

PT 360: 5 Years Current Affairs

PT 360 is a Course for 5 years Current Affairs for Prelims. It includes Current Affairs from June 2016 to May 2021.

Course Duration: 25 Hours for 5 Years Current Affairs. Number of Pages: Approx. 300.

Subjects: 1. Indian Polity. 2. International Relations. 3. Social Issues. 4. Environment, Geography, and Maps. 5. Economy. 6. Art and Culture. 7. Science And Technology. 8. Governance: Ministries, Schemes, Policies, Acts, and Bills.

Approach

- All the subjects are segregated into topics and Subtopics.
- Eg. Social issues PT is segregated into 9 subtopics: 1. Women. 2. Children. 3. Other Vulnerable Sections. 4. Education. 5. Health. 6. Drug Abuse Issues. 7. Food and Nutrition. 8. Index and Reports. 9. Miscellaneous.
- The Women Topic is again segregated into its related subtopics: 1.1 International Initiatives. 1.2 Marriage, Divorce, and Inheritance. 1.3 Violence and Harassment. 1.4 National Initiatives. 1.5 Motherhood. 1.6 Women Education. 1.7 Women Health. 1.8 Schemes
- Schemes related to women are covered in Governance PT under Ministry of Women and Child Development.

Relevance of PT 360 for Mains: You need to update the analytical part for the Mains. Also, pointers from this course can be used as fodder for Mains. like examples, case studies, court judgements etc.

Note:

1. Videos are free at YouTube. Content is not part of free videos.
2. Course completion date: 15 days before Prelims.

Ministry- Health & Ayush

Ministry of Health

Structure of Ministry

Function: health policy and programs relating to family planning.

1. Departments of Health

Functions: It makes Health Policies.

Bodies and programmes:

- 13 National Health Programmes
- Revised National TB Control Programme (tuberculosis)
- Universal Immunisation Programme
- National AIDS Control Organisation (NACO)
- Medical Council of India (MCI), Dental Council of India (DCI)
- Food Safety and Standards Authority of India (FSSAI)

- Central Drugs Standard Control Organization

2. Department of Family Welfare

Functions: Family planning, reproductive health, maternal health etc.

Important bodies:

- Indian Council of Medical Research (ICMR), New Delhi. It was founded in 1911, one of the oldest medical research bodies in the world.
- Population Research Centres (PRCs) at universities.
- National Institute of Health and Family Welfare (NIHFW), Delhi
- International Institute for Population Sciences (IIPS), Mumbai. It releases National Family Health Survey.
- Central Drug Research Institute (CDRI), Lucknow
- National Institute of Virology (NIV), Pune

3. Department of Health Research

- To bring modern health technologies through research and innovations
- R&D related to diagnosis, treatment methods and vaccines
- To translate them into products and processes and,
- To introduce these innovations into public health system.

Health Ministry Schemes

SUMAN: Surakshit Matritva Aashwasan Initiative

- to provide dignified and quality health care at no cost to every woman and newborn visiting a public health facility.
- **Eligibility:** All pregnant women, newborns and mothers up to 6 months of delivery.

LaQshya: Labour room Quality Improvement Initiative

- Launched by Ministry of Health and Family Welfare.
- To improve the quality of care in the labour room and maternity operation theatres in public health facilities.
- To reduce preventable maternal and newborn mortality, morbidity and stillbirths

Pradhan Mantri Jan Arogya Yojna (PM-JAY)

Include in schemes

- It was earlier known as the National Health Protection Scheme (NHPS).
- It is under Ayushman Bharat Scheme, launched in 2018.

- Ayushman Bharat comprises of 2 tiers, which are:

1. Health and Wellness Centres (HWCs):

Creating HWCs by transforming the existing Sub Centres and Primary Health Centres.

HWCs are for Primary Health Care, by covering maternal and child health services, non-communicable diseases.

2. Pradhan Mantri Jan Arogya Yojana (PM-JAY):

It is the largest health assurance scheme in the world.

It provides health cover of Rs. 5 lakhs per family per year.

Silent features:

- It covers 3 days of pre-hospitalization and 15 days post-hospitalization.
- No restriction on the family size, age or gender.
- PM-JAY is fully funded by the Government and cost of implementation is shared between the Central and State Governments.
- **Significance of PM-JAY:**
 - India to achieve Universal Health Coverage (UHC) & Sustainable Development Goals (SDG).
- **Universal Health Coverage:**
 - It means all individuals and communities receive the health services they need without suffering financial hardship.

Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY)

Components

- **NHPS: National Health Protection Scheme (Pradhan Mantri Jan Arogya Yojana):** To provide medical cover up to Rs. 5 lakh / year per household for secondary and tertiary health care; to 10 crore vulnerable families (50 crore beneficiaries).
- **Health and Wellness Centre:** These were envisioned under National Health Policy, 2017. (1.5 lakh centres)

Beneficiary

- It is a health insurance scheme for BPL families and unorganized sector workers.
- Beneficiary identification: based on SECC-2011.

Other features

- **National Health Authority (NHA):** to manage NHPS.

- The States will have the option of implementing this scheme through a Trust model or Insurance Company based model.
- **School Health Ambassador Initiative:** Two teachers per school.
- It subsumes the centrally sponsored schemes - Rashtriya Swasthya Bima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme (SCHIS).
- **Cashless and Aadhaar enabled** for better targeting.
- It will be **portable across the country**.
- Beneficiary will be allowed to take **cashless benefits from any public/private empanelled hospitals** across the country.
- **Pradhan Mantri Aarogya Mitra (PMAM):** a cadre of certified frontline health service professionals.
 - Primary point of facilitation to avail treatment at hospital.

Swachh Swasth Sarvatra

- It is an initiative of **Drinking Water and Sanitation Ministry and Health Ministry**.
- **Objective:** To build on and manifest the achievements of two different schemes:
 - **Swachh Bharat Mission** by Drinking Water and Sanitation Ministry.
 - **Kayakalp** by Health Ministry.

India Health Fund (IHF)

- It is an initiative by **Tata Trusts with Global Fund**.
- It is joint with country's goal of eliminating TB and Malaria by 2025 and 2030.
- **Global Fund:**
 - It was founded by governments, civil society, the private sector etc in **2002**.
 - It was founded to **end AIDS, TB and Malaria**.

MAA (Mothers Absolute Affection) PROGRAMME

- It is a nation-wide **breastfeeding promotion program**, launched recently by **Health Ministry**.
- It includes **Community awareness**, strengthening communication through **ASHA** etc.

Rashtriya Arogya Nidhi (RAN)

- To provide for financial assistance (a one-time grant) to BPL Patients suffering from major life-threatening diseases.
- Scheme for financial assistance for **specified rare diseases** patients has also been included under RAN.

- **Excluded:** Government servants and their families; Families covered under Ayushman Bharat scheme
- RAN is registered under Societies Registration Act 1860.
- Assistance is **not directly provided to the Patient**, but is given to the **Superintendent of the hospital**.
- Applicable for **treatment in Government Hospital only**.
- **Funding:** revolving fund, direct financial assistance, State Illness Assistance Fund, Health Minister's Cancer Patient Fund.

National Health Mission (NHM)

Aim: To achieve universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

It was launched in 2013 by subsuming the

- National Rural Health Mission and
- National Urban Health Mission.

Main components

- Health System Strengthening in rural and urban areas
- Reproductive Maternal-Neonatal-Child and Adolescent Health (RMNCH+A)
- Communicable and Non-Communicable Diseases.

Objective

- **Reduce Maternal Mortality Rate (MMR)** to 1/1000 live births
- **Reduce Infant Mortality rate (IMR)** to 25/1000 live births
- **Reduce Total Fertility Rate (TFR)** to 2.1
- Prevention and reduction of **anaemia** in women aged 15–49 years
- Prevention and control of communicable and non-communicable diseases, including locally endemic diseases.
- Reduce **out-of-pocket expenditure**.
- Reduce **Tuberculosis** by half
- Reduce **Leprosy** to <1/10000 population.
- Annual **Malaria** Incidence to be <1/1000.
- Reduce **microfilaria** to less than 1%.
- Kala-azar: <1 case per 10000 population in all blocks
- Access to integrated comprehensive primary health care.
- To reduce child and maternal mortality.
- Population stabilisation, gender and demographic balance.
- Revitalize **local health traditions & mainstream AYUSH**.
- **Universal access to public services** for food and nutrition, sanitation and hygiene.
- Promotion of healthy life styles.

National Rural Health Mission (NRHM)

- All objectives under NHM.
- Cities and towns with **population below 50,000**.
- To establish a community owned, decentralized health system.
- **Focus area:** health, water, sanitation, education, nutrition, social and gender equality.
- Mainstreaming AYUSH: revitalizing local health traditions.

National Urban Health Mission (NUHM)

- All objectives under NHM.
- Cities and towns with **population above 50,000**.
- Focus on **urban poor and slum dwellers**.
- **Need based** city specific urban health care system.
- Centrally sponsored scheme.
- Support is provided by the **Asian Development Bank (ADB)**.
- **Service Delivery Infrastructure:** Urban PHC, Urban Community Health Centre (U-CHC) and Referral Hospitals etc.
- **Mahila Arogya Samiti & ASHA Worker:** For Community Process.

Rashtriya Kishor Swasthya Karyakram

To address **health and development needs** of the adolescents (10-19 years).

- **Six thematic areas of RKSK:** nutrition, sexual reproductive health, substance misuse, non-communicable diseases, mental health, injuries and violence.
- **Saathiya:** The peer educators.
- **Saathiya resource kit:** to help peer educators, especially in villages. Eg.
 - To discuss sensitive issues and answer teenage queries.
- Students are screened in schools and then referred to health facilities for early detection of diseases.
- **MoHFW and UN Population Fund (UNFPA)** developed a **National Adolescent Health Strategy**.

Menstrual Hygiene Scheme (MHS)

- Part of Rashtriya Kishor Swasthya Karyakram.
- **Subsidized sanitary napkins** primarily in **rural areas**.
- Aim: to reach 15 million adolescent girls in 152 districts.

Rashtriya Bal Swasthya Karyakram (RBSK)

- To cover all children of 0-6 years in **rural areas and urban slums**; in addition to older children up to 18 years of age enrolled in

classes 1st to 12th in Government and Government-aided schools.

- **Child Health Screening and Early Intervention Services** to cover 30 selected health conditions.
- **Part of NRHM** - reproductive and child health initiatives
- **4 'D's**: Defects at birth, Deficiencies, Diseases, Development delays including disability.
- **Zero cost treatment** and medical support.
- Free of cost follow up including surgeries at tertiary level.
- **Child screening at two levels**: community level and facility level.

Accredited Social Health Activist (ASHA)

- ASHA is a **trained female community health activist**.
- She is selected from the community itself and accountable to it.
- **Interface** between the community and the public health system.
- To facilitate access to health care services
- To generate awareness about health care entitlements especially amongst the poor and marginalized
- To promote healthy behaviours and mobilizing for collective action for better health outcomes

Janani Suraksha Yojana

- To reduce **maternal and infant mortality** by **promoting institutional delivery**.
- **Intended beneficiary**: Pregnant woman, New born babies (neonates)
- Part of National Rural Health Mission (NRHM)
- It is a centrally sponsored scheme
- **Cash assistance to women: irrespective of the age of mother and number of children** for giving birth in a government or accredited private health facility.
- **BPL pregnant women, who prefer to deliver at home, are also entitled** to a cash assistance.
- Performance based incentives to ASHA for promoting institutional delivery.

Janani Shishu Suraksha Karyakram

- **Beneficiary**: Pregnant women accessing **Government health facilities for their delivery**.
- To reduce the **out of pocket expenses** which prevents institutional delivery
 - **Zero expense deliveries**: entitlement-based approach.
 - Free transport from home to institution.

- It has **no component for cash assistance within itself**.
 - It supplements the cash assistance under Janani Suraksha Yojana.

Pradhan Mantri Surakshit Matritva Abhiyaan (PM-SMA)

- **Safe motherhood: To reduce maternal and infant mortality rates** through safe pregnancies and safe deliveries
- **Beneficiary: All Pregnant Women** who are in the **2nd & 3rd Trimesters of pregnancy**.
- To provide **universal antenatal care** to all pregnant women on the **9th of every month free of cost**.
- Identification and follow-up of **high-risk pregnancies**.

Note: Trimesters of pregnancy

- **First trimester**: weeks 1 to 12.
- **Second trimester**: week 13 to week 28.
- **Third trimester**: week 28 to birth (from month 7 to month 9).

SUMAN: Surakshit Matritva Aashwasan

- **zero-expense delivery and C- section facility** in case of complications at **public health facilities**.
- **Zero Preventable Deaths**: Both Maternal and Newborn.
- **Beneficiaries**: Pregnant women, mothers up to 6 months after delivery, and all sick newborns.
- **Zero tolerance for denial of services** for each woman and newborn at **public health facility**.
- **Assured referral services** to reach **health facility within one hour**.

Mother's Absolute Affection (MAA)

- To promote **breastfeeding** and counselling related to it.
- To prevent malnutrition at early stages.
- Strengthening inter-personal communication through ASHA.

LAQSHYA- Labour Room Quality Improvement Initiative

- To improve quality of care in **labour room and maternity Operation Theatre (OT)**.
- To reduce preventable maternal and newborn mortality, morbidity and stillbirths.
- To conduct **quality certification** of labour rooms
- To **incentivize facilities** achieving the targets outlined.
- Implemented in **Government health facilities**.

Umbrella Scheme for Family Welfare and Other Health Interventions

- **Paradigm change:** To move from care for sickness to the concept of wellness.
- Help **Family Planning** and reach population stabilization.
- To improve **Modern Contraceptive Prevalence Rate (mCPR)**
- **Beneficiaries:** It covers the population throughout India.
- It is a **Central Sector** scheme. (100% Centre funded).

Components:

- **Swastha Nagrik Abhiyan (SNA):** to create a social movement for health.
- **Population Research Centres (PRC):** MoHFW has established a network of PRCs at the national and state levels.
- **Health Surveys and Health Research:** To generate health and nutrition data. Eg. by National Family Health Survey (NFHS).
- **Social Marketing of Contraceptives:** For branding, attractive packaging, marketing of products related to **Family Planning for low-income groups** at affordable prices.
- **Free Supply of Contraceptives to States:** eg. condoms, Oral Contraceptive Pills, Pregnancy Test Kits etc.

Mission Parivar Vikas

- To **accelerate** access to high quality family planning choices.
- To achieve the **replacement level fertility goals of 2.1 by 2025.**
- To generate awareness about **condoms and pills.** To **distribute a kit (Nayi Pahal):** containing products of family planning and personal hygiene **among newly-wed couples.**
- To **increase sterilization services, roll out injectable contraceptive.**
- **Reliable service and supplies within a right based framework.**
- **Focus areas: seven high TFR states, with Total Fertility Rate (TFR) of 3 and above.**
 - Uttar Pradesh, Bihar, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Assam.

Universal Immunization Programme

- To provide **free of cost vaccines to all children** across the country to protect them against **12 Vaccine Preventable Diseases (VPDs).**
- To rapidly increase immunization coverage.
- To establish a **reliable cold chain system** to the health facility level

- Achieve **self-sufficiency in vaccine production.**
- **Robust surveillance system** for Vaccine Preventable Diseases (VPDs) and Adverse Events Following Immunization (AEFI);
- **To introduce and expand the use of new and underutilized vaccines** in UIP.
- 100 Percent Funded by the central government.

12 Vaccine preventable diseases:

- Diphtheria, Tetanus, Polio, Hepatitis B, Pertussis.
- **Measles** (measles-rubella (MR) vaccine
- Rotavirus diarrhoea: Rotavirus vaccine (RVV)
- Japanese Encephalitis: JE vaccine
- Pneumococcal Pneumonia: Pneumococcal Conjugate vaccine.
- Tuberculosis
- Meningitis & Pneumonia caused by Hemophilus Influenza type B across the country

Mission Indradhanush (MI)

- To ensure **full immunization** with all available vaccines for **children up to two years and pregnant women.**
- A child is said to be **fully immunized** if child receives **all due vaccine** as per immunization schedule **within 1st year age.**
- Focus is given on **pockets of low immunization coverage** and hard to reach areas.
- To cover the pregnant women who left uncovered under the routine immunisation programme.
- **Catch-up campaign mode:** to cover **all the children** who have been left out for immunization.
- All vaccines are available **free of cost.**
- Technical support by WHO, UNICEF, Rotary International etc.

Intensified Mission Indradhanush 2.0

- Special focus on areas with **low immunization:** left outs, dropouts, and resistant families and hard to reach areas.
- It will focus on **urban, underserved population and tribal areas.**
- 4 rounds of immunization that will be conducted in **the selected districts and urban cities** between Dec 2019 - March 2020.
- Awarded as one of 12 best practices from around the world.

e-VIN (Electronic Vaccine Intelligence Network)

- To address **widespread inequities in vaccine coverage** by supporting state governments.
- It supports the **Universal Immunization Programme**.
- It provides online real-time information on **vaccine stocks and flows**, and storage temperatures across all **cold chain points**

National Deworming Initiative

- **Objective:** To reduce the prevalence of **Soil Transmitted Helminths (STH)** or **parasitic intestinal worms**. (by **Albendazole tablets**)
- **Beneficiary:** All children between 1-19 years ages.
- Implemented by three ministries: MHRD, Ministry of Women and Child Development, and Ministry of Drinking Water and Sanitation.
- Implemented **through the schools and Aanganwadi centres**.
- **National Centre for Diseases Control** is the nodal agency.
- **Behavior change practices**. Eg. cleanliness, hygiene, wearing shoes/chappals, washing hands
- It is a **single fixed-day approach** observed twice every year.

National Program for Control of Blindness & Visual Impairment

- To **reduce the prevalence of blindness** from 1.4% to 0.3%.
- A Centrally Sponsored Scheme
- Now made part of **Non-Communicable Diseases under National Health Mission**.
- In 2017, the **definition of blindness** was changed in consonance with the global definition of blindness of WHO.

National Viral Hepatitis Control Program

- **Hepatitis cell within National Health Mission:** to establish **National program management unit** at the Centre.
- To establish **State program management unit**.
- Upgrade and strengthen the existing laboratories **in the state**.
- Free drugs and diagnosis for Hepatitis B and C.
- To Establish new testing centres in the public sector.
- To establish at least 100 treatment sites in **public sector focused on treatment of Hepatitis C** over 3 years.

Intensified Diarrhea Control Fortnight (IDCF)

- To ensure high coverage of **ORS and Zinc use rates** in children with diarrhea.

- **Beneficiary:** All **under-five children** including their mothers.
- **Three action frameworks:** Mobilize, Prioritize investment, Create mass awareness
- Emphasis on the high priority areas and vulnerable communities.

Pradhan Mantri Swasthya Suraksha Yojana

- To **correct regional imbalances in affordable healthcare**.
- To augment facilities for **quality medical education** in the under-served States by establishing **AIIMS**, and to **upgrade government medical colleges**.

Integrated Diseases Surveillance Program (IDSP)

- It is a part of IHIP (Integrated Health Information Platform)
- To strengthen **decentralized laboratory based; IT enabled disease surveillance system**
- The program covers **both communicable and non-communicable diseases**.
- To **detect and respond** to outbreaks in **early rising phase** through trained **Rapid Response Team (RRTs)**.
- To **monitor disease trends**.
- To set up a **Central Disease Surveillance Unit** and **State Surveillance Units**
- An **early warning system** to take timely preventive steps.
- Co-ordination for **zoonotic diseases**.

E-RaktKosh initiative

- It is an **integrated Blood Bank Management Information System (MIS)**
- It interconnects all the **State Blood Banks** into a single network.

ANMOL

- ANMOL: ANM Online application.
- It is a mobile app allowing ANMs to update beneficiaries data.
- This will be **Aadhar enabled**.

Kilkari

- To give free, weekly, time-appropriate **72 audio messages about pregnancy**, child-birth and child care directly to mobile phones.
- **From the second trimester of pregnancy** (week 13 to 28) until the **child is one year old**.

Project Sunrise

- **AIDS prevention programme** for the **North-East**
- Steered by **National AIDS Control Organisation (NACO)**
- Funded under the **Centre for Disease Control**

National AIDS Control Programme-IV (NACP-IV)

- zero infection, zero stigma and zero death.
- To Reduce 50% new infections (2007 Baseline of NACP III)
- To provide comprehensive care and support to all persons living with HIV/AIDS.

Mission SAMPARK

- “Community Based Testing” for fast-tracking the identification of all HIV positive people.
- To brought under Antiretroviral Therapy (ART) services.
- Target 90-90-90 Treatment for All

90-90-90 Treatment for All

- It is a strategy of UN-AIDS. By 2020-
- 90% people will know their HIV Status.
- 90% diagnosed people will receive sustained antiretroviral therapy.
- 90% people receiving such therapy will have viral suppression.

AMRIT Programme

- AMRIT: Affordable Medicines and Reliable Implants for Treatment
- Drugs for cancer and cardiovascular diseases along with cardiac implants at a 60 to 90% discount.
- Implemented by HLL Lifecare Ltd (HLL).

Nikshay Poshan Yojana (NKY)

- Incentives for nutritional support to all TB patients.
- Under the National Health Mission.
- The patient must be registered on NIKSHAY portal.
- Financial incentive of RS.500/- per month is given through DBT in Aadhar-enabled bank account.
 - For the anti-TB treatment duration

Food Safety Mitra scheme

- To support small and medium scale food businesses:
 - To comply with food safety laws;
 - To facilitate licensing, registration, hygiene ratings and training.
- The FSMs would undergo training and certification by FSSAI.

National Health Profile

- Annual publication to create a comprehensive and up-to-date database of health information of India.

- Easily accessible to all stakeholders of healthcare sector.
- It covers: Demographic information, Socio-economic information, Health status, Health finance indicators, health infrastructure, human resources.

National Health Resource Repository (NHRR)

- It is the first ever registry in India of authentic geospatial data of all public and private healthcare resources.
 - Eg. hospitals, diagnostic labs, doctors etc.
- Prepared by Central Bureau of Health Intelligence. ISRO is the project technology partner.
- Under the Collection of Statistics Act 2008.

National Data Quality Forum (NDQF)

- Launched by ICMR + Population Council.
- To improve quality of ‘health and demographic’ data.
- Will integrate learnings from scientific and evidence-based initiatives

Dakshata Programme

- To strengthen the competency of providers of the labour room, medical officers, staff nurses, and ANMs.
- Clinical update cum skills standardization training for the providers of the labour rooms.
- Implementation of MNH (Maternal and New-born health) Tool kit at the delivery points.

Jan Aushadhi Suvidha – Oxobiodegradable Sanitary Napkin

- It is launched under Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP).
- It is an affordable sanitary napkins, available at Janaushadhi Kendras for the underprivileged sections.

The Ujjwala Biodegradable Sanitary Napkins initiative, Odisha

- It is an initiative of IOCL, BPCL and HPCL under Petroleum and Natural Gas Ministry.
- It will be made of virgin wood pulp sheet, non-woven white sheet and a gel sheet.

Menstrual Hygiene for Adolescent girls Schemes

- It is under Health Ministry for rural adolescent girls.
- It is funded by National Health Mission.

Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP)

- It is launched by the **Department of Pharmaceutical**.
- It is to provide **quality medicines** at **affordable prices** at **Janaushadhi Kendra**.

Swasth Bachche, Swasth Bharat Programme

- It is launched by **Human Resource Development Ministry**.
- It is the step of **Kendriya Vidyalaya Sangathan** for building active Schools.
- Objectives:
 - To make **students, teachers, parents** aware about **good health & fitness**.
 - To encouraging **60 minutes of play** each day.
- It will provide a **comprehensive report card for children**, covering **all age groups** and children of different abilities.

Jeevan Rekha: E-Health Project

- It has **2 components**:
 - **Public Health Component** and **Hospital Automation Module**.
- Aim: To create **Health Records** of all its citizens in **electronic form**, with **Privacy Clause**.
- **Public Health Component**:
 - It develops the **Electronic health records (EHR)** of the population.
- **Hospital Automation Module**:
 - It **digitizes all government Hospital System** will.
 - It provides a **unique identification number** for, who will access the **Healthcare System**.
- **News Context**: **Kerala Government** launched it with **World Bank**.

My Hospital/Mera Aspatal Initiative

- It is launched by **Health Ministry**.
- Aim: To **empower patients** by **quality of experience** in a **public healthcare**.
- The **Patient Satisfaction System (PSS)** will be implemented in **public and private hospitals**.
- **Patients' feedback** will be collected.
- **Kayakalp awards** will be distributed for **healthy competition** among the **hospitals**.

Arogya Raksha

- It is launched by **Andhra Pradesh Government**.

- Aim: **Medical Insurance** to, who are **not covered under any health schemes** of **state government**.
- **Main Features**:
 - It is a **Universal Health Coverage** scheme that will be provided to **APL families**.
 - Every individual will have the **Medical Insurance Coverage** upto **2 Lakh**.

Evin Project (Electronic Vaccine Intelligence Network)

- It comes under **health Ministry** and implemented by **UN Development Programme**.
- It develops **technology system** to **digitise vaccine stocks**, **monitors the temperature** of the cold chain.
- It would help to **streamline vaccine flow network** and **availability of vaccines**.

ASHA

Accredited Social Health Activists (ASHAs)

- ASHAs are a **community-based functionary** under **National Rural Health Mission (NRHM)**.
- known as **Sahiyas in Jharkhand**.

Sero survey

- Collection and testing of **serum specimens** (or proxy such as **oral fluid**).
- From a **sample of population** over a **specified time period**.
- To estimate the **prevalence of antibodies** against a **given specific infectious pathogen** as an **indicator of immunity**.

Auxiliary Nurse Midwife (ANM)

- ANM is a **village-level female health worker**.
- First contact between **community** and **health services**.
- She works at **health sub-centres**.
 - These are **small village-level institution** that provides **primary health care** to the **community**.
- She holds **regular meetings** with **ASHA**.

National Digital Health Mission

- A **national health ID** for every **Indian**.
- **Digitised health records** with **identifiers** for **doctors** and **health facilities**.
- Launched under the **Ayushman Bharat, PMJAY**.
- **One-time access to data** during visits to **hospitals**.

- Background: **2018 Niti Aayog proposal** to create a **centralised mechanism** to uniquely identify users in the **National Health Stack**.

Integrated Health Information Platform (IHIP)

- It is a real time **electronic information system**.
- It is to create **Electronic Health Records (EHRs)** of the citizens.
- It is **accessible at all levels**: villages, states, central level.
- It is implemented in **7 states**: UP, Himachal Pradesh, Odisha, Karnataka, Telangana, Kerala and Andhra Pradesh.

National Health Portal (NHP), 2014

- It is set up by Health Ministry on the **recommendation of National Knowledge Commission**.
- It provides **healthcare information** on single point access.

Darwaza Band Campaign

- It is started by **Drinking Water and Sanitation Ministry**.
- It is promoted under the **Swachh Bharat Mission (Grameen)**.
- **Aim:**
 - It is to **promote toilet use** and to **vanish open defecation**.
 - To bring **behavioral changes** in men who have toilets but don't use it.
- **World Bank** is funding this campaign.

Amrit (Affordable Medicines and Reliable Implants for Treatment) Outlets, 2015

- **Health Ministry** to open AMRIT outlets in all districts.
- Aims: To **reduce the expenditure of patients** on treatment of **cancer and heart disease**.
- It is **implemented** through **Mini-Ratna Companies**.

Solar for Healthcare

- It is an initiative of **Indian Council of Medical Research (ICMR)** and **Council on Energy, Environment and Water (CEEW)**.
- **Objectives:**
 - To provide **effective health care delivery**, where **critical infrastructures** are lacking.
 - To **implement Clean energy Mandate**.
- Under this, **Solar systems** will be set up at pilot basis in **3 states**:
 - **Tamil Nadu, Haryana and Rajasthan**.

MINISTRY OF AYUSH

- Earlier it was a department in Ministry of Health.
- **AYUSH**: The Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy.
- It includes other Indigenous Medicine systems.
- **Objective**: developing education, research and propagation of indigenous alternative medicine systems in India.
- **Central Council of Indian Medicine**: **statutory body** under AYUSH. It monitors education in areas of **rural Indian medicine**.

Rationale to establish the AYUSH Ministry

- AYUSH System: Approx. 60% of rural medical care.
- These practitioners are accused of neglecting evidence-based medicine (EBM).
- The qualifications to become such doctor are much lighter than those for an allopathic doctor.
- Some practitioners recommend **against** following **modern medical practices**.
- Considered by the professional medical community to be ineffective and harmful, **raising ethical issues** about its practice.
- These are known for their frequent **campaigning for legal recognition**.
- **Quackery (नीमहकीमी)**: Supreme Court and **Indian Medical Association (IMA)** regard such medicine systems as quackery.
- Supreme Court: "**unqualified, untrained quacks** are posing a great risk to the entire society; without having the **requisite training and education** in the science from approved institutions".

Ayush Ministry Schemes

National Ayush Mission

- Centrally Sponsored Scheme.
- **Components**: Mandatory Components (80% of the Resource pool), and Flexible Components (20% of resource pool)
- **AYUSH Gram**: AYUSH based lifestyles are promoted.
- **Subsidy to farmers** for cultivation of medicinal plants.
- Support cultivation of medicinal plants by adopting **Good Agricultural Practices (GAPs)**
- To operationalize **10% Health and Wellness Centers (HWC)** of **Ayushman Bharat Scheme** through the Ministry of AYUSH through State / UT Governments.

- **Setting up of clusters:** through convergence of cultivation, warehousing, value addition, marketing etc.

Components

- **Mandatory Components (80% of the Resource pool)**
 - **AYUSH Services** eg. AYUSH facilities at Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals etc.
 - **AYUSH Educational**
 - **Quality Control** of Drugs and Medicinal Plants
 - **School Health Programme:** both physical and mental health.
- **Flexible Components (20% of resource pool)**
 - **AYUSH Wellness Centres** including Yoga & Naturopathy
 - **Tele-medicine**
 - **Crop Insurance** for Medicinal Plants
 - **Public Private Partnership**
 - **Interest subsidy** for Private AYUSH educational Institutions.

Traditional Knowledge Digital Library (TKDL)

- In collaboration with CSIR
- To prevent grant of "bed" patents on traditional knowledge and biopiracy.
- **Digital library:** traditional knowledge on Indian medicines and formulations from various classical texts existing in local languages such as Sanskrit, Urdu, Tamil etc.

Promoting Pharmacovigilance of Ayush Drugs

- Pharmacovigilance (PV or PhV), means **drug safety**.
- To develop the culture of **vigilance** and **documenting adverse effects** of Ayush Systems.
- **Surveillance** of misleading advertisements appearing in the print and electronic media.
- It is a **Central Sector Scheme**.
- **All India Institute of Ayurveda**, New Delhi, is designated as National Pharmacovigilance Centre (NPvCC).
 - An autonomous body under the Ministry of AYUSH.

National AYUSH Grid Project

- Induction of **IT into the AYUSH Sector**
- Various pilot projects. Eg.
 - AYUSH Hospital Management Information System (A-HMIS)
 - Yoga locator application
 - Telemedicine etc.

Scheme for Integrated Health Research (SIHR)

- Ayush ministry + NITI Aayog + Invest India (**AGNI Platform**).
- To address the **untapped potential** of AYUSH Systems with **modern medicine** through **evidence-based practices**.

Project Collaboration

- Ministry of AYUSH + WHO
- Project Collaboration Agreement (PCA)
- WHO Traditional Medicine Strategy 2014-2023

Swasthya Raksha programme

- To promote health, health education in **villages**
- **Awareness** about cleanliness.
- **Mass campaigning** about hygiene and health.

Mission Madhumeha

- **Diabetes:** a non-communicable disease.
- To be implemented **throughout the country** through a **National Treatment Protocol** of Diabetes through Ayurveda.

Swasthya Raksha Programme

- It is launched by Ayush Ministry to promote **health and health education** in rural villages.
- It will be **joint with Swachh Bharat Abhiyan** with focus on **Traditional Healthcare Services**.
- **It will be implemented by:**
 - Central Council for Research in Ayurvedic Sciences (CCRAS).
 - Central Council for Research in Unani Medicine (CCRUM).
 - Central Council for Research in Homoeopathy (CCRH).
 - Central Council for Research in Siddha (CCRS).
- **Objectives:**
 - To **organize Swasthya Rakshan, Swasthya Parikshan Camps**.
 - **Health/Hygiene Awareness Programme**.
 - To **Aware** about **cleanliness of domestic surroundings** and environment.
 - Provide **medical aid** in the adopted villages.
 - **Documentation** of demographic information, **food habits, hygiene conditions**, seasons etc.