UNIT - II

HEALTH

LONG ANSWER QUESTIONS

1. *What are the determinants of health?*

Ans: The determinants of health include:

- the social and economic environment,
- the physical environment, and
- the person's individual characteristics and behaviours.
- Income and social status - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.
- Education – low education levels are linked with poor health, more stress and lower self-confidence.
- Physical environment – safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health. Employment and working conditions – people in employment are healthier, particularly those who have more control over their working conditions
- Social support networks – greater support from families, friends and communities is linked to better health. Culture - customs and traditions, and the beliefs of the family and community all affect health.
- Genetics - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses. Personal behaviour and coping skills – balanced eating,

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keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.

- Health services - access and use of services that prevent and treat disease influences health
- Gender - Men and women suffer from different types of diseases at different ages.

Leading Health Indicators :

- Access to Health Services.
- Clinical Preventive Services.
- Environmental Quality.
- Maternal Infant and Child Health.
- Mental Health.
- Nutrition, Physical Activity, and Obesity.
- Oral Health.
- Reproductive and Sexual Health.

2. *What are the Principles of health education:*

Ans: Some basic principles that should be followed in imparting health education. (It can be summed up using a mnemonics -"**MILK CPR LG CSF**")

M : Motivation
I : Interest
L : Learning by doing
K : Known to unknown
C : Credibility
P : Participation
R : Reinforcement
L : Leader
G : Good human relation
C : Comprehensive
S : Setting an example
F : Feed back

1.Motivation: In every person there is a fundamental desire to learn. Stimulation or awakening of this desire is called motivation

The two types of motives - primary and secondary motives. The primary motives are sex, hunger, survival; these are inborn desires. The secondary motives are praise, love, rewards, punishment and recognition.

2.Interest: It is a well -known psychological principle, that unless people are interested, they will not learn. Health education should therefore relate to the interests of the people. All health teaching, in order to be effective, must be based on the health needs of the people.

3. Learning by doing: Learning is an action process. The following Chinese proverbs emphasizes the importance of learning by doing --" IF I HEAR, I FORGET IF I SEE, I REMEMBER If i do, i know"

4. Known to unknown: We must always go from "simple to complex"; from concrete to the abstract, from easy to difficult and from known to unknown. These are the rules of teaching. One should start educating people from what they know already and then expose them to new knowledge.

5. Credibility: It is the degree to which the message to be communicated is perceived as trustworthy by the receiver. It must be based on facts. It must be consistent, compatible with scientific knowledge and also with local culture, educational system and social goods.

6.Participation: It means taking part in or involving oneself or contributing towards something. It is one of the active principles in learning. It is better than passive learning. Personal involvement is more likely to lead to personal acceptance.

7. Reinforcement: Few people can learn all that is new in a single period. Repetition at intervals is necessary. If there is no reinforcement there is a possibility that the individual will forget what is taught.

8. Leader: We learn best from people whom we respect and regard in the work of health education. We penetrate the community through local leaders. e.g. School teacher, Agents, etc. Leader

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understands the needs and demands of the community and provides proper guidance.

9. Good human relations: The health educator must be kind and sympathetic. People must accept him as their real friend. Good relationships that lead to good communication are of utmost importance in health education.

10. Comprehension: In health education, we must know the level of understanding, education and literacy of the people to whom the teaching is directed. The teaching should be within the mental capacity of the people.

11. Setting an example: Health Education should set a good example in the things he is teaching. e.g. If he is explaining the hazards of smoking, he will not be very successful, if himself smokes.

12. Feed back: It is one of the key concepts of the system's approach. For effective communication, feedback is of paramount importance.

3. National Institute of Nutrition (NIN)

Ans: National Institute of Nutrition (NIN) was founded by Sir Robert McCarrison in the year 1918 as 'Beri-Beri' Enquiry Unit in a single room laboratory at the Pasteur Institute, Coonoor, Tamil Nadu. Within a short span of seven years, this unit blossomed into a "Deficiency Disease Enquiry" and later in 1928, emerged as full-fledged "Nutrition Research Laboratories" (NRL) with Dr. McCarrison as its first Director. It was shifted to Hyderabad in 1958.At the time of its golden jubilee in 1969, it was renamed as National Institute of Nutrition (NIN).

Objectives :

1. To identify various dietary and nutrition problems prevalent among different segments of the population in the country.
2. To continuously monitor the diet and nutrition situation of the country.
3. To evolve effective methods of management and prevention of nutritional problems.

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4. To conduct operational research connected with planning and implementation of national nutrition programmes.
5. To dovetail nutrition research with other health programmes of the government.
6. Human resource development in the field of nutrition.
7. To disseminate nutrition information.
8. To advise governments and other organisations on issues relating to nutrition

Food and nutrition Board:

The Food & Nutrition Board (FNB), set up in 1964, is an attached office of the Ministry of Women & Child Development and has a countrywide set up. Originally with the Ministry of Food, the FNB was shifted to the Ministry of Women and Child Development (then Department of WCD) in 1993.

Nutrition is the focal point of health and well-being. Nutrition is directly linked to human resource development, productivity and ultimately to national growth.

Food and Nutrition Board comprises a technical wing at the Centre, 4 Regional Offices and Quality Control Laboratories at Delhi, Mumbai, Kolkata and Chennai and 43 Community Food & Nutrition Extension Units (CFNEUs) located in 29 States / UTs. However, there is no CFNEU in the States Uttarakhand, Tripura, Nagaland, Trivandrum and UTs of Lakshadweep and Daman and Diu.

Activities of Food & Nutrition Board include:

- Nutrition Education and Training, both for the masses and for ICDS functionaries,
- Mass Nutrition Awareness Campaigns,
- Development, production and distribution of nutrition education/training material,
- Training in Home Scale Preservation of Fruits and Vegetables and Nutrition,
- Development and Promotion of locally available Nutritious Foods,
- Food Analysis and Standardization,

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4. UNICEF-INDIA

Ans: We work across India to save children's lives, help them fulfill their potential and defend their rights.

- Follow up action on National Nutrition Policy.
- Health.
- Child protection.
- Education.
- Nutrition.
- Water, sanitation and hygiene.
- Social policy and inclusion.
- Adolescent development and participation.
- Gender equality.
- The United Nations Children fund is authorized by the United Nations to promote and protect the rights of children as directed by the United Nations Convention on the Rights of the Child.
- The organization aims to accomplish a world where the rights of all children; irrespective of nationality, social status, geographical location or political affiliation are protected and preserved.
- UNICEF also intends to mobilize governments and non-government institutions towards the cause, in order to broaden the scope of child rights.
- Additionally, it is committed to provide special assistance and support to the children who are underprivileged, may that be by war, poverty, malnutrition, abuse or disabilities.
- Furthermore, the organization is dedicated to work during and after the course of emergencies to provide support and relief for children who are the most vulnerable part of a society. It does this by working with other organizations with an agenda towards humanitarian support.
- Moreover, the organization works towards providing support for women and girls towards gender equality, to make sure they contribute towards the development of their societies.

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- Also, the organization emphasizes education for children and has been working for this cause. Lastly, since its creation the organization is determined to fight against diseases such as tuberculosis and HIV.

5. *NRHM (National Rural Health Mission)*

Ans: The National Rural Health Mission (NRHM) was launched by the Hon'ble Prime Minister on 12th April 2005, to provide accessible, affordable and quality health care to the rural population, especially the vulnerable groups, which have weak public health indicators and/or weak infrastructure.

The NRHM will cover all the villages through approximately 2.5 lakh village-based "Accredited Social Health Activists" (ASHA) who would act as a link between the health centers and the villagers. One ASHA will be raised from every village or cluster of villages. The ASHA would be trained to advise village populations about sanitation, hygiene, contraception, and immunization; to provide primary medical care for diarrhea, minor injuries, and fevers; and to escort patients to medical centers. They would also be expected to deliver direct observed short course therapy for tuberculosis and oral rehydration; to give folic acid tablets and chloroquine to patients; and to alert authorities to unusual outbreaks. ASHA will receive performance-based compensation for promoting universal immunization, referral and escort services for RCH, construction of house- hold toilets, and other health care delivery programs.

Goals and strategies

The goals of the NRHM includes:

i) reduction in Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR);

ii) universal access to integrated comprehensive public health services;

iii) child health, water, sanitation and hygiene;

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iv) prevention and control of communicable and non-communicable diseases, including locally endemic diseases;
v) population stabilization, gender and demographic balance;
vi) revitalize local health traditions and main-stream Ayurvedic, Yoga, Unani, Siddha and Homeopathy Systems of Health (AYUSH);
vii) promotion of healthy lifestyles

The strategies to achieve the goals includes

i) Train and enhance capacity of Panchayati Raj Institutions (PRIs) to own, control and manage public health services;
ii) Health plan for each village through Village Health Committee of the Panchayat;
iii) Strengthening sub-center through an untied fund to enable local planning and action (each sub-center will have an Untied Fund for local action at Rs. 10,000 per annum). This Fund will be deposited in a joint Bank Account of the ANM and Sarpanch and operated by the ANM, in consultation with the Village Health Committee, and more Multi Purpose Workers (MPWs);
iv) Provision of 24 hour service in 50% PHCs by addressing shortage of doctors, especially in high focus States, through mainstreaming AYUSH manpower,
v) preparation and implementation of an intersectoral District Health Plan prepared by the District Health Mission, including drinking water, sanitation and hygiene and nutrition;
vi) integrating vertical Health and Family Welfare programs at National, State, Block, and District levels.

6. National Urban Health Mission(NUHM)

Ans: The Union Cabinet gave its approval to launch a National Urban Health Mission (NUHM) as a new submission under the overarching National Health Mission (NHM). Under the Scheme the following proposals have been approved :

- One Urban Primary Health Centre (U-PHC) for every fifty to sixty thousand population

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- One Urban Community Health Centre (U-CHC) for five to six U-PHCs in big cities.
- One Auxiliary Nursing Midwives (ANM) for 10,000 people.
- One Accredited Social Health Activist ASHA (community link worker) for 200 to 500 households.

The estimated cost of NUHM for 5 years period is Rs 22,507 crore with the Central Government share of Rs 16,955 crore. Centre-state funding pattern will be 75:25 except for North Eastern states and other special category states of Jammu and Kashmir, Himachal Pradesh and Uttarakhand for whom funding pattern will be 90:10.

The scheme will focus on primary health care needs of the urban poor. This Mission will be implemented in 779 cities and towns with more than 50,000 population and cover about 7.75 crore people. The interventions under the sub-mission will result in

- Reduction in Infant Mortality Rate (IMR)
- Reduction in Maternal Mortality Ratio (MMR)
- Universal access to reproductive health care
- Convergence of all health related interventions.

The existing institutional mechanism and management systems created and functioning under NRHM will be strengthened to meet the needs of NUHM. Citywise implementation plans will be prepared based on baseline survey and felt need. Urban local bodies will be fully involved in implementation of the scheme.

NUHM aims to improve the health status of the urban population in general, particularly the poor and other disadvantaged sections by facilitating equitable access to quality health care, through a revamped primary public health care system, targeted outreach services and involvement of the community and urban local bodies.

7. *Write about Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCHa)*

Ans: The Government of India's "Call to Action (CAT) Summit" in February, 2013, the Ministry of Health & Family Welfare launched Reproductive, Maternal, Newborn Child plus Adolescent Health

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(RMNCH+A) to influence the key interventions for reducing maternal and child morbidity and mortality.

The RMNCH+A strategy is built upon the continuum of care concept and is holistic in design, encompassing all interventions aimed at reproductive, maternal, newborn, child, and adolescent health under a broad umbrella, and focusing on the strategic lifecycle approach.

The RMNCH+A strategy promotes links between various interventions across thematic areas to enhance coverage throughout the lifecycle to improve child survival in India. The "plus" within the strategy focuses on:

- Inclusion of adolescence as a distinct life stage within the overall strategy.
- Linking maternal and child health to reproductive health and other components like family planning, adolescent health, HIV, gender, and preconception and prenatal diagnostic techniques.
- Linking home and community-based services to facility-based services.
- Ensuring linkages, referrals, and counter-referrals between and among various levels of the health care system to create a continuous care pathway, and to bring an additive /synergistic effect in terms of overall outcomes and impact.

Key features of RMNCH+A Strategy: The RMNCH+A strategy approaches include:

- Health systems strengthening (HSS) focusing on infrastructure, human resources, supply chain management, and referral transport measures.
- Prioritization of high-impact interventions for various lifecycle stages.
- Increasing effectiveness of investments by prioritizing geographical areas based on evidence.

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- Integrated monitoring and accountability through good governance, use of available data sets, community involvement, and steps to address grievances.
- Broad-based collaboration and partnerships with ministries, departments, development partners, civil society, and other stakeholders.

The RMNCH+A strategy provides a strong platform for delivery of services across the entire continuum of care, ranging from community to various levels of the healthcare system.

8. Janani Shishu Suraksha Karyakram (JSSK)

Ans: The Government of India launched the Janani Shishu Suraksha Karyakram (JSSK) on 1st June, 2011. The scheme is to benefit pregnant women who access Government health facilities for their delivery. Moreover it will motivate those who still choose to deliver at their homes to opt for institutional deliveries. All the States and UTs have initiated implementation of the scheme.

In view of the difficulty being faced by the pregnant women and parents of sick new- born along-with high out of pocket expenses incurred by them on delivery and treatment of sick- new-born, Ministry of Health and Family Welfare (MoHFW) has taken a major initiative to evolve a consensus on the part of all States to provide completely free and cashless services to pregnant women including normal deliveries and caesarean operations and sick newborn (up to 30 days after birth) in Government health institutions in both rural and urban areas.

The following are the Free Entitlements for pregnant women :

- Free and cashless delivery
- Free C-Section
- Free drugs and consumables
- Free diagnostics
- Free diet during stay in the health institutions
- Free provision of blood
- Exemption from user charges

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- Free transport from home to health institutions
- Free transport between facilities in case of referral
- Free drop back from Institutions to home after 48hrs stay

The following are the Free Entitlements for Sick newborns till 30 days after birth.:

- Free treatment
- Free drugs and consumables
- Free diagnostics
- Free provision of blood
- Exemption from user charges
- Free Transport from Home to Health Institutions
- Free Transport between facilities in case of referral
- Free drop Back from Institutions to home

Key features of the scheme

- The initiative entitles all pregnant women delivering in public health institutions to absolutely free and no expense delivery, including caesarean section.
- The entitlements include free drugs and consumables, free diet up to 3 days during normal delivery and up to 7 days for C-section, free diagnostics, and free blood wherever required. This initiative also provides for free transport from home to institution, between facilities in case of a referral and drop back home. Similar entitlements have been put in place for all sick newborns accessing public health institutions for treatment till 30 days after birth.This has now been expanded to cover sick infants:
- The scheme aims to eliminate out of pocket expenses incurred by the pregnant women and sick newborn while accessing services at Government health facilities.
- The scheme is estimated to benefit more than 12 million pregnant women who access Government health facilities for their delivery. Moreover it will motivate those who still choose to deliver at their homes to opt for institutional deliveries.

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- All the States and UTs have initiated implementation of the scheme

9. *India Newborn Action Plan (INAP)*

Ans: The India Newborn Action Plan (INAP) was launched in September 2014 with the aim of ending preventable newborn deaths and stillbirths by 2030.

The salient features are:

- INAP has set the goals for neonatal mortality and stillbirths. The goal is to attain Single Digit Neonatal Mortality and Stillbirth Rates by 2030.
- INAP is to be implemented within the existing Reproductive, Maternal, Newborn, Child and Adolescent health (RMNCH+A) framework of the National Health Mission (NHM).
- Six pillars of intervention packages impacting stillbirths and newborn health have been identified, which include:
  - Preconception and antenatal care
  - Care during labour and childbirth
  - Immediate newborn care
  - Care of healthy newborn
  - Care of small and sick newborn
  - Care beyond newborn survival
- For effective implementation, a systematic plan for monitoring and evaluation has been developed with a list of dashboard indicators.

INAP is now serving as a framework for the States to develop state-specific action plans and it is expected that these interventions would have an impact in reducing newborn mortality in the country.

Birth Defect surveillance has been started recently in 37 Medical Colleges across the country. This aims to build and strengthen surveillance capacity and expand the availability of standardized and accurate data on congenital anomalies.

INAP has been disseminated at the national and regional levels

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in order to facilitate the States to formulate their own need-based plans. As a result, the States are now in the process of developing their State-specific Newborn Action Plans.

10. Rashtriya Bal Swasthya Karyakram (RBS)

Ans: The Ministry of Health & Family Welfare, Government of India, under the National Health Mission launched the Rashtriya Bal Swasthya Karyakram (RBSK), an innovative and ambitious initiative, which envisages Child Health Screening and Early Intervention Services, a systemic approach of early identification and link to care, support and treatment.

Rashtriya Bal Swasthya Karyakram (RBSK) is one of its kind programs to improve the overall quality of life of children enabling all children achieve their full potential; and also provide comprehensive care to all the children in the community.

This program involves screening of children from birth to 18 years of age for 4 Ds- Defects at birth, Diseases, Deficiencies and Development delays, spanning 32 common health conditions for early detection and free treatment and management, including surgeries at tertiary level. Children diagnosed with identified selected health conditions are provided early intervention services and follow-up care at the district level. These services are provided free of cost, thus helping their families reduce out of pocket expenditure incurred on the treatment.

To facilitate screening of children, there is a strong convergence with the Ministry of Women and Child Development for screening children the age group 0 – 6 years enrolled at Anganwadi centres and with the Ministry of Human Resource Development for screening the children enrolled in Government and Government aided schools. The newborn is screened for birth defects in health facilities by the doctors at health facilities and during the home visit by ASHA (peripheral health worker).

The task is gigantic but quite possible, through the systematic approach that RBSK envisages. It would yield rich dividends in

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protecting and promoting the health of our children, when implemented in right earnest.

Adolescent Health- Rashtriya Kishor Swasthya Karyakram (RKSK)

The Ministry of Health & Family Welfare has launched a health programme for adolescents, in the age group of 10-19 years, which would target their nutrition, reproductive health and substance abuse, among other issues. There are 253 million adolescents in the age group 10-19 years in India. This age group comprises individuals in a transient phase of life requiring nutrition, education, counseling and guidance to ensure their development into healthy adults.

They are susceptible to several preventable and treatable health problems, like

- early & unintended pregnancy,
- unsafe sex leading to STI/HIV/AIDS,
- nutritional disorders like malnutrition,
- anemia & overweight,
- alcohol, tobacco and drug abuse,
- mental health concerns,
- injuries &violence.

The Government of India has recognized the importance of influencing health-seeking behavior of adolescents. The health situation of this age group is a key determinant of India's overall health, mortality, morbidity and population growth scenario. Therefore, investments in adolescent reproductive and sexual health will yield dividends in terms of

- delaying age at marriage,
- reducing incidence of teenage pregnancy,
- meeting unmet contraception needs,
- reducing maternal mortality,
- reducing STI incidence
- and reducing HIV prevalence.

It will also help India realize its demographic dividends, as healthy adolescents are an important resource for the economy.

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11. Rashtriya Kishor Swasthya Karyakram (RKSK):

Ans: In order to ensure holistic development of adolescent population, the Ministry of Health and Family Welfare launched Rashtriya Kishor Swasthya Karyakram (RKSK) on 7th January 2014 to reach out to 253 million adolescents - male and female, rural and urban, married and unmarried, in and out-of-school adolescents with special focus on marginalized and undeserved groups .

The programme expands the scope of adolescent health programming in India - from being limited to sexual and reproductive health, it now includes in its ambit nutrition, injuries and violence (including gender based violence), non-communicable diseases, mental health and substance misuse.

The strength of the program is its health promotion approach. It is a paradigm shift from the existing clinic-based services to promotion and prevention and reaching adolescents in their own environment, such as in schools, families and communities. Key drivers of the program are community based interventions like, outreach by counselors; facility based counselling; Social and Behavior Change Communication; and strengthening of Adolescent Friendly Health Clinics across levels of care.

Adolescents often do not have the autonomy or the agency to make their own decisions. RKSK takes cognizance of this and involves parents and community. Focus is on reorganizing the existing public health system in order to meet the service needs of adolescents. Under this a core package of services includes preventive, promotive, curative and counselling services, routine check-ups at primary, secondary and tertiary levels of care is provided regularly to adolescents, married and unmarried, girls and boys during the clinic sessions.

The key principles of this programme is adolescent participation and leadership, Equity and inclusion, Gender Equity and strategic partnerships with other sectors and stakeholders. The

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programme envisions enabling all adolescents in India to realize their full potential by making informed and responsible decisions related to their health and well being and by accessing the services and support they need to do so.

To guide the implementation of this programme, MOHFW in collaboration with UNFPA has developed a National Adolescent Health Strategy. It realigns the existing clinic-based curative approach to focus on a more holistic model based on a continuum of care for adolescent health and developmental needs.

The Rashtriya Kishor Swasthya Karyakram (National Adolescent Health Programme),will comprehensively address the health needs of the 253 million adolescents. It introduces community-based interventions through peer educators, and is underpinned by collaborations with other ministries and state governments.

Objectives:

- Improve Nutrition
- Improve Sexual and Reproductive Health
- Enhance Mental Health
- Prevent Injuries and violence
- Prevent substance misuse

12. Disaster Management

Ans: Disaster management aims to reduce, or avoid, the potential losses from hazards, assure prompt and appropriate assistance to victims of disaster, and achieve rapid and effective recovery. Disaster Risk Management includes the sum total of all activities, programmes and measures which can be taken up before, during and after a disaster with the purpose to avoid a disaster, reduce its impact or recover from its losses.

The four disaster management phases illustrated here do not always, or even generally, occur in isolation or in this precise order.

A. Mitigation - Minimizing the effects of disaster.

- Preparedness - Planning how to respond.
- Response - Efforts to minimize the hazards created by a disaster..

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- Recovery - Returning the community to normal.

1. Mitigation: the action of reducing the severity, seriousness, or painfulness of something. Mitigation activities actually eliminate or reduce the probability of disaster occurrence, or reduce the effects of unavoidable disasters through proactive measures taken before an emergency or disaster occurs.

The mitigation phase, and indeed the whole disaster management cycle, includes the shaping of public policies and plans that either modify the causes of disasters or mitigate their effects on people, property, and infrastructure. Mitigation measures may include but not restricted to:

- Enforcement of building codes, floodplain management codes and environmental regulations.
- Public safety measures such as continual maintenance of roadways and dams.
- Land-use planning (zoning) and controlling human activities in hazard prone areas
- Earthquake resistant construction, permanent houses
- Community health and sanitation (improving nutrition, keeping the community clean, immunization, herbal gardens, training of community health workers)
- Deployment of warning systems to alert and notify the public.

2. Preparedness: Getting ready to cope. Disaster preparedness refers to measures taken to prepare for and reduce the effects of disasters. These measures can be described as logistical readiness to deal with disasters. Disaster preparedness has the potential to save the maximum number of lives and property during a disaster.

Preparedness phase coves a wide range of activities;

- Individual, family and community preparedness measures: knowing what to do
- before, during and after a disaster for earthquake, drought, epidemic
- Preparedness can also take the form of ensuring that strategic reserves of food, equipment, water, medicines and other essentials are maintained in cases of emergencies and disasters.

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- Public awareness activities - public awareness campaigns such as community meetings and house-to-house information dissemination, posters and pamphlets, media coverage, disaster consciousness day/ week/month.
- Formulation of community counter disaster plan or disaster management plan

3.Responsė When disaster strikes. The assistance and intervention during or immediately after a disaster. Focus is on saving lives and protecting community assets (buildings, roads, animals, crops, infrastructure). Usually measured in hours, days or weeks. Humanitarian organizations are often strongly present in this phase of the disaster management cycle.

- Evacuation and evacuation center management
- Search and rescue
- First Aid and Medical Assistance
- Damage Needs Capacity Assessment
- Relief delivery (food and drinking water; non-food items such as clothing, blankets, kitchen utensils…)
- Psycho-social counseling (comforting, critical stress debriefing)

4. Recovery: Getting back to normal. After the disaster - recovery: rehabilitation and reconstruction. Disaster recovery has three distinct but interrelated meanings.

First, it is a goal that involves the restoration of normal community activities that were disrupted by disaster impact.

Second, it is a phase that starts after the recovery phase and ends when the community has returned to its normal routines.

Third, it is a process by which the community achieves the goal of returning to normal routines.

There is no distinct point at which immediate relief changes into recovery and then into long-term sustainable development. There will be many opportunities during the recovery period to enhance prevention and increase preparedness, thus reducing vulnerability. Recovery activities continue until all systems return to normal or better.

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Recovery measures, both short and long term, include;

- Rebuilding and strengthening of damaged structures
- Relocation to safe places
- Income generating projects

13. Preventive measures of diseases.

Ans: 1.Handle and prepare food safely: Food can carry germs. Wash hands, utensils, and surfaces often when preparing any food, especially raw meat. Always wash fruits and vegetables. Cook and keep foods at proper temperatures. Don't leave food out – refrigerate promptly.

2.Wash hands often: One of the most important healthy habits to prevent the spread of germs is to clean your hands. Our hands can carry germs, so it is important to wash them often, even if they don't look dirty.

Make sure to clean your hands before and after:

- Using the bathroom or changing diapers
- Eating
- Cooking or serving food
- Treating a cut or wound
- Contact with a sick person
- Putting on and removing protective equipment like a face mask

Clean your hands after these actions:

- Coughing, sneezing, or blowing your nose
- Touching another person's hands or touching an animal or pet
- Handling garbage
- Touching frequently touched areas (doorknobs) or contaminated items (dirty laundry or dishes).

How to Wash Hands with Soap and Water

1. Wet hands and apply soap.
2. Rub hands for at least 20 seconds. Scrub all surfaces.
3. Rinse hands.

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4. Dry hands with a clean cloth or paper towel. If in a public place, use the paper towel to turn off the faucet. Then, throw it in the trash.

* When helping a child, wash their hands first, and then your own.

How to Clean Hands with Hand Sanitizer

1. Use hand sanitizer if soap and water are not available and if your hands do not look dirty. To be effective, hand sanitizer must have at least 60% alcohol content.
2. Apply hand sanitizer to both hands.
3. Rub hands covering all surfaces until dry. If your hands dry before 10 seconds you did not use enough. Apply more and repeat.

* Although not as effective as washing one's hands with soap and water or using hand sanitizer, pre-moistened cleansing towels with at least 60% alcohol content can be an alternative.

3. Clean and disinfect commonly used surfaces: Germs can live on surfaces. Cleaning with soap and water is usually enough. However, you should disinfect your bathroom and kitchen regularly. Disinfect other areas if someone in the house is ill. You can use an EPA certified disinfectant (look for the EPA registration number on the label) or a bleach solution.

4. Cough and sneeze into a tissue or your sleeve: If you are sick, the air that comes out of your mouth when you cough or sneeze may contain germs. Someone close by can breathe in your air, or touch a surface contaminated with your germs, and become ill. Cough or sneeze into a tissue or your shirt sleeve-not into your hands. Remember to throw away the tissue and wash your hands. You can wear a face mask when you are sick with a cough or sneezing illness.

5. Don't share personal items" : Avoid sharing personal items that can't be disinfected, like toothbrushes and razors, or sharing towels between washes. Needles should never be shared, should only

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be used once, and then thrown away properly.

6. Get vaccinated: can prevent many infectious diseases. You should get some vaccinations in childhood, some as an adult, and some for special situations like pregnancy and travel. Make sure you and your family are up-to-date on your vaccinations.

7. Avoid touching wild animals" : You and your pets should avoid touching wild animals which can carry germs that cause infectious diseases. If you are bitten, talk to your doctor. Make sure that your pet's vaccinations are up-to-date.

8. Stay home when sick" :When you are sick, stay home and rest. You will get well sooner, and will not spread germs.

14. Control and Prevention of Epidemics and Pandemics:

Ans:An epidemic is when an infectious disease spreads quickly to more people than experts would expect. It usually affects a larger area.

A pandemic is a disease outbreak that spreads across countries or continents. It affects more people and takes more lives than an epidemic. The World Health Organization (WHO) declared COVID-19 to be a pandemic when it became clear that the illness was severe and that it was spreading quickly over a wide area. The number of lives lost in a pandemic depends on:

- How many people are infected
- How severe of an illness the virus causes (its virulence)
- How vulnerable certain groups of people are
- Prevention efforts and how effective they are

The WHO's pandemic alert system ranges from Phase 1 (a low risk) to Phase 6 (a full pandemic):

- Phase 1: A virus in animals has caused no known infections in humans.
- Phase 2: An animal virus has caused infection in humans.
- Phase 3: There are scattered cases or small clusters of disease in humans. If the illness is spreading from human to human,

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it's not broad enough to cause community-level outbreaks.

- Phase 4: The disease is spreading from person to person with confirmed outbreaks at the community level.
- Phase 5: The disease is spreading between humans in more than one country of one of the WHO regions.
- Phase 6: At least one more country, in a different region from Phase 5, has community-level outbreaks.

Prevention: Slowing the Spread of Pandemic Disease

There's no sure way to prevent the spread of disease during an outbreak, epidemic, or pandemic. It might take scientists a long time to make a vaccine. But it's easier to make specific vaccines more quickly now than it was several years ago. Once a vaccine is ready, people and groups who are more likely to become ill will get it first. In the meantime, you can take other steps to stay healthy:

- Wash your hands often with soap and water. If that's not an option, use an alcohol-based hand cleaner or gel sanitizer. Rub it on your hands until they're dry.
- Don't touch your mouth, nose, and eyes unless you've just washed your hands.
- When you cough or sneeze, cover your mouth and nose with a tissue. Then throw the tissue in the trash. Wash your hands afterward.
- Avoid crowded places. Stay home if you can.
- Clean and disinfect household surfaces every day.

If you get sick:

- Stay home and away from other people. If you want to talk to your doctor, call before you go to their office. But if you have severe symptoms like trouble breathing, call 911 or go to an emergency room right away.
- Wear a face mask if you have to go out for medical care. Avoid public transportation, ride-hailing, and taxis.
- Have only one person care for you, if possible.

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- Wash your hands often, and keep household surfaces clean and disinfected.

Pandemic Preparation: A pandemic causes economic and social problems because so many people are ill or can't work. Here are a few things you can do to help your family and your community before and during a pandemic:

- Make an emergency contact list.
- Find local aid organizations in case you need information, support, or health services.
- Find out whether you can work from home.
- Plan home learning activities in case school is closed.
- Store extra water, food, medicine, and supplies.
- Stay as healthy as you can by getting rest, managing stress, eating right, and exercising.
- Help seniors and neighbors by sharing information and resources.

Notable Past Pandemics:

The list of the deadliest pandemics in world history includes:

- The Black Death. Experts think the plague, sparked by bacteria called *Yersinia pestis*, is to blame for the illness that tore through Europe in 1347-51. An estimated 25 million people died.
- The influenza pandemic of 1918. At least 50 million people around the world died of flu during the outbreak of 1918-19. It's often called the "Spanish flu," not because the virus started there but because Spain was one of the first countries to announce cases.
- Smallpox. The smallpox pandemic stretched over hundreds of years. Experts estimate that it killed as many as 300 million people in the 20th century alone. Thanks to widespread vaccine use, it was declared eradicated in 1980.
- HIV and AIDS. The human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), and related illnesses have killed about 32 million people around the world.

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15. Role of government and public in control of diseases

Ans: The areas of public health responsibility include (1) assuring an adequate local public health infrastructure, (2) promoting healthy communities and healthy behaviors, (3) preventing the spread of communicable disease, (4) protecting against environmental health hazards, (5) preparing for and responding to emergencies, and (6) assuring health services. You can find more information on public health activities relating to these areas online.

Assure an Adequate Local Public Health Infrastructure :

Assuring an adequate local public health infrastructure means maintaining the basic capacities foundational to a well-functioning public health system such as data analysis and utilization; health planning; partnership development and community mobilization; policy development, analysis and decision support; communication; and public health research, evaluation and quality improvement.

Promote Healthy Communities and Healthy Behavior :

Promoting healthy communities and healthy behaviors means activities that improve health in a population, such as investing in healthy families; engaging communities to change policy, systems or environments to promote positive health or prevent adverse health; providing information and education about healthy communities or population health status; and addressing issues of health equity, health disparities, and the social determinants of health.

Prevent the Spread of Communicable Disease:

Preventing the spread of infectious disease means preventing diseases that are caused by infectious agents, such as by detecting acute infectious diseases, assuring the reporting of infectious diseases, preventing the transmission of disease, and implementing control measures during infectious disease outbreaks.

Protect Against Environmental Health Hazards :

Protecting against environmental health hazards means addressing aspects of the environment that pose risks to human health, such as monitoring air and water quality, developing policies and programs to reduce exposure to environmental health risks and

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promote healthy environments, and identifying and mitigating environmental risks such as foodborne and waterborne diseases, radiation, occupational health hazards, and public health nuisances.

Prepare and Respond To Emergencies :

Preparing and responding to emergencies means engaging in activities that prepare public health departments to respond to events and incidents and assist communities in recovery, such as providing leadership for public health preparedness activities within a community; developing, exercising and periodically reviewing response plans for public health threats; and developing and maintaining a system of public health workforce readiness, deployment, and response.

Assure Health Services :

Assuring health services means engaging in activities such as assessing the availability of health-related services and health care providers in local communities; identifying gaps and barriers; convening community partners to improve community health systems; and providing services identified as priorities by the local assessment and planning process.

SHORT ANSWER QUESTIONS

16. Write about Health education strategies

Ans: Organizational Strategies: Goal: To help people identify problems and organize to solve them through :

- community development (or locality development)
- social action,
- organizational development

Training strategies: Goal: To help provide participatory learning experiences to develop skills and change attitudes to improve health through

- skills development through practice

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- simulation and games (socio-drama, role playing, case studies)
- inquiry learning (problem-solving, discovery approach)
- group discussion (also a "communications" method, see below)
- modeling (demonstrating desirable behaviors)

Communication Strategies:

Goal: To provide information about health to educate and motivate the public through

- lecture-discussion
- individual counseling or instruction (home visits, self-instructional courses, correspondence courses)
- audio-visual aids
- educational television and radio
- mass media (electronic and print)

17. Define public health and the activities done under it.

Ans: Public health is defined as the science and art of preventing diseases, prolonging life, promoting health and effectiveness through organized community effort. It is concerned with the health of the whole population and the prevention of disease from which it suffers. It is also one of the efforts planned by society to safeguard, support, and reestablish the peoples' health. It is the amalgamation of sciences, expertise and beliefs that is directed to the maintenance and improvement of the health of all the people through collective social actions. Activities done under Public health are:

- Monitoring the health status of the population;
- Preventing epidemics and reacting to disasters;
- Protecting the environment, work place, food and water;
- Promising the quality, approachability, and accountability of medical care;
- Encouraging healthy behavior;
- Activating community action;

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- Reaching to develop new insights and innovative solutions and
- Leading the development of sound health policy and Planning

18. Write about Environmental health and its concerns.

Ans: Environmental health emphases on the relationships between people and their environment; promotes human health and well-being; and brings up healthy and safe communities. It is broader than hygiene and sanitation; it encompasses hygiene, sanitation and many other aspects of the environment. It also involves studying the environmental factors that affect health. It plays a key part of any comprehensive public health system. The major sub disciplines of environmental health are: environmental science; environmental and occupational medicine, toxicology and environmental epidemiology

Environmental health concerns include:

- Biosafety and Food safety
- Air quality, including both ambient outdoor air and indoor air quality.
- Disaster awareness and response.
- Safe drinking water.
- Climate change and its effects on health.
- Lead poisoning prevention in children.
- Vector control, comprising the control of mosquitoes, rodents, flies, cockroaches and other animals that may transmit pathogens.
- Solid waste management, including landfills, composting and solid waste transfer stations.
- Liquid waste disposal, including city waste water treatment plants and on-site waste water disposal systems, such as septic tank systems and chemical toilets.
- Medical waste management and disposal. Toxic chemical exposure whether in consumer products, housing, workplaces, air, water or soil.

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- Occupational health and industrial hygiene.
- Noise pollution control and Radiological health, comprising exposure to ionizing radiation from X-rays or radioactive isotopes.
- Recreational water illness prevention, including from swimming pools, spas and ocean and freshwater bathing places.

19. Indian Council of Medical Research (ICMR)

Ans: The Indian Council of Medical Research (ICMR), New Delhi, the apex body in India for the formulation, coordination and promotion of biomedical research, is one of the oldest medical research bodies in the world.The ICMR is funded by the Government of India through the Department of Health Research, Ministry of Health & Family Welfare.

Vision: Translating Research into Action for Improving the Health of the Population.

Mission: Generate, manage and disseminate new knowledge.

- Increase focus on research on the health problems of the vulnerable, the disadvantaged and marginalized sections of the society.
- Harness and encourage the use of modern biology tools in addressing health concerns of the country.
- Encourage innovations and translation related to diagnostics, treatment, methods/ vaccines for prevention.
- Inculcate a culture of research in academia especially medical colleges and other health research institutions by strengthening infrastructure and human resources.

20. Indian Dietetic Association (NDA)

Ans: In 1962,a group of like-minded nutritionists, dietitians and workers in the allied health fields resolved to form a scientific body to highlight the importance of dietetics and nutrition in the maintenance of health, and in the prevention and treatment o

diseases. Thus, the Indian Dietetic Association was founded, with Prof. Kalyan Bagchi as Secretary and Dr. C. Gopalan as President. The association was affiliated to the International Congress of Dietetics in 1975.The Headquarters of IDA is located in Kolkata. Golden Jubilee celebrations of IDA was held in 2012 at Hyderabad.

Aims and Objectives of the Association

- To promote the cause of science by encouraging the spirit of active pursuit of knowledge and original scientific research particularly in the field of Nutrition and Dietetics.
- To facilitate social, scientific and cultural fellowship and cultivation of goodwill among its members.
- To promote close contact and interaction between persons following different branches and thus facilitate the development of a wider outlook and the integration and application of available scientific knowledge for the welfare of society.
- To safeguard the interests of scientists generally and its members in particular and work for their welfare.

21. World Health Organization (WHO) - INDIA

Ans: The World Health Organization (WHO) is the United Nations' specialized agency for health. It is an intergovernmental organization and works in collaboration with its Member States usually through the Ministries of Health. The World Health Organization is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

The WHO Country Office for India is headquartered in Delhi with country-wide presence. The WHO Country Office for India's areas of work is encapsulated in its Country Cooperation Strategy (CCS) 2012-2017

Focus areas:

- Maternal, Newborn, Child and Adolescent Health;

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- Communicable Disease Control;
- Non-communicable Diseases and Social Determinants of Health;
- Universal Health Coverage;
- Sustainable Development and Environmental Health;
- Health Systems Development, Health Security and Emergencies

22. *Discuss about Key Health Indicators.*

Ans: Health is defined as "a state of complete physical, mental & social wellbeing, and not merely an absence of disease or infirmity"

Indicators of Health:

- Indicator also termed as Index or Variable is only an indication of a given situation or a reflection of that situation
- Health Indicator is a variable, susceptible to direct measurement, that reflects the state of health of persons in a community.
- Indicators help to measure the extent to which the objectives and targets of a programme are being attained.
- Health Index is a numerical indication of the health of a given population derived from a specified composite formula.
- WHO defines Indicators as "variables which measure change"

Uses of Indicators of Health:

- Measurement of the health of the community.
- Description of the health of the community.
- Comparison of the health of different communities.
- Identification of health needs and prioritizing them.
- Concurrent evaluation and terminal evaluation of health services.
- Planning and allocation of health resources.
- Measurement of health successes.

Characteristics of Indicators:

Valid: They should actually measure what they are supposed to measure.

Reliable: The answers should be the same if measured by different people in similar circumstances.

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Sensitive: They should be sensitive to changes in the situation concerned.

Specific: They should reflect changes only in the situation concerned.

Feasible: They should have the ability to obtain data needed.

Relevant: They should contribute to the understanding of the phenomenon of interest

Factors influencing health Indicators:

- Health is multidimensional
- Each dimension is influenced by numerous factors
- Economic, occupational, cultural, educational, social

Key Health Indicators:

- Mortality indicators
- Morbidity indicators
- Disability rates
- Nutritional status indicators
- Health care delivery indicators
- Utilization rates
- Indicators of social and mental health
- Environmental indicators
- Socio-economic indicators
- Health policy indicators
- Indicators of quality of life
- Other indicators.

23. Explain about Strategies of Health Education.

Ans: Health education is one strategy for implementing health promotion and disease prevention programs. Health education provides learning experiences on health topics. Health education strategies are tailored for their target population. Health education presents information to target populations.on particular health topics, including the health benefits/threats they face, and provides tools to build capacity and support behavior change in an appropriate setting.

Strategies of Health Education:

- Lectures
- Courses

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- Seminars
- Webinars
- Workshops
- Classes

Characteristics of health education strategies include:

- Participation of the target population.
- Completion of a community needs assessment to identify community capacity, resources, priorities, and needs.
- Planned learning activities that increase participants' knowledge and skills.
- Implementation of programs with integrated, well-planned curricula and materials that take place in a setting convenient for participants.
- Presentation of information with audiovisual and computer based supports such as slides and projectors, videos, books, CDs, posters, pictures, websites, or software programs.
- Ensuring proficiency of program staff, through training, to maintain fidelity to the program model.

24. Elucidate about Health Policy.

Ans: Health policy is best understood as 'a set of overarching principles and goals that dictate how care is delivered and accessed. Health care policy can be codified at a national or state level, and then more finely honed in a hospital or clinical environment.

The Importance of Health Policy:

Health policy is aspirational, which is to say that it's designed to show health providers the kind of outcomes they're shooting for. As WHO puts it, health policy "defines a vision for the future which in turn helps to establish targets and points of reference for the short and medium term."

Additionally, health policy helps to clarify priorities; it establishes roles and expectations for different groups, whether doctors, nurses or administrators. It also helps to build a consensus among the different participants in a community or a health system.

Different Kinds of Health Policy: Health policy can be divided into different categories, each of which addresses a different health care component. Some primary examples include:

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Global health: Global health takes a big-picture view, assessing the health needs of populations across the planet and striving to achieve equity of care.

Public health: Public health describes the policies enacted on a national, state or community level to promote healthy lifestyles and prevent the spread of infectious diseases.

Pharmaceuticals: Health policy may touch on the regulation, availability and affordability of pharmaceutical products.

Financing: Health policy can determine how care is financed, including the extent to which the state reimburses health facilities for their services.

Mental health: Mental health care is a key consideration in creating health policy, providing goals and objectives for promoting mental well-being and treating those with mental health conditions.

Health equity: A stated goal of many health policies is to ensure that care is administered in a fair way, across different communities and demographics.

Insurance: Heath policy may also determine the role that insurance plays in financing care, promote affordable or public insurance options, and regulate what insurers can and can't do.

Health care services: The codification of a health policy will directly impact the kinds of health care services available in an area.

25. Define Health Organization? Also explain its guiding principles and components.

Ans: A health care organization (HCO) is defined as a purposefully designed, structured social system developed for the delivery of health care services by specialized workforces to defined communities, populations, or markets.

Guiding principles: Adkins, Quick and Moe proposed four guiding conceptual principles underpinning the notion of organizational health. Firstly, health is on a continuum with mortality at one end, and vibrant wellbeing on the other. Therefore, from an organizational perspective, organizational health is more than just

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implementing practices and actions that strive to prevent negative outcomes, but rather should work to promote positive health outcomes as well. The second proposed principle postulates that an organization health is not state, but is a process. More specifically, a healthy organization is conceptually viewed not as an obtainable state, but rather is defined by a continuous process of improvement (including, continuously monitoring, evaluating and further developing implemented actions).

The third conceptual principle is organizational health can exist only if all of the organization parts and systems aim to be free of disease and illness as a foundational component. Therefore, a key guiding, and arguably foundation principle, is the importance of eliminating or minimizing damaging factors are eliminated or minimized by conducting a thorough risk assessment. Therefore, the final guiding principle to organizational health is a concentrated focus on developing and cultivating fulfilling relationships, which aid the individual and the organization to thrive and flourish.

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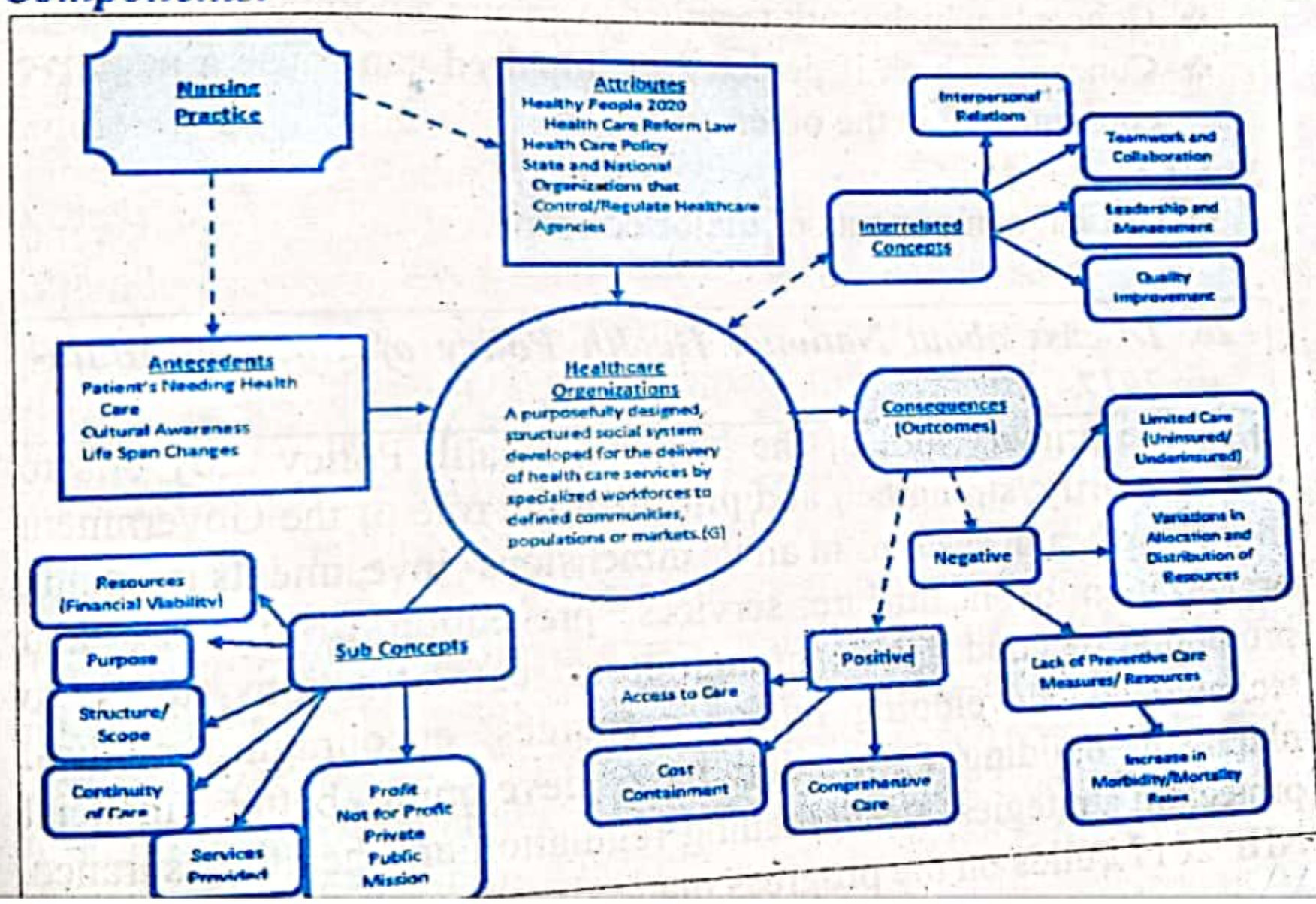
that guiding principle to organizational health is a concentrated focus on developing and cultivating fulfilling relationships, which aid the individual and the organization to thrive and flourish.

Components:



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Nursing Practice: Directed toward what contributes to a normal concept and is thereby related to all factors involved in or with the concept. Not always needed to have a normal outcome.

Attributes:

- Defining characteristics of the concept
- What property, quality, or data must be present for the concept to exist.

Antecedents:

- What precedes the concept for it to exist
- Events or incidents that must happen before the concept

Consequences:

- Untoward events or outcomes that occur due to malfunction within the concept
- Positive events or outcomes that occur due to proper functioning within the concept

Interrelated Concept:

- Concepts which can affect change in the other
- Concepts which work together to ensure a normal process
- Concepts which if depleted or impaired can cause a negative consequence in the other.

Sub-Concept:

- Critical components of major concept

26. Discuss about National Health Policy of Govt. of India-2017.

Ans: The primary aim of the National Health Policy, 2017, is to inform, clarify, strengthen and prioritize the role of the Government in shaping health systems in all its dimensions- investments in health, organization of healthcare services, prevention of diseases and promotion of good health through cross sectoral actions, access to technologies, developing human resources, encouraging medical pluralism, building knowledge base, developing better financial protection strategies, strengthening regulation and health assurance. NHP 2017 builds on the progress made since the last NHP 2002. The

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developments have been captured in the document "Backdrop to National Health Policy 2017- Situation Analyses", Ministry of Health & Family Welfare, Government of India.

Goal: The policy envisages as its goal the attainment of the highest possible level of health and wellbeing for all at all ages, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence. This would be achieved through increasing access, improving quality and lowering the cost of healthcare delivery.

Objectives: Improve health status through concerted policy action in all sectors and expand preventive, promotive, curative, palliative and rehabilitative services provided through the public health sector with focus on quality.

Key Policy Principles:

I. Professionalism, Integrity and Ethics: The health policy commits itself to the highest professional standards, integrity and ethics to be maintained in the entire system of health care delivery in the country, supported by a credible, transparent and responsible regulatory environment.

II. Equity: Reducing inequity would mean affirmative action to reach the poorest. It would mean minimizing disparity on account of gender, poverty, caste, disability, other forms of social exclusion and geographical barriers. It would imply greater investments and financial protection for the poor who suffer the largest burden of disease.

III. Affordability: As costs of care increases, affordability, as distinct from equity, requires emphasis. Catastrophic household health care expenditures defined as health expenditure exceeding 10% of its total monthly consumption expenditure or 40% of its monthly non-food consumption expenditure, are unacceptable.

IV. Universality: Prevention of exclusions on social, economic or on grounds of current health status. In this backdrop, systems and services are envisaged to be designed to cater to the entire population- including special groups.

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V. Patient Centered & Quality of Care: Gender sensitive, effective, safe, and convenient healthcare services to be provided with dignity and confidentiality. There is need to evolve and disseminate standards and guidelines for all levels of facilities and a system to ensure that the quality of healthcare is not compromised.

VI. Accountability: Financial and performance accountability, transparency in decision making, and elimination of corruption in health care systems, both in public and private.

VII. Inclusive Partnerships: A multistakeholder approach with partnership & participation of all non health ministries and communities. This approach would include partnerships with academic institutions, not for profit agencies, and health care industry as well.

VIII. Pluralism: Patients who so choose and when appropriate, would have access to AYUSH care providers based on documented and validated local, home and community-based practices. These systems, inter alia, would also have Government support in research and supervision to develop and enrich their contribution to meeting the national health goals and objectives through integrative practices.

IX. Decentralization: Decentralization of decision making to a level as is consistent with practical considerations and institutional capacity. Community participation in health planning processes, to be promoted side by side.

X. Dynamism and Adaptiveness: constantly improving dynamic organization of health care based on new knowledge and evidence with learning from the communities and from national and international knowledge partners is designed.

27. *Food and Nutrition Board (FNB).*

Ans: The Food & Nutrition Board (FNB), set up in 1964, is an attached office of the Ministry of Women & Child Development and has a countrywide set up. Originally with Ministry of Food, the FNB was shifted to Ministry of Women and Child Development (then Department of WCD) in 1993.

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Nutrition is the focal point of health and well-being. Nutrition is directly linked to human resource development, productivity and ultimately to the national growth.

Malnutrition is a complex phenomenon. It is both the cause and effect of poverty and ill health, and follows a cyclical, inter-generational pattern. It is inextricably linked with illiteracy, especially female illiteracy, lack of safe drinking water and proper sanitation, ignorance, lack of awareness and ill health. It creates its own cycle within the large cycle of poverty.

Malnutrition in India continues to be at a high level with 42.5% children below the age being underweight and almost 70% being anemic. 22% children are born with low birth weight. Lack of adequate information on nutritional needs, has been identified as a major factor for the prevailing nutritional situation in the country. Child malnutrition is both the result of economic conditions and poor nutritional awareness. Nutrition education and extension has been recognized as one of the long-term sustainable interventions essential to tackle the problem of malnutrition and to generate awareness and to promote the nutrition status of the country. FNB's major task is to address this major challenge.

Food and Nutrition Board comprises a technical wing at the Centre, 4 Regional Offices and Quality Control Laboratories at Delhi, Mumbai, Kolkata and Chennai and 43 Community Food & Nutrition Extension Units (CFNEUs) located in 29 States / UTs (Annexure-I). However, there is no CFNEU in the States Uttarakhand, Tripura, Nagaland, Trivendram and UTs of Lakshadweep and Daman and Diu.

Activities of Food & Nutrition Board include:

- Nutrition Education and Training, both for the masses and for ICDS functionaries,
- Mass Nutrition Awareness Campaigns,
- Development, production and distribution of nutrition education/training material,
- Training in Home Scale Preservation of Fruits and Vegetables and Nutrition,

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- Development and Promotion of locally available Nutritious Foods,
- Food Analysis and Standardization,
- Follow up action on National Nutrition Policy.

28. *Discuss about Women Health Care Schemes.*

Ans: Schemes Related to Women's Health in India are as follows:

Chiranjeevi Yojana: An innovative partnership with the private sector obstetricians to provide skilled care at birth to the poor in Gujarat

Janani Shishu Suraksha Karyakaram (JSSK): The scheme is for pregnant women to access Government health facilities for their delivery.

Kasturba Poshan Sahay Yojana (KPSY): The objective of this study was to assess the Kasturba Poshan Sahay Yojana. The specific objectives were (i) To assess the health services provided to the beneficiary of Kasturba Poshan Sahay Yojana. (ii) To assess the expenditure/utilization of money provided to KPSY beneficiaries. (iii) To assess the awareness and knowledge of beneficiaries about Kasturba Poshan Sahay Yojana.

Rashtriya Kishor Swasthya Karyakram (RKSK): The Rashtriya Kishor Swasthya Karyakram was launched on the 7th January, 2014. The programme envisions enabling all adolescents in India to realize their full potential by making informed and responsible decisions related to their health and well-being and by accessing the services and support they need to do so.

Universalization Women's Helpline Scheme: The Scheme of Universalization of Women Helpline is intended to provide 24 hours immediate and emergency response to women affected by violence through referral (linking with appropriate authority such as police, One Stop Centre, hospital) and information about women related government schemes programs across the country through a single uniform number.

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29. *Elaborate Child Health Care Schemes.*

Ans: There are numerous Programmes and Schemes for child in India, instituted by the Narendra Modi government for the betterment of children of the "nation".

Child Health Care Schemes:

Child Health and Reproductive Programme: It came into effect in the year 1951 and it aimed at providing quality sustainable Primary Health Care services to the Indian women. The women in the scheme were all in the reproductive age group and a special focus was given to their immunization and family planning.

ICDS (Integrated Child Development Services): It came into effect in the year of 1975 and it aimed at enhancing the health, nutrition, and learning opportunities of young children and infants (from 0 to 6 years) as well as their mothers.

Pulse Polio Immunization Programme: It came into effect in the year of 1995 and it aimed at eradicating poliomyelitis from India. It was done by vaccinating all children against poliovirus, who were under five years of age.

The National Rural Health Mission:

It came into effect in the year of 2005, aiming to reduce the child and maternal mortality along with sanitation, hygiene and universal access to the public services for nutrition.

It further included universal access to the public health care services as its main emphasis was on the services which addressed women's and children's health, universal immunization, and so on.

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