



**Jan Arogya Samitis**  
Community Leadership for stronger  
primary healthcare



9/06 12:13



## 1 Jan Arogya Samiti- Activating Jan Arogya Samitis to ensure people's access to Primary healthcare

As a component of the Ayushman Bharat programme, Sub-centres and Primary health centres (PHCs) are being converted into Health and Wellness Centres (HWCs), Linked with this process of strengthening HWCs, it has been nationally planned that participatory Jan Arogya Samitis (JAS or People's Health Committees) should be formed to support each Health and Wellness Centre in local area.

# 2

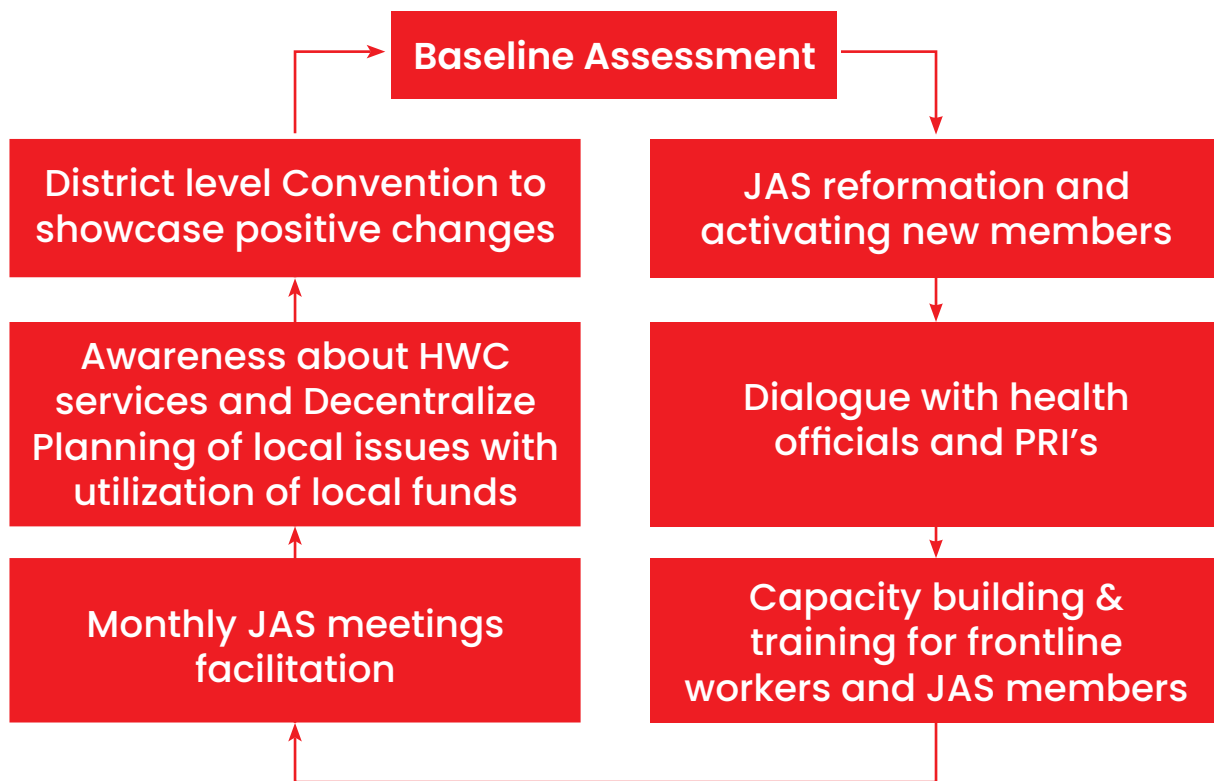
## Activating JAS through community participation

Anusandhan Trust-SATHI took a lead in this initiative to activate JAS in four rural and tribal blocks of three districts of Maharashtra with geographical and social-economical diversity and activated 125 JAS in these four blocks.



# 3

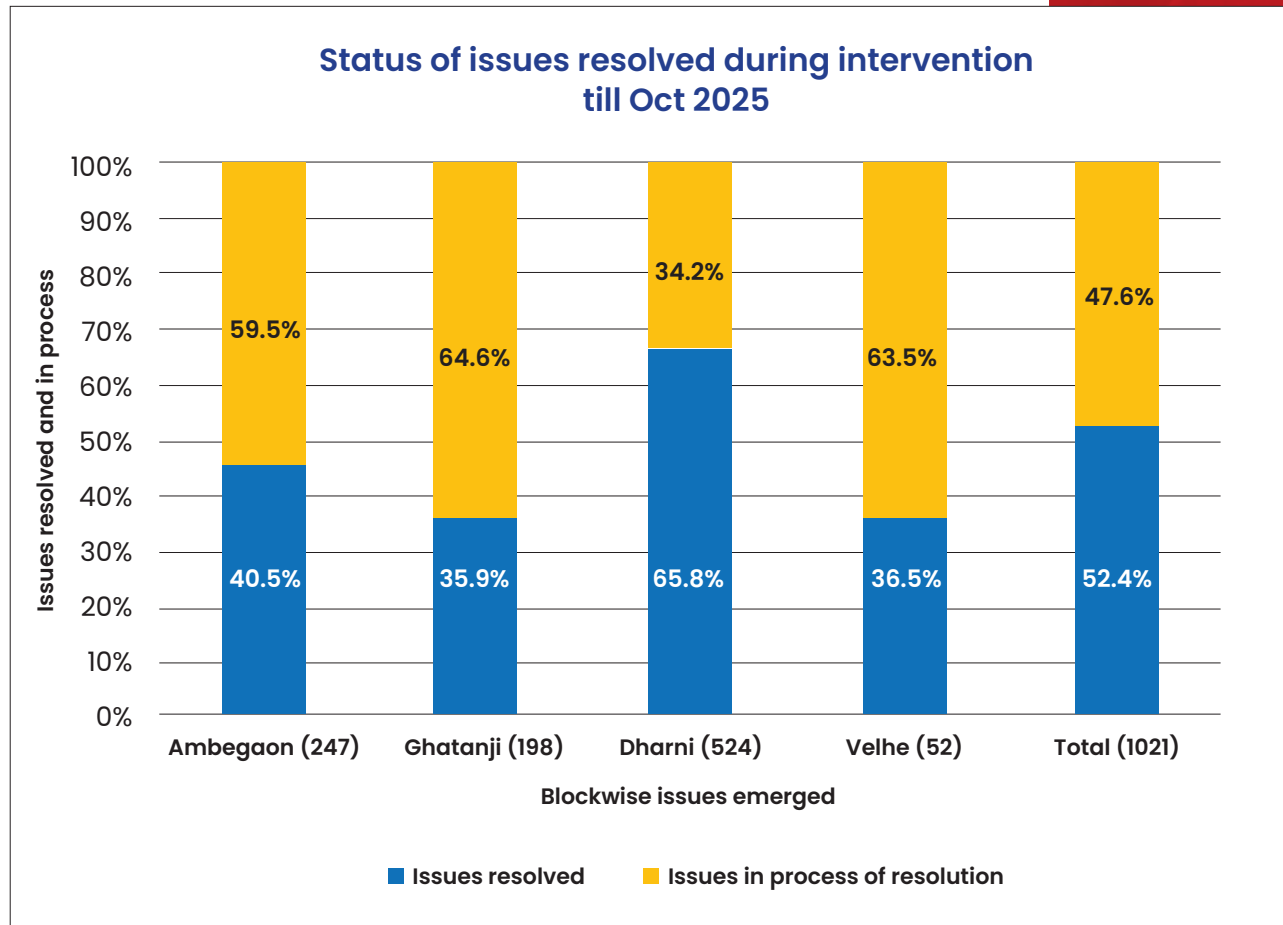
## Process of activating JAS



# 4

## Impact at a glance

### Issues resolved through JAS intervention during intervention



# 4.1 Impact on health indicators

No	Indicators	Reach
1.	NCD screening	10024
2.	Awareness sessions	658
3.	No of people enrolled in NCD program and started their treatment	5557
4.	No of PM-LM followed up	2560
5.	No of SAM-MAM children followed up	2483
6.	No of LM-PM women benefited from monitory schemes	553
7.	JAS members trainings	1640
8.	JAS meetings and visits to HWC	556
9.	No of issues resolved through JAS members	535



# 5

## **Innovative Stories of Change: When JAS Moves from Meetings to Results**

Across four blocks, Jan Arogya Samitis (JAS) have shown how community participation can solve practical problems that directly affect health, access, and dignity—by using local platforms (JAS meetings, Gram Sabha) and local resources (PESA and 15th Finance Commission funds).

### **Amravati District: Dharni Block (Melghat)**

#### **Restoring safety and learning spaces**

- In Dharakot village (Mogarda Gram Panchayat), the kitchen roof of the Zilla Parishad School had collapsed years ago. JAS members raised the issue repeatedly in JAS meetings and in the Gram Sabha. The repair was finally sanctioned through PESA funds.

#### **Ensuring reliable water access**

- In the same village, a ruptured main pipeline led to irregular water supply. With follow-up led by JAS members linked to the Mogarda HWC, a new pipeline was installed and the water problem was resolved.

#### **Improving PHC readiness through local funds**

- A solar power system was installed at Dhulghat Railway PHC using PESA funds, improving reliability of services.

#### **Strengthening emergency support through community-led initiatives**

- Blood donation camps were organised at Diya and Sirpur HWCs (under Kalamkhar PHC). Blood was made



available for the Sub-District Hospital, Dharni—where many Melghat residents seek care. Local costs were covered by the Gram Panchayats through the 15th Finance Commission fund.

### Small upgrades that make facilities functional

- In Savali Kheda, the Gram Panchayat supported the HWC with basic repairs and improvements—furniture, tables/chairs, water taps, and other essential facility needs.

## Pune District: Ambegaon and Velhe Blocks

### Filling a critical frontline vacancy

- In Kalamb village (Thakar Vasti), the ASHA post had been vacant for two years. After the issue was taken up in the January 2025 JAS meeting and followed up with the Gram Panchayat, an ASHA was appointed in February 2025.

### Making services reachable

- The road to Gangapur Budruk HWC was in poor condition, making it difficult for patients to reach care. JAS raised the demand in the November 2024 meeting; repair work was approved and completed in January 2025 using 15th Finance Commission funds.

### Supporting diabetes care continuity

- Shinoli HWC faced a shortage of glucometer strips since August 2024. Following discussion in the JAS meeting, the Gram Panchayat purchased 400 strips, which were made available in February 2025.

### Bringing regular services closer to villages

- Based on JAS decisions, regular OPD and NCD screening camps were initiated at Nigde, Mose and Osade villages under Ranjane HWC (Velhe block) from 18 January 2025.



## Improving transparency and community ownership

- As decided in the Velhe block-level meeting, JAS member boards were displayed at HWCs to improve visibility, accessibility, and accountability.

## Yavatmal District: Ghatanji Block

### Improving Anganwadi infrastructure

- In December 2024, JAS decided to repair windows in village Anganwadi centres. After follow-up by JAS members, the Gram Panchayat completed the repairs in February 2025.

### Strengthening immunisation support at HWCs

- In Jamb, JAS decided to purchase a drinking water filter and a refrigerator for vaccine storage for the HWC using PESA funds. Both were purchased on 15 January 2025. (Photo)

### Enabling “last-mile” facility readiness

- Through coordination by JAS members, several Gram Panchayats supported minor repairs, boundary/security needs, premises cleanliness, and essential equipment for sub-centres—such as BP machines, weighing scales, furniture and medicines—using 15th Finance Commission funds. This significantly reduced day-to-day challenges faced by CHOs and health staff.

### Creating a more patient-friendly HWC

- The Jan Arogya Samiti approved Rs. 53,000 from Finance Commission funds for painting Sakhar HWC and constructing a patient shed.

### Upgrading Anganwadi facilities

- Gram Panchayats also provided basic facilities for Anganwadis, including tables, chairs, fans, and water filters—improving the overall environment for child health and nutrition services.



	Scale up pathway
Vision (2026–2029)	To institutionalise Jan Arogya Samitis (JAS) as active, trusted people’s platforms that strengthen Health and Wellness Centres (HWCs) and ensure equitable access to quality primary healthcare, especially for vulnerable rural and tribal communities.
Scale-up approach	Phased strategy: (1) consolidate and deepen existing JAS through a standard core package; (2) expand to additional blocks through cluster-based replication; (3) build local facilitation capacity through a training-of-trainers model.
What will be standardised (core package)	Monthly meetings; meeting minutes; issue registers; escalation pathways; closure verification; routine coordination with CHOs/ ANMs/ASHAs and PHC leadership.
Capacity building	Develop JAS Master Facilitators; conduct refresher trainings and peer-learning exchanges; reduce dependence on external facilitation.
Convergence and local resources	Strengthen linkages with Gram Panchayats and Gram Sabhas; mobilise local resources for HWC readiness using 15th Finance Commission and PESA funds.
Measurement and learning	Introduce simple scorecards and indicators to track service availability, utilisation, and continuity of care (NCD, ANC/PNC, child nutrition), alongside issue resolution.
By 2029 (intended result)	A replicable model where community feedback and local planning routinely improve HWC functionality and strengthen health system responsiveness and accountability.



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