WEBINAR HANDOUT

Yojana and Kurukshetra

Yojana and Kurukshetra - MAY 2020

CONTENT

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Gist of Yojana

1. Benchmarking Healthcare System

Introduction:
The right to health has so far not been accorded the status of a Fundamental Right to the Indian citizens. It is not even a statutory right, unlike education. Moreover, health is a subject which is assigned to State Governments as per our Constitution.

What is a Health Index?
- The health index was developed by NITI Aayog in 2017 in collaboration with the Ministry of Health and Family Welfare (MoHFW) and the World Bank.
- It is the first ever systematic exercise for tracking the progress on health outcomes and health systems' performance across all the States and Union Territories (UTs) in India on an annual basis.
- The Health Index is a weighted-composite Index based on select indicators in three domains: a) Health Outcomes; (b) Governance and Information; and (c) Key Inputs and Processes, with the health outcomes carrying the most weight.

Why does India need a Health Index?
- The vision behind establishing the annual systematic tool is to propel States towards undertaking multi-pronged interventions and drive efforts towards achievement of SDG Goal 3.
- It helps States in focusing attention on better targeting of interventions and improving the delivery of health services and also an opportunity of sharing best practices.

Variable Progress Across States:
- Based on the composite Health Index scores range for the reference year (2017-18), the States are grouped into three categories: Aspirants, Achievers, and Front-runners.
- Front-runners, the States falling in top one-third score range are the best performing States.
- Achievers represent the middle one-third States.
- Aspirants are the bottom one-third States

Aspirants	Achievers	Front-runners
Rajasthan	West Bengal	Kerala
Uttarakhand	Haryana	Andhra Pradesh
Madhya Pradesh	Chhattisgarh	Maharashtra
Odisha	Jharkhand	Gujarat
Bihar	Assam	Punjab
Uttar Pradesh		Himachal Pradesh
		Jammu and Kashmir
		Karnataka
		Tamil Nadu
		Telangana

Note: The States are categorised on the basis of Reference Year (2017-18) Index score range. Front-runners: top one-third (Index score >58.88, Achievers: middle one-third Index score between 43.74 and 58.88), Aspirants: lowest one-third (Index score<43.74)

- Kerala and Tamil Nadu have already reached the SDG goal on Under-Five Mortality Rate (U5MR), which is 25 deaths per 1000 live births while states like Bihar, Uttar Pradesh are severely lagging.

Conclusion:

The Health Index is a useful tool to measure and compare the overall performance and incremental performance across States and UTs over time. However, there are limitations to the Index as no single index can purport to comprehensively capture the complex story of evolution of the health system.

2. COVID-19: The Novel Threat

Introduction:
The World is experiencing one of the greatest pandemic in history. In today's world we have good healthcare facilities and advanced knowledge in science, but still how come a tiny particle of a few nanometers has really shaken all the powerful nations.

What are Viruses?
- Viruses are on the borderline of living and dead beings. They are much tinier than bacteria. They do not grow on routine laboratory media. Because of this, specific laboratory diagnosis of viral infections is not easy.
- Viruses are host cell-dependent particles, they use host cell machinery to build their structure. That is why, specific antiviral drugs which don't damage host cells are very limited.

Corona Viruses:
- All Coronaviruses are large (120-160 nm) enveloped RNA viruses which have a single stranded genome. High rates of genetic mutations are shown by the corona coronaviruses. Most of these infect animals and birds.
- There are already known six corona viruses involved in human infections. In 2003 there was an outbreak of SARS-CoV (Severe Acute Respiratory Syndrome coronavirus). It originated from China and spread to around 29 countries causing 774 deaths.

Challenges due to COVID 19:
- COVID 19 represents COrona VIrus Disease originated in 2019. First case of this virus was identified in December 2019 from Wuhan, Hubei province of China.
- It is a highly contagious disease. Asymptomatic carriers as well as convalescent individuals can transmit the virus. No age group is spared.
- The progression of the disease is very unpredictable. Mortality rates are very high in some parts of the world compared to others.
- It is **most contagious** during the first three days after onset of symptoms. Spread is possible before symptoms appear and in later stages of the disease as well. That makes it **more dangerous**.

Transmission of the COVID-19 virus:
- There are two main routes of transmission: respiratory and contact. The virus is mainly spread by small droplets produced by coughing, sneezing or even talking to an infected person. These droplets may also be produced during breathing.
- People may also become infected by touching a contaminated surface and then their face. The virus can survive on surfaces for a few hours to a few days, depending upon the nature of the surface.

Diagnosis:
- Laboratory testing is essential for confirmation. Real-time reverse transcriptase PCR (rRT-PCR) testing is the most useful test and currently the only reliable one.

Blood antibody testing and viral antigen testing methods are being tried but are not specific.

Prevention:

At this point of time, prevention is the best possible treatment.

Personal Preventive Measures in public places

- Staying home
- Covering mouth and nose with flexed elbow or tissue when coughing or sneezing
- Cleaning frequently touched surfaces and objects
- Disposal of used tissue immediately
- Avoid touching your eyes, nose and mouth with unwashed hands

Preventive Measures in Public Places

- Keep about 6 feet distance with others
- Wear a cloth face cover/mask. Do not use a facemask meant for a healthcare worker
- There is no evidence about the survival of the COVID-19 virus in drinking-water or sewage, so any special treatment of water is not required.

Conclusion:

How far this pandemic of COVID 19 damages us is solely in our hands. If we follow personal and social behavioral discipline, then the damage can be minimised. But if we ignore it, then it will prove to be the most catastrophic event in the history of the globe. So let's save ourselves and our globe.

3. Strengthening Health Systems

Current status of health in India:
- Over the past seven decades, since independence, India has made a phenomenal progress in access and availability of health services adding a network of 1,58,417 Sub-Centres (SCs), 25,743 Primary Health Centres (PHCs) and 5624 Community Health Centres (CHCs).
- More than 30,000 SCs and PHCs have been up scaled to Health and Wellness Centres (HWC) to provide comprehensive primary health care since 2018.
- The life expectancy at birth has increased from 58 years to 69 years from 1990 to 2017.
- India has successfully eliminated diseases like smallpox, guinea worm, neonatal tetanus and polio, and effectively controlled many communicable diseases like leprosy, malaria, filariasis, kala azar and progressing well towards ending tuberculosis by 2025.

Health Financing in India:
- The public expenditure on health accounts for nearly 1.2% of the GDP and remaining is met by Out-of-Pocket expenditure (OOPE) by the households which is exorbitant and puts extra pressure on low socioeconomic population as almost 10 crore population goes below the poverty line due to high OOPE.
- According to the latest National Health Accounts Estimates (2016-2017), the total spending on health in India is 3.8% of the GDP which has reduced from 4.2% in 2004-05.
- The Government health spending has remained almost static around an average of 1% of GDP and the State health spending is around 2% of SGDP on average with variations across the States.
- A sum of 45% of the total current health expenditure is spent on primary health care followed by 36% for secondary care, and 13.9% for tertiary care.
- Households are now relying on income and savings to meet their healthcare expenses rather than borrowing from money lenders, friends etc.

What is the Rationale for Spending on Health, especially Public Health?
- It is widely acknowledged that health is not only a goal in itself, but also vital for improved developmental outcomes. It is known that better health improves productivity and reduces loss.
- A study by Public Health Foundation of India (PHFI) has estimated that about 55 million Indians are pushed into poverty in a single year because of catastrophic health expenditure.
- Studies have indicated that even the benefit to cost ratio for key healthcare interventions is 10:1; one extra year of life expectancy raises GDP per capita by 4%.
- Investment in health creates millions of jobs, largely for women, through the much needed expansion of the health workforce.

- There is global evidence that primary health care is critical to improving health outcomes. It plays an improvement role in prevention of several disease conditions, including non-communicable diseases.

Need for Reprioritisation:
- In India, to generate more resources for health commodities that harm health have been suitably taxed but taxes need to be earmarked for preventive and promotive healthcare.
- Raising taxes on harmful commodities may not only improve health but can generate more fiscal space for health.
- In case of India, taxes on alcohol, tobacco, salt and sugar will not only generate additional resources but would be preventing non communicable diseases and contribute to easing burden on health systems.
- Food substances that contribute to obesity including refined grains such as white flour and white rice are highly subsidised and these subsidies need to be reviewed and reoriented towards improving the nutritional content of subsidised food.
- Subsidies on commodities such as sugar, diesel, kerosene and coal should be reviewed and savings diverted to nutritious food and clean renewable energy sources.
- Taxes should be imposed on specific industrial commodities causing air, water and soil pollution other than the taxes on tobacco, alcohol and foods having a negative impact on health and taxes on polluting industries.

Time for "More Health for Money":
- Till now, the health sector had been focusing on "more money for health and more health for money" but in the current year, the health sector needs to focus on "more health for money".
- Converting existing district hospitals to medical colleges through PPP mode and attaching a medical college with district hospital in the PPP mode are some innovations in Union Budget 2020-21 to address the shortage of doctors and infrastructure.
- Health insurance to finance hospitalisation to reduce OOPE and catastrophic health expenditure can also be introduced.
- Ayushman Bharat has a great promise but the coverage should be extended to the whole population.
- There is a need to develop partnership with the private health sector for co-financing secondary and tertiary health care, and with the corporate sector for allocating CSR funds in health care.

Conclusion:
A fairly large proportion of the allocated budget remains, unutilised within the health system on account of poor absorption capacity of States, delays in funds flows, inefficient implementation of activities and weak governance. Improving efficient budget utilisation and health systems performance would make available massive unspent funds for all envisaged growth plans.

4. Artificial Intelligence in Healthcare

Introduction:
As the Artificial Intelligence revolution permeates through societies at a global level, its role in shaping India with its sixth of the world's population, could be substantial. With the ubiquitous reach of mobile technology within rural areas, opportunities exist for AI to help in the achievement of good health and well-being within remote communities where skilled medical professionals are in short supply.

Opportunities and Applications:
The modern era of global connectivity and high levels of mobile usage in India presents significant opportunities for access to AI technology focused healthcare within the following areas:

AI in Assistance to Physicians:
- Given the resource constraints and stress on the healthcare system, a significant part of a doctor's workload could be safely offloaded to carefully-designed AI systems, reserving the serious cases for more detailed physician's attention.

AI in Diagnostics:
- One of the key healthcare challenges in India is acute shortage of radiologists. AI based diagnosis can be especially helpful for radiology, pathology, skin diseases, and ophthalmology.
- While CT scan, MRI and X-ray facilities have proliferated in India, there are only about 10,000 radiologists available. This is where AI can be of great assistance.

AI for Optimising Treatment Plans:
- AI can also be used for assisting doctors and patients to choose an optimal treatment protocol.

AI for Monitoring/Ensuring Compliance:
- The potential for AI application in remote monitoring has enhanced manifolds via the use of wearables. These can be used for monitoring various aspects such as movements, physiological parameters, temperature and alerts that can be communicated to healthcare professionals.

AI in the COVID-19 Epidemic:
- The COVID-19 epidemic highlights the need for an AI based epidemic monitoring system that can model and predict outbreaks and help optimise scarce resources.
- AI can help fight the virus via Machine Learning-based applications including population screening, notifications of when to seek medical help and tracking how infection spreads across swathes of the population.

Challenges and Controversies:
The major challenges for India to deliver the benefits to its citizens from the adoption of AI technology within healthcare are significant. It includes:

Healthcare Industry Issues:

- Traditional healthcare personnel may resist new innovations, doctors may not trust AI systems, patients may question AI-based decision-making and medical staff could view the changes as disenfranchising them from their key roles and decision-making powers.

Technology-related Issues:

- The challenge within India is the disparate nature of healthcare related data. Each state has its own system and working process.
- Initiatives are needed at state and national government levels to ensure shared data standards, data security and exchange processes are incorporated within healthcare systems.

Socio-cultural Issues in Technology Implementation:

- Within India, access to the internet is primarily undertaken via mobile phones. While the penetration of mobile phones would at face value seem to be a positive factor for the adoption of AI, it could inadvertently amplify the gender disadvantage.
- Solutions need to take account of the Indian context where pockets of the population are socially and educationally challenged, culturally marginalised and economically disadvantaged.

Regulatory and Ethical issues:

- **Data security and privacy** is especially important with the increasing use of wearables which can potentially cause identity theft through hacking of devices and data.
- The regulators need to provide clear and concise user agreement and privacy policies to enhance widespread and safe adoption of these devices.

Wayforward:

- To enhance the adoption of technology by healthcare providers, AI and its applications should be incorporated within the curriculum for medical and paramedical training.
- Technology should be recognised as socio-culturally embedded; hence the technology design and implementation should take into account cultural practices and address the gender divide in India.
- Ethical guidelines regarding security and **privacy of data** should be protected, especially as more and more the data is available.
- The AI system must be **explainable and auditable**. All decisions made in the context of diagnosis or recommendations can impact on human lives. As such the underlying algorithms must be transparent and explainable to ensure ease of audit rather than acting as a black-box based system.
- AI systems **should not exhibit bias**. The algorithms developed for the AI system must not exhibit any racial, gender or Pincode-based decision-making that disenfranchise or favour any population groups.

5. Internet of things in healthcare

The Internet of Things, or IoT, is a scalable and automated solution that has seen exponential growth in other industries such as automated manufacturing, wearable consumer electronics, and asset management.

What is IoT?
- IoT refers to the billions of physical devices around the world that are now connected to the internet, all collecting and sharing data. IoT consists of several functional components: **data collection, transfer, analytics, and storage**.
- Data is collected by sensors installed on mobile, end user hardware like phones, robots, or health monitors. Then, the mobile data is sent to the central cloud server for analytics and decision making, such as if a machine requires proactive maintenance to prevent unexpected breakdown or if a patient needs to come in for a check-up.

IoT in Hospitals:
- Connecting health systems together can reduce a huge amount of manual admin tasks by consolidating EMRs (electronic medical records), scheduling systems, and patient monitoring into one place.
- As all hospital resources are being stretched, having a tool to monitor patients all around the hospital and ensure that medication is delivered effectively will be a massive help. Thus **connected medication** is another way to reduce strain on medical staff.

IoT to Manage Patient Care:
- **Maximising Output and Minimising Stress:** Simply by maximising the number of patients that can be attended to by doctors in the hospitals, and reducing the number of people that need to come into the hospital for regular appointments, IoT could take a huge weight off the shoulders of medical staff.
- **Zero cross infection:** Right now, the daily check-up of the patients is done manually by healthcare workers who go door-to-door. With IoT, the patients can have their temperatures taken and upload the data with their mobile devices to the cloud for analysis. This way, healthcare workers can not only collect more data using less time but also reduce the chance for cross-infection with the patients.
- The scalability of IoT also comes in handy for monitoring all the patients who are high-risk enough to warrant quarantine but not serious enough to warrant in-hospital care.

Thus IoT can be used to reduce the workload and increase the efficiency of the medical staff, all the while reducing the exposure of healthcare workers to infection.

Conclusion:
It is now the moment for countries to fast-track the construction of new digital infrastructure, such as IoT along with AI, in addition to the hastening of vital projects. The need of the hour is that all citizens of India should accept responsibility to encourage and successfully implement all the efforts taken by the Government of

India to effectively utilise the IoT and artificial intelligence in various healthcare industries and services to offer best services to all citizens.

Gist of Kurukshetra - May 2020

6. Gender Budgeting

What is gender budgeting?
- Gender budgeting is a policy with a primary goal of re-orienting the allocation of public resources, advocating for an advanced decision making role for women in important issues, and **securing equity** in the distribution of resources between men and women. It **promotes equality** through fiscal policies.
- Gender budgeting remedies the disadvantages and discrimination against women by incorporating them in the budgetary process and fighting marginalisation and exclusion from economic, political, and constitutional processes.

Difference between Gender and Sex:
- **Gender is the culturally and socially constructed roles**, responsibilities, privileges, relations and expectations of women and men, boys and girls. Because these are socially constructed, they can **change over time** and differ from one place to another.
- **Sex** is the biological make-up of male and female people. It is what we are born with, and **does not change** over time, nor differs from place to place. There is a need to think about both gender and sex when making policies and allocating budgets.

Need for Gender Budgeting:
- The Constitution of India has mandated equality for every citizen of the country as a **fundamental right**.
- Women's economic empowerment plays a crucial role in tackling gender inequality. Currently, the contribution of Indian women to the GDP (17 percent) is not only far below the global average (37 percent). There is a growing awareness that **gender inequality is inefficient and costly to development**. Gender equality can benefit the economy through efficiency gains.
- Gender Budgeting can encourage transparency, accountability and participation, and facilitate better advocacy. For those both inside and outside government, Gender Budgeting work provides information that allows for better decision making on how policies and priorities should be revised and the accompanying resources needed to achieve the goal of gender equality.

Gender Budgeting in India:
- India is a leading example of Gender Budgeting in the Asia Pacific region, as acknowledged by the United Nations. The goal of Gender Budgeting in India is to ensure greater efficiency and **gender equity in fiscal policy**.
- The year 2001 proved to be a watershed year with respect to orientation of the budget making process towards gender sensitivity and gender empowerment. Since 2005–06, the Expenditure Division of the Ministry of Finance has been issuing a note on Gender Budgeting as a part of the Budget Circular every year.

- Gender Budgeting has both expenditure as well as revenue side. The revenue side of Gender Budgeting is still in the nascent stages.
- Some states offer concession on stamp duty charges if a property is registered in the name of a woman. Similarly, certain municipal corporations also offer rebates on property tax. Apart from concessions on stamp duty and rebate on property tax, banks also offer lower interest rates on home loans for property registered in a woman's name.

Impact of Gender Budgeting:

- Some studies have shown that states with Gender Budgeting showed significantly greater reduction in spousal violence between 2005–06 and 2015–16 than those without it. Where Gender Budgeting states demonstrated a 7 percent decline in spousal violence from 2005–06 to 2015–16, non-gender budgeting states demonstrated only a one percent decline.
- As per the latest research conducted on data available from the Asia Pacific region, the scores on GII (Gender Inequality Index) for each country was used as measures of gender equality or inequality. The results show that GII is significantly determined by gender budgeting initiatives. The estimates showed that a 1 per cent increase in public health spending in Asia Pacific can reduce GII by 0.0045 percentage points.

Conclusion:

Swami Vivekananda said "It is not possible for a bird to fly on one wing." Gender budgeting is a powerful tool to give equitable power to both the gender-based wings of the economy. Gender Budgeting not only empowers women but also empowers the economy through efficiency gains to the GDP.

7. Women Empowerment: Milestones and Challenges

Empowering women is a prerequisite for creating a good nation, when women are empowered, society with stability is assured. Empowerment of women is essential as their value system leads to the development of a good family, society and ultimately a good nation.

Dr APJ Abdul Kalam

What is women empowerment?
- The term women empowerment seriously refers to the process of bringing the women, deprived of socio economic, political and educational rights and privileges, into mainstream development.
- It also lays great emphasis on bringing about holistic paradigm changes in the status of women in order to create an egalitarian society based upon the Constitutional philosophy of equality and social justice for all the people in the republic of India.

Women and Health:
- Ensuring healthy lives of women is not only vital for maintaining the health condition of nearly half of the population of the country but in a broader sense it also means ensuring better health conditions and **well-being of the generations to come**. Only a healthy mother can take care of the health of her child.

Women and Economy:
- The participation of women in the household management has been well known since the dawn of civilisation on the earth. Women are engaged in various economic activities to eke out a living for their families as well as to contribute to the national income of the country.
- But unfortunately, due to underutilization of women's potential, goals like sustainable development and higher rate of growth of economy still remain unfulfilled.

Women as Lawmakers:
- Women's steadily increasing representation in the various law-making bodies of the country shows their increasing hold on the decision-making and policy-making processes of the country.
- In the first Lok Sabha election of 1951–52, only 5 percent of the Lower House of the Parliament consisted of women. But in the last 17th Lok Sabha elections, this percentage has phenomenally shot up to 14 percent. This is the highest ever number of women elected to the prestigious Lower House of the Indian Parliament.
- The number of women representatives in the PRIs has improved with the 73rd and 74th Constitutional Amendments. The provision of reservation of one third of the seats for women has really proved to be the beacon of light for the women living somewhere far from national development and polity.

Challenges Ahead in Women Empowerment:

- It is usually said that a girl is not born, we make her a girl. What it implies is the bitter truth that the conventional and stereotyped thinking norm of the patriarchal society like ours does not permit the liberty to the women to have wings to fly in the sky of their beautiful dreams. This constraint needs to be removed.
- The lack of education and awareness about its life-long importance in the living of life with dignity is the achilles' heel of the betterment in the status of women. The rural areas suffer from the worst condition where dissemination of education and exposure has proved to be the biggest obstacle.

Conclusion:

It is high time we strived hard to address the problems and uproot the bottlenecks in the direction of empowering women and imparting them what has been long-due to them as their fundamental and birth rights. No doubt, the task is very challenging but not unfeasible.
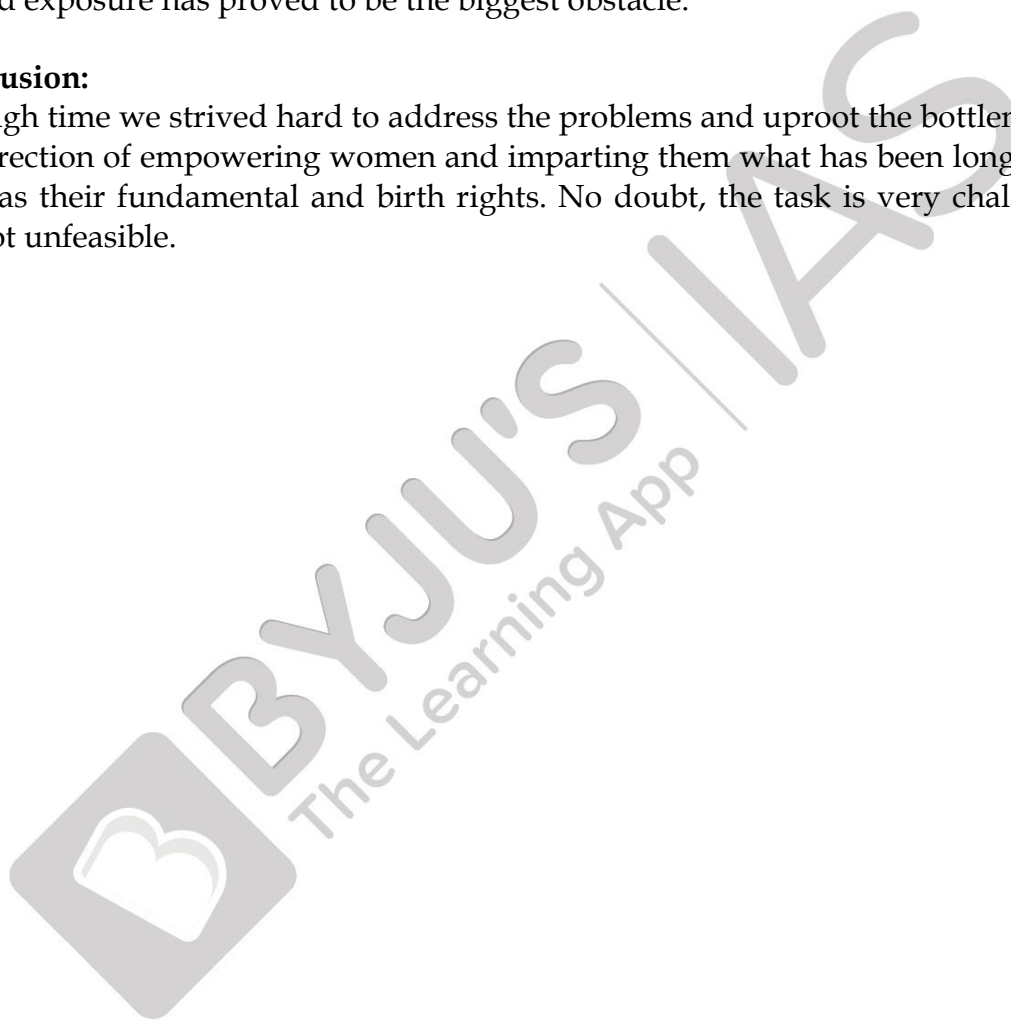
8. INCLUSIVE DEVELOPMENT AND RURAL WOMEN

Inclusive development is multifaceted and can be achieved through growth with equity
– social, economic and political. There is no automatic mechanism to achieve inclusive growth rather it can only be attained through suitable policy formulation, proactive intervention, and effective policy implementation. Rural women are key agents for achieving the transformational economic, environmental and social changes required for sustainable development. A number of schemes have been implemented for the development of rural women.

Government Empowerment Programmes for Rural Women:
- **Beti Bachao Beti Padhao (BBBP):** BBBP, the flagship scheme, was launched initially to address the declining Child Sex Ratio but as it graduated, it broadened and took under its ambit other concerns such as strict enforcement of PC-PNDT Act [Pre-natal Diagnostic Techniques (Regulation and Prevention of Misuse) Act], provisions to motivate higher education for girls and related issues of disempowerment of women on a lifecycle continuum.
- **Pradhan Mantri Matru Vandana Yojana (PMMVY):** PMMVY is a maternity benefit programme that has been made a pan-India phenomenon since December 31, 2016. The beneficiaries would receive cash incentive of Rs. 6000 during pregnancy and after institutional delivery.
- **Deen Dayal Upadhyaya Antyodaya Yojana (DAY-NRLM):** It focuses on rural women and aims to achieve universal social mobilization by involving rural women. At least one woman member from each identified poor rural household, is to be brought under the Self Help Group (SHG) network in a time bound manner. NRLM has devised special strategies to reach out to all these vulnerable communities and help them graduate out of poverty.
- **Rastriya Mahila Kosh (RMK):** Rastriya Mahila Kosh (RMK), of the Ministry of Women and Child Development, extends micro-credit to women in the informal sector through a client-friendly, collateral-free and hassle-free manner for income generation activities.
- **Mahila Shakti Kendra (MSK):** In order to support rural women and provide them with convergent support, Ministry of Women and Child Development, Government of India approved this scheme. It is envisaged to provide an interface for rural women to approach the government for availing their entitled benefits and for empowering them through training and capacity building.
- **National Repository of Information for Women (NARI):** It will provide citizens easy access to information on government schemes and initiative for women. Rural women can access these schemes on their own or with the help of various frontline workers associated with government schemes at the ground level. The portal summarises over 350 government schemes and other important information for the benefit of women, with more being added every day.
- **National Nutrition Mission (NNM):** To deal with the problem of malnutrition, the government has set-up the National Nutrition Mission (NNM). The aim is to

achieve an improvement in the nutritional status of children of 0–6 years and pregnant and lactating women in a time bound manner.

- **Mahila Police Volunteers** (MPVs) will prove to be an effective alternative against the local police for women. MPVs were launched in all States and UTs to serve as a public-police interface and facilitate women in distress. The MPVs report incidences of domestic violence, child marriage, dowry harassment, and violence faced by women in public spaces.
- **Empowering Elected Women Representative (EWRs):** Ministry of Women and Child Development has launched an extensive training programme with an objective of empowering EWRs and helping them assume the leadership roles expected of them and guide their villages for a more prosperous future.
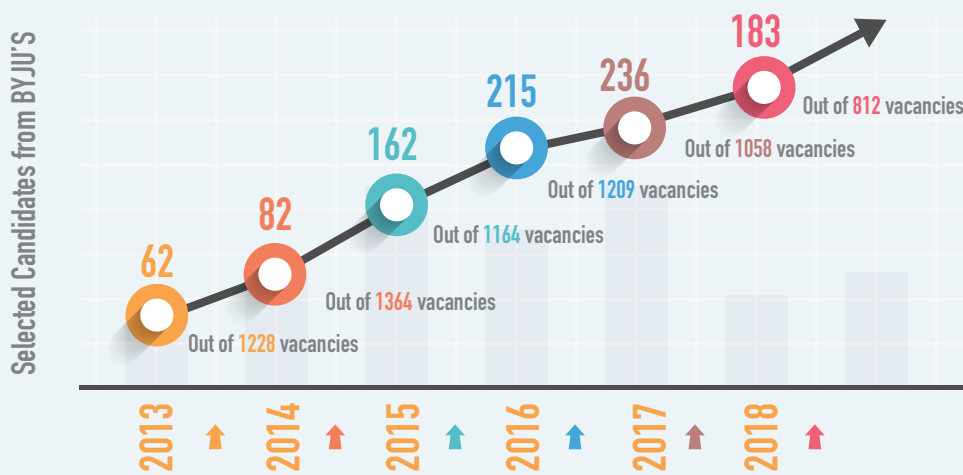
Conclusion:

The role of rural women outside the home has become an important feature of the social and economic life of the country and in the years to come it will become even more significant. From this point of view, greater attention will have to be paid to the problems of training and development of rural women.

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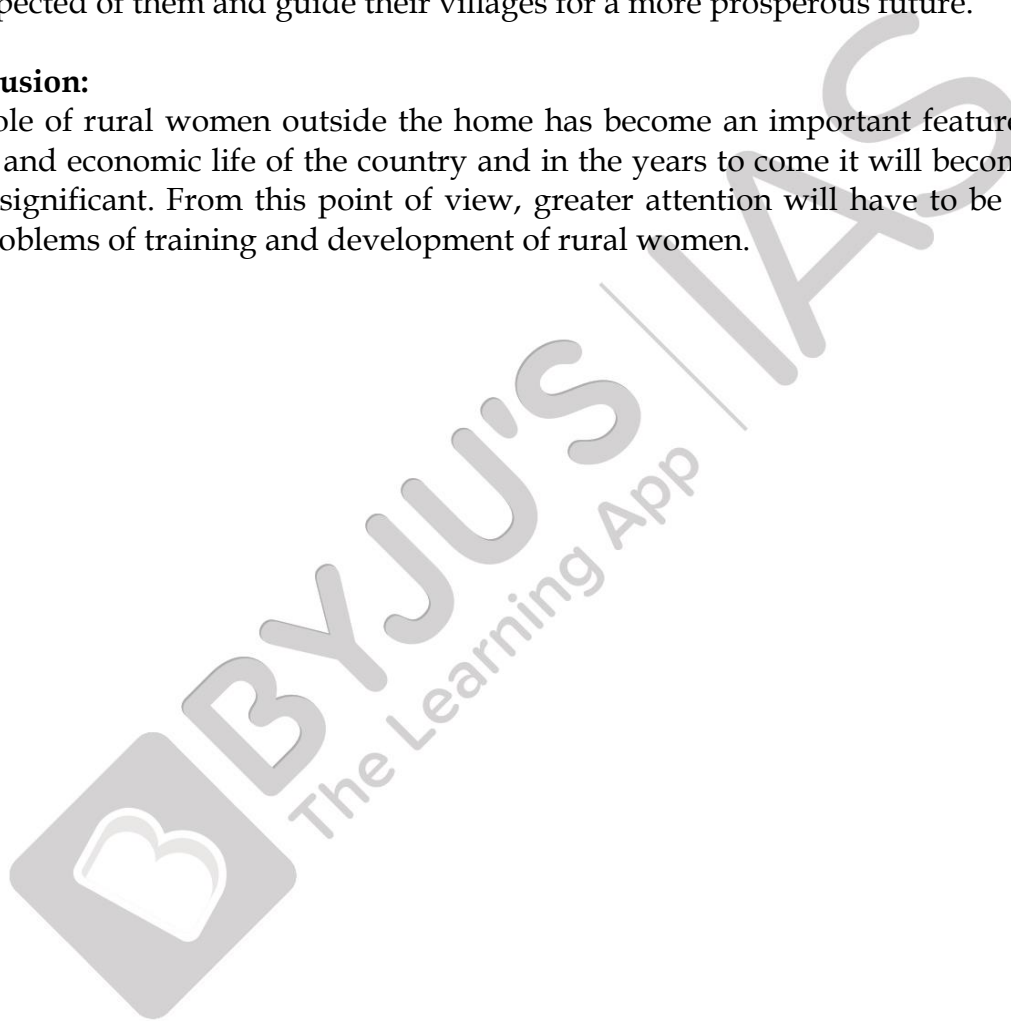
CSE 2018

11 Ranks in top 50	28 Ranks in top 100	183 Ranks in the final list

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