

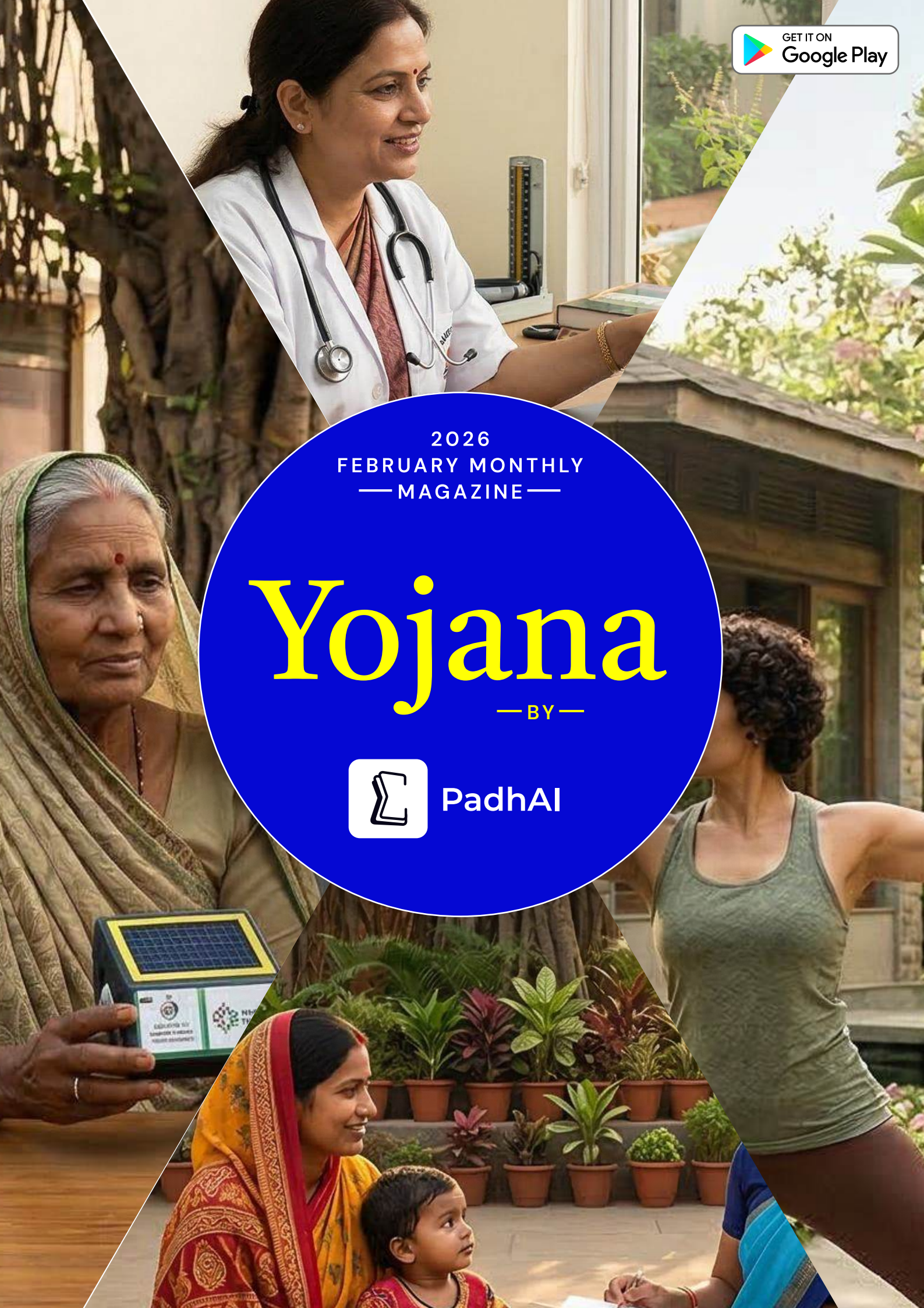
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# Yojana

— BY —



PadhAI



# Welcome to PadhAI

## Yojana Monthly Magazine

You are reading this because you understand that **UPSC preparation is not about reading everything, but about reading what matters most.**

Government publications like Yojana are rich in ideas, policies, and perspectives — but reading them cover to cover is neither time-efficient nor exam-effective. PadhAI's Yojana coverage exists to **filter, structure, and translate policy discussions into exam-ready insights.**

## Why PadhAI's Yojana Coverage

Most aspirants struggle with Yojana due to:

- Lengthy articles,
- Lack of direct exam linkage, and
- Difficulty connecting content with PYQs.

At PadhAI, we extract only the most relevant themes, align them with Prelims and Mains demands, and present them in a format that helps you think like the examiner expects.

Every topic included here:

- Has relevance to GS Papers or Essay,
- Links directly or indirectly with previous year questions, and
- Strengthens your policy understanding and analytical depth.

Nothing is added for volume. Everything is added for value.

## Part of the PadhAI Preparation Ecosystem

This Yojana coverage is part of a larger, integrated system that includes:

- Fast and concise monthly magazines, published early
- Daily PIB summaries, filtered and exam-oriented
- Monthly compliance coverage
- Complete Prelims & Mains PYQs with structured answers
- News article summaries from relevant platforms
- Personal tutor chat support for continuous guidance

The aim is simple: **one trusted system instead of multiple disconnected sources.**

## Our Guiding Philosophy

At PadhAI, everything is built around one belief:

- **Learn only what matters.**
- **Learn it the right way.**
- **Learn it at the right time.**

## Topic 1: Mainstreaming Ayush and Integrative Healthcare



**Summary:** India is transitioning from a purely reactive "sick-care" model to a proactive pursuit of wellness by mainstreaming traditional Ayush systems into the national healthcare framework. This shift focuses on building a holistic, affordable, and culturally rooted ecosystem that addresses root causes rather than just symptoms.

**Background:** For decades, health was relegated to hospitals and insurance, but a "metabolic crisis" involving rising diabetes and cardiovascular diseases necessitated a cultural pivot back to mindful living. High urban stress and the "concrete jungle" effect have made mental health and environmental vitality fundamental necessities for a resilient society.

### Key Points:

- **Public Health Service Delivery:** Flagship initiatives like the **National Ayush Mission (NAM)** and **Ayushman Arogya Mandirs (AAM)** provide structured platforms for primary level integration. As of 30 November 2025, 1,80,906 AAMs have been operationalised nationwide.
- **Integration at Higher Levels:** Integrated Ayush Departments are now operational in Central Government hospitals and specialised institutes like **NIMHANS** and the **National Cancer Institute (NCI)** for supportive oncology and rehabilitation.

- **Evidence-Based Research:** The **Ayush-ICMR Advanced Centre for Integrative Health Research (AI-ACIHR)** has been established at four AIIMS institutions to generate policy-relevant, evidence-based data through multi-centric clinical trials.

**Prelims Facts (One Liners):**

- Nearly 95% of rural and 96% of urban populations in India are aware of Ayush systems according to the National Sample Survey (79th Round).
- The **WHO Global Traditional Medicine Centre (GTMC)** is established in Jamnagar, India.

**MCQ Practice:** Q. How many Ayushman Arogya Mandirs (AAM) have been operationalised nationwide as per the data updated until November 2025? A) 1,25,000 B) 1,50,000 C) 1,80,906 D) 2,10,000 **Answer: C** (According to the sources, 1,80,906 AAMs have been operationalised to provide comprehensive primary health services.)

**Topic 2: Holistic Wellness through Yoga and Naturopathy**



**Summary:** Wellness is defined as a multidimensional state involving physical, mental, intellectual, spiritual, occupational, social, and environmental health. Indian traditions like Yoga and Naturopathy provide a comprehensive framework to achieve this balance through self-discipline and harmony with nature.

**Background:** Ancient Indian texts (Upanishads and Yogic scriptures) view human existence as a combination of body (Sharira), mind (Manas), intellect (Buddhi), and consciousness (Atman). This holistic view is now being validated by modern research from institutes like the **National Institute of Naturopathy (NIN)** in Pune.

### Key Points:

- **Ashtangayoga:** Sage Patanjali's eight-stage model (Yama, Niyama, Asana, Pranayama, Pratyahara, Dharana, Dhyana, Samadhi) moves from external social conduct to internal states of consciousness.
- **Therapeutic Fasting:** A cornerstone of Indian Naturopathy, viewed not as starvation but as a supervised rest for the digestive system to redirect energy toward detoxification and repair.
- **Mind-Body Integration:** Yoga acts on multiple levels, with Pranayama regulating the nervous system and Dhyana calming the mind to reduce stress-induced adrenaline and blood sugar levels.

### Prelims Facts (One Liners):

- The **National Institute of Naturopathy (NIN)** is located in Pune.
- "Satvik Ahara" refers to a pure and balanced diet in Naturopathy that supports both physical and mental clarity.

**MCQ Practice:** Q. In the eight limbs of Ashtangayoga, which stage refers to 'ethical restraints' or moral commandments for a socially disciplined life? A) Niyama B) Yama C) Asana D) Pratyahara

**Answer: B** (Yama includes non-violence, truthfulness, and non-stealing to promote social wellness.)

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## Topic 3: Child Wellness and POSHAN Abhiyaan



**Summary:** India's nutrition strategy has shifted from simple food-based schemes to a broader **child wellness model** that integrates health, care, and development systems. The focus is on the **first 1,000 days**—from conception to two years of age—as this window critically shapes survival and long-term health.

**Background:** Despite progress, 35.5% of children under five remain stunted according to NFHS-5 data. Malnutrition is a complex interplay between maternal health, caregiving practices, and social norms, necessitating a "life-cycle approach" (RMNCAH+N).

### Key Points:

- **Facility-Based Care:** The expansion of **Special Newborn Care Units (SNCUs)** has reduced neonatal mortality by approximately 32% by providing clinical support for low-birth-weight infants.
- **Community-Centred Care:** The **Home-Based Care for Young Child (HBYC)** programme extends support through ASHA workers to children aged 3–15 months via scheduled home visits.
- **Digital Monitoring:** The **POSHAN Tracker** acts as a "smart coach," helping over 1 crore users (mothers and Anganwadi workers) calculate nutritional needs and track child growth.

### Prelims Facts (One Liners):

- The **RMNCAH+N** framework stands for Reproductive, Maternal, Newborn, Child, Adolescent Health plus Nutrition.
- More than 70% of infant deaths in India are due to newborn causes linked to low birth weight and prematurity.

**MCQ Practice:** Q. The "Home-Based Care for Young Child" (HBYC) programme primarily targets children in which age group? A) 0–6 months B) 3–15 months C) 1–3 years D) 3–6 years **Answer: B** (HBYC extends home-based support to children aged 3–15 months through five scheduled ASHA visits.)

## Topic 4: Digital Health and Grassroots Innovation



**Summary:** Digital platforms and grassroots innovations are democratising healthcare access. Tools like the **ABHA health ID** and the **Traditional Knowledge Digital Library (TKDL)** ensure that both modern records and ancient wisdom are preserved and accessible.

**Background:** Lack of historical health records and the erosion of intergenerational traditional knowledge were major hurdles. The **National Innovation Foundation (NIF)** now works to protect grassroots medicinal knowledge through patents to prevent biopiracy and commercial misappropriation.

**Key Points:**

- **Ayushman Bharat Digital Mission (ABDM):** Facilitates the creation of the 14-digit **ABHA number**, which stores every doctor visit, lab report, and vaccine record digitally. By 2026, it is estimated 35 crore people will have this magic ID.
- **Tele-Health: eSanjeevani**, the Health Ministry's free telemedicine app, has facilitated over 28 crore consultations, significantly benefiting the 70% of the population living in rural areas.
- **TKDL:** Has documented over 5,15,788 formulations from Indian systems of medicine into five international languages to prevent patents from being wrongly granted elsewhere.

**Prelims Facts (One Liners):**

- The **National Innovation Foundation (NIF)** has filed over 279 patents for human health-related grassroots innovations.
- The **Fit India App**, launched by the Ministry of Sports, has been downloaded by over 50 million people as of 2026.

**MCQ Practice:** Q. What is the primary purpose of the Traditional Knowledge Digital Library (TKDL)?  
A) To provide online medical degrees B) To prevent biopiracy by making traditional knowledge visible to patent examiners C) To sell herbal medicines globally D) To act as a digital hospital for rural India **Answer: B** (TKDL prevents the misappropriation of traditional knowledge by documenting it for patent offices worldwide.)