



"JAGANANNA AAROGYA SURAKSHA"



Objectives

Objective

The objective of the JAS program is to create health awareness among citizens and to address their health needs in a campaign mode

Key Components

The JAS program has two key components: 1) Door to Door campaign to identify the health needs of the citizens, 2) Health Camp for consultation, treatment and referral.

Tests by ANMs

ANMs will conduct door to door visits and conduct necessary tests. They will make the results along with the complete case sheets available with the Doctors.

Doctor Consultation

The Citizens will avail consultation from the Doctors on the day of the Health Camps. The doctors will examine the patients & prescribe necessary medication.

Referral for Treatment

If the patients require further diagnosis and treatment, they will be referred to higher centers.

Cover all with due targets

The program aims to cover all households specifically targeting chronic patients, pregnant and lactating mothers, children with the 4Ds, and persons with NCD/CDs.

Awareness on Aarogyasri

Volunteers will carry out awareness drive on how to avail health care services under Dr YSR Aarogyasri program in Network Hospitals as part of this campaign. The Aarogyasri Citizen App will be downloaded onto Citizen smartphones through volunteers.



Campaign flow

Health Camp will be conducted preferable in the School premises or the VHCs in rural areas and in Urban PHCs in urban areas

1

TRAINING

- **Volunteers** trained by FOA
- **ANMs** trained by Master trainers at District level
- **Medical officers (PHC/UPHC), MPDOs** to be trained on the purpose of JAS & the desired outcomes of the camp

2

Arrangements

- Physical infrastructure on JAS camp day
- Testing kits
- Availability of the Drugs
- IT system in place to register, document and monitor

3

Door to Door

- Identify the health needs of the citizens through a door-to-door campaign
- ANM/CHOs will visit households and conducted necessary tests and update the test results in App.

4

Health Camp

- MPDO and the Medical Officer of the PHC in every camp**
- Help desk counter
 - Registration counter
 - Testing counter
 - Consultation counter
 - Drugs counter



Door to Door

ANM/CHO to visit every household in the VHC limits and to necessary conduct tests

DOOR-TO-DOOR PROCESS

1

ANM/CHO will start D2D from (D – 15)th day

Will ask for pointed questions on health aspects,
Carryout required tests and record results in the app.

2

Deliver Token Number

Give a token to the household to attend the health camp on camp day

3

Fill the Form on the App

Should ask the questionnaire and note their response in the app

4

Handover Aarogyasri Pamphlet

Should explain how to avail Aarogyasri services, Dr YSR Aarogya Aasara, Install Aarogyasri Citizen APP

5

Explain about the camp

Should explain about the JAS Health camp and date as well as venue.

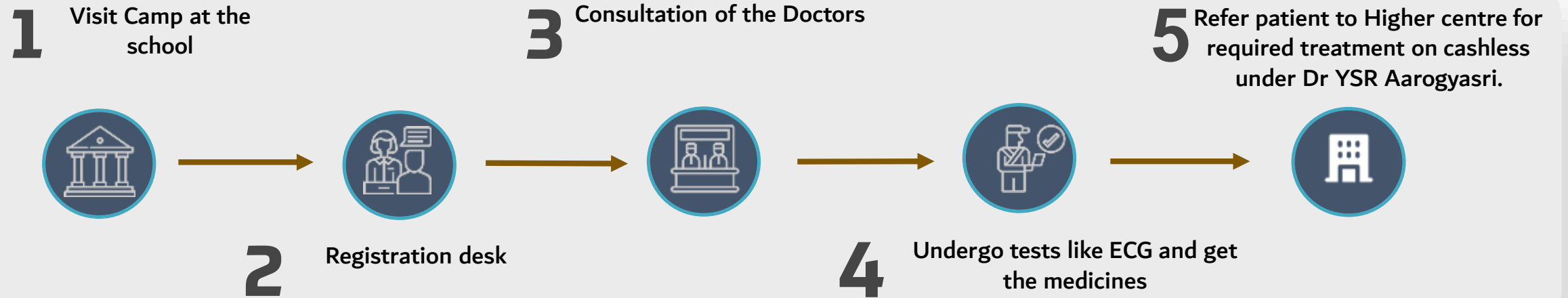


JAS CAMP DAY

Mobilization

Ward/Village Volunteers & ANMs : Bring all citizens with test results and case sheets to camp

Camp Flow





Key activities

- Issue of G.O and SoP for the program
- Development of IT applications
- Coordination meetings at State, District and Mandal levels
- Allocation of Doctors for the camps
- Training for the field staff
- Estimation of Drugs & Diagnostics, Camps
- Finance concurrence and release of budget
- Dispatch of branded stationery for case sheet printing & tokens
- Printing and Dispatch of Aarogyasri Brochures to all Mandals



Important Dates

- **Communication to all Line Departments – 6th September 2023**
- **Issue of G.O and SoP for the program – 7th September 2023**
- **Campaign Scheduling by MPDOs – 7th September 2023**
- **State level Meeting by CS Sir – 8th September 2023**
- **Completion of Training for all functionaries – 12th September 2023**
- **JAS Campaign launch – 15th September 2023**
- **Availability of Aarogyasri Brochures – 20th September 2023**
- **First JAS Camp – 30th September 2023**



Drugs, Diagnostics & Consumables

- It is proposed to supply separate drugs & diagnostics for the program.
- The estimated quantity has been arrived separately for rural and urban areas
- Indent has been prepared and place with APMSIDC.
- It is proposed to pack and deliver the VHC wise kits.



Drugs, Diagnostics & Consumables

	required	Supervisory charges
Medicines	162 items	2,90,23,177/-
Surgical Consumables	18 items	98,19,927/-
Grand Total		3,88,43,104/-

Category	Annexure & No of Items	Procurement Value including Supervisory charges
Medicines (93 Items)	Annexure -I	51,74,03,625/-
Surgical Consumables (9 Items)	Annexure -II	9,89,08,400/-
Emergency Kit (14 Items)	Annexure -III	85,78,703/-
Carton Boxes(Each HWC 4 X 10,032 = 40128 UPHC 2 X 542 = 1084) (65/- each Incl. Tax)	41,212	26,78,780/-
Self Adhesive Sticker (1.50/- each Incl. Tax 18%)	1,10,000	1,65,000/-
Grand Total		62,77,34,508/-

- Total Budget requirement for Drugs, Diagnostics & consumables (Rural + Urban):Rs. 66,65,77,612/-



Budget for camp arrangements

Rural :

Sl.	Description	Quantity	Price in Rs.
1	Shamiyana	500 members	5000
2	Tables	12	1200
3	Chairs	130	2600
4	Water Bottles	200	1600
5	Drinking water	500	1400
6	Biscuit Packets (each Rs.5)	500	2500
7	Pedestal Fans	5	2500
8	Food for doctors and staff	30	6000
9	Tea & Snacks	30	3000
10	Banners & Publicity		5000
11	Mike Arrangements		5000
12	Transport & miscellaneous		4200
	Total		40000

- Per camp Rs.40,000/-
- Total Rural Village Health Clinics 10,032 X Rs.40,000 = Rs.40,12,80,000

Urban :

Sl.	Description	Quantity	Price in Rs.
1	Shamiyana	1500 members	15000
2	Tables	25	3600
3	Chairs	260	7800
4	Water Bottles	600	4800
5	Drinking water	1500	4200
6	Biscuit Packets (each Rs.5)	1500	7500
7	Pedestal Fans	15	7500
8	Food for doctors and staff	50	13000
9	Tea & Snacks	100	9000
10	Banners & Publicity		15000
11	Mike Arrangements		5000
12	Transport & miscellaneous		7600
	Total		1,00,000

- Per camp Rs.1,00,000/-
- Total Urban Health Clinics 542 X Rs.1,00,000 = Rs.5,42,00,000/-

Total for Camp Arrangements (Rural + Urban): Rs.45,54,80,000/-



Budget Proposal

- Budget proposal for a sum of Rs. 112,20,57,612/- is under circulation vide Computer No: 2195793



Availability of Doctors

- 2 PHC MOs from the mandal will attend the camp.
- The family Doctor will be assigned automatically for the camp
- The second PHC MO from the mandal will be mapped by DMHO.
- DSH has identified 342 specialist doctors for utilization in the camps
- DME institutions will spare 30 doctors from each of the 11 old medical colleges
- Network hospital doctors will be mapped for the balance specialists.
- The mapping logins will be given to the DMHOs to map
- Meeting conducted with all Teaching Hospitals including Private Teaching Hospitals on 05th September 2023 to make Specialist doctors available.



IT Applications

- IT Applications for Scheduling camps will be available from 5th September 2023.
- The ANM/CHO Application will be made available in Health App by 7th September 2023.
- The application for generating case sheets will be ready by 10th September 2023.
- For reporting requirements existing Suraksha application of GSWS will be used.
- Volunteer questionnaire under preparation and will be made available in GSWS volunteer App



Microsoft Word
Document



Adobe Acrobat
Document



Training & Capacity Building

- The training for all mandal level staff on scheduling planned from 7th September 2023.
- Training for ANMs will commence from 8th September 2023.
- For reporting requirements existing Suraksha application will be used.
- SoP for each functionary, including line departments, WD & CW, TW, School Education will be prepared and sent before 8th September 2023.



JAS Monitoring

- State and district control rooms will be set up from 11th September 2023 to monitor:
 - Availability of doctors, drugs and diagnostics
 - Starting campaign D -15 days, as per schedule
 - Availability of brochure, pre-printed stationery, token books
 - Camp day arrangements
 - Camps are organized as per SoP.
 - Starting camps on time and conducting without hassles
 - Training of personnel
- Appointment of Nodal officers for all the Districts.



Thank you

