

OFFICE OF THE COMMISSIONER OF HEALTH AND FAMILY WELFARE &  
MISSION DIRECTOR - NHM, TELANGANA, HYDERABAD.

From  
Commissioner Health Family Welfare &  
Mission Director -NHM

To  
All District Collectors in the state

**Rc.No. 168/HWC/JAS/CH&FW/2022 dated /03/ 2022.**

Sub: CH&FW – AB-HWC – Formation of Jan Arogya Samithi's (JAS) at Sub-Centre level, Primary Health Center and Urban Health& Wellness Centre (UHC) levels –GUIDELINES ISSUED. - Reg.

Ref: - 1) Guidance Note on HWC Trainings and JAS Guidelines received from NHSRC, New Delhi.  
2), Rc. No.2813/CFW/RCH-II /S6/2009 Dated 22-05-2009.  
3) G.O. Ms No.339 Dated 4-12-2010  
4) Rc.No.71/SPMU-NHM/TS/2012-15 Date 23-10-2017.  
5) GO Ms. No. 874, HM&FW (D1) Dept., Dt. 27-12-2006.  
6) Rc . No. 102/SPMU-NRHM/2012/2 Dated 21/08/2012  
7) Rc .No. 71/SPMU-NHM/TS/2012-15 Dated 15/12/2016  
8) G.O MS No.59 Dated 15-07-2015  
9) NHSRC/11-12/CP/08/MoHFW /P. F-61 Dated 01-09/2022.  
10) Guidelines on community process  
11) Note file 168/HWC/JAS./CH&FW approved by Govt dated 04/03/2023.

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This is to submit that vide reference 11<sup>th</sup> cited the Government had accorded permission to reform RKS (HDS) at PHC as Jan Arogya Samithi (JAS-PHC) and Jan Arogya Samithi for Urban Health & Wellness Centers(UHC) and Jan Arogya Samiti at Village SHC level as (JAS-SHC) by retaining the Cheque power of existing two signatories for drawal of funds and with new committee members at the PHC ,UHC, and for JAS-SHC two joint signatories will be MLHP of concerned Health and wellness and concerned PHC Medical officer. In this regard the new committee is approved with the following committee members under JAS for Sub-Centers, PHCs and UPHCs.

**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 Programs 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, counseling, 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 Mid-Level Health Providers MLHPs at SHC/Medical Officers (MO) at PHC 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

**For Sub-Centre:**

<b>Committee composition</b>	<b>Approved new committee under JAS - SHC</b>
<b>Chairperson</b>	The Sarpanch of the Gram Panchayat (GP) falling under the AB-HWC area shall be designated Chairperson
<b>CO- Chairperson</b>	The Medical Officer of the concerned PHC of the HWC area shall be the Co-Chairperson of JAS
<b>Member Secretary</b>	MLHP of the HWC
<b>Members</b>	As per Government of India Guidelines for Jan Arogya Samithi, it is mentioned under structure and composition of JAS-SHC the members are classified as 1. Ex-Officio, 2. General and Special invitees. the same is mentioned accordingly.
<b>Ex- Officio Members</b>	a. Sarpanches of the other GPs of AB-HWC area
	b. President of VHSNCs: One per GP amongst those under AB-HWC area. This shall be on rotation (among VHSNCs under a GP) for 2 years to allow greater participation.
	c. ASHAs - ASHAs/Member Secretary of all VHSNCs in AB-HWC area
	d. All Multi-Purpose Health Workers (Male and Female) of AB-HWC
<b>General</b>	a. Women Self Help Groups – President of one SHG from each Gram Panchayat of the AB-HWC area – nominated by GP
	b. 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)
	c. Peer Educator – One from AB-HWC area (Senior peer educator in the area)
<b>Special Invitees</b>	Tuberculosis survivor, Youth representatives and “any male” who has undergone sterilization after one / two children”

**For PHC:**

committee composition	Approved new under JAS-PHC
Chairperson	MPP shall be designated as Chairperson.
Co- Chairperson	Dy. DM&HO shall be designated as Co-Chairperson.
Member Secretary	Medical Officer In-charge of PHC level AB-HWC
Members :	a. Other Medical Officers of the PHC
	b. AYUSH Medical Officer of the PHC
	c. Senior Staff Nurse / LHV / ANM of PHC
	d. CDPOs / Sector Supervisor of Dept. of Women and Child (DWCD/ ICDS of the area
	e. MRO / MPDEO
	f. Mandal Educational Officer / Principal of the Local School
	g. Chairpersons of all JAS of SHC level AB-HWCs of PHC area & SC/ST Sarpanches / MPTC and Women Sarpanches (may be up to 5-6)
	h. Mandal Level officer of Department of Water and Sanitation (DWS)
	i. Representatives of NGOs / Youth Volunteers
	j. Mandal level Officer of PWD
	k. Two Civil Society representatives.
	( total number of members is likely to be up to 18-20)
Special Invitees	<ul style="list-style-type: none"><li>• Tuberculosis survivor and “any male” who has undergone sterilization after one/two children”</li></ul>
	<ul style="list-style-type: none"><li>• Chairpersons / members of VHSNCs, Women SHGs, Youth Groups on rotation basis.</li></ul>
	<ul style="list-style-type: none"><li>• All General members shall have a tenure of two years. this is to enable participation of more community representatives in the JAS.</li></ul>

**For UPHC:**

committee composition	Approved new under JAS - UPHC
Chairperson	The Ward Member of the ULB, representing the AB HWC area.
Co- Chairperson	Medical officer in- charge of the facility to which the HWC is linked can be designated as Co-chair
Member Secretary	Medical Officer In-charge of UPHC AB-HWC
EX- Officio Members :	<ul style="list-style-type: none"><li>• Chairperson of Health subcommittee of the ULB</li></ul>
	<ul style="list-style-type: none"><li>• Sector Supervisor of Dept. of Women and Child of the area.</li></ul>
	<ul style="list-style-type: none"><li>• A representative of Public Health Engineering Dept./ Dept. responsible for water under Swach Bharat Mission</li></ul>
	<ul style="list-style-type: none"><li>• A representative of Health /Public health dept. of the area.</li></ul>

	<ul style="list-style-type: none"> <li>• A representative from School department (if there is no Government school in the area, representation from PVT school of the area can be taken)</li> </ul>
	<ul style="list-style-type: none"> <li>• A representative from Nehru Yuva Kendra / Youth Volunteer programmes</li> </ul>
	<ul style="list-style-type: none"> <li>• A representative from Deendayal Antyodaya Yojana- National Urban Livelihood Mission (DAY-NULM)/ urban poverty reduction program</li> </ul>
	<ul style="list-style-type: none"> <li>• One other Medical officer/Ayush Medical officer of the AB-HWC</li> </ul>
	<ul style="list-style-type: none"> <li>• Senior Staff Nurse /LHV of the AB HWC</li> </ul>
	<ul style="list-style-type: none"> <li>• Chairpersons of MAS: Chairpersons of the two MAS from the AB-HWC area. this shall be on rotation of 2years to allow greater participation.</li> </ul>
	<ul style="list-style-type: none"> <li>• ASHAs- ASHA/Member secretary of MAS under AB-HWC area (up to a maximum of 5).</li> </ul>
	<ul style="list-style-type: none"> <li>• All MPHW (male and Female) of the AB-HWC.</li> </ul>
	<ul style="list-style-type: none"> <li>• A representative from resident welfare association (Registered) of the area- if the area has a federation of resident Welfare association, they should be represented.</li> </ul>
<b>Members</b>	<ul style="list-style-type: none"> <li>• Women self Help Groups- Presidents of two SHGs from AB-HWC area to be chosen from among functional and active SHGs</li> </ul>
	<ul style="list-style-type: none"> <li>• Livelihood Groups (Urban poverty Reduction program) President of 2 community level livelihood groups.</li> </ul>
	<ul style="list-style-type: none"> <li>• School Health Ambassadors – one representative of the Ayushman Bharat School Health &amp; Wellness Ambassadors of AB-HWC area (Representative from school with highest enrolment)</li> </ul>
	<ul style="list-style-type: none"> <li>• 2 civil society representatives from the area.</li> </ul>
	<ul style="list-style-type: none"> <li>• 2 representatives from other departments/ programmes which have close linkages with Health or its determinants, as per local context.</li> </ul>
<b>Special Invitees</b>	<ul style="list-style-type: none"> <li>• Tuberculosis survivor, Transgender, differently abled Person, and youth representatives and “any male” who has undergone sterilization after one/two children”</li> </ul>
	<ul style="list-style-type: none"> <li>• Chairpersons / members of VHSNCs, Women SHGs, Youth Groups on rotation basis.</li> </ul>
	<ul style="list-style-type: none"> <li>• All General members shall have tenure of two years. this is to enable participation of more community representatives in the JAS.</li> </ul>
	<ul style="list-style-type: none"> <li>• All General members shall have tenure of two years to enable greater participation of community representatives in the JAS.</li> </ul>
	<ul style="list-style-type: none"> <li>• All ex officio members of JAS when she/he, ceases to be the ward member of the ULB. The representative will be selected subsequently from the newly elected ULB after the next.</li> </ul>

	<ul style="list-style-type: none"> <li>• In selection of JAS members, efforts should be made to ensure that all habitations and all communities especially the minority communities like SC/ST of the AB-HWC area are well represented (should be 1/3<sup>rd</sup> of the total composition).</li> </ul>
	<ul style="list-style-type: none"> <li>• At least 50% representation of women should be ensured.</li> </ul>

**Legal Position of JAS:**

JAS will work as a component of District Health Society (DHS), and will need no separate registration.

**Roles and responsibilities of JAS**

**Role of JAS in Enabling quality service delivery -**

The Jan Arogya Samiti will -

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

**Role of JAS in Leading Health Promotion efforts:**

**The Jan Arogya Samiti will -**

1. JAS will work as the platform for planning and supporting multi-sectoral action on Social and Environmental Determinants of Health, especially to address: a) Non Communicable Diseases (NCDs), b) Water Sanitation and Hygiene (WASH), and (c) Malnutrition, Stunting and Anemia. It will co-ordinate the celebration of annual

health calendar days at HWC-SHC and facilitate and support VHSNCs to undertake the celebration of Annual Health Calendar Days (Annual Health Calendar is attached as Annexure I).

2. Support the HWC team in effective community level implementation of programmes like, Population Based Screening for NCDs, Eat Right Campaign of FSSAI (using Eat Right Tool Kit developed by FSSAI), and SABLA (Rajiv Gandhi Scheme for Empowerment of Adolescent Girls), etc.
3. Ensure community level collective action on Water Sanitation and Hygiene (WASH), using the handbook of VISHWAS (Village based Initiative to synergize Health Water and Sanitation) Campaign, using the structure of 11 monthly campaign days which are part of the VISHWAS Campaign.
4. Engage with women groups/SHGs/ Farmers Groups/Cultural groups / MAS / Milk Unions and other unions, etc to -
  - Ensure greater participation of women to enable gender equity and promotion of women's health issues.
  - Promote regular exercise and sports for adoption of healthy life styles, and initiate preventive and health promotive actions against the use of alcohol, tobacco and other forms of substance abuse.
5. Promote awareness about services and entitlements under various government schemes for health and financial risk protection making optimal use of community radios, social media etc.

#### **Role of JAS in Catalyzing Grievance Redressal:**

6. 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.
7. 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.

1. 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.
2. 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.
3. The JAS shall also act as Grievance Redressal Platform for families who access healthcare, under different healthcare schemes provided at the facility. JAS shall, as appropriate, escalate relevant issues and complaints by sending its representation (oral or written as per the requirement) to the PHC / CHC level (JAS/RKS) and the District Health Society (DHS).

#### **Role of JAS in Social Accountability exercise:**

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

### **Meetings of JAS:**

- i. The JAS will meet at-least once in every month on a fixed day I,e **Third Saturday of every Month without fail.**
- 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 process of AB-HWCs. Though the social accountability exercise may be planned as per local context, it is suggested to plan it in April-May, every year, so that it can feed the issues of Health and Health Planning into the Annual Planning process of concerned Gram Panchayat as it will also coincide with the Annual Health Calendar Days of 14th April, Ayushman Bharat- Health and Wellness Centre Day.
- vi. Every proposed activity and expenditure would be approved by at least two third of the members who attend the meeting. All activities undertaken since the last meeting and their expenditure, would be presented, and will be approved in the meeting. All approvals would be by voice vote of the attending members, or by counting of hands, and should be recorded with number of members who were in favor of its approval.

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

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

- viii. In every JAS-SHC meeting, issues raised in meetings of respective VHSNCs (under the HWC), and activities undertaken by them, will be shared, especially with respect to support to be provided by JAS, to facilitate VHSNC functioning. In case of JAS-PHC meeting, issues raised in linked JAS-SHC-HWC will be taken up for discussion.
- ix. In every JAS meeting, a set of fixed agenda items like: 1) Monthly progress reports 2) proposals and review of expenditure 3) Any other issues at the HWC apart from other agenda items will be taken up.

#### **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 (up to 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.  
  
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.
- (vi) Health Promotion is a key function of AB-HWC, and untied funds could be used for activities related to Health Promotion and Action on Social Determinants of Health. The principle to be followed is to spend on activities to initiate and support a sustainable process of Health Promotion, Lifestyle Change, and Preventive Health practices. Illustrative activities, in which untied fund can be used for small gap filling expenses include:
  - Expenses related to consumables for cleaning of the HWC premises other than Human Resource cost
  - Expenses related to arrangement for hygienic environment for washrooms and toilets.
  - Expenses related to minor repairing of septic tanks/toilets
  - Expenses related to provision of safe drinking water to patients



- Expenses related to improved signage in the facility
  - Expenses related to making arrangement for proper disposal of wastage etc.
  - Expenses related to conduct of Health Promotion Days and wellness activities (except purchase of equipment).
- (vii) Expenditure (up to a maximum of Rs. 400/- per meeting) can be made for organizing the monthly JAS meeting.

#### 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. (PI 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.

#### **Financial Management and Accounting of Untied Fund:**

- (viii) 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).
- (ix) 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.
- (x) 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.
- (xi) 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
- (xii) Every quarter, a detailed Income and Expenditure statement shall be presented in the JAS meeting
- (xiii) Utilization Certificate (UC) is to be submitted in Form 12C (GFR 2017) every quarter with due signature of the JAS Chairperson and Member Secretary
- (xiv) 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.
- (xv) 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.

**Responsibilities of key JAS members:**  
**Management and Performance indicators for JAS**

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

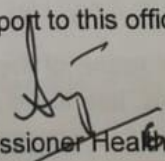
Indicators for self- monitoring the performance of JAS (SHC and PHC) are as follows-

- a. Number of JAS meetings held against planned (12) in a year.
- b. Number of JAS meetings where monthly review of untied fund expenditure for past month has been done.
- c. Number of JAS meetings where monthly planning of untied fund for next month has been done.
- d. Number of public meetings conducted by JAS in the year.
- e. Number of audit objections and response thereof provided by JAS
- f. Total untied fund amount received by JAS during the year.
- g. Percentage of untied fund utilized by JAS
- h. United fund utilization pattern under different heads- a) Upkeep of HWC premises, a) 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.

The committee at SHC, AB HWC, shall be name as Ayushman Bharat Jana Arogya Samithi(JAS) The District Collectors & Chairperson District Health Society in the state are requested to form the Jan Arogya Samithi (JAS) as per the Government of India guidelines the at PHC, UHC and Sub-Centre level and conduct a meeting with committee members as listed above on or before 31<sup>st</sup> Mar 2023 and send compliance report to this office.

  
Commissioner Health Family Welfare  
MD-NHM.

Copy to.

1.To all District Medical Health Officers in the State..