DAILY NEWS BULLETIN

LEADING HEALTH, POPULATION AND FAMILY WELFARE STORIES OF THE Day

Saturdy 20260801

A thought for today

The function of a private health insurance is to make as much money as possible. Every dollar not paid out in claims is another dollar made in profits for the company

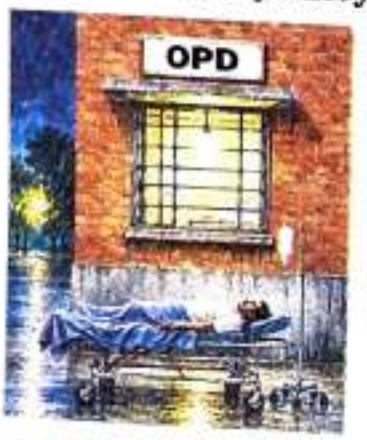
BERNIE SANDERS

Leave It To Docs

Insurers can't lay down rules of hospital admission

Should an insurance industry association tell hospitals and nursing homes when to admit patients? It's a clear conflict of interest because insurers profit by denying claims. The more premium they can collect, and the fewer claims they have to pay out, the happier they are. That's why General Insurance Council's "clinical guidelines" on hospital admissions are problematic, and Irdai, health ministry and medical bodies like IMA, should tell it to lay off.

The council has cleverly couched its guidance in medical best practices. It says they are meant to curb unnecessary hospitalisation and rising healthcare claims. But who is it to decide what's unnecessary? It says people with common fevers and infections should be treated as outpatients ordinarily. Yes, but aren't doctors the best judges of a fever's severity? If a patient they didn't admit – against their better judgment – develops complications, who's liable?



While needless hospitalisation and bogus claims are facts of life, wilful denial of claims is no less a problem. Irdai's latest report shows 1 in every 12 health claims is denied. This tendency has actually hurt consumer confidence, and become a hurdle for private insurance's take-up. As a result, roughly 85% of healthcare costs in India are still borne directly by patients and govt. Meanwhile, private insurers, catering to the well-off, have market power over private hospitals and nursing homes.

Now the fear is insurers will use these guidelines to arbitrarily deny even more claims. While bigger hospital chains can fight back, small nursing homes can't. Where does it leave patients? Getting admitted on their doctor's advice could saddle them with a huge bill. Not doing so could cause serious bodily harm. So, the authorities should step in quickly in the interests of doctors, patients and hospitals, and tell GIC to mind its own business.

अस्पताल में भर्ती पर नई अडवाइज़री का विरोध क्यों?

NBT रिपोर्ट : हेल्थ इश्योरेंस कंपनियों ने अस्पताल में भर्ती होने और कैशलेस इलाज के नियमों को कड़ा कर दिया है गैर-जरूरी तौर पर अस्पताल में भर्ती होने और हेल्थ इश्योरेंस के बढ़ते क्लेम को रोकने के लिए जनरल इश्योरेंस काउंसिल (GI काउंसिल) ने नई गाइडलाइंस जारी की हैं। इनमें अस्पतालों और नर्सिंग होम को सलाह दी गई है कि मामूली बुखार और छूत की बीमारियों वाले मरीजों को कब भर्ती किया जाना चाहिए और कब उन्हें कैशलेस इलाज की सुविधा मिलनी चाहिए। GI काउंसिल बीमा कंपनियों की एक संस्था है।

बीमा क्लेम पर लगाम लगाने के लिए इश्योरेंस संस्था ने दी सलाह

क्या है सलाह? : इस अडवाइजरी में कहा गया है कि अस्पताल में भर्ती करने का फैसला सिर्फ बुखार के बजाय मेडिकल जरूरत के आधार पर होना चाहिए। इसमें बताया गया है कि साधारण बुखार वाले मरीजों का इलाज ओपीडी (बिना भर्ती किए) में किया जा सकता है। साथ ही वायरल फीवर, निमोनिया और पेट की गंभीर बीमारियों के लिए भर्ती करने के मानक भी तय किए गए हैं।

क्यों हो रहा विरोध? : इस अडवाइजरी से डॉक्टर और नर्सिंग होम चलाने वाले लोग चिंतित हैं। उन्हें डर है कि बीमा कंपनियां इस सलाह का इस्तेमाल कैशलेस सुविधा रोकने और क्लेम खारिज करने के लिए कर सकती हैं, खासकर छोटे अस्पतालों में।

घाटकोपर में अस्पताल चलाने वाले डॉ. दीपक बैद ने कहा कि अगर हम आज मरीज को भर्ती नहीं करते और कल उसकी हालत बिगड़ जाती है, तो इससे डॉक्टर और मरीज के रिश्तों में कड़वाहट आ सकती है। हम यहां आंख मूंदकर पश्चिमी देशों के इश्योरेंस मानकों को लागू नहीं कर सकते।

AI Image

GIC की सफाई? : हालांकि, GIC के सीईओ (हेल्थ इश्योरेंस इकोसिस्टम) डॉ. एस प्रकाश ने बताया कि यह केवल एक सलाह है। उन्होंने कहा, हम डॉक्टरों के फैसले का सम्मान करते हैं, लेकिन हम ऐसी स्थितियों से बचना चाहते हैं जहां मरीज को तेज बुखार के पहले ही दिन भर्ती कर लिया जाता है, जबकि पुख्ता जांच रिपोर्ट तीसरे दिन ही आ पाती है।

क्या है वजह? : डॉ. एस प्रकाश ने TOI से कहा कि हर मॉनसून में बीमा कंपनियों के पास सैकड़ों ऐसे क्लेम आते हैं जहां हेल्थ इश्योरेंस की सुविधा का गलत इस्तेमाल होता दिखता है। ऐसा सिर्फ भारत में नहीं, बल्कि पूरी दुनिया में होता है। इसलिए, इस बात की जानकारी होना जरूरी है कि किन मरीजों को सच में अस्पताल में भर्ती करने की जरूरत है।

भर्ती का आधार?: अडवाइजरी के मुताबिक, केवल उन्हीं मरीजों को भर्ती करने की सलाह दी गई है जिनमें खतरे के संकेत दिख रहे हों, जैसे लगातार तेज बुखार, सांस लेने में तकलीफ, शरीर में पानी की कमी, बेहोशी जैसा महसूस होना, शरीर के किसी अंग का काम न करना या अन्य गंभीर समस्याएं। इसमें उन बुजुर्गों को भी शामिल किया गया है जिन्हें पहले से कोई गंभीर बीमारी है।

तलाशी अभियान शुरू किया गया है।

छात्रा की एक सहेली ने आरोपी की

चुपचाप सहती रही P06

कुछ अलग | वंदे भारत ने ढाई घंटे में तय की दूरी, प्लेटफॉर्म से अस्पताल तक ग्रीन कॉरिडोर बनाकर हृदय पहुंचाया गया

धड़कनें बचाने को पहली बार दिल लेकर दौड़ी ट्रेन

नई दिल्ली, एजेंसी। भारतीय रेलवे की स्वदेशी सेमी-हाई स्पीड ट्रेन वंदे भारत शुक्रवार को सिर्फ यात्रियों को मंजिल तक पहुंचाने के लिए नहीं, बल्कि एक इंसान की थमती सांसों को नई जिंदगी देने के लिए पूरी रफ्तार से दौड़ी। ऐसा पहली बार हुआ, जब ट्रेन का इस्तेमाल मानव अंग (हृदय) के प्रत्यारोपण के लिए मंजिल तक पहुंचाने के लिए किया गया।

हृदय को अस्पताल तक पहुंचाने के लिए हाई-स्पीड ग्रीन कॉरिडोर तैयार किया गया। ऐसे में मुंबई सेंट्रल-गांधीनगर कैपिटल वंदे भारत ने सूरत से अहमदाबाद के बीच की 250 किलोमीटर की दूरी महज 2 घंटे 32 मिनट में तय की और डोनर के दिल, डॉक्टरों की टीम को सुरक्षित अहमदाबाद के यूएन मेहता इंस्टीट्यूट पहुंचाया। रेलवे ने एक्स पोस्ट में बताया कि जीवन बचाने की कड़ी में रेलवे ने नया अध्याय लिखा है।

गति, विश्वास और समय की पाबंदी वंदे भारत एक्सप्रेस की विश्वसनीयता है। स्वदेशी सेमी- हाई स्पीड ट्रेन इस सफल मिशन का आधार रही। मालूम हो कि देश भर में 166 से अधिक वंदे भारत ट्रेन चल रही हैं।

95 हजार लोगों को हर वर्ष प्रत्यारोपण के लिए हृदय का इंतजार

10 साल के दौरान सिर्फ 1300 हृदय प्रत्यारोपण ही हो पाए

20 से 35 लाख रुपये तक का खर्च हृदय प्रत्यारोपण पर आता है

जीवन के लिए हर पल कीमती

अहमदाबाद मंडल के डीआरएम वेद प्रकाश ने बताया कि रेलवे, आरपीएफ और राज्य प्रशासन की संयुक्त कोशिशों की बदौलत ये संभव हो सका है। जीवन के लिए हर मिनट कीमती है। रेलवे के लिए ये गर्व का पल है।

मुख्यमंत्री ने सराहा

गुजरात के मुख्यमंत्री भूपेंद्र पटेल ने कहा, सेवा का यह शानदार उदाहरण है। उन्होंने हृदय प्रत्यारोपण प्रक्रिया पूरी होने के बाद डॉक्टरों की टीम और मिशन से जुड़े सभी लोगों को शुभकामनाएं दीं।

हिन्दुस्तान

आवाज से बीमारी का पता लगेगा

30 सेकंड की क्लिप बताएगी स्वास्थ्य समस्या

सेहत

लक्जमबर्ग, एजेंसी। भविष्य में चिकित्सकों को बीमारी का पता लगाने के लिए खून की जांच या एक्स-रे कराने की जरूरत नहीं पड़ेगी। सिर्फ 30 सेकंड की आवाज रिकॉर्डिंग से भी स्वास्थ्य से जुड़े संकेत मिल सकते हैं।

बातचीत की ऑडियो रिकॉर्डिंग अल्जाइमर, तनाव, हृदय रोग और पार्किंसंस जैसी बीमारियों का शुरुआती संकेत दे सकती है। दुनिया भर में वॉइस बायोमार्कर तकनीक पर सालों से काम चल रहा है, लेकिन इसमें साझा भाषा की कमी बड़ी समस्या थी। इस समस्या को सुलझाने के लिए उत्तरी अमेरिका और यूरोप के 24 विशेषज्ञों ने मिलकर पहली बार आवाज आधारित स्वास्थ्य माप के लिए एक मानकीकृत और सर्वसम्मत ढांचा तैयार किया है। इस नए ढांचे में आवाज से मिलने वाले संकेतों को चार स्तरों में बांटा गया है।

सांसों की आवाज : इसमें खांसी की आवाज और बोलते समय सांस लेने के लिए रुकना शामिल है। यह सांस की मांसपेशियों की कमजोरी या फेफड़ों की क्षमता दर्शाता है।

वॉइस बॉक्स : इसमें आवाज की पिच व साफपन को मापा जाता है।

उच्चारण : जीभ, होंठ और तालू के तालमेल पर ध्यान दिया जाता है। एएलएस जैसी बीमारी में शब्दों के स्पष्ट उच्चारण में गड़बड़ी आने लगती है। शब्द, वाक्य बनाने का तरीका और लहजा शामिल है।

24 अंतरराष्ट्रीय विशेषज्ञों ने आवाज आधारित स्वास्थ्य मापन के लिए ढांचा तैयार किया

भारत में कैसे होगा फायदा

- दूर-दराज के गांवों में लोग मोबाइल से आवाज की जांच कराकर शुरुआती स्वास्थ्य संकेत पा सकेंगे।
- डॉक्टरों तक पहुंच कम होने वाले इलाकों में शुरुआती स्क्रीनिंग आसान हो सकती है।
- कम खर्च में स्वास्थ्य जांच के लिए यह तकनीक उपयोगी हो सकती है।

दिल्ली-एनसीआर में प्लास्टिक का पहाड़ रीसाइक्लिंग प्रक्रिया में यूरोप से वर्षों पीछे

विशेषज्ञ बोले- संकट केवल कचरे का नहीं, उसके वैज्ञानिक निस्तारण का है, पिछले दशक में प्लास्टिक कचरे का दबाव लगातार बढ़ा

अमर उजाला नेटवर्क

नई दिल्ली। यूरोप का क्षेत्रफल दिल्ली-एनसीआर से लगभग 185 गुना बड़ा है, लेकिन प्लास्टिक कचरे के प्रबंधन की तस्वीर बिल्कुल उलट दिखाई देती है। जहां यूरोपीय देशों ने पिछले एक दशक में रीसाइक्लिंग, स्रोत पर कचरा पृथक्करण और उत्पादक कंपनियों की जवाबदेही बढ़ाकर प्लास्टिक प्रदूषण को नियंत्रित करने की दिशा में उल्लेखनीय प्रगति की है, वहीं दिल्ली-एनसीआर में तेजी से बढ़ती आबादी, उपभोग, ई-कॉमर्स और पैकेजिंग संस्कृति ने प्लास्टिक कचरे का दबाव लगातार बढ़ाया है। विशेषज्ञों का कहना है कि यदि मौजूदा व्यवस्था में सुधार नहीं हुआ तो आने वाले वर्षों में यह संकट केवल लैंडफिल तक सीमित नहीं रहेगा, बल्कि यमुना, भूजल, हवा और खाद्य श्रृंखला तक पहुंच जाएगा।

संयुक्त राष्ट्र पर्यावरण कार्यक्रम (यूएनईपी), यूरोपीय पर्यावरण एजेंसी (ईईए) तथा यूरोस्टैट के नवीनतम आंकड़ों के अनुसार यूरोप का क्षेत्रफल लगभग 1.02 करोड़ वर्ग किलोमीटर है, जबकि दिल्ली-एनसीआर केवल करीब 55 हजार वर्ग किलोमीटर में फैला है। भारत में प्रतिवर्ष लाखों टन प्लास्टिक अपशिष्ट उत्पन्न हो रहा है, जिसमें दिल्ली-एनसीआर का योगदान तेजी से बढ़ रहा है। विशेषज्ञों के अनुसार प्रति वर्ग किलोमीटर प्लास्टिक और ठोस कचरे का दबाव दिल्ली-एनसीआर को दुनिया के सबसे अधिक दबाव वाले महानगरीय क्षेत्रों में शामिल करता है।

सीपीसीबी की प्लास्टिक अपशिष्ट प्रबंधन संबंधी वार्षिक रिपोर्ट बताती है कि भारत में पंजीकृत प्लास्टिक अपशिष्ट उत्पादन पिछले दशक में लगातार बढ़ा है। दिल्ली- एनसीआर में आबादी, उपभोग और ऑनलाइन खरीदारी के विस्तार ने पैकेजिंग प्लास्टिक की मात्रा कई गुना बढ़ा दी है। एकल-उपयोग प्लास्टिक पर प्रतिबंध लागू होने के बावजूद बाजार में उसका उपयोग पूरी तरह नहीं रुक पाया है। बड़ी मात्रा में प्लास्टिक अब भी मिश्रित कचरे के रूप में डंपिंग स्थलों तक पहुंच रहा है।

गाजीपुर, भलस्वा और ओखला लैंडफिल वर्षों से अपनी निर्धारित क्षमता से कहीं अधिक कचरा ढो रहे हैं। नगर निकायों के अनुसार प्रतिदिन हजारों टन ठोस कचरा इन स्थलों तक पहुंचता है। मिश्रित कचरे में प्लास्टिक की बड़ी हिस्सेदारी होने से वैज्ञानिक रीसाइक्लिंग मुश्किल हो जाती है।

यूरोप ने कैसे बदली तस्वीर

यूरोपीय संघ ने पिछले दस वर्षों में प्लास्टिक प्रबंधन को लेकर कई कठोर कदम उठाए हैं। एकल-उपयोग प्लास्टिक पर प्रतिबंध, जमा-वापसी (डिपॉजिट-रिटर्न) प्रणाली, विस्तारित उत्पादक उत्तरदायित्व (ईपीआर), पैकेजिंग मानक और अनिवार्य रीसाइक्लिंग लक्ष्यों के कारण वहां प्लास्टिक पैकेजिंग के पुनर्चक्रण की दर लगातार बढ़ी है। यूरोस्टैट के अनुसार

सरकारी एजेंसियों की जवाबदेही भी कठघरे में

पर्यावरण विशेषज्ञों का मानना है कि केवल सफाई अभियान या प्लास्टिक प्रतिबंध से समस्या हल नहीं होगी। जब तक स्रोत पर शत-प्रतिशत कचरा पृथक्करण, स्थानीय स्तर पर सामग्री पुनर्प्राप्ति केंद्र, ईपीआर का सख्त पालन और लैंडफिल पर निर्भरता कम नहीं होगी, तब तक प्लास्टिक संकट से बाहर नहीं निकल जा सकेगा।

दिल्ली-एनसीआर क्यों पीछे रह गया

विशेषज्ञों का कहना है कि दिल्ली, हरियाणा और उत्तर प्रदेश की कई एजेंसियों के बीच समन्वय की कमी भी बड़ी वजह है। नगर निगम, विकास प्राधिकरण, राज्य प्रदूषण नियंत्रण बोर्ड और उत्पादक कंपनियां अपनी-अपनी जिम्मेदारी निभा रही हैं, लेकिन एकीकृत क्षेत्रीय रणनीति अब भी कमजोर है। विस्तारित उत्पादक उत्तरदायित्व व्यवस्था लागू होने के बावजूद बड़ी मात्रा में प्लास्टिक वापस संग्रहित नहीं हो पा रहा।

माइक्रोप्लास्टिक अब नई चुनौती

संयुक्त राष्ट्र पर्यावरण कार्यक्रम और विश्व स्वास्थ्य संगठन की विभिन्न रिपोर्टें चेतावनी दे चुकी हैं कि प्लास्टिक धीरे-धीरे टूटकर माइक्रोप्लास्टिक में बदल जाता है। यह मिट्टी, नदियों, भूजल और अंततः खाद्य श्रृंखला में प्रवेश करता है। दिल्ली-एनसीआर में यमुना और लैंडफिल के आसपास इस खतरे को लेकर कई अध्ययन पहले ही चिंता जता चुके हैं। विशेषज्ञों के अनुसार यदि वैज्ञानिक निस्तारण नहीं बढ़ा तो आने वाले वर्षों में यह सार्वजनिक स्वास्थ्य का गंभीर संकट बन सकता है।

क्या है प्लास्टिक कचरे का असली खतरा

- **मानव स्वास्थ्य पर खतरा:** प्लास्टिक समय के साथ टूटकर माइक्रोप्लास्टिक और नैनोप्लास्टिक कणों में बदल जाता है। ये हवा, पीने के पानी, खाद्य पदार्थों और समुद्री जीवों के माध्यम से मानव शरीर में प्रवेश कर सकते हैं। विश्व स्वास्थ्य संगठन और संयुक्त राष्ट्र पर्यावरण कार्यक्रम (यूएनईपी) का कहना है कि माइक्रोप्लास्टिक के दीर्घकालिक स्वास्थ्य प्रभावों पर शोध जारी है, लेकिन इसे एक उभरता हुआ वैश्विक सार्वजनिक स्वास्थ्य जोखिम माना जा रहा है।
- **यमुना और भूजल प्रदूषण:** लैंडफिल में दबा प्लास्टिक वर्षा के दौरान निकलने वाले लीचेट (प्रदूषित तरल) के साथ भूजल और आसपास के जलस्रोतों को प्रदूषित कर सकता है। केंद्रीय प्रदूषण नियंत्रण बोर्ड (सीपीसीबी) ने लैंडफिल लीचेट को शहरी प्रदूषण की प्रमुख चुनौतियों में शामिल किया है।
- **जहरीली हवा का खतरा:** जब प्लास्टिक कचरे में आग लगती है या उसे खुले में जलाया जाता है, तब डाइऑक्सिन, फ्यूरान, हाइड्रोक्लोरिक गैस और अत्यंत सूक्ष्म कण (पीएम 2.5) निकलते हैं। ये श्वसन रोग, फेफड़ों की बीमारियां और कैंसर का जोखिम बढ़ा सकते हैं।
- **जलभराव और शहरी बाढ़:** पॉलीथिन और प्लास्टिक कचरा नालों और वर्षा जल निकासी तंत्र को अवरुद्ध कर देता है। इससे भारी बारिश के दौरान जलभराव और शहरी बाढ़ की स्थिति बनती है। दिल्ली में मानसून के दौरान कई स्थानों पर यह समस्या बार-बार देखी जाती है।
- **पशुओं और जैव विविधता पर असर:** सड़क पर घूमने वाले मवेशी, पक्षी और जलीय जीव प्लास्टिक निगल लेते हैं। इससे उनके पाचन तंत्र में रुकावट, कुपोषण और मृत्यु तक हो सकती है।

आज ई-20 के विरोध में

संत रविदास जन्मस्थली की

पीडब्ल्यूडी का सीसीटीवी

कैग की रिपोर्ट में खुलासा...गंगा सफाई से निकले स्लज का एसटीपी ने नहीं किया पूरी तरह निस्तारण

गंगा का कीचड़ खेतों तक पहुंचा, सेहत पर बड़ा खतरा

अमर उजाला नेटवर्क

नई दिल्ली। गंगा को स्वच्छ बनाने के लिए बनाए गए सीवेज ट्रीटमेंट प्लांट (एसटीपी) अब एक नए पर्यावरणीय संकट का कारण बनते दिखाई दे रहे हैं। शहरों के सीवेज को शोधित कर गंगा में छोड़ने की प्रक्रिया के दौरान बड़ी मात्रा में निकलने वाला स्लज (कीचड़) उचित प्रबंधन के अभाव में खेतों तक पहुंच रहा है।

नियंत्रक एवं महालेखा परीक्षक (सीएजी) की ताजा रिपोर्ट ने खुलासा किया है कि कई स्थानों पर इस स्लज में जिंक, कैडमियम और अन्य भारी धातुएं निर्धारित सीमा से अधिक पाई गईं, इसके बावजूद इसका उपयोग कृषि भूमि में किया गया। विशेषज्ञों ने चेतावनी दी है कि यदि इस पर तत्काल नियंत्रण नहीं किया गया तो इसका असर केवल मिट्टी तक सीमित नहीं रहेगा, बल्कि भूजल, फसलों और पूरी खाद्य श्रृंखला तक पहुंच सकता है। गंगा संरक्षण परियोजनाओं का मूल्यांकन करते हुए सीएजी ने उत्तर प्रदेश के कई एसटीपी में स्लज प्रबंधन की गंभीर खामियां उजागर की हैं।

पांच सबसे बड़े सवाल

- एसटीपी पहले बने, सीवर नेटवर्क बाद में क्यों तैयार हुआ?
- सीवेज की मात्रा और एसटीपी क्षमता का आकलन गलत कैसे हुआ?
- बिना उपचारित सीवेज गंगा में छोड़ने वालों पर प्रभावी कार्रवाई क्यों नहीं हुई?
- भारी धातुओं वाला स्लज किसानों तक कैसे पहुंच गया?
- उत्तर प्रदेश के बाद अन्य गंगा राज्यों का व्यापक ऑडिट कब होगा?

चार दशक की गंगा सफाई: एक नजर

- 1985 : गंगा एक्शन प्लान की शुरुआत
- 1993 : गंगा एक्शन प्लान (फेज-2) लागू
- 2009 : राष्ट्रीय गंगा नदी बेसिन प्राधिकरण का गठन
- 2014 : नमामि गंगे मिशन का शुभारंभ
- 2026 : सीएजी रिपोर्ट में एसटीपी, स्लज प्रबंधन और निगरानी की गंभीर खामियां उजागर

भविष्य में पहुंच सकता है नुकसान

एसटीपी से निकलने वाले स्लज को कई जगह जैविक खाद के विकल्प के रूप में किसानों को उपलब्ध कराया गया। लेकिन परीक्षण में कुछ नमूनों में जिंक और कैडमियम जैसी भारी धातुओं का स्तर निर्धारित मानकों से अधिक पाया गया। वैज्ञानिकों का कहना है कि ऐसी धातुएं मिट्टी में वर्षों तक बनी रहती हैं। धीरे-धीरे ये फसलों की जड़ों के माध्यम से खाद्यान्न में पहुंच सकती हैं और अंततः मानव शरीर में प्रवेश कर दीर्घकालिक स्वास्थ्य समस्याओं का कारण बन सकती हैं।

- रिपोर्ट में प्रयागराज के कोडरा एसटीपी का विशेष उल्लेख किया गया है। यहां स्लज के वैज्ञानिक प्रबंधन के लिए अलग स्लज मैनेजमेंट प्लांट बनाया गया, लेकिन उसका संचालन शुरू ही नहीं हो सका।

their thousands at Jantar Mantar.

A healthy tax

The government must act to tax foods high in fat, sugar, and salt

India, which has a long history of addressing the challenges of undernutrition, has to pivot to attack the curious phenomenon of overnutrition that evolving lifestyles have now laid at its door. The recent National Family Health Survey data showed that in India, while stunting and undernutrition continue to be cause for concern, despite some gains, the sharp rise in adult overweight and obesity, besides diet-related metabolic conditions, cannot be ignored any more. Two unrelated developments have advanced the question of unhealthy diets in very pointed suggestions that would nudge consumers to make the right choices. First, a Parliamentary Standing Committee has recommended mandatory front-of-pack nutrition labelling indicating whether packaged food products are high in sugar, and second, a national consortium has advised the government to levy a health tax on high fat, salt and sugar foods, and enforce stricter regulations on their advertisements. The Standing Committee on Consumer Affairs, Food and Public Distribution also made a recommendation to include the sugar content in baby foods, attacking the excess sugar consumption issue right where it begins. The consortium on adolescent nutrition, which goes by the practical name Let's Fix Our Food, is led by the Indian Council of Medical Research-National Institute of Nutrition (ICMR-NIN), and comprising several other prominent institutions in India and abroad, has recommended that the government ensure a healthier school food environment, stricter regulation of marketing of unhealthy food, and front-of-pack nutrition labelling. These efforts will be among the steps to tackle the rising burden of obesity and diet-related non communicable diseases that require a comprehensive strategy helmed by the government.

According to the World Health Organization, since 2017, at least 133 countries have increased or introduced a new health tax. A "junk food law" came into force in Colombia in 2023, to tackle the high consumption of packaged foods. An additional tax on such foods began at 10%, rose to 15% the next year and touched 20% the subsequent year. Norway, Hungary, Denmark, Bermuda, Dominica, St. Vincent and the Grenadines, and the Navajo Nation (U.S.), have also specifically implemented taxes on unprocessed sugar and sugar-added foods. With the ICMR-NIN report indicating that over 17 million children and adolescents are affected by obesity, and that this number can cross 27 million by 2030, there cannot be a better time to act on these suggestions that will go a long way in educating the consumer to make healthy food choices.

A girl in a village in Madhya Pradesh. ANI IMAGE

Celebrated at birth, pushed into sex work

Unlike most communities in India, the Banchhadas in M.P. invest more in their daughters' upbringing than in their sons', by giving them better nutrition and clothes, only so that they can force them into sex work and live off their earnings. Branded a 'criminal tribe' by the British and now classified as a Scheduled Caste, the community remains on society's margins as governments and NGOs have struggled to break the cycle, reports **Mehul Malpani**

Identities of all sex workers, former sex workers, and their families have been changed to maintain privacy.

Sitting in her elder daughter's room, where one corner is covered with maps and math formula sheets, Savitri, a 40-year-old former sex worker, recalls when she began hating her profession. "It was when my girls turned five and seven," she says. "I had decided that my daughters would never live the life I had. They would live with dignity."

Although she continued in the profession for a few more years due to family responsibilities – her husband, who was one of her clients, abandoned the family years ago – Savitri eventually quit. Now, about 10 years later, her elder daughter works with an NGO and is preparing to write the police exam, while her younger daughter is preparing for medical entrance tests in Indore.

The family belongs to the Banchhada community, a de-notified tribe with an estimated population of 25,000 spread across 78 villages in the districts of Mandsaur, Neemuch, and Ratlam in western Madhya Pradesh.

Unlike Savitri's daughters, most girls in the community are born into a system in which their families expect them to enter sex work – a practice passed down over generations. According to several members of the community and NGOs in the region, while many Indians celebrate the birth of a boy over a girl, the Banchhadas welcome a girl with sweets and firecrackers. As girls grow up, they receive better nutrition than boys. They are given expensive clothes and, unlike in much of India, are not told that they will have to marry one day and leave the nest.

The reason, however, is disturbing: for generations, the Banchhada girls have been pushed into sex work on hitting puberty and given the responsibility of earning. Their family members function as pimps and live off their money.

Akash Ghouhan, founder of the Jan Shaurya Social Welfare and Development Society, an NGO based in Neemuch, estimates that at least 10,000 women of the community, including about 2,000 girls, remain trapped in this form of exploitation. "Girls are forced to drop out of school after Class 8 or 9 and are pushed into sex work by their families," says Akash, who is from the community. "Community elders protect the practice in the name of tradition."

Radhika, a sex worker, says girls are conditioned from childhood to believe in the tradition. They are told it is their responsibility to ease the family's financial woes. "I quit school on my own after Class 9 and began working," she says. "But if a girl refuses to quit, her family forces her into sex work through physical or emotional abuse."

> Girls are forced to drop out of school after Class 8 or 9 and are pushed into sex work by their families. Community elders protect the practice in the name of tradition.
>
> AKASH GHOUHAN
> Founder, Jan Shaurya Social Welfare and Development Society

Abuse along the highway

A drive along State Highway 150, which connects the three districts, passes through several villages of the community. Girls wearing bright lipstick stand along the way, while older women sit on cots outside their houses and shanties, watching children playing nearby. As evening approaches, they gesture to men to come in.

In Neemuch's Jaipura village, an elderly woman approaches a car parked on the roadside and asks if anyone would like to come in. She points to three girls sitting outside her house: two of them are her granddaughters. "You can pick either of them and go into the house," she tells them. "It will cost you ₹300 for 10 minutes but I will take ₹100 as my tip. The room has a fan; you will be comfortable."

Most girls along the highway, including those who look underage, say that they are around 20; some say they recently turned 18. Conversations with them reveal that they have been involved in sex work for about four years.

Multiple dhabas along the highway are also involved in brokering deals between prospective clients and sex workers. The owner of a highway dhaba in Ratlam's Dhodar village claims he can "arrange girls" and lists different price brackets based on location, duration, and the girl's age. Standing near a toll booth, he lists the facilities available, including an air-conditioned room, car parking, and assurances of safety from the police. The rates range from ₹300 for 10 minutes, to ₹1,000 for an hour, and ₹6,000 for a night. They go up to ₹10,000 for a younger girl.

"If girls are taken to a hotel, clients face the risk of police raids. But here, clients have no problem," the dhaba owner explains. "The girls avoid going to hotels as they face incidents of violence by drunken men. That is why many of them have built rooms in their houses with AC."

Several sex workers from the region also travel to cities such as Indore in Madhya Pradesh, and Chittorgarh and Udaipur in neighbouring Rajasthan, on client requests.

Shivangi, a former sex worker in Neemuch's Nibahetpura, who now works with the government's Women and Child Development (WCD) Department, recalls some of the horrific incidents she faced. "In 2002, my friend and I had gone to a hotel in Chittorgarh for two clients. After a few minutes, two or three others entered the room. For hours, we suffered sexual and physical violence that still haunts me. All I could think of was jumping out a window," says Shivangi, who is now married with two daughters.

Shivangi says girls rarely share grim experiences with their families as they have to "get to work as soon as the next client approaches".

A girl with a family member in a district in Madhya Pradesh. ANI IMAGE

In 2005, Shivangi came in contact with an international NGO working in the region and began volunteering with it while continuing sex work. "Over the next few years, my mindset began to change as I got exposed to a life outside my community," she says. "In 2008, I chose to leave that life behind for good. I married a man I met during my NGO work and moved in with him."

From a criminal tribe to social outcasts

Historically a nomadic community in the Malwa and Mewar regions of present-day Madhya Pradesh and Rajasthan, the Banchhada community was notified as a 'criminal tribe' by the British government under the Criminal Tribes Act, 1871.

Narendra Chouhan, founder of Priya Jeevan Foundation, an NGO working for the youth of the community, says the origin of sex work in the community can be traced back to that period. "Our elders have told us that it began during the British Raj, when the police would catch men from the community and demand women in exchange for their release. Some families who could not pay money started sending their unmarried girls from their homes," he says.

The community was de-notified by the Government of India in 1952 and classified as a Scheduled Caste. The practice that ensured monetary benefits for families continued, says Narendra. "Slowly, families who were engaged in sex work started moving out of Rajasthan and settled in this region."

Apart from offering services in their homes, they also began offering services in trucks. A girl would board a truck at one location, offer services, and get off at another. "This method went on till the 2000s when people started buying land along the highway and building houses," he says.

Barriers to a better life

Today, the Banchhadas remain cut-off from mainstream society with its members facing stigma in all walks of life: from education, to employment, to renting properties in cities. In many villages with a mixed population, the houses of the Banchhadas remain secluded. In Badi Pipliya, for instance, the two sections are divided by a drain.

Kanupriya, a counsellor with Jan Shaurya, says members of the community, including women who are not involved in sex work, face job rejections in the private sector as soon as they reveal their social identity. "I have been rejected from various jobs myself," she says. "Schools often deny admissions to Banchhada children. They say taking them in could disturb the atmosphere of their institutions."

Aditi Garg, who was Mandsaur Collector until recently, says the administration is trying to bear to bridge the gap. Once, when the administration had reconstructed some women from the community, living in a government hostel, for teaching and coaching assistant jobs at private schools, there was a push back, she recalls. "The management were concerned about their reputation, but we dealt with them firmly and ensured jobs to 24 women from the community. We have also hired some women on help desks in government offices where the public has to communicate with them," she says.

The youth of the community find it hard to obtain government documents, especially a caste certificate, since many of them are born out of wedlock and have no records of their fathers. The absence of a caste certificate means that they are deprived of various government benefits such as reservation and scholarships.

Neemuch Collector Himanshu Chandra says the district administration has written to the government seeking a provision to help the community. "This is a policy problem. Since a person's caste is decided on the basis of the father's caste, we can't do much at our end," he says.

Narendra says it is because of these reasons that many girls who want to leave sex work stay trapped. "They see no scope outside this profession. Some of those who did manage to escape or were rescued returned to sex work," he says.

A government official adds that some girls who were rescued and rehabilitated at government homes and centres returned to sex work as they had to vacate these places on turning 18. "While the government is running initiatives and programmes to provide them livelihood options such as sewing or skill-based jobs, it is difficult to match the income and lifestyle they earn through sex work. This leaves a gap in our efforts to rehabilitate the community."

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> GOVERNMENT OFFICIAL

In Mandsaur, however, Garg says the district administration has been able to find a way to issue caste certificates through ancestral records or Any Fraternal records that can establish a person's connection to their family.

A cycle of exploitation

A recent short film, *Khilawadi*, which has received awards at various national and international film festivals, depicts the story of a Banchhada girl who dreams of becoming a doctor. Made by a debutant filmmaker, Shobhita Thakur, the film's title comes from a local term often used for the eldest daughter of a family, who is not allowed to have a life of her own, whether it is a career or marriage.

In the Banchhada community, dowry is paid by the groom's family to the bride's. The reason is simple: her in-laws compensate her family for lost income. Activists and community members say the amount has increased over the years, with some girls' families even taking ₹25 lakh.

As per the community's customs, a girl cannot marry within the caste once she enters sex work. A married woman is not allowed into sex work.

Sangita, a social worker with Udan Women Employment Welfare Society, explains that the girls are fed ideas against marriage from childhood, and encouraged to get into sex work which promises materialistic benefits such as smart phones, accessories, and clothes. "They tell the girl that if she is unmarried, she can buy whatever she wants, but if she gets married, she will be stuck doing household chores," says Sangita.

After the age of 35, many women are forced to become brokers or offer their houses on contractions as client demand begins to decline. Others, suffering from infections, sexually transmitted diseases, or HIV/AIDS, become dependent on relatives or NGOs.

While researching for her film, Shobhita found that a girl suffering from AIDS was in hospital. "The girl's father came to the hospital in a drunken state and asked her to give him money even though she was in a critical condition. He created a scene and left. The girl died a few days later." She says she came across many incidents that were so revolting that she could not include them in the film.

Sex workers say it is because demand goes down with age that they take on as many clients as they can. Radhika says she has about 10-15 clients a day and earns about ₹5,000. "I don't have a large family; I only have my grandmother. So, I have to save enough to buy a house and live comfortably after a few years," she reasons.

Sangita says the girls are unable to escape as caste panchayats punish or penalise those who try to break free from the practice. She adds that the community has an unofficial nexus of pimps and agents that keeps a close watch on the girls, including those who have been rescued.

Garg adds that caste panchayats and community members oppose programmes they believe could affect the profession. "We recently faced resistance during our HPV (human papillomavirus vaccination) drive for cervical cancer as they feared it could impact their girls' work," she says.

A generation of hope

Social activists allege that multiple government campaigns and programmes have failed to impact the community. For instance, the Jabali Scheme launched by the State government remains "completely missing from the ground," Akash says. Launched in the early 1990s, it was aimed at building hostels for the women from the Banchhada and Bedia communities that are involved in caste-based sex work. Officials say there has been no allocation for the scheme for about four years. "Even when it was active, the allocation was just about ₹5 lakh-7 lakh a year for a district," says a WCD official.

Narendra says most government programmes focus on creating awareness instead of providing women with alternative livelihood options and erasing the stigma. "And even their awareness drives often turn into photo-opportunities for government officials," he points out.

Meanwhile, NGOs have been running learning centres for children of the community so that they can resist their families' push when the time comes. The youth in various villages also have initiatives to do away with the practice.

In Sagargram, a group of mostly college-going youth formed a committee about four years ago. Within a year, they were able to stop sex work and liquor inside their village. "We faced objections, but we stood our ground," says Vikas Chouhan, a Master of Social Work student.

Sanjya, who is part of the committee, says she encouraged a friend, who was being pressured by her family to get into sex work, to fight back. "Her parents came home to complain to my parents, but my parents took my side. My friend fought with her parents. They eventually relented. She is now continuing her studies," she says.

Her approach was simple, Sanjya explains. "Start with one house, one person, then move up. Now, our village feels much safer," she says.

From Paper To Parent: Forging A Family Tree

SKIPPING THE QUEUE: How Long Waiting Periods, Rush For Adoption Of Infants Have Created Thriving Black Market In Capital

Raj Shekhar Jha & Ishita Jakrith | TNN

New Delhi: For hundreds of childless couples in Delhi-NCR, the journey to parenthood is a test of patience. However for a desperate few, it is just a matter of price, as a recently busted trafficking ring in the capital showed. Operating behind the facade of a private hospital, this inter-state racket traded in newborns, selling them for massive profits.

The rescue of several infants and subsequent arrests, including those of buyers, middlemen, and a hospital's owner, exposed a sinister underworld that taps into the primal desire of couples to have a child.

While many of these couples struck straight deals with the traffickers, for some, it was a cop job in the garb of a "legal route". A couple, for instance, wanted to adopt a kid legally, but also wished to expedite the process. However, a 'notarised adoption certificate' was what the couple ended up getting along with an arrest warrant.

The episode casts a renewed and critical spotlight on the legal adoption framework in the country, laying bare the stark contrast between the safety of regulatory channels and perils of the black market. While the legal route guarantees and prioritises the physical and emotional safety of a child, an agonising three-to-four-year waiting period often breaks the resolve of prospective parents.

Frustrated by systemic complexities and the ticking clock, some families resort to illegal shortcuts to skip the queue. According to investigators who have busted several such rackets, this desperation fuels an illicit demand, enriching criminal syndicates that bypass rigorous background checks and safeguards designed to protect orphaned, abandoned or surrendered children.

Officials, though, say the lengthy wait times are rarely the result of bureaucratic apathy alone. Instead, they stem from a profound mismatch between children legally free for adoption and rigid expectations of adoptive families.

Delhi's Tryst With Adoption

The capital recorded just a little over 100 legal adoptions in 2025-26 — a figure largely stagnant for the past three financial years. A closer look at the system reveals a challenging reality. With an overwhelming majority of parents holding out for perfectly healthy infants or kids of specific genders, the pool of successful placements shrinks dramatically, resulting in older children and those with special needs languishing in institutional care while desperate couples look for faster and often riskier alternatives.

According to official data, Delhi recorded 105 adoptions in 2025-26, including 100 in-country cases (46 boys and 57 girls) and seven inter-country adoptions (four boys and three girls). No transgender child found a family. The figure was largely unchanged from 110 adoptions in 2024-25. In 2023-24, the figure was 97.

Officials say the relatively low numbers do not reflect a lack of interest in adoption. Instead, they point to a mismatch between the children available and the preferences of prospective parents. "Some families want only a boy, while others are unwilling to adopt a child with medical conditions or developmental challenges. Even, children suffering from malnutrition are sometimes overlooked," a representative of one of Delhi's adoption agencies told TOI.

"The average waiting period for adoption is around three to three and a half years. A main reason is only children who are declared legally free for adoption newborn/infant join the system. Kids who are in short-term care or whose legal status is pending cannot be referred for adoption," the representative said. "However, most prospective adoptive parents prefer infants or very young children, but the number of babies entering the adoption pool is limited. A significant proportion of children who become legally free for adoption are older or have special needs."

"Nearly 80% of prospective adoptive parents prefer infants, whereas almost half of the children currently in institutional care have special needs. At present, we have 120 children in our care, but fewer than 20 of them are below the age of two," the representative added.

The eligibility of prospective adoptive parents is determined by their age at the time of registration. Couples with a combined age of up to 90 years and single applicants of up to 45 can adopt children below two years. For kids aged two to four years, the maximum age for a single applicant is 45.

The CARA Route

The city currently has at least 15 specialised adoption agencies (SAAs), according to the portal of Central Adoption Resource Authority (CARA). These agencies facilitate the adoption of orphaned, abandoned and surrendered children.

A statutory body under the ministry of women and child development, CARA is India's nodal agency for adoption. It regulates facilitating in-country adoptions and regulating inter-country adoptions. It also oversees adoptions involving relatives, step-and foster parents.

The process is governed by Juvenile Justice (Care and Protection of Children) Act, 2015, Adoption Regulations, 2022, and Model Foster Care Guidelines, 2024, all of which place a child's best interests at the centre of every decision.

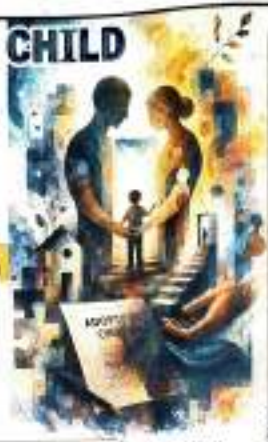
The process is conducted through CARA's centralised online platform — cara.wcd.gov.in — under which Vatsalya, which allows prospective adoptive parents to register online, apply for children from any state, track applications in real time and receive automated updates.

Resident Indians, Overseas Citizens of India (OCIs), Non-Resident Indians (NRIs) and foreign nationals can adopt, subject to the eligibility norms. Single women may adopt children of any gender but single men may not take a girl child home. Prospective parents must register online and submit the required documents, after which a 'home study report' is assessed for suitability.

Eligible applicants are referred to children based on registration date, suitability and preferences. Once a child is 'reserved', the specialised adoption agency completes the matching process. Following which the district magistrate must issue the adoption order within 60 days. The framework also mandates post-adoption follow-up and a fixed fee structure.

▶ NEXT: Case Files

HOW TO ADOPT A CHILD



WHO CAN ADOPT

- Resident Indians, NRIs, OCIs, foreign nationals (subject to Central Adoption Resource Authority's rules)
- Single women can adopt a child of any gender; single men cannot adopt a girl child
- Couples with two or more kids can generally adopt only children with special needs or hard-to-place children

Age of child	Maximum combined age (couple)	Maximum age (single parent)
Up to 2 years	85	40
Above 2 to 4	90	45
Above 4 to 8	100	50
Above 8 to 18	110	55

Minimum age gap: At least **25 years** between the child and either adoptive parent

WHERE TO APPLY

Register online at https://cara.wcd.gov.in

DOCUMENTS TO SUBMIT (within 30 days of registration)

Identity and address proof, medical fitness certificate, income proof, marriage certificate/divorce decree, family photographs

WHAT AFTER REGISTRATION

A home study report is prepared by a specialised adoption agency or district child protection unit within 60 days to assess the family's suitability. The report is valid for 3 years

HOW CHILDREN ARE MATCHED

Referrals are based on:

- Date of registration (seniority), availability of legally free children, parents' preferences
- CARA does not match children based on caste, religion or community

HOW MANY REFERRALS

- Up to three, with a month's gap between each
- Resident Indian applicants have **48 hours** to reserve a child after referral, inter-country **96 hours**

NEARLY 3-YR WAIT

The waiting period varies depending on seniority and the availability of children matching the family's preferences

Over **30,000** Indian parents waiting across country (till 2025)

AFTER ADOPTION

Adoption order issued by DM

A follow-up visits over 2 years for in-country adoptions, 5 for inter-country adoptions

DELHI ADOPTIONS

	In-country	Inter-country	Total
2025-26	102	7	109
2024-25	116	15	130
2023-24	88	9	97

RECENT TRAFFICKING CASES

June: 18-month-old child rescued after being kidnapped from NDLS and sold for ₹1.5 lakh

May: 20 arrested for running newborn trafficking racket in Ghaziabad

March: Three, including private hospital owner in Greater Noida, arrested for trying to sell five-day-old girl for ₹2.5 lakh

2025, Sept: Two, including a doctor, arrested for trafficking newborns; six children rescued

April: Three members of an inter-state infant trafficking syndicate held and a baby boy brought from Rajasthan for sale in Delhi-NCR rescued

WHY PEOPLE TAKE WRONG ROUTE

The legal process is slow

Documentation, recurrent background checks, home studies, financial audits, medical clearances are overwhelming

Traffickers target desperate couples defeated by legal timeline

Operating behind the facade of a private hospital, this inter-state racket traded in newborns, selling them for massive profits

AGENCY REP SAYS

Most prospective adoptive parents prefer infants or very young children, but the number of babies entering the adoption pool is limited. A significant proportion of children who become legally free for adoption are older or have special needs

TIMES Special

For Borderline NEET-UG Rankers, It's A Bitter Pill

Top Rankers Hold Seats Across 2 Delhi MBBS Counselling Systems

Anuja Jaiswal
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New Delhi: Hundreds of MBBS aspirants with borderline NEET-UG ranks are being forced to either settle for colleges in other states or risk waiting until Delhi's stray vacancy round because top-ranked candidates can temporarily hold seats in two parallel counselling systems in the capital.

Documents reviewed by **TOI** show that candidates with ranks 54, 68, 76, 103, 183, 243 and 273 appeared in both the Medical Counselling Committee (MCC) and Guru Gobind Singh Indraprastha University (GGSIPU) allotment lists, allowing them to retain multiple options before making a final choice.

MCC conducts counselling for the 15% All India Quota and the 85% Delhi quota seats in MAMC, LHMC, UCMS, ABVIMS-RML and VMMC, while the 85% Delhi quota seats in BSAMCH (Dr. Baba Saheb Ambedkar Medical College and Hospital) and NDMC Medical College are filled separately through GGSIPU.

A senior health ministry official acknowledged that the overlap is "a structural problem rather than a failure of the counselling authorities." The official said the issue is largely confined to Delhi because most states have a single counselling authority for all govt medical colleges, whereas Delhi has two independent counselling systems operating on separate software platforms. "Where there is one counselling authority, candidates cannot simultaneously hold seats across separate systems. Delhi is an exception because the counselling is fragmented," the official said.

The official said the delay in seat movement hurts candidates whose NEET ranks are just below the admission cut-off in the initial rounds and who can secure a Delhi seat only after higher-ranked candidates surrender theirs. Uncertain whether seats will become available in time, many opt for colleges in other states rather than risk losing a year. Once they retain those seats, however, they become ineligible for Delhi's stray vacancy round, even if a Delhi seat is subsequently vacated.

"You either wait and hope seats open up, or take admission elsewhere because you can't afford to lose a year," said a student who requested anonymity.

Counselling experts said candidates are not violating any rules by participating in both processes. However, because the two systems function independently, they can temporarily hold allotments in both until exercising their final choice. In one instance cited by experts, a candidate with rank 183 was allotted a seat at VMMC through MCC and another at BSAMCH through GGSIPU.

The ministry official said the long-term solution is a common counselling platform or unified software that automatically cancels overlapping allotments once a candidate exercises a choice. Another option is to bring all Delhi govt medical colleges under a single health university, similar to most other states.

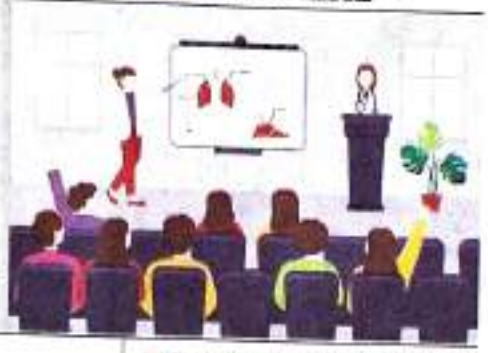
However, the official said such reforms have remained difficult because health is a state subject and states have been reluctant to relinquish control over their counselling systems.

Experts say online counselling has made large-scale seat blocking easier than the earlier offline IP University process, which required physical reporting with original documents. They suggest MCC should automatically cancel a candidate's earlier allotment upon securing a seat in a subsequent round, releasing it immediately for the corresponding GGSIPU counselling round.

WHY SEATS GET STUCK IN DELHI

MOST STATES

- One counselling authority for govt medical colleges
- One counselling platform
- Seats move faster between rounds



DELHI

- Two counselling authorities
- **MCC:** MAMC, LHMC, UCMS, VMMC, ABVIMS-RML
- **GGSIPU:** BSAMCH, NDMC Medical College
- Separate counselling platforms
- No automatic cancellation of overlapping allotments
- Seats may remain unavailable until candidates make a final choice

DDA plants 1lakh saplings across

Uttam Nagar