c. Absence of disease
  - d. All of the above
2. State whether true or false: Changes other than the physical state of a person do not affect the person's health. (TRUE/FALSE)
3. Is spirituality one of the dimensions of health? (TRUE/FALSE)



## Composition of JAS

### JAN AROGYA SAMITI AT PRIMARY HEALTH CENTRE

#### Office Bearers

##### Chairperson

Zila Panchayat Member

##### Co-Chairperson

Block/Taluka Medical Officer

##### Member Secretary

Medical Officer In-charge

#### Members

- Second Medical Officer/AYUSH Medical Officer of PHC
- Staff Nurse/LHV/ANM of PHC
- Chairperson of Block Panchayat's Health Sub-committee
- Sector Supervisor from Department of Women and Child Development
- Block Level Officers
  - Public Health Engineering Department (PHED)
  - Department of Water and Sanitation (DWS)
  - Public Works Department (PWD)
- Principal of the school/Block Education Officer
- Chairpersons of all JAS of HWC-Sub Health Centres
- Block-level Representative of Nehru Yuva Kendra (NYK)/Youth Volunteers
- Two NGO representatives
- Special invitees from community

- At least 50% women representation
- One-third from vulnerable communities

### JAN AROGYA SAMITI AT SUB HEALTH CENTRE



#### Office Bearers

##### Chairperson

Sarpanch

##### Co-Chairperson

Medical Officer In-charge of PHC

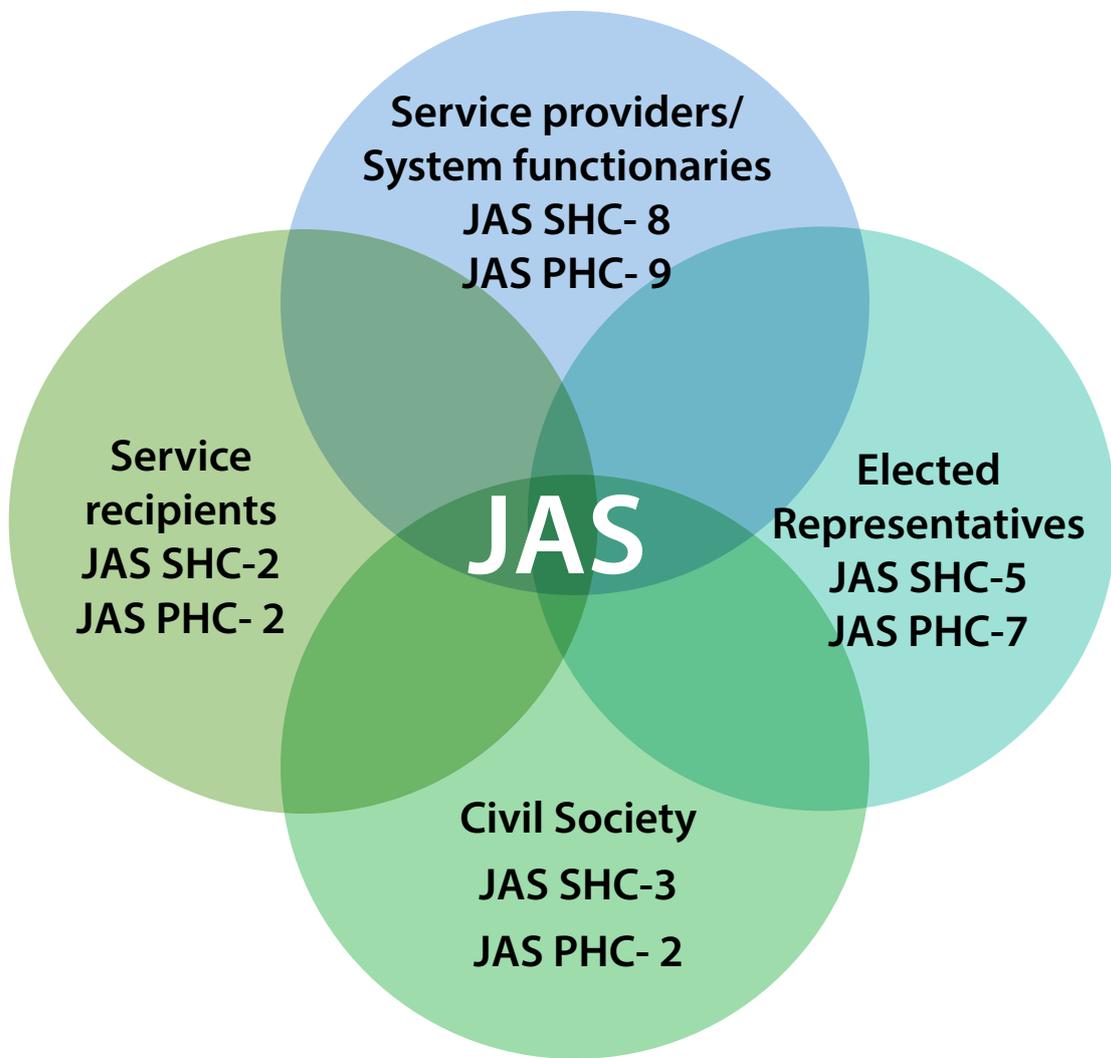
##### Member Secretary

Community Health Officer (CHO)

#### Members

- Sarpanch of other Gram Panchayats (GPs) of the HWC area
- All ASHAs
- Chairperson of Village Health, Sanitation and Nutrition Committees (VHSNCs)(one per GP)
- All ANMs and Multi-Purpose Health Workers (Male) of HWC
- President of one Self Help Group (SHG from each GP)
- One School Health Ambassador
- Peer Educator from Rashtriya Kishore Swasthya Karyakram (RKSK)
- Special invitees from the community

- At least 50% women representation
- One-third from vulnerable communities



◆ At least 50% representation of women to be ensured in JAS



◆ Vulnerable and marginalized populations to be at least 33% represented in JAS

## What is JAS composed of?

JAS is composed of Chairperson, Co-chair, Member Secretary, Ex-officio Members, other members from community, and Special Invitees. The detailed structure and composition of the JAS-SHC/UHWC and JAS-PHC/UPHC has been provided in JAS guidelines.

### Points to remember



- Key members of JAS are Chairperson, Co-Chairperson, Member Secretary, other Ex-officio members, other members from the community, and special invitees.
- In the selection of JAS members, efforts should be made to ensure that all habitations and all communities (especially the vulnerable communities like SC/ST/differently-abled) 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.

## Exercise

1. Who is the Chairperson of JAS-SHC?
  - a. Zila Panchayat member of the corresponding area
  - b. Sarpanch of the gram panchayat falling under the AB-HWC area
  - c. ASHA
  - d. President of SHG
2. Who is the member secretary of JAS-PHC?
  - a. Medical officer in-charge of PHC level AB-HWC
  - b. Block medical officer
  - c. ASHA
  - d. Staff Nurse
3. What should be the women representation in JAS?
  - a. 33%
  - b. 25%
  - c. 50%
  - d. 75%
4. Composition of JAS includes:
  - a. Service providers
  - b. Service recipients
  - c. Elected representatives
  - d. Civil society members
  - e. All of the above





# 4 Chapter

## Functions of JAS

What are the functions of JAS?

<b>Organising health promotion activities</b>	<b>Enabling quality service delivery</b>
<b>Ensure grievance redressal system is in place</b>	<b>Facilitating social accountability exercise</b>



## What is the role of JAS in leading health promotion activities?

Plan and support multi-sectoral action on social and environmental determinants of health and celebrate annual health calendar days (the list of annual health calendar days is given as Annexure 1)



Ensure facility and community based NCD screening.



Discuss women's health issues, importance of healthy diet and regular exercise



## Community level action on Water Sanitation and Hygiene (WASH)

### What is the role of JAS in enabling quality service delivery at AB-HWCs?

The role of JAS is to ensure provision of quality healthcare services to all. This implies that AB-HWC at SHC/PHC/UPHC level are providing services which are accessible for all, safe, patient-centred, and equitable. Also, they are provided with dignity towards patients, maintaining confidentiality. ()

JAS shall ensure that all the processes and provisions of service delivery as listed below are in place.

#### 1. Patient amenities in place

OPD Services	Free Medicines and Diagnostics	Antenatal and Pregnancy Care	Newborn and Child Health Services	Health Promotion and Counseling	Yoga and Wellness Services
<ul style="list-style-type: none"> <li>• Consultation with service provider</li> <li>• Tele-consultation with a doctor/ specialist</li> </ul>	<ul style="list-style-type: none"> <li>• Essential medicines including blood pressures, diabetes and health diseases available</li> <li>• Screening for oral, breast and cervical cancer</li> <li>• 52 essential lab tests available</li> </ul>	<ul style="list-style-type: none"> <li>• Normal delivery services</li> <li>• Ante-natal and postnatal care</li> </ul>	<ul style="list-style-type: none"> <li>• Immunization services</li> <li>• Newborn and child health services</li> </ul>	<ul style="list-style-type: none"> <li>• Adolescent health services</li> <li>• Family planning services</li> <li>• Elderly care</li> <li>• Mental health services</li> </ul>	<ul style="list-style-type: none"> <li>• Yoga/meditation at health and wellness centre or at a nearby designated yoga/meditation area</li> </ul>
Monday to Saturday	Monday to Saturday	Monday to Saturday	Monday to Saturday	Monday to Saturday	Monday to Saturday

Citizen charter is displayed at a prominent location, visible to all patients and visitors



Clear signages are placed at approach road  
 It displays different services like - maternal health services, immunization, teleconsultation, yoga, health awareness and drug distribution offered at AB-HWCs

The JAS President with the support of the JAS member shall undertake visits to the concerned AB-HWCs at least semi-annually. (The checklist for this periodic assessment is given in Annexure 2)

**2. JAS has to ensure that the facility has all the provisions as mentioned in the figure below are in place**



Safe drinking water facility



Quality diet at PHC/UPHC



Clean premises without water logging



Clean toilets



Adequate space with seating



Color coded foot operated bins for waste disposal

### 3. All essential drugs and diagnostics are in place

JAS shall ensure the availability of essential medicines and diagnostics at the SHC/PHC/UPHC level AB-HWCs and maintain record of stock out drugs and takes corrective measures.



JAS member asking pharmacist the availability of essential drugs at AB-HWCs

### 4. Use of technology including social media and digital communication etc.

JAS shall ensure, that teleconsultation services and home /community level follow up care are provided to patients adequately



Ensure resources to be available for teleconsultation

## 5. Staff behaviour and attitude towards patients and visitors

JAS members will randomly visit their AB-HWC and see how staff is behaving with patients. They resolve any issues related to communication with patients in a amicable manner.



Ensure staff behaves politely with patients and visitors and maintains dignity and confidentiality of the patient

Ensure doctor attentively listens to patient

## 6. Free healthcare services to everyone

*JAS members shall ensure*

- Anyone who visits the AB-HWC, shall not be denied of any available healthcare services
- Healthcare services are free of cost
- Poor and vulnerable sections of community shall not face any financial hardship

Randomly ask few patients in the facility or in the community, whether they are receiving all services free of cost

## What is the role of JAS in catalysing grievance redressal?

JAS shall ensure setting up a system to register complaints and redressal of the same within a reasonable time frame. The health and wellness centres (HWCs) at the Sub health Centre and Primary Health care level will establish a grievance redressal mechanism as per the Jan Arogya Samiti guideline. For the purpose, the HWC will ensure following:

- a. Suggestion/Complaint box
- b. Patient Satisfaction forms (refer to Annexure 3A and 3B)
- c. Feedback register



Set up a system to register complaints

Advertise the process of making complaints in AB-HWC and village





Periodically review the system

Encourage VHSNCs to take feedback on services from community

Escalate relevant issues to PHC/UPHC level or DHS

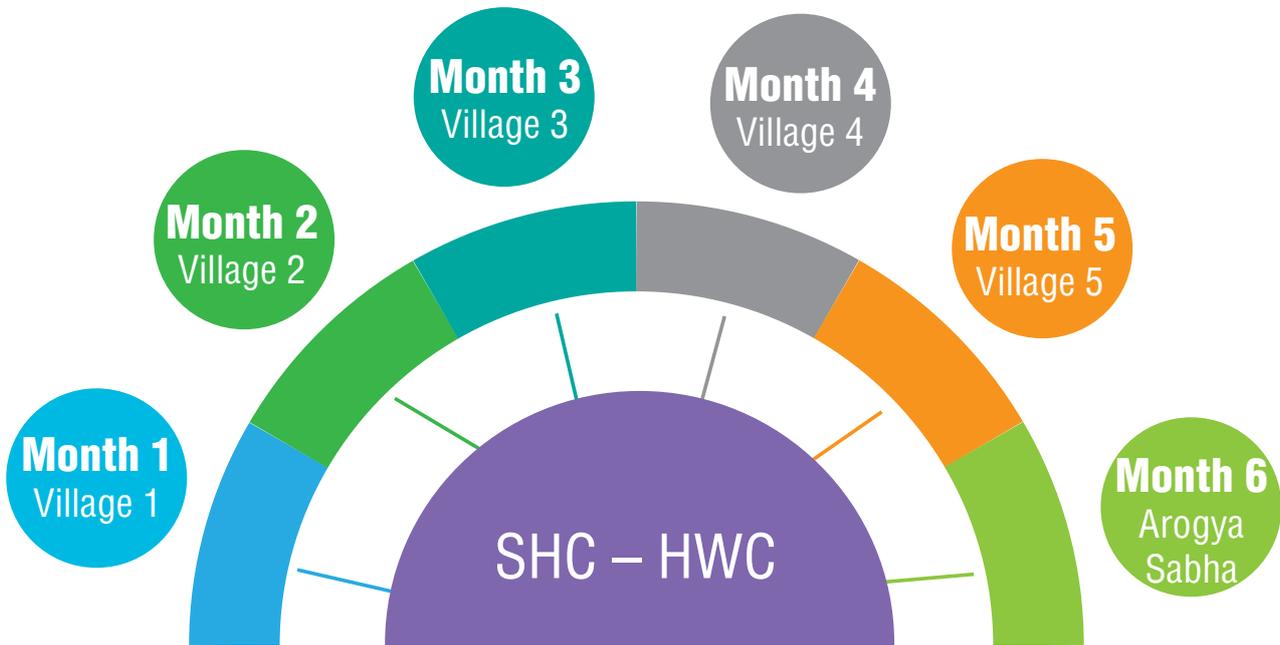


Hear patient's or user's concerns in accessing quality healthcare services at AB-HWC

Act as Grievance Redressal Platform under different healthcare schemes and escalate relevant issues and complaints to PHC/CHC level and DHS

## What is the role of JAS in social accountability exercise?

JAS shall facilitate Arogya Sabha twice every year at the AB-HWCs after monthly village level Samvad exercise in the villages under HWC. The activity will be rotated amongst the villages. Each village will be taken up once in each biannual round, so will be covered twice a year.



**Aarogya Sabha**

Discussion by CHO on services delivered at AB-HWCs and issues faced by community in accessing services

Prepare Follow-up Action Note (FAN) after the Jan Samwad in each village

Discuss the FAN of the Jan Samwad and review the actions taken

Prepare a monthly summary report on the Follow up Action taken

Discuss the summary report of JAN Samwad of villages, in last six-months, in Arogya Sabha

Discuss the follow up action taken in villages



Organise annual meeting to discuss activities, successes, and challenges of the AB - HWC

Ensure active community participation from every village, especially from the vulnerable sections of community

Build awareness of community members on comprehensive range of services, medicines, tests availability at AB-HWC

Before monthly JAS meetings, the checklist has to be filled, to review if facility achieves the standards set for its functioning as SHC, PHC, UHWC and UPHC level AB-HWCs (Annexure-3)

**By filling up of checklist, the JAS members shall**

**1**

Understand processes and provisions of the AB-HWC

**2**

Identify the gaps in delivery of health services, and their quality, implementation of health promotion activities, grievance redressal system and social accountability exercise

**3**

Discuss the issues during monthly meetings and take action upon them



## POINTS TO REMEMBER

- The key role of JAS is supporting the functioning of the concerned AB-HWC
- JAS will function under four themes - Ensuring quality of service delivery, health promotion, grievance redressal and social accountability
- JAS will support AB-HWCs in local collective action for health promotion using existing community platforms like VHSNCs/MAS/SHGs etc
- JAS will ensure - patient amenities in place, availability of essential drugs and diagnostics, staff behaviour and use of technologies are part of quality service delivery
- JAS will set up a grievance redressal system at SHC, PHC, UHWC and UPHC level HWCs and will work for timely resolution of patient issues/concerns
- JAS will facilitate smooth conduct of Arogya Sabha as a part of social accountability exercise at SHC, PHC, UHWC and UPHC level HWCs

# Exercise

1. Following are the main functions of JAS (tick the correct answer)

- Enabling quality service delivery
- Organizing health promotion activities
- Setup grievance redressal system
- All of the above

2. Health care services at AB-HWCs should be provided free of cost to everyone including poor and vulnerable sections of the society **True/False**

3. Match the following

Population-based screening for NCDs

Availability of essential drugs and diagnostics

Resolving issues of families related to services at AB-HWCs

Conducting biannual Arogya Sabha

Facilitating Social accountability exercise

Grievance redressal

Health Promotion activities

Quality Service delivery

4. Under grievance redressal system, JAS will provide a mechanism for making complaints and resolving issues related to quality health services **True/false**

5. Match the following:

Maternal health



Teleconsultation services



Yoga





# 5 Chapter

## Roles and Responsibilities of JAS Members

The JAS guidelines lay down the basic principles of key roles and responsibilities assigned to two most important positions of JAS which are Chairperson and Member Secretary. Following the spirit of the roles and responsibilities, illustrated in the JAS guidelines, we have further elaborated here, the roles of Chairperson and Member Secretary as well as few other important members of JAS.

### Role of the Chairperson



Call and preside over meeting  
Periodically review the JAS functioning  
Coordination with JAS members



Evaluate/review actions of JAS at any time  
Decide disputed questions by voting  
He/She has the casting vote in case of tie

Perform other tasks delegated to him by JAS and approved in a meeting with required quorum



Review and approval in next meeting

## Role of the Co-Chairperson

- Play the financial role of Chairperson only in case of the prolonged absence of the Chairperson
- To act as the principal signatory of JAS joint account only in the prolonged absence of Chairperson.
- Act as the principal signatory of JAS, for short- term (if state decides to have three signatories of JAS joint account). Giving financial role to Co-chair, should not be a repeated affair. Limits can be set by state on the amounts that Co-chair can sign on, on routine basis.



In the absence of Chairperson call and preside over meeting and manage finances

## Role of Member Secretary of JAS

- Prepare a monthly calendar of meetings, campaigns/events/activities related to JAS roles (refer to Annexure 4)
- Convene the monthly meetings of JAS and send meeting invites to all members of JAS
- Organize the monthly meeting and ensure that information about the date/venue/list of pre fixed agenda items is communicated clearly and fully to all members of JAS, at least 7 days of advance.

Organise meeting  
Share time, venue, date  
and agenda items  
Send meeting invites (7  
days in advance)



All executive and financial powers are vested in member secretary, and he is responsible all day-to-day functioning of JAS, and proper maintenance of all records and assets.

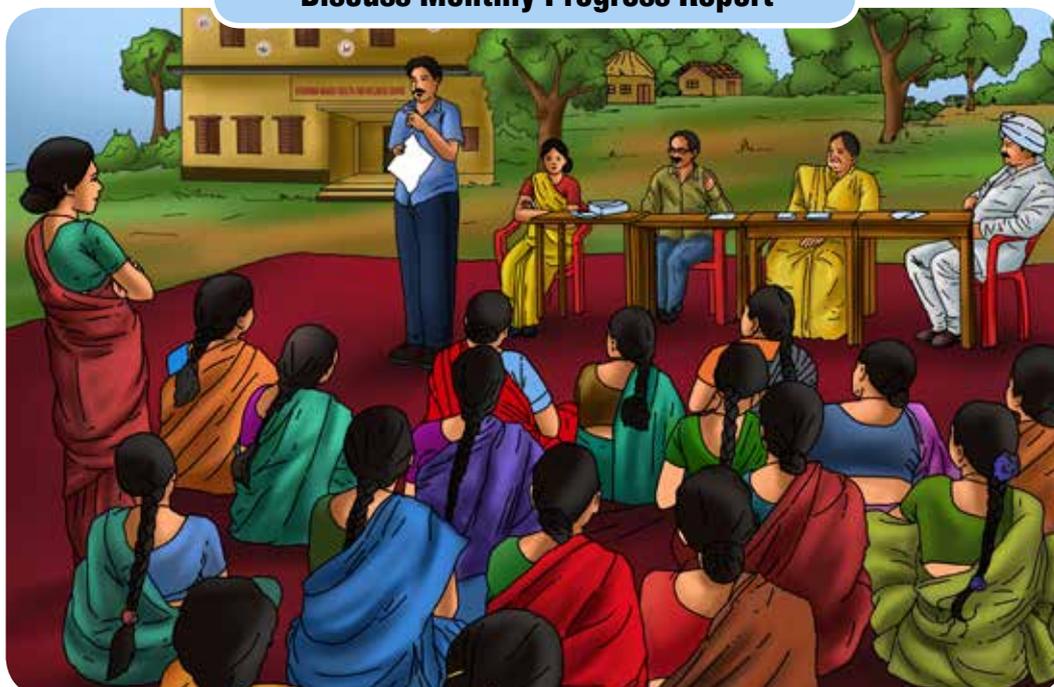
Responsible for signing bills, receipts, vouchers, contracts and other documents whatsoever on the behalf of JAS



Prepare and circulate the activities planned for upcoming month among all the members of JAS.

Manage untied funds

### Discuss Monthly Progress Report



Present the monthly progress report of AB-HWC on services delivered to different categories of recipients (with emphasis on marginalized population) such as untied fund expenditure, referrals and outreach activities, administrative and logistic issues during JAS meeting.

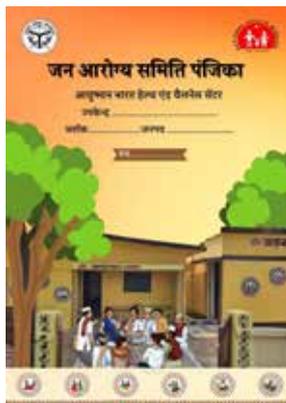
## Form Task-Based Teams



Can form 'task based' short-term teams for performing specific responsibilities or activities on behalf of JAS  
Approve in next full quorum meeting

## Record Keeping

1. Maintain meeting records including meeting attendance, meeting minutes, untied fund expenditure revenue and expenditure records etc.
2. Ensure recording of all key points of the discussion during monthly meeting along with signatures of all participating members



Meeting attendance, meeting minutes, untied fund expenditure records

Details of discussion with signatures of participating members

Obtain quarterly water quality testing reports from gram panchayat/urban local bodies and discuss in the meeting

Discuss patient concerns in accessing quality healthcare services at AB-HWCs and actions taken on feedback in the previous month

Review of the preparations for the celebration of annual health calendar days events in ongoing month and facilitate VHSNCs for undertaking the celebration of annual health calendar day

Prepare and circulate the activities planned for upcoming month among all the members of JAS.

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

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

## IMPORTANT

- Minimum 15 days' notice is mandatory for organising any special meeting
- *Task based teams* must be chaired by a JAS member
- Two third of the members of any task based committee should be from among the JAS members. Other one third members can be from outside the JAS to enable inclusion of any experts or persons with specific competency or knowledge related to task.

## Role of President of Woman Self-help Group as a member of JAS



Behavioural change communication sessions on women's health and new-born related issues  
Build consensus in group to take up health agenda  
Focus on women from marginalized and vulnerable groups

- Identify and record challenges faced by women in receiving Comprehensive Primary Health Care (CPHC) services at AB-HWCs and discuss these issues in monthly JAS meeting





Inform community about healthcare services, entitlements at AB-HWCs  
ASHA/ANM can be invited in group meetings



Focus on maternal and child health issues  
Health education sessions to members and non-members of group



Can accompany ASHA/ANM while visiting these households  
 Inform ASHA/ANM about women/families who are resistant/face  
 difficulty in accessing healthcare services  
 Special focus on poor and vulnerable women

6. (A) Inform ASHA/ANM about
- women/families who need any other support
  - resistant families
  - those who face difficulty in accessing healthcare services at AB-HWCs
- (B) May facilitate stronger interface of ASHA/ANMs with women/families from all sections, especially poor and vulnerable sections for better access of health services at AB-HWCs
- (C) May assist ASHA/ANM during her home visits to these women/families

7. Can focus on –

- pregnant women who need mother and child related information,
- families or women who need support related to communicable diseases, non-communicable diseases etc



Families/women to discuss issues related to communicable diseases,  
 non-communicable diseases



Liaise with JAS members to organise activities on maternal and new-born health related issues in their neighbourhood

### Role of Ayushman Bharat - School Health Ambassadors as Member of JAS

- Ayushman Bharat - School Health Ambassador updates JAS members about Health and wellness activities in the school.
- Ayushman Bharat - School Health Ambassador leverage services available at AB-HWC for the benefit of School children.





Cleaning of School Toilets

Age-appropriate awareness sessions on promotion of healthy behavior and prevention of various diseases



Encourage handwashing with soap after using toilet  
We must wash hands with Soap before eating and after Toilet





Celebrate Health and Wellness Day on every Tuesday for one hour in school for promoting healthy behaviour and disease prevention activities

Provision of weekly iron and folic acid tablets and biannual de-worming tablets to children of 6-19 years of age



Identification of 30 diseases including the malnutrition and anaemia among children in school with appropriate referrals



Measure height and weight in school children



Look for pallor in face, eyes and tongue



Ensure availability safe drinking water in school

4. Promote safe menstrual hygiene practices among adolescent girls in school

Sanitary napkins may be provided



Organise classes on yoga and meditation among school children

## ROLE OF SPECIAL INVITEES

- To attend the JAS monthly meeting when possible or when invited to attend the meeting
- Share their experiences about the utilization of health care services during illness (tuberculosis) and challenges faced while visiting the facility for routine check-up, challenges related to compliance to treatment and during follow up care at facility
- Motivate and encourage the community on importance of early screening and management of chronic illnesses
- Raise awareness regarding the sterilization procedure among the community
- Share their own experiences related to procedure with the community; can explain "How safe is the sterilization procedure?"



### Points to remember

- The chairperson shall have the powers to call for and preside over all meetings of the committee
- The Chairperson shall have the authority to review periodically the work and progress of JAS and to order inquiries into its affairs.
- The Member Secretary of JAS shall facilitate all meetings of JAS, record proceedings, and resolutions, and will ensure action upon them.
- President of Woman Self-help Group facilitates Behaviour Change Communication (BCC) sessions on women's health and new-born related issues among women, especially those from marginalized and vulnerable groups.
- Ayushman Bharat - School Health Ambassador updates JAS members about Health and wellness activities in the school.
- Ayushman Bharat - School Health Ambassador leverage services available at AB-HWC for the benefit of School children.

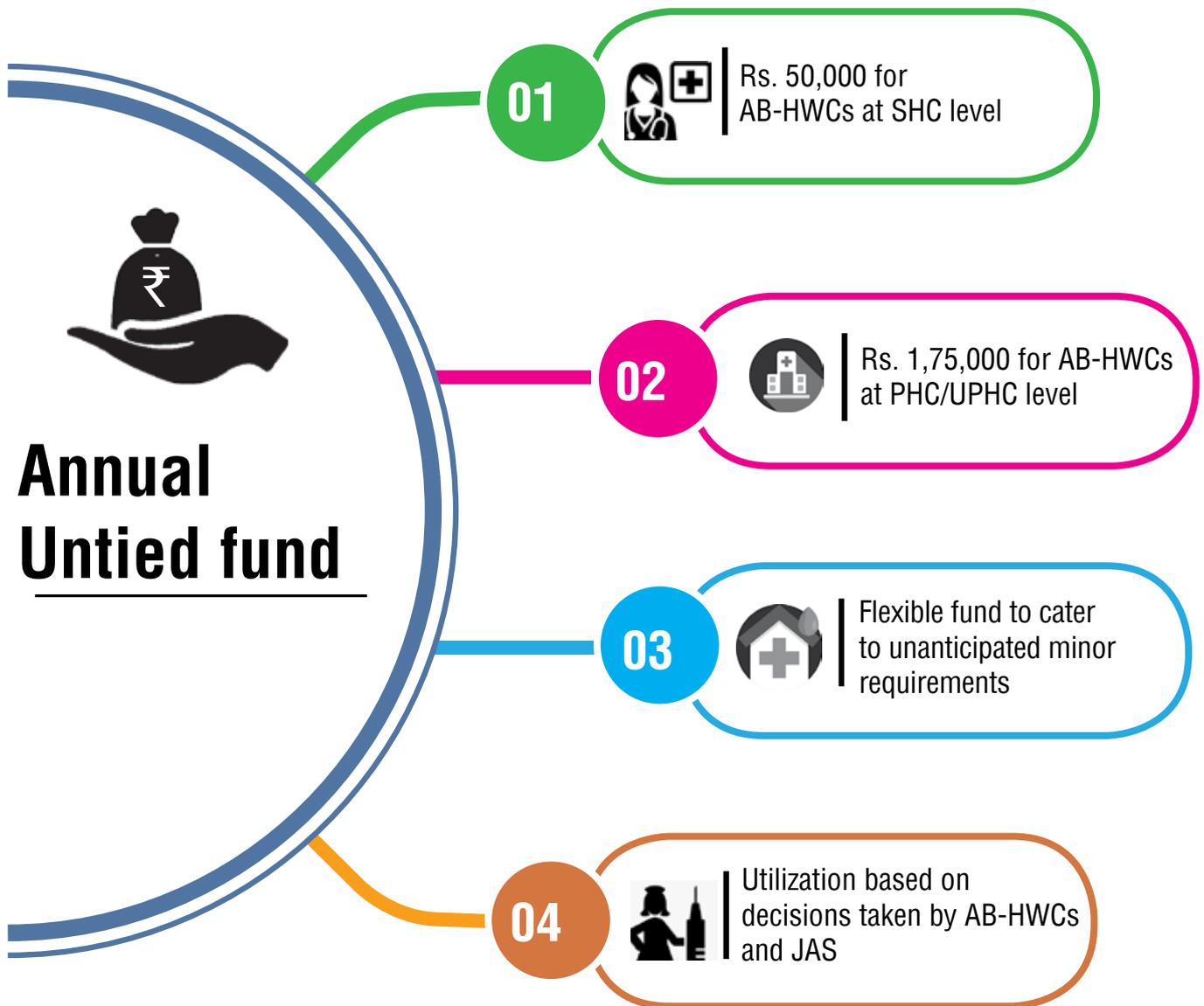
## Exercise

1. Chairperson has the power to call and preside over the meeting True/False
2. Chairperson will organise the meeting True/False
3. Member Secretary has following responsibilities
  - Call for meeting
  - Organizing meeting
  - Managing day to day administration
  - Periodically review the work and progress of JAS
4. Match the following

Chairperson	Celebration of Health and wellness day in school
ASHA	Management of Untied fund
School Health Ambassador	Call and preside over meeting
Member Secretary of JAS	Community level NCD screening
5. Health And Wellness Day is celebrated in School by School Health Ambassador
  - Every Tuesday
  - Every Monday
  - Every Thursday
  - Every Wednesday
6. Special Invitees in JAS are
  - Medical Officer
  - Community Health Officer
  - Tuberculosis Survivor
  - Staff Nurse



## JAS Untied Fund



## What can the Untied fund be used for?

Illustrative list of activities related to provision of basic amenities, services to patients and health promotion, where untied fund can be used for filling small gaps



Improved signage in the facility



Provision of safe drinking water



Cleaning of Toilets



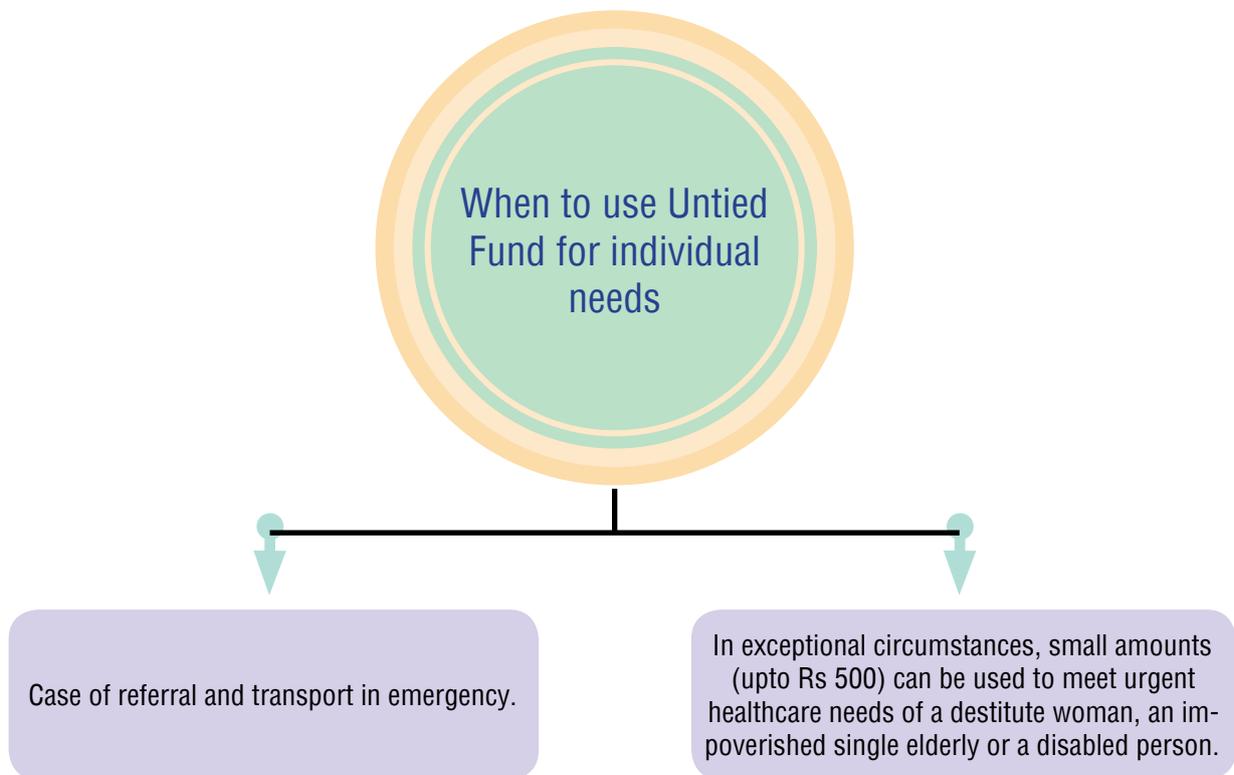
Minor repairing of septic tanks/toilets



Making arrangements for waste disposal and consumables for cleaning AB-HWC premises



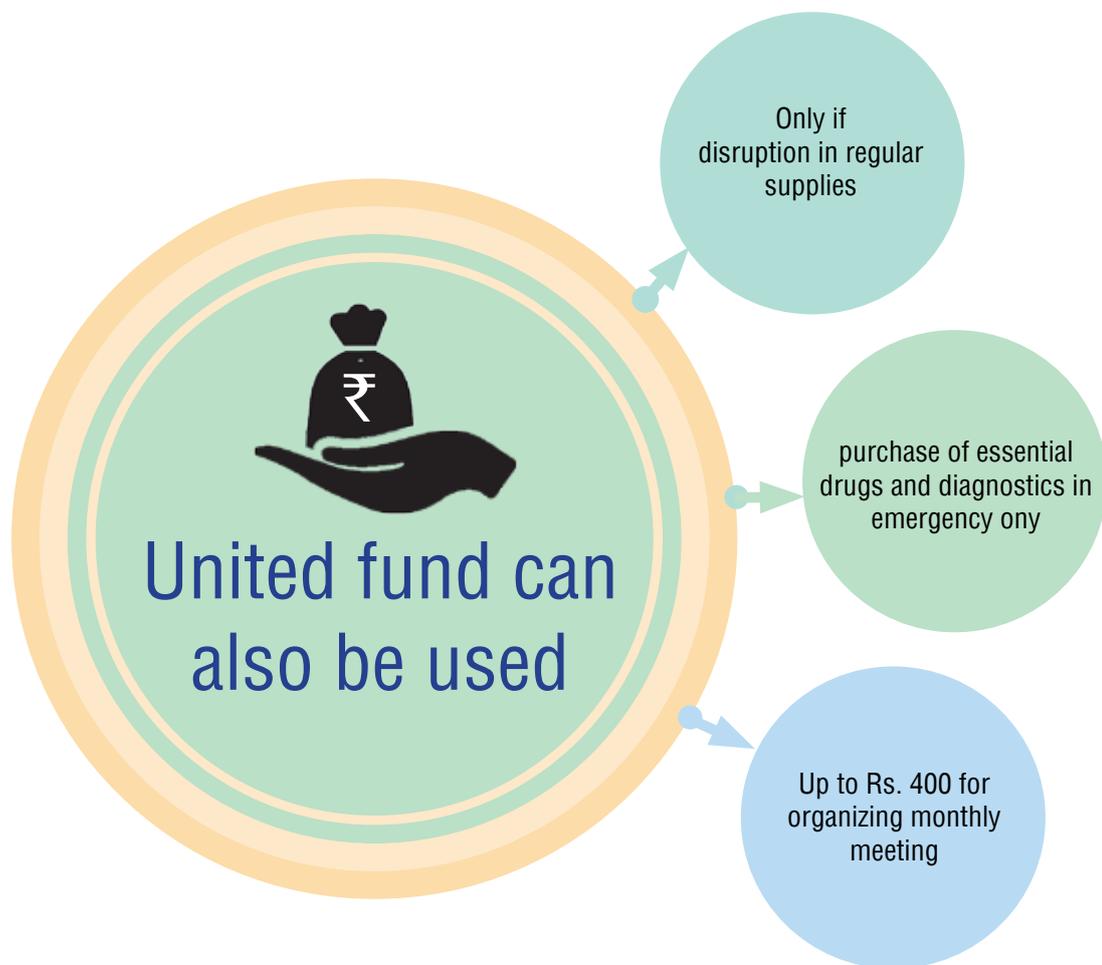
Conducting health promotion days and wellness activities



Any such expenditure shall be duly ratified in the next meeting of JAS

Mobilize resources/contributions from the local community for supporting such needs

Honour contributors on health promotion days



Keep an optimum balance between different categories of expenditure like

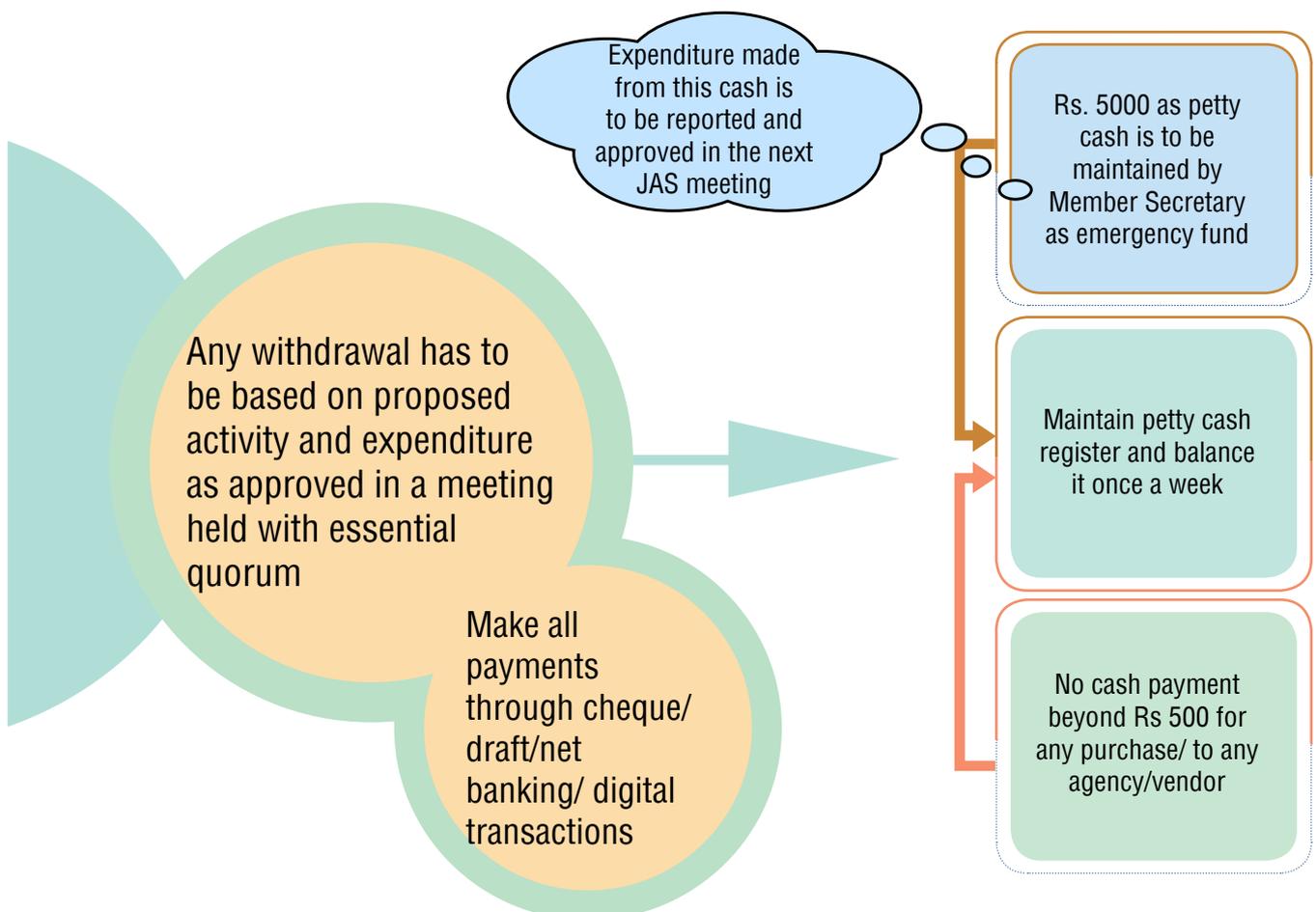
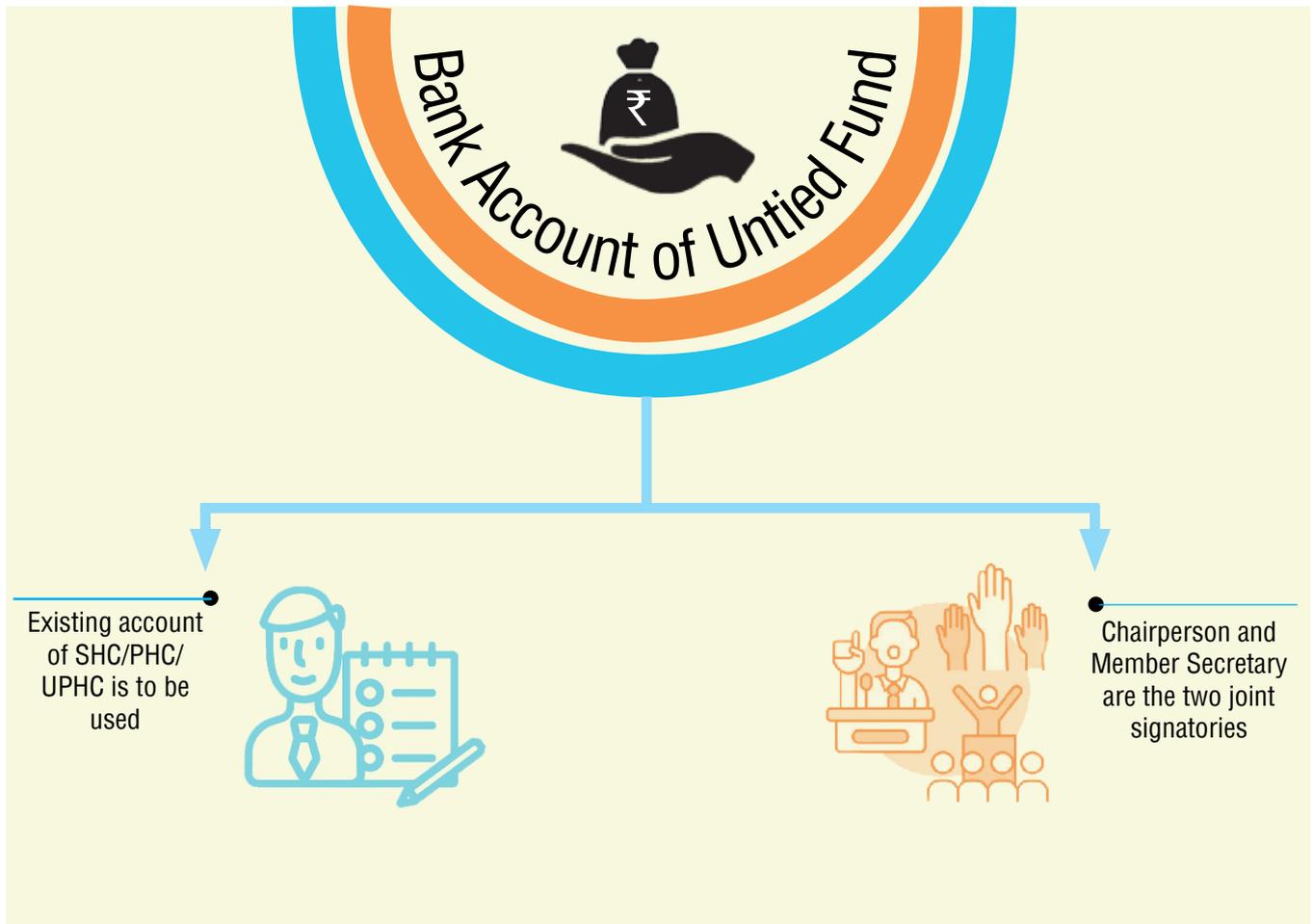
- Upkeep of HWC premises
- Patient amenities
- AB-HWCs' infrastructure maintenance
- 20% ceiling can be fixed by state, for each of these expenditure categories, but its flexible as per the local context

#### **Untied Fund should not be used for –**

- Regular maintenance services, for which a fund or budget is available (electricity, water bills, etc.)
- Cost of human resources / personnel cost
- Purchase of drugs, reagents and equipment related to diagnostics tests not listed in the AB-HWC list
- Items or activities for which resources and provisions already exist in different programs
- Expenses on building open-air or indoor gymnasium or other exercise equipment



# Financial Management and Accounting of Untied Fund





Annual audit of untied fund



Present detailed income & expenditure statement every quarter



Present annual report of activities undertaken and expenditures made, in the JAS meeting of the April month



Present annual report in social accountability exercise



## POINTS TO REMEMBER

- Annual untied fund of Rs. 50,000 for SHC and Rs. 1,75,000 for PHC/UPHC level AB-HWCs is provided
- Untied fund can be only used for the common goods not for individual needs except referral transport in emergency
- It should be used only in case of disruptions in regular supplies not on a routine basis
- Essential drugs and diagnostics can be purchased in emergency if not available in stock
- Untied fund can be used for health promotion activities
- Untied fund should not be used for regular maintenance services for which a fund is available, or building open-air or indoor gymnasium
- Existing SHC/PHC/UPHC bank account is used for managing Untied fund and it will be operated jointly by Chairperson and Member Secretary
- Annual report of the activities undertaken and expenditures made from untied fund is presented in JAS meeting in the month of April each year

## Exercise

- 1. An Annual Untied fund of Rs. 50,000 for SHC and Rs. 1,75,000 for PHC/UPHC level AB-HWCs is provided** **True/False**
- 2. Untied fund can be used in**
  - Referral and transport in emergency
  - Building open air gym
  - Regular supply of essential drugs and diagnostics
  - Basic amenities to patients
- 3. Maximum expenditure of Rs. 400 can be used for organising a monthly meeting** **True/False**
- 4. The bank account of Untied fund is operated by**
  - Chairperson and Co-Chairperson
  - Member Secretary and Co-Chairperson
  - Chairperson and Member Secretary
  - Only by Chairperson



## Meeting and Documentation

Who is responsible for meeting and what are the requirements for a monthly meeting?

### JAS meeting shall be held once every month on a fixed day

- Member Secretary is responsible to organise the JAS meeting, Communicate meeting time, date, venue and agenda items at least 7 days in advance
- Maintain essential quorum for the meeting is 50% of the members of the committee
- Make every effort to fulfil the essential quorum in every JAS meeting
- Reconvene the meeting if essential quorum is not fulfilled
- Every proposed activity and expenditure needs to be approved by at least two third of the attending members
- Present the previous month's progress report including untied fund expenditure. (Format for Monthly progress report is given in Annexure 5)
- Document minutes of every JAS meeting
- Ensure decisions and approvals of only routine nature and emergency requirements are taken, in a reconvened meeting held without quorum
- Take up fixed agenda items, as given in the 'Template of AB-HWC Agenda'
- Record details of discussions along with signature of all participating members

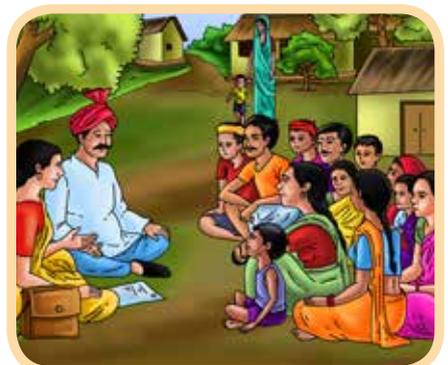
### Record maintenance

Maintaining records enables JAS to be more organized and function systematically. (Format for maintaining records is given in Annexure 6)

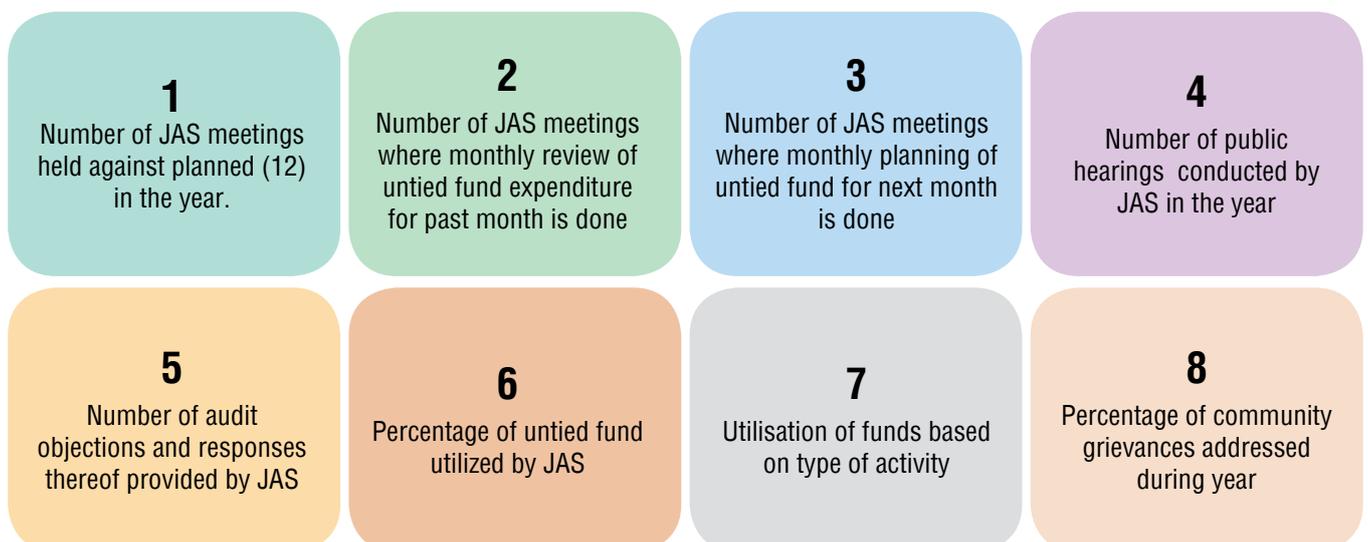
## Meeting Record



The block community processes team will facilitate the functioning of JAS under the guidance of Block Medical Officer. All supervisory staff must attend JAS meetings periodically.



Indicators for self-monitoring the performance of JAS (SHC and PHC) are illustrated below:



JAS at AB-HWC of the PHC/UPHC level will monitor the performance of the JAS of the AB-HWCs at SHCs of its area on the following indicators:

### Percentage of JAS – SHCs :

- which held >10 meetings in a year
- which held one annual public meeting in the year.
- which utilized more than 90% of untied funds in the year.
- which have submitted Utilization Certificates (UCs) on time
- who resolved more than 60% of audit objections
- percentage of monthly meetings of all JAS-SHC attended by PHC MO/his or her representative.

## Template for agenda for monthly meetings of JAS

JAS shall follow a structured agenda as suggested below. In addition to the topics mentioned here, other topics that are deemed relevant for AB-HWCs can be taken up.

### 1.

Monthly progress report of AB-HWC

- Present the details of monthly progress report
- Discuss the overall status of service delivery and functionality reports of AB-HWCs
- Ensure that timely and accurate figures are reflected in the portal

### 2.

Plan and review of expenditure of untied funds

- Review last month's expenditure of untied fund
- Plan for expenditure in the coming month
- Maintain total revenue and expenditure separately for - NHM sources, and other sources
- Present the expenditure during monthly meetings and in social accountability exercise

### 3.

Administrative Issues at AB-HWCs Includes:

- Status of human resources
- Infrastructure
- Logistics
- Finance



## POINTS TO REMEMBER

- JAS members shall meet once every month on a fixed day
- At least seven days advance notice for meeting is mandatory
- Essential quorum of the meeting is 50% of the members of the committee
- Ensure maintaining essential quorum with representation of different villages and communities in every meeting
- It is essential to document minutes of every meeting along with activities undertaken and expenditures made in last month
- Maintenance of record of proceedings and financial account register is done by Member Secretary
- Public dialogue is organised every year to share the account of activities and challenges of AB-HWCs

## Exercise

### 1. The JAS meeting is to be held

- |   |   |
|---|---|
| <input type="checkbox"/> Once in a month        | <input type="checkbox"/> Twice in a month         |
| <input type="checkbox"/> After every two months | <input type="checkbox"/> After every three months |

### 2. Match the following

**Organising the monthly meeting**

**At least 7 days prior notice**

**Essential quorum of the meeting**

**Member Secretary**

**Share time and venue to other JAS members**

**Expenditure record of Untied fund**

**Meeting records**

**50% of the members of JAS**

### 3. Essential quorum of the meeting is 50% of the members of JAS

**True/False**

### 4. Performance indicators of JAS meeting includes

- Number of JAS meetings held against planned in a year
- Past month's review of Untied fund expenditure
- Record maintenance
- All of the above

### 5. In every JAS meeting, a set of suggestive items in 'template of AB-HWCs agenda' include

- Monthly progress report of AB-HWC
- Review of expenditures of Untied fund
- Administrative issues at AB-HWC
- All of the above

# Annexures



## Annexure 1

### Annual Health Calendar Days at AB-HWC

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

Sl. No.	Date	Day
28.	23 <sup>rd</sup> September	Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana Day
29.	27 <sup>th</sup> September	Ayushman Bharat Digital Mission Day
30.	29 <sup>th</sup> September	World Heart Day
31.	1 <sup>st</sup> October	World Elderly Day
32.	10 <sup>th</sup> October	World Mental Health Day
33.	25 <sup>th</sup> October	PM-Ayushman Bharat Health Infrastructure Mission Day
34.	7 <sup>th</sup> November	National Cancer Awareness Day
35.	12 <sup>th</sup> November	World Pneumonia Day
36.	14 <sup>th</sup> November	Children's Day & World Diabetes Day
37.	15-21 November	Newborn Week
38.	17 <sup>th</sup> November	World Prematurity Day
39.	25 <sup>th</sup> November	International Day for the Elimination of Violence against women
40.	1 <sup>st</sup> December	World AIDS Day
41.	10 <sup>th</sup> December	Human Rights Day
42.	12 <sup>th</sup> December	Universal Health Coverage Day

## Annexure 2: Checklist

### 1. Role of JAS in enabling quality service delivery

In order to fulfil the role of enabling the quality healthcare service delivery, the JAS will undertake a set of steps systematically which will involve initially the understanding of infrastructure, provisions and practices at AB-HWCs. This section will elaborate how JAS will help the AB-HWCs in undertaking the processes as required under NQAS using a checklist. The detailed checklist is given below

Monthly assessment checklist for quality service delivery		
<b>Citizen charter is displayed</b>	<b>Yes/No</b>	<b>Remarks</b>
In local language	<input type="checkbox"/> <input type="checkbox"/>	
Services provided, contact details of fire, police, ambulance. Name & contact detail of CHW and nearest referral centre	<input type="checkbox"/> <input type="checkbox"/>	
Details of grievance redressal mechanism	<input type="checkbox"/> <input type="checkbox"/>	
Citizen's rights and responsibilities	<input type="checkbox"/> <input type="checkbox"/>	
<b>Availability of safe drinking water</b>	<b>Yes/No</b>	<b>Remarks</b>
24X7 drinking water supply for patients, visitors & staff	<input type="checkbox"/> <input type="checkbox"/>	
Microbiological and chemical quality testing of water and periodic chlorination is done	<input type="checkbox"/> <input type="checkbox"/>	
Water storage facility- Minimum 3 days	<input type="checkbox"/> <input type="checkbox"/>	
<b>Availability of Quality diet at AB – HWC/PHC</b>	<b>Yes/No</b>	<b>Remarks</b>
Timely and clean dietary services	<input type="checkbox"/> <input type="checkbox"/>	
Freshly cooked pulses and vegetables are being served to inpatients.	<input type="checkbox"/> <input type="checkbox"/>	
Kitchen area is clean and staff is following the hygienic practices like wearing of hand gloves while cooking	<input type="checkbox"/> <input type="checkbox"/>	
<b>Availability of toilets</b>	<b>Yes/No</b>	<b>Remarks</b>
Separate toilets for male and female	<input type="checkbox"/> <input type="checkbox"/>	
Clean toilets	<input type="checkbox"/> <input type="checkbox"/>	
Toilets with running water facility 24X7 available	<input type="checkbox"/> <input type="checkbox"/>	
Disabled friendly toilets (Example-railing on the sides, western toilet etc)	<input type="checkbox"/> <input type="checkbox"/>	
<b>Litter-free premises and uncluttered waiting area</b>	<b>Yes/No</b>	<b>Remarks</b>
Proper disposal of litter/garbage and no water logging in the surrounding area of the facility	<input type="checkbox"/> <input type="checkbox"/>	
Well covered waiting area which can accommodate 20-25 chairs	<input type="checkbox"/> <input type="checkbox"/>	
Waiting area space is adequate to maintain physical distancing	<input type="checkbox"/> <input type="checkbox"/>	
<b>Bio Medical Waste management</b>	<b>Yes/No</b>	<b>Remarks</b>
Availability of color coded bins	<input type="checkbox"/> <input type="checkbox"/>	
Covered and foot operated bins available	<input type="checkbox"/> <input type="checkbox"/>	
Needle/hub cutter & puncture proof boxes available	<input type="checkbox"/> <input type="checkbox"/>	
<b>Availability of clear signage systems</b>	<b>Yes/No</b>	<b>Remarks</b>

Monthly assessment checklist for quality service delivery			
Clear directional signage with the name of the facility on the approach road to reach AB-HWC	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Essential medicines</b>	<b>Yes/No</b>		<b>Remarks</b>
All drugs as per essential drug list available	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Essential Diagnostics</b>	<b>Yes/No</b>		<b>Remarks</b>
All tests as per list available	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Availability of services</b>	<b>Yes/No</b>		<b>Remarks</b>
Immunization and delivery services available at AB-HWC	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Teleconsultation services -</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Follow-up services for people with diabetes and hypertension (drug replenishment), referral in case of complications is available			
<b>User-friendly behavior amongst AB-HWC staff</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Are staff trained in patient care communication	<input type="checkbox"/>	<input type="checkbox"/>	
Staff is behaving politely with patients and visitors	<input type="checkbox"/>	<input type="checkbox"/>	
<b>No user fees or charges for any healthcare services</b>	<b>Yes/No</b>		<b>Remarks</b>
All services are provided free of cost to its users as per prevalent government schemes/norms	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Services are not denied to anybody who visits the AB-HWC</b>	<b>Yes/No</b>		<b>Remarks</b>
Healthcare services are being provided to everyone	<input type="checkbox"/>	<input type="checkbox"/>	
Healthcare services are being provided to poor and vulnerable patients	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Ensure use of social media and digital communication, home/ community level follow-up of patients</b>	<b>Yes/No</b>		<b>Remarks</b>
All patients who visited, are empanelled with AB-HWCs	<input type="checkbox"/>	<input type="checkbox"/>	
All patient information is digitally recorded & updated regularly	<input type="checkbox"/>	<input type="checkbox"/>	
SMS/reminders sent to individuals about follow-up visits	<input type="checkbox"/>	<input type="checkbox"/>	
Follow-up of all home visits is performed timely (if no, specify number and reasons in remarks)	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of empanelled individuals is complete (verify at least random 5 cases or all cases if less than 5 for details)	<input type="checkbox"/>	<input type="checkbox"/>	

## 2. Role of JAS in Leading Health Promotion efforts

JAS will work as the platform **for planning and supporting multi-sectoral** action on social and environmental determinants of health, especially to address: a) NCDs, b) water sanitation and hygiene (WASH), and (c) malnutrition, stunting and anemia etc. As envisioned in the NQAS guidelines, the JAS will use the checklist to ensure health promotion activities at AB-HWCs and in community are undertaken. The checklist is given below.

Monthly assessment checklist for health promotion activities			
<b>Celebration of annual health calendar days at AB-HWCs</b>	<b>Yes/No</b>		<b>Remarks</b>
Annual calendar is prepared for monthly campaigns and shared with all stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	

Monthly assessment checklist for health promotion activities		
Advance plan for the celebration of next month annual calendar day is available with AB-HWCs.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Celebration of annual health calendar days at ABHWCs</b>	<b>Yes/No</b>	<b>Remarks</b>
The number of disease/ national health program specific awareness or health promotion campaigns are organized till date	<input type="checkbox"/>	<input type="checkbox"/>
All necessary material for conducting annual calendar days is provided to VHSNCs in advance	<input type="checkbox"/>	<input type="checkbox"/>
<b>Effective community level implementation of-Population Based Screening for NCDs</b>	<b>Yes/No</b>	<b>Remarks</b>
Has monthly planning of screening camps is done by AB-HWC team jointly with JAS?	<input type="checkbox"/>	<input type="checkbox"/>
Screening camps has been implemented as per planned	<input type="checkbox"/>	<input type="checkbox"/>
Screening of individuals age 30 years or above using community-based assessment checklist (CBAC)	<input type="checkbox"/>	<input type="checkbox"/>
Awareness on early screening & lifestyle modification by organizing village level meetings or campaigns/household visits	<input type="checkbox"/>	<input type="checkbox"/>
<b>Implementation of Eat Right Campaign</b>	<b>Yes/No</b>	<b>Remarks</b>
The AB-HWC team has prepared an operational plan for eat right campaign	<input type="checkbox"/>	<input type="checkbox"/>
Implementation of campaign has been done as per planned	<input type="checkbox"/>	<input type="checkbox"/>
Relevant posters are displayed at AB-HWC	<input type="checkbox"/>	<input type="checkbox"/>
Dissemination of key messages related to nutrition through various activities in outreach as well as at AB-HWCs	<input type="checkbox"/>	<input type="checkbox"/>
Audiovisual (AV) aids are played at AB-HWC waiting area as well as during EAT right campaign	<input type="checkbox"/>	<input type="checkbox"/>
<b>SABLA</b>	<b>Yes/No</b>	<b>Remarks</b>
All adolescent girls under ABHWC catchment area are registered (11-18 years of age) with SABLA.	<input type="checkbox"/>	<input type="checkbox"/>
Awareness sessions planned on health, nutrition and reproductive health related issues of adolescent girls every month	<input type="checkbox"/>	<input type="checkbox"/>
IFA supplementation, deworming tablets, etc. are provided to adolescent girls	<input type="checkbox"/>	<input type="checkbox"/>
Vocational training sessions organized for adolescent girls above 16 years every month	<input type="checkbox"/>	<input type="checkbox"/>
<b>Community level collective action on Water Sanitation and Hygiene (WASH) using handbook of VISHWAS campaign</b>	<b>Yes/No</b>	<b>Remarks</b>
List of village level stakeholders of health and sanitation related activities is prepared in advance	<input type="checkbox"/>	<input type="checkbox"/>
Invites sent to all stakeholders with attached list of activities for planning day	<input type="checkbox"/>	<input type="checkbox"/>
<b>Community level collective action on Water Sanitation and Hygiene (WASH) using handbook of VISHWAS campaign</b>	<b>Yes/No</b>	<b>Remarks</b>
Disseminate the information widely in the village for a larger participation through small group meetings, and household visits	<input type="checkbox"/>	<input type="checkbox"/>
Situation analysis of the village to identify key issues of sanitation and hygiene and a list of priorities is prepared for the campaign	<input type="checkbox"/>	<input type="checkbox"/>

Monthly assessment checklist for health promotion activities			
A complete list of monthly campaign days and a brief of key activities of each campaign day is prepared	<input type="checkbox"/>	<input type="checkbox"/>	
Awareness events like street play, rally, exhibition of IEC	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Engagement with women groups/SHGs/ Farmers Groups/Cultural groups / MAS / Milk Unions and other unions, etc to</b> - Gender equity and promotion of women's health issues.	<b>Yes/No</b>		<b>Remarks</b>
Whether representatives from SHGs are members of JAS/VHSNC of that area	<input type="checkbox"/>	<input type="checkbox"/>	
Do they regularly participate in the JAS monthly meeting	<input type="checkbox"/>	<input type="checkbox"/>	
What kind of issues they raise during the monthly meetings	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Health promotion including prevention and control of tobacco/ alcohol/ substance abuse</b>	<b>Yes/No</b>		<b>Remarks</b>
Is counselling on tobacco/ alcohol/ substance use cessation provided at facility	<input type="checkbox"/>	<input type="checkbox"/>	
Is counselling on healthy diet and regular physical activity is done at facility	<input type="checkbox"/>	<input type="checkbox"/>	
Any group meetings conducted on tobacco cessation and alcohol cessation in community	<input type="checkbox"/>	<input type="checkbox"/>	
Any group meetings conducted on promotion of healthy lifestyle and diet modification	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Awareness regarding various government schemes of health and financial risk protection</b>	<b>Yes/No</b>		<b>Remarks</b>
Are there any planned activities for community-level awareness regarding services and entitlements under various government schemes for health and financial risk protection	<input type="checkbox"/>	<input type="checkbox"/>	
Community-level awareness by making public announcements through radios, campaigns, group meetings etc	<input type="checkbox"/>	<input type="checkbox"/>	

### 3. Role of JAS in Catalysing Grievance Redressal

JAS will ensure setting up a system to register complaints and redressal of the same within a reasonable time frame.

Monthly Assessment checklist for grievance redressal system			
<b>The facility has well defined grievance redressal system in place</b>	<b>Yes/No</b>		<b>Remarks</b>
The <b>staff</b> is aware of grievance redressal system	<input type="checkbox"/>	<input type="checkbox"/>	
<b>community</b> is aware of grievance redressal system	<input type="checkbox"/>	<input type="checkbox"/>	
104 helpline number is functional	<input type="checkbox"/>	<input type="checkbox"/>	
Process and methods of making complaints are advertised at AB-HWC premises	<input type="checkbox"/>	<input type="checkbox"/>	
<b>The facility has well defined grievance redressal system in place</b>	<b>Yes/No</b>		<b>Remarks</b>
Process and methods of making complaints are advertised in the villages under the AB-HWC.	<input type="checkbox"/>	<input type="checkbox"/>	
Availability of complaint box/ complaint register at facility	<input type="checkbox"/>	<input type="checkbox"/>	

Monthly review of the complaint system and actions taken by AB-HWC teams (verify records of the monthly review)	<input type="checkbox"/>	<input type="checkbox"/>	
Timely and appropriate action on feedback taken	<input type="checkbox"/>	<input type="checkbox"/>	
Escalation of issues requiring interventions from higher levels such as PHC/CHC and district health society (DHS) is done	<input type="checkbox"/>	<input type="checkbox"/>	

#### 4. Role of JAS in Social Accountability exercise

JAS shall enable and facilitate smooth conduct of social accountability exercise (CRA) at AB-HWC (in both SHC and PHC). It shall ensure that all necessary information/data and logistic support to the team are provided.

Monthly assessment checklist for social accountability exercise			
Social accountability exercise at AB-HWC in both SHC and PHC	Yes/No	Remarks	
CRA exercise is regularly conducted in every village under SHC- HWC per month on rotation basis	<input type="checkbox"/>	<input type="checkbox"/>	
Convenient and accessible area is selected for CRA exercise	<input type="checkbox"/>	<input type="checkbox"/>	
JAS Chairperson visits the concerned village on the designated day for community reflection assessment (CRA) exercise along with AB-HWC team	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure that ASHA facilitator shares with community the time and venue for the CRA exercise	<input type="checkbox"/>	<input type="checkbox"/>	
Mobilize communities to participate in CRA exercise	<input type="checkbox"/>	<input type="checkbox"/>	
Make sure the service delivery report of previous month is shared by the CHO on the day of CRA	<input type="checkbox"/>	<input type="checkbox"/>	
Updates on Follow up Action Note (FAN) or any escalated issues are discussed in the next JAS meeting and review of the actions taken in the previous month	<input type="checkbox"/>	<input type="checkbox"/>	
Summary report (Annexure) is prepared on follow-up action and submitted to MO of PHC, and concerned gram panchayat as a part of monthly report	<input type="checkbox"/>	<input type="checkbox"/>	
Arogya Sabha conducted on the 14 April each year and other Sabha six months later	<input type="checkbox"/>	<input type="checkbox"/>	

## Annexure 3(A)

### Patient Satisfaction Form Out Patient Department (OPD)

Dear Patient/Attendant,

Thanks you for giving us an opportunity to serve you. Your comments/suggestions/feedback are of immense value for us as it will help us in improving our services. We request you to mark your responses to the listed services and facilities of this HWC:

Parameters	Good	Average	Not happy/Bad	Remarks
Experience at registration counter 				
Waiting space and seating arrangements 				
Drinking water 				
Toilets 				
General cleanliness of hospital 				
Experience with CHO/Doctor 				
Experience with Nursing (MPW-M&F) 				

Parameters	Good	Average	Not happy/Bad	Remarks
Received free of cost medicines as prescribed 				

Parameters	Good	Average	Not happy/Bad	Remarks
Any expenditure incurred on treatment at HWC 	Yes	No		

Please tell us if you want to appreciate an employee: .....

.....

Suggestions for improvement: .....

.....

.....

***Please disclose your identity if you want to (Optional:)***

Name: ..... Mobile number: .....

Village: ..... OPD number:.....

## Annexure 3B

### Patient Satisfaction Form: In Patient Department (IPD)

Dear Patient/Attendant,

Thanks you for giving us an opportunity to serve you. Your comments/suggestions/feedback are of immense value for us as it will help us in improving our services. We request you to mark your responses to the listed services and facilities of this HWC:

Parameters	Good	Average	Not happy/Bad	Remarks
Experience of admission in the hospital 				
Experience with Doctor 				
Experience with Nursing staff (Staff nurse, MPW M&F) 				
Experience with ward boys/Aya 				
Experience with Meals provided 				
Ward cleanliness 				
Drinking water 				
General cleanliness of hospital 				
Free of cost lab tests 				

Received free of cost medicines as prescribed 				
Counselling on follow up at discharge 				
Overall experience ontreatment 				
No expenditure on treatment at hospital 				

Please tell us if you want to appreciate an employee:.....

.....

Suggestions for improvement: .....

.....

.....

**Please disclose your identity if you want to: (Optional)**

Name: ..... Mobile Number: .....

Village:..... IPD number:.....

## Annexure 4

### Month-wise activities of Member Secretary

(This list is suggestive CHO/MO may modify based on the local context)

<b>January</b>	Activities to be done throughout the month
	Prepare a calendar of meetings, campaigns/events/activities related to JAS roles for January month
	Facilitate VHSNCs for undertaking the celebration of National Youth Day (12 <sup>th</sup> January) and Anti-Leprosy Day (30 <sup>th</sup> January) at AB-HWC in collaboration with the SHC team, SHGs, and other CBO communities.
	Plan and support VHSNCs for undertaking the celebration of World Cancer Day (4 <sup>th</sup> February), National Deworming Day (10 <sup>th</sup> February), and International Epilepsy Day (11 <sup>th</sup> February) in the February month
	Circulate the activities planned for February among all the members of JAS.
	Organize JAS meeting for January month
	Share the minutes of the meeting along with the signatures of all participating JAS members
	Activities to be done on the day of the monthly JAS meeting
	Present December month progress report including the untied fund expenditure
	Present and discuss patient concerns in accessing quality healthcare services at AB-HWCs and actions taken on feedback. See complaints and patient feedback (in-patient and outpatient feedback) of December month.
	Discuss the water quality testing reports and water purification measures undertaken in the 3rd quarter in collaboration with gram panchayat/urban local bodies
	Submit the Utilization Certificate in Form 12 C of the third quarter
	Present and discuss the detailed income and Expenditure statement of the 3rd quarter
	Discuss the issues related to access to care for communicable diseases and the corrective measures to be taken
<b>February</b>	Activities to be done throughout the month
	Prepare a calendar of meetings, campaigns/events/activities related to JAS roles for the February month
	Facilitate VHSNCs for undertaking the celebration of World Cancer Day (4 <sup>th</sup> February), National Deworming Day (10 <sup>th</sup> February) and International Epilepsy Day (11 <sup>th</sup> February) at AB-HWC in collaboration with SHC team, SHGs and other CBO communities.
	Plan and support VHSNCs for undertaking the celebration of International Women's Day (8 <sup>th</sup> March) , National GDM Awareness Day (10 <sup>th</sup> March) and World Tuberculosis Day (24 <sup>th</sup> March) in the March month
	Prepare and circulate the activities planned for March among all the members of JAS.
	Organize JAS meeting for February month

	Record and document the minutes of the meeting along with the signatures of all participating JAS members
	Activities to be done on the day of the monthly JAS meeting
	Present January month progress report including the untied fund expenditure
	Discuss patient concerns in accessing quality healthcare services at AB-HWCs and actions taken on feedback. (See complaints and patient feedback from January month)
	Discuss the issues related to access to care for non-communicable diseases and the corrective measures to be taken
March	Activities to be done throughout the month
	Prepare a calendar of meetings, campaigns/events/activities related to JAS roles for March month
	Facilitate VHSNCs for undertaking the celebration of International Women's Day (8 <sup>th</sup> March), National GDM Awareness Day (10 <sup>th</sup> March), and World Tuberculosis Day (24 <sup>th</sup> March) at AB-HWC in collaboration with SHCs, SHGs, and other CBO communities.
	Plan and support VHSNCs for undertaking the celebration of World Health Day (7 <sup>th</sup> April), National Safe Motherhood Day (11 <sup>th</sup> April) and Ayushman Bharat-Health and Wellness Centre Day (14 <sup>th</sup> April) and World Immunization Week (Last week of April i.e., from April 24 <sup>th</sup> ) in the April month
	Circulate the activities planned for the upcoming April month among all the members of JAS.
	Organize JAS meeting for the month of March
	Document the minutes of the meeting along with the signatures of all participating JAS members
	Prepare the annual report of the activities and expenditures incurred through the Untied fund and present in the month of April
	Activities to be done on the day of the monthly JAS meeting
	Present February month progress report including the untied fund expenditure
	Discuss patient concerns in accessing quality healthcare services at AB-HWCs and actions taken on feedback. (See complaints and patient feedback from February month)
	Discuss the issues related to access to care for the elderly and palliative and the corrective measures to be taken
April	Activities to be done throughout the month
	Prepare a calendar of meetings, campaigns/events/activities related to JAS roles for the month of April
	Facilitate VHSNCs for undertaking the celebration of World Health Day (7 <sup>th</sup> April), National Safe Motherhood Day (11 <sup>th</sup> April) and Ayushman Bharat-Health and Wellness Centre Day (14 <sup>th</sup> April) and World Immunization Week (Last week of April i.e., from April 24 <sup>th</sup> ) at AB-HWC in collaboration with SHGs, SHC team, and other CBO team.
	Plan and support VHSNCs for undertaking the celebration of International Midwives' Day (5 <sup>th</sup> May), International Nurses Day (12 <sup>th</sup> May), Menstrual Hygiene Day (28 <sup>th</sup> May), Intensified Diarrhoea Control Fortnight (28 <sup>th</sup> May to 8 <sup>th</sup> June) and World No Tobacco Day (31 <sup>st</sup> May) in the May month
	Discuss the annual report of the activities and their expenditures, any best practices or innovations in the Annual Public Dialogue/social accountability exercise/Ayushman Bharat-Health and Wellness Day (to be observed on 14 <sup>th</sup> April)

	Circulate the activities planned for May among all the members of JAS.
	Organize JAS meeting for April
	Document the minutes of the meeting along with the signatures of all participating JAS members
	Annual audit of the Untied fund as per the state government guidelines
	Activities to be done on the day of the monthly JAS meeting
	Present March month progress report including the untied fund expenditure
	Discuss patient concerns in accessing quality healthcare services at AB-HWCs and actions taken on them. (See complaints and patient feedback from March month)
	On the basis of water quality testing reports of last quarter obtained from gram panchayat/ urban local bodies, discuss water purification measures undertaken by them
	Present the detailed income and Expenditure statement for last quarter
	Submission of the signed Utilization Certificate in Form 12 C of the first quarter
	Discuss the issues related to access to care for family planning and other reproductive services and the corrective measures to be taken
May	Activities to be done throughout the month
	Prepare a calendar of meetings, campaigns/events/activities related to JAS roles for May month
	Facilitate VHSNCs for undertaking the celebration of International Midwives' Day (5 <sup>th</sup> May), International Nurses Day (12 <sup>th</sup> May), Menstrual Hygiene Day (28 <sup>th</sup> May), Intensified Diarrhoea Control Fortnight (28 <sup>th</sup> May to 8 <sup>th</sup> June) and World No Tobacco Day (31 <sup>st</sup> May) at AB-HWC in collaboration with SHC team, SHGs and other CBO communities.
	Plan and support VHSNCs for undertaking the celebration of World Blood Donor Day (14 <sup>th</sup> June), International YOGA Day (21 <sup>st</sup> June) and International Day Against Drug Abuse (26 <sup>th</sup> June) in the June month
	Circulate the activities planned for June among all the members of JAS.
	Organize monthly JAS meeting for May
	Document the minutes of the meeting along with the signatures of all participating JAS members
	Activities to be done on the day of the monthly JAS meeting
	Present April month progress report including the untied fund expenditure
	Discuss patient concerns in accessing quality healthcare services at AB-HWCs and actions taken on them. (See complaints and patient feedbacks from previous month)
	Discuss the issues related to access to care for oral health and the corrective measures to be taken
June	Activities to be done throughout the month
	Prepare a calendar of meetings, campaigns/events/activities related to JAS roles for June month
	Facilitate VHSNCs for undertaking the celebration of World Blood Donor Day (14 <sup>th</sup> June), International YOGA Day (21 <sup>st</sup> June) and International Day Against Drug Abuse (26 <sup>th</sup> June) at AB-HWC

	Plan and support VHSNCs for undertaking the celebration of Doctors Day (1 <sup>st</sup> July), World Population Day (11 <sup>th</sup> July), and World Hepatitis Day (28 <sup>th</sup> July) in the July month
	Prepare and circulate the activities planned for July among all the members of JAS.
	Organize monthly JAS meeting for June
	Document the minutes of the meeting along with the signatures of all participating JAS members
	Activities to be done on the day of the monthly JAS meeting
	Present May month progress report including the untied fund expenditure
	Discuss patient concerns in accessing quality healthcare services at AB-HWCs and actions taken on feedback. (See complaints and patient feedback from May month)
	Discuss about wellness services activities at AB-HWC
July	Activities to be done throughout the month
	Prepare a calendar of meetings, campaigns/events/activities related to JAS roles for July
	Facilitate VHSNCs for undertaking the celebration of Doctors Day (1 <sup>st</sup> July), World Population Day (11 <sup>th</sup> July), and World Hepatitis Day (28 <sup>th</sup> July) at the AB-HWC in collaboration with SHC team, SHG,s and other CBO communities.
	Plan and support VHSNCs for undertaking the celebration of World Breast Feeding Day/Week (01-07 August), National Deworming Day (10 <sup>th</sup> August) and Independence Day (15 <sup>th</sup> August) in the August month
	Circulate the activities planned for August among all the members of JAS.
	Organize JAS meeting for July
	Document the minutes of the meeting along with the signatures of all participating JAS members
	Activities to be done on the day of the monthly JAS meeting
	Present June month progress report including the untied fund expenditure
	Discuss patient concerns in accessing quality healthcare services at AB-HWCs and actions taken on feedback. (See complaints and patient feedbacks from June month)
	Discuss water quality testing reports of last quarter obtained from gram panchayat/urban local bodies and water purification measures undertaken by them
	Review of the preparations for the celebration of annual health calendar days for July month
	Present and discuss the detailed income and Expenditure statement of last quarter
	Duly sign and submit the Utilization Certificate in Form 12 C of last quarter
	Discuss the issues related to access to emergency medical services and the corrective measures to be taken
August	Activities to be done throughout the month
	Prepare a calendar of meetings, campaigns/events/activities related to JAS roles for the month of August
	Facilitate VHSNCs for undertaking the celebration of World Breast Feeding Day/Week (01-07 August), National Deworming Day (10 <sup>th</sup> August), and Independence Day (15 <sup>th</sup> August) at AB-HWC in collaboration with the SHC team, SHGs, and other CBO communities

	Plan and support VHSNCs for undertaking the celebration of National Nutrition Week (01-07 September) and World Heart Day (29 <sup>th</sup> September) in the September month
	Circulate the activities planned for September among all the members of JAS.
	Activities to be done on the day of the monthly JAS meeting
	Present July month progress report including the untied fund expenditure
	Discuss patient concerns in accessing quality healthcare services at AB-HWCs and actions taken on feedback. (See complaints and patient feedback from July month)
	Organize JAS meeting for August
	Document the minutes of the meeting along with the signatures of all participating JAS members
	Review of the preparations for the celebration of annual health calendar days events for August month
	Discuss the issues related to access to care for neonatal and infants and the corrective measures to be taken
September	Activities to be done throughout the month
	Prepare a calendar of meetings, campaigns/events/activities related to JAS roles for September month
	Facilitate VHSNCs for undertaking the celebration of National Nutrition Week (01-07 September) and World Heart Day (29 <sup>th</sup> September) at AB-HWC in collaboration with SHC team, SHGs, and other CBO communities
	Plan and support VHSNCs for undertaking the celebration of World Elderly Day (1 <sup>st</sup> October) and World Mental Health Day (10 <sup>th</sup> October) in the October month
	Circulate the activities planned for October among all the members of JAS.
	Organize JAS meeting for September
	Document the minutes of the meeting along with the signatures of all participating JAS members
	Activities to be done on the day of the monthly JAS meeting
	Present August month progress report including the untied fund expenditure
	Discuss patient concerns in accessing quality healthcare services at AB-HWCs and actions taken on feedback. (See complaints and patient feedback from August month)
	Discuss the issues related to access to care ophthalmic and ENT problems and the corrective measures to be taken
October	Activities to be done throughout the month
	Prepare a calendar of meetings, campaigns/events/activities related to JAS roles for October
	Facilitate VHSNCs for undertaking the celebration of World Elderly Day (1 <sup>st</sup> October) and World Mental Health Day (10 <sup>th</sup> October) at AB-HWC in collaboration with SHC team, SHGs and other CBO communities
	Plan and support VHSNCs for undertaking the celebration of National Cancer Awareness Day (7 <sup>th</sup> November), World Pneumonia Day (12 <sup>th</sup> November), Children's Day (14 <sup>th</sup> November) & World Diabetes Day (15 <sup>th</sup> -21 <sup>st</sup> November), New-born Week (17 <sup>th</sup> November) , World Prematurity Day, International Day for the Elimination of Violence against women (25 <sup>th</sup> November) in the November month

	Circulate the activities planned for November among all the members of JAS.
	Organize JAS meeting for October month
	Document the minutes of the meeting along with the signatures of all participating JAS members
	Activities to be done on the day of the monthly JAS meeting
	Present September month progress report including the untied fund expenditure
	Discuss patient concerns in accessing quality healthcare services at AB-HWCs and actions taken on feedback. (See complaints and patient feedbacks from September month)
	Discuss the water quality testing reports of last quarter obtained from gram panchayat/urban local bodies and water purification measures undertaken by them
	Present and discuss the detailed income and Expenditure statement of last quarter
	Submission of the signed Utilization Certificate in Form 12 C of last quarter
	Discuss the issues related to access to care for mental health and the corrective measures to be taken
November	Activities to be done throughout the month
	Prepare a calendar of meetings, campaigns/events/activities related to JAS roles for November
	Facilitate VHSNCs for undertaking the celebration of National Cancer Awareness Day (7 <sup>th</sup> November), World Pneumonia Day (12 <sup>th</sup> November), Children's Day (14 <sup>th</sup> November) & World Diabetes Day (15 <sup>th</sup> -21 <sup>st</sup> November), New-born Week (17 <sup>th</sup> November), World Prematurity Day, International Day for the Elimination of Violence against women (25 <sup>th</sup> November) at AB-HWC in collaboration with SHC team, SHGs and other CBO communities.
	Plan and support VHSNCs for undertaking the celebration of World AIDS Day (1 <sup>st</sup> December), Human Rights Day (10 <sup>th</sup> December) and Universal Health Coverage Day (12 <sup>th</sup> December) in the December month
	Circulate the activities planned for December among all the members of JAS.
	Organize JAS meeting for November
	Document the minutes of the meeting along with the signatures of all participating JAS members
	Activities to be done on the day of the monthly JAS meeting
	Present September month progress report including the untied fund expenditure
	Discuss patient concerns in accessing quality healthcare services at AB-HWCs and actions taken on them. (See complaints and patient feedback from October month)
	Discuss the issues related to access to care for pregnancy and childbirth and the corrective measures to be taken
December	Activities to be done throughout the month
	Prepare a calendar of meetings, campaigns/events/activities related to JAS roles for December
	Facilitate VHSNCs for undertaking the celebration of World AIDS Day (1 <sup>st</sup> December), Human Rights Day (10 <sup>th</sup> December) and Universal Health Coverage Day (12 <sup>th</sup> December) at AB-HWC in collaboration with the SHC TEAM, SHGs and other CBO community.

	Plan and support VHSNCs for undertaking the celebration of National Youth Day (12 <sup>th</sup> January) and Anti-Leprosy Day (30 <sup>th</sup> January) in the January month
	Circulate the activities planned for January among all the members of JAS.
	Organize JAS meeting for December
	Document the minutes of the meeting along with the signatures of all participating JAS members
	Activities to be done on the day of the monthly JAS meeting
	Present November month progress report including the untied fund expenditure
	Discuss patient concerns in accessing quality healthcare services at AB-HWCs and actions taken on them. (See complaints and patient feedback from November month)
	Discuss the issues related to access to care for childhood and adolescent healthcare services and the corrective measures to be taken

## Annexure 5

### 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

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

<b>Service Delivery Indicator</b> (Source- Service Delivery records of SHC/ HWC-SHC and HWC-PHC)	<b>Target</b>	<b>Percentage of people who received services</b>	<b>Number of persons who did not receive services</b>
2. Mothers who have received full antenatal care (Early registration & 4 ANC's)			
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>B. COMMUNICABLE DISEASES</b>			
1. Total no. of OPD for communicable diseases (TB, Leprosy, Vector Borne Diseases)	<b>Total</b>	<b>Follow-up visits</b>	<b>Referred to higher centre</b>

2. Number of Tuberculosis cases diagnosed and treated.	<b>Number of pts</b>	<b>Number Cured/ Treatment completed</b>	<b>Number on Treatment</b>	<b>Number defaulted</b>	
3. No. of notified TB cases getting nutrition support under Nikshay Poshan Abhiyan	<b>Eligible</b>	<b>No. Received</b>	<b>Number Not received</b>		
			Along with number, list of patients who have not received benefits to be attached as annexure		
4. Number of leprosy cases diagnosed and treated.	<b>Number of pts</b>	<b>Number Cured</b>	<b>Number on Treatment</b>	<b>Number defaulted</b>	
5. Patients with Vector Borne Diseases ( <b>D</b> : Number Diagnosed; <b>C</b> - Number Cured; <b>R</b> : Number Referred)	<b>Malaria</b>	<b>Dengue</b>	<b>Kalazaar</b>	<b>Chikangunya</b>	<b>Japanese Encephalitis</b>
	<b>D</b> <b>C</b> <b>R</b>	<b>D</b> <b>C</b> <b>R</b>	<b>D</b> <b>C</b> <b>R</b>	<b>D</b> <b>C</b> <b>R</b>	<b>D</b> <b>C</b> <b>R</b>
6. Community initiatives for source reduction for Mosquitoes	<b>Name of the activity</b>	<b>Planned number</b>	<b>Achieved</b>		
<b>C. NON- COMMUNICABLE DISEASES</b>					
No. of OPD cases for NCDs last month	<b>Total</b>	<b>Follow-up repeat /visit</b>		<b>Referred to higher centre</b>	
1. Individuals screened for Non-Communicable diseases	<b>Target</b>	<b>Screened</b>	<b>Diagnosed</b>	<b>On-treatment</b>	<b>Drop-out</b>
a. Hypertension					
b. Diabetes					
c. Oral Cancer					
d. Breast Cancer					
e. Cervical Cancer*					
<b>D. EXPANDED SERVICES</b>					
1. Patients for Palliative Care	<b>Target</b>	<b>Identified</b>		<b>Number on Home based care</b>	<b>Number of referred</b>
2. Follow up at home of Patients from PM-JAY	<b>No. Referred in</b>			<b>No. Followed up</b>	

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

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

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	<i>Payment received by all team members (Y/N)</i>			
ESSENTIAL MEDICINES		Remarks		
1. All Drugs as per Essential Drug List available	<b>Yes/No</b>			
2. Number of stock out days in the month				
ESSENTIAL DIAGNOSTICS		Remarks		
1. All Tests as per List available	<b>Yes/No</b>			
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	<b>Yes/No</b>			
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 6

### 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			Fixed Assets		
Add:			Advance to peripheries/ agencies		
Excess of Income over expenditure			Outstanding Receipts		
			Interest accrued and due from bank		
Other Liabilities			Current Assets		
Expenses outstanding			Loans / advances		
Other Fixed Assets Reserve Account			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 (Beginning 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 current FY) Till the previous Month	Exp. During the Month	Total Exp. (In current 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		
<b>Total</b>			<b>Total</b>		



## List of Contributors

1.	Maj Gen (Prof) Atul Kotwal	Executive Director, NHSRC
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6.	Ms. Leena Goyal	Consultant, Community Processes – Comprehensive Primary Healthcare, NHSRC
7.	Mr. Arun Shrivastava	Former Consultant, Community Processes – Comprehensive Primary Healthcare, NHSRC
8.	Dr. Vineeta Sharma	Former External Consultant, Community Processes – Comprehensive Primary Healthcare, NHSRC
9.	Dr. Henna Dhar	Fellow, Community Processes – Comprehensive Primary Healthcare, NHSRC





NATIONAL HEALTH SYSTEMS RESOURCE CENTRE