

Government of Himachal Pradesh
Department of Health and family Welfare

File No. :HFW-A-F(2)5/2019

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Notification

The Governor, Himachal Pradesh is pleased to notify the "Jan Arogya Samities" which serve as institutional platform of Health Sub-Center and Primary Health Centres Ayusman Bharat-Health Wellness Centres in place of Rogi Kalyan Samiti in the State of Himachal Pradesh for health promotion and action on social and environmental determinants of health, in community level activities of National Health Programmes and other community interventions. The detailed guidelines of the Scheme are annexed.

By Order

(Amitabh Avasthi), IAS
Secretary(Health) to the
Government of Himachal Pradesh
Shimla-2 Dated:16-08-2021

Endst. No. As above

Copy forwarded for information and necessary action, to:-

1. The Secretary to the Governor of HP, Shimla
2. The Principal Private Secretary to the Chief Minister, HP, Shimla
3. All the Administrative Secretaries, HP, Shimla-2
4. All the Heads of Departments in HP
5. All the Deputy Commissioners in HP
- ✓ 6. The Mission Director(NHM), HP, Shimla-9
7. The Director Health Services, HP, Shimla-9
8. The Director, Health Safety & Regulation, HP, Shimla-2
9. The Director, Medical Education and Research, HP, Shimla-9
10. The Director, Public Relation, HP, Shimla-2
11. The Controller, Printing & Stationery, HP, Shimla
12. The Sr. Private Secretary to Chief Secretary, HP, Shimla-2
13. All the Chief Medical Officers in HP
14. The Sr. Spl. Private Secretary to Health Minister, HP, Shimla
15. All the Private Secretaries, Cabinet Ministers, HP, Shimla-2

[Signature]
Special Secretary (Health) to the
Government of Himachal Pradesh

“Jan Arogya Samiti”

1. Title and commencement:

The scheme will come into force throughout the State from the date of its publication in the official Gazette.

2. Objectives of Jan Arogya Samiti (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 at the AB-HWCs.
- (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.

3. Structure and Composition of JAS

A. The Proposed composition of JAS-SHC is:

1. Chairperson -

The Sarpanch of the Gram Panchayats falling under the AB-HWC area shall be designated Chairperson.

The term of each such Chairperson to be fixed as 2 years. The Sarpanches of other Panchayats covered under the AB-HWC area will be members. If the size of Gram Panchayats, or the area and population coverage of SHC level AB-HWC is very big, leading to challenges in matching the jurisdiction of the two, states will have to design locally appropriate flexible approaches, to ensure that the panchayat representative of the headquarter village (Village where HWC is located) is the Chairperson of the JAS.

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 every 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

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 ABHWC area (representative from the school with highest enrollment).

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
 - f) Block level officer of School Dept. / Principal / Headmaster of local School
 - g) Block level officer of DWS
 - h) Block level officer of PWD
 - i) Chairpersons of all JAS of SHC level AB-HWCs of PHC area (may be up to 5-6)
 - j) Block level representative from NYK/Youth volunteers
 - k) 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 in Gram Panchayat meetings. The 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 (1/3rd of the total composition). Care should be taken to ensure at least 50% representation of women.

4. 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 its admissible standing committees.

5. 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; 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 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 activities 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.

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
- 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 coordinate 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 using 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 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 offered 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.

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 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 of AB-HWCs. Though the social accountability exercise may be planned as per local context, it is suggested to plan 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 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 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 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 the 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 on behalf of JAS.
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 is done
- c. Number of JAS meetings where monthly planning of untied fund of next month is 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 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
 - 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 ABHWC 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

| Sr. 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 | 8 th March | International Women's Day |
| 7 | 10th March | National GDM Awareness Day |
| 8 | 24th March | World Tuberculosis Day |
| 9 | 7 th 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 |
| 29 | 1 st October | World Elderly Day |
| 30 | 10 th October | World Mental Health Day |
| 31 | 7 th November | National Cancer Awareness Day |
| 32 | 12 th November | World Pneumonia Day |
| 33 | 14 th 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 | 1 st 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

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 | | | | | | |
| 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

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 | | | | | | |
| 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 1

| | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|--------------------------------------------|------------------------------------------------|---------------------|-----------------------|
| 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 PMJAY | |
| | | | | | | |
| 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 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) | | | |
| 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 & followed up. | | | |
| 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 | | | | | | | | | |
| 4. Number of leprosy cases diagnosed and treated. | Number of pts | | | Number Cured | | | Number on Treatment | | | Number defaulted | | | | | | |
| | | | | | | | | | | | | | | | | |
| 6. 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 | |
| | | | | | | | | | | | | | | | | |
| 7. 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 NonCommunicable 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 Tele consultations 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-Headwise 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 | | | 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 | | | Cash in Hand | | |
| Reserve Account | | | 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

| Sr. No. | Letter No. & Date | Amount |
|---------|-------------------|--------|
| | | |
| | | |
| | | |

Certified that out of of grant-in-aid sanctioned during the financial yearin 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 | | |
| Total | | | Total | | |