

TOPICS COVERED

- **Traders rue underpriced onion exports to the UAE (GS Paper III: Agriculture, External Sector)**
- **This election season, MSMEs pursue candidates with GST reform demands. (GS Paper III: Manufacturing Sector, Taxation)**
- **Shaping India's path to inclusive health care (GS Paper II: Health Sector)**
- **Wayward elephant: On the RBI's rate decision (GS Paper III: Inflation)**
- **Beat the heat: On the IMD warning of more heatwaves (GS Paper I: Natural Phenomenon)**
- **Gone too soon — the subject of youth suicide in India (GS Paper I: Society)**

Traders rue underpriced onion exports to the UAE (GS Paper III: External Sector)

- The Indian government imposed an extended ban on exporting onions due to concerns about a potential domestic shortage.
- Despite the ban, the government allowed some shipments to markets like the UAE in response to diplomatic requests.
- Indian farmers and traders are concerned because some of these allowed shipments were sold at much higher prices in UAE stores.
- Farmers in India are reportedly being paid very low prices, around ₹12 to ₹15 per kg for onions intended for export.
- However, these same onions are being sold in UAE stores for over ₹120 per kg, yielding significant profits for selected importers.
- The Indian government permitted the export of 14,400 tonnes of onions to the UAE, with a quarterly cap of 3,600 tonnes. Additional exports were approved beyond this quota.
- Global onion prices have risen sharply due to export bans imposed by countries like India, Pakistan, and Egypt. Prices in major markets like the UAE reached as high as \$1500 per tonne.
- India's recent shipments to the UAE were reportedly sold at around \$500 to \$550 per tonne, much lower than the prevailing market prices.
- UAE importers have gained significant profits, estimated at over ₹300 crore, through onion shipments from India. With the additional 10,000-tonne quota, another ₹1,000 crore in gains is expected.

- These exports are managed exclusively through the National Cooperative Exports Limited (NCEL), a government-owned body under the Ministry of Cooperation.
- Exporters were informed that the exports are conducted on a government-to-government basis, with the importing country allocating quotas to nominated importers. Procurements are done through e-tendering on the Agribazaar portal.
- On the UAE side, private traders and supermarket chains, not government agencies, are reportedly receiving these shipments.
- Typically, in trade deals, suppliers bid for the lowest price, and buyers are chosen based on the highest offered price. However, exporters claim this is not the case here.
- The Horticulture Produce Exporters' Association has raised concerns about the export process and pricing, noting that onion prices sold abroad are lower than international prices, which were around \$1,450 a tonne at the time.
- Queries regarding the export price determination process and the identification of exporters and importers have gone unanswered by the Ministries of Commerce, Consumer Affairs, and Cooperation.
- The Agriculture Ministry stated its focus is solely on providing crop estimates and is not involved in determining export prices or identifying exporters and importers.

This election season, MSMEs pursue candidates with GST reform demands (GS Paper III: Manufacturing Sector, Taxation)

- MSMEs, representing a significant portion of India's economy with around seven crore units across various sectors, are demanding a reduction in Goods and Services Tax (GST) rates.
- Reduction in GST rates is a primary demand from MSME representatives as the country prepares for the Lok Sabha election.
- Sudhir Jha, national convener of the All India Manufacturers Organisation and vice-president of the MSME Development Forum, highlights the importance of MSMEs, as approximately 12 crore people are dependent on them.
- Many MSMEs have been adversely affected by the complexity of GST slabs, which have paralyzed their operations over the years.
- Most MSMEs lack the resources and understanding of GST due to their small-scale operations, leading to challenges in compliance.
- Micro and small-scale units, although technically exempt from GST due to low turnover, are indirectly affected as suppliers to larger GST-registered industries, resulting in the loss of business opportunities if unable to meet documentation requirements.
- MSME clusters in Coimbatore and Ludhiana have submitted their demands to election candidates.
- In Coimbatore, the main demand is the reduction of GST on labor charges undertaken by micro and small-scale units from the current 12% to either 5% or nil.
- In Ludhiana, auto component units are burdened with a 28% tax on some components, highlighting the need for GST rate reduction in specific sectors.

Shaping India's path to inclusive health care (GS Paper II: Health Sector)

India's health equity issues require a comprehensive approach that go beyond improvements in health-care facilities

- World Health Day is observed annually on April 7 to focus on health equity, which is crucial for global health and justice.
- The World Health Organization (WHO) considers health a fundamental human right, emphasizing the importance of ensuring access to healthcare for all.
- This year's theme is "My Health, My Right," highlighting individuals' rights to access healthcare services.
- The COVID-19 pandemic, environmental crises, and widening socio-economic disparities have underscored the urgent need to address gaps in healthcare access.
- Despite health being recognized as a constitutional right in over 140 countries, more than half of the world's population lacks complete access to essential health services.
- The WHO Council on the Economics of Health for All emphasizes the importance of promoting health equity to ensure that everyone has access to healthcare services.
- World Health Day 2024 serves as a reminder of the ongoing efforts needed to achieve health equity, offering hope for millions of people worldwide.

The meaning of health equity

- Health equity ensures everyone has an equal chance for good health, considering factors like social, economic, and environmental conditions.
 - The World Health Organization (WHO) aims to eliminate preventable health disparities among different social and economic groups.
- Specialized Agency: The WHO is the leading specialized agency of the United Nations focused on directing and coordinating international public health.
 - Constitution (1948): Provides the WHO broad mandate to achieve "the attainment by all peoples of the highest possible level of health."
 - Membership: Comprise of 194 member states, participating through the World Health Assembly (WHA)
- It addresses root causes such as poverty, discrimination, limited access to education, healthy food, clean water, and housing.
 - For example, a child born into poverty lacks access to basic needs, leading to chronic health issues.
 - Global challenges like pandemics and climate change worsen health disparities, hitting marginalized groups hardest.
 - In India, diverse populations face healthcare disparities, with rural areas having limited access.
 - Achieving health equity requires efforts beyond legislation, involving governments, communities, and individuals.

- Challenges include addressing social injustices, global health issues, and conflicts that disrupt healthcare access.
- The COVID-19 pandemic and climate change widen health equity gaps, affecting marginalized communities most, while conflicts hinder healthcare provision.

India's health equity challenge

- India faces persistent challenges in achieving health equity due to differences in healthcare outcomes and access, especially in rural areas.
- Urban slums, comprising over 17% of metropolitan areas, suffer from serious health disparities due to overcrowding, poor sanitation, and limited access to clean water.
- Infectious diseases like tuberculosis are 1.5 times more common in slums compared to non-slum areas, according to the Indian Council of Medical Research.
- Disparities across caste and gender are significant, with Scheduled Castes and Scheduled Tribes experiencing higher child mortality and lower immunisation rates.
- Women in the lowest wealth quintile have a 59% prevalence of anaemia, double that of the highest quintile, indicating the impact of caste, gender, and economic status on health outcomes.
- Non-communicable diseases (NCDs) contribute to over 60% of all deaths in India, with projected economic costs exceeding \$6 trillion by 2030, according to the Public Health Foundation of India.
- There is a critical shortage of doctors, with only 0.8 doctors per 1,000 people, below the recommended ratio. The shortage is particularly acute in rural areas.
- Achieving health equity requires addressing broader socioeconomic determinants of health beyond improving healthcare facilities.
- A comprehensive approach involving collaboration between the government, civil society, healthcare providers, and communities is needed to advance universal health coverage and create a more equitable future for India.
- Governments play a significant role in influencing healthcare through funding, policies, and laws, such as India's Ayushman Bharat initiative providing free health coverage to the bottom 40% economically.
- The National Health Mission (NHM), including NRHM and NUHM, aims to reduce healthcare disparities between rural and urban India by expanding access, strengthening infrastructure, and providing essential services to vulnerable populations.
- Health literacy is crucial for achieving health equity, and integrating health education into NHM can empower people to seek equitable care and make informed health decisions.
- Public and private healthcare sectors work together to provide services to underprivileged communities, focusing on preventive education, workforce development, and infrastructure enhancement.
- NGOs and civic societies conduct community outreach to address regional health concerns, collaborating with international and governmental organizations to tailor culturally sensitive health initiatives.
- International institutions like WHO, the Global Fund, and Gavi support health initiatives in resource-limited areas and promote information and resource sharing to strengthen healthcare systems, particularly in countries like India.

- The commercial sector and charitable organizations leverage innovation and technical advancements, especially **in digital health, to enhance accessibility, affordability, and effectiveness of healthcare.**
- **Research institutes and academic institutions play a vital role in understanding health inequalities and evaluating intervention effectiveness, contributing to evidence-based practices and policies supported by scientific studies.**

Tap these organisations

- **Local organizations** play a crucial role in ensuring health equity by actively participating in all phases of health programs, from planning to evaluation, based on their understanding of community needs.
- **Successful collaborations for health equity rely on open communication, mutual respect, and shared goals, allowing for adaptation to changing health concerns and community needs.**
- Collaboration across various sectors, including policymakers and grassroots organizations, can greatly enhance health equity and work towards making access to high-quality healthcare a shared reality for all.

Ayushman Bharat

- **Flagship Health Scheme:** Ayushman Bharat, officially known as Pradhan Mantri Jan Arogya Yojana (PM-JAY), is the Indian government's flagship public health insurance scheme.
- **Launch:** Announced in 2018.
- **Aim:** Provide financial protection and quality health coverage to the country's economically vulnerable population.

Key Components:

1. **Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY):**
 - Provides secondary and tertiary hospitalization coverage of up to INR 5 lakhs per family per year.
 - Targets around 500 million beneficiaries from poor and socioeconomically disadvantaged backgrounds.
 - Cashless and paperless access to empanelled private and public hospitals.
2. **Health and Wellness Centres (HWCs):**
 - Aims to upgrade 150,000 sub-health centers and primary health centers into HWCs to deliver comprehensive primary healthcare closer to communities.
 - Focuses on preventive care, screening, and treatment for common ailments and non-communicable diseases.

National Health Mission (NHM)

- The NHM is a flagship initiative of the Indian government launched in 2005, subsuming two earlier missions:
 - National Rural Health Mission (NRHM)
 - National Urban Health Mission (NUHM)
- Main program components include Health System Strengthening (RMNCH+A) in rural and urban areas- Reproductive-Maternal- Neonatal-Child and Adolescent Health, and Communicable and Non-Communicable Diseases.

- NHM envisages achievement of universal access to equitable, affordable and quality health care services that are accountable and responsive to the needs of the people.

Key Objectives:

- **Strengthening Healthcare Infrastructure:**
 - Upgrading rural and urban health facilities with better equipment, human resources, and services.
 - Establishing new sub-centres, primary health centres, and community health centres.
- **Reduce Maternal and Child Mortality Rates:**
 - Focus on improving maternal health services, including antenatal and postnatal care, institutional deliveries, and immunization programs.
 - Addressing child health challenges like malnutrition and communicable diseases.
- **Control Communicable Diseases:**
 - Strengthening disease surveillance systems.
 - Implementing national programs for TB, malaria, HIV/AIDS, and other communicable diseases.
- **Increased Access to Affordable Medicines:**
 - Promoting essential drug availability and affordability at public health facilities

Global Fund

- **Multilateral Financing Organization:** The Global Fund is a global partnership established in 2002 aimed at accelerating the fight against HIV/AIDS, tuberculosis (TB), and malaria.
- **Funding Structure:** It relies on a collaboration of governments, civil society, the private sector, and people affected by the three diseases. The organization pools resources and distributes them to low- and middle-income countries with high disease burdens.
- **Impact-Driven Investments:** It emphasizes a country-led approach with a focus on results and measurable outcomes.

Key Focus Areas:

- **HIV/AIDS:** Provides funding for prevention, testing, treatment, care, and support programs.
- **Tuberculosis:** Supports TB case detection, diagnosis, treatment, and drug-resistant TB care.
- **Malaria:** Invests in insecticide-treated mosquito nets, indoor spraying, treatment, and preventive therapies.
- **Health Systems Strengthening:** Acknowledges the importance of robust healthcare infrastructure, therefore supports health systems as part of its strategy.

How it Works:

- **Resource Mobilization:** The Global Fund raises money through multi-year pledges from donor countries, the private sector, and foundations.
- **Country-Led Proposals:** Countries in need develop proposals, which the Global Fund reviews for funding approval.
- **Grant Implementation:** Countries awarded grants implement programs with technical assistance and oversight from the Global Fund.

Gavi, the Vaccine Alliance

- **Goal:** Gavi is a global public-private partnership established in 2000, dedicated to improving access to new and underused vaccines for children in the world's poorest countries.

How Gavi Supports Health Initiatives

1. **Vaccine Funding:** Gavi raises funds from donor governments, philanthropic organizations, the private sector, and innovative financing mechanisms to subsidize vaccine costs for eligible countries.
2. **Procurement and Supply Chain:** Gavi pools demand for vaccines, negotiates lower prices with manufacturers, and supports reliable supply chains to ensure vaccines reach the most vulnerable communities.
3. **Immunization System Strengthening:** Gavi provides grants to countries to support health system improvements for vaccine delivery, including cold chain equipment, training of health workers, and data collection.
4. **Advocacy and Partnership:** Gavi works with governments, civil society, WHO, UNICEF, and other partners to advocate for the importance of immunization and build support for sustainable programs.

Gavi's Impact:

- **Increased Access:** Gavi has played a crucial role in increasing vaccination rates for diseases like measles, polio, diphtheria, and many others, preventing millions of child deaths.
- **Equity:** Gavi's focus on low-income countries with weak health systems helps ensure that the most vulnerable children receive life-saving vaccines.
- **Innovation:** Gavi drives innovation in vaccine development, delivery, and financing models

MAINS PRACTICE QUESTION: GS PAPER II: HEALTH SECTOR

Q6. "Besides being a moral imperative of Welfare State, primary health structure is a necessary pre-condition for sustainable development." Analyze. (150 words/10 Marks) (UPSC 2021)

- In order to enhance the prospects of social development, sound and adequate health care policies are needed particularly in the fields of geriatric and maternal health care. Discuss. (150 words/10 Marks) (UPSC 2020)
- Critically examine the role of WHO in providing global health security during the COVID-19 pandemic. (150 words/10 Marks) (UPSC 2020)

- Appropriate local community level healthcare intervention is a prerequisite to achieve 'Health for All' in India. Explain. (150 Words/10 Marks) (UPSC 2018)

- Public health system has limitation in providing universal health coverage. Do you think that private sector can help in bridging the gap? What other viable alternatives do you suggest? (200 Words/12.5 Marks) (UPSC 2015)

Question 2: Evaluate the role of government initiatives like Ayushman Bharat and the National Health Mission (NHM) in addressing health equity issues in India, highlighting their strengths and limitations. (250 words/15 marks)

Question 1: Critically analyze the major health equity challenges faced by India, particularly in rural areas and urban slums, and their impact on marginalized communities. (250 words/15 marks)

ANSWER APPROACH

- Introduction by Defining Health Equity or by Highlighting India's Healthcare Disparities
- Then bring the Major Health Equity Challenges
- Further bring the Impact on Marginalized Communities
- Then Critically Analysis Government Initiatives by Evaluating existing policies and Identify structural issues
- Conclude by Emphasizing the need for policy and program designs that explicitly prioritize marginalized groups.

ANSWER

Health equity refers to the fair distribution of healthcare resources and services, ensuring that everyone has an equal opportunity to achieve good health. However, India faces significant challenges in achieving health equity, particularly in rural areas and urban slums.

Major Health Equity Challenges in India:

- **Limited Access to Healthcare in Rural Areas:** Rural populations often face challenges in accessing healthcare facilities due to inadequate infrastructure, shortage of medical professionals, and geographical barriers.
- **Health Disparities in Urban Slums:** Urban slums suffer from overcrowding, poor sanitation, and limited access to clean water, leading to higher prevalence of infectious diseases such as tuberculosis and higher mortality rates.
- **Infectious diseases like tuberculosis are 1.5 times more common in slums compared to non-slum areas, according to the Indian Council of Medical Research.**
- **Caste and Gender Disparities:** Marginalized communities such as Scheduled Castes and Scheduled Tribes experience higher child mortality rates and lower immunization rates. Women from lower economic backgrounds face a higher prevalence of anaemia, reflecting the intersectionality of caste, gender, and economic status in healthcare outcomes.
- **Burden of Non-Communicable Diseases (NCDs):** NCDs contribute to a significant portion of India's disease burden, with substantial economic costs projected for the future. Limited access to preventive and curative services exacerbates the impact of NCDs on marginalized communities.
- **Shortage of Healthcare Providers:** India faces a critical shortage of doctors, particularly in rural areas, with the doctor-population ratio falling below the recommended level. This shortage further widens the gap in access to healthcare services.

Impact on Marginalized Communities:

- The health equity challenges disproportionately affect marginalized communities, exacerbating existing social and economic inequalities.
- Lack of access to quality healthcare perpetuates cycles of poverty and ill-health, hindering socio-economic development.

Critically Analysis of Government Initiatives:

- While government initiatives such as Ayushman Bharat and the National Health Mission (NHM) aim to address healthcare disparities, structural issues persist.
- Challenges include inadequate funding, uneven implementation across regions, and limited focus on addressing social determinants of health.

Thus, India's journey towards achieving health equity requires a multi-faceted approach that goes beyond improvements in healthcare facilities. Addressing the root causes of health disparities, such as poverty, discrimination, and inadequate access to education and sanitation, is essential. Policy and program designs must explicitly prioritize marginalized groups to ensure inclusive and equitable healthcare for all segments of society.

Wayward elephant: On the RBI's rate decision (GS Paper III: Inflation)

- The RBI's **Monetary Policy Committee (MPC)** has decided to maintain the benchmark policy repo rate at 6.5% for the seventh consecutive meeting.
- This decision is influenced by persistent food price pressures hindering efforts to bring inflation down to the target of 4% on a sustainable basis.
- **RBI Governor Shaktikanta Das** described inflation as the 'elephant in the room,' noting that it had peaked at 7.8% in April 2022 but was now showing signs of moderating.
- The **goal is to ensure that inflation remains consistently low and aligned with the target for the benefit of the economy.**
- Despite efforts, **headline inflation, particularly food price inflation**, has remained unpredictably high, exceeding the RBI's 4% target for 53 consecutive months until February 2024.
- MPC's projections for the new fiscal year suggest a slight slowdown in CPI inflation to an average of 4.9% in the current quarter, followed by a decrease to 3.9% in Q2. However, it is expected to increase again to 4.6% and 4.5% in Q3 and Q4, respectively.
- The MPC expresses confidence in economic growth for the fiscal year ending in March 2025, forecasting a 7% expansion in GDP.
- Factors contributing to this outlook include expectations of a normal south-west monsoon, which would boost agricultural activity and rural demand, as well as sustained momentum in manufacturing and services sectors.
- The RBI's March consumer confidence survey indicates that urban households are less pessimistic about the current situation and anticipate improvements in key parameters within a year.
- Monetary policymakers believe that rising incomes and increased willingness to spend on non-essentials will strengthen private consumption, which has been sluggish in recent quarters.
- Strong anticipated growth provides the RBI with room to focus on targeting inflation, according to RBI Governor Shaktikanta Das.
- Persistent inflation has not only limited discretionary spending but also led to a surge in personal loans for essential expenses, underscoring the importance of restoring price stability.

- Maintaining price stability is crucial to prevent inflation from hindering economic growth momentum.

Beat the heat: On the IMD warning of more heatwaves (GS Paper I: Natural Phenomenon)

- The IMD warns of more frequent heatwaves this summer, particularly affecting Andhra Pradesh, Gujarat, and Maharashtra.
- Heatwave days are when temperatures are at least 4.5° C above normal or exceed 45° C for two consecutive days.
- The recurring El Niño phenomenon, which typically reduces rainfall and raises temperatures, contributes to hotter summers in India.
- Warming temperatures from El Niño lead to accelerated melting in the Arctic, drying up tropical winds and reducing cloud cover, resulting in hotter ground temperatures.
- Concerns arise as millions are expected to stand in line at polling stations during the upcoming elections in April and May.
- Previous incidents, like the one in Navi Mumbai where 12 people died due to dehydration at a political event, underscore the lack of consideration for public health during heatwaves.
- The Election Commission of India has issued generic advisories to prepare for polling amid high temperatures, but they lack specific measures for cooling and hydration.
- Suggestions to hold elections during cooler months like February-March or October-November are not consistently implemented due to logistical challenges.
- With rising temperatures and evident links between heatwaves, climate change, and health, innovative solutions are needed to address the crisis during electoral processes.

Gone too soon — the subject of youth suicide in India (GS Paper I: Society)

No young lives should be lost by suicide in India due to silence and inaction

- Suicide is a tragic loss of life that occurs when individuals choose to end their own lives consciously.
- India holds the unfortunate distinction of having the highest number of suicides globally, with 1.71 lakh reported cases in 2022.
- The suicide rate has reached 12.4 per 1,00,000 people, the highest ever recorded in India.
- However, these figures are likely underestimated due to issues such as inadequate registration systems, lack of medical certification, and stigma surrounding suicide.
- Alarmingly, 41% of all suicides in India are committed by individuals under the age of 30, making suicide the leading cause of death for young women.
- A young Indian dies by suicide every eight minutes, which has significant impacts on families, society, the economy, and the nation's future.

- Suicide among the youth is a significant public health concern in India, requiring urgent attention and preventive measures.

There is no single factor

- Suicide is a complex behavior influenced by various factors including **biological, psychological, familial, and socio-cultural aspects**.
- In India, most commonly reported risk factors were mental health problems (54%), negative or traumatic family issues (36%), academic stress (23%), social and lifestyle factors (20%), violence (22%), economic distress (9.1%) and relationship factors (9%). are common risk factors for youth suicide.
- Specific sociocultural factors affecting young girls and women include **arranged and early marriages, domestic violence, low social status, and rigid gender roles**.
- Educational pressures, parental expectations, and the emphasis on scoring high marks contribute to academic stress and examination-related suicides among youth.
- Alcohol and substance use, along with excessive internet and social media usage, increase the risk of suicide among young people.
- **Sensational reporting of suicide cases, especially involving celebrities, can lead to copycat behavior among vulnerable individuals**, highlighting the media's influence on suicidal behavior.

There are solutions

- **There is a common belief that suicides cannot be prevented**, often attributed to individual choice or socio-economic factors beyond control.
- However, many young people who contemplate suicide have potential for alternate solutions to their problems.
- **Teaching problem-solving, impulse control, and emotional regulation skills** can help young people cope with challenges and seek appropriate help.
- **Early identification of mental distress and providing care in a youth-friendly environment** are crucial for prevention.
- **Adopting a healthy lifestyle, including a balanced diet, regular exercise, and moderation in internet use, can improve mental health and reduce suicide risk.**
- **Improving family dynamics by addressing issues like domestic violence and alcohol consumption, and providing economic support, can help prevent suicide.**
- **Educational reforms, such as alternative assessment methods and opportunities for exploring individual potential, are necessary.**
- **Societal changes to reduce stigma and discrimination based on factors like caste, religion, and sexuality are essential for suicide prevention.**
- **Political commitment, collaboration across sectors, and community participation are crucial for effective suicide prevention efforts.**

A strategy that needs more visibility

- The Ministry of Health formed a task force in November 2019 to develop a **National Suicide Prevention Strategy for India**.

- The finalized strategy was launched on November 21, 2022, with the aim of reducing suicide rates by 10% by 2030.
- Collaboration between various ministries **including Health, Education, Information and Broadcasting, and Social Welfare** is recognized as crucial for the strategy's success.
- The strategy emphasizes leveraging **educational institutions and youth organizations to promote mental health** and reduce substance abuse and behavioral addictions.
- School health ambassadors and youth clubs are proposed as means to achieve these goals.
- The immediate priority is to disseminate the strategy to all states and stakeholders across India.
- **Adequate budget allocations** are required for the implementation of the strategies at the state, district, and community levels.

<p>Question 1: Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PMJAY) primarily offers:</p> <p>(A) Primary healthcare services at upgraded Health and Wellness Centers</p> <p>(B) Financial protection for secondary and tertiary hospitalization</p> <p>(C) Infrastructure support for building new hospitals</p> <p>(D) Subsidized medicines at government pharmacies</p>	<p>Answer: (B) Financial protection for secondary and tertiary hospitalization</p> <p>Explanation: PMJAY's main component provides health insurance for hospitalization costs, focusing on more advanced medical care needs.</p>
<p>Question 2: Which of the following groups is a primary target beneficiary of the Ayushman Bharat scheme?</p> <p>(A) Government employees and pensioners</p> <p>(B) Economically vulnerable families</p> <p>(C) Urban middle-class households</p> <p>(D) Industrial workers covered by ESI</p>	<p>Answer: (B) Economically vulnerable families</p> <p>Explanation: Ayushman Bharat targets those from socioeconomically disadvantaged backgrounds identified using SECC (Socio-Economic Caste Census) data and other criteria.</p>
<p>Question 3: Under Ayushman Bharat - PMJAY, the financial coverage per eligible family per year is:</p> <p>(A) INR 1 lakh</p> <p>(B) INR 3 lakhs</p> <p>(C) INR 5 lakhs</p> <p>(D) INR 10 lakhs</p>	<p>Answer: (C) INR 5 lakhs</p> <p>Explanation: The scheme offers health insurance coverage of up to INR 5 lakhs per family per year.</p>
<p>Question 4: Identify a key feature of how services are provided under Ayushman Bharat - PMJAY.</p> <p>(A) Mandatory use of government hospitals only</p> <p>(B) Restricted eligibility based on the type of disease</p> <p>(C) Coverage for both government and empanelled private hospitals</p>	<p>Answer: (C) Coverage for both government and empanelled private hospitals</p> <p>Explanation: PMJAY expands access by allowing beneficiaries to seek covered treatments from a network of public and private healthcare providers.</p>

<p>(D) Pre-approval required for all medical procedures</p>	
<p>Question 5: The National Health Mission (NHM) integrates which of the following earlier central health sector schemes?</p> <p>(A) National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM)</p> <p>(B) National AIDS Control Programme (NACP) and Revised National Tuberculosis Control Programme (RNTCP)</p> <p>(C) Pradhan Mantri Swasthya Suraksha Yojana (PMSSY) and Ayushman Bharat</p> <p>(D) National AYUSH Mission and National Mental Health Programme</p>	<p>Answer: (A) National Rural Health Mission (NRHM) and National Urban Health Mission (NUHM)</p> <p>Explanation: The NHM was formed by merging NRHM and NUHM to create a holistic approach to healthcare in India.</p>
<p>Question 6: Which of the following is a key objective of the National Health Mission (NHM)?</p> <p>(A) Eradicating polio and measles</p> <p>(B) Providing universal health insurance coverage</p> <p>(C) Reducing maternal and child mortality rates</p> <p>(D) Building new tertiary care hospitals in every district</p>	<p>Answer: (C) Reducing maternal and child mortality rates</p> <p>Explanation: While NHM has a broader scope, a core focus is improving maternal, neonatal, and child health indicators.</p>
<p>Question 7: The establishment of Health and Wellness Centers (HWCs) is a crucial component of:</p> <p>(A) The National Health Mission (NHM)</p> <p>(B) Ayushman Bharat - PMJAY</p> <p>(C) National Nutrition Mission (POSHAN Abhiyaan)</p> <p>(D) Swachh Bharat Mission</p>	<p>Answer: (A) The National Health Mission (NHM)</p> <p>Explanation: HWCs, which upgrade existing primary health centers, are a flagship component of the NHM, aiming to bring primary healthcare closer to communities.</p>
<p>Question 8: Consider the following statements about the National Health Mission (NHM):</p> <ol style="list-style-type: none"> 1. It is fully funded by the Central Government. 2. States and UTs play a significant role in its implementation. <p>Which of the above statements is/are correct?</p> <p>(A) 1 only</p> <p>(B) 2 only</p> <p>(C) Both 1 and 2</p> <p>(D) Neither 1 nor 2</p>	<p>Answer: (B) 2 only</p> <p>Explanation: The NHM is a centrally sponsored scheme, where the central government provides both financial and technical support, but states have a significant role in planning and implementing health programs tailored to their needs.</p>
<p>Question 9: Consider the following statements regarding heatwaves in India:</p> <p>A heatwave is declared if the maximum temperature is at least 4.5°C above the normal temperature.</p> <p>A severe heatwave is declared if the maximum temperature exceeds 47°C.</p> <p>Which of the above statements is/are correct?</p>	<p>Answer: (c) Both 1 and 2</p> <p>Explanation: The India Meteorological Department (IMD) uses these criteria for heatwave declarations. A heatwave is a period of unusually hot weather that poses a threat to public health.</p>

<ul style="list-style-type: none"> (a) 1 only (b) 2 only (c) Both 1 and 2 (d) Neither 1 nor 2 	
<p>Question 10: Which of the following conditions can be used to define a heatwave day?</p> <ul style="list-style-type: none"> (a) When the maximum temperature remains 40°C or more for the plains (b) When the departure of maximum temperature from normal is 4.5°C to 6.4°C (c) When the actual maximum temperature remains 45°C or more (d) All of the above 	<p>Answer: (d) All of the above</p> <p>Explanation: The IMD uses a combination of factors to define a heatwave day. These factors take into account the normal temperatures of a region, the departure from those normals, and absolute temperature thresholds.</p>
<p>Question 11: Heatwaves are often associated with:</p> <ul style="list-style-type: none"> (a) High humidity levels (b) Stagnant air circulation (c) Presence of anticyclones (d) All of the above 	<p>Answer: (d) All of the above</p> <p>Explanation: Heatwaves typically occur when high-pressure systems (anticyclones) become stationary over a region. This leads to sinking air, which warms and dries out, resulting in high temperatures and humidity. The stagnant air circulation prevents cooler air from moving in.</p>

PatrioticMS