# Mission Directorate

**National Health Mission, Odisha**
**Department of Health & Family Welfare,**
**Government of Odisha.**

Letter No.: OSH & FWS/ 8980 Date: 04.08.21
From 445/21
Shalini Pandit, I.A.S
Mission Director, NHM, Odisha

To
All the CDM & PHO-cum-District Mission Directors

**Sub: Guideline for the implementation of "Jan Arogya Samiti (JAS) at Sub Centre- Health & Wellness Centre (SCHWC)".**
**Ref.letter no. 4641 dated 9.4.2021 of MD, NHM**

Madam/Sir,

In inviting a reference to the subject and letter cited above this is to inform you that Sub Centres are being transformed to Health and Wellness Centre in phased manner to provide Comprehensive Primary Health Care (CPHC) services to the people. In order to extent quality of health care services, health promotion activities and other community related interventions in the SCHWC level, JAS will be formed. In order to implement SCHWC-JAS, a detailed guideline is attached along with this letter for reference.

You are therefore requested to issue necessary instructions to form JAS at SCHWC level as per guideline. The formation process is to be completed in all SCHWC of your district by 20th August, 2021.

Yours faithfully,
4/08/21
Mission Director,
NHM, Odisha

***Encl: Guideline***

Memo no. 8981 Dated. 04.08.21
Copy forwarded to all the Collector & District Magistrates for information.

Mission Director,
NHM, Odisha

Memo no. 8982 Dated. 04.08.21
Copy forwarded to all the DPMUs for information and necessary action.

Pradhan. AK
State Programme Manager,
NHM, Odisha 3-8-2021

Memo no. 8983 Dated. 04.08.21
Copy forwarded to QA cell, NHM for information and necessary action.

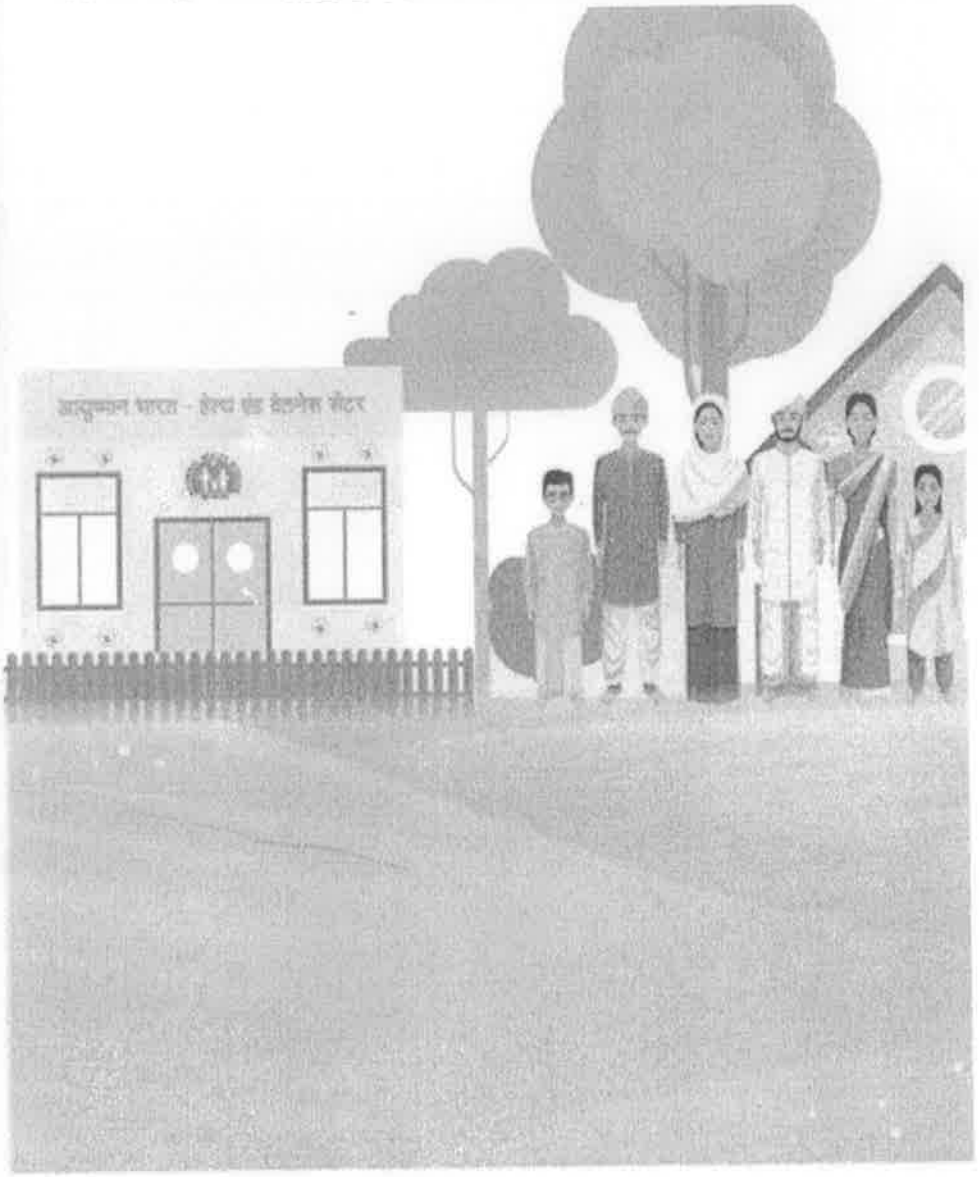
Pradhan. AK
State Programme Manager,
NHM, Odisha 3-8-2021

SIHFW Annex Building, Nayapalli, Bhubaneswar-751012
Phone: 0674- 2392480/88/79(Fax), E-mail: nrhmorissa@ori.nic.in Web: www.orissahealth.or

# Community Ownership of Health and Wellness Centres

## Guidelines for

## Jan Arogya Samiti in Sub Centre Health & Wellness Centre



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# List of Contributors

1. Ms Vandana Gurnani, Additional Secretary and Mission Director, NHM, MoHFW
2. Mr Vikas Sheel, Joint Secretary (Policy), MoHFW
3. Dr N Yuvaraj, Director NHM - I, MoHFW
4. Dr J N Srivastava, Officiating Executive Director and Advisor Quality Improvement division, NHSRC.
5. Dr Rajani Ved, Ex- Executive Director, NHSRC
6. Dr M A Balasubramanya, Advisor-Community Process & Comprehensive Primary Healthcare (CP-CPHC) division, NHSRC
7. Mr Arun Srivastava, Consultant, CP-CPHC division, NHSRC
8. Dr Neha Singhal, Consultant, CP-CPHC division, NHSRC
9. Dr Deepika Sharma, Senior Consultant, Quality Improvement division, NHSRC
10. Dr Sandeep Sharma, Senior Consultant, Health Care Financing division, NHSRC
11. Dr Ashish Bhatt, Consultant, MoHFW
12. Dr Rakshita Khanijou, Consultant, MoHFW

## Guideline for Jan Arogya Samiti (JAS)

## (Committee at the Sub Health Centre level - Health and Wellness Centre)

### I. Background

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

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

(iii) The tenets for JAS at both SHC and PHC are similar unless explicitly stated.

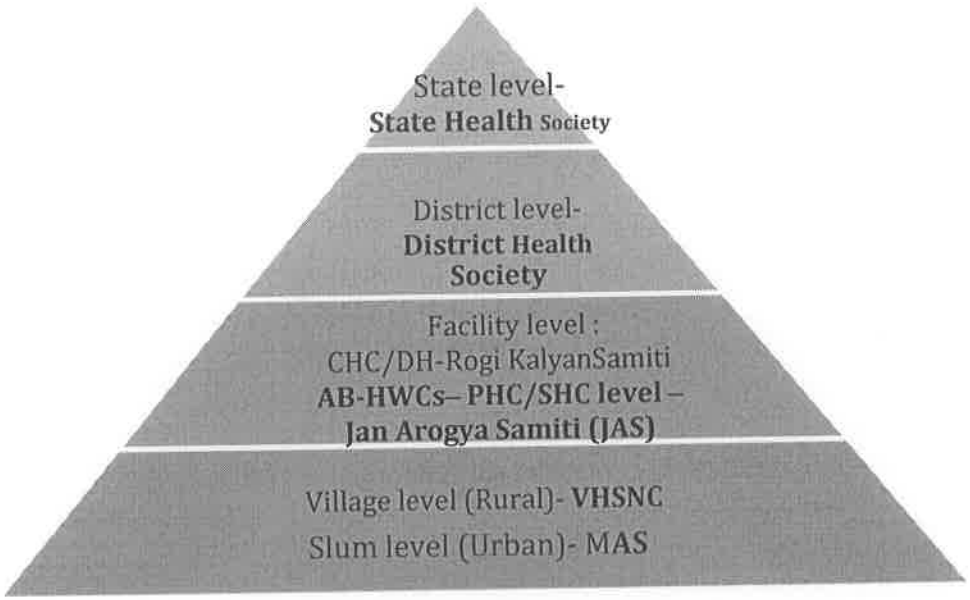


Fig1 Institutions for Effective Health Planning

## II. Objectives of Jan Arogya Samiti(JAS)

The following are key objectives of JAS:

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

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

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

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

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

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

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

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

(ix) Mobilize 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 Organizations, and ensure its use for improving quality of services and undertaking Health Promotion activities at AB-HWCs.

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

## III. Structure and Composition of JAS

### A. The Proposed composition of JAS-SHC is–

**1. Chairperson -**

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

There are wide variations across states, in terms of size of Gram Panchayats. In states/areas, where either the size of Gram Panchayats or the area and population

coverage of SHC level HWC is bigger, leading to challenges in matching the jurisdiction of the two, states will design locally appropriate approaches. Thus, when the SHC-HWC area has more than one Sarpanch, Chairpersonship could be considered on rotation basis, with the Sarpanch of the headquarter village of SHC-HWC made Chairperson for the first two years. The Sarpanchs of other Gram Panchayats under the SHC-HWC area will be members during this period. The term of each Chairperson will be 2 years.

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

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

4. **Members-**

**i. Ex-Officio**

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

b. The President of all the GKS under the SHC-HWC

c. Convener (AWW) and Facilitator (ASHA) of all GKS under the SCHWC

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 AB-HWC area (representative from the school with highest enrollment)
3. Peer Educator - One from AB-HWC area (Senior peer educator in the area)

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

## IV. Roles and responsibilities of JAS

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

The Jan Arogya Samiti will -

1. Facilitate and support AB-HWC team to ensure provision of quality healthcare services for all and ensure accountability.
2. Ensure that the Citizen Charter at AB-HWCs displays the list of services that are provided at the facility. The JAS will particularly highlight the preventive and promotive services that are provided at AB-HWC – ranging from screening for - chronic diseases, vision, hearing; and services available for - pregnant and lactating women, children and adolescents; and conduct of yoga/wellness sessions.

3. Ensure provision and maintenance of safe drinking water, quality diet, litter free premises, clean toilets, clean linen, uncluttered waiting area, good security, Bio Medical Waste / Regular Waste disposal and clear signage systems at the AB-HWC.
4. Ensure that essential medicines and diagnostics are available (as per the Essential Drugs and Diagnostics List for AB-HWC).
5. Promote a culture of user-friendly behavior amongst AB-HWC staff for improved responsiveness and user satisfaction, by their training / orientation /sensitization.
6. Ensure that no user fees or charges are levied for any health care services being provided in AB-HWC.
7. Ensure by pro-active efforts and regular follow-up, that those from poor and vulnerable sections of community do not face any hurdles in availing healthcare services at AB-HWC, and ensure that services are not denied to anybody who visits the AB-HWC.
8. Encouraging use of social media and digital communication, ensure home/ community level follow-up of patients discharged from hospitals to reduce the risk of complications and re-admissions.
9. Undertake regular review and monitoring to ensure that the facility achieves the quality standards set for the AB-HWC.

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

**The Jan Arogya Samiti will -**

1. JAS will work as the platform for planning and supporting multi-sectoral action on Social and Environmental Determinants of Health, especially to address: a) Non Communicable Diseases (NCDs), b) Water Sanitation and Hygiene (WASH), and (c) Malnutrition, Stunting and Anemia. It will co-ordinate the celebration of annual health calendar days at HWC-SHC and facilitate and support VHSNCs to undertake the celebration of Annual Health Calendar Days (Annual Health Calendar is attached as ***Annexure I***).
2. Support the HWC team in effective community level implementation of programmes like, Population Based Screening for NCDs, Eat Right Campaign of FSSAI (using Eat Right Tool Kit developed by FSSAI), and SABLA (Rajiv Gandhi Schemefor Empowerment of Adolescent Girls), etc.
3. Ensure community level collective action on Water Sanitation and Hygiene (WASH), using the hand book 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 through Patient Satisfaction surveys – ***Annexure II***) and enable redressal of the same within a reasonable period of time.
   - The process and methods of making complaints should be widely advertised at the HWC premises and in the villages under the AB-HWC.
   - JAS will periodically review the functionality of the system of complaints and ensure AB-HWC team's response to them.
2. JAS in its every meeting shall hear patient or user's concerns in accessing quality health care services at AB-HWC. The members shall facilitate timely and appropriate action on feed back.
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.

### 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 SHC. 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 excercises.

## VI. Capacity Building of JAS Members:

Since JAS is a newly created committee, capacity building of JAS members will be undertaken to enable them to fulfill their roles effectively. Orientation of JAS members will be conducted in a cascade method. The State and district ToT will be followed for training of JAS- SCHWC members at the block and sub block level.

## 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 fulfill the quorum. In the reconvened meeting, normal business will be conducted, even if the 50% quorum is not fulfilled.

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

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

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

v. The Annual Report of the AB-HWC of the previous year, as presented and approved in the JAS meeting of April of the subsequent financial year, will be placed for consideration in the Social accountability 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.

A monthly calendar of meetings/ activities/campaigns will be followed for engagement of JAS- SCHWC 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), activities undertaken by them expenditure of untied fund & action points will be shared, especially with respect to support to be provided by JAS, to facilitate VHSNC functioning. Addition to this, untied expenditure, SoE submission status and

activity details of the respective VHSNCs will be included as an agenda of the JAS-SHC meeting. In case of JAS-PHC meeting, issues raised in linked JAS-SHC-HWC will be taken up for discussion.

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

**VIII. Record Keeping-**

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

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

**IX. Annual Public Dialogue –**

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

**X. Untied Fund of JAS -**

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

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

(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 wash rooms and toilets.
- Expenses related to minor repairing of septic tanks/toilets
- Expenses related to provision of safe drinking water to patients
- Expenses related to improved signage in the facility
- Expenses related to making arrangement for proper disposal of wastage etc.
- Expenses related to conduct of Health Promotion Days and wellness activities (except purchase of equipment).

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

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

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

### X.1 Negative List for usage of Untied Fund

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

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

(ii) Cost of human resources/personnel cost.

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

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

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

## XI Financial Management and Accounting of Untied Fund

(i) The bank account of the untied fund of JAS-SHC shall be operated jointly by the Chairperson and Member Secretary of JAS.

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

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

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

## XII. Responsibilities of key JAS members -

### XII.1 Powers and Functions of the Chairperson

1. The Chairperson shall have the powers to call for and preside over all meetings of the committee.
2. The Chairperson shall enjoy such powers as may be delegated to him by the JAS.
3. The Chairperson shall have the authority to review periodically the work and

progress of JAS and to order inquiries into its affairs.

4. All disputed questions at the meeting of the JAS shall be determined by voting. The members of the committee as described in Section III (i) shall have one vote and in case of a tie, the Chairperson shall have the casting vote.
5. In the event of any urgent business, the Chairperson of the Society may take a decision on behalf of the committee at the recommendation of Member Secretary. Such a decision must be presented to the committee at its next meeting for approval.

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

### XII.2 Powers and functions of Member Secretary

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

1. All executive and financial powers of the society shall vest in the Member Secretary who shall be responsible for; (i) Managing its day to day administration, (ii) Conducting all correspondence on its behalf (iii) Keeping custody of all its records and movable properties
2. He/she shall be entitled to sign on behalf of JAS, bills, receipts, vouchers, contracts and other documents whatsoever.
3. To form a subcommittee to perform a task and delegate powers to these subcommittees, with provision that any such decision will be presented and be approved in the next meeting of JAS.
4. Take action on urgent important matters in consultation with Chairperson and place them in the next meeting of JAS.
5. Exercise such powers and discharge such functions as may be 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 programme management unit team will facilitate the functioning of JAS under guidance of Block Medical Officer and a monthly meeting to be organized to review of SC-HWC activity on a monthly basis at the block level. All supervisory staff must attend JAS meetings periodically.

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

a. Number of JAS meetings held against planned (12) in a year.
b. Number of JAS meetings where monthly review of untied fund expenditure for past month has been done.
c. Number of JAS meetings where monthly planning of untied fund of next month has been done-

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

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

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

g. Percentage of untied fund utilized by JAS

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

i. Percentage of community grievances addressed during the year.

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

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

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

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

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

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

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

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

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

1. **Monthly progress report of AB-HWC**
2. **Proposals and review of expenditure of untied funds**
3. **Issues at AB-HWCs-**

### 1. Monthly progress report of AB-HWC

The Community Health Officer (SHC) will present the details of service delivery, referrals and outreach activities undertaken by AB-HWC team in the given month (with emphasis on marginalized population) at SHC. The objective of discussing this data is to enable the JAS to understand the overall status, coverage and progress of activities mandated under AB-HWC. Format of Monthly Progress Report is attached as ***Annexure III***. The JAS members should discuss the status of service delivery and functionality reports of AB-HWC as reported in the portal, and ensure that timely and accurate figures are reflected in the portal.

### 2. Plan and review of expenditure of untied funds -

The JAS committee will review the expenditure of untied fund for the last month and

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

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

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

3. **Administrative Issues at AB-HWCs-**

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

## Annexure I

## Annual Health Calendar

| Sl. No. | Date | Day |
|---|---|---|
| 1. | 12th January | National Youth Day |
| 2. | 30th January | Anti-Leprosy Day |
| 3. | 4th February | World Cancer Day |
| 4. | 10th February | National Deworming Day |
| 5. | 11th February | International Epilepsy Day |
| 6. | 8th March | International Women's Day |
| 7. | 10th March | National GDM Awareness Day |
| 8. | 24th March | World Tuberculosis Day |
| 9. | 7th April | World Health Day |
| 10. | 11th April | National Safe Motherhood day |
| 11. | 14th April | Ayushman Bharat-Health and Wellness Centre Day |
| 12. | Last week of April i.e. from April 24th | World Immunization Week |
| 13. | 5th May | International Midwives' Day |
| 14. | 12th May | International Nurses Day |
| 15. | 28th May | Menstrual Hygiene Day |
| 16. | 28th May to 8th June | Intensified Diarrhoea Control Fortnight |
| 17. | 31st May | World No Tobacco Day |
| 18. | 14th June | World Blood Donor Day |
| 19. | 21st June | International YOGA Day |
| 20. | 26th June | International Day Against Drug Abuse |
| 21. | 1st July | Doctors Day |
| 22. | 11th July | World Population Day |
| 23. | 28th July | World Hepatitis day |
| 24. | 01-07 August | World Breast Feeding Day/Week |
| 25. | 10th August | National Deworming Day |
| 26. | 15th August | Independence Day |
| 27. | 01-07 September | National Nutrition Week |
| 28. | 29th September | World Heart Day |

| Sl. No. | Date | Day |
|---|---|---|
| 29. | 1st October | World Elderly Day |
| 30. | 10th October | World Mental Health Day |
| 31. | 7th November | National Cancer Awareness Day |
| 32. | 12th November | World Pneumonia Day |
| 33. | 14th November | Children's Day & World Diabetes Day |
| 34. | 15-21 November | Newborn Week |
| 35. | 17th November | World Prematurity Day |
| 36. | 25th November | International Day for the Elimination of Violence against women |
| 37. | 1st December | World AIDS Day |
| 38. | 10th December | Human Rights Day |
| 39. | 12th December | Universal Health Coverage Day |

## Annexure II

### Patient Satisfaction Form: OUT-PATIENT FEEDBACK

Dear Friend,

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

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

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

# 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.*

**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 marginalizedpopulation.*

| | | | | | | |
|---|---|---|---|---|---|---|
| 1. Foot Fall | Children | | Adults | | Transgender | Total of All Patients |
| | Male | Female | Male | Female | | |
| | | | | | | |
| | Total Children | | Total Adults | | | |
| | | | | | | |
| 2. No. of Births | | | | | | |
| 3. No. of Deaths registered under HWC area | 1. **Newborn deaths**(0-28days) - | | | | | |
| | 2. **Infant deaths**(0 to 1year) - | | | | | |
| | 3. **Death of children** (under 5 years)- | | | | | |
| | 4. **Death of Adolescents** (10-19years) | | | | | |
| | 5. **Maternal Deaths** (Pregnancy and till 42 days after childbirth) | | | | | |
| | 6. **Death of Elderly** (>60years) | | | | | |
| | **TOTAL DEATHS in the month:** | | | | | |
| 4. Percentage of VHND sessions held as against planned | **Number planned (Target)** | | **Percentage of VHND conducted** | | | |
| 5. No. of people linked to PM-JAY | **Eligible** | **Registered** | **Referred** | **Treated under PM-JAY** | | |
| | | | | | | |

**A. Reproductive and Child Health Care**

| | | | |
|---|---|---|---|
| 1. Total no. of OPD cases for RCH last month ( Pregnant Women, Children, adolescents) | Total | Repeat/Follow-up visit | Referred to higher centre |

| | | | |
|---|---|---|---|
| **Service Delivery Indicator** (Source- Service Delivery records of SHC/HWC-SHC and HWC-PHC ) | **Target** | **Percentage of people who received services** | **Number of persons who did not receive services** |

| | | | |
|---|---|---|---|
| 2. Mothers who have received full antenatal care (Early registration & 4 ANCs) | | | |
| 3. No. of High Risk Pregnant Women identified | | | |
| 4. Women who delivered at HWC | | | |
| 5. Mothers who received DBT for Janani Suraksha Yojana (JSY) | | | *Along with number, list of mothers who have not received JSY benefits can be attached as annexure* |
| 6. Children (upto 24 months) who received full immunization | | | |
| 7. Newborns who received all HBNC visits by ASHA in last month | | | |
| 8. Children who received all HBYC visits by ASHA in last month | | | |
| 9. Children (0-18 years old) who underwent Universal Screening for 4Ds - Defects at birth, Deficiency, Diseases at Childhood and Developmental Delays under RBSK | | | |
| 10. Number of women with anemia | | | |
| 11. Number of children with SAM detected, referred & followedup. | | | |
| 12. Number of children with diarrhoea who received ORS packets and Zinc tablets by ASHA/ANM | | | |

**B. COMMUNICABLE DISEASES**

| 1. Total no. of OPD for communicable diseases (TB, Leprosy, Vector Borne Diseases) | Total | Follow-up visits | Referred to higher centre |
|---|---|---|---|

| 2. Number of Tuberculosis cases diagnosed and treated. | **Number of pts** | **Number Cured/ Treatment completed** | **Number on Treatment** | **Number defaulted** |
|---|---|---|---|---|
| | | | | |

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

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

| **D. EXPANDED SERVICES** | | | | |
|---|---|---|---|---|
| 1. Patients for Palliative Care | **Target** | **Identified** | **Number on Home based care** | **Number of referred** |
| 2. Follow up at home of Patients from PM-JAY | **No. Referred in** | | **No. Followed up** | |
| 3. Patients with mental illness | **Identified** | **On treatment** | **On Follow up** | |
| | **Total cases in OPD last month** | **Follow up/repeat visits** | **Cases referred to higher centre** | |

| | | | |
|---|---|---|---|
| 4. Patients with Oral Diseases/Conditions | | | |
| 5. Patients with Eye Diseases/Conditions | | | |
| 6. Patients with ENT Diseases/Conditions | | | |
| 7. Elderly Patients | | | |
| 8. Patients requiring treatment for Emergency conditions | | | |

**E. HEALTH PROMOTION AND WELLNESS ACTIVITIES**

| | **No. of sessions / activities** | **Details/Comments** |
|---|---|---|
| Number of yoga sessions | | |
| Activities under Annual Health Calendar | | |
| Any other wellness activities | | |
| ***Others***- Number of Teleconsultations conducted | | |

**F. ACTIVITIES RELATED TO COMMUNITY GROUPS**

| **1. Patient Support groups** | **Plan** | **Actual** | **Remarks** | |
|---|---|---|---|---|
| Tuberculosis | | | | |
| Elderly | | | | |
| Mental Health | | | | |
| Palliative Care | | | | |
| **2. Number of JAS meetings held in the year so far** | | | | |
| **3. Number of public hearings conducted** | | | | |
| **4. Utilization of untied fund under JAS** (Mention Accounting Head-wise both Receipts and Expenditure) | ***Accounting head*** | ***Receipt*** | ***Expenditure*** | **Balance** |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**G. ACTIVITIES IN THE COMMUNITY**

| **1. Number of VHSNC meetings** | **Plan** | **Actual** | **Remarks** |
|---|---|---|---|
| Village 1 : | | | |
| Village 2: | | | |
| Village 3: | | | |
| Village 4: | | | |
| Village 5: | | | |

| 2. **Utilization of untied fund in VHSNC** *(Mention Accounting-Head-wise both Receipts and Expenditure)* | ***Accounting Head*** | ***Receipt*** | ***Expenditure*** | **Balance** |
|---|---|---|---|---|
| Village 1 : | | | | |
| Village 2: | | | | |
| Village 3: | | | | |
| Village 4: | | | | |
| Village 5: | | | | |

**Annexure-III**

**Revised Monthly Expenditure format on India COVID-19 Emergency Response and Health Systems Preparedness Package (ER&HSPP)**

**(Ref. JS (Policy) Letter no. F. No. Z-18015/19/2020-NHM-II-Part (I) dated 09/11/20)**

**For the month of ..... 2020/2021**

(Rs. in lakhs)

| Sl. No. | FMR Code | Total Approval | Amount Released | Expenditure during the month | Progressive Expenditure up to month | Balance |
|---|---|---|---|---|---|---|
| (1) | (2) | (3) | (4) | (5) | (6) | (7)= (4)-(6) |
| B.31 | COVID 19 (Grand Total) | | | | | |
| B.31.1 | Diagnostics including sample transport (Total) | | | | | |
| B31.1(a) | Exp. on procurements of value less than Rs. 3.00 lakh (out of B31.1) | | | | | |
| B.31.2 | Drugs and supplies including PPE and masks (Total) | | | | | |
| B31.2(a) | Exp. on procurements of value less than Rs. 3.00 lakh (out of B31.2) | | | | | |
| B.31.3 | Equipment/ facilities for patient-care including support for ve2tilators etc. (Total) | | | | | |
| B31.3(a) | Exp. on procurements of value less than Rs. 3.00 lakh (out of B31.3) | | | | | |
| B.31.4 | HR (Existing and Additional) including incentives for Community Health Volunteers (Total) | | | | | |
| B.31.5 | Surveillance &Mobility Support (Total) | | | | | |
| B31.5(a) | Exp. on procurements of value less than Rs. 3.00 lakh (out of B31.5) | | | | | |
| B.31.6 | IT systems including Hardware and software, etc. (Total) | | | | | |
| B31.6(a) | Exp. on procurements of value less than Rs. 3.00 lakh (out of B31.6) | | | | | |
| B.31.7 | IEC/BCC (Total) | | | | | |
| B31.7(a) | Exp. on procurements of value less than Rs. 3.00 lakh (out of B31.7) | | | | | |
| B.31.8 | Training (Total) | | | | | |
| B31.8(a) | Exp. on procurements of value less than Rs. 3.00 lakh (out of B31.8) | | | | | |
| B.31.9 | Miscellaneous (Total) | | | | | |
| B31.9(a) | Exp. on procurements of value less than Rs. 3.00 lakh (out of B31.9) | | | | | |
| | **Total** | | | | | |

(Director, Finance)
Date:

(Mission Director, NHM)
Date:

| 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 | | | | |

## 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<br>Add: Excess of Income over expenditure | | | Fixed Assets<br>Advance to peripheries/ agencies<br>Outstanding Receipts<br>Interest accrued and due from bank | | |
| Other Liabilities<br><br>Expenses outstanding<br><br>Other Fixed Assets<br>Reserve Account | | | Current Assets<br><br>Loans / advances<br><br>Cash in<br><br>hand<br><br>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 Rs..... has been utilized for the purpose of ..... for which it was sanctioned and that the balance of ..... remaining unutilized at the end of the year has been surrendered to Government (vide No. ....., dated.....)/ will be adjusted towards the grant-in-aid payable during the next year .....

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

**Kinds of checks exercised**

1.

2.

3.

4.

Signature of the JAS Member Secretary

Signature of Medical Officer/
Community Health Officer in Charge

Signature of Accountant

## E. Format for Statement of Expenditure

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

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

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

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


Ministry of Health and Family Welfare
Government of India

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