



# IAS PARLIAMENT

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## GIST OF KURUKSHETRA

NOVEMBER 2018

**Shankar IAS Academy™**

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## **KURUKSHETRA – NOVEMBER 2018**

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## **KURUKSHETRA – NOVEMBER 2018**

### **1. AYUSHMAN BHARAT : INDIA'S ROAD TO UNIVERSAL HEALTH COVERAGE**

#### **What is Ayushman Bharat Scheme ?**

- Ayushman Bharat is National Health Protection Scheme, which will cover over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage upto 5 lakh rupees per family per year for secondary and tertiary care hospitalization.
- Ayushman Bharat - National Health Protection Mission will subsume the on-going centrally sponsored schemes - Rashtriya Swasthya Bima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme (SCHIS).

#### **What are its salient features ?**

- Ayushman Bharat - National Health Protection Mission will have a defined benefit cover of Rs. 5 lakh per family per year.
- Benefits of the scheme are portable across the country and a beneficiary covered under the scheme will be allowed to take cashless benefits from any public/private empanelled hospitals across the country.
- Ayushman Bharat - National Health Protection Mission will be an entitlement

based scheme with entitlement decided on the basis of deprivation criteria in the SECC database.

- The beneficiaries can avail benefits in both public and empanelled private facilities.
- To control costs, the payments for treatment will be done on package rate (to be defined by the Government in advance) basis.
- One of the core principles of Ayushman Bharat - National Health Protection Mission is to co-operative federalism and flexibility to states.
- For giving policy directions and fostering coordination between Centre and States, it is proposed to set up Ayushman Bharat National Health Protection Mission Council (AB-NHPMC) at apex level Chaired by Union Health and Family Welfare Minister.
- States would need to have State Health Agency (SHA) to implement the scheme.
- To ensure that the funds reach SHA on time, the transfer of funds from Central Government through Ayushman Bharat - National Health Protection Mission to State Health Agencies may be done through an escrow account directly.



- In partnership with NITI Aayog, a robust, modular, scalable and interoperable IT platform will be made operational which will entail a paperless, cashless transaction.

#### ***What are the components of this scheme?***

- The first component, pertains to creation of 1,50,000 **Health and Wellness Centres** which will bring health care closer to the homes of the people.
- These centres will provide Comprehensive Primary Health Care (CPHC), covering both maternal and child health services and non-communicable diseases, including free essential drugs and diagnostic services.
- The second component is the **Pradhan Mantri Jan Arogya Yojana (PM-JAY)** which provides health protection cover to poor and vulnerable families.
- The Health and Wellness Centres will play a critical role in creating awareness about PM-JAY, screening for non-communicable diseases, follow-up of hospitalisation cases among others.

#### ***What is the role of National Health Agency ?***

- For focused approach and effective implementation of PM-JAY, an autonomous entity, the National Health Agency (NHA) was constituted.
- Established as a Society on 11th May 2018, the National Health Agency is

registered under the Society Registration Act, 1860.

- The State Governments are expected to similarly set up State Health Agencies (SHA) to implement PM-JAY.
- The National Health Agency (NHA) will provide overall vision and stewardship for design, roll-out, implementation and management of Pradhan Mantri Jan Arogya Yojana (PM-JAY) in alliance with state governments.
- The National Health Agency will play a critical role in fostering linkages as well as convergence of PM-JAY with health and related programs of the Central and State Governments, including but not limited to Ayushman Bharat - Comprehensive Primary Health Care, the National Health Mission, RSBY to name a few.
- The NHA will lead the development of strategic partnerships and collaborations with Central and State Governments, civil society, financial and insurance agencies, academia, think tanks, national and international organizations and other stakeholders to further the objectives of PM-JAY.
- The National Health Agency will provide technical advice and operational inputs, as relevant, to states, districts and sub-districts for PM-JAY including formulating standards / SOPs / guidelines/manuals to guide



implementation, identification of capacity gaps and related trainings, development of health information and IT systems, facilitating cross-learnings, documentation of best practices, research and evaluation and undertake associated administrative and regulatory functions as a Society.

## **2. POSHAN ABHIYAN : TOWARDS HOLISTIC NUTRITION**

### ***What is the need for launching of NNM ?***

- According to the NFHS - 4, over one third of all under five children are stunted, every fifth child is wasted and more than 50 percent of the children are anaemic.
- Half of women in the reproductive age group are anaemic and only 10 percent of children between the ages of 6 and 23 months are receiving adequate diet.
- A 2017 report published by Save the Children indicates that over two third of the world's stunted children live in 10 countries and India ranked first among those countries.
- A world bank estimate indicates reducing stunting in the country can raise the GDP of India by 4 - 11 %.
- Though India's IMR has declined from 37 per 1,000 live births in 2016, tackling malnutrition will be crucial for bringing the IMR down further and accelerating the rate of decline.

- There is a large disparity in nutritional outcomes between states as well as population groups.

### ***What is Poshan Abhiyan ?***

- POSHAN Abhiyaan (National Nutrition Mission) is a flagship programme of the Ministry of Women and Child Development (MWCD), Government of India, which ensures convergence with various programmes i.e., Anganwadi Services, Pradhan Mantri Matru Vandana Yojana (PMMVY), Scheme for Adolescent Girls (SAG) of MWCD Janani Suraksha Yojana (JSY), National Health Mission (NHM), Swachh-Bharat Mission, Public Distribution System (PDS), Department Food & Public Distribution, Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) and Ministry of Drinking Water & Sanitation.
- The goals of NNM are to achieve improvement in nutritional status of Children from 0-6 years, Adolescent Girls, Pregnant Women and Lactating Mothers in a time bound manner during the next three years beginning 2017-18.
- The National Nutrition Mission (NNM) has been set up with a three year budget of Rs.9046.17 crore commencing from 2017-18.
- The NNM is a comprehensive approach towards raising nutrition level in the country on a war footing.



It will comprise of

- Mapping of various Schemes contributing towards addressing malnutrition
- Introducing a very robust convergence mechanism
- ICT based Real Time Monitoring system
- Incentivizing States/UTs for meeting the targets
- Incentivizing Anganwadi Workers (AWWs) for using IT based tools
- Eliminating registers used by AWWs
- Introducing measurement of height of children at the Anganwadi Centres (AWCs)
- Social Audits
- Setting-up Nutrition Resource Centres, involving masses through Jan Andolan for their participation on
- Nutrition through various activities, among others.
- The programme through the targets will strive to reduce the level of stunting, under-nutrition, anemia and low birth weight babies.
- It will create synergy, ensure better monitoring, issue alerts for timely action, and encourage States/UTs to perform, guide and supervise the line Ministries and States/UTs to achieve the targeted goals.

- NNM targets to reduce stunting, undernutrition, anemia (among young children, women and adolescent girls) and reduce low birth weight by 2%, 2%, 3% and 2% per annum respectively. Although the target to reduce Stunting is at least 2% p.a.,.

### **3. HEALTH CARE FOR INDIA'S REMOTE TRIBES**

*What are the issues in providing health care for Tribals ?*

- As there is high level of illiteracy, poor educational level and insufficient exposure to the external world tribal could not identify what is good or what is bad for them.
- They cannot follow the preventive measures adequately due to misconception existed among them on disease transmission and thus remain vulnerable to many preventive diseases.
- The health services remain grossly underutilized among the tribal populations.
- Without awareness of the health issues, most tribal populations fall ill frequently and wait too long before seeking medical help, or are referred too late by untrained medical practitioners.
- There is always a scarcity of health care facilities in terms of infrastructure, inadequate or no drug and diagnostic personnel in the tribal areas.



- Difficult terrains in the tribal areas also make the existing facilities inaccessible to the population.
- In many tribal areas, existence of insurgency adds to the problem as service staff are reluctant to be posted there or remain absent in fear of consequences.
- Pregnant women or sick persons from remote tribal hamlets are unable to make it to health facilities in time for institutional deliveries or emergency medical care for want of easily available and affordable transportation.
- There is a need to improve the road connectivity along with regularity and frequency of the public conveyance and telecommunication facilities in the outreach areas.
- There are deep rooted cultural chasms between tribal groups and the largely non-tribal health care providers, resulting in insensitive, dismissive and discriminatory behavior on the part of health care providers.
- In addition many tribal population face language barriers while accessing health care since their dialects are not easily understood, even by the urban populations of the state itself.
- Tribal people are frequently exploited for informal payments and are often referred to private chemists or medical practitioners for mal-intent.
- As most of the rural tribal population live below the poverty line, the lack of funds influences how much and what type of health care they receive and determine whether households are able to maintain their living standards when one of their members fall ill.
- Poor tribal people often have to borrow money, mortgage land or animals, or their jewelry to meet medical expenses or let the sick person die.
- They also cannot sustain the opportunity cost of a doctor's visit, much less of a protracted hospital stay, often dropping out half way through a course of treatment as it means leaving their crops, animals and family unattended.

#### **4. FINANCING RURAL HEALTH CARE**

##### ***What is the need for new Health Policy ?***

- The National Health Policy of 1983 and the National Health Policy of 2002 have served well in guiding the approach for the health sector in the Five-Year Plans.
- The current context has however changed in four major ways.
- First, the health priorities are changing.
- Although maternal and child mortality have rapidly declined, there is growing burden on account of non-communicable diseases and some infectious diseases.
- The second important change is the emergence of a robust health care



industry estimated to be growing at double digit.

- The third change is the growing incidences of catastrophic expenditure due to health care costs, which are presently estimated to be one of the major contributors to poverty.
- Fourth, a rising economic growth enables enhanced fiscal capacity.
- Therefore, a new health policy responsive to these contextual changes is required.

#### ***What are the key features of the policy ?***

- The main objective of the National Health Policy 2017 is to achieve the highest possible level of good health and well-being, through a preventive and promotive health care orientation in all developmental policies, and to achieve universal access to good quality health care services without anyone having to face financial hardship as a consequence.
- In order to provide access and financial protection at secondary and tertiary care levels, the policy proposes free drugs, free diagnostics and free emergency care services in all public hospitals.
- The policy envisages strategic purchase of secondary and tertiary care services as a short term measure to supplement and fill critical gaps in the health system.
- The Policy recommends prioritizing the role of the Government in shaping health systems in all its dimensions.
- It envisages private sector collaboration for strategic purchasing, capacity building, skill development programmes, awareness generation, developing sustainable networks for community to strengthen mental health services, and disaster management.
- The policy proposes raising public health expenditure to 2.5% of the GDP in a time bound manner.
- Policy envisages providing larger package of assured comprehensive primary health care through the Health and Wellness Centers'.
- The policy assigns specific quantitative targets aimed at reduction of disease prevalence/incidence, for health status and programme impact, health system performance and system strengthening.
- It seeks to strengthen the health, surveillance system and establish registries for diseases of public health importance, by 2020.
- 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- investment in health, organization and financing of healthcare services, prevention of diseases and promotion of good health through cross sectoral action, access to technologies, developing human resources, encouraging medical pluralism, building





the knowledge base required for better health, financial protection strategies and regulation and progressive assurance for health.

- The policy emphasizes reorienting and strengthening the Public Health Institutions across the country, so as to provide universal access to free drugs, diagnostics and other essential healthcare.
- The broad principles of the policy is centered on Professionalism, Integrity and Ethics, Equity, Affordability, Universality, Patient Centered & Quality of Care, Accountability and pluralism.
- It seeks to ensure improved access and affordability of quality secondary and tertiary care services through a combination of public hospitals and strategic purchasing in healthcare deficit areas from accredited non-governmental healthcare providers, achieve significant reduction in out of pocket expenditure due to healthcare costs, reinforce trust in public healthcare system and influence operation and growth of private healthcare industry as well as medical technologies in alignment with public health goals.
- The policy supports voluntary service in rural and under-served areas on pro-bono basis by recognized healthcare professionals under a 'giving back to society' initiative.

- The policy advocates extensive deployment of digital tools for improving the efficiency and outcome of the healthcare system and proposes establishment of National Digital Health Authority (NDHA) to regulate, develop and deploy digital health across the continuum of care.
- The policy advocates a progressively incremental assurance based approach.

***What are the key announcements in Budget 2018 - 19 regarding the health sector ?***

- The Finance Minister announced the world's largest government funded health care programme titled National Health Protection Scheme to cover over 10 crore poor and vulnerable families (approximately 50 crore beneficiaries) providing coverage upto 5 lakh rupees per family per year for secondary and tertiary care hospitalization.
- He also committed Rs 1200 crore for the National Health Policy, 2017, which with 1.5 lakh Health and Wellness Centres will bring health care system closer to the homes of people.
- The Government also decided to allocate additional Rs.600 crore to provide nutritional support to all TB patients at the rate of Rs.500 per month for the duration of their treatment.
- The government will be setting up 24 new Government Medical Colleges and



Hospitals by upgrading existing district hospitals in the country.

## 5. HEALTH CONCERNS FOR ADOLESCENT GIRLS

### *What are the issues in providing health care to adolescents ?*

- Exclusive data pertaining to the adolescent health issues in Indian scenario is not available.
- It is observed that many of the adolescents die prematurely due to various reasons that are either preventable or treatable and many more suffer from chronic illness and disability.
- The main health issues faced by the adolescents include mental health problems, early pregnancy and child birth, HIV / STI and other infectious diseases, violence, unintentional injuries, malnutrition and substance abuse.
- Adolescent girls often lack social support, and community social norms can create barriers to their social and economic advancement.
- Rural adolescent girls continue to face issues related to limited decision making, mobility, access to resources as well as in egalitarian gender role attitudes and this is particularly evident with regard to purchase of personal items, visiting places outside their neighborhood, the timing of marriage and choice of education.

- Girls have limited access to resources and very few have a bank or post office account either in their name or jointly with someone else.
- Many girls married as children and assume motherhood without proper maturity and physical health.

### *What are the Government initiatives for promoting Adolescent health ?*

- **School Health Program** covers various activities including providing weekly Iron and Folic Acid Supplementation, biannual de-worming, basic first aid and health promotion activities through teachers designated as Health and Wellness Ambassadors at the school level.
- Under National Health Mission, the Government of India is implementing Rashtriya **Bal Swasthya Karyakram (RBSK)** for screening of all the children from 0-18 years of age including school children for 4 D's i.e. defects, Deficiencies, Diseases, and Development delays including disability.
- The aim of the programme is early detection and management of the 4Ds prevalent among children.
- **Kishori Shakti Yojana** which aims at improving health, nutrition and educational status of girls aged between 11-18 years.



- The major aim of **Balika Samridhi Yojana** is to raise the age at marriage of adolescent girls; the programme envisages to achieve this goal by bringing about improvements in enrolment and retention of the girls at school.
- Another programme - primarily for out of school adolescent girls (11–18 years), is **Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (SABLA)**.
- Under this, the adolescent girls are provided iron-folate supplementation, nutrition/health education, adolescent reproductive/sexual health and life skill education; and for older girls (>16 years) vocational training is imparted as part of National Skill Development Programme.
- In response to the alarming problem of anaemia, the ministries of Health, Education and WCD launched a nationwide **Weekly Iron and Folic Acid Supplementation (WIFS)** programme in January 2013 targeting nearly 130 million adolescent boys and girls.
- **Menstrual Hygiene Scheme (MHFW)** aims at promoting menstrual hygiene among adolescent girls from rural areas.
- **National Program for Youth and Adolescent Development** by the Ministry of Youth Affairs and Sports is a merger of four centrally sponsored schemes (earlier named as Promotion of Youth Activities & Training, Promotion of National Integration, Promotion of Adventure and Development and Empowerment of Adolescents). Apart from inculcating leadership qualities and personality development, it motivates the youth to channelise their energy for nation building.
- **Adolescence Education Programme** of the MHRD envisages to impart age-appropriate and culturally relevant accurate information to the adolescents.
- In addition, it promotes healthy attitudes and development of appropriate skills through curricular/co-curricular activities for empowering them to face the real life situations.
- **Adolescent Reproductive and Sexual Health (ARSH)** programme proposes to ensure improved service delivery for adolescents through routine sub-centre clinics as well as on fixed days/timings at the PHCs and CHCs.
- Under outreach activities, the package of services comprises preventive, promotive, curative and counselling services for addressing their reproductive and sexual problems.
- **Rashtriya Kishor Swasthya Karyakram (RKSK)** – directed towards holistic development of the adolescents, was launched by the MHFW in January 2014.
- Rather than being limited to sexual & reproductive health, the programme addresses issues relating to nutrition, non-communicable diseases, injuries, violence, mental health and substance misuse with a special focus on health promotion.