

UNIT - III

HYGIENE

LONG ANSWER QUESTIONS

1. *What is Hygiene? Write about types of personal hygiene.*

Ans: The science and practice of maintaining good **health** through **cleanliness** is called hygiene. Each person's idea of personal hygiene differs. These main categories are a useful place to start for building good hygiene habits:

Toilet hygiene: Wash your hands after you use the restroom. Scrub with soap for 20 to 30 seconds, and be sure to clean between your fingers, on the back of your hands, and under your nails. Rinse with warm water, and dry with a clean towel. If you don't have running water or soap, an alcohol-based hand sanitizer will also work. Use one that's at least 60 percent alcohol.

Shower hygiene: Personal preference may dictate how often you wish to shower, but most people will benefit from a rinse at least every other day. Showering with soap helps rinse away dead skin cells, bacteria, and oils. You should also wash your hair at least twice a week. Shampooing your hair and scalp helps remove skin buildup and protects against oily residues that can irritate your skin.

Nail hygiene: Trim your nails regularly to keep them

short and clean. Brush under them with a nail brush or washcloth to rinse away buildup, dirt, and germs. Tidying your nails helps you prevent spreading germs into your mouth and other body openings. You should also avoid biting your nails.

Teeth hygiene: Good dental hygiene is about more than just pearly white teeth. Caring for your teeth and gums is a smart way to prevent gum diseases and cavities. Brush at least twice a day for 2 minutes. Aim to brush after you wake up and before bed. If you can, brush after every meal, too. Floss between your teeth daily, and ask your dentist about using an antibacterial mouthwash.

These two steps can help prevent tooth decay and eliminate pockets where bacteria and germs can build up.

Sickness hygiene: If you're not feeling well, you should take steps to keep from spreading germs to others. This includes covering your mouth and nose when sneezing, wiping down shared surfaces with an antibacterial wipe, and not sharing any utensils or electronics. Also, immediately throw away any soiled tissues.

Hands hygiene: Germs on your hands can easily enter your body through your mouth, nose, eyes, or ears. Wash your hands:

- when you handle food
- before you eat
- if you handle garbage
- when you sneeze
- any time you touch an animal

Likewise, wash your hands after changing a baby's diaper, helping someone clean themselves, or when cleaning a cut or wound.

2. Write about Personal hygiene for kids.

Ans: Good personal hygiene will help your kids stay healthy, ward off illnesses, and build better self-awareness. It's never too early to start teaching hygiene. You can wipe down your child's hands after changing their diapers or before eating, brush their teeth and gums before bed, and get them into a daily bath routine. This helps you begin the process and slowly teaches them as they grow and take over the process.

Brushing teeth: You can begin brushing your baby's teeth and gums the moment the first tooth pops up. They can brush their own teeth by about 3 years old. However, you may have to stay with them to guarantee they're doing a good job and brushing long enough.

Bathing: You'll be giving your baby baths regularly, but by about age 5, they should be able to handle this task on their own. As they're growing and you're supervising bath time, you should take the opportunity to teach about washing all the different body parts, especially:

- armpits
- groins
- neck
- belly
- knees
- elbows
- back
- feet

Hand washing: Wipe your baby's hands with a warm washcloth before mealtime, after eating, and after changing a diaper. During potty training, make washing hands an integral step in the process. You can teach your child to sing the ABC

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song while they wash — it's 20 seconds long, which is an ideal washing time. Make it a priority to ask your child to wash their hands any time you'd like to encourage good hygiene, like before meals, after playing outside, after petting an animal, or after being near a sick friend.

Nail hygiene: You'll clip your child's nails when they're a baby, but as they grow older, you can help them care for their own nails. Encourage your children to wash under their nails at each shower — a fun nail brush will help. Then, sit down with them weekly after a shower for a trim. Your nails are softer and clip more easily after a shower.

3. What is Community hygiene.

Ans: It is the cooperative effort to bring greater health and prevention of disease to a group of people living near one another. In many countries, children learn valuable hygiene and sanitation knowledge at a young age. But, in large parts of the world, knowledge on how to prevent illness and maintain hygiene is not widely known or taught.

Community hygiene is foundational to social progress.

Core Community Hygiene and Sanitation Practices Include:

- Washing hands with soap and water
- Keeping dishes and utensils clean and off the ground
- Using a toilet to keep feces separate from people
- Sweeping the home and keeping rubbish off the floor to prevent environmental contamination
- Keeping livestock separate from the home
- Washing bodies regularly to maintain physical cleanliness

Community hygiene is vital to keeping everyone healthy, but especially those with weakened immune systems, those under the age of five years old, and the elderly.

Benefits of Community Hygiene:

Community hygiene helps prevent infectious diseases from spreading throughout a neighborhood, school, compound, office space, and more. Hygiene practiced regularly creates healthier communities. On a more global scale, community hygiene helps save lives of the world's youngest children.

Right now, diarrhea is the second leading cause of death for children worldwide. According to UNICEF, 480,000 children under the age of five die each year; that's 1,300 of the world's youngest children lost to diarrhea in a day.

The primary cause of diarrhea is unsafe water and a lack of basic sanitation and hygiene. It's entirely preventable.

In addition, 9% of the world does not have access to a toilet; people are using the bathroom outside in the open. This creates a dangerous environment, especially for children, who are often playing on the ground in these areas. In places where people walk and do business, pathogens causing diarrhea and other illnesses pass along feet and hands and eventually to food and mouths. When families construct their own pit latrine with four walls and a roof and wash their hands after using the bathroom or changing a diaper, they keep feces and flies separate from the rest of the community. Community hygiene combined with safe water and proper disposal of waste saves lives.

Not only does community and environmental hygiene help protect young children, it reduces illness for everyone. Families are healthy and more productive. Children spend more time in school rather than recovering from illness. And, with improved cleanliness, individual confidence is boosted.

4. Write about Food Hygiene

Ans: The World Health Organisation (WHO) created ten rules for safe food practice in the 1990s, which can be used by food businesses as a guide on how to produce food safely. The WHO created these rules to reduce and prevent the number of people suffering foodborne diseases and illnesses, which occur after consuming contaminated food. Therefore, the WHO's ten rules are a useful guide for food businesses to follow.

1) Choose Foods Processed for Safety: There are certain types of foods which are safe in their natural form, such as fruit and vegetables, which only normally require a thorough wash with clean water. However, certain types of food are not safe until they have been processed in a particular way. A good example is milk. Pasteurised milk is far better for us and safer to consume than raw milk. Therefore, always consider when foods have been processed for safety and how this can improve the safety of the food.

2) Cook Food Thoroughly: It is particularly important for raw foods, such as meat, to be cooked thoroughly to ensure that all bacteria, viruses and germs are completely killed. Food must reach the core temperature of 75 °C. To check the temperature of food throughout, use a clean thermometer or probe which will allow you to read the temperature of the food.

3) Eat Cooked Food Immediately: Cooked food, which is left out on the side at room temperature, has germs on it which can multiply at room temperature. Therefore, cooked food should not be left out on the side for more than 2 hours. If it is left out on the side for more than 2 hours, it must be thrown away.

4) Store Cooked Foods Carefully: If you are going to store cooked food, you must do so in cool conditions, such as in

the refrigerator. Refrigerated foods should be kept between the temperature of 0°C and 5°C, therefore refrigerators should be set at 3°C or 4°C.

It is important not to store a huge portion of cooked food in one refrigerator, as large portions prevent the food from cooling to the core as quickly as it should. The food must be cooled to the core. If the food is not cooled to the core, the bacteria will be able to multiply and contaminate the food. Therefore, it is only safe to eat cooked foods if they have been stored correctly.

5) Reheat Cooked Foods Thoroughly: Reheating cooked food must be done thoroughly, to ensure the food is piping hot throughout to kill any bacteria which has managed to grow. Therefore, food must be heated and reach the core temperature of 75 °C.

6) Avoid Contact Between Raw Foods and Cooked Foods:

Cooked food should not come into contact with raw food. For example, using a chopping board to cut raw meat and then using the same chopping board to prepare cooked food, will allow bacteria from raw meat to transfer to the cooked food, resulting in cross-contamination. This can be very dangerous.

7) Wash Hands Repeatedly: It is important to wash hands prior to cooking, in-between cooking tasks and after cooking, to reduce the opportunity for bacteria from the hands to be transferred to the food. Hand sanitizer can be useful to wash hands, but it is not as effective as soap and hot water. Ensure you are washing your hands properly and thoroughly.

8) Keep All Kitchen Surfaces Clean: All surfaces, equipment, utensils and areas which food comes into contact with, must be thoroughly cleaned to ensure cross-contamination

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between foods cannot occur, and to ensure germs from the surrounding area cannot contaminate the food.

9) Protect Foods from Insects, Rodents, and other

Animals: Ensure your workplace does not allow insects, rodents or animals to enter the premises. Food must be stored in areas where no insects or other animals can enter, such as closed containers.

10) Use Safe Water: Safe water is essential. Water is needed when preparing food, from washing fruit and vegetables to boiling foods.

5. Wash: Water, Sanitation and Hygiene.

Ans: Worldwide, 2.2 billion people still lack access to safe drinking water.

- More than half of the global population does not have access to safe sanitation.
- Three billion people do not have access to handwashing facilities with soap.
- Still, 673 million people practice open defecation. The consequences of unsafe water, sanitation and hygiene (WASH) on children can be deadly. Over 700 children under age 5 die every day of diarrhoeal diseases due to lack of appropriate WASH services. In areas of conflict, children are nearly 20 times more likely to die from diarrhoeal disease than from the conflict itself.

1.Water: When children don't have access to clean water, it affects their health, nutrition, education and learning abilities, thus impacting many aspects of their lives.

2.Sanitation: Adequate sanitation is essential to childhood survival and development, improving children's

education, increasing productivity and building resilience in the face of disease and disaster.

3. Hygiene: Good hygiene not only allows children to stay healthy and prevent the spread of infectious disease, but also to miss fewer days of school.

4. Wash and climate change: The effects of climate change and resulting water scarcity can limit children's ability to grow up healthy and strong.

5. Wash in emergencies: To prevent public health emergencies, WASH services must be prepared to support children and their communities in times of crisis.

6. Strengthening wash systems: Strong national policies, financial systems and monitoring make WASH systems sustainable, resilient and accountable.

7. Wash in urban areas: Deep and profound inequalities in urban areas often leave the poorest children with little or no access to WASH services.

- By 2050, 2.5 billion more people are projected to join urban populations. Access to quality WASH services has not kept pace with this kind of growth: There were more people without basic water and sanitation services in 2017 than there were in 2000.
- Many children living in impoverished urban settlements, like slums, are deprived of their rights to drinking water and sanitation. This has serious implications for their survival, growth and development.
- Increasing access to WASH services for the marginalized urban poor is an important frontier of UNICEF's work. Our Global Framework for Urban Water, Sanitation and Hygiene sets our strategic vision for Urban WASH programming across global, regional and country levels.

8. Wash in schools: Millions of children go to schools with no drinking water, no toilets and no soap for handwashing, making learning difficult – with devastating consequences for their future.

- Nearly half of all schools do not have basic hygiene services, with 1 in 3 lacking basic sanitation and water. Children who cannot wash their hands face a greater risk of infection and diarrhoeal disease than those who can, putting them at risk of missing more school days.
- UNICEF supports over 100 countries in establishing and rehabilitating WASH facilities in schools. We help governments develop strategies and standards, create or improve monitoring systems to track and report progress, and review budgets and coordination efforts for greater efficiency.
- Along with our partners, we advocate to governments, donors and the private sector to improve WASH services in schools, and to facilitate knowledge exchange and learning.

9. WASH in health-care facilities: It helps reduce the risk of infection and improves prevention and control — crucial during outbreaks like cholera, Ebola, COVID-19 and other infectious diseases.

- Without water, sanitation and hygiene services, mothers and newborns may not receive the quality of care they need to survive and thrive. When health-care facilities are equipped with safe WASH services, members of the community are more likely to visit them, and health workers are able to model good sanitation and hygiene practices.

- Some 1 in 4 health-care facilities do not have basic water services. Around 1 in 5 lack sanitation, and 1 in 6 have no hand hygiene facilities and no soap and no water in toilets.
- As of 2019, UNICEF has been working in over 80 countries to improve access to WASH in health-care facilities. Our work focuses on technical assistance to governments for the construction and rehabilitation of WASH infrastructure, as well as on developing national standards, policies and hygiene protocols for WASH in health-care facilities.
- In partnership with the World Health Organization, UNICEF works with governments to implement and monitor the Eight Practical Steps to universal access to WASH and the commitments made by governments to implement the Resolution on WASH in health-care facilities.

6. Write about the Village health sanitation & Nutritional committee (VHSNC)

Ans: One of the key elements of the National Rural Health Mission is the Village Health , Sanitation and Nutrition committee (VHSNC). The committee has been formed to take collective actions on issues related to health and its social determinants at the village level. They are particularly envisaged as being central to 'local level community action' under NRHM, which would develop to support the processes of Decentralised Health Planning. Thus the committee is envisaged to take leadership in providing a platform for improving health awareness and access of community for health services, address specific local needs and serve as a mechanism for community based planning and monitoring.

The committee is formed at the revenue village level and it should act as a sub-committee of the Gram Panchayat. It should have a minimum of 15 members which should comprise elected members of the Panchayat who shall lead the committee, all those working for health and health related services should participate, community members/ beneficiaries and representation from all community sub-groups especially the vulnerable sections and hamlets/ habitations. ASHA residing in the village shall be the member secretary and convener of the committee.

Roles and Responsibilities:

- Create awareness about nutritional issues and significance of nutrition as an important determinant of health.
- Carry out surveys on nutritional status and nutritional deficiencies in the village especially among women and children.
- Identify locally available food stuffs of high nutrient value as well as disseminate and promote best practices (traditional wisdom) congruent with local culture, capabilities and physical environment through a process of community consultation.
- Inclusion of Nutritional needs in the Village Health Plan – The committee will do an in-depth analysis of causes of malnutrition at the community and household levels, by involving the ANM, AWW, ASHA and ICDS Supervisors.
- Monitoring and Supervision of Village Health and Nutrition Day to ensure that it is organized every month in the village with the active participation of the whole village.

- Facilitate early detection of malnourished children in the community; tie up referral to the nearest Nutritional Rehabilitation Centre (NRC) as well as follow up for sustained outcome.
- Supervise the functioning of Anganwadi Centre (AWC) in the village and facilitate its working in improving nutritional status of women and children.
- Act as a grievances redressal forum on health and nutrition issues.

The committee may, preferably, act as a sub-committee of Gram Panchayat and function under the overall supervision of Gram Panchayat. States are accordingly advised to issue the necessary notifications and guidelines on constitution of VHSNC to all concerned. States are also requested to consider notifying VHSNC as a subcommittee of Gram Panchayat.

7. ASHA: Accredited Social Health Activist

Ans: One of the key components of the National Rural Health Mission is to provide every village in the country with a trained female community health activist ASHA or Accredited Social Health Activist. Selected from the village itself and accountable to it, the ASHA will be trained to work as an interface between the community and the public health system. Following are the key components of ASHA :

- ASHA must primarily be a woman resident of the village married/ widowed/ divorced, preferably in the age group of 25 to 45 years.
- She should be a literate woman with due preference in selection to those who are qualified up to 10 standard wherever they are interested and available in good

numbers. This may be relaxed only if no suitable person with this qualification is available.

- ASHA will be chosen through a rigorous process of selection involving various community groups, self-help groups, Anganwadi Institutions, the Block Nodal officer, District Nodal officer, the village Health Committee and the Gram Sabha.
- ASHA will have to undergo a series of training episodes to acquire the necessary knowledge, skills and confidence for performing her spelled out roles.
- The ASHAs will receive performance-based incentives for promoting universal immunization, referral and escort services for Reproductive & Child Health (RCH) and other healthcare programmes, and construction of household toilets.
- Empowered with knowledge and a drug-kit to deliver first-contact healthcare, every ASHA is expected to be a fountainhead of community participation in public health programmes in her village.
- ASHA will be the first port of call for any health related demands of deprived sections of the population, especially women and children, who find it difficult to access health services.
- ASHA will be a health activist in the community who will create awareness on health and its social determinants and mobilise the community towards local health planning and increased utilisation and accountability of the existing health services.
- She would be a promoter of good health practices
- ASHA will provide information to the community on determinants of health such as nutrition, basic sanitation

- & hygienic practices, healthy living and working conditions, information on existing health services and the need for timely utilisation of health & family welfare services.
- She will counsel women on birth preparedness, importance of safe delivery, breast-feeding and complementary feeding, immunization, contraception and prevention of common infections including Reproductive Tract Infection/Sexually Transmitted Infections (RTIs/STIs) and care of the young child.
 - ASHA will mobilise the community and facilitate them in accessing health and health related services available at the Anganwadi/sub-centre/primary health centers, such as immunisation, AnteNatal Check-up (ANC), Post Natal Check-up supplementary nutrition, sanitation and other services being provided by the government.
 - She will act as a depot older for essential provisions being made available to all habitations like Oral Rehydration Therapy (ORS), Iron Folic Acid Tablet(IFAT), chloroquine, Disposable Delivery Kits (DDK), Oral Pills & Condoms, etc.
 - At the village level it is recognised that ASHA cannot function without adequate institutional support. Women's committees (like self-help groups or women's health committees), village Health & Sanitation Committee of the Gram Panchayat, peripheral health workers especially ANMs and Anganwadi workers, and the trainers of ASHA and in-service periodic training would be a major source of support to ASHA.

8. Write an essay on village health nutrition day.

Ans: The VHND is to be organized once every month (preferably on Wednesdays, and for those villages that have been left out, on any other day of the same month) at the AWC in the village. This will ensure uniformity in organizing the VHND. The AWC is identified as the hub for service provision in the RCH-II, NHM, and also as a platform for inter-sectoral convergence. VHND is also to be seen as a platform for interfacing between the community and the health system.

On the appointed day, ASHAs, AWWs, and other will mobilize the villagers, especially women and children, to assemble at the nearest AWC. The ANM and other health personnel should be present on time; otherwise the villagers will be reluctant to attend the following monthly VHND. On the VHND, the villagers can interact freely with the health personnel and obtain basic services and information. They can also learn about the preventive and promotive aspects of health care, which will encourage them to seek health care at proper facilities. Since the VHND will be held at a site very close to their habitation, the villagers will not have to spend money or time on travel. Health services will be provided at their doorstep. The VHSC comprising the ASHA, the AWW, the ANM, and the PRI representatives, if fully involved in organizing the event, can bring about dramatic changes in the way that people perceive health and health care practices.

Maternal Health:

- Early registration of pregnancies.
- Referral for women with signs of complications during pregnancy and those needing emergency care.
- Referral for safe abortion to approved MTP centres.
- Counseling on: Education of girls.

- o Age at marriage.
- o Care during pregnancy.
- o Danger signs during pregnancy.
- o Birth preparedness.
- o Importance of nutrition.
- o Institutional delivery.
- o Identification of referral transport.
- o Availability of funds under the JSY for referral transport.
- o Postnatal care.
- o Breastfeeding and complementary feeding.
- o Care of a newborn.
- o Contraception.
- o Organizing group discussions on maternal deaths, if any, that have occurred during the previous month in order to identify and analyse the possible causes.

Child Health:

- ❖ Infants up to 1 year :
 - Registration of new births.
 - Counselling for care of newborns and feeding.
 - Complete routine immunization.
 - Immunization for dropout children.
 - First dose of Vitamin A along with measles vaccine.
 - Weighing.
- ❖ Children aged 1-3 years :
 - Booster dose of DPT/OPV
 - Second to fifth dose of Vitamin A
 - Weighing
 - Provision of supplementary food for grades of mild malnutrition and referral for cases of severe malnutrition
- ❖ All children below 5 years :

- Tracking and vaccination of missed children by ASHA and AWW.
- Case management of those suffering from diarrhea and Acute Respiratory infections.
- Counseling to all mothers on home management and where to go in even of complications.
- Counseling on nutrition supplementation and balanced diet.
- Counseling on and management of worm infestations.

Family Planning:

- ❖ Information on use of contraceptives.
- ❖ Distribution – provision of contraceptive counseling and provision of non-clinic contraceptives such as condoms and OCPs.
- ❖ Information on compensation for loss of wages resulting from sterilization and insurance scheme for family planning.Reproductive

Tract infections and sexually Transmitted infection:

- ❖ Counseling on prevention of RTIs and STIs, including HIV/AIDS, and referral of cases for diagnosis and treatment.
- ❖ Counseling for perimenopausal and post-menopausal problems
- ❖ Communication on causation, transmission, and prevention of HIV/AIDS and distribution of condoms for dual protection

Sanitation:

- ❖ Identification of households for the construction of sanitary latrines
- ❖ Guidance on where to go and who to approach for availing of subsidy for those eligible to get the same under

the Total Sanitation Campaign.

- ❖ Avoidance of breeding sites for mosquitoes.
- ❖ Mobilization of community action for safe disposal of household refuse and garbage.

Communicable diseases

- ❖ Group communication activities for raising awareness about signs and symptoms of leprosy, suspected cases, and referrals.
- ❖ Group communication activities for elimination of breeding sites for mosquitoes, management of fever cases, i.e. importance of collection of blood film for MP and presumptive treatment.
- ❖ Awareness generation about symptoms of TB (Coughing for more than two weeks), importance of continued treatment, referral of symptomatic for sputum examination at the nearest health centre.
- ❖ Provision of anti-TB drugs to patients.
- ❖ Reporting of unusual numbers of cases of any disease or disease outbreak in the village.

Gender:

- ❖ Communication activities for prevention of pre-natal sex selection, illegality of pre-natal sex selection, and special alert for one daughter families.
- ❖ Communication on the Prevention of Violence against Women, Domestic Violence Act, 2006.
- ❖ Age at marriage, especially the importance of raising the age at marriage for girls.

AYUSH:

- ❖ Home remedies for common ailments based on certain common herbs and medicinal plants like tulsi found in the locality.

- ❖ Information related to other AYUSH components, including drugs for treating conditions like anaemia.

Health Promotion:

- ❖ Chronic diseases can be prevented by providing information and counseling on:
- ❖ Tobacco chewing
- ❖ Healthy lifestyle
- ❖ Proper diet
- ❖ Proper exercise

Nutrition : Diseases due to nutritional deficiencies can be prevented by giving information and counseling on:

- ❖ Healthy food habits.
- ❖ Hygienic and correct cooking practices.
- ❖ Checking for anaemia, especially in adolescent girls and pregnant women; checking, advising, and referring.
- ❖ Weighing of infants and children.
- ❖ Importance of iron supplements, vitamins, and micronutrients
- ❖ Food that can be grown locally.
- ❖ Focus on adolescent pregnant women and infants aged 6 months to 2 years.

9. Rogi Kalyan Samiti

Ans: Rogi Kalyan Samiti (Patient Welfare Committee) / Hospital Management Committee is a simple yet effective management structure. This committee, a registered society, acts as a group of trustees for the hospitals to manage the affairs of the hospital. It consists of members from local Panchayati Raj Institutions (PRIs), NGOs, local elected representatives and officials from the Government sector who are responsible for proper functioning and management of the hospital /

Community Health Centre / FRUs. RKS / HMS is free to prescribe, generate and use the funds with it as per its best judgement for smooth functioning and maintaining the quality of services.

Objectives of the RKS :

- ❖ Ensure compliance to minimal standards for facility and hospital care and protocols of treatment as issued by the Government.
- ❖ Ensure accountability of the public health providers to the community;
- ❖ Introduce transparency with regard to management of funds;
- ❖ Upgrade and modernize the health services provided by the hospital and any associated outreach services;
- ❖ Supervise the implementation of National Health Programmes at the hospital and other health institutions that may be placed under its administrative jurisdiction;
- ❖ Organize outreach services / health camps at facilities under the jurisdiction of the hospital;
- ❖ Display a Citizens Charter in the Health facility and ensure its compliance through operationalisation of a Grievance Redressal Mechanism;
- ❖ Generate resources locally through donations, user fees and other means;
- ❖ Establish affiliations with private institutions to upgrade services;
- ❖ Undertake construction and expansion in the hospital building;
- ❖ Ensure optimal use of hospital land as per govt. guidelines;

- ❖ Improve participation of the Society in the running of the hospital;
- ❖ Ensure scientific disposal of hospital waste;
- ❖ Ensure proper training for doctors and staff;
- ❖ Ensure subsidized food, medicines and drinking water and cleanliness to the patients and their attendants;
- ❖ Ensure proper use, timely maintenance and repair of hospital building equipment and machinery;

Functions and activities

To achieve the objectives, the Society undertakes the following activities/initiatives :

- ❖ Identifying the problems faced by the patients in CHC/PHC;
- ❖ Acquiring equipment, furniture, ambulance (through purchase, donation, rental or any other means, including loans from banks) for the hospital;
- ❖ Expanding the hospital building, in consultation with and subject to any Guidelines that may be laid down by the State Government;
- ❖ Making arrangements for the maintenance of hospital building (including residential buildings), vehicles and equipment available with the hospital;
- ❖ Improving boarding / lodging arrangements for the patients and their attendants;
- ❖ Entering into partnership arrangement with the private sector (including individuals) for the improvement of support services such as cleaning services, laundry services, diagnostic facilities and ambulatory services etc.;
- ❖ Developing / leasing out vacant land in the premises of

- the hospital for commercial purposes with a view to improve financial position of the Society;
- ❖ Encouraging community participation in the maintenance and upkeep of the hospital;
 - ❖ Promoting measures for resource conservation through adoption of wards by institutions or individuals; and,
 - ❖ Adopting sustainable and environmentally friendly measures for the day-to-day management of the hospital, e.g. scientific hospital waste disposal system, solar lighting systems, solar refrigeration systems, water harvesting and water recharging systems etc.

10. Write an essay on PMSMA

Ans: With the objective to provide quality ANC to every pregnant woman the Government of India has launched the Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), a fixed day of ANCs given every month across the country. This is to be given in addition to the routine ANC at the health facility.

About the campaign:

Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) is a fixed day strategy, every month across the country during which a range of quality maternal health services are envisaged to be provided as part of Antenatal Care.

Under the campaign, a minimum package of antenatal care services is to be provided to the beneficiaries on the 9th day of every month at the Pradhan Mantri Surakshit Matritva Clinics to ensure that every pregnant woman receives at least one checkup in the 2nd/ 3rd trimester of pregnancy. If the 9th day of the month is a Sunday / a holiday, then the Clinic should

be organized on the next working day.

Target beneficiaries: The programme aims to reach out to all Pregnant Women who are in the 2nd & 3rd Trimesters of pregnancy.

Provision of services during PMSMA:

- ❖ All the beneficiaries visiting the Facility are first registered in a separate register for Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA).
 - ❖ After registration, ANM & SN ensures that all basic laboratory investigations are done before the beneficiary is examined by the OB GYN /Medical Officer. The report of the investigations should ideally be handed over within an hour and before the beneficiaries are meeting the doctors for further checkups. This will ensure identification of High Risk status (like anemia, gestational diabetes, hypertension, infection etc.) at the time of examination and further advice. In certain cases, where additional investigations are required, beneficiaries are to be advised to get those investigations done and share the report during the next PMSMA or during her routine ANC check - up visit.
 - ❖ Lab Investigations - USG, & all basic investigations – Hb , Urine Albumin, RBS (Dipstick), Rapid Malaria test, Rapid VDRL test, Blood Grouping, CBC ESR, USG
- Following are details of specific services which will be provided during Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) :
- ❖ A detailed history of all the beneficiaries needs to be taken and then examined and assessed for any danger signs, complications or any high risk status.

- ❖ Blood Pressure, per abdominal examination and examination for fetal heart sounds should be done for all the beneficiaries coming for ANC check - up.
- ❖ If a woman visiting a public health facility requires a specific investigation, sample should be collected at the facility itself and transported to the appropriate centre for testing. ANM/ MPW should be responsible for transporting the collected sample, conveying the results to the pregnant women and appropriate follow up.
- ❖ After examination by ANM/Staff Nurse, Medical Officer to also examine and attend to every beneficiary attending PMSMA .
- ❖ All identified high risk pregnancies should be referred to higher facilities and JSSK help desks that have been set up at these facilities should be responsible for guiding the referred women once they reach the facilities. MCP cards to be issued to all beneficiaries.
- ❖ All identified High Risk women including those with complications to be managed and treated by OBGY/CEmOC/BEmOC Specialist). If needed, such cases should be referred to higher level facilities and a referral slip with probable diagnosis and treatment given should be mentioned on the slip.
- ❖ One ultrasound is recommended for all pregnant women during the 2nd/ 3rd trimester of pregnancy. If required, USG services may be made available in a PPP mode and expenditure booked under JSSK.
- ❖ Before leaving the facility every pregnant women to be counselled, may be individually or in groups, on nutrition, rest, safe sex, safety, birth preparedness, identification of danger signs, institutional delivery and Post - partum

Family Planning (PPFP) .

- ❖ Filling out the MCP cards at these clinics should be mandatory and a sticker indicating the condition and risk factor of the pregnant women should be added onto MCP card for each visit:
 - Green Sticker - for women with no risk factor detected
 - Red Sticker – for women with high risk pregnancy
 - Blue – for women with Pregnancy Induced Hypertension
 - Yellow – pregnancy with co-morbid conditions such as diabetes, hypothyroidism, STIs
- ❖ Counselling session to focus on the following topics:
 - Care during pregnancy.
 - Danger signs during pregnancy.
 - Birth preparedness & Complication readiness, contact details to be used in case of need
 - Family Planning
 - Importance of nutrition including iron - folic acid consumption and calcium supplementation.
 - Rest
 - Safe sex
 - Institutional delivery.
 - Identification of referral transport.
 - Entitlements under Janani Suraksha Yojana (JSY)
 - Entitlements and service guarantee under Janani Shishu Suraksha Karyakram (JSSK)
 - Post - natal care.
 - Breastfeeding and complementary feeding.

Those pregnant women with unwanted pregnancies need to be provided with safe abortion care services after proper counselling.

Referral Transport Mechanism for High risk women: During PMSMA, 108 /102 /State owned ambulances/Private empanelled ambulances can also be used for referring those cases identified as high risk.

SHORT ANSWER QUESTIONS***II. Explain Teaching Community Hygiene in Rural Villages***

Ans: Successful hygiene education inspires real and lasting improvements to current hygiene practices. It also promotes positive attitudes towards practices that prevent the spread of disease.

It's something that everyone can learn to do, no matter age, income level, or education attained.

But, when it comes to hygiene, community members must depend on knowledge and concern for each other to stop disease transmission. This is true everywhere, but it's particularly vital in low to middle income countries where healthy community hygiene and sanitation knowledge is not widely accessible.

Lifewater works in Southeast Asia to implement life-saving community hygiene, sanitation, and safe water access for villages in need. Environmental and community cleanliness are the first steps in the process towards safe water access.

A Lifewater health facilitator teaching the local community how to correctly wash their hands.

When beginning a new program, local Lifewater staff enter rural communities as listeners first. They build

relationships with families and identify local leadership to understand the unique challenges and skills within the community.

With the permission and influence of local leadership, they then go house by house to help families adopt five sanitation and hygiene habits. Community hygiene and environmental cleanliness improve quality of life everywhere, but especially in remote villages where hygiene knowledge and practices are uncommon.

12. Environmental Sanitation.

Ans: Objectives of Environmental Sanitation:

Environmental sanitation is aimed at developing and maintaining a clean, safe and pleasant physical environment in all human settlements, to promote the social, economic and physical well-being of all sections of the population. It comprises a number of complementary activities, including

1. the construction and maintenance of sanitary infrastructure,
2. The provision of services, public education,
3. community and individual action,
4. regulation and legislation.

The principal components of environmental sanitation include:

- a) Collection and sanitary disposal of wastes, including solid wastes, liquid wastes, excreta, industrial wastes, health care and other hazardous wastes;
- b) Storm water drainage;
- c) Cleansing of thoroughfares, markets and other public spaces;
- d) Control of pests and vectors of disease;

- e) Food hygiene;
- f) Environmental sanitation education;
- g) Inspection and enforcement of sanitary regulations;
- h) Disposal of the dead;
- i) Control of rearing and straying of animals;
- j) Monitoring the observance of environmental standards.

These services must be provided reliably and continuously to mitigate the negative effects of social and economic activity in human settlements.

13. What is Hygiene? Write its types.

Ans: The practices that we follow in our day to day lives to maintain good health is known as hygiene. This includes:

- 1. Personal hygiene
- 2. Community hygiene

1. Personal Hygiene- The following practices should be followed every day to remain **Healthy**:

- Washing hands before and after eating
- Regular toilet habits
- Cleaning teeth
- Bathing on a regular basis
- Wearing clean and comfortable clothes
- Drinking clean water
- Keeping house clean and insect free
- Cooking in clean utensils

Side effects of poor personal hygiene: Good personal hygiene habits are directly related to less illnesses and better health. Poor personal hygiene habits, however, can lead to some minor side effects, like body odour and greasy skin. They can

also lead to more troublesome or even serious issues. For example, if you don't wash your hands frequently, you can easily transfer germs and bacteria to your mouth or eyes. This can lead to any number of issues, from stomach viruses to pink eye. Not brushing your teeth can lead to teeth issues and plaque buildup. Poor dental care is also a risk factor for several serious health issues, including heart disease.

Poor hygiene habits can also affect your self-esteem. Looking and feeling presentable can give you a confidence boost and a sense of pride in your appearance. Other conditions may be prevented or the risk minimized by practicing good personal hygiene. These are some examples:

- Scabies
- pubic lice
- head lice
- body lice
- diarrhea
- athlete's foot
- ringworm
- pinworms

2. Community Hygiene: The environment in which we live plays a very important role in keeping us healthy. The practices to keep our surroundings clean should include:

- Proper disposal of household wastes
- Cleaning of roads and streets
- Keeping house clean
- Covering dustbins
- Spraying insecticides at regular intervals to ward off insects

Ans: Medical hygiene pertains to the hygiene practices related to the administration of medicine and medical care that prevents or minimizes the spread of disease.

Medical hygiene practices include:

- Isolation or quarantine of infectious persons or materials to prevent spread of infection.
- Sterilization of instruments used in surgical procedures
- Use of protective clothing and barriers, such as masks, gowns, caps, eyewear and gloves.
- Proper bandaging and dressing of injuries.
- Safe disposal of medical waste.
- Disinfection of reusables (i.e., linen, pads, uniforms).
- Scrubbing up, handwashing, especially in an operating room, but in more general health-care settings as well, where diseases can be transmitted.
- Ethanol-based sanitizers.

Most of these practices were developed in the 19th century and were well established by the mid-20th century. Some procedures (such as disposal of medical waste) were refined in response to late-20th century disease outbreaks, notably AIDS and Ebola.

15. NHP: National Health Portal

Ans: *Introduction:* Union Health Minister JP Nadda had inaugurated the National Health Portal on November 14, 2014. One of the major highlights of Prime Minister Narendra Modi's government on the physical well-being of the people is the launch of a new National Health Portal (NHP).

The Ministry of Health and Family Welfare, Government of India has set up the National Health Portal in pursuance to

the decisions of the National Knowledge Commission, to provide healthcare related information to the citizens of India and to serve as a single point of access for consolidated health information. The National Institute of Health and Family Welfare (NIHFW) has established the Centre for Health Informatics to be the secretariat for managing the activities of the National Health Portal.

Goal: Gateway to authentic health information for all.

Vision: The National Health Portal aims to make this as a single point of access for authenticated health information for citizens, students, healthcare professionals and researchers.

Mission: The National Health Portal will achieve the above vision by collecting, verifying and disseminating health and health care delivery services related information for all citizens of India.

The National Health Portal aims to establish a single point access for authenticated health information for citizens, students, healthcare professionals and researchers. Users can get detailed information pertaining to health related issues. You can find information related to diseases, health services, tips for healthy living, health programmes, insurance schemes, health apps and widgets. Users can also get helpline numbers, blood bank details, etc.

16. *Swasth Bharat*

Ans: NHP Swasth Bharat Mobile Application The access to authenticate health information is the primary right of the citizen. Providing authentic Health information to society is arguably one of the most important factors in improving health outcomes. Inadequate or poor health information can increase the risk of hospitalization or even disease burden. MoHFW

through its governance initiatives is launching a mobile application "Swasth Bharat Mobile Application" to empower the citizens to find reliable and relevant health information. The application provides detailed information regarding healthy lifestyle, disease conditions (A-Z), symptoms, treatment options, first aid and public health alerts. The application "Swasth Bharat Mobile Application" is an Android based mobile application, which can be installed on any device with Android OS version 2.3 or above. The application will be launched soon for other popular platforms.

17. No More Tension

Ans: Stress is an inseparable part of human existence. It affects all individuals rich and poor, literate and illiterate, both men and women and young and the old alike across the developed and developing nations. Stress is perceived today as one of the very important factors affecting physical and mental health. People due to their hectic lifestyle do not realize being affected by Stress and consider it as a part of their daily lifestyle.

The stress management application not only provides you information about stress but also helps you to know your stress levels and how to reduce them.

- The functions of this application are: The Mobile Application provides information about stress, which includes content with respect to Details about Stress, its Causes, Indicators and Stress Management techniques. Also, the application has a stress meter that calculates the stress level of an individual and provides a solution, as per their stress level.
- Know Stress, provides information with respect to 'what is stress?'

- Stress!!! But Why?, provides details about causes of stress. The user will get to know different reasons that lead to stress.
- Are You Stressed?, provides information with respect to different indicators that suggest that a person is stressed.
- Nowadays due to busy and hectic schedules a person doesn't realize whether they are stressed or not, they think that some indicators are normal and continue to ignore them, this results in increased stress level. By knowing the indicators the user can work towards reducing their stress level.
- The users are also provided with different types of stress management techniques, through which the user will be able to reduce stress in their life.
- Stress Meter, calculates stress level of an individual, based on a questionnaire, and based on their score would advise them the steps they should incorporate in their life in order to avoid stress.
- The application also has a music option from which a user can select different types of music as per their mood.

18. *My hospital.*

Ans: My Hospital is a Ministry of Health, Government of India initiative, launched on April 8, 2019, to capture patient feedback for the services received at the hospital through user-friendly multiple channels such as Short Message Service (SMS), Outbound Dialling (OBD) mobile application and web portal. The patient can submit the feedback in seven different languages on a mobile app and web portal; for the hospitals visited in the last 7 days.

the recommendations of the National Commission of
Ministry of Health & Family Welfare (MOHFW) constituted on
Population Stabilisation Fund is an autonomous body under the
Jansankhya Sthirata Kosh (JSK) also known as National
contribution.

Ans: Jansankhya Sthirata Kosh (JSK) has been registered as an
autonomous society of the Ministry of Health and Family
Welfare. JSK has to use the interest on the Corpus and also raise

19. Jansankhya Sthirata Kosh (JSK)

1. Evolve patient driven, responsive and accountable health care
2. Enable patients to make informed decisions
3. Establish an environment of healthy competition among providers
4. Recognize top performing facilities which will boost the morale of staff
5. Establish a mechanism to rank health facilities based on feedback

Objectives:

My Hospital will help the government to take appropriate decisions for enhancing the quality of healthcare delivery across public facilities which will improve the patient's experience. The patient will be able to receive effective and appropriate care. My Hospital will ultimately help establish a patient driven, responsive and accountable healthcare system.

The patient can also check the already submitted feedback. The collected feedback will be compiled, analysed and visualized in the form of a dashboard accessible to the different stakeholders at facility, district, state and national level.

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UNIT- III (MDC_HH3EM)

Population. It was established in 2003 under the MoHFW and was reconstituted in 2005 with the addition of a General Body. Its mandate is to promote and undertake schemes, programmes, projects and initiatives to meet the unmet need for contraception and reproductive and child health. It is aimed at achieving population stabilisation at a level consistent with the needs of sustainable economic growth, social development and environment protection by 2045.

JSK's Aims and Objectives:

1. To provide or undertake activities aimed at achieving population stabilization, at a level consistent with the needs of sustainable economic growth, social development and environment protection by 2045.
2. To promote and support schemes, programmes, projects and initiatives for meeting the unmet 138 Annual Report | 2017-2018 Chapter - 08 needs for contraception and reproductive and child health care.
3. To promote and support innovative ideas in the Government, private and voluntary sector with a view to achieve the objectives of the National Population Policy, 2000.
4. To facilitate the development of a vigorous people's movement in favour of the national effort for population stabilization.
5. To provide a window for channelizing contributions from individuals, trade organizations and others within the country and outside, in furtherance of the national cause of population stabilization.



Other

Activities being undertaken are as under:-

- i. Santushti,
- ii. Prerna, iii. National HelpLine, iv. Advocacy & IEC activities through various media.
- Actions from organizations and individuals that support population stabilization

20. Arogya Setu.

Ans: Aarogya Setu (translation from sanskrit) : *the bridge to liberation from disease*) is an Indian COVID-19 contact tracing, syndromic mapping and self-assessment" digital service, primarily a mobile app, developed by the National informatics centre under the Ministry of Electronics and Information Technology (MeitY), LAUNCHED ON APRIL 2, 2020. The app reached more than 100 million installs in 40 days. On 26 May, amid growing privacy and security concerns, the source code of the app was made public. It is a tracking app which uses the smartphone's GPS and Bluetooth features to track COVID-19 cases. With Bluetooth, it tries to determine the risk if one has been near (within six feet of) a COVID-19-infected person, by scanning through a database of known cases across India. It tells how many COVID-19 positive cases are likely in a radius of 500 m, 1 km, 2 km, 5 km and 10 km from the user.

Social distancing has become the new norm for most Indians today, amidst this pandemic. At such a time, people need to stay updated regarding containment zones, virus hotspots and more related information. This Arogya Setu app is a government initiative to ensure the utmost safety for its citizens from this deadly virus. In essence, this application connects Indian health services to its people at this unpredictable time. Through contact tracing, the app can notify a user of any hotspot or 'high-risk' areas near his or her

residence. It can assist a person to adopt adequate measures to avoid infection. If the app highlights that your house is located in one such hotspot, you need to start taking standard precautionary measures against the coronavirus infections and ask your family members to do the same. App users can also understand whether they are currently exhibiting symptoms associated with Covid-19. The mobile platform can help with self-diagnosis and inform you whether you should consult a doctor.

21. COVID 19 Andhra Pradesh"

Ans: It is a mobile application developed by the Department of Health, Medical & Family Welfare Department, Government of Andhra Pradesh. This will enable citizens to connect with all essential health services in the fight against COVID 19. The application is aimed at removing physical barriers resulting in the speed of access and delivery of services to the citizens of Andhra Pradesh. The application also aims to reach out to the citizens with information regarding the status of their District/Mandal/Village, do's and don'ts, announcements, and media bulletins.

Coronavirus disease 2019 (COVID-19) is a contagious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first known case was identified in Wuhan, China in December 2019. The disease has since spread worldwide, leading to an ongoing pandemic. Symptoms of COVID19 are variable, but often include fever, cough, headache, fatigue, breathing difficulties, and loss of smell and taste. Symptoms may begin one to fourteen days after exposure to the virus. At least a third of people who are infected

do not develop noticeable symptoms. Of those people who develop symptoms noticeable enough to be classed as patients, most (81%) develop mild to moderate symptoms, while 14% develop severe symptoms (dyspnea, hypoxia, or more than 50% lung involvement on imaging), and 5% suffer critical symptoms (respiratory failure, shock or multiorgan dysfunction). Older people are at a higher risk of developing severe symptoms. Some people continue to experience a range of effects (long COVID) for months after recovery, and damage to organs has been observed. Multi-year studies are underway to further investigate the long-term effects of the disease.

COVID-19 transmits when people breathe in air contaminated by droplets and small airborne particles containing the virus. The risk of breathing these in is highest when people are in close proximity, but they can be inhaled over longer distances, particularly indoors. Transmission can also occur if splashed or sprayed with contaminated fluids in the eyes, nose or mouth, and, rarely, via contaminated surfaces. People remain contagious for up to 20 days, and can spread the virus even if they do not develop symptoms.

Several testing methods have been developed to diagnose the disease. The standard diagnostic method is by detection of the virus' nucleic acid by real time reverse transcription polymerase chain reaction (rRT-PCR), transcription-mediated amplification (TMA), or by reverse transcription loop-mediated isothermal amplification (RT-LAMP) from a nasopharyngeal swab.

Preventive measures include physical or social distancing, quarantining, ventilation of indoor spaces, covering coughs and sneezes, hand washing, and keeping unwashed

hands away from the face. The use of face masks or coverings has been recommended in public settings to minimize the risk of transmissions.

22. *Ayushman Bharat*

Ans: It has announced this scheme as part of the National Health Care Scheme in the Budget 2018-19. The scheme is expected to benefit up to 10 crore families under national health insurance to benefit the poor. It is the largest government-run health insurance scheme in the world. . The scheme is referred to as *Modicare*. The first health center of the scheme was inaugurated by Prime Minister Narendra Modi on April 14, 2018 in Bijapur, Chattisgarh .

Beneficiary Level

- Government provides health insurance cover of up to Rs. 5,00,000 per family per year.
- More than 10.74 crore poor and vulnerable families (approximately 50 crore beneficiaries) covered across the country.
- All families listed in the SECC database as per defined criteria will be covered. No cap on family size and age of members.
- Priority to girl child, women and senior citizens.
- Free treatment available at all public and empaneled private hospitals in times of need.
- Covers secondary and tertiary care hospitalization.
- 1,350 medical packages covering surgery, medical and day care treatments, cost of medicines and diagnostics.
- All pre-existing diseases covered. Hospitals cannot deny treatment.

- Cashless and paperless access to quality health care services.
- Hospitals will not be allowed to charge any additional money from beneficiaries for the treatment.
- Eligible beneficiaries can avail services across India, offering benefit of national portability. Can reach out for information, assistance, complaints and grievances to a 24X7 helpline number – 14555

