



# Jan Arogya Samiti (JAS) in SC - HEALTH AND WELLNESS CENTRES



**Commonly said.....**

*People don't understand.....*

*People don't care about their health.....*

*You tell as many times as you can, but people will not listen to you...*

*People will adopt and practice the same age old health practices..*

*Health is not a priority for people, rather livelihood ....*

*People will never change.....*

# Health and wellness – contributors

Treatment –  
the episodes  
of illness,  
disease

Prevention  
Deterring of the  
development of a  
disease or  
stopping the  
progression of a  
disease that has  
already begun.

Promotion:  
Enables people to  
increase control  
over their own  
health. Enhances  
the  
quality of life for  
all people,  
reduces  
premature  
deaths.

## Health promotion

Health promotion is **the process of enabling people to increase control over and to improve their health.**

### Strategies for Health Promotion

build healthy public policy.  
*create supportive environments.*  
*strengthen community action.*  
develop personal skills.  
reorient health services.

### Models of Health promotion

- behavioural change model
- self-empowerment model
- collective action model.

## **Comprehensive primary health care**

- Is a holistic approach to health and well-being
- Encompasses all services that can impact on health and wellbeing
- Are delivered in partnerships by an interdisciplinary team through a range of services and programs
- That are accessible, equitable, on-going, culturally appropriate ...

## **The principles of primary health care are**

- Accessibility
- public participation
- health promotion
- appropriate technology
- intersectoral cooperation.

“people have the **right and duty** to **participate individually and collectively** in the planning and implementation of their health care.”

Participation in health is a process that involves groups and individuals **exercising their rights** by **playing a direct and active role in the development of the needed health services and in ensuring the sustainability of better health.**

**WHO**

## **Health and Wellness Centre- paradigm shift in health service delivery**

Transform existing Sub Health Centres and Primary Health Centres to Health and Wellness Centers

To ensure universal access to an expanded range of Comprehensive Primary Health Care services.

Ensure a people centered, holistic, equity sensitive response to people's health needs through a process of population empanelment, regular home and community interactions and people's participation.

Ensure sustainable delivery of high quality care, availability of medicines & diagnostics, use of standard treatment and referral protocols and advanced technologies

Instill the culture of a team-based approach to delivery of quality health care encompassing: preventive, promotive, curative, rehabilitative & palliative care

Ensure continuity of care with a two way referral system and follow up support  
Emphasize health promotion

## **Health and Wellness Centres – paradigm shift in health service delivery**

Promote public health action through active engagement and capacity building of community platforms and individual volunteers.

Implement appropriate mechanisms for flexible financing, including performance-based incentives and responsive resource allocations.

Enable the integration of Yoga and AYUSH as appropriate to people's needs

Institutionalize participation of civil society for social accountability.

Partner with not for profit agencies and private sector for gap filling in a range of primary health care functions

Facilitate systematic learning and sharing to enable feedback, and improvements and identify innovations for scale up.

Develop strong measurement systems to build accountability for improved performance on measures that matter to people



# Community participation in Health - Scopes under NHM

Strengthening Community Health Workers - ASHAs

Village Health and Sanitation Committees (VHSNC) in every village

Local Health Committees at District Hospitals, CHCs and PHCs

Women's Health Committees at ward level

Community based Planning and Monitoring

Decentralized Health planning involving Panchayats, and Urban Local Bodies

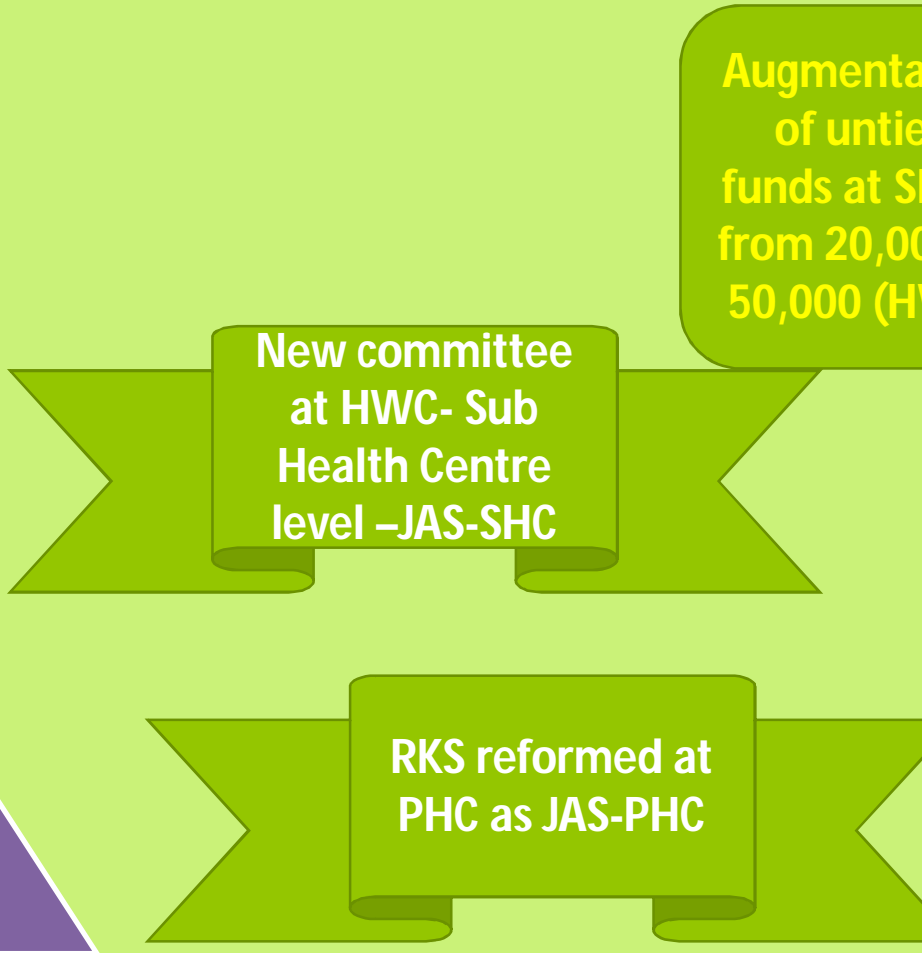
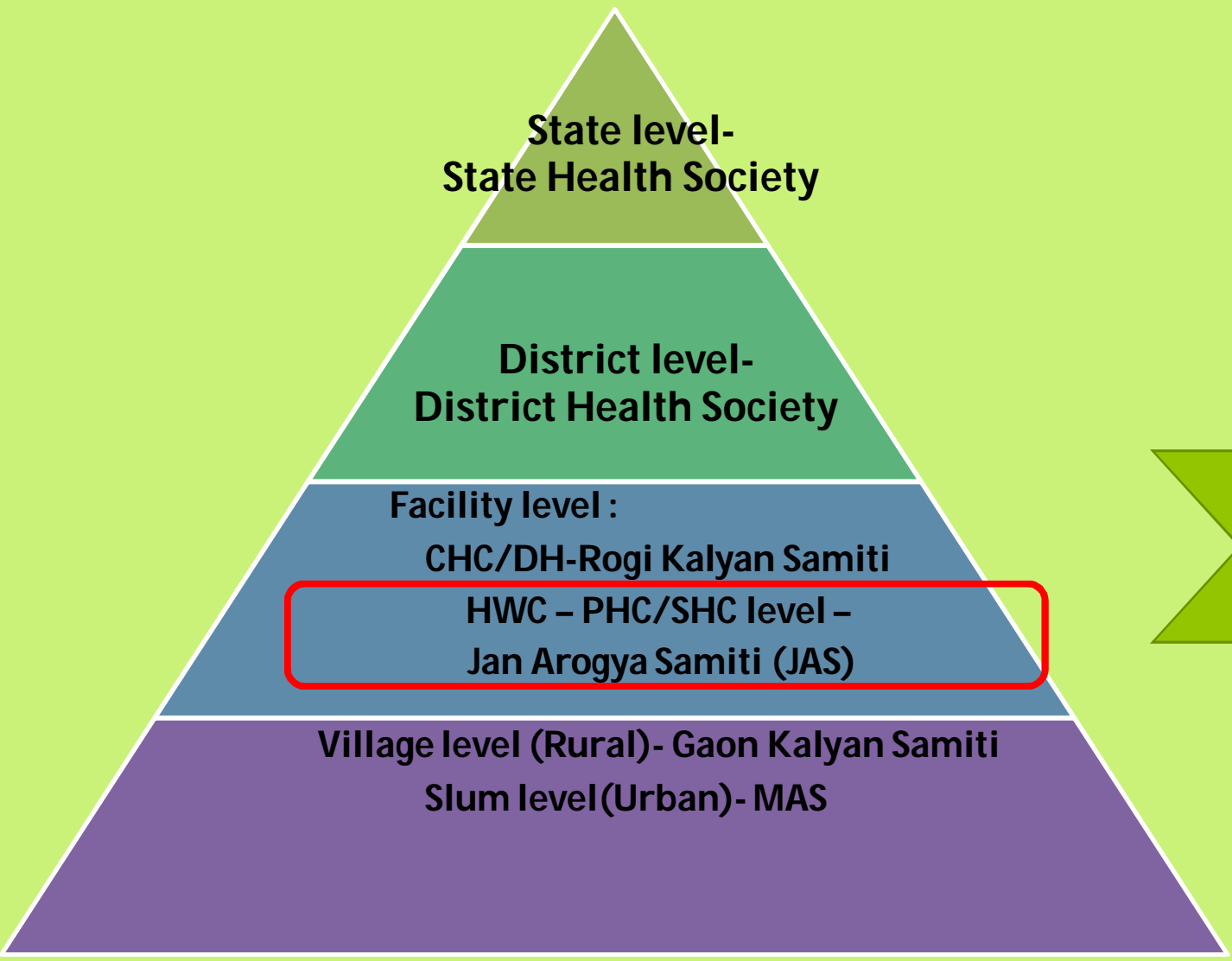
Health standards for all health facilities like PHC/ CHC/DH

Convergent action to address health and its social determinants

Using grievance redressal mechanism for increased accountability

**And now Jan Arogya Samiti.....**

# Institutional structures at various levels



Support Gram Panchayat in undertaking health planning.

Serve as Institutional platform of SHC-HWC for community participation

Support HWC Team & GKSs in Health Promotion and Action on Determinants of Health

Mobilise resources, both monetary and non-monetary

## Objectives of SC-HWC JAS

Be the Umbrella to mentor GKSs, engage them in Community Follow up & Screening

Bring Accountability in use of untied funds at SHC

Act as Grievance Redressal platform – to address access, availability and quality health services

Leverage Volunteers & Youth Groups in Patient Follow up & Community Mobilisation

# Key Objectives of SC-HWC Jan Arogya Samiti (JAS)

Be the Institutional Platform at PHC / SHC level HWC – for community participation in its management, governance and accountability – re. services & amenities

Support HWC Team, to work with GKSs, for Health Promotion, Social Determinants, & Community level actions of National Programmes

To act as federation of GKSs, / MASs , and serve as Hub of Health Promotion and action on Social Determinants of health

To serve as Umbrella and Mentor for GKSs, support in Untied Fund management and Coordination with Health System

Engage GKSs and Organised Community Volunteers (NSS/NYK) in community interventions of HWC - screening, treatment followup, and patient support group

# Key Objectives of SC-HWC Jan Arogya Samiti (JAS)

Facilitate Social Accountability activities, coordinating between HWC & GKS

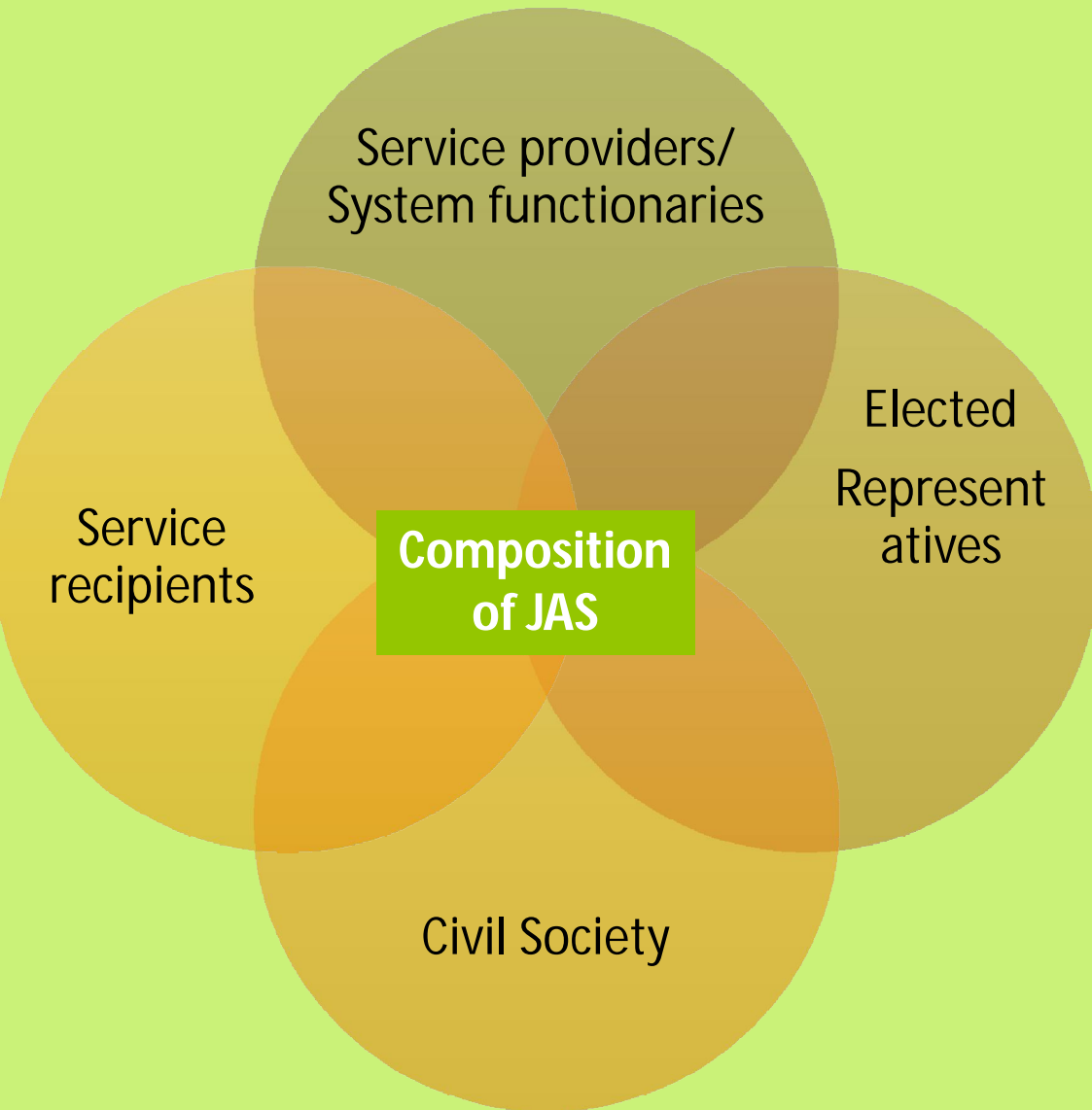
Act as Grievance Redressal Platform for families to access services at SHC - HWC, to ensure availability and accountability for quality services.

Coordinate with CHOs of SHC level HWC to manage and be accountable for use of HWC Untied Funds

Mobilise resources (Monetary & Non-monetary), from – Community, LSGs, CSR, Charities, Funds, Govt. Schemes, to improve services / Health Promotion

Facilitate / support GP in Health Planning

# STRUCTURE AND COMPOSITION



➤ **At least 50% representation of women to be ensured**



➤ **Vulnerable and marginalized population to be at least 33% represented**

# Arogya Samiti in SC-HWC

## Chairperson

Sarpanch of the Gram Panchayat falling under the HWC area

When the HWC area has more than 1 GPs, Sarpanches will be made Chairperson on rotation for 2 years, Sarpanch of the HQ GP designated first and other Sarpanches under the HWC area will be members.

**Chairperson** - The Medical Officer of the concerned PHC of the HWC area

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

## Members

- Sarpanches of the other GPs of HWC area
- Office bearers (Ward Member-President, Convener- AWW and Facilitator (ASHA) all GKSs under the SHC-HWC
- All Multi-Purpose Health Workers (Male and Female) of HWC

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

## General

- Women Self Help Groups - President of one SHG from each Gram Panchayat of HWC area – nominated by GP
- School Health Ambassadors: One representative from among the School Health & Wellness Ambassadors of the HWC area (representative from the school with highest enrollment)
- 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"

# Power and Function of the Chairperson

- The Chairperson shall have the powers to call for and preside over a meetings of the committee.
- The Chairperson shall have the authority to review periodically the work and progress of JAS and to order inquiries into its affairs.
- All disputed questions at the meeting of the JAS shall be determined by voting.
- In the event of any urgent matter, the Chairperson of the Samiti 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.
- Minutes of the proceedings of each meeting shall be furnished to the Chairperson as soon as possible after completion of the meeting.



# Power and Function of the Member Secretary

The Member Secretary of JAS shall facilitate all meetings of JAS, record proceedings and resolutions.

All executive and financial powers of the Samiti i.e. (i) Managing its day to day administration, (ii) Conducting all correspondence on its behalf (iii) Keeping custody of all its records and movable properties

Entitled to sign on behalf of JAS, bills, receipts, vouchers, contracts and other documents whatsoever.

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.

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

# Roles and responsibilities of SC-HWC JAS

1

ENABLING  
QUALITY  
SERVICE  
DELIVERY

2

LEADING  
HEALTH  
PROMOTION  
EFFORTS

3

CATALYSING  
GRIEVANCE  
REDRESSAL

4

FACILITATING  
COMMUNITY  
FEEDBACK OF  
SHC SERVICES

# Role of SC HWC JAS in Enabling quality service delivery

Facilitate and support HWC team to ensure provision of quality healthcare services for all and ensure accountability.

Ensure that Citizen Charter at HWCs displays the list of services that are provided at the facility

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 HWC.

Ensure that essential medicines and diagnostics are available (as per the Essential Drugs and Diagnostics List for HWC).

Promote a culture of user-friendly behavior amongst HWC staff for improved responsiveness and user satisfaction, by their training / orientation / sensitization.

Ensure that no user fees or charges are levied for any health care services being provided in HWC.

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 HWC, and ensure that services are not denied to anybody who visits the HWC.

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

Undertake regular review & monitoring to ensure that the facility achieves the quality standards for HWC.

# Role of JAS in Leading Health Promotion

## on on Social and Environmental Determinants of Health –

- Non Communicable Diseases (NCDs), b) Water Sanitation and Hygiene (WASH), and (c) Malnutrition, Stunting and Anemia.
- Celebration of annual health calendar days at HWC-SHC and support VHSNCs for celebration of Annual Health Calendar Days

**Support HWC team in implementation of programmes** like, Population Based Screening for NCD, Right Campaign etc.

**Community action on WASH** – through VISHWAS Campaign

**Engage with CBOs** – SHGs / Farmers /Cultural groups / MAS / Milk Unions etc. to -

- ensure greater participation of women for gender equity and focus on women's health issues
- promote regular exercise, sports & healthy life styles,
- initiate preventive and promotive actions on use of alcohol, tobacco & substance abuse.

**Promote awareness on services & entitlements** in government schemes for health and financial protection – by use of community radios, social media

# Role of JAS in Grievance redressal and social accountability

## Grievance redressal

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 surrounding villages under the HWC.
- JAS will periodically review the functionality of the system of complaints and ensure HWC team's response to them.

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

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

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

## Social Accountability exercise -

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

**Annexure I –**  
**Annual Health Calendar**

<b>No.</b>	<b>Date</b>	<b>Day</b>
	12 <sup>th</sup> January	National Youth Day
	30 <sup>th</sup> January	Anti-Leprosy Day
	4 <sup>th</sup> February	World Cancer Day
	10 <sup>th</sup> February	National Deworming Day
	11 <sup>th</sup> February	International Epilepsy Day
	8 <sup>th</sup> March	International Women's Day
	10 <sup>th</sup> March	National GDM Awareness Day
	24 <sup>th</sup> March	World Tuberculosis Day
	7 <sup>th</sup> April	World Health Day
	11 <sup>th</sup> April	National Safe Motherhood day
	14 <sup>th</sup> April	Ayushman Bharat-Health and Wellness Centre Day
	Last week of April	World Immunization Week
	5 <sup>th</sup> May	International Midwives' Day
	12 <sup>th</sup> May	International Nurses Day
	28 <sup>th</sup> May	Menstrual Hygiene Day
	28 <sup>th</sup> May to 8 <sup>th</sup> June	Intensified Diarrhoea Control Fortnight
	31 <sup>st</sup> May	World No Tobacco Day
	14 <sup>th</sup> June	World Blood Donor Day
	21 <sup>st</sup> June	International YOGA Day
	26 <sup>th</sup> June	International Day Against Drug Abuse

**Annexure I –**  
**Annual Health**  
**Calendar**

.	1 <sup>st</sup> July	Doctors Day
.	11 <sup>th</sup> July	World Population Day
.	28 <sup>th</sup> July	World Hepatitis day
.	01-07 August	World Breast Feeding Day/Week
.	10 <sup>th</sup> August	National Deworming Day
.	15 <sup>th</sup> August	Independence Day
.	01-07 September	National Nutrition Week
.	29 <sup>th</sup> September	World Heart Day
.	1 <sup>st</sup> October	World Elderly Day
.	10 <sup>th</sup> October	World Mental Health Day
.	7 <sup>th</sup> November	National Cancer Awareness Day
.	12 <sup>th</sup> November	World Pneumonia Day
.	14 <sup>th</sup> November	Children's Day & World Diabetes Day
.	15-21 November	Newborn Week
.	17 <sup>th</sup> November	World Prematurity Day
.	25 <sup>th</sup> November	International Day for Elimination of Violence against women
.	1 <sup>st</sup> December	World AIDS Day
.	10 <sup>th</sup> December	Human Rights Day
.	12 <sup>th</sup> December	Universal Health Coverage Day

## Jan Arogya Samiti – Planning process

Annual action plan updated on a monthly basis

Prepared by following a strong consultative process

Two components

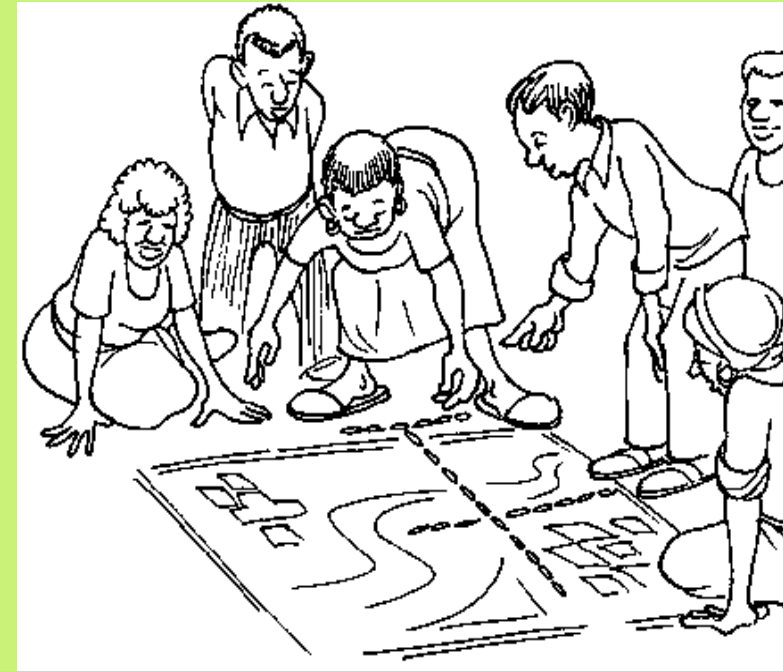
1. strengthening service delivery 2. Health prevention and promotion

Incorporating the issues concerns raised by the GKS

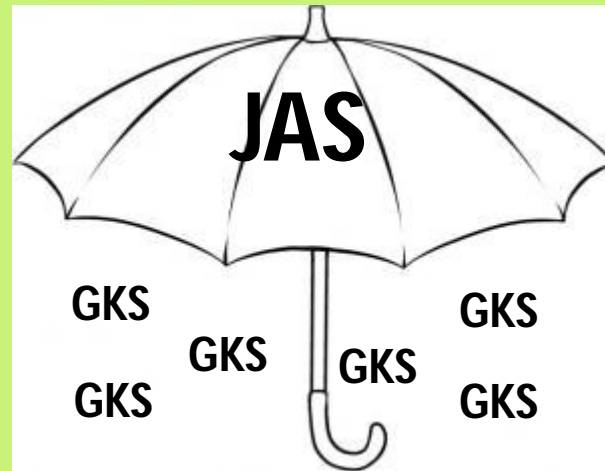
Other resources + untied fund

Follow the guideline in expenditure

Display at public places







**n Arogya Samiti and Gaon Kalyan Samiti – complimentary and supplementary**

JAS creates a scope for GKS - integration, mentoring, support and review

A platform for the voices of GKS to be represented

Participation of GKS office bearers in monthly JAS meeting, raise issues and concerns

Service delivery and health promotion activities

Implementation of wellness activities

Referral and follow up of the cases

# JAS - Management & Performance Indicators (SHC)

No. of JAS meetings held against planned (12) in a year.

No. of meetings - review of untied fund expenditure for past month was done

No. meetings where monthly planning of untied fund of next month is done

No. of public meetings conducted by JAS in the year.

No. of audit objections and response thereof provided by JAS

Total untied amount received by JAS during the year.

Percentage of untied fund utilised by JAS

Untied fund used for - a) Upkeep of HWC premises, b) Patient Amenities, c) HWC Infrastructure Maintenance, d) Health Promotion, e) Medicines, f) Diagnostics, g) Referral transport

Percentage of community grievances addressed during the year.

# SC HWC-JAS – Role of CHO (Member Secretary)

Community Health Officer as the Members secretary is the pivot of Jan Arogya Samiti

All executive and financial powers of JAS is vested on Member Secretary

Manage day to day activities, doing all correspondence, keeping custody of records

Sign bills, receipts, vouchers and other documents on behalf of JAS

Ensure provision of quality health services at the HWC

Provide mentoring support to ASHA and GKS for effective functioning

Facilitate and monitor health promotion activities at community level with the support of ASHA and GKS

# SC HWC-JAS – Way forward

Formation of Jan Arogya Samiti in SC-HWC following due processes at community level.

Capacity development of JAS members

Conducting monthly meeting of JAS involving all the stakeholders

Preparation of Annual Health Plan of JAS incorporating the issues and concerns raised by the GKS

Taking steps to facilitate delivery of quality health services at SC-HWC, community level health promotion activities and involving community in promoting health and wellness

Expenditure of untied fund by following approved guidelines

**THANK YOU**