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No: DHS/14493/2024-PH5

Dated : 13-01-2026

To

District Medical Officer (Health)

All Districts

Sir/Madam,

Subject:- Rollout of JAK-Public Health Application - Standard Operation
Procedures and Quick User guide

Reference:- 1. Letter No. eHK/60/2024-EHK dated 21-11-2025

The State Digital Health Mission / eHealth Kerala has developed the Janakeeya Aarogya Kendran -Public Health (JAK/PH) mobile application incorporating the work patterns and standardised processes for public health activities. The JAK-PH App is being rolled out across the State for use by Junior Health Inspectors (JHI), Junior Public Health Nurses (JPHN), and Mid-Level Service Providers (MLSP) at the Janakeeya Arogya Kendram (JAK) level.

Accordingly Standard Operating Procedures for using the JAK-PH mobile application are hereby issued for guiding field level implementation. A quick user guide is also attached to this letter. You are therefore requested to disseminate the SoP and user guide to all district level, block level and institutional level functionaries for compliance and immediate implementation.

Signed by Yours faithfully,

Reena K J

Date: 13-01-2026 14:39:13

Dr REENA K J
DIRECTOR OF HEALTH SERVICES

Encl:

1. Standard Operating Procedure for JAK/PH Mobile App Implementation under Health Services Department, Government of Kerala – (V1.0)
2. Quick user guide for JAK-PH Application

Copy To:

1. Project Director, eHealth Kerala
2. State Mission Director - NHM
3. All Additional Directors (Public Health / Family Welfare / Medical /
Training & Administration / Planning / Vigilance / TB)
4. Project Director, KSACS
5. All State Programme Officers
6. Superintendent PH / FW / O&M Sections

Standard Operating Procedure for JAK/PH Mobile App Implementation under Health Services Department - V 1.0 - DHS/14493/2024-PH5

1. Purpose

The purpose of this SOP is to establish a uniform process for the rollout, implementation, updates, continuing training, usage, monitoring, and support of the JAK Mobile Application, designed for use by field-level public health staff for creation of Digital Family Health Register which will have linkages with eHealth and other digital platforms.

2. Background

The Government of Kerala has undertaken several digital health initiatives to strengthen public health delivery and improve citizen-centric services. An earlier household enumeration was partially conducted by the field staff using dedicated hardware. However due to issues with maintenance of the hardware, it had been decided to develop a mobile application which can be used in devices owned by the staff themselves, which will be supported with appropriate dashboards. In addition, Community Based Assessment is also being carried out by ASHA workers using Shaili 1 & Shaili 2 applications.

As part of this endeavour, the JAK Mobile Android Application, developed by the eHealth Kerala Project Management Unit (PMU), is being rolled out across the State for use by Junior Health Inspectors (JHI), Junior Public Health Nurses (JPHN), and Mid-Level Service Providers (MLSP) at the Janakeeya Arogya Kendram (JAK) level.

The application enables field-level data capture by JHI, JPHN, and MLSP, and supports supervisors in monitoring activities at the JAK level for various programmes including IDSP, RCH and Non-Communicable Disease related services,. Data captured through the JAK/ PH App shall be securely stored in the State Data Centre and integrated with respective National and State portals through APIs.

3. General

- The JAK App / PH App shall function in Bring Your Own Device (BYOD) mode.
- The mobile application shall be used by JHIs, JPHNs, MLSPs for enrolment and subsequent service delivery at the JAK level.
- Mobile data allowance for JHI, JPHN, and MLSP shall be met from Ward Health & Sanitation Committee (WHSC) funds on a monthly basis up to Rs 300/- per month. Each officer may draw the amount from any one of the WHSC accounts within the JAK area.

- Supervisory officers at PHC/FHC/UPHC, Block, and District levels shall use the PH Web portal for monitoring progress of the enrolment & service delivery processes.
- All household and population enumeration shall be completed by JHI, JPHN, and MLSP before 31st March 2026.
- Priority shall be given to BPL families during the enrolment and subsequent service delivery processes
- Thereafter, updates to the Digital Family Health Register shall include enrolment of new members, new households , death, migration and member transfers.
- The Directorate of Health Services (DHS) and National Health Mission (NHM) will coordinate implementation across the State. The eHealth PMU will provide technical ownership and support.
- District Medical Officers (DMOs) will oversee district-level implementation, and Medical Officers (MOs) at PHCs/CHCs shall supervise app usage at the institutional level.
- The District NCD Nodal Officer shall be in overall charge of the rollout phase during which enrolment of all households and members shall be carried out.
- Aardram Nodal Officer & eHealth Nodal Officer shall support the implementation process in the district
- The concerned programme officers (DSO/RCH/NCD Nodal Officer) shall monitor the ongoing service delivery and reporting processes
- Deputy DMOS shall be given District level login credentials and specific roles for monitoring and supervision
- Programme Officers at the District level shall be given roles and responsibilities for their respective Blocks assigned to them.

4. Roles and Responsibilities

4.1. District PH Admin

- a) There shall be 2-3 trained officers designated as District Admin to provide technical support as per the directions of the District Medical Officer / District Nodal Officer.
- b) The District Admin shall manage user accounts and set up institution profiles.
- c) They shall assign roles to various staff such as PH Admin, Block Admin, JHI, JPHN, MLSPs, and supervisory staff.
- d) They shall provide guidance and support to staff assigned as PH Admin and Block Admin.

- e) They shall ensure accuracy of the baseline institutional profiles and provide updates if necessary. Necessary consultations may be done with different programme officers
- f) They shall troubleshoot and report issues to the State PMU and coordinate with the Block and institutions for smooth implementation
- g) They shall facilitate inter-district transfer of beneficiaries who are already enrolled through liaison with other districts.

4.2. Block PH Admin

- a) A trained officer shall be designated as Block Admin to provide technical support as per the directions of the Block Medical Officer or District Nodal Officer
- b) The Block admin shall facilitate the rollout of the application and shall handhold the institutions under the Block
- c) Conduct training and refresher sessions for field staff as per requirement
- d) Support PH Admin at the institutional level and field teams in resolving operational and technical issues.
- e) They shall troubleshoot and report issues to the District Admin / District Nodal Officer and coordinate with the different institutions including timely feedback for smooth implementation

4.3. PH Admin

- a) A trained officer shall be designated as PH Admin in ALL institutions.
- b) The PH admin shall provide technical support for PH/JAK application-related activities at the JAK level.
- c) Shall facilitate user account creation / migration and activation at the JAK level in coordination with the District Team.
- d) Manage relieving and joining of JHIs and JPHNs
- e) Shall assign wards to JAKs through PH mapping
- f) Shall update JAK user employee data (e.g., mobile number and related details).
- g) Ensure that supervisory staff relieving/joining details are reported to the District Admin/Institutional Admin for timely updates.
- h) Resolve or escalate user/system issues as per institutional protocols.
- i) Organize training and provide handholding support for staff under the guidance of the institution head.
- j) Monitor and report critical issues or progress to the Block Admin/District Team.

4.4. Institute Admin

- a) An Officer has been designated as an Institute Admin wherever eHealth HMS application has been implemented.
- b) Manage user-related activities at the institutional level, including new user creation, employee data updates, and relieving/joining of MLSPs and supervisory staff.
- c) Support the PH Admin in user management and ensure smooth coordination.
- d) Provide overall support and oversight for the effective implementation of the JAK App / PH App within the institution.

4.5. Supervisory Staff at PHC/FHC/UPHC level (Public Health Nurse & Health Inspectors)

- a) Identify suitable officers to be PH Admin and communicate the same to Institute or District Admin
- b) Assign ASHA Blocks to JAK team members for conducting surveys and providing services. The total number of ASHA Blocks in a PHC area should be equitably distributed between the JAK members in consultation with Medical Officers. If a Junior Health Inspector is in charge of multiple JAKs, additional ASHA Blocks should be assigned to the respective JPHN or MLSP for equitable distribution of the workload and timely completion.
- c) Monitor and supervise the usage of JAK app by JAK Team (JHI, JPHN, MLSP) through PH Web portal and integrated dashboards
- d) Ensure quality, accuracy, and completeness of data collected through the app.
- e) Approve reports, validate entries, and ensure timely submission of field data.
- f) Identify gaps and errors in data collection and guide staff to make corrections.
- g) Provide feedback and suggestions for improving service delivery and app performance
- h) Support field-level troubleshooting and escalate unresolved issues to higher-level.
- i) Use supervisory tools and dashboards to track progress, identify bottlenecks, and monitor performance metrics.

4.6. JAK Team (JHI / JPHN / MLSP)

- a) Install and regularly update the JAK App / PH App in their own mobile device
- b) JPHN shall map ASHA workers to concerned wards under the JAK using the HMS web application (ASHA mapping)
- c) JPHN shall create ASHA Blocks under each ward using the PH Web application
- d) The JAK team shall do mapping of existing houses to ASHA Blocks using the PH Web application. This can be done at present through the JPHN login

- e) Conduct family health surveys in the assigned area and ensure complete coverage
- f) Enrollment of new houses and members, ensuring accurate demographic and health data entry.
- g) Complete family grouping, ration card grouping and relationship mapping within each household with periodic updates if necessary.
- h) Perform timely member transfers and death entries
- i) Update and verify records periodically to reflect the latest field information.
- j) Ensure accuracy, completeness, and timely submission of all data collected
- k) Coordinate with Supervisory Staff, PH Admin, and Block Admin for guidance and issue resolution.
- l) Report field-level challenges or technical issues promptly for necessary support.
- m) Participate in training, review, and refresher programs to enhance application usage and service efficiency.
- n) Capture real-time data related to:
 - Disease surveillance (S form entry and event reporting)
 - NCD (Non-Communicable Disease) screening, registration and follow-up
 - Death Reporting
 - Any other service delivery module which may be added in future

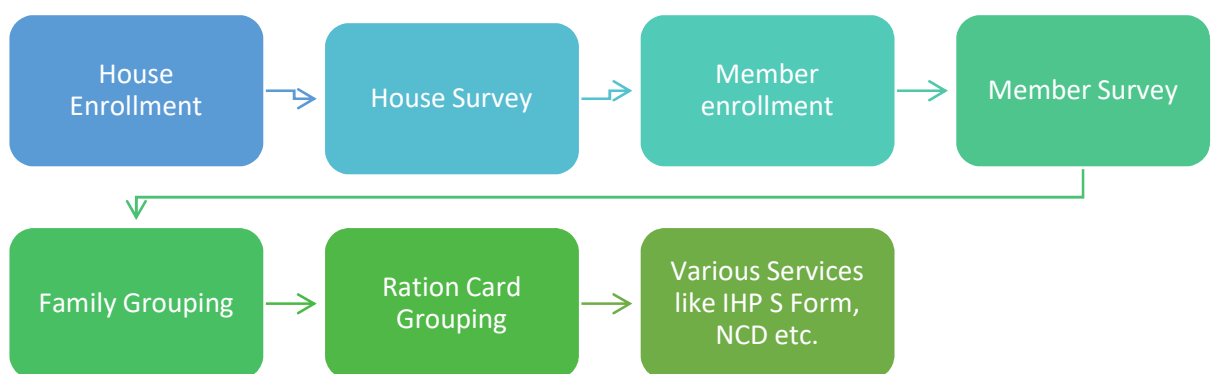
5. Prerequisite for Enrollment, survey and service delivery through JAK Application

- a) All JAK/UPHC areas should be mapped as per **Field Area Standardization Circular No. 4167/2023/AD(PH)/DHS(1)** dated **14-03-2023**.
- b) Jurisdictional areas of JAKs (Assignment of wards to JAKs) should be mapped by PH Admin as per the directions of institution head. Only complete wards or divisions of a LSG should be assigned to a JAK.
- c) ASHA mapping must be completed by JPHNs through the eHealth HMS Web application
- d) ASHA Block creation must be completed by JPHNs through PH Web Application.
- e) Previously enrolled houses should be mapped to the concerned ASHA block by the JAK team through the PH Web application
- f) ASHA block assignments should be performed by HI, PHN or Medical Officer I/C of the institution.

- g) Updates in mapping due to ward delimitation or area changes should be managed by the JAK team and supervisors.

6. Workflow Summary for Family Health Registry

Assigned JAK team members should conduct household and member enrolment, family grouping, ration card grouping and relationship mapping as per guidelines. Enter accurate house and member details, ensure GPS tagging, and maintain quality and completeness of survey fields.



6.1. Installation & Login

- Android App can be downloaded from Google Play Store.
- Camera and GPS permissions need to be given.
- Users can Sign in with official credentials (PEN No or Temporary number assigned by eHealth)
- User can select the Institution and should select the ASHA Block being surveyed
- Survey can be done based only on ASHA block area.
- The Survey can be done in offline mode

6.2. House Enrolment and Survey

- The assigned JAK members can create new house entries within their assigned ASHA block and conduct the corresponding surveys.
- They can also view and update details of already enrolled houses and update the details when needed.

- c) All fields in the survey must be filled in accurately by the assigned JAK team member. Supervisors must verify and ensure the quality of the survey.

6.3. Member Enumeration and Survey

- a) After creating a house, the assigned JAK member can add household members to a household.
- b) The survey of the individuals should be done after adding them to a household
- c) Previously added members can also be viewed and updated as and when required.

6.4. Grouping & Relationship Mapping

- a) After adding members family groups can be created with minimum two members
- b) Ration Card details should be captured along with BPL/EPEP status
- c) Relationships can be mapped within families (e.g., husband, wife, father, mother)

6.5. Death Entry

- a) All death cases due to any cause within a JAK area must be entered promptly through the Death Entry screen.

6.6. Member Transfer

- a) If a previously surveyed member has shifted to a new area, release the member from the current household using the Member Transfer option.
- b) The system allows transfer requests, status tracking, and completion of transfers accordingly.

6.7. Data Accuracy and Timely Updates

- a) All JAK team members must ensure that the Family Health Registry at the JAK level remains accurate and up to date.
- b) Timely updating of survey data including House, Member, Family and Relationship Mapping, New Member Entry, Member Transfer, and Death Entry should be done

7. Services

7.1. IHIP Module

- a) Staff can use JAK app for syndromic surveillance, event reporting, and nil reporting.
- b) The S-Form data will be uploaded to the IHIP Portal. *The initiation of S-Form data entry through JAK Application shall be done only after necessary communications are received from the State level.* Once data entry is initiated through the JAK app users do not need to use the IHIP app separately. Users can view and download reports directly from the IHIP Portal, and supervisors can also access the portal for report viewing and monitoring.
- c) S-Form data entry can be done in Offline mode

7.2. NCD Module

- a) NCD services are available only in online mode.
- b) Users can perform screening, follow-up of SHAILI survey registrations, NCD registration and follow-up of NCD cases.

8. Monitoring and Supervision

- a) All household and population enumeration and surveys shall be completed by JHI, JPHN, and MLSP before 31st March 2026
- b) Thereafter, updates to the Digital Family Health Register shall include new member enrolment, new house enrolment, death registration and member transfers
- c) Concerned supervisors shall ensure that all updates are completed timely by the JAK team.
- d) Progress of implementation, population enumeration, and survey completion shall be reviewed weekly at the institution level during IDSP meetings, and monthly at the State, District, and Block levels by concerned authorities.

9. Reports and Registers

- a) No manual registers or reports are required for modules already available in the JAK App / PH App or JAK Web Portal / PH Web Portal.
- b) Supervisors and district officials shall not compel staff to maintain physical registers or duplicate reports.
- c) Monitoring and supervision must be based only on digital reports and dashboards available in the JAK App / PH App or JAK Web Portal / PH Web Portal.

10. Implementation Support, Feedback and Suggestions

- a) For any doubts, support, feedback and suggestions regarding application flow and usage, users can directly contact **DISHA (Toll-free 1056)** for assistance.
- b) The JAK App / PH App rollout shall be coordinated by the **Directorate of Health Services (DHS)** and **National Health Mission (NHM)**, with technical support from the **eHealth PMU**. District Medical Officers and Medical Officers at PHCs/CHCs shall ensure compliance, monitoring, and supervision at their respective levels.

Signed by

Reena K J

Date: 13-01-2026 14:41:12

Director of Health Services
Thiruvananthapuram

Quick User Guide for JAK / PH App

I. Installation & Login

- a) Download the eHealth Public Health App from the Google Play Store.
- b) Grant camera and GPS permissions.
- c) Sign in with your username and password.
- d) Enter the OTP sent to the registered mobile number during the first-time login.
- e) Reset the password if prompted (minimum 8 characters, including 1 uppercase letter, 1 number, and 1 special character).
- f) Create a 4-digit MPIN for daily offline login.

II. Institution & ASHA Block Selection

- a) After login, select your Institution and ASHA Block.
- b) Choose Offline Mode for Survey/IHIP activities or Online Mode for NCD services.

III. Data Synchronization

- a) Sync Master: Updates the PH Application with the latest master data.
- b) Sync Data: Uploads collected field data to the central server and downloads updated records.

IV. Household & Member Survey – Data Capture Guidelines

a) Household Survey

Households which have been added using the previous ehealth Tab based application will already be available if mapped to the particular ASHA Block. You can search, view, and update existing house details or add a new house through the New House Survey option.

1. Navigation: Main Menu → Survey → New Survey
2. Basic details
 - 2.1. Inmate Type: Default is House. For other institutions with inmates, select Orphanage / Hostel / Convent as the case may be

- 2.2. LSG House Number: Enter the ward and house number. If no LSG number is available, select Not Known.
- 2.3. House Name
- 2.4. Street Name: Enter accurately as per location or official records.
- 2.5. Occupancy status: Choose Own / Rental / Permanently Locked / Temporary Shelter
- 2.6. Members: Enter the total number of household members.
- 2.7. Contact Number: Enter the mobile number of a senior household member.
- 2.8. Locality Type: Select all applicable options (Rural / Urban / Slum / Tribal / Coastal / Hilly / Waterlogged / Forest / Colony).
- 2.9. Electrification status: Mark Yes or No.

3. Facilities:

- 3.1 Source of Drinking Water: Select applicable source(s) – piped, well, public tap, bottled, tanker,
- 3.2 Safe storage of water for domestic water : Yes / No
- 3.3 Type of Latrine: Select the type of latrine.
- 3.4 Method of Solid Waste Disposal: Choose the disposal method – dumping, agency collection, composting, etc
- 3.5 Disposal of Sewage - Select the correct drainage type
- 3.6 Disposal of Sullage: Select the correct drainage type.
- 3.7 Type of Cooking Fuel: Select the primary fuel used.

4. Others

- 4.1 Well: Mark Yes or No
- 4.2 Pets/Animals: Select the appropriate options (multiple choice)
- 4.3 GPS Location: Capture latitude and longitude.
- 4.4 Remarks: Enter any additional public health-related information.

Save / Update: Ensure all captured data fields are saved correctly. All household data entries should be completed by the assigned JAK team member, and the supervisor should verify and ensure the quality of the survey.

b) Member Survey (main fields)

1. Navigation - From House Survey → View & Edit → View House Survey → Add/View Member.
2. Basic details of the member - Mandatory Fields are ID, Name, Age, Gender, House Name, Street Name
 - 2.1 Aadhaar: Aadhaar is the preferred ID and the data may preferably be captured through QR code. Member surveys based on the Aadhaar ID will ensure quality of the Digital Health Registry and enable better service delivery and continuity of care. Based on the Aadhaar number, the system will check member status. If the member already exists, it will redirect to the Member Transfer process
 - 2.2 ABHA ID: Capture if available
 - 2.3 Name :- Entry Rules- No titles (Mr./Mrs.); initials at the end; capitalize each word. (eg. Rajesh Vijayan)
 - 2.4 Date of Birth (DOB): Select from the calendar (auto-fills age). For children under 10 years, ID is not mandatory
 - 2.5 Gender : Select Male, Female or Transgender
 - 2.6 Mobile Number:
 - 2.7 Individual Category: Select Bedridden / Homebound / Chronic Disease / Others.
3. Socioeconomic data
 - 3.1 Marital status - Choose the appropriate category
 - 3.2 Religion – Choose the appropriate category
 - 3.3 Social category – Choose General / OBC/Scheduled Caste / Scheduled Tribe
 - 3.4 Occupation: Choose the appropriate category
 - 3.5 Education.- Select the highest level
 - 3.6 Nativity: Select Native / Migrant / Foreigner and capture additional details such as residential status, period of stay, or passport information, if required.

4. Health related information

- 4.1 Record blood group
- 4.2 Major health issues
- 4.3 Insurance status
- 4.4 Immunization status (<20 years)
- 4.5 Disability status

5. Lifestyle Details:

- 5.1 Smoking
- 5.2 Tobacco use
- 5.3 Alcohol history (not applicable for <15 years)
- 5.4 Remarks: Add other relevant health details

c) **Grouping & Relationship Mapping**

After adding members, create a Grouping Survey (requires at least two members).

- 1. Family Grouping -
 - 1.1. Create Family Groups and assign members
 - 1.2. Map relationships within the family (Head of Family, Husband, Wife, Father, Mother, etc.).
- 2. Ration Card Grouping
 - 2.1. Enter Ration Card No
 - 2.2. Mark Status – APL/BPL/EPEP status
 - 2.3. Ration Card Type

Signed by

Reena K J

Date: 13-01-2026 14:42:16

Director of Health Services
Thiruvananthapuram