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B. PHARMACY — 8th SEMESTER

SOCIAL AND PREVENTIVE PHARMACY

BP802ET

UNIT - 5

COMMUNITY SERVICES

Rural • Urban • School Health Services

UNIT 5 — TOPICS COVERED

Community Services in Rural, Urban and School Health

1. Functions of Primary Health Centre (PHC)
2. Improvement in Rural Sanitation
3. National Urban Health Mission (NUHM)
4. Health Promotion and Education in School

UNIT 5 — COMMUNITY SERVICES

✦ Community Health Services?

Community health services are health-care activities provided to a group of people living in the same area (a village, slum, town, or school). The aim is to improve the health of the **WHOLE** community — not just individuals. These services include preventive care, curative treatment, education, sanitation, and rehabilitation. They are run by the government through the Ministry of Health & Family Welfare under the National Health Mission (NHM).

► Why Community Health Services Matter:

- They reach poor people who cannot afford private hospitals.
- They take care of large groups of people at the same time.
- They focus on prevention — which is cheaper and better than cure.
- They are **FREE** or very low cost in government facilities.
- They reduce inequalities in healthcare between rich and poor, urban and rural.

Rural vs Urban Health Services in India

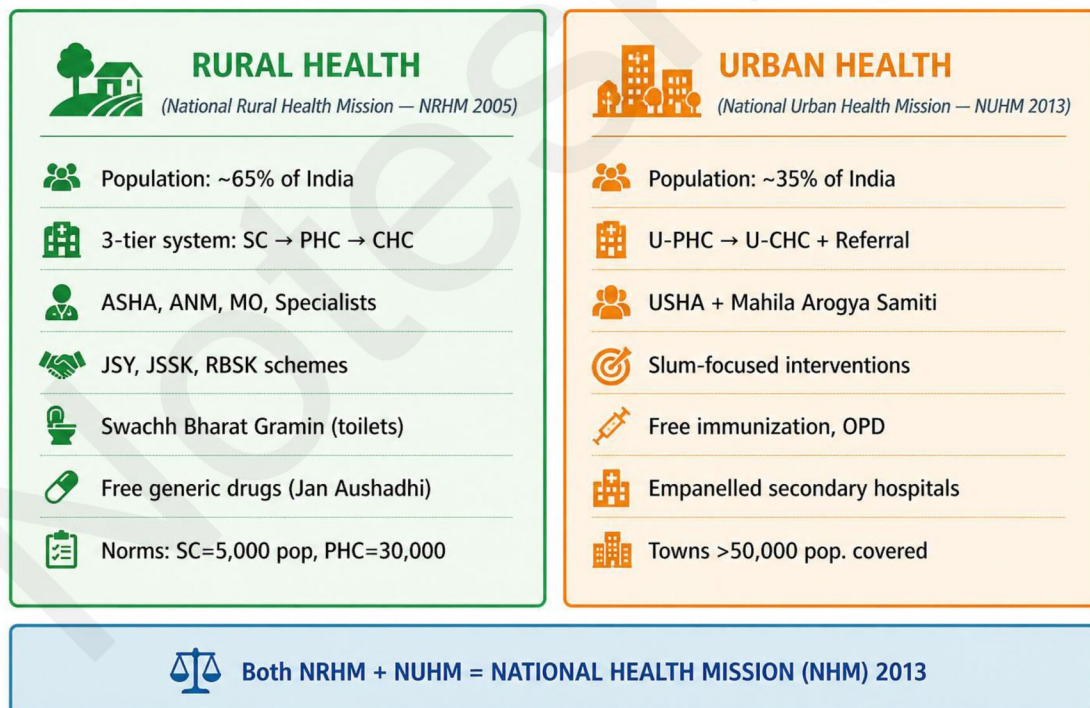


Figure A — Comparison: Rural vs Urban Health Services in India

FUNCTIONS OF PRIMARY HEALTH CENTRE

PHC — The Bedrock of Rural Healthcare in India

What is a PHC?

PHC stands for Primary Health Centre. It is the FIRST point of contact between a rural community and the government health system. A PHC is meant to provide basic health care close to the homes of rural people. The PHC concept came from the Bhore Committee Report (1946) and was strengthened after the Alma-Ata Declaration in 1978.

★ PHC — Definition

A Primary Health Centre is a state-owned rural health centre established to provide promotive, preventive, curative, supportive and rehabilitative health services to people living in rural India. It is the centre of all healthcare activities in a rural area.

Where Does PHC Fit in the Indian Health System?

India's rural health system has 3 levels — the PHC sits in the middle. Below it are sub-centres (closest to villages), and above it are CHCs (more advanced). This 3-tier system was set up to make sure every rural person can get health care.

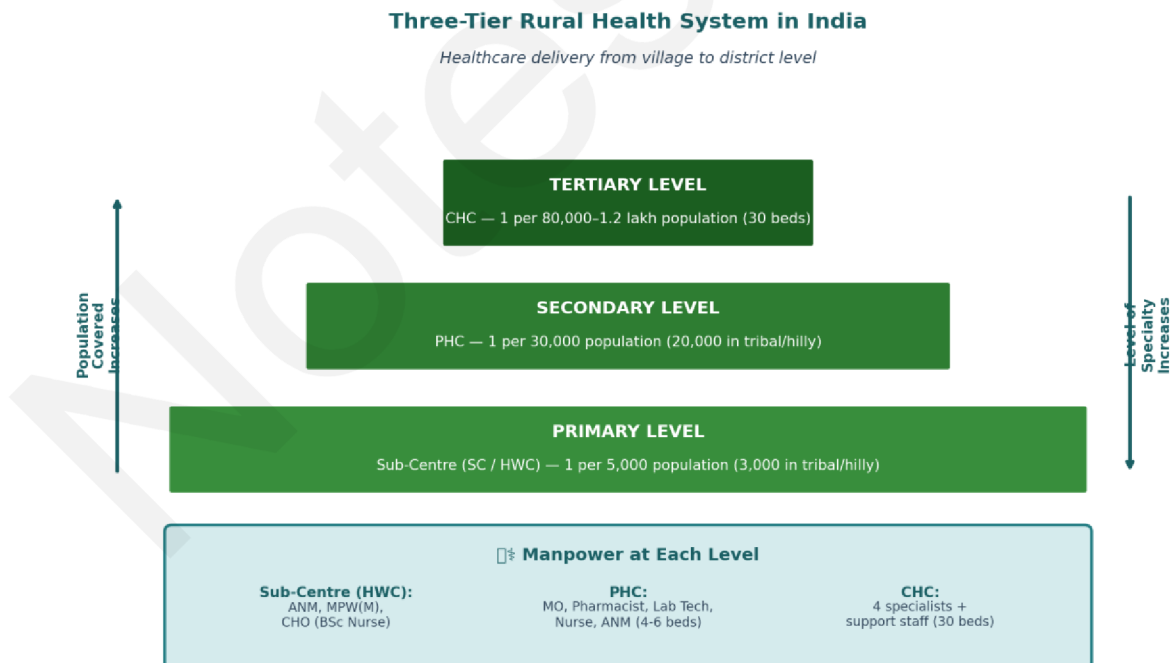


Figure 1.1 — Three-Tier Rural Health System in India

Population Norms — How Many PHCs Per Population?

Centre	Plain Areas	Tribal/Hilly Areas	Beds
Sub-Centre (SC)	1 per 5,000 population	1 per 3,000	Nil (referral)
Primary Health Centre (PHC)	1 per 30,000 population	1 per 20,000	4–6 beds
Community Health Centre (CHC)	1 per 80,000–1.2 lakh	1 per 80,000	30 beds

Manpower at a PHC

A typical PHC has around 15 staff members:

- **1 Medical Officer (MO)** — a qualified doctor (MBBS) in charge of the PHC.
- **1 Pharmacist** — dispenses drugs and stores medicines.
- **1 Nurse / Staff Nurse** — provides basic nursing care.
- **1 Health Worker (Female) / ANM** — Auxiliary Nurse Midwife — main person for maternal & child health.
- **1 Health Worker (Male) / MPW** — Multi-Purpose Worker for vector control, surveillance.
- **1 Lab Technician** — performs basic blood, urine, sputum tests.
- **1 Health Assistant (Male & Female)** — supervises field workers.
- **Driver, sweeper, peon, ward boy** — support staff.

Eight Essential Functions of a PHC

A PHC has 8 main jobs (functions) to do. The Bhore Committee (1946) and the WHO Alma-Ata Declaration (1978) listed these as essential primary health care services.

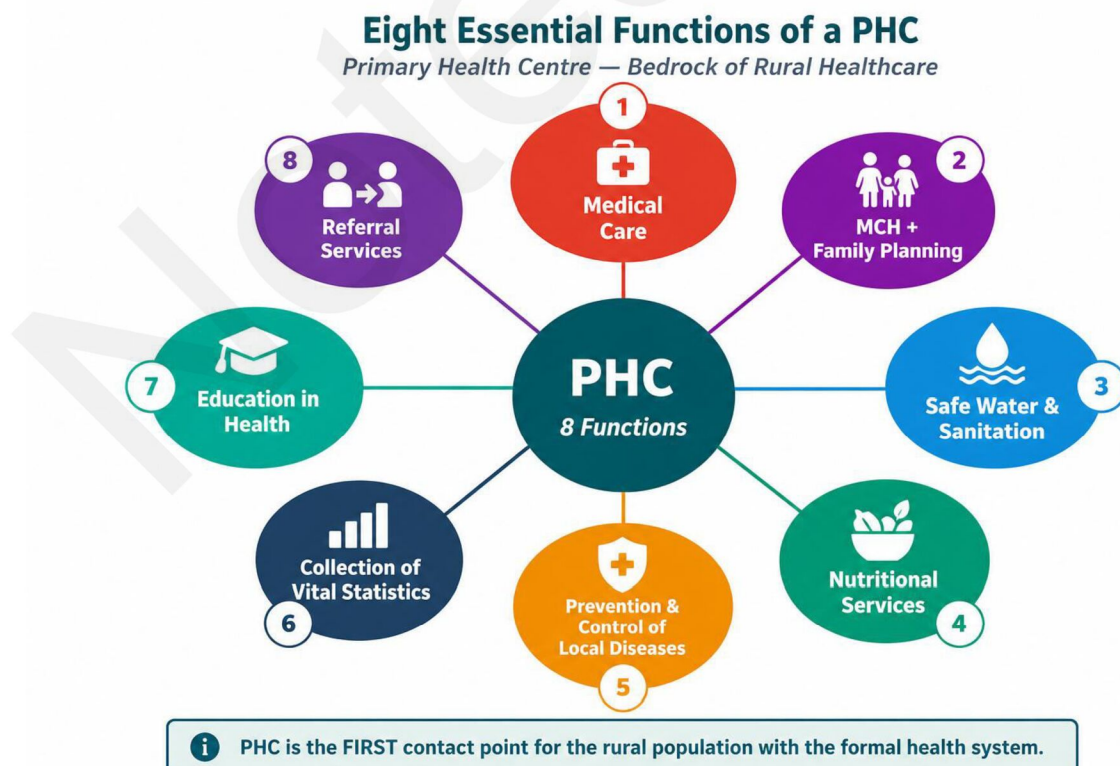


Figure 1.2 — Eight Essential Functions of a PHC

► **Function 1 — Medical Care**

PHC provides outpatient (OPD) and inpatient (IPD) services for common illnesses. It treats fever, diarrhoea, respiratory infections, injuries, and emergencies. Patients with serious problems are referred to CHC or District Hospital.

► **Function 2 — Maternal & Child Health (MCH) and Family Planning**

- Antenatal care (ANC) — minimum 4 visits during pregnancy.
- Safe delivery — institutional or trained midwife.
- Postnatal care (PNC) for mother and newborn.
- Immunization of children under UIP.
- Family planning — counselling, condoms, OCPs, IUCD insertion, sterilization referral.

► **Function 3 — Safe Water Supply & Basic Sanitation**

- Promotes use of safe drinking water (boiling, chlorination).
- Encourages building of toilets and proper sewage disposal.
- Periodic chlorination of village wells and water tanks.
- Health education on hand washing and food hygiene.

► **Function 4 — Nutritional Services**

- Vitamin A and Iron-Folic Acid (IFA) supplementation for children & pregnant women.
- Identification of malnourished children — referral to NRC.
- Coordination with ICDS (Anganwadi) for supplementary nutrition.
- Promotion of exclusive breastfeeding and balanced diet.

► **Function 5 — Prevention & Control of Local Diseases**

- Implementation of national programmes (NTEP, NACP, NLEP, NVBDCP, NPCDCS).
- Surveillance of locally common diseases (malaria, dengue, diarrhoea, TB).
- Reporting outbreaks to district authorities under IDSP.
- Vector control — fogging, larvicides, education.

► **Function 6 — Collection of Vital Health Statistics**

- Recording births and deaths in the area.
- Maintaining records of immunization, ANC, deliveries, family planning.
- Reporting to district health office monthly.
- Data is used to plan future health programmes.

► **Function 7 — Education in Health (Health Education)**

- Group meetings on personal hygiene, nutrition, family planning.
- Pamphlets, posters, street plays (nukkad natak).
- Counselling for pregnant women, mothers, adolescents.
- Use of mass media — radio, TV, social media.

► **Function 8 — Referral Services**

- Patients with conditions beyond PHC capacity are referred to CHC or District Hospital.
- Free transport (108 ambulance, JSSK transport for pregnant women).
- Two-way referral system — feedback comes back from higher centres.

Quick Numbers — India (March 2023)

- Sub-Centres: ~1.6 lakh — closest to villages.
- PHCs: ~31,000 — first contact for rural health.
- CHCs: ~6,000 — secondary referral.
- Health & Wellness Centres (HWC): ~1.6 lakh — Sub-Centres/PHCs upgraded under Ayushman Bharat.

Health Workers in the Community

ASHA — Accredited Social Health Activist

The Backbone of Community Health in Rural India

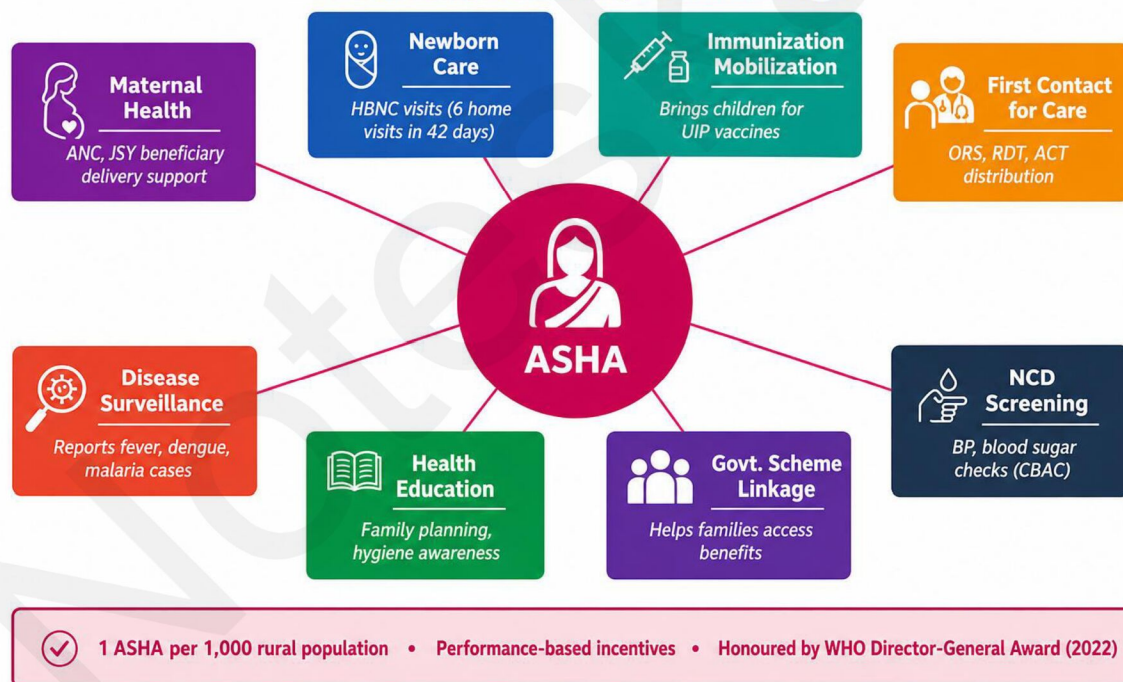


Figure 1.3 — Roles of an ASHA Worker in the Community

► **ASHA (Accredited Social Health Activist)**

ASHA is a TRAINED FEMALE COMMUNITY HEALTH ACTIVIST chosen FROM the village. She acts as a bridge between the village and the health system. Started under NRHM in 2005.

- **One ASHA per 1,000** rural population.

- **Eligibility:** woman aged 25–45 years from the same village; preferably 8th standard pass.
- **Receives performance-based incentives** (not fixed salary).
- **WHO Director-General's Award** given to ASHA workers in 2022.

▶ ANM (Auxiliary Nurse Midwife)

ANM is a female health worker stationed at the Sub-Centre. She is responsible for ANC, immunization, family planning, and child health in her area.

▶ MPW (Multi-Purpose Worker — Male)

Looks after disease control programmes — malaria, TB, leprosy, vector control, and surveillance activities.

▶ CHO (Community Health Officer)

A new cadre under Ayushman Bharat — a BSc Nurse or Ayurveda graduate trained in primary care; in-charge of Health & Wellness Centre. Provides comprehensive primary care including 12 service packages.

IMPROVEMENT IN RURAL SANITATION

Towards a Clean & Healthy Rural India

What is Sanitation?

★ Sanitation — Definition

Sanitation means safe disposal of human waste (urine and faeces) and other waste, along with maintaining clean conditions to prevent disease. The word comes from the Latin 'sanitas' meaning health. Good sanitation = good health.

Why Rural Sanitation is Important?

In India, lack of sanitation has been a major cause of disease — especially among rural and poor populations. Open defecation contaminates water and food. As a result, diarrhoea, cholera, typhoid, hepatitis A, polio, hookworm, and many other diseases spread.

▲ The Problem We Faced

- In 2014, only 39% of rural households had toilets.
- Over 60 crore Indians defecated in the open — the highest in the world!
- Diarrhoea killed about 1 lakh children every year in India.
- Children missed school due to illness from poor sanitation.
- Women faced safety issues — had to go out at night for defecation.

Six Pillars of Rural Sanitation

To achieve total sanitation in villages, six things must be done together. Just having a toilet is not enough!

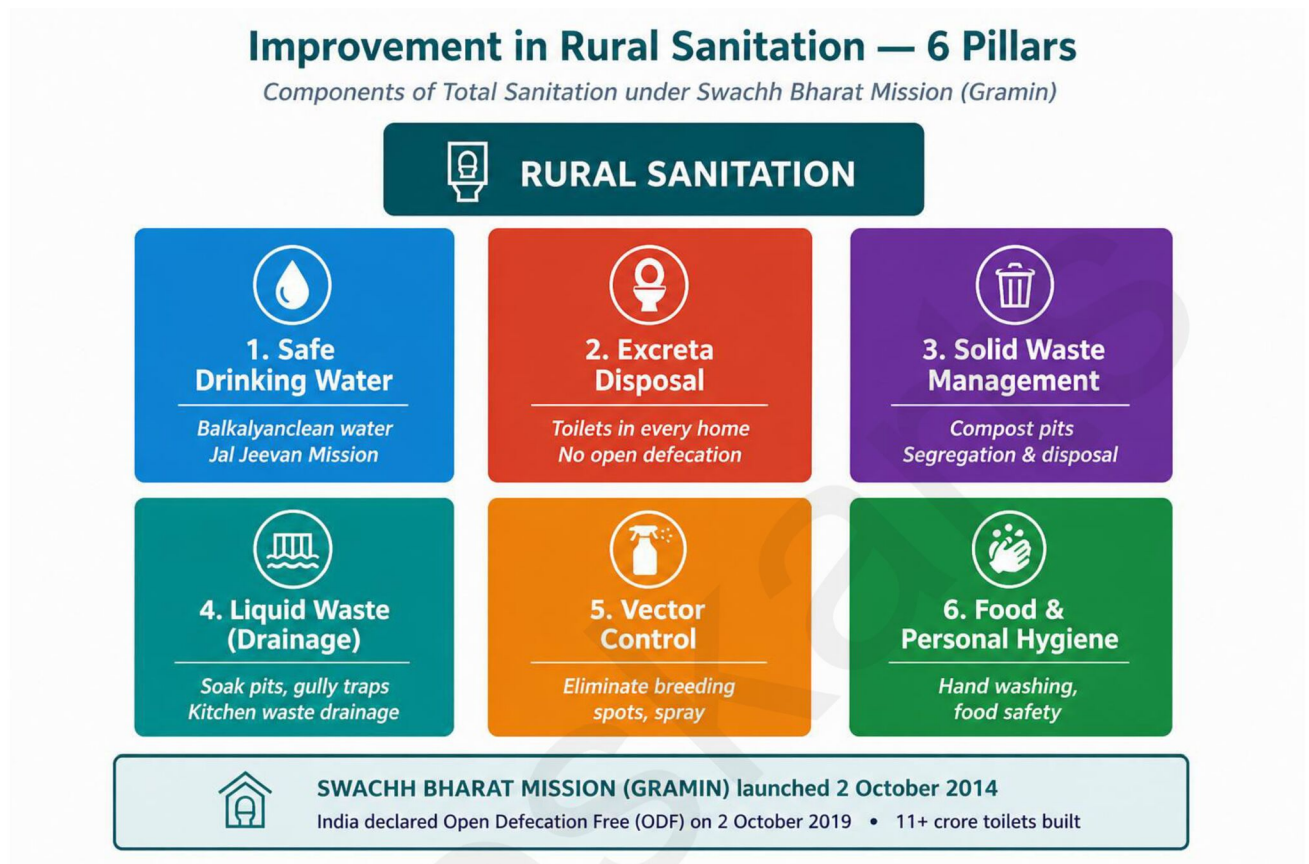


Figure 2.1 — Six Pillars of Rural Sanitation

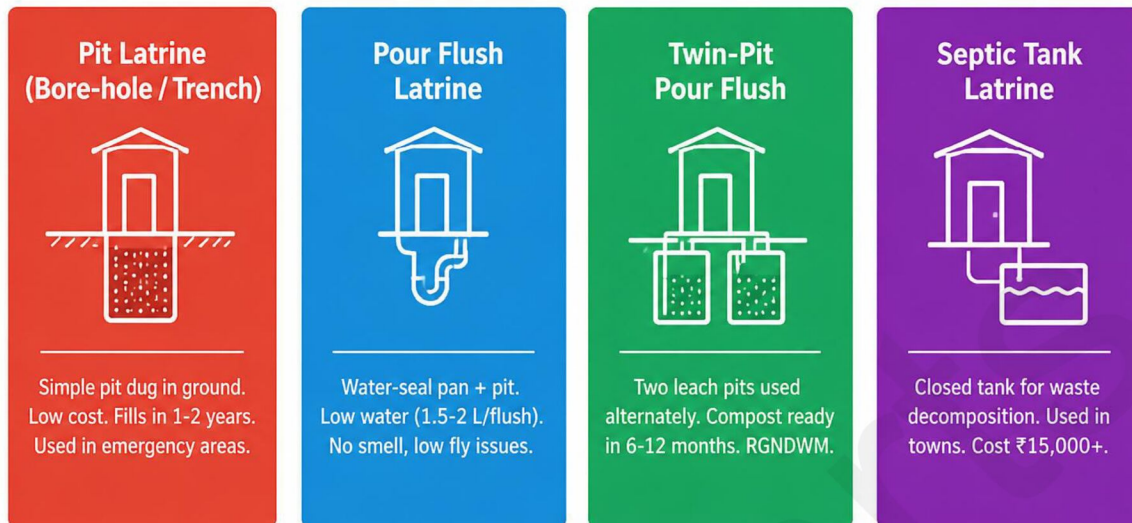
► Pillar 1: Safe Drinking Water Supply

- Provide piped water (Har Ghar Jal under Jal Jeevan Mission, 2019).
- Boil water before drinking — most reliable household method.
- Chlorinate wells regularly with bleaching powder.
- Install hand-pumps and tube-wells in safer locations.
- Use household water filters (Aqua-guard, RO, candle filters).

► Pillar 2: Safe Excreta (Human Waste) Disposal

- Build a toilet in every household.
- STOP open defecation — both adults AND children.
- Use of safe latrine designs (twin-pit pour-flush is recommended).
- Proper maintenance and use of toilets.

Types of Toilets / Latrines for Rural Sanitation



i Twin-pit latrine recommended by Government of India for rural areas – promoted under Swachh Bharat Mission

Figure 2.2 — Types of Toilets / Latrines used in Rural Areas

There are 4 main types of toilets used in rural India:

- **Pit Latrine:** Simple pit dug in ground; very low cost; fills in 1–2 years.
- **Pour Flush Latrine:** Has a water-seal pan; needs only 1.5–2 litres of water per flush; reduces smell and flies.
- **Twin-Pit Pour Flush:** BEST for rural areas. Has 2 pits used alternately. When one fills, it is closed and the other is used. After 6–12 months, waste turns into manure!
- **Septic Tank Latrine:** Closed tank for waste decomposition; used in towns; costs ₹15,000+.

► Pillar 3: Solid Waste Management

- Segregation of waste — wet (biodegradable) and dry (non-biodegradable).
- Compost pits for biodegradable waste — turns into manure.
- Plastic ban / recycling for non-biodegradable waste.
- Community waste collection at fixed points.
- Daily cleaning of village streets, schools, markets.

► Pillar 4: Liquid Waste / Drainage Management

- Soak pits for kitchen waste water.
- Gully traps to collect bath/wash water.
- Open drains should be replaced with closed drains.
- Stagnant water removal — prevents mosquito breeding.

► Pillar 5: Vector Control (Mosquito & Insect Control)

- Eliminate mosquito breeding sites — drain stagnant water, clean coolers.

- Spray insecticide periodically.
- Use mosquito nets, especially treated bed nets (LLINs).
- Cover food and water; prevent flies.
- Anti-rodent measures — proper food storage.

► Pillar 6: Food & Personal Hygiene

- Hand washing with soap before meals and after toilet.
- Cooking food thoroughly; covering food.
- Washing fruits and vegetables before use.
- Personal cleanliness — bath, oral hygiene, clean clothes.
- Don't share towels, combs, razors, toothbrushes.

Government Programmes for Rural Sanitation

Year	Programme	Key Features
1986	Central Rural Sanitation Programme (CRSP)	First nation-wide sanitation programme; supply-driven approach.
1999	Total Sanitation Campaign (TSC)	Demand-driven; community-led; awareness focus.
2012	Nirmal Bharat Abhiyan (NBA)	Renamed TSC; aimed at Nirmal Gram (clean village).
2014	Swachh Bharat Mission – Gramin (SBM-G)	Launched 2 Oct 2014. Goal: ODF India by 2 Oct 2019. Achieved!
2020	SBM-G Phase II (2020-25)	Sustaining ODF status + ODF Plus (solid & liquid waste management).

Swachh Bharat Mission – Gramin (SBM-G)

✦ About SBM-G

Launched on 2 October 2014 (Gandhi Jayanti) by PM Narendra Modi, with the goal of making India Open Defecation Free (ODF) by 2 October 2019 — Mahatma Gandhi's 150th birth anniversary. India achieved ODF status on time! It is the largest sanitation campaign in the world.

► Components of SBM-G

- **Construction of Individual Household Latrines (IHHL):** ₹12,000 financial assistance per toilet to BPL families.
- **Community Sanitary Complexes (CSC):** in places where individual toilets are not feasible.
- **Solid & Liquid Waste Management (SLWM):** compost pits, soak pits, plastic management.

- **IEC (Information, Education, Communication):** behaviour change campaigns to use toilets.
- **Capacity Building:** training of swachhagrahis (sanitation workers).

► Outcomes / Achievements

- Over 11 crore household toilets constructed since 2014.
- Open defecation rate dropped from 38% (2014) to less than 2% (2023).
- All 6+ lakh villages declared Open Defecation Free (ODF) by Oct 2019.
- Reduction in diarrhoea, cholera, typhoid, hepatitis A and worm infections.
- Child mortality reduced by ~30% in ODF villages (UNICEF study).
- UNICEF estimates that each ODF village saves ₹50,000 per family per year (medical cost + lost wages).

NATIONAL URBAN HEALTH MISSION (NUHM)

Bringing Health Services to Urban Poor & Slum Dwellers

Why Do Cities Need a Special Health Mission?

You might wonder — cities have good hospitals, so why a special mission? The reason is that 35% of India lives in urban areas, but a large part of them live in slums. About 9 crore people live in slums where:

- Houses are overcrowded — diseases spread easily.
- There is poor water supply and sanitation.
- Air pollution is high.
- People are migrant workers — cannot afford private healthcare.
- Government hospitals are far or overcrowded.
- Slum dwellers face unique problems like TB, HIV, malnutrition, mental health.

So the Government of India launched NUHM on 1 May 2013 — exclusively for urban poor and slum populations.

About NUHM

★ National Urban Health Mission (NUHM)

Launched on 1 May 2013 as a sub-mission of National Health Mission (NHM). Together, NRHM (rural) + NUHM (urban) = NHM. NUHM provides essential primary healthcare to urban poor in cities and towns with population above 50,000.

National Urban Health Mission (NUHM) — Structure & Components

Launched on 1 May 2013 • Sub-mission of National Health Mission (NHM)

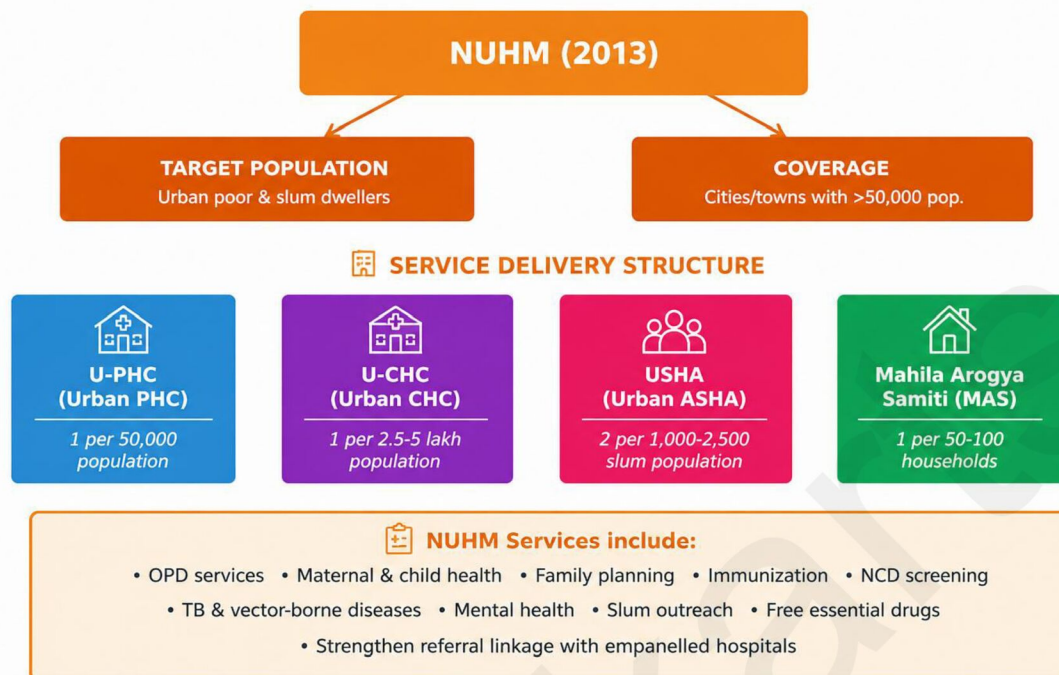


Figure 3.1 — NUHM Structure & Service Delivery

Objectives of NUHM

1. Provide essential primary healthcare services to urban poor.
2. Reduce the gap in healthcare access between rich and poor in cities.
3. Strengthen public health systems in urban areas.
4. Improve outreach to slum dwellers and vulnerable groups.
5. Make available 'cashless' care through empanelled hospitals.

Coverage of NUHM

- **Cities/towns with population $\geq 50,000$ covered.**
- **Special focus on slum population:** identified slums + non-listed slums.
- **Other vulnerable urban populations:** homeless, rag-pickers, street vendors, construction workers, sex workers, rickshaw pullers.
- **Smaller cities <50,000 covered** by NRHM rural infrastructure.

Service Delivery Structure

► (a) Urban Primary Health Centre (U-PHC)

- **1 U-PHC per 50,000 population** (or 25,000–30,000 for very poor areas).
- Open 12 hours/day for OPD; some serve as 24×7 centres.
- Staff: Medical Officer, Public Health Nurse, Pharmacist, Lab Technician, ANM.
- Services: OPD, basic lab, MCH, family planning, immunization, NCD screening, mental health, free drugs.

► (b) Urban Community Health Centre (U-CHC)

- **1 U-CHC per 2.5–5 lakh population.**
- Acts as a referral centre for U-PHCs.
- Has 30–100 beds; specialists available.
- Serves big cities like Delhi, Mumbai, Kolkata.

▶ **(c) USHA — Urban Social Health Activist**

- **Like ASHA in rural — but for urban slums.**
- 1 USHA per 1,000–2,500 slum population.
- Bridges between slum families and U-PHC.
- Mobilizes for immunization, ANC, family planning.
- Performance-based incentives.

▶ **(d) Mahila Arogya Samiti (MAS)**

- **Group of 10–20 women from a slum cluster.**
- 1 MAS per 50–100 households.
- Promotes health awareness and access to services.
- Receives ₹3,000 untied fund per year for community health activities.

Services Provided under NUHM

Service	Details
OPD Services	Free outpatient consultation, basic investigations, free essential drugs.
MCH Services	ANC, PNC, safe delivery, JSY benefits, JSSK, PMSMA.
Family Planning	Counselling, condoms, OCPs, IUCD insertion, sterilization referral.
Immunization	All UIP vaccines free for children & pregnant women.
NCD Screening	Hypertension, diabetes, cancer (oral, cervical, breast) — early detection.
TB & VBD Services	Linkage with NTEP (TB), NVBDCP (dengue, malaria, chikungunya).
Mental Health	Counselling, common psychiatric conditions, Tele-MANAS linkage.
Slum Outreach	USHA-led; immunization camps, awareness drives.
Referral Linkage	Referral to empanelled secondary/tertiary hospitals (under PMJAY).

Outcomes / Achievements

- Over 5,200 U-PHCs functional across India (2024).
- More than 78,000 USHAs working in urban slums.
- Covered 1,000+ cities/towns under NUHM.
- Ayushman Bharat – HWC integration extended to urban areas (UHWC).
- Improvement in immunization coverage in urban slums.

Important Date

NUHM was launched on 1 May 2013. Together with NRHM (2005), it forms the National Health Mission.

HEALTH PROMOTION & EDUCATION IN SCHOOLS

School Health Programme — Caring for the Future of India

Why School Health is Important?

School-going children (6–18 years) form about 25% of India's population — that's nearly 30 crore children! Their health determines the future of the nation. The school is the BEST place to reach them with health services because:

- Most children attend school — easy access to a large group at one place.
- Children are still forming health habits — easier to teach correct ones.
- School age = critical years for growth and development.
- Teaching one child can influence the whole family.
- Cheap to organize — school setting reduces logistics cost.

History of School Health in India

Year	Milestone
1909	First school health committee in Baroda — early initiative.
1946	Bhore Committee recommended school health services.
1960	School Health Committee (Renuka Roy Committee) gave detailed plan.
2013	Rashtriya Bal Swasthya Karyakram (RBSK) launched — covers 0–18 yrs.
2018	Ayushman Bharat – School Health & Wellness Ambassador Initiative.

Objectives of School Health Programme

- Promote positive health and well-being of school children.
- Identify and treat health problems early.
- Provide a healthy environment in the school.
- Educate children about healthy practices for life.
- Inculcate good health behaviour and hygiene habits.
- Prevent communicable and non-communicable diseases.

Components of School Health Programme

School health is not just one activity — it has 8 important components that work together.

School Health Programme — Components

Comprehensive health services for children in schools

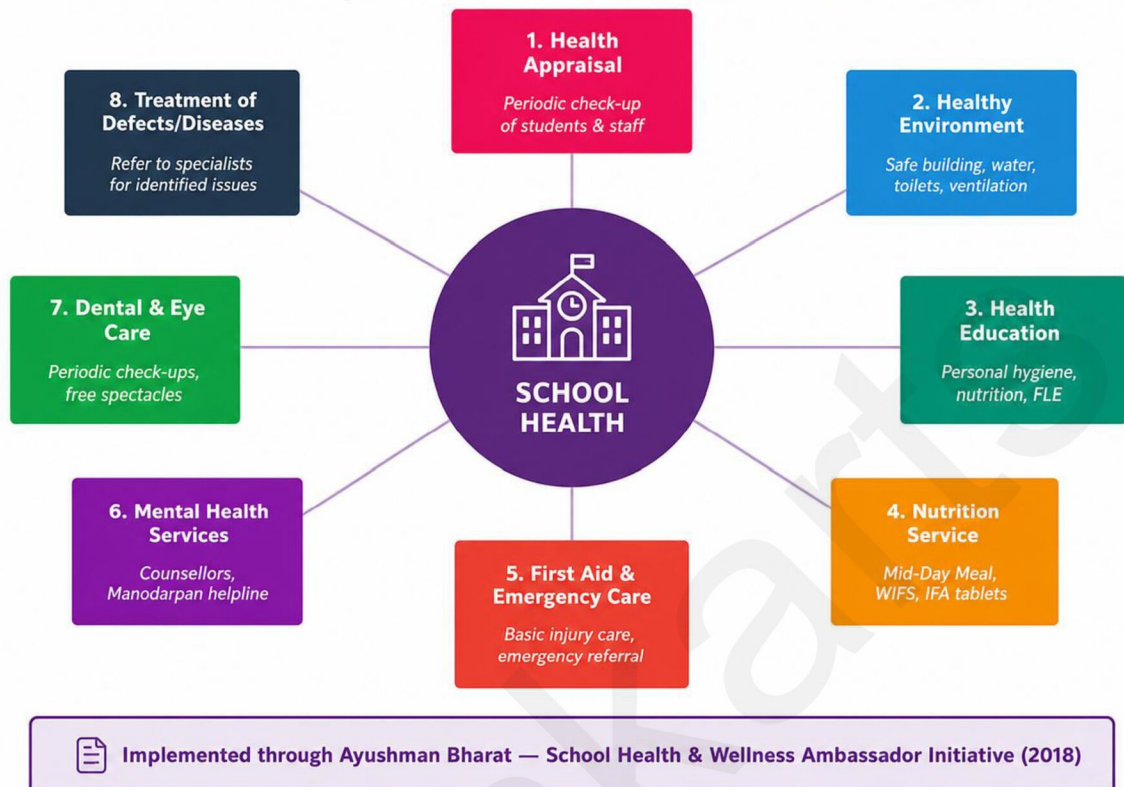


Figure 4.1 — Eight Components of the School Health Programme

► Component 1 — Health Appraisal

Health appraisal means CHECK-UP of school children to find out their health status. It includes:

- Initial check-up when child joins school.
- Periodic check-ups (every year recommended).
- Daily morning observation by teachers (looking for sick children).
- Special check-ups for those identified as 'at risk'.

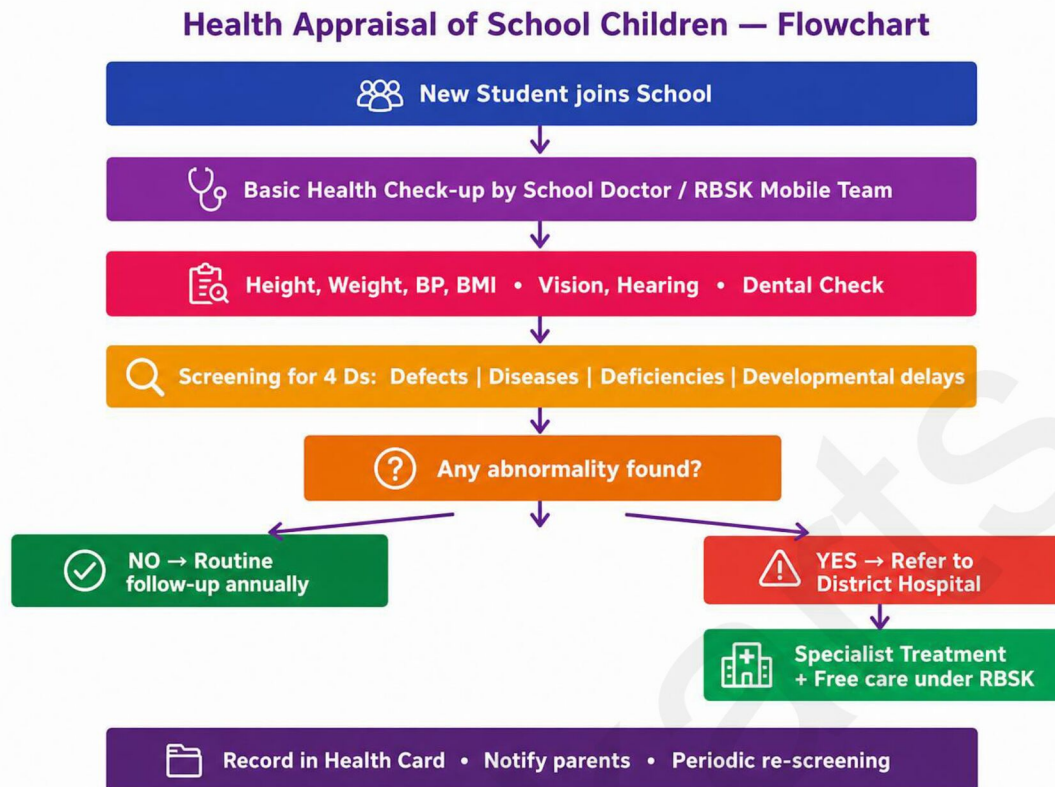


Figure 4.2 — Flowchart of Health Appraisal of School Children

► What is checked?

- Height, weight, BMI — to assess growth.
- Blood pressure, pulse rate.
- Eye examination (vision testing — Snellen chart).
- Ear examination (hearing test).
- Dental check-up — caries, gum disease.
- Skin examination — scabies, fungal infection.
- Nutritional status — anaemia, malnutrition signs.
- Mental health — anxiety, depression, learning issues.
- 4 D's screening (RBSK): Defects, Diseases, Deficiencies, Developmental delays.

► Component 2 — Healthy School Environment

- Safe school building — no broken walls/floors.
- Safe drinking water in schools.
- Clean separate toilets for boys and girls.
- Hand washing facilities with soap.
- Ventilation, light, proper desks/benches.
- Clean playgrounds — no broken glass, no stagnant water.
- Mid-day meal kitchen hygiene.
- First aid box and emergency contact numbers.

► Component 3 — Health Education

This is the most important component — teaching children about health — covered in detail in Section 4.5 below.

▶ **Component 4 — Nutritional Service**

- **Mid-Day Meal Scheme (PM POSHAN, 1995):** Hot cooked meal in classes 1–8.
- **WIFS (Weekly Iron-Folic Acid Supplementation):** To prevent anaemia.
- **Albendazole tablets** twice a year for deworming (NDD — National Deworming Day).
- **Vitamin A supplementation** for younger children.
- **Awareness about balanced diet** using ICMR My Plate concept.

▶ **Component 5 — First Aid & Emergency Care**

- First aid box with bandages, antiseptic, paracetamol, ORS.
- Trained teachers to handle minor injuries.
- Emergency referral to nearest hospital.
- Mock drills for fire, earthquake.

▶ **Component 6 — Mental Health Services**

- School counsellors for emotional support.
- Manodarpan helpline (8448440632) for mental health support.
- Awareness about exam stress, bullying, cyber-safety.
- Yoga and meditation sessions.

▶ **Component 7 — Dental & Eye Care**

- Annual dental check-ups — tooth brushing demonstrations.
- Free spectacles to students with refractive errors (under NPCB&VI).
- Treatment of common eye and ear infections.

▶ **Component 8 — Treatment of Defects/Diseases**

- Children identified with health issues are referred to higher facilities.
- Free treatment under RBSK at District Early Intervention Centres (DEIC).
- Surgical correction (e.g., heart defects, cleft lip) covered free.

Health Education in Schools

Health education in schools is the planned teaching of health-related knowledge to students. It builds a lifelong foundation of healthy habits.

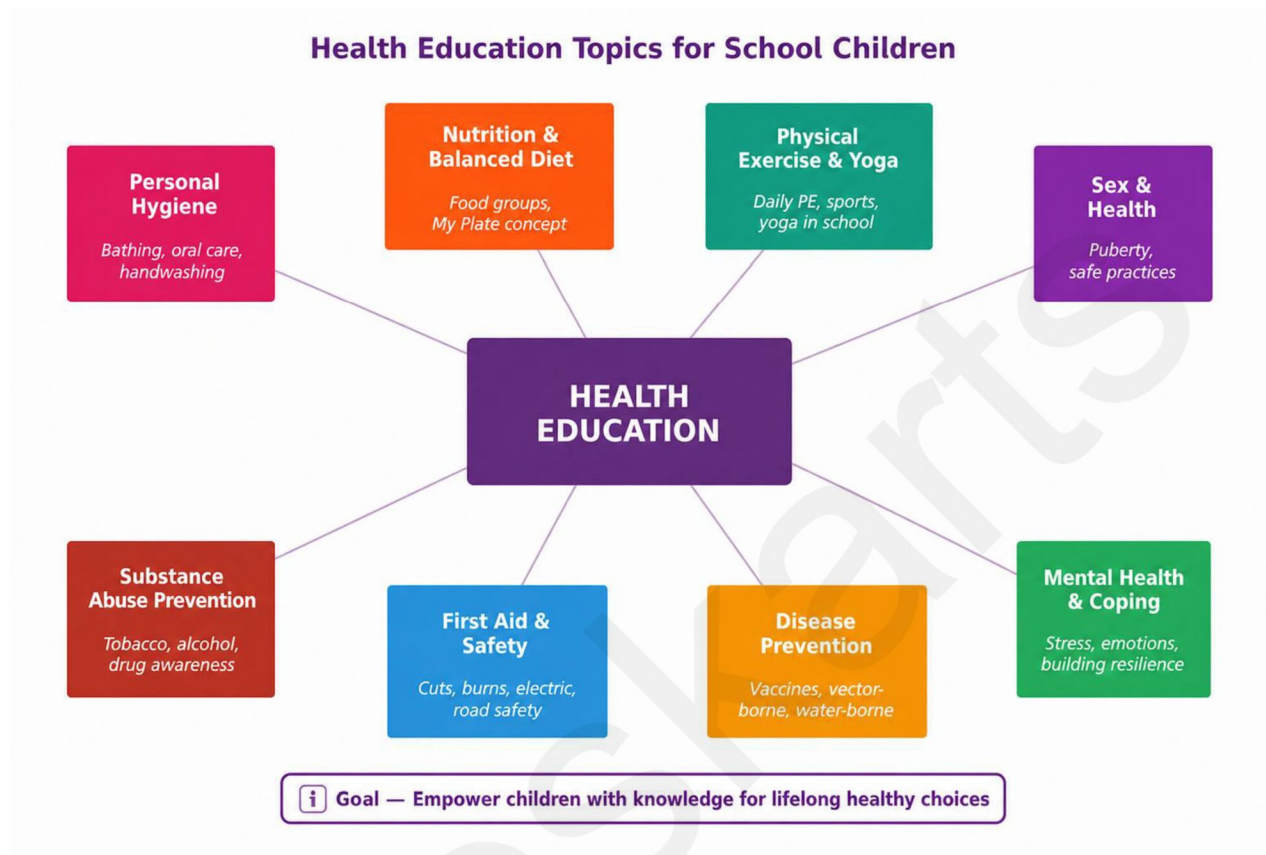


Figure 4.3 — Major Health Education Topics for School Children

► Aims of Health Education

- Inform children about health and disease.
- Motivate them to adopt healthy lifestyles.
- Help them make healthy decisions independently.
- Promote skills for healthy living (hand washing, brushing, exercise).
- Reduce risky behaviours (smoking, drugs, unsafe sex).

► Topics for Different Age Groups

Age Group	Class	Topics
Primary	1–5 (6–10 yrs)	Personal hygiene, hand washing, oral care, balanced diet, immunization, exercise, road safety.
Upper Primary	6–8 (11–13 yrs)	Adolescent changes, menstrual hygiene, substance abuse prevention, first aid, common diseases.
Secondary	9–10 (14–15 yrs)	Reproductive health, family planning, HIV/STIs, mental health, NCDs (diabetes, obesity).

Age Group	Class	Topics
Senior Secondary	11–12 (16–18 yrs)	Career-related stress, healthy relationships, internet/digital safety, environmental health, life skills.

► Methods of Health Education

- **Lectures and discussions** in the classroom.
- **Demonstrations:** Hand washing, brushing, ORS preparation.
- **Role-plays and street plays** (nukkad natak).
- **Posters, charts, flip-books** on classroom walls.
- **Audio-visual aids** — videos, animations, puppet shows.
- **Health quizzes and competitions.**
- **Field visits** to health centres, water plants.
- **Celebrating health days** — World Health Day, World No Tobacco Day, etc.

Ayushman Bharat — School Health Programme

★ Health & Wellness Ambassador Initiative (2018)

Two teachers from every government school are selected as 'Health & Wellness Ambassadors'. They are trained to deliver one hour per week of health education across 11 themes — emotional well-being, nutrition, gender equality, prevention of substance abuse, etc. They use a special Resource Material called 'School Health and Wellness Programme — Implementation Guidelines'.

► 11 Themes of School Health & Wellness

1. Growing up healthy.
2. Emotional well-being and mental health.
3. Interpersonal relationships.
4. Values and responsible citizenship.
5. Gender equality.
6. Nutrition, health & sanitation.
7. Prevention and management of substance misuse.
8. Promotion of healthy lifestyles (NCDs).
9. Reproductive health & HIV prevention.
10. Safety and security against violence and injuries.
11. Promotion of safe use of internet and social media.

Outcomes — Why School Health Matters

- Higher attendance and academic performance in healthy children.
- Reduced absenteeism due to illness.
- Better growth and development of children.
- Decline in childhood obesity, anaemia, and dental caries.
- Children become 'change agents' — influence parents and siblings.
- Improved adolescent health indicators (mental health, substance use).

Important Day

World Health Day — 7 April • World Hand Hygiene Day — 5 May • Global Hand Washing Day — 15 October. School-wide observance is encouraged.

Probable Exam Questions

► Long Answer Questions (10 marks)

- Define PHC. Discuss its functions and place in the 3-tier rural health system.
- Discuss the components and importance of rural sanitation.
- Write a detailed note on Swachh Bharat Mission – Gramin (SBM-G).
- Explain the National Urban Health Mission (NUHM) — objectives, structure and outcomes.
- Discuss the components of School Health Programme with special reference to health education.
- Compare the rural and urban health service systems in India.

► Short Answer Questions (5 marks)

- Roles of ASHA in the community.
- Manpower at a PHC and their roles.
- Twin-pit pour flush latrine.
- Six pillars of rural sanitation.
- U-PHC and U-CHC under NUHM.
- USHA and Mahila Arogya Samiti.
- Health appraisal of school children.
- Methods of health education in schools.
- Ayushman Bharat – School Health & Wellness Programme.
- RBSK and 4 D's screening.

► Very Short Answer (2 marks)

- Population norms for SC, PHC and CHC.
- Expand: ASHA, ANM, MPW, CHO, USHA, MAS.
- Year of launch: NRHM, NUHM, SBM, RBSK.
- Define sanitation.
- 4 D's of RBSK.
- Year India was declared ODF.
- Name any four types of toilets.

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