आराधना पटनायक, भा.प्र.से.
अपर सचिव एवं मिशन निदेशक (रा.स्वा.मि.)
Aradhana Patnaik, IAS
Additional Secretary & Mission Director (NHM)

सत्यमेव जयते

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण विभाग
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Government of India
Department of Health and Family Welfare
Ministry of Health and Family Welfare

D.O.No.NHSRC/25-26/CP-CPHC/JAS/0533
Dated: 17th March, 2026

Dear Colleague,

As you are aware, the Jan Arogya Samitis (JAS) is an institutional platform constituted at the AAM-SHC, AAM-PHC, AAM-USHC, and AAM-UPHC to enable community. These Samitis comprising of elected representatives, service providers, civil society members and service recipient, engage in community-based health promotion and act as grievance redressal forum for the community. It strengthens people's participation in planning and monitoring comprehensive primary healthcare delivery, ensuring the availability, accessibility, and quality of services at AAM. The process of communitization enhances service utilization and promotes community ownership of the health facility.

Ministry of Health and Family Welfare, Government of India issued the guidelines for Jan Arogya Samiti vide D.O. No. Z-18015/4/2020-NHM-II (Part III) dated 23rd October, 2020 and Addendum for inclusion of structure and Composition of Jan Arogya Samiti (JAS) for the Urban Health & Wellness Centre (renamed as UAAM) vide No. NHSRC/11-12/CP/08/MoHFW/P.F-61 dated 21st July, 2022.

However, during various discussion and review meetings, it was highlighted that State/UTs were facing difficulties in constitution and conduct of the meetings of Jan Arogya Samitis due to the restricted composition and frequency of these meetings of these Samitis.

In view of these constraints, amendments are introduced in the JAS guidelines; both in rural and urban contexts, this will provide flexibility in the composition and enable states to adopt structures appropriate to their local context and will ensure its effective functioning.

The amendment to the Jan Arogya Samiti guidelines is attached as Annexure for reference and necessary action.

With regards.

Yours sincerely,

17.3.26

(Aradhana Patnaik)

Encl: a/a

To

Additional Chief Secretary / Principal Secretary / Secretary (Health) - All States / UTs

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Copy to:

1. Mission Director, NHM- All States/UTs
2. PSO to Secretary (H&FW), MoHFW

ANNEXURE

Amendments to JAS Guidelines

Jan Arogya Samiti (JAS) is an institutional platform constituted at the AAM-SHC, AAM-PHC, AAM-USHC, and AAM-UPHC levels. JAS provides support and oversight to AAM in delivering comprehensive primary healthcare. JAS strengthens people's participation in planning and monitoring the comprehensive primary healthcare delivery to ensure availability, access, and quality of health services at AAM.

Several states/UTs and cities, were facing difficulty in constitution and conduct of the meetings of Jan Arogya Samiti due to the absence of traditional Panchayats or Municipal Bodies, or owing to the non-availability of elected representatives. As a result, meetings were not conducted regularly.

In view of these constraints, amendments are introduced to the JAS guidelines in both rural and urban contexts. This revision will provide flexibility in the composition and enable states to adopt structures appropriate to their local context. The revised composition of JAS at different levels of AAM is given in Table 2.

Table 1: Comparison of Existing Vs Amended JAS Guidelines

Existing Guidelines	Amended Guidelines	Rationale for Amendment
AAM-SHC (Rural) Chairperson - Sarpanch of Gram Panchayat	Sarpanch of Gram Panchayat or Similar village heads in other states, which have a constitutional arrangement like the Vth schedule or VIth schedule or other provisions of the constitution, as applicable in the North East states and other states	Flexibility to include tribal councils or other elected representatives in areas where Panchayat structures under provisions other than the 73rd Amendment of the Constitution are applicable.
AAM-PHC (Rural) Chairperson - Janpad Panchayat Member / Zila Panchayat Member	Zila (district) Panchayat member/Janpad (Block) Panchayat Member of the corresponding area, or Similar elected representatives of local bodies, at corresponding levels, in other states, which have a constitutional arrangement like the Vth schedule or VIth schedule or other provisions of the constitution, as applicable in the North East states.	Flexibility to include tribal councils or other elected representatives in areas where Panchayat structures under provisions other than the 73rd Amendment of the Constitution are applicable. Clarification provided regarding the terms "Zila" and "Janpad" to ensure uniform interpretation across states.
AAM-USHC/UPHC (Urban) Chairperson - Ward Member / Councillor of ULB	Ward member/councillor of the Urban Local Body, representing the AAM area In areas where elected Urban Local Bodies (ULB) representatives are not available, the designated administrative/development officer serving as Chairperson should	Flexibility to adapt to local governance structures in areas where elected representatives do not exist.

Existing Guidelines	Amended Guidelines	Rationale for Amendment
	preferably be from the ULB or the concerned local development authority.	
Frequency of JAS meetings - monthly	Frequency of meetings - quarterly	Quarterly meetings will be more feasible, as members can attend regularly and the calendar can be planned at the start of each quarter. Improved participation will help the JAS ensure that discussions lead to timely actions.

Table 2: Revision to the Composition of JAS at different levels of AAM

	AAM-SHC	AAM-PHC	AAM-USHC/UPHC
Chairperson	Sarpanch of the Gram Panchayat falling under AAM area, or Similar village heads in other states, which have a constitutional arrangement like the Vth schedule or VIth schedule[1] or other provisions of the constitution, as applicable in the North East states and other states[2].	Zila(district) Panchayat member/Janpad (Block) Panchayat Member of the corresponding area, or Similar elected representatives of local bodies, at corresponding levels, in other states, which have a constitutional arrangement like the Vth schedule or VIth schedule or other provisions of the constitution, as applicable in the North East states.	Ward member/councilor of the Urban Local Body, representing the AAM area In areas where elected Urban Local Bodies do not exist, Administrative officer/ development officer or the Public Health officers of the corresponding area[3].
Co-Chair	The Medical Officer of the concerned PHC of the AAM-SHC area	Block Medical Officer/Taluk Health Officer	**1.In case of AAM-SHC** - Medical Officer in charge of the facility to which the **AAM-SHC** is linked **2.In case of AAM-PHCs** - Medical Officer in charge of the facility to which

	AAM-SHC	AAM-PHC	AAM-USHC/UPHC
			the **AAM-PHC** is linked (Urban CHC of the area or other linked facility) **If there is no facility linked to AAM, City/District Urban Nodal Officer can be designated the Co-chair*
Member Secretary	Community Health Officer (CHO) of the AAM	Medical officer-in-charge	Medical Officer In-charge of the AAM-SHC
Members	**Ex-Officio** a. Sarpanches of the other GPs of the AAM-SHC area b. President of VHSNCs: One per GP amongst those under the AAM-SHC 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 AAM-SHC area d. All Multi-Purpose Health Workers (Male and Female) of AAM-SHC General 1. Women Self Help Groups - President of one SHG from each Gram Panchayat of the AAM-SHC area - nominated by GP 2. School Health Ambassadors: One	a) Other Medical Officer / AYUSH Medical Officer of PHC b) Senior Staff nurse / LHV / ANM of PHC c) Chairperson/members of Janpad Panchayat's Health Sub-committee d) Sector Supervisor of Dept. of Women and Child (DWCD) / ICDS of the area e) Block level officer of Dept. of Public Health Engineering Dept. (PHED) / Department of Water and Sanitation (DWS) f) Block level officer of School Dept. / Principal / Headmaster of local School g) Block level officer of PWD h) Chairpersons of all JAS of AAM-SHC of PHC area (may be up to 5-6) i) Block level representative from NYK/Youth volunteers j) 2 Civil society representatives (Total	Ex-Officio members a. Chairperson of the Health Sub-committee of Urban Local Body b. Sector Supervisor of Dept. of Women and Child (DWCD) of the area c. A representative of Public Health Engineering Dept. (PHED) / Department responsible for Sanitation under Swachh Bharat Mission/ representative from development authorities/ representatives from authorities dealing with public health functions d. A representative of Public Health Engineering Dept. (PHED) / Department

	AAM-SHC	AAM-PHC	AAM-USHC/UPHC
	representative from among the Ayushman Bharat School Health & Wellness Ambassadors of the AAM-SHC area (representative from the school with the highest enrollment) 3. Peer Educator - One from AAM-SHC area (Senior peer educator in the area) **Special Invitees-** Tuberculosis survivor, Cancer survivor and Youth representatives	number of members is likely to be up to 18-20) **Special invitees –** Tuberculosis survivor, Cancer survivor and Chairpersons / members of VHSNCs, Women SHGs, Youth Groups on rotation basis.	responsible for Water under Swachh Bharat Mission e. A representative of the Health / Public health Department of the ULB f. A representative of School Department / Principal of the school of the local area (if there is no government school in the area, representation from a private school of the area can be taken) g. A representative from department/agency managing Nehru Yuva Kendra (NYK)/Youth volunteers programmes. h. A representative from the departmental agency managing the Deendaya Antyodaya Yojana - National Urban Livelihood Mission (DAY-NULM)/ Urban Poverty Reduction programme i. One other Medical Officer / AYUSH

	AAM-SHC	AAM-PHC	AAM-USHC/UPHC
			Medical Officer of the AAM-AYUSH j. Senior Staff nurse / LHV. of the AAM-USHC/UPHC k. Chairpersons of MAS: Chairpersons of the two MAS from the respective catchment area. This shall be on rotation of 2 years to allow greater participation. L ASHAs - ASHA / Member Secretary of MAS under the AAM area (up to a maximum of 5). m. All Multi-Purpose Health Workers (Male and Female) of AAM n. A representative from Resident Welfare Associations (Registered)of the area - If the area has federation of Resident Welfare Associations, they should be represented, representatives from community-based organizations working with vulnerable urban populations, such as slum dwellers, migrant population, daily wage workers, etc.

	AAM-SHC	AAM-PHC	AAM-USHC/UPHC
			General Members - representatives from following – a. Women Self Help Groups - Presidents of two SHGs from the AAM area (to be chosen from among functional and active SHGs) b. Livelihood Groups (Urban Poverty Reduction programme) - President of 2 community level Livelihood Groups from the AAM area c. School Health Ambassadors: One representative from among the Ayushman Bharat School Health & Wellness Ambassadors of the AAM area (representative from the school with highest enrolment) d. 2 Civil society representatives from the area. e. 2 representatives from other departments / programmes which have close linkages with health or its determinants, as per the local context

	AAM-SHC	AAM-PHC	AAM-USHC/UPHC
			Special Invitees- Tuberculosis Champions, Cancer Survivor and Youth representatives.

Explanatory note:

1. In the constitution of the Jan Arogya Samiti (JAS), priority shall be given to elected representatives of the concerned area, ensuring local participation and accountability.
2. In the absence of appropriate elected representatives, the principle of subsidiarity shall be followed. This principle implies that decision-making authority should be vested at the lowest appropriate level, where responsibility for implementation and outcomes lies. Authority should be placed as close as possible to the point of service delivery, ensuring alignment between responsibility, accountability, and decision-making power. Local authorities are in direct contact with their residents, including the most vulnerable groups, through social workers and their frontline staff, while also producing data. They should therefore be the primary body to evaluate and understand the specific needs of vulnerable citizens and groups. [4]
3. Where neither of the above is feasible, representation may be extended to individuals who hold functional authority at the local level, particularly those with: administrative or financial (revenue) powers, and the capacity to facilitate intersectoral convergence, provided such individuals have clearly defined roles, decision-making authority, and accountability within the concerned jurisdiction.

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[1] Vth and VIth schedules as provided under Article 244 of the Indian Constitution.

[2] States of Nagaland, Meghalaya and Mizoram, Hill areas in the State of Manipur, hill areas of the District of Darjeeling in the State of West Bengal. https://panchayat.gov.in/en/document/73rd-constitutional-amendment-act-1992/

[3] In areas where district development authorities perform major functions of local administration and development - Officers of Public Health Department/Managers/ Area in-charge/ Executive officers of the development authority

[4] https://publicadministration.desa.un.org/intergovernmental-support/cepa/subsidiarity