



**Community Participation -  
Social Accountability and Community Platforms(JAS)**

# Background

- Alma Ata declaration (1978) underscores the people-centric principle by stating in the declaration-  
*“The people have a right and duty to participate individually and collectively in the planning and implementation of their health care”.*
- The National Health Policy (NHP) 2017, has laid emphasis on ‘enhancing the community participation in supporting healthcare and building health system’s accountability towards people’.
- *Communitization has been a core strategy of National Health Mission (NHM)* to achieve its goal of providing accessible, affordable and quality healthcare to all, with emphasis on enhancing access for the marginalised sections of population.

# Social accountability at AB-HWCs

- AB-HWCs aim to provide comprehensive primary healthcare closer to the community, with a strong public health role, **and focus on community participation and collective action on social determinants**
- The key principles defining HWCs are-
  - *Institutionalizing civil society participation for social accountability*
  - *Strong measurement systems to build accountability for improved performance*

# Overall Goal

Social accountability initiative **aims to enhance ownership of the community on public health facilities** in the country

## Core Principles

1. Building **collaboration and trust** between the HWC team and Community and promoting a culture of HWC's accountability towards the community it serves
2. Process to be **inspirational** for community and HWC team
3. **Completeness** of information, and **simplicity** in its presentation
4. **Technology-enabled system of ranking** of AB-HWC services by the community
5. **Locally adaptable** and low cost processes
6. Enable **participation of Gram Panchayats/Urban Local Bodies** and VHSNCs
7. Socially **inclusive**
8. Building on **learning** from similar interventions

## Social Accountability Process

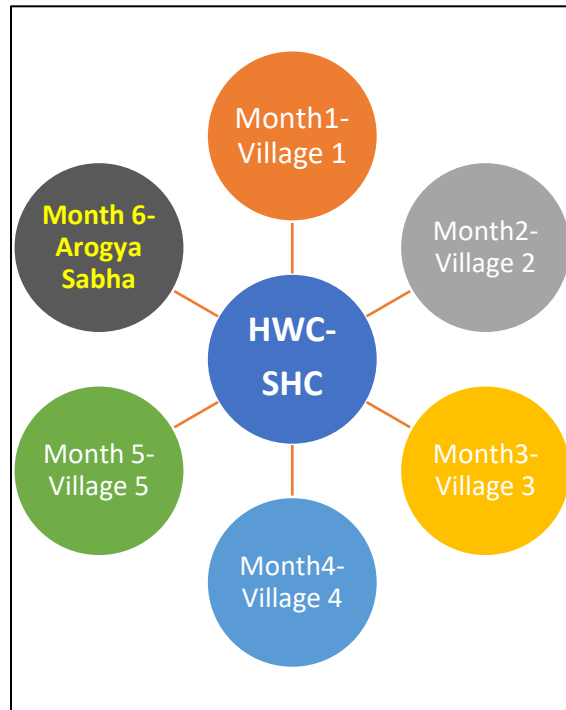
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graph LR; A[Social Accountability Process] --> B[Jan Darpan - Community Reflection and Accountability (CRA) at village, and Arogya Sabha at HWC level]; A --> C[Technology-enabled Facility Ranking by Community]; B <--> C;
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The diagram illustrates the Social Accountability Process. It begins with a central box labeled 'Social Accountability Process'. This process branches into two parallel activities: 'Jan Darpan - Community Reflection and Accountability (CRA) at village, and Arogya Sabha at HWC level' and 'Technology-enabled Facility Ranking by Community'. These two activities are interconnected by a double-headed vertical arrow, indicating a continuous or reciprocal relationship between them.

*Jan Darpan* - Community Reflection and Accountability (CRA) at village, and Arogya Sabha at HWC level

Technology-enabled Facility Ranking by Community

# Community Reflection and Accountability (CRA)



*Activity inauguration based on the local culture*

CHO briefs community about *services rendered* at AB-HWC

Presentation of *key health indicators* of the village by MPW

*Rating of health services* at HWC through 'supportive community monitoring tool' by JAS Chairperson

*Sharing of issues and discussion* related to the health facility by community members

Coordination and community mobilisation by AF and community mobilisers

*Frequency: Villages on rotation basis and average twice a year per village*

Location: Panchayat hall, school etc

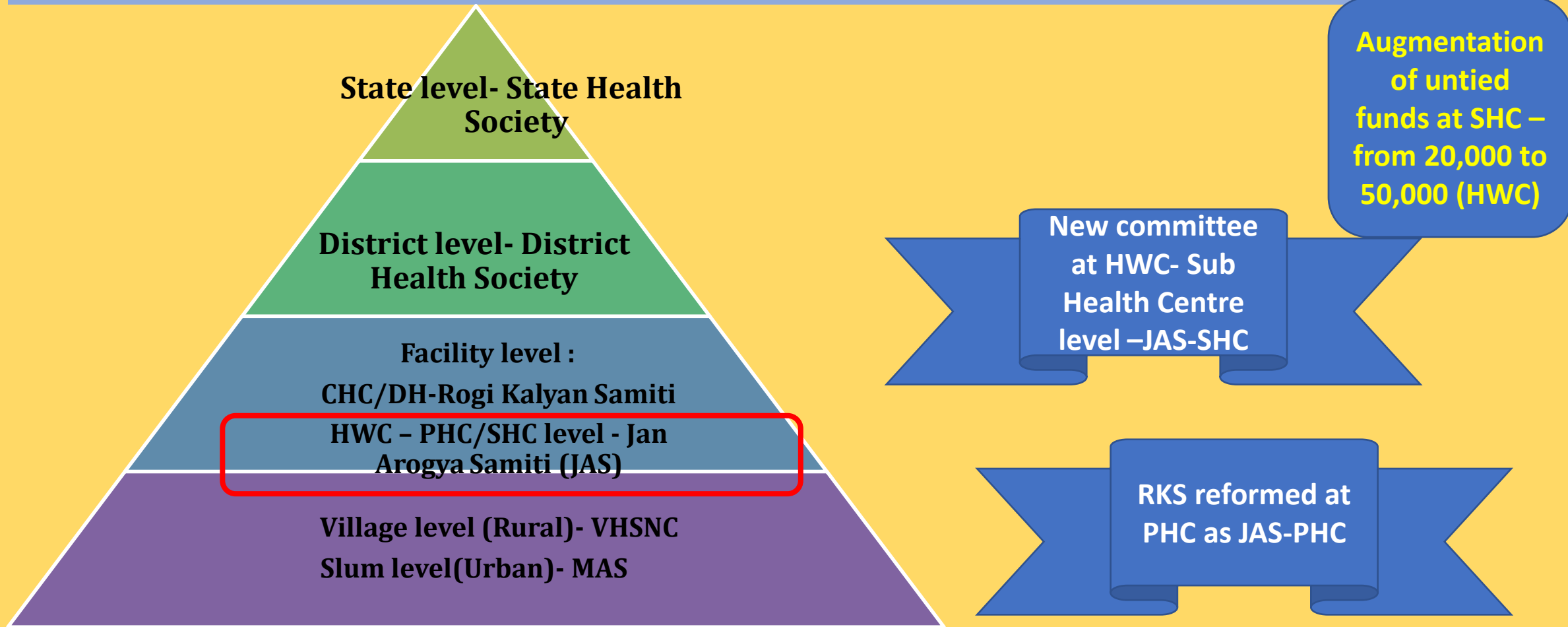
Participation of: all community members of different age and sex groups

Analysis of Supportive community monitoring tool by CHO and action for improvement

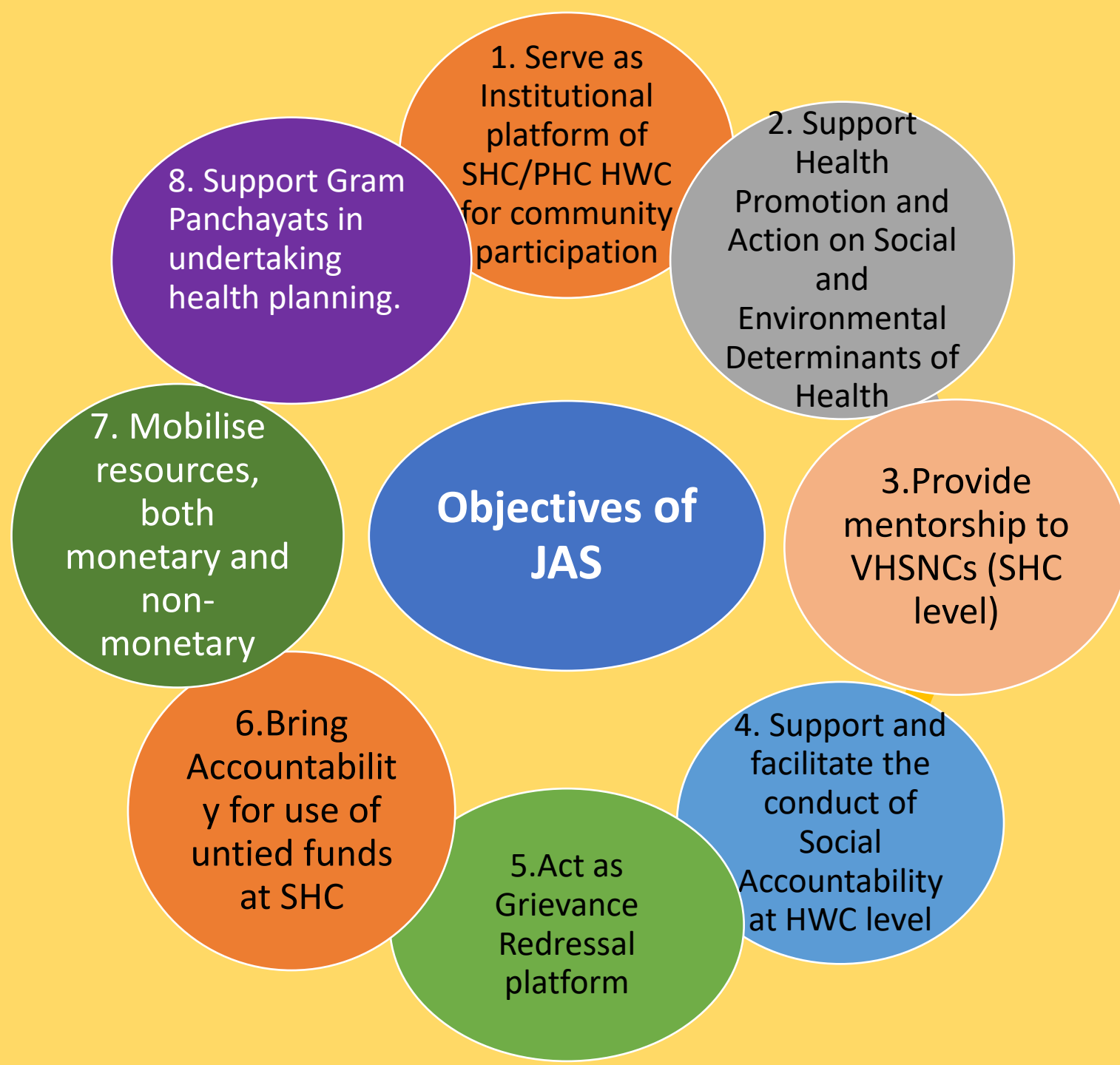
**AYUSHMAN BHARAT  
JAN AROGYA SAMITI-  
HEALTH AND WELLNESS CENTRES**



# INSTITUTIONAL STRUCTURES AT VARIOUS LEVELS







# ROLES OF JAS

**1**

**ENABLING  
QUALITY  
SERVICE  
DELIVERY**

**2**

**LEADING  
HEALTH  
PROMOTION  
EFFORTS**

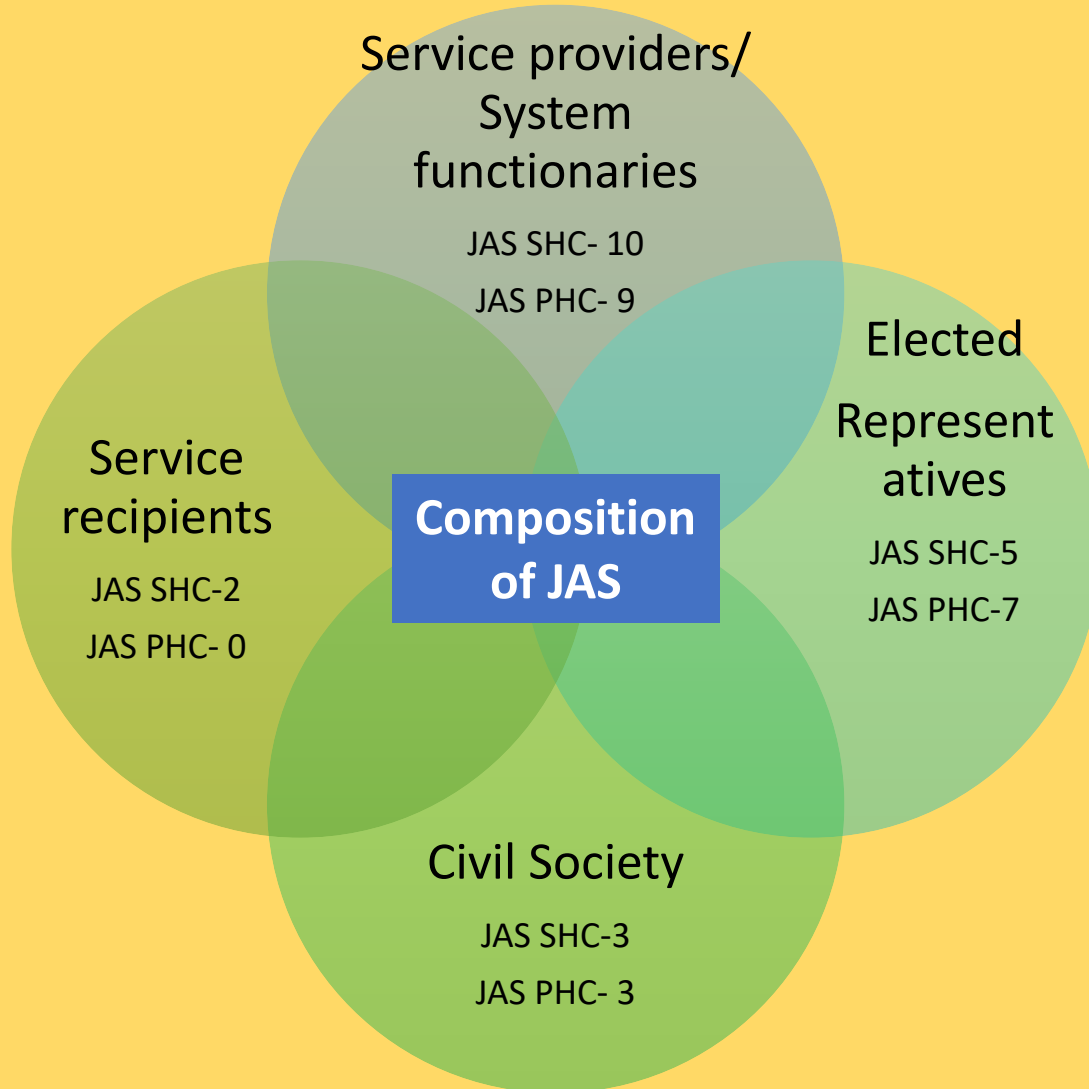
**3**

**CATALYSING  
GRIEVANCE  
REDRESSAL**

**4**

**FACILITATING  
SOCIAL AUDIT  
OF SHC/PHC**

# STRUCTURE AND COMPOSITION



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



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

### JAS –PHC

- No. of Members – 18-20
- **Chair**-ZP Member/Janpad Panchayat Member
- **Co-Chair**-Block MO
- **Member Secretary**-MO PHC
- **Others**-2<sup>nd</sup> MO, Senior SN/LHV/PHC-ANM, Sector Supervisor ICDS, Block Officer of PWD, DWS, PHED, Education Dept, NYK, JAS Chairpersons, Civil Society Representative
- **Special Invitee**- Chairpersons / members of VHSNCs, Women SHGs, Youth Groups on rotation basis

### JAS-SHC

- No. of Members- 18-20
- **Chair**- Sarpanch of the Gram Panchayat falling under the HWC area
- **Co-Chair**-PHC MO
- **Member Secretary**-CHO
- **Others**- GP Sarpanch, ASHAs, MPW, SHG President, School Health Ambassador, Peer Educator
- **Special Invitee**- TB survivor, Male undergone sterilization after 1/2 children



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# JAS MEETING

1

FREQUENCY

MONTHLY

2

ESSENTIAL QUORUM

50% OF MEMBERS

3

ANNUAL REPORT

- LAST MEETING OF FINANCIAL YEAR
- ALSO SHARED DURING SOCIAL AUDIT

4

UNTIED FUND EXPENDITURE

APPROVAL BY 2/3<sup>RD</sup> OF MEMBERS  
ATTENDED

5

AGENDA AND MINUTES

- AGENDA TEMPLATE PROVIDED
- MINUTES PREPARED AND  
MAINTAINED BY CHO

# FINANCIAL MANAGEMENT OF JAS

**1**

**ACCOUNT OPERATED JOINTLY BY CHAIRPERSON  
AND MEMBER SECRETARY**

**2**

**EVERY PROPOSED ACTIVITY AND ITS EXPENDITURE WOULD BE APPROVED  
BY A MINIMUM OF 2/3 RD MEMEBERS ATTENDING MEETING**

**3**

**IMPREST CASH LIMITED TO RS 5000**

# 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

Sl No	Date	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



# Annual Health Calendar

Sl No	Date	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

Sl No	Date	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

# Annual Health Calendar

Sl No	Date	Day
29	1st October 30	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

Sl No	Date	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

# MANAGEMENT AND PERFORMANCE INDICATORS FOR JAS

**1. NUMBER OF JAS MEETINGS HELD AGAINST PLANNED (12) IN A YEAR**

**2. NUMBER OF JAS MEETINGS WHERE MONTHLY REVIEW OF UNTIED FUND EXPENDITURE FOR PAST MONTH IS DONE**

**3. NUMBER OF JAS MEETINGS WHERE MONTHLY PLANNING OF UNTIED FUND OF NEXT MONTH IS DONE**

**4. NUMBER OF PUBLIC HEARINGS CONDUCTED BY JAS IN THE YEAR.**

**5. NUMBER OF AUDIT OBJECTIONS AND RESPONSE THEREOF PROVIDED**

**6. PERCENTAGE OF UNTIED FUND UTILISED BY JAS**

**7. UNTIED FUND UTILIZATION PATTERN UNDER DIFFERENT HEADS**

**8. PERCENTAGE OF COMMUNITY GRIEVANCES ADDRESSED DURING THE YEAR.**

## Monthly Report on operationalization of AB-HWCs as on 30/06/2021

	Parameter	Cumulative Progress till Mar 31, 2021	Cumulative Progress till May 31, 2021	Progress in this month (01/06 to 30/06)	Cumulative Progress till June 30, 2021
<b>1.</b>	<b>Functional AB-HWCs</b>	<b>74,947</b>	<b>76,070</b>	<b>621</b>	<b>76691</b>
		<b>Cumulative Progress till Mar 31, 2021</b>	<b>Cumulative Progress till May 31, 2021 (Lakhs)</b>	<b>Progress in this month (Lakhs)</b>	<b>Cumulative Progress till June 30, 2021 (Lakhs)</b>
<b>2.</b>	<b>Cumulative Footfalls in AB-HWCs**</b>	4287.09	4931.93	348.7	5280.63
<b>2.1</b>	<b>Male</b>	1972.85	2279.28	164.22	2443.5
<b>2.2</b>	<b>Female</b>	2304.51	2641.03	183.25	2824.28
<b>2.3</b>	<b>Others</b>	09.74	11.62	1.24	12.86
<b>3</b>	<b>No of Wellness sessions including Yoga conducted**</b>	64.92	69.77	3.43	73.2
<b>4</b>	<b>Screening of NCDs</b>	<b>Cumulative Progress till Mar 31, 2021</b>	<b>Cumulative Progress till May 31, 2021 (Lakhs)</b>	<b>Progress in this month (Lakhs)</b>	<b>Cumulative Progress June 30, 2021 (Lakhs)</b>
<b>4.1</b>	<b>Total Hypertension Screenings**</b>	914.11	1051.93	59.31	1111.24
<b>4.2</b>	<b>Total Diabetes Screenings**</b>	748.52	862.2	48.9	911.1
<b>4.3</b>	<b>Total Oral Cancer Screenings**</b>	472.63	547.03	31.73	578.76
<b>4.4</b>	<b>Total Breast Cancer Screenings**</b>	245.42	281.91	14.74	296.65
<b>4.5</b>	<b>Total Cervical Cancer Screenings**</b>	168.16	191.91	9.88	201.79



THANK  
YOU