



51% of Indian women aged 15-49 anaemic, most in world, says study

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New Delhi: Women's health in India is facing a serious nutritional challenge, with the country on the one hand grappling with the largest number of anaemic women in the world and on the other having to deal with diseases linked to obesity which is rapidly increasing among the fairer sex.

Findings of the new Global Nutrition Report 2017 place India at the bottom of the table with maximum number of women impacted with anaemia in the world, followed by China, Pakistan, Nigeria and Indonesia. In India, more than half (51%) of all women of reproductive age have anaemia, whereas more than one in five (22%) of adult women are overweight, according to the data.

The report analysed the situation in 140 countries, including India, against targets set in May last year at the

'1 IN 5 INDIAN WOMEN OBESE'

India above China, Pak, Nigeria & Indonesia in terms of no. of women affected by anaemia

► Globally, 614m women aged 15-49 hit by condition

16% of adult men and 22% of adult women in India are overweight

► 2 billion of the world's 7 billion people now overweight or obese

World Health Assembly (WHA) held in Geneva.

Experts say that while the government has started to recognise the problem of anaemia and under-nutrition in women, India has made no progress in addressing it as there are too many gaps. The report highlights that the country

presents worse outcomes in the percentage of reproductive-age women with anaemia, and is off course in terms of reaching targets for reducing adult obesity and diabetes.

In 2016, the report showed that nearly 48% of women in India were anaemic. "India's government is recognizing that the country cannot afford inaction on nutrition but the road ahead is going to be long. The Global Nutrition Report highlights that the double burden of undernutrition and obesity needs to be tackled as part of India's national nutrition strategy. For undernutrition, especially, major efforts are needed to close the inequality gap" said Purnima Menon, senior research fellow in the International Food Policy Research Institute (IFPRI)'s South Asia Office in New Delhi.

Doctors say mere under-nutrition is not the cause for

high anaemia burden in India. "Only nutrition cannot address the problem. Poor hygiene is a major cause for anaemia because it prevents absorption of nutrition," said Dr Indu Taneja, senior consultant, obstetrics & gynaecology at Fortis Escorts Hospital. "Low awareness, illiteracy and the practice of putting the family before self when it comes to care are factors that often deter women in India from taking proper nutrition and care for themselves leading to anaemia."

"The impact can be severe at times, especially when it happens in the child-bearing age," she said. Anaemia among women in the reproductive age often leads to health issues in the mother as well as the child. While such women are prone to infection and may need blood transfusion during pregnancy, children borne of such women often remain under-developed with poor immunity.

Health insurance scheme ailing as number of states covered falls to 15

RTI Query Reveals K'taka Among Takers | New Programme Yet To Be Launched

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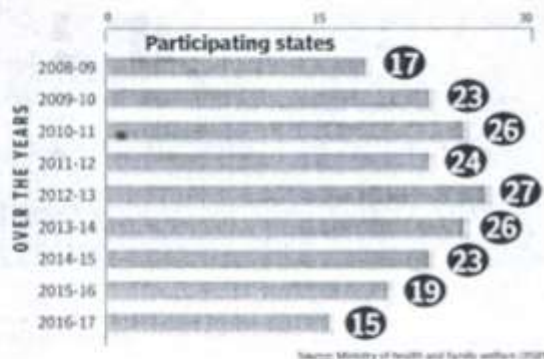
Bengaluru: In last year's budget, Union finance minister Arun Jaitley promised a health cover of Rs 1 lakh per poor family under the National Health Protection Scheme, which was meant to replace the UPA government's Rashtriya Swasthya Bima Yojana (RSBY). However, with the programme yet to see the light of day, the Centre has been forced to continue with RSBY, which seems to be losing ground.

An RTI application filed by TOI has revealed that the number of states covered under RSBY fell to 15 in 2016-17, the lowest since 2008, when the scheme was launched.

Sources in the Union health ministry say most states are not keen on implementing RSBY. "We have been asking every state to implement the scheme to provide cashless health insurance to BPL households and 11 other defined categories of unorganized workers. Unfortunately, many have opted out. While some are not interested to continue the Congress' flagship scheme and are awaiting the new one, others claim to have their own insurance schemes," said a health ministry official.

He said they have got an extension for RSBY till March 2018. "It will be replaced only when the new scheme is introduced," he added. Launched by the labour ministry in 2008 for poor unorganized workers, RSBY was extended to all BPL families in 2015. It provides a health cover up to Rs 30,000 for a maximum of five members of a family.

The RTI reply revealed that only 15 states — Karnataka, Kerala, West Bengal, Chhattisgarh, Odisha, Gujarat, Himachal Pradesh, Uttarakhand, Bihar, Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura — were covered under RSBY in 2016-17. Of



CASHLESS PROGRAMME

RSBY is a cashless health insurance scheme for BPL households and 11 other defined categories of unorganized workers, including building and construction labourers registered with welfare boards, licensed railway porters, street vendors, MNRGA workers who have worked for over 15 days during the previous financial year, beedi, domestic, sanitation and mine workers, rickshaw pullers, rag pickers and auto/taxi drivers. Beneficiaries are entitled to hospitalization coverage up to Rs 30,000 per year for a family of five members.

WHAT JAITLEY HAD SAID

A serious illness of family member (s) causes severe stress on the financial condition of economically weak families, shaking the foundation of their economic security. To help such families, the government will launch a new health protection scheme which will provide health cover upto Rs 1 lakh per family. For senior citizens belonging to this category, an additional top-up package up to Rs 30,000 will be provided.

these, 10 have non-BJP chief ministers, which indicates most BJP-ruled states have opted out. The number of enrolled families dropped from 4.13 crore in 2015-16 to 3.63

crore in 2016-17. The number of empanelled private hospitals also came down from 7,965 in 2009-10 to 4,926 in 2016-17.

"All these indicators reflect that RSBY is faltering. The decline in the number of empanelled private hospitals is a big jolt," said Dr Anup Karan, one of the authors of the study. Extending health insurance to the poor in India: An impact evaluation of Rashtriya Swasthya Bima Yojana on out of pocket spending for healthcare."

Karan said, "Many private hospitals signed up hoping to benefit from a captive market. However, market coverage increased only marginally and there hasn't been any revision in payment rates to providers. There are many reports of delayed payments/deductions in hospital bills. Private hospitals are finding it less lucrative."

No. of hospitalizations up by 175 times in 8 yrs

Times News Network

Bengaluru: Uttar Pradesh chief minister Yogi Adityanath had recently advised Kerala to take some lessons in healthcare from his state, but when it comes to RSBY, UP can take some inspiration from the southern state.

In 2016-16, as many as 14.64 lakh families in UP enrolled under RSBY, which saw 7,461 hospitalizations. The state opted out of the scheme in 2016-17. In contrast, Kerala, where 20.60 lakh families are enrolled, recorded a whopping 3.8 lakh hospitalizations in 2016-17.

Despite many states exiting the scheme, the number of hospitalizations has increased from 12,541 in 2008-09 to a record 22.05 lakh in 2016-17, reveals the RTI reply. In 2016-17, most hospitalizations were reported in Chhattisgarh (7.29 lakh), West Bengal (5.34 lakh), Kerala (3.87 lakh) and Odisha (2.12 lakh). "Awareness about RSBY and its benefits is high among people in states like Kerala and we are trying to convince states like UP, which has a large number of BPL families, to join the scheme," said a senior health ministry official.

"The overall enrolment ratio is below 60%. Even in states where the scheme has been implemented, enrolment is around 30-40%. Effectively, that turns out to be just 30-35% of all poor households in the country. How can a scheme be considered even reasonably functional if the outreach is so low after 9-9 years," asked Anup Karan.

'Rs 30k inadequate for whole family'
"The provision of Rs 30,000 in RSBY for a four-member family (average) is inadequate. In India, the average expenditure on one hospitalization is around Rs 26,000 in the private sector. Even if one member gets hospitalized in a year, the financial coverage is exhausted," said Karan, adding, "This cap was fixed in 2008 and there has been no revision till now, while hospitalization costs have almost doubled."

No. of admissions

2008-09	12,541
2009-10	4,57,481
2010-11	11,74,905
2011-12	21,46,176
2012-13	23,62,450
2013-14	19,47,231
2014-15	16,99,139
2015-16	20,79,066
2016-17	22,05,598

Dr Soumitra Ghosh, assistant professor at Tata Institute of Social Sciences (TISS), Mumbai, who conducted a study on RSBY said, "When it comes to utilization of services covered under RSBY, evidence from various studies shows only a fraction of RSBY covered patients seek treatment at empanelled hospitals. Although the scheme has increased hospitalization rate, we don't know whether it has enabled patients to access 'genuinely needed' care which they could not afford earlier. Some studies have shown how providers are converting outpatient care into inpatient care to claim insurance money."

IISc, deemed varsities may need AICTE okay for technical courses

Prakash Kumar

NEW DELHI: The Indian Institute of Science, Bengaluru, and other Government and private deemed universities offering regular technical programmes may have to seek fresh approval from the All India Council for Technical Education (AICTE) to continue.

It's the fallout of the recent Supreme Court verdict, which banned offering of technical education through open and distance learning mode. The apex court order also brought all deemed-to-be-universities offering technical education under the jurisdiction of the AICTE, official sources told *DH*.

"Technically, IISc is now required to seek approval of the AICTE following the apex court's verdict the premier science institution is a deemed-to-be-university," they added.

The Ministry of Human Resource Development (HRD) has decided to issue a directive to the university grants commission (UGC) and the AICTE to amend the existing regulations for deemed-to-be-universities or formulate a new to



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"To bail out the IISc and other similar institutions of repute from the requirement of getting a fresh approval from the AICTE, the revised regulations may include a provision stipulating for granting an exemption to institutions with 3.5 and above NAAC accreditation," sources said.

The institutions which have figured in the list of top-500 higher educational institutions in the world may also be exempted from the requirement of getting fresh approvals from

the AICTE.

The Ministry will soon issue a directive to the regulatory bodies to come up with revised regulations or new regulations for the deemed-to-be-universities offering technical programmes, sources added.

Following the apex court's verdict, the Ministry is also in process of constituting a three-member committee to prepare a road map "for strengthening and setting up of oversight and regulatory mechanism in the relevant field of higher education and allied issues within six months."

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