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1. HEALTH AND NUTRITION PRIME MOVERS OF NATION'S DEVELOPMENT

- **Article 21** of the Constitution of India guarantees every citizen of the country **the right to live with dignity and protection of Personal Liberty**. The SC has also held that the right to live with human dignity as described in Article 21 of the Constitution is derived from the Directive Principle of State Policy and includes the protection of health.

Interventions in Health sector:

1. National Health Policy, 2017:

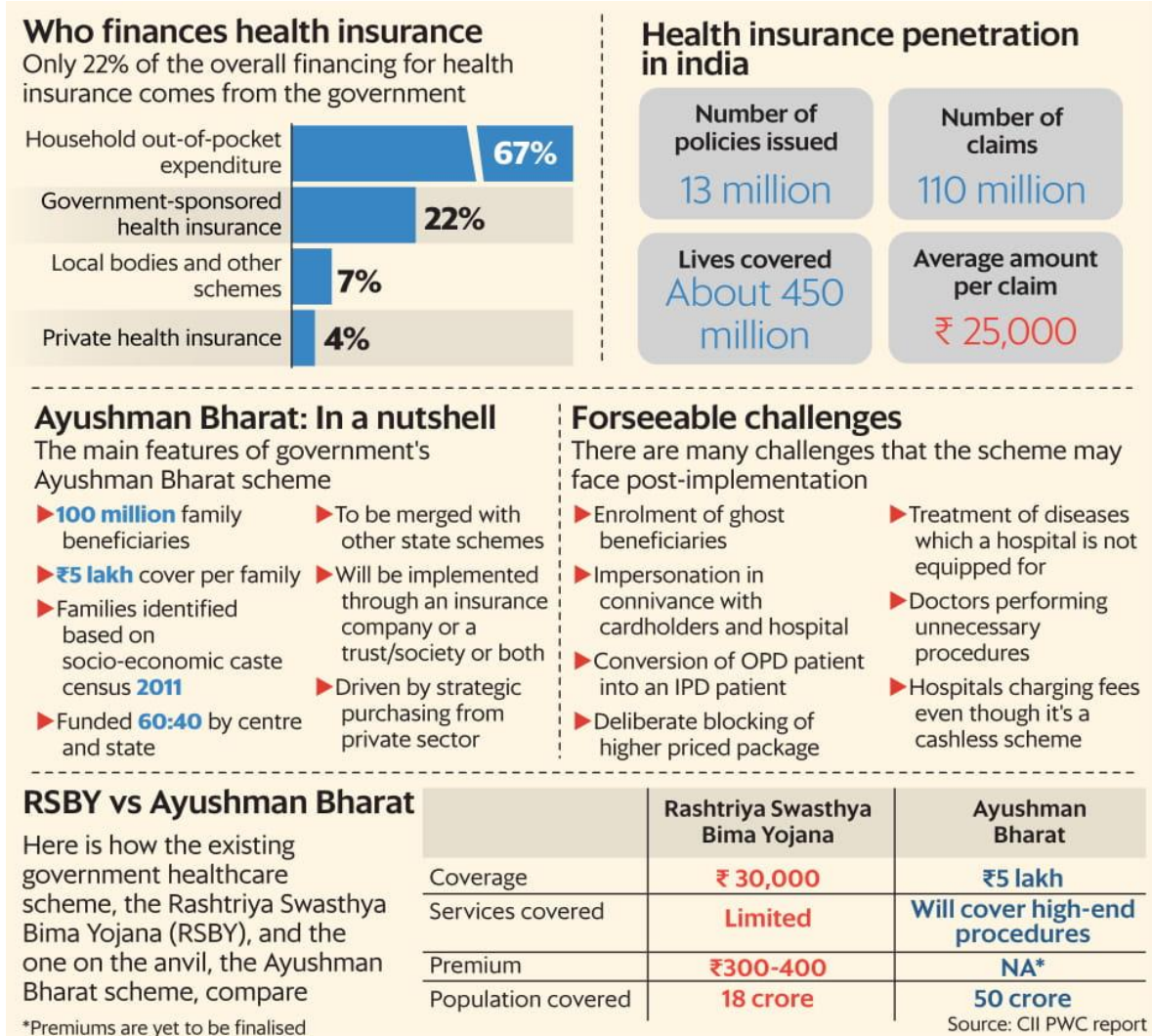
- Under this policy, the government aims to provide medical facilities to 80 per cent of the people in a government hospital completely free of cost which includes medicines, diagnostic tests and treatment. However, compliance of this policy has not been made mandatory for the states.

Special Features of this Policy:

- It is set to increase its spending on **Public Health to 2.5 per cent** of GDP in a time-bound manner. As of now, this expenditure is only 1.15 per cent of GDP.
- **It underlies increasing Life Expectancy** from 67.5 years at present to 70 years by 2025.
- To reduce the Total Fertility Rate at the national and sub-national levels to 2.1 by 2025.
- Reduction in the mortality rate of under-five children to 23 per thousand births by 2025, reduce infant mortality rate to 28 by 2029 and reduction of maternal mortality rate to 100 by 2020, and reduce neo-natal mortality rate to 16 and the still birth rate to a single digit by 2025.
- It also focuses on reducing premature mortality from cardiovascular diseases, cancer, diabetes and respiratory diseases by 25 per cent by 2025 and tackling the emerging challenges of non-communicable diseases.
- To increase utilization of public health facilities by 50 per cent, full immunization of more than 90 per cent of new-borns up to the age of one year and meet the need of family planning above 90 per cent at national and sub-national level by 2025.

2. Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana:

- Under this scheme, Health Insurance cover is being provided to the neediest people of the country.



- Under this, emphasis has been laid on providing holistic health care facilities including treatment of non-communicable diseases, maternal and child health services, free availability of essential medicines and diagnostic services through the Health and Wellness centres.

3. Pradhan Mantri Swasthya Suraksha Yojana:

- Its objective is to remove the imbalance in the availability of reliable and **affordable health care facilities in different parts of the Country.**
- Under this, focus is on the spread of medical education, especially in states with no facilities or less facilities of quality medical education.
- So far 22 new institutes have been announced that are to be established on the lines of All India Institute of Medical Sciences – AIIMS.

4. Jan Aushadhi Yojana:

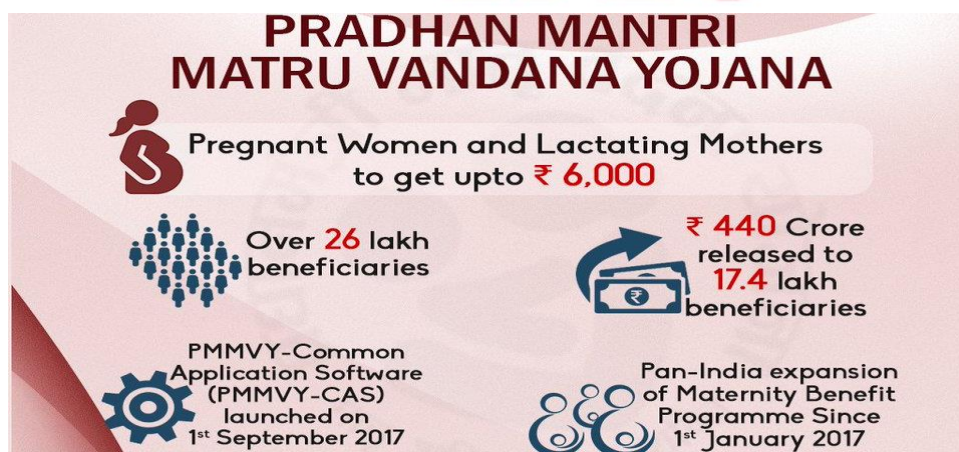
- Under this, **Quality Generic Medicines are being made available at affordable prices to all individuals** in collaboration with the state governments.
- 169 Amrit stores have been opened in hospitals where life saving medicines are being made available at huge discount but at maximum retail prices.

5. Eradication of TB:

- The government is committed to **the eradication of TB by 2025**. To achieve this goal, a national plan has been drafted for the year 2017 to 2025, covering a wide range of activities through various stakeholders.
- In September 2019, **the campaign “TB Harega, Desh Jeetega”** was launched. The campaign emphasised community involvement with various stakeholders.
- In order to fulfil the commitment of TB eradication, the focus has been to establish patient forums in more than 95 per cent districts in the first 100 days.
- The new TB control campaign incorporates three strong pillars- clinical approach, public health component and active community participation.

6. Pradhan Mantri Matru Vandana Yojana:

- It provides **Cash Transfer (conditional) for expecting and Lactating Women**. It also ensures that the wage loss of women during the pregnancy gets compensated.
- It fosters care and utilization of Institutional Services during child birth.



Challenges Ahead:

- As per the fourth National Family Health Survey 2015-16, **35.7% children below five years were found to be underweight**, about 38% stunted and about **21% suffering from high malnutrition**, were found to be both underweight as well as stunted.
- **About 22% of the women were also found to be underweight**. Anemia was found in about 48.4% of children and 53% of women.

- On the contrary, **the problem of overweight or obesity in children, adolescents and adults** is also **Increasing Rapidly**. This condition increases manifold the chances of non-infectious diseases like heart diseases, cancer, diabetes and asthma.

Conclusion:

- It is very important to overcome the challenges of health and nutrition in order to transform the vision and resolve of a 'clean India – healthy India', malnutrition free India into a reality.



2. ROLE OF ANGANWADI WORKERS AND ASHAs IN CURBING MALNUTRITION

- Malnutrition is a **complex Multi-Dimensional Issue**. It is caused due to a number of generic factors such as **poverty, inadequate food consumption** (due to poor availability/access), inequitable food distribution, **Poor Maternal Nutrition**, sub-optimal infant feeding and child care practices, **Inequity/Gender Imbalances**, poor sanitary and environmental conditions, and restricted access to quality health care, education and social safety-net services/facilities.
- As per National Family Health Survey (NFHS-4), 35.7% **Children** (aged <5 years) were reported to be **Underweight and 38.4% Stunted**.

Role of Anganwadi Workers and ASHAs:

- Anganwadi Workers and the ASHA workers are the grass root level functionaries under the umbrella **ICDS scheme and the National Health Mission** respectively. Both these functionaries being closely connected with the rural and urban poor families, play a pivotal role in addressing their nutrition and health related problems/issues.
- Under the **ICDS scheme, Anganwadi Services were launched in 1975**. Inter-sectoral convergence is in-built and integral to the Anganwadi services. The target groups for these services are children below 6 years of age as well as pregnant women and nursing mothers.

Package of services under the ICDS scheme:

- ✓ Supplementary Nutrition
- ✓ Pre-school Non-Formal Education
- ✓ Nutrition and Health Education
- ✓ Immunization
- ✓ Health Check-Up
- ✓ Referral Services

Roles and Responsibilities of Anganwadi Workers:

1. To elicit community support and participation in running the programme
2. To carry out, annually, a quick survey of all the families in their respective area of work with particular attention to the mothers and children
3. To **organise non-formal pre-school activities for children aged 3-6 years** and to help in designing/making toys out of indigenous resources
4. To **organise supplementary nutrition feeding** for infants as well as pregnant women and nursing mothers.
5. To provide health and nutrition education along with counselling on breastfeeding as well as infant/young child feeding practices to the Mothers.

6. To conduct home visits for educating the parents, specially the mothers, for enabling to play an effective role in their child's growth and development with particular emphasis on that new born child.
7. To inform the ANM regarding any emergency cases like diarrhoea, cholera etc.
8. To guide ASHAs in the delivery of healthcare services and maintaining the records.

Roles and responsibilities of ASHA workers:

- Under the National Health Mission, ASHAs (Accredited Social Health Activists) – the envisaged community health volunteers – are entitled to task/activity-based incentives.
 - Every village in the country is to have an ASHA worker, a trained female community health activist, selected from the village itself and accountable to its people for whom she will work as an interface between the community and the public health system.
1. They are promoters of good health practices. In addition, they provide a minimum package of appropriate and feasible curative care or arrange for timely referrals.
 2. They **Generate Community Awareness** concerning the various determinants of health such as nutrition, basic sanitation & hygienic practices and healthy living/working conditions.
 3. They **counsel women on birth preparedness, importance of safe delivery, breastfeeding & complementary feeding**, appropriate care of the young child, immunization, contraception and prevention of common infections.
 4. They mobilise the community and facilitate their accessing health/health related services such as immunisation, antenatal/postnatal check-ups, supplementary nutrition, sanitation, etc.
 5. They act as **depot holders for essential provisions like Oral Rehydration Solution, Iron Folic Acid tablets (IFA)**, chloroquine, Disposable Delivery Kits, oral contraceptive pills, etc.
 6. Recently, **Home-Based-Care for young children has been initiated** to extend the community-based-care by ASHA workers with particular focus on nutrition counselling, improved child rearing practices and breastfeeding promotion, etc.

Conclusion:

- Thus, looking into the job responsibilities and activities of Anganwadi workers and the ASHAs as well as their close connect with the population at large, it is pertinent to say that this dedicated and devoted brigade of grass root level functionaries play an essential role in curbing malnutrition and hence, improving health and nutritional status of our mass.

3. HEALTH AND NUTRITION: OVERVIEW AND THE WAY FORWARD

- The Inter-Linkage between health and nutrition has been recognized since ages. Good Nutritional status ensures that individual can fight disease-causing agents, stays healthy, be productive to the society and contribute to overall development.
- The challenge of nutrition is multi-layered. It is not the under-nutrition only, the over-nutrition (obesity), protein hunger and hidden hunger (micronutrient deficiencies) in otherwise normal weight persons are the other dimensions.
- It is being recognized in many countries, **both under and over-nutrition is increasing** as an emerging challenge, described as ‘**Double Burden of Malnutrition**’. The DBM co-exist in many settings and affects the health outcomes and survival of population.

Under Nutrition as Persistent Challenge:

- Around 1950s, **the life expectancy in India was 32 years** which has increased to **68 years in 2017**. The IMR was nearly 200 per 1,000 live births and MMR around 2000 per 1, 00,000 live births. The IMR in India in 2017 was 33 per 1,000 live births and MMR was 130 per 1, 00,000 live births. Recognizing the challenge, India has a series of initiatives and programmes since independence which focussed on improving nutritional status of the population.

1951	India's Five-Year Plans were the major vehicles to improve health and nutrition in India. The First one was Launched in 1951. Since then till 12 th Five Year Plan of India (2012 – 17). The Five Year Plans were key policy instruments to tackle Under – Nutrition.
1952	Community Development Program (CDP) had important component of Improving nutritional status of Population at Block level and with engagement of local self-government.
1974	Minimum Needs Programme (MNP) was introduced in the first year of the Fifth Year Plan (1974-78). The MNP was aimed to provide certain basic minimum needs and improve the living standards of People including health and Nutrition services.
1975	The Integrated Child Development Services (ICDS) was launched on 2 Oct 1975 to Improve health and nutritional status of women and children in India.
1986	A Separate Department of women and child Development (DoWCD) was established Ministry of Human Resource Development (HRD) Under Govt of India. This Department was responsible for ICDS and other Nutrition services for Pregnant women and children.
1993	National Nutrition Policy was Released
1995	The Government of India initiated the National Programme of Nutritional support to Primary Education (NP-NSPE) on 15 August 1995. This was based upon learning and extension of Mid-Day Meal (MDM) Scheme launched by Govt., of Tamil Nadu in Early 1960s and adopted by a number of States since then.

2006	Full-Fledged Ministry of Women & Child Development (MoWCD) was established.
2017	Pradhan Mantri Matru Vandana Yojana (Which was announced on 31 December 2016) was officially implemented from the year 2017 onwards and provides financial support to identified groups of pregnant women for their first Pregnancy.
2017	'National Nutrition Strategy' Released by NITI Aayog, Govt of India.
2018	POSHAN Abhiyaan
2006	Full-Fledged Ministry of Women & Child Development (MoWCD) was Established.

Diseases linked to Under-Nutrition:

- The nutritional status of an individual affects his health status and outcomes. A poorly **nourished person has weak Immunity and Immune Defence System**. An undernourished individual, including those with micronutrient deficiency, are at higher risk of majority of infectious diseases including TB, viral and all other infections.
- The public health science has generated evidence that it is **vicious cycle of under-nutrition which starts at the time of pregnancy and continues to affect the newborn** for the rest of the life and for many generations.
- According to findings of the India state level disease burden initiative, **under-nutrition contributed to more than two-third of under-five deaths in India**. Nearly four of every 10 under five children in India fails to meet their full potential because of chronic under-nutrition or stunting.
- Over-nutrition is an emerging phenomenon which is resulting in increased burden of non-communicable diseases. **A range of diet related chronic diseases – diabetes, cancers, cardiovascular diseases and liver diseases are rising rapidly.**

Health and Nutrition – Discussion:

- Health and nutrition (and education) contribute to human capital formation, and the growth and development of a nation.
- The malnutrition results in making people prone to various adverse health outcomes, as described in earlier section.
- Specially, the first 1000 days of children (nutritional status in 270 days of nine months in pregnancy and 730 days of first two years of child's life are very crucial for health and childhood development.
- The **Inter-Generational effects of Malnutrition can be devastating** not only for affected families, but also the national productivity, growth and development.

- The adverse effect of pregnant woman's nutritional status carries with the child for rest of the life but on the next generation as well through epigenetic effects. This situation clearly demands that interventions should be in life cycle approach from nutritional status of women in reproductive age, pregnant women, breast feeding and complementary feeding.
- In this process, **The Societal Dimension of nutrition i.e., maternal literacy, women empowerment & prevention of child marriage etc. also need to be given due attention and Interventions.**
- Overweight and obesity are other and increasingly recognized spectrum of malnutrition. There are nutritional deficiencies in people who otherwise overweight as their diet may be rich in calorie but deficient in specific micronutrients.
- **Under-Nutrition is not only cause but effect as well.** Enteric infections such as diarrhoea and typhoid are more common in children who are under-nourished. Therefore, to tackle under-nutrition, there is a need to improve water and sanitation.

The Way Forward:

1. **Integrated Health and Nutrition Initiatives** with closer collaboration of health, women and child development and education departments. This has already started to happen through three As of Anganwadi workers, Accredited Social Health Activists (ASHA) and Auxiliary Nurse Midwife (ANM).
2. **Diversification of Supply of Food** under government programmes including more nutritious items such as millets, eggs, milk, soybean and nutrient rich fresh foods.
3. **Mass Fortification** of rice, wheat, salt, edible oils and salts, with essential minerals and vitamins like iodine, iron, zinc and vitamin A and D should be optimally used.
4. **The Inclusion of pulses and edible oils in PDS** as well as National Food Security Act (NFSA) should be encouraged.
5. **Regular monitoring on Real Time Basis** –Comprehensive National Nutrition Survey (CNNS 2016-18) is the most recent survey on nutritional status of Indian population. It is imperative that analyzed data is made available and used to inform policy decision making.
6. **Promote 'Nutritional Garden' concept** – MoHRD has brought the concept of school nutrition garden encouraging eco-club of students to help them identify fruits and vegetable best suited for topography, soil and climate.
7. **Focus on 'behavioural change' for Improved Nutrition.** The major challenge in bringing the sustained behavioural changes is related to a continuum of 4A of awareness, assessment, analysis and action.
8. **Attention of 'Dietary Diversification'** and focus on Health Diet.

-
9. **Establish more cold chain storage capacity for Food Items** across the country. This led to less wastage and improved availability and thus improved nutrition for people.
 10. **Promote local production of Fruits and Vegetables** in rural India.
 11. Educate people on health benefits of consumption of fruits and vegetables along with training on community or kitchen gardening or terrace gardening.
 12. **Link the overall nutrition and Healthier Lifestyle** and engage elected representatives and civil society members in making healthy India.



4. NUTRITION: A PUBLIC HEALTH PRIORITY

What is Nutrition?

- **“Nutrition is the intake of food, considered in relation to the body’s dietary needs.”** This implies that as the body’s needs change, so should the diet i.e. a lifecycle approach should ideally cater to dietary needs of each stage. For example, nutrition needs of a child vary from that of an adolescent and those of an adult working person may vary from that of a geriatric individual.
- **Malnutrition comprises both under-nutrition and Over-Nutrition** and they both lead to their own set of disease conditions. The standards to measure under-nutrition are stunting, wasting and under-weight; while over nutrition is measured by incidence of overweight, obesity and diet-related Non-communicable Diseases (NCDs) comprising of heart disease, stroke, diabetes and cancer.
- A stunted child is **one whose height is lower than the standard height for the given age** of child.
- Wasting is defined as a condition where the weight of the child is lower than the standard weight for the given height.
- Underweight is a condition where the weight is lower than the standard weight for the given age of child. A child is considered to be over-weight when the weight is higher than the standard weight for the given age of the child.

Initiatives of the Government:

1. The Swachh Bharat Mission:

- Swachh Bharat Mission (SBM) was launched on 2nd October by 2014 for ridding the country of the stigma of open defecation and uncleanness and building Clean India.
- Its community mobilisation riding on the magic of the 4Ps: Political leadership, Public funding, Partnerships and People’s participation.
- Started as a Government programme, SBM gradually transformed into one of the world’s largest people’s movement that witnessed emergence of natural leaders, volunteers and stakeholders across all levels with Gram Sarpanches and Swachhagrahis leading the path.

2. Pradhan Mantri Matru Vandana Yojana:

- It provides cash transfer (conditional) for expecting and lactating women. It also ensures that the wage loss of women during the pregnancy gets compensated.
- It fosters care and utilization of institutional services during Child Birth.

3. Mission Indradhanush:

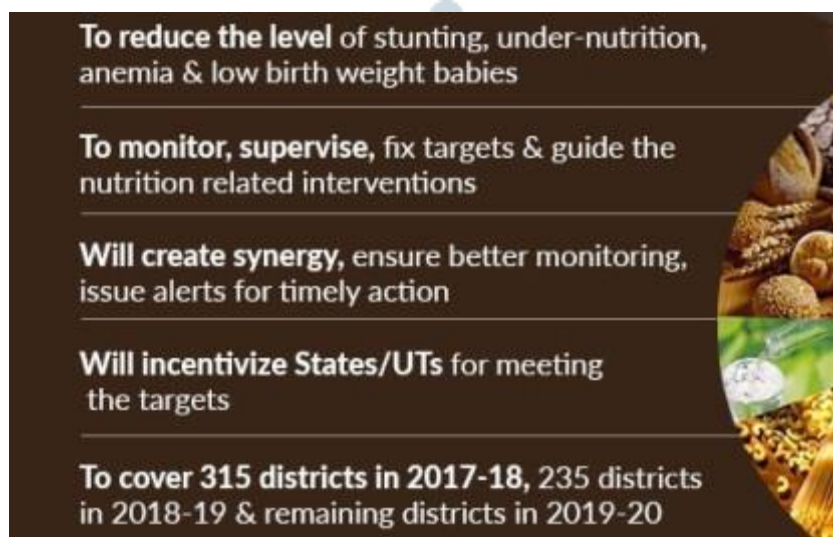
- It was launched on December 25, 2014.

- It aims to cover all those children by 2020 who are either unvaccinated, or are partially vaccinated against vaccine preventable diseases.
- India's **Universal Immunisation Programme (UIP) Provide Free Vaccines** against 12 life threatening diseases, to 26 million children annually.
- It provides life-saving vaccines to all children across the country free of cost to protect them against Tuberculosis, Diphtheria, Pertussis, Tetanus, Polio, Hepatitis B, Pneumonia and Meningitis due to Haemophilus Influenzae type b (Hib), Measles, Rubella, Japanese Encephalitis (JE) and Rotavirus diarrhoea. (Rubella, JE and Rotavirus vaccine in select states and districts).

4. Mothers Absolute Affection (MAA):

- The Exclusive Breastfeeding initiative is **focussed on increasing rates of exclusive breast feeding to reduce infection** amongst children **up to the age of 6 months**.

5. National Nutrition Mission:



The infographic features a dark brown background with white text. On the right side, there is a circular collage of various food items including bread, fruits, and vegetables. The text is organized into five horizontal sections, each separated by a thin white line.

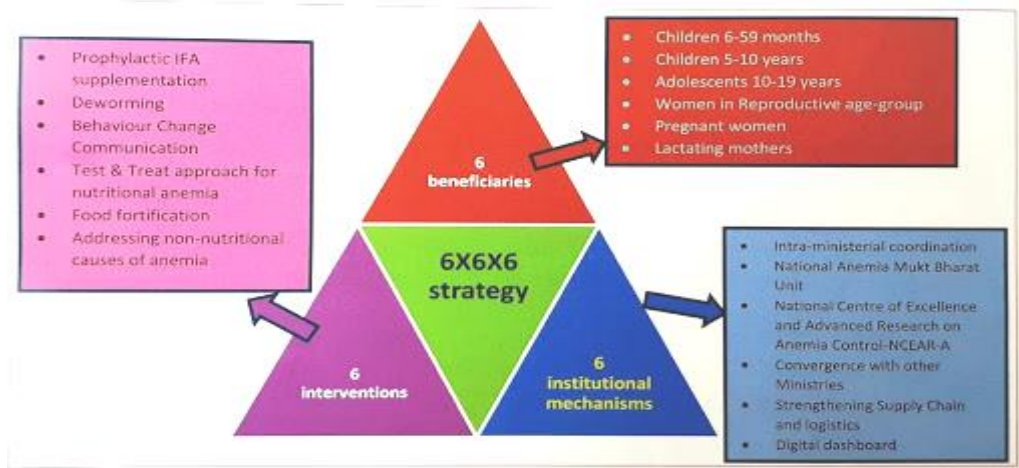
- To reduce the level of stunting, under-nutrition, anemia & low birth weight babies
- To monitor, supervise, fix targets & guide the nutrition related interventions
- Will create synergy, ensure better monitoring, issue alerts for timely action
- Will incentivize States/UTs for meeting the targets
- To cover 315 districts in 2017-18, 235 districts in 2018-19 & remaining districts in 2019-20

Budget of Rs 9046 crore for three years
 Reduce stunting by 2%
 Reduce under nutrition by 2%
 Reduce Anemia by 3%
 Reduce low birth weight by 2%
 More than 10 crore beneficiaries targeted

6. Anaemia Mukh Bharat:

- It focuses on testing and treatment of **anaemia in school going adolescents and pregnant women using Newer Technologies**, establishing institutional mechanisms for advanced research in anaemia, promoting consumption of fortified foods, and a Comprehensive Communication Strategy.

- It Focussed on benefitting six target beneficiary groups, through six interventions and six institutional mechanisms to achieve the target of anaemia reduction under the POSHAN Abhiyan.



Conclusion:

- Nutrition is certainly is a policy issue going beyond women and children alone, as the country has moved away from the selective emphasis of the MDGs to the more comprehensive SDGs.
- Hence, while government policies and programmes are converging and taking steps to manage malnutrition, the most important factor affecting positive change will be behaviour change of the population, where individuals and communities make informed choices regarding their nutrition needs and the food they eat, and also changing to a healthy lifestyle which strongly compounds the benefits of health eating.

5. WATER AND SANITATION FOR HEALTHY INDIA

- UN recognized the right of every human being to have access to enough water for personal and domestic uses which must be safe, acceptable and affordable. SDG 6 specially focuses on water: "Ensure availability and sustainable management of water and sanitation for all".
- According to UN, **2.1 billion people live without safe drinking water at home and 80% of those who have to use unsafe and unprotected water sources** reside in rural areas. Nearly two-thirds of the world's population experiences severe water scarcity at least for 31 per year.
- In our constitution **Article 47 conferring the duty of providing clean drinking water and improving public health standards to the state**. In addition to the availability of water, quality of drinking water is also a crucial issue.
- In India the per capita availability of water in the country as a whole decreased from 5,177 m³/year in 1951 to 1,588 m³/year in 2010.

Water, Sanitation and Hygiene:

- Contaminated water and a lack of basic sanitation are undermining efforts to end extreme poverty and disease in the world's poorest countries.
- **Unclean water and poor sanitation are a leading cause of child mortality.** Childhood diarrhoea is closely associated with insufficient water supply, inadequate sanitation, water contaminated with communicable diseases agents, and poor hygiene practices.
- **Loss of productivity to water and sanitation-related diseases costs many countries up to 5% of GDP.** Universal access to safe drinking water and adequate sanitation and hygiene would reduce the global disease burden by 10 per cent.

Government Initiatives:

- Scientific management of water is increasingly recognized as being vital to India's growth and ecosystem sustainability.
- Ministry of Jal Shakti launched '**Jal Shakti Abhiyan**'- campaign for water conservation and water security. The campaign run through citizen participation while focus on water-stressed districts and blocks in the country.
- Pradhan Mantri Krishi Sinchaey Yojana – 'Har khet ko pani' and 'More Crop per Drop' – focuses on improving water use efficiency.
- Other measures such as National Water Mission, National Mission for Clean Ganga, Dam Improvement and Rehabilitation Programme, Ground water management, Flood control and Forecast, Biodiversity Conservation, Wetland conservation, Green India Mission , CAMPA , etc.

Need for Better Water Governance:

- The water crisis in the 21st century has **more to do with poor management than scarcity** and stress. Water management refers to **the government making decisions to manage Water Systems.**
- Water governance includes both internal and external processes through which societies manage their water resources.
- According to UN world water report (2016), the crisis of water is largely due to the failure of water governance and for the sustainable development of water resources, water governance should be given due priority.
- Case study: Cambodia provides 24 hours of uninterrupted water supply to the residents. This was achieved by focusing on different aspects of water governance such as legal and regulatory aspects, human resources, cost recovery, and financial sustainability.
- There is increase need to improve water governance in India by educating the governance machinery in our rural and urban.

Success Stories:

- Rajasthan's **Mukhya Mantri Jal Swavlambhan Abhiyan, launched in 2016**, is a multi-stakeholder programme which aims to make villages self-sufficient in water through a participatory water management approach.
- It focuses on **converging various schemes to ensure effective implementation of Improved Water Harvesting and Conservation Initiatives.** Use of advanced technologies such as drones to identify water bodies for restoration is one unique feature of the programme.
- Gram Sabha in villages are responsible for budgeting of water resources for different uses, providing greater power to the community members in decision-making.
- The **Andhra Pradesh** has launched the **Neeru-Chettu Programme** as a part of its mission to make Andhra Pradesh a drought-proof state and reduce economic inequalities through better water conservation and management practices.
- The programme has **a strong emphasis on improving irrigation and focuses on ensuring the acute gap through scaled-up adoption of scientific water management practices.** Repair, renovation, and maintenance of irrigation assets are key activities and completing such activities before monsoons is a priority under the programme.

Missions Ahead:

- NITI Aayog has identified nine key areas that require significant improvements. Among these, source augmentation and restoration of water bodies, source augmentation (groundwater), and policy and governance assumes great significance.

- India is still water surplus and receives enough rainfall to meet the need of over one billion people. According to CWC, **India needs a maximum of 3,000 billion cubic metres of water a year while it receives 4,000 billion cubic metres of rain.**
- But our problem is that we are not managing our water resources well. **We capture only eight per cent of its annual rainfall-among lowest in the world.**
- The traditional modes of water capturing in ponds have been lost to the demands of rising population and liberal implementation of town planning rules.
- India has been also **poor in treatment and re-use of household wastewater.** About 80% of the water reaching households in India is drained out as waste flow through sewage that then pollutes other water bodies including rivers and also land.
- We need to emphasize the need for water cooperation to cope with challenges of the 21st century. We need to sensitize the people so that the movement towards water conservation takes place at the grassroots level, starting from primary schools, our office premises and each household.



6. DIGITAL TRANSFORMATION IN HEALTHCARE

- Digital technologies are playing a pervasive role in transforming the healthcare sector in India. From booking doctor's appointments to accessing medical reports and even getting consultation, everything is possible at the digital world. The wave of this transformation has not only impacted the urbanites but it has also digitally enabled the rural hinterland across the country.
- **The National Health Policy, 2017** envisages the goal of attainment of the highest level of health and well-being for all at all ages, through increasing access, improving quality and lowering the cost of healthcare delivery.
- The policy lays strong impetus on leveraging digital technologies for enhancing the efficiency and effectiveness of the delivery of all the healthcare services.

Moving from Physical to Digital:

- India has just around **one doctor for 11,000 people –a ratio far below from the WHO's standards, which recommends one doctor per 1,000 patients.** Most of the rural Indians lack access to basic health care facilities. Lack of infrastructure makes it extremely difficult to retain doctors in villages, as they fear becoming professionally isolated and outdated.
- In addition, poor villagers in order to get treatment have to travel to specialty hospitals in the city. This lack of quality healthcare infrastructure in rural India results in people dying due to preventable and curable diseases. It is difficult for the government to quickly control situations of epidemic outbreaks.
- One of the major roadblocks is the lack of adequate health care providers in villages, as the cost of setting and maintaining health care infrastructure is quite huge. In such a situation, introducing "Digital" instead of "physical" Health Centers could pave the way for quality healthcare at a lower cost.

CSCs Enabling Digital Healthcare:

- Telemedicine is the form of primary care, where the patient walking in at a CSC seeks the doctor's advice about non-emergency medical problems which don't require immediate doctor's location visit.
- CSC-SPV has provided Village Level Entrepreneurs (VLEs) an access to two platforms which are integrated on Digital Seva for providing tele-consultations services to rural masses through which a patient can take consultations in specialties like allopathy, homeopathy, ayurveda and veterinary.

- Villages in less developed states are using telemedicine to get medical consultation from the doctors of big cities through video conferencing.
- **CSC-SPV is also implementing the Digi Gaon Initiative in rural and remote villages of the country, where citizens can avail various online services such as tele-education, telemedicine, financial services, internet connectivity and others.**
- These Digi Gaons are positioned to be change agents for promoting rural entrepreneurship and building rural capacities and livelihoods through community participation and collective action for engendering social change through bottom-up approach with key focus on the rural citizen.

Central and State Level Digital Projects:

- Understanding how much difference digital can make in the healthcare sector, the government has undertaken many substantial projects. They are Reproductive Child Health Care (RCH), Integrated Disease Surveillance Programme (IDSP), e-Hospital, e-Shushrut, Electronic Vaccine Intelligence Network (eVIN), National Health Portal (NHP), National Identification Number (NIN), Online Registration System (ORS), Mera Aspatal (patient feedback system) and National Medical College Network (NMCN).
- The state of Gujarat has implemented **e-Aushadhi project which is primarily a supply chain management application that deals with purchase**, inventory management and distribution of various drugs, which deals with the management of stock of various drugs, sutures and surgical items required by different district drug warehouses.
- Rajasthan has initiated **Pregnancy, Child Tracking & Health Services Management System which is an online software used as an effective planning and management tool by Medical, Health & Family Welfare Department.**
- The system facilitates integrated system for HMIS and pregnant woman & child tracking, online tracking of pregnant women, online tracking of infants & children, monitoring of immunization programme, better management of health institutions, etc.
- Technology has changed the way ASHA workers perform their duties. They can now digitally track pregnant women and infant's health and schedule home visits. They are given a digital checklist which enables them to analyse health issues and provide notifications on stock levels of drugs, vaccines and other consumables.
- The real transformation would come when these ASHA workers are empowered with better skill sets to handle even complex cases and perform tasks during the unavailability of doctors.