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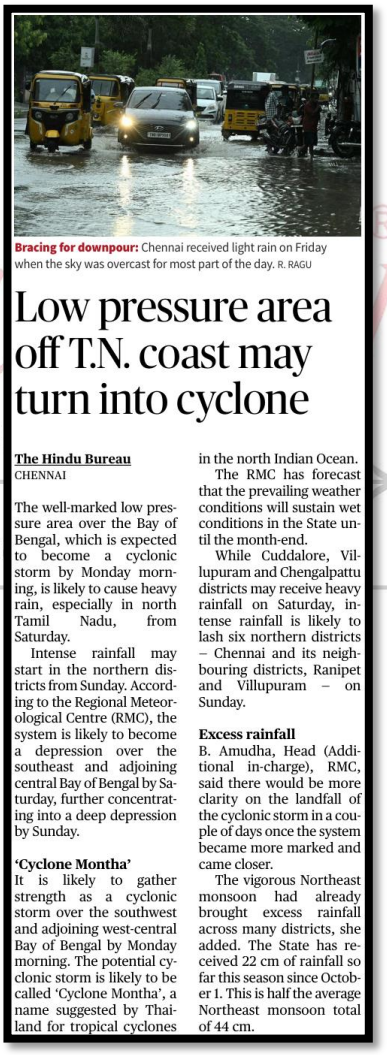
Page 02 : GS 1 & 3 : Geography and Disaster Management

A well-marked low-pressure area over the Bay of Bengal is likely to intensify into a cyclonic storm, expected to be named 'Cyclone Montha', by Monday morning. The system may bring heavy to very heavy rainfall across northern Tamil Nadu, including Chennai and its adjoining districts. This development coincides with the ongoing Northeast Monsoon, which has already delivered above-average rainfall across several parts of the state.

Key Analysis for Prelims

1. Cyclone Formation Process: A low-pressure area forms over warm sea surfaces (temperature above 26°C), where rising moist air creates a convection system that, under the Coriolis effect, develops into a rotating depression. With further intensification, it becomes a cyclonic storm.
2. Sequential Stages: The India Meteorological Department (IMD) classifies tropical disturbances in this order — Low Pressure → Depression → Deep Depression → Cyclonic Storm → Severe Cyclonic Storm → Very Severe Cyclonic Storm.
3. Bay of Bengal's High Cyclone Frequency: The Bay of Bengal experiences more cyclones than the Arabian Sea because of warmer waters, higher humidity, and favorable wind shear conditions. It also acts as a funnel directing storms toward the eastern coast of India.
4. Nomenclature of Cyclones: 'Montha' is a name suggested by Thailand under the WMO/ESCAP Panel on Tropical Cyclones, which maintains a rotating list of names for North Indian Ocean storms.
5. Rainfall Pattern: The Northeast Monsoon (October–December) is crucial for Tamil Nadu's annual rainfall. This system may further enhance seasonal totals, with the state already receiving around 22 cm rainfall, nearly half of its normal quota.



Bracing for downpour: Chennai received light rain on Friday when the sky was overcast for most part of the day. R. RAGU

Low pressure area off T.N. coast may turn into cyclone

The Hindu Bureau
CHENNAI

The well-marked low pressure area over the Bay of Bengal, which is expected to become a cyclonic storm by Monday morning, is likely to cause heavy rain, especially in north Tamil Nadu, from Saturday.

Intense rainfall may start in the northern districts from Sunday. According to the Regional Meteorological Centre (RMC), the system is likely to become a depression over the southeast and adjoining central Bay of Bengal by Saturday, further concentrating into a deep depression by Sunday.

'Cyclone Montha'

It is likely to gather strength as a cyclonic storm over the southwest and adjoining west-central Bay of Bengal by Monday morning. The potential cyclonic storm is likely to be called 'Cyclone Montha', a name suggested by Thailand for tropical cyclones in the north Indian Ocean.

The RMC has forecast that the prevailing weather conditions will sustain wet conditions in the State until the month-end.

While Cuddalore, Villupuram and Chengalpattu districts may receive heavy rainfall on Saturday, intense rainfall is likely to lash six northern districts – Chennai and its neighbouring districts, Ranipet and Villupuram – on Sunday.

Excess rainfall

B. Amudha, Head (Additional in-charge), RMC, said there would be more clarity on the landfall of the cyclonic storm in a couple of days once the system became more marked and came closer.

The vigorous Northeast monsoon had already brought excess rainfall across many districts, she added. The State has received 22 cm of rainfall so far this season since October 1. This is half the average Northeast monsoon total of 44 cm.

Key Analysis for Mains

1. Climatic Significance: The interaction between the Northeast Monsoon and developing cyclonic systems determines rainfall distribution along the Coromandel Coast. Such events highlight the importance of studying monsoon dynamics in India's climatic system.
2. Urban Flood Vulnerability: Cities like Chennai are particularly prone to flooding due to high-intensity short-duration rainfall combined with poor drainage and encroachment on water bodies. The upcoming storm reinforces the need for urban flood preparedness.
3. Climate Change Linkages: Increasing sea surface temperatures and changing atmospheric circulation patterns are contributing to more frequent and intense cyclones in the Bay of Bengal. This reflects broader climate-induced variability affecting India's eastern coastline.

4. Disaster Management Imperative: Early warning systems, evacuation planning, and coastal zone regulation are critical to mitigate the human and economic losses caused by such storms. Strengthening resilience through community awareness and infrastructure adaptation is essential.

Conclusion

The potential formation of Cyclone Montha underscores both the benefits and challenges of India's monsoon-driven climate. While the system can replenish reservoirs and support agriculture, it also poses significant flooding and infrastructure risks to coastal regions. A balanced approach focusing on disaster preparedness, climate resilience, and sustainable urban planning is vital to safeguard lives and livelihoods during such recurring weather events.

UPSC Mains Practice Question

Ques: Consider the following statements about tropical cyclones in the North Indian Ocean:

1. They form only during the Southwest Monsoon period (June–September).

2. The Bay of Bengal generates more cyclones than the Arabian Sea.

3. The naming of cyclones in the region is coordinated by the World Meteorological Organization (WMO).

Which of the above statements is/are correct?

(a) 1 and 2 only

(b) 2 and 3 only

(c) 1 and 3 only

(d) 1, 2 and 3

Ans : b)

UPSC Mains Practice Question

Ques: How does climate change affect tropical cyclone formation in the Indian Ocean region? Evaluate the role of technology and institutional mechanisms in minimizing their impact. **(150 Words)**

Page 05 : GS 1 : Art and Culture / Prelims

The Gyan Bharatam Mission, a flagship initiative under the Union Ministry of Culture, is set to sign Memorandums of Understanding (MoUs) with around 20 institutions across India for the preservation, digitisation, and promotion of the country's vast manuscript heritage. This mission aims to create a National Digital Repository (NDR) to make India's ancient and diverse manuscript tradition globally accessible.

Gyan Bharatam Mission to ink pact with institutes

It is a flagship initiative of Culture Ministry for identifying, digitising, preserving, and promoting India's manuscripts; the institutes will be categorised as cluster centres and independent centres

Sreeparna Chakrabarty
NEW DELHI

The Gyan Bharatam Mission on manuscripts, under the Union Culture Ministry, will on Saturday sign Memorandums of Understanding with around 20 institutes across the country for conservation, upkeep, and digitisation of manuscripts.

While the 20 institutes will sign the MoUs on Saturday, 30 more will do so over the next few days, a senior official of the Union Culture Ministry told *The Hindu*. Some of these institutes are Asiatic Society Kolkata, University of Kashmir, Srinagar, Hindi Sahitya Sammelan, Prayagraj, and Government Oriental Manuscript Library, Chennai.

Gyan Bharatam is a flagship initiative of the Ministry of Culture for identifying, documenting, conserving, digitising, preserving, and promoting India's vast manuscript heritage.

It was announced during the Union Budget this year.

The mission's mandate is to preserve and establish a dedicated digital platform – known as the National Digital Repository (NDR) – to share India's manuscript heritage worldwide.

Preserving history: The mission is an initiative to identify, document and digitise India's vast manuscript heritage. FILE PHOTO

The institutions set to sign MoUs have been categorised into cluster centres and independent centres.

In the case of a cluster centre, the institution shall be responsible for executing all manuscript-related activities of its own centre, as well as those of its designated cluster partner centres, which shall not exceed 20. In the case of the independent centres, the institution shall be responsible for executing all manuscript-related activities pertaining solely to its own collection.

Gyan Bharatam shall provide the overarching framework, guidance, monitoring, and support for the execution of activities under this partnership. In addition, it shall also provide funding, necessary equipment, and budgetary allocations to the designated Centres, subject to approval of work plans, milestones, and quality verification.

The various activities to be provided by the institutes with GB's support have been categorised into survey and cataloguing, conservation and capacity building, technology and digitisation, linguistics and translation, research, publication, and outreach.

The centres have also been asked to constitute a dedicated Gyan Bharatam Cell experienced in each vertical, in the spirit of voluntary service, to represent the Centre with sincerity, while also serving as a vital channel of communication to foster collaboration and ensure smooth coordination.

Funds in instalments

As far as finances are concerned,funds shall be released in phased instalments in accordance with the implementation schedule and milestones outlined in the approved work plan.

The first instalment (70%) shall be disbursed upon the annual budget, the second (30%) instalment shall be released only upon submission of progress reports, detailed financial report, submission of utilisation certificates (UCs) and other important documents.

Key Analysis for Prelims

1. **About Gyan Bharatam Mission:**
   - Launched by: Ministry of Culture
   - Announced in: Union Budget 2024–25
   - Objective: To identify, document, conserve, digitise, preserve, and promote India's manuscript heritage.

- Digital Platform: Creation of the National Digital Repository (NDR) to showcase India's manuscripts globally.

2. **Participating Institutes:**
   - Around 20 institutions to sign initially, including the Asiatic Society (Kolkata), University of Kashmir (Srinagar), Hindi Sahitya Sammelan (Prayagraj), and Government Oriental Manuscript Library (Chennai).
   - About 30 more institutes will join in the next phase.
3. **Institutional Categorisation:**
   - Cluster Centres: Responsible for executing manuscript-related activities for their own centre and up to 20 partner centres.
   - Independent Centres: Handle only their own collections and activities.
4. **Funding Pattern:**
   - Funds to be released in phased instalments —
     - First instalment (70%) after approval of annual budget and plan.
     - Second instalment (30%) after submission of progress report, financial report, and utilisation certificates (UCs).
5. **Activities under the Mission:**
   - Survey and Cataloguing
   - Conservation and Capacity Building
   - Technology and Digitisation
   - Linguistics and Translation
   - Research and Publication
   - Outreach and Awareness

Key Analysis for Mains

1. Cultural Preservation and Heritage Management: The mission reflects India's commitment to preserving intangible cultural heritage, especially ancient texts and manuscripts written in diverse scripts and languages. This initiative builds upon earlier projects like the National Mission for Manuscripts (2003) but adds a stronger focus on digitisation and global outreach.
2. Digital India and Cultural Integration: The creation of a National Digital Repository aligns with the Digital India initiative, ensuring that India's cultural assets are preserved in a technologically accessible format. This will help scholars, researchers, and the public engage with India's intellectual traditions.
3. Institutional Collaboration: The categorisation into cluster and independent centres promotes decentralised execution with accountability and local expertise. It also strengthens inter-institutional collaboration for heritage conservation.
4. Economic and Academic Potential: Digitisation and translation of manuscripts can foster academic research, tourism, and soft power diplomacy by showcasing India's civilisational knowledge — from philosophy and medicine to astronomy and art — to the world.
5. Challenges Ahead:
   - Ensuring standardisation in digitisation and metadata formats.
   - Capacity building of institutions in preservation technology.
   - Addressing funding delays and monitoring quality of work under multiple centres.

Conclusion

The Gyan Bharatam Mission is a significant step toward preserving India's timeless intellectual heritage while promoting cultural awareness in the digital era. By linking technology with tradition, the initiative can transform manuscript conservation into a nationwide collaborative effort, ensuring that India's ancient wisdom is protected, accessible, and celebrated globally. Effective implementation, transparency in funding, and academic integration will determine its long-term success.

UPSC Prelims Practice Question

Ques: Consider the following statements regarding the Gyan Bharatam Mission:

1. It is an initiative of the Ministry of Education aimed at promoting traditional knowledge through new universities.

2. It seeks to identify, document, digitise, and preserve India's manuscript heritage.

3. It includes the creation of a National Digital Repository for manuscripts.

Which of the statements given above is/are correct?

(a) 1 only

(b) 2 and 3 only

(c) 1 and 3 only

(d) 1, 2 and 3

Ans: b)

UPSC Mains Practice Question

Ques: "Preserving the past through digital means is the key to cultural continuity." In the light of this statement, evaluate the role of initiatives like the Gyan Bharatam Mission in promoting India's civilisational legacy.

Page 08 : GS 2 : Indian Polity & International Relations / Prelims

Hundreds of Sikh and Hindu refugees from Afghanistan, forced to flee due to persecution and violence, have gradually been rebuilding their lives in India. With India maintaining a pragmatic engagement with the Taliban, many from the Afghan Sikh community have secured citizenship under the Citizenship Act, 1955, and the Citizenship (Amendment) Act, 2019. While some have integrated fully into Indian society, others hope to return to Afghanistan under conditions ensuring safety, religious freedom, and rights.

From left: Taranjit Singh, Jasmeet Singh, and Jagmeet Singh at their shop in Karol Bagh, where they sell mobile phone covers. Taranjit and Jagmeet, originally from Afghanistan, were granted Indian citizenship this year, while Jasmeet, though born in India, still awaits his turn. SUSHIL KUMAR VERMA

Detente after the dust has settled

Members of the Sikh minority in Afghanistan, who were forced to flee the country after years of persecution, have been slowly rebuilding their lives in Delhi even as India becomes friendly with the Taliban. After a long wait, hundreds from the community have been granted citizenship in the past year. **Vijaita Singh** finds that while some have struck roots in India, others still hope to return – only with proper rights and reassurances

More than two decades after he arrived in Delhi from Afghanistan, Taranjit Singh became an Indian citizen this year. He was just two years old when he entered the country from Kabul. Taranjit, whose existence and livelihood depended on a say visa or a long-term visa (LTV) renewed annually, is relieved now as he will no longer have to visit the Foreigners Regional Registration Office at R.K Puram in south Delhi, around 18 km from his residence in west Delhi's Vikaspuri, to get the document extended.

"The stay visa is valid for one year but it took six months for the document to be processed. Now that I have Indian citizenship, I can live in peace," Taranjit says as he opens the shutters of his rented shop in the basement of a shopping plaza in Karol Bagh, where he sells mobile phone covers.

The shop, which is owned by a relative, helped his family find footing in Delhi after his father relocated to India in 1998, Taranjit says, adding that he has been running the shop for the past 10 years. For him, Kabul seems like a distant dream. "I have no memory of Afghanistan, but at home my family still speaks in the Kabuli dialect mixed with Farsi. It is different from Punjabi and Hindi," he says.

Becoming Indians

Taranjit applied for Indian nationality under the Citizenship Act, 1955 around three years ago and received the naturalisation certificate earlier this year. His friend, Jagmeet Singh, 28, who also sells mobile covers in the same complex, also became an Indian citizen this year, but under the Citizenship (Amendment) Act (CAA), 2019. The friends buy the goods from China and sell them in India.

Days before the 2024 Lok Sabha election, the CAA Rules were notified on March 11, 2024, following which the Act to give citizenship to undocumented members of Hindu, Sikh, Parsi, Jain, Buddhist, and Christian communities from Pakistan, Afghanistan and Bangladesh became operational.

Under the 1955 Act, an applicant has to stay continuously in India for 11 years to qualify for citizenship. Under the CAA, members of undocumented non-Muslim communities from Afghanistan, Bangladesh and Pakistan – who entered India on or before December 31, 2014 – could apply for citizenship and the requirement of continuous stay of 11 years was reduced to 5 years.

Though the CAA is for undocumented migrants to obtain citizenship, the government's online portal asks applicants to provide any six types of documents and specify their "date of entry" in India. The applicants are also asked for an "eligibility certificate" issued by a "locally reputed community institution" confirming that he/she belongs to the "Hindu/Sikh/Buddhist/Jain/ Parsi/Christian community and continues to be a member of the above mentioned community".

Applicants from the six non-Muslim communities would have been eligible under the Citizenship Act, 1955, too, after living in India continuously for 11 years.

After Sikhs were attacked in Afghanistan in multiple incidents of explosions and shootings, the Ministry of Home Affairs (MHA) expedited citizenship applications under the 1955 Act.

In 2009, the Congress-led United Progressive Alliance government had significantly eased LTV norms for Hindus and Sikhs from Pakistan and Afghanistan, enabling them to apply for citizenship under the 1955 Act as many of them lost their passports or the document expired in transit. LTVs are a precursor to citizenship.

According to Gufjeet Singh, president of the Gurdwara Guru Nanak Sahib Ji in Manohar Nagar, Delhi, whose family was among the first to migrate to India in 1971, there are currently around 5,000 Sikhs and Hindus of Afghan origin in India.

"The migration started way back in 1971. Some people came in 1987 and the majority entered India after 1992. Things stabilised in Afghanistan, but in the past four five years, the remaining 2,000 Sikhs also migrated to India. Now, around 25 Sikhs remain in Afghanistan to take care of our gurdwaras. There are just two Hindu families left. We have applied for visas for them to come to India," he says.

Gufjeet says in the past year, about 1,000 Sikh residents of Afghan origin became Indians under the CAA and the applications of about 700 others from the community are pending.

After the Taliban came back to power in Afghanistan in 2021, the last of the remaining Sikhs also moved to India.

A delegation of Hindus and Sikhs from Afghanistan, which sought refuge in India to escape religious persecution over different periods of time, met Taliban Foreign Minister Amir Khan Muttaqi at the Afghanistan Embassy in India on October 13.

Reconnecting with the homeland

On October 21, India restored formal diplomatic links with Afghanistan by upgrading the Technical Mission in Kabul to an embassy with "immediate effect". India is yet to recognise the 'Islamic Emirate of Afghanistan', the name given by the Taliban after it took over the regime in 2021.

Recalling the meeting with the Minister, Gufjeet says, "He offered us an opportunity to return to Afghanistan but we wanted an assurance about the safety of our community. We also said minorities should get representation in the Loya Jirga (grand council), but that is a long way away. The priority right now is to restore the religious places that have been destroyed over the years. The Minister said a budget has been allocated to restore gurdwaras and temples."

He says all 276 Sikhs – who were evacuated by India on an emergency visa after the Taliban takeover in August 2021 – migrated to Canada after arriving in India. "Since Canada was offering asylum to people from Afghanistan and they had sponsors there, they all moved there after being evacuated by the Indian government," he says.

Puneet Singh Chandhoke, president of the India World Forum, which assists the Afghan community in India, says the delegation informed Muttaqi about the history of Hindus and Sikhs in Afghanistan and their current demography.

"The members requested the Minister to facilitate the visit of a joint delegation of prominent Hindus and Sikhs leaders from India to Afghanistan for the restoration and maintenance of historical gurdwaras and mandirs located there. They also requested that minorities be similarly represented in the Afghan government as it was during the previous regime – two persons each from the Hindu and the Sikh community be appointed in high ranking positions of the government," Chandhoke says.

Memories and grievances

Although he has no memories of Afghanistan, Taranjit says he would not like to go back to his home country as he finds India safe. He says he is aware about the Taliban Foreign Minister's visit but has "no expectations".

His grandparents, who chose to stay back, were among 27 worshippers who were killed at a gurdwara in Kabul on March 25, 2020 when a man in a police uniform entered the premises and fired indiscriminately. The Islamic State in Khorasan Province, a banned terror group, claimed responsibility for the attack. The suspect was later identified by the National Investigation Agency (NIA) as Muhammed Mohsin, a 29-year-old man from Kasaragod in Kerala.

This was the first instance when NIA registered a case for a terror attack committed outside the country as there was an Indian among the 27 people killed. "Six years ago, my grandparents, Avtar Singh and Jai Kaur, came to Delhi to attend my wedding. We did not know that on their return they would meet such a cruel future. They were shot dead in cold blood. Who would want to go back now?" says Taranjit, adding that he has no friends or acquaintances left in Kabul. He married a Sikh woman of Afghan origin and the couple has a two-year old son.

He says the gurdwaras in Afghanistan need urgent attention. "Most gurdwaras are empty. There is no prayer held there. The Muslim community cleans the premises every now and then. If the Taliban regime could ensure the safety of *sewadars* (caretakers), then some of us could go there occasionally," he says.

To give back to the community that helped him and his family here, Taranjit also volunteers at the Manohar Nagar gurdwara as a secretary. "I help them organise events, keep a record of papers, and do *sewa* (community service). The Sikh community stood behind us and this is our way of giving back to society," Taranjit says.

Gufjeet says the Taliban and the Sikh community should have a mutually beneficial relationship. "The Taliban need the Sikh community for business and expanding trade with other countries. But every other person there carries a gun. We do not know if they are the Taliban or a militant group member. What if the traders are abducted? Who will ensure their safety? It is too early to say that the Sikhs will return," he says.

He adds that women are particularly vulnerable. "They do not give equal status to women. The Taliban do not consider women as deserving of freedom and equality. It is a difficult place, more so for women," he says.

Jagmeet says there is freedom in India. "We can practise our faith; we can breathe freely here," he says. "When I received the e-mail that my citizenship under the CAA has been processed, I was thrilled. We went to the Census office in south Delhi to collect the document. It was a different feeling when I held the certificate in my hand. I took a selfie and posted it as my WhatsApp status," he says.

He adds that the first thing he did after securing citizenship was to apply for an Indian passport. "I want to visit Dubai for a holiday. I want to explore other countries," he says.

As the CAA was opposed by many States, including West Bengal, Tamil Nadu and Kerala, the MHA notified committees, headed by Census and Postal Department officials, leaving no scope for the involvement of State governments.

Jagmeet is helped at his shop by Jasmeet Singh, 18, who was born in India but is yet to get citizenship. "My parents came from Afghanistan and I was born here. I studied till Class 10 and now work at the mobile shop to support my family," says jasmeet as he waits for his CAA application to be processed.

In India, citizenship can be acquired by birth, descent, registration, and naturalisation. The 1955 Act granted citizenship by birth to any person born in India after January 26, 1950. The Act was amended in 1986, 2003, and 2019. The 1986 amendment stated that those born in the country would be considered Indian if at least one of the parents was Indian. The 2003 amendment stated that for those born between 1987 and 2003, both parents should be Indians and in case of one parent being Indian, the other should not be an illegal migrant.

vijaita.singh@thehindu.co.in

A delegation of members from the Sikh and Hindu communities of Afghan origin meeting Taliban Foreign Minister Amir Khan Muttaqi in New Delhi on October 13. SPECIAL ARRANGEMENT

Key Analysis for Prelims

1. **Citizenship Provisions for Afghan Refugees**
   - Citizenship Act, 1955: Requires 11 years of continuous stay in India for naturalisation.
   - Citizenship (Amendment) Act, 2019 (CAA): Allows undocumented non-Muslim migrants from Afghanistan, Pakistan, and Bangladesh who entered India before December 31, 2014, to apply for citizenship after 5 years of stay.
   - Provides relief for Sikhs, Hindus, Jains, Buddhists, Parsis, and Christians, expediting integration into India.
2. **Demography and Migration History**
   - Afghan Sikh and Hindu migration began in 1971, with significant inflows in 1987 and post-1992.
   - Currently, about 5,000 Afghan-origin Sikhs and Hindus reside in India; ~25 Sikhs and 2 Hindu families remain in Afghanistan.
3. **Legal and Procedural Mechanisms**
   - Citizenship under CAA requires proof of community, date of entry, and documents verifying status.
   - Local community institutions provide eligibility certificates confirming religious affiliation.
4. **Humanitarian Context**
   - The community faced attacks in Afghanistan, e.g., the 2020 Kabul gurdwara attack, where 27 Sikhs were killed.
   - India has provided emergency visas, LTVs (Long-Term Visas), and later citizenship pathways to ensure safety and stability.

Key Analysis for Mains

1. **India's Refugee and Citizenship Policy**
   - Balances humanitarian obligations with national security concerns.
   - CAA reflects a targeted approach to religious minorities facing persecution in neighbouring countries.
   - Illustrates differentiated migration governance in line with India's cultural and strategic priorities.
2. **Diaspora and Soft Power Implications**
   - Afghan Sikhs contribute to trade, culture, and society in India, particularly in urban areas like Delhi (Karol Bagh, Vikaspuri).
   - Securing citizenship strengthens integration and identity while preserving historical ties.
3. **India-Taliban Relations**
   - India restored its diplomatic presence in Afghanistan in October 2024, upgrading the technical mission to an embassy.
   - Engagement includes protecting religious sites (gurdwaras, temples) and advocating for minority representation in governance.
   - Highlights India's pragmatic foreign policy, balancing community safety with diplomatic interests.
4. **Challenges for Afghan Refugees**
   - Returning to Afghanistan is uncertain due to Taliban governance, security risks, and lack of equal rights, especially for women.
   - Community rebuilding in India depends on employment, education, and cultural integration.
5. **Legal and Social Integration**
   - Afghan-origin Sikhs like Taranjit Singh and Jagmeet Singh have used LTVs and CAA to gain citizenship.
   - Integration includes economic participation, cultural preservation, and community service, fostering stability and social cohesion.

Conclusion

The gradual naturalisation of Afghan Sikhs in India demonstrates a humanitarian response intertwined with strategic diplomacy. While India safeguards the rights and safety of the Afghan minority, it also maintains a pragmatic engagement with the Taliban to protect religious and cultural heritage in Afghanistan. The story reflects India's dual approach of providing refuge and enabling self-reliance, ensuring that displaced communities can rebuild lives while retaining ties to their homeland under secure conditions.

UPSC Prelims Practice Question

Ques: What is the minimum continuous stay requirement for citizenship under the Citizenship Act, 1955?

(a) 5 years

(b) 7 years

(c) 10 years

(d) 11 years

Ans : d)

UPSC Mains Practice Question

Ques. Examine the implications of India restoring diplomatic engagement with the Taliban while hosting Afghan minorities in India. What balance is India trying to achieve between humanitarian and foreign policy objectives? **(250 Words)**

Page : 09 : GS 2 : Social Justice / Prelims

The Karnataka Tele-MANAS cell, under the National Tele Mental Health Programme (NTMHP), has witnessed a dramatic increase in calls since its launch in 2022. Originally perceived as an urban phenomenon, mental health issues are increasingly being recognized in rural areas, with 68% of calls now coming from rural Karnataka. This reflects rising awareness, improved access to services, and the growing burden of mental health challenges outside cities. Tele-MANAS, along with initiatives like the District Mental Health Programme (DMHP) and ASHA worker outreach, is bridging the gap in mental health care across urban and rural populations.

Tele-MANAS... 24/7 mental health support at NIMHANS in Bengaluru serves as the nodal centre for the national mental health helpline. K. MURALI KUMAR

No longer only an urban phenomenon

The Karnataka Tele-MANAS cell, part of the National Tele Mental Health Programme, has seen calls multiply nearly 60-fold since its inception in 2022, with rural areas increasingly making up a significant proportion of the calls, highlighting both rising awareness and the growing burden of mental health issues outside cities, writes **Rishita Khanna**

I think my neighbours are plotting against me, said a 45-year-old farmer from Raichur district, who reached out to a government-run mental health helpline after weeks of unease and fear. The counsellor who spoke to him noticed signs of a possible psychiatric disorder and referred him to a mental health professional. It was later found that both he and his wife had earlier been diagnosed with psychiatric conditions, but had discontinued treatment once they began to feel better.

Kilometres away in Bengaluru, a 22-year-old woman, two months pregnant, called the same service seeking help for fear, sleeplessness, and negative thoughts linked to a previous miscarriage. The counsellor guided her through relaxation techniques and connected her to a local facility for in-person assessment and ongoing therapy.

When mental health services were first discussed in India, they were largely perceived as a concern for urban populations – professionals, students, or those with access to private healthcare. Rural communities, however, were considered largely untouched by issues such as depression, anxiety or stress, and the idea of seeking psychological support was often alien.

Moreover, in many of these areas, professional psychological care remained a distant concept, and institutional services rarely reached those who needed them most.

Fast forward to 2025, and the narrative is changing. The Karnataka Tele-MANAS cell, part of the National Tele Mental Health Programme, has been seeing the number of calls multiply nearly 60-fold since its inception in 2022, with rural areas increasingly making up a significant proportion of calls at 68%, highlighting both rising awareness and the growing burden of mental health issues outside cities. The calls coming from urban areas stand at 32% in the state.

Increase in calls

In Karnataka, the Tele-MANAS helpline now handles more than 340 calls per day. Since its launch in 2022, the number of calls has grown dramatically – from 1,204 in the first year to 52,302 in 2024, and 70,260 calls have already been recorded so far in 2025.

Most callers fall in the 18 to 45 age group, accounting for roughly 68% of all calls. The next largest group, aged 46 to 64, represents 17.8%, while those aged between 13 and 17 comprise around 6.5% of the total.

The growing volume of calls in Karnataka mirrors a larger national trend. Under the National Tele Mental Health Programme, 53 Tele-MANAS Cells now operate across India, functioning as the core mental health units at the State and Union Territory levels.

These are divided into two categories based on population size – Category 1 for States and Union Territories with over 20 lakh people, and Category 2 for smaller regions. Among the larger States, Uttar Pradesh recorded the highest number of calls at 5.18 lakh, while Gujarat received the lowest. Telangana topped the Category-IB list with 1.71 lakh calls, and Nagaland registered the fewest.

Among the smaller territories, Dadra and Nagar Haveli and Daman and Diu handled the most calls at 29,038, while Lakshadweep received the least. Karnataka currently stands fifth nationally. Nationwide, most callers are between 18 and 45 years (69.8%), with 52.59% identifying as male.

> The surge in calls, however, doesn't just reflect better access; it also reveals how mental distress is beginning to speak in new forms

Role of ASHA workers

Much of this shift within the rural parts has been attributed to community-level outreach, especially through the District Mental Health Programme (DMHP) and the tireless work of ASHA workers, who introduce families and caregivers to the services available, often in taluk hospitals through monthly Manochaitanya camps.

Under DMHP, monthly Manochaitanya camps at taluk hospitals introduce mental health counselling to patients already diagnosed with psychiatric, neurological, or medical conditions. These camps have also become a space to inform families and caregivers who may otherwise not know about Tele-MANAS and similar helplines.

The surge in calls, however, doesn't just reflect better access; it also reveals how mental distress is beginning to speak in new forms.

Manjula Devi, an ASHA worker, pointed out that in both rural and urban areas, the voices reaching out for help tell very different, yet connected stories.

"In villages, distress often surfaces as confusion, suspicion, or erratic behaviour that families may not immediately recognise as symptoms of stress or a mental illness. In cities, it's more likely to emerge as quiet exhaustion – sleeplessness, anxiety, or a sense of being emotionally overwhelmed by work, finances, or relationships," she said.

Rural vs. urban, men vs. women

Interestingly, there is a clear and substantial difference even in call patterns between rural and urban settings.

"In rural areas, the majority of calls received by the TeleMANAS relate to disorders – people with diagnosed conditions or significant dysfunction. Urban calls, by contrast, are largely distress-related, triggered by events such as job loss, academic pressure, heart breaks, or financial crises, but without an underlying psychiatric disorder. Low mood, anxiety, and sleep disturbances, however, are the most common complaints across both groups," Dr. Sanjana Kangil, Senior Resident in Psychiatry, National Institute of Mental Health and Neurosciences (NIMHANS), said.

In Karnataka, 50.66% of the callers to Tele-MANAS are male, while females account for around 46%. But the nature of their concerns differs sharply.

"Women frequently call about interpersonal issues, domestic violence, or loneliness, while men's concerns more often relate to financial stress or substance use. Among young adults, anxiety usually stems from academic pressures or relationship challenges, whereas middle-aged callers are more likely to seek support for marital or financial difficulties. Older adults, meanwhile, often reach out due to loneliness or the strains of caregiving. Across age groups, the consistent need is the same – someone who listens without judgment," Dr. Kangil added.

Moreover, while the helpline bridges the shortage of mental health professionals in many rural areas, in urban settings, psychiatrists and psychologists attached with the State Health Department said it tackles a different challenge – the widespread perception that counselling and mental health support are prohibitively expensive. "Here, the problem is not the lack of services, but the belief that professional help is beyond reach, making accessible helplines an essential lifeline for those seeking support," Dr. Archana P., a psychologist at State DMHP said.

Many people, especially in urban areas, acknowledge that counselling is costly, and this perception often shapes whether and how they seek help.

Garima M. (name changed), a young woman, who began attending free counselling sessions at her college, recalled that each meeting lasted only an hour – barely enough for her to fully open up or work through her concerns. After graduation, she hesitated to continue, assuming that private counselling would be expensive.

Coupled with the perception that counselling is costly or exclusive, many delay or avoid seeking help altogether. Or, in many cases these days, people turn to AI chatbots, which offer privacy and immediate responses.

Counselling, cost and the AI alternatives

Counsellors have also observed a shift in when people reach out for help. Earlier, most calls used to come between 10 a.m. and 2 p.m., typically when health services were most active. But over the past year, late-night calls have surged. Many of these are from people who feel most alone after work hours or when their surroundings are quiet. Counsellors say this pattern overlaps with the hours when people are also more likely to confide in AI chatbots.

"AI chatbots can offer privacy that many people prefer while sharing their mental health concerns due to existing stigma. They also, in some sense, provide validation to concerns without necessarily challenging thought processes or helping build human relationships. AI chatbots can individualise mental illness without locating it in the social conditions in which a person is living – a potentially harmful approach that may pathologise and stigmatise an individual with mental health concerns," Mukta Gundi, faculty, School of Development, Azim Premji University, Bengaluru, noted.

Mukta explained that greater preference for AI chatbots for emotional support, as compared to human counsellors, may suggest two concerning phenomena.

"Firstly, it may indicate a lack of trusted relationships and non-judgmental spaces that a person with a mental health condition need. In a fast paced, unequal world, it raises the question of whether society is investing enough in building social cohesion and support systems to help people cope with stressful situations. As a society, we need to foster social connections, forums that forge and nurture relationships that normalise conversations and sharing around mental well being."

Mukta said this underscores the need for human counselling services that are more accessible, affordable, and available for all. Human counsellors who are culturally sensitive, who understand diverse expressions of mental well being, and who are aware of the social realities influencing mental health concerns cannot be replaced by AI chatbots, she emphasised.

Naming mental health

Mental health, experts further note, often hide in plain sight. People may feel anxious, sleepless, or overwhelmed, but the language to describe those feelings rarely exists in everyday speech or language. A woman who cannot sleep for weeks may say she has "tension", not depression. A farmer losing interest in his fields may be seen as lazy, not unwell. Across many rural areas, there are no local words for "mental health" or "therapy," and where terms do exist, they carry the weight of stigma – "madness" or "weakness."

This absence of vocabulary makes emotional pain harder to name, and therefore, harder to treat. Families, too, struggle to interpret these signs, fearing community gossip or social exclusion if they seek help, experts pointed out.

While this silence defines much of rural India, cities present a different but equally complex landscape. As Mukta explains, "The context of 'urban' needs to be unpacked as it entails diverse sets of populations with different kinds of distresses faced on a daily basis. For instance, many migrants come to the cities to work as daily wage workers. Leaving behind their social capital, staying away from families, adjusting to an unequal, fast-paced, and often, an exclusionary urban life with poor access to affordable health care, and stable income can be distressing."

Counsellors and psychiatrists also explain that it is important to understand that the experiences and the impact of these distresses may differ significantly for women, adolescents, elderly or for those from socially marginalised backgrounds living in urban areas. "Many of them may not even have the vocabulary to express their tensions, worries, and sorrows. Additionally, due to stigma around mental health, many often find it extremely hard to access care due to fear of being shamed or discriminated against. So, in addition to these urban stressors, inability to access care due to stigma, lack of affordable and culturally relevant treatment services affects mental health among urban vulnerable populations." Mukta pointed out.

"Many people in rural India still struggle with acute shortages of mental health services. The stressors driving distress in these areas are complex, such as extreme weather events, financial hardships, limited employment opportunities for youth, and the pressures of increasing urban migration all play a role. Higher call numbers, therefore, may still reflect access for a select few rather than the broader mental health reality across rural populations," Mukta said.

Even as helplines expand and awareness grows, counsellors and experts highlight that the distance between recognition and care still remains wide.

"A call may connect someone to help, but the path to continued treatment through stigma, poverty, or silence often breaks midway. What the rising calls reveal, perhaps, is not resolution, but the start of a longer conversation that has only just begun to hear," said Dr. Manjunath M., a psychiatrist with state Taluk Mental Health Programme.

Key Analysis for Prelims

1. **National Tele Mental Health Programme (NTMHP):**
   - Karnataka Tele-MANAS is part of the NTMHP.
   - Tele-MANAS provides 24/7 mental health support and acts as the nodal center at NIMHANS, Bengaluru.
2. **Call Statistics in Karnataka:**
   - Calls have increased nearly 60-fold since 2022.
   - Rural calls: 68%, Urban calls: 32%.
   - Average calls per day: 340+.
   - Most callers are 18–45 years (68%), followed by 46–64 (17.1%), 13–17 (6.5%).
3. **National Context:**
   - 53 Tele-MANAS cells operational nationwide.
   - States like Uttar Pradesh lead in call volume (5.18 lakh calls).
   - Smaller territories like Dadra & Nagar Haveli and Daman & Diu also report high call numbers.
4. **Role of ASHA workers and DMHP:**
   - ASHA workers conduct community-level outreach and introduce people to mental health services.
   - Manochaitanya camps at taluk hospitals provide counselling and information to patients and families.
5. **Gender and Age Insights:**
   - Male callers: 50.66%, Female: 46%.
   - Women: interpersonal issues, domestic violence, loneliness.
   - Men: financial stress, substance use.
   - Young adults: academic and relationship stress.
   - Older adults: loneliness, caregiving stress.
6. **Emerging Trends:**
   - Rise in late-night calls and preference for AI chatbots.
   - Urban distress often linked to work, finance, or relational pressures.
   - Rural distress linked to psychiatric disorders, confusion, suspicion, or erratic behavior.

Key Analysis for Mains

1. **Changing Mental Health Landscape:**
   - Mental health is no longer only an urban issue; rural populations are increasingly affected.
   - Rising calls indicate both greater awareness and growing mental health burden in rural India.
2. **Barriers to Access and Awareness:**
   - Rural areas: stigma, lack of vocabulary for mental health, fewer professionals.
   - Urban areas: perception that counselling is expensive or inaccessible; work and social pressures.
   - AI alternatives: highlight both privacy needs and gaps in human support.
3. **Role of Community Health Workers:**
   - ASHA workers and DMHP camps have bridged access gaps, especially in remote areas.
   - Community outreach ensures that mental health is normalized and destigmatized.
4. **Socio-Cultural Dimensions:**
   - Cultural perceptions and language influence recognition of mental health issues.
   - Urban-rural differences reflect how social structures, migration, and financial stress impact mental well-being.
5. **Policy Implications:**
   - Need for affordable, culturally sensitive, human counselling services.

- Expansion of Tele-MANAS and community outreach programs essential for inclusive mental health coverage.
- Integrating mental health education and awareness campaigns can reduce stigma and improve early intervention.

Conclusion

Karnataka Tele-MANAS reflects increased rural engagement in mental health services, rising call volumes, and the critical role of ASHA workers and DMHP in facilitating access. The shift in mental health service utilization underscores a broader societal need to address access, stigma, affordability, and cultural sensitivity, highlighting the evolving mental health landscape in India.

UPSC Prelims Practice Question

Ques : What is the primary function of Tele-MANAS under the National Tele Mental Health Programme?

(a) To provide teleconsultation for all medical conditions

(b) To offer 24/7 mental health support and counselling

(c) To monitor disease outbreaks in rural areas

(d) To conduct psychological research in universities

Ans: b)

UPSC Mains Practice Question

Ques: Discuss the role of community health workers in bridging the mental health service gap in rural India. **(150 Words)**

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Japanese Prime Minister Sanae Takaichi, the country's first woman PM, has announced a significant shift in Japan's defence and foreign policy. She pledged to raise defence spending to 2% of GDP by March 2026, two years ahead of schedule, and reaffirmed Japan's commitment to multilateral security partnerships, including the Quad and its Strategic and Global Partnership with India. The move reflects Japan's response to evolving geopolitical challenges, including the rise of China, North Korea's nuclear threats, and Russia's assertive foreign policy.

Japan's new PM commits to higher defence spend, ties with India, Quad

Takaichi said she 'looks forward' to promoting the Japan-India Strategic and Global Partnership; 'in order to promote the main pillar of Tokyo's diplomacy, a Free and Open Indo-Pacific, India is a crucial partner,' says an Assistant Minister

Suhasini Haidar
TOKYO

In a dramatic announcement three days after she was sworn in, Japanese Prime Minister Sanae Takaichi said her government will ensure that Japan's defence spending would increase to 2% of its GDP by March 2026, two years ahead of schedule, even as she pledged support for "security partnerships" like the Quad, which includes India. Ms. Takaichi, who said the government's first priority is to tackle inflation and boost fiscal spending, was addressing the Japanese Parliament, or Diet, in an inaugural speech about her agenda in office.

Ms. Takaichi, the country's first woman Prime Minister, also responded on Friday to Prime Minister Narendra Modi's congratulatory message on her appointment, saying she "looks forward" to promoting the Japan-India Special Strategic and Global Partnership.

"The free, open, and stable international order with which we have become familiar is being significantly shaken by historical shifts in the balance of power and intensifying geopolitical competition," Ms. Takaichi said, citing Russia, China and North Korea as "serious concerns" and promising to deepen Japan's "multilateral security consultations" involving the U.S., South Korea, the Philippines, Australia, and the Quad.

Prime Minister Sanae Takaichi attends the House of Representatives plenary session to deliver her policy speech in Tokyo on Friday. AFP

In an interview to *The Hindu*, Assistant Minister and Spokesperson at the Ministry of Foreign Affairs Toshihiro Kitamura said India was a "unique" country for its leadership of the Global South, and that Ms. Takaichi was committed to following former PM Shinzo Abe's lead on the Indo-Pacific.

Crucial partner

"In order to promote the main pillar of the Japanese diplomacy, a Free and Open Indo-Pacific, India is a crucial partner. Prime Minister Takaichi is fully committed to promote further cooperation with India," Mr. Kitamura said.

In the parliament speech, Ms. Takaichi also ordered a review of Japan's National Security, Strategic and Defence plans that included the commitment on raising defence expenditure.

Japan's GDP last year was about $4 trillion (591 trillion Yen), and according to the National Security Strategy documents issued in 2022, defence spending was due to reach 11 trillion Yen, or 2%, only by the end of the financial year in 2027. The announcement on defence spending and the Indo-Pacific is significant as it comes a day before Ms. Takaichi leaves for Malaysia where she will meet with counterparts from ASEAN countries on October 26, and then will return to prepare for U.S. President Donald Trump's three-day visit to Japan beginning October 27.

Ms. Takaichi promised to elevate the Japan-U.S. relationship to "even greater heights". It remains to be seen whether Ms. Takaichi will also raise the Quad and scheduling the Summit due to be held in India later this year, which has been stalled due to India-U.S. tensions on trade issues.

Ms. Takaichi called Japan's population decline its "biggest problem", and struck a sharp note on immigration, suggesting controls on foreign nationals working in the country, including restrictions on land acquisition by them.

Ms. Takaichi gave the parliament address after appointing her Cabinet, which includes several faces familiar to New Delhi. Foreign Minister Toshimitsu Motegi was a minister in the Shinzo Abe cabinet (2017-19), while Internal Minister Yoshimasa Hayashi was the Foreign Minister (2021-23), under former PM Fumio Kishida, and travelled to Delhi for the G20 and Quad Foreign Minister's meeting. Meanwhile, 44-year-old Defence Minister Shinjiro Koizumi is the son of former Japanese PM Junichiro Koizumi, who travelled to India in 2005 to reset ties, set off strategic talks and launched the practice of annual summits with PM Manmohan Singh.

(The correspondent is in Japan at the invitation of the Japanese Foreign Ministry)

Key Analysis for Mains

1. **Strategic Context:**
   - Japan's accelerated defence spending reflects regional security concerns, especially China's maritime assertiveness, North Korea's nuclear ambitions, and Russia's global influence.
   - Reinforces Japan-U.S. alliance and Quad partnerships as deterrence and stability mechanisms in the Indo-Pacific.
2. **Japan-India Partnership:**
   - India's role in the Free and Open Indo-Pacific strategy is pivotal.
   - Continuity of Abe-era diplomacy underscores long-term strategic convergence with India.
3. **Domestic-External Nexus:**
   - Domestic issues (population decline, inflation) influence foreign policy decisions.
   - Economic strength and defence capability are linked to Japan's regional influence and its global strategic posture.
4. **Multilateral Diplomacy:**
   - Japan's engagement with Quad, ASEAN, and the U.S. demonstrates a comprehensive approach balancing bilateral, regional, and global partnerships.
   - Signals Japan's intent to lead in global governance, particularly in Indo-Pacific security architecture.
5. **Policy Implications for India:**
   - Opportunities for enhanced defence, technology, and infrastructure cooperation.
   - Strengthens India's position in regional security frameworks like the Quad.
   - Opens avenues for joint maritime security, cyber security, and economic initiatives.

Revisiting India-Japan Relations

India–Japan Strategic Partnership: Key Developments

1. Joint Vision & Priority Areas

- **Joint Vision for the Next Decade**: 8 areas – economic partnership, security, mobility, ecology, technology & innovation, health, people-to-people ties, state-prefecture cooperation.

2. Defence & Security

- **Joint Declaration on Security Cooperation** (update of 2008 agreement).
- **Tri-service exercises**: Dharma Guardian, Veer Guardian, Milan.
- **DRDO–ATLA collaboration**: missile defence, maritime surveillance, co-production of defence equipment.

3. Technology & Space

- **Digital Partnership 2.0**, **India-Japan AI Initiative (LLMs)**.
- **ISRO–JAXA** Chandrayaan-5 collaboration.
- Cooperation in **robotics, semiconductors, shipbuilding, space, nuclear energy**.

4. Infrastructure & Connectivity

- Bullet Train (next-gen Shinkansen, 360 kmph) by 2030.
- **Next-Gen Mobility Partnership**, Delhi Metro (USD 2.6 B), 7,000 km high-speed rail vision by 2047.

5. Green Energy & Climate

- Operationalised **Joint Crediting Mechanism (JCM)**.
- Agreements on **Clean Hydrogen & Ammonia**, Sustainable Fuel Initiative.

6. People-to-People Cooperation

- **Human Resource Exchange**: 5 lakh people mobility (50,000 Indian workers).
- Cultural MoUs, diplomacy training, State–Prefecture partnerships.

Deepening of Bilateral Relations

- **Historical Ties**: Buddhism, post-WWII relations, diplomatic ties since 1952.
- **Strategic Partnership**: Elevated over time – Global (2000), Strategic & Global (2006), Special Strategic & Global (2014), Vision 2025 (2015).
- **Defence & Security**: Agreements on technology, ACSA (2020), tri-service interoperability, regular joint exercises (Malabar, Milan, JIMEX, Dharma Guardian).
- **Indo-Pacific & Regional Cooperation**: Act East Policy, FOIP alignment, Quad, ISA, CDRI, SCRI.
- **Trade & Investment**: CEPA, USD 68 B Japanese investment by 2035, focus on supply chain resilience and China+1 strategy.

Challenges

1. **Trade Imbalance**: FY24 India exports USD 5.15 B vs. Japan exports USD 17.69 B.
2. **Divergent Strategic Outlooks**: India's autonomy vs. Japan-US alliance; differences on Russia sanctions.
3. **Regional Priorities**: India – South Asia & Indian Ocean; Japan – East Asia & US alliance obligations.
4. **Project Delays**: Mumbai–Ahmedabad HSR (2028), US-2 amphibious aircraft deal.

Way Forward

- **Economic**: Reform CEPA, boost FDI in semiconductors & critical minerals, expand SCRI.
- **Defence & Security**: Deepen joint exercises, tech transfer, co-development.
- **Indo-Pacific & Regional Strategy**: Align Quad and FOIP objectives; promote rules-based order.
- **Infrastructure & Connectivity**: Accelerate Bullet Train, industrial corridors, port connectivity.
- **People-to-People Exchanges**: Academic, cultural, tourism, diaspora engagement, skilled worker mobility.

Conclusion

Japan under PM Takaichi plans accelerated defence spending and continues to strengthen its security partnerships and India ties, emphasizing the Free and Open Indo-Pacific. The policy signals a strategic recalibration by Japan to respond to geopolitical shifts, offering India an opportunity to deepen collaboration in defence, economic, and regional security frameworks. The move also reflects the interplay between domestic challenges and foreign policy priorities.

UPSC Prelims Practice Question

Ques : Which of the following are challenges in India–Japan relations?

1. Trade imbalance

2. Divergent strategic outlooks

3. Delays in high-speed rail and defence deals

4. Language barriers

Select the correct answer:

(a) 1, 2 and 3

(b) 1 and 2 only

(c) 2 and 4 only

(d) 1, 2, 3, 4

Ans: a)

UPSC Mains Practice Question

Ques: Discuss the strategic, economic, and technological dimensions of India–Japan cooperation. What are the key challenges, and how can both countries enhance their partnership? **(150 Words)**

Respect the health rights of India's children

The deaths of 25 children linked to contaminated cough syrup has shocked the conscience of the nation. In a news cycle that often highlights 'man bites dog' sensationalism, the general public is largely aware of two things: that 25 children died, and that a paediatrician in Madhya Pradesh who defiantly prescribed the syrup to the children is said to have received a paltry commission of ₹2.54 a bottle; thus the cost of each of those young lives was ₹2.54.

That all this happened despite the Union Health Ministry having banned certain cough syrup formulations for children under the age of four years – as recently as April 2025 – citing the risk of contamination, is shocking. There has also been much discussion on responsibility – which agency failed in its duty to monitor and prevent the distribution of the syrup. The regulatory agencies in India responsible include the Central Drugs Standard Control Organisation under the Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India which handles large manufacturers of drugs and export approvals, and State drug control officers who handle the regulation, care, manufacture, sale and distribution of drugs by small- and medium-scale manufacturers.

Where the focus needs to be

Rather than apportion blame, it would be wise to allow the law to take its course. The focus must be on the regulatory framework behind the distribution of paediatric medicines in India, and the challenges India faces in ensuring the protection it has guaranteed to its children in Article 39(f) of the Constitution, which is also listed as an important Directive Principle of State Policy.

Children (the age group under 18 years) make up 39% of India's population. There are a catena of laws and policies in India – approximately 13 – that are specifically designed to protect children, from the seminal National Policy for Children 1974 to the India Newborn Action Plan 2014. There are also about 10 pieces of legislation with special provisions for children such as the Pre-Conception and Pre-Natal Diagnostic Techniques Act to The Aadhaar (Targeted Delivery of Financial and Other Subsidies, Benefits and Services) Act.

Significantly, while these are critical interventions, they focus heavily on protecting children in the workforce (labour laws), and preventing and punishing the sexual exploitation of children. There are important initiatives for children in health and education, but the specific area of pharmacovigilance in the dissemination of paediatric drugs requires far more oversight and also the development of robust infrastructure.

Jayanthi Natarajan

is a former Union Minister, an advocate and a columnist

There needs to be a holistic framework to monitor medicine use for children

In a similar context, Dr. Harry Shirkey called children "therapeutic orphans". Children are not small adults. The pharmacodynamic responses of children and adults are vastly different due to a spectrum of different physiologies. Further, clinical trials of drugs are usually conducted on adults and for ethical and other reasons almost never on children, resulting in an alarming lack of paediatric guidelines of dosage and administration. All too often, the dosage and administration of drugs for children are extrapolated from guidelines for adults, leaving children in much danger of overdosage and more serious consequences. Special development strategies of drugs for children are a cornerstone of their health-care needs, particularly public health care.

Overseas, the regulatory framework for children-related pharmaceuticals is an eye-opener. In the European Union, it is under the Paediatric Use Marketing Authorisation and in the United States, under the Best Pharmaceuticals for Children Act (BCPA). *Inter alia*, such legislation also provides incentives for research into paediatric drugs. India does not have a specific policy or legislation and operates on general guidelines. Since children are totally dependent on their parents or guardians for their health needs, it is necessary that the government frames clear guidelines.

Health-care-related financial burdens often cause many impoverished families to fall into deeper poverty, making it even more vital that the pharmaceutical needs of children are made affordable.

The essential medicine concept

Therefore, the introduction of the essential medicine concept in the health-care sector contributes significantly to the greater availability and affordability of life-saving medicines. Essential medicines are those which satisfy the priority health-care needs of the population, are intended to be available in all health-care systems and are of quality and affordable. Several years ago, the World Health Organization (WHO) introduced an essential Medicine list for children (EMLc). This is used by policy makers to update the EMLc lists in their own countries. Although EML for adults are periodically revised, the EMLc for children is not addressed regularly. This requires immediate attention of policymakers.

Other basic safe practices in the distribution of children's pharmaceuticals include constant education for care-givers and pharmacists, and making it mandatory to read the label, dispense the correct dosage and watch for side-effects particularly when buying over-the-counter medication.

Regulation of over-the-counter medication for children especially for cough, cold and fever is an important dimension of public health care. The use of OTC medication varies in rural and urban areas, but is more common in an urban setting.

Public health-care outlets are another area of focus where clear guidelines need to be enforced in dispensing pharmaceuticals to children. A zero tolerance policy must be adopted against substitute or substandard medication. In the case of teenagers, attention must be paid to prevent the misuse of drugs.

Over the last three years, WHO has issued several warnings on contaminated cough syrup. Some of these are related to cough syrup made in various places in India. Children have also died in the Gambia, Uzbekistan, Indonesia and Cameroon as a result of these contaminated syrups. India has emerged as the pharmacy to the Global South with huge exports of cough syrups, but this carries with it a responsibility to ensure the absolute safety of the medicines exported.

Need for India data

India's health policy with regard to paediatric medicines cannot be framed only on the basis of data on children available from other countries. Our genetics are unique to us and our research needs to be based on wholly Indian data. Nor should data on paediatric medicines be extrapolated from data that is related to adults.

We owe a fiduciary duty to our children to take care in framing a health policy for them. We expect responsible policymakers to take into account diverse factors including awareness of environmental pitfalls such as how toxicity of a cough syrup may be exacerbated by malnutrition in children.

Thus, adult medicines modified during administration to children can only be considered as off label and unlicensed. They should not be used at all since they are contraindicated in terms of formulation, age and indicators.

Clearly, monitoring safe medicine use in children is of utmost importance. The use of medicines not proven to be safe for children is a violation of the rights of voiceless children. India urgently needs a robust and holistic infrastructure to monitor and promote awareness of safety protocols with regard to medicines given to children.

GS. Paper 2– Social Justice

UPSC Mains Practice Question: Examine the tension between the immunity of international organisations and principles of human rights and natural justice. Illustrate with examples from global judicial practice. **(150 Words)**

Context :

The recent deaths of 25 children linked to contaminated cough syrup in India highlight the urgent need to strengthen the country's pediatric drug safety framework. Despite regulatory bans on certain formulations for children under four, lapses in enforcement and monitoring have resulted in avoidable tragedies. This incident underscores both the **vulnerability of children to pharmacological risks** and the **structural gaps in India's healthcare and regulatory systems**. Safeguarding children's health aligns with Article 39(f) of the Indian Constitution, which mandates the protection of children's rights, and forms a critical component of public health policy.

Key Analysis for Mains

1. Constitutional and Legal Framework

- **Article 39(f), Directive Principles of State Policy:** Obliges the State to ensure children are protected from abuse, neglect, and exploitation, including health risks.
- **Child-focused laws and policies:** India has ~13 laws and policies focusing on children (e.g., National Policy for Children 1974, India Newborn Action Plan 2014), and ~10 legislations with special provisions (e.g., PCPNDT Act, Aadhaar Act).
- **Current gap:** Most laws focus on **child labor, sexual exploitation, and education**, while **paediatric pharmacovigilance** remains underdeveloped.

2. Pharmacological Vulnerabilities of Children

- **Children are "therapeutic orphans"** (Dr. Harry Shirkey): Drugs are often tested on adults; paediatric clinical trials are limited due to ethical concerns.
- **Physiological differences:** Children's **pharmacokinetics and pharmacodynamics** differ from adults, leading to risks of overdosage or toxicity if adult drugs are used.
- **Off-label use:** Adult medications modified for children are unlicensed and unsafe.

3. Current Challenges in India

1. **Regulatory Oversight Failures:**
    - Central Drugs Standard Control Organisation (CDSCO) and state drug controllers failed to prevent distribution of contaminated syrups.
    - Recent bans (April 2025) on certain pediatric cough syrups were ignored or poorly enforced.
2. **Health Infrastructure and Distribution Gaps:**

- Over-the-counter (OTC) drug misuse is common, especially in urban areas.
- Public healthcare systems lack **strict monitoring and standardized guidelines** for pediatric dispensing.

3. **Data Deficiency:**
   - Pediatric drug policies rely on **adult data or foreign studies**, ignoring India-specific genetics, malnutrition prevalence, and environmental factors.
4. **Global Context:**
   - Similar deaths have occurred in Gambia, Uzbekistan, Indonesia, and Cameroon due to contaminated syrups, reflecting India's role as a global supplier and the **responsibility to ensure safety in exports**.

4. Policy and Institutional Gaps

- **Absence of dedicated legislation:** Unlike the EU (Paediatric Use Marketing Authorisation) or US (Best Pharmaceuticals for Children Act), India lacks specific laws incentivizing pediatric drug research and safety monitoring.
- **Essential Medicines Concept:**
  - WHO has an **Essential Medicines List for Children (EMLc)**, yet India's implementation and regular updating are insufficient.
  - Essential medicines ensure **affordable, quality, life-saving drugs** are accessible to all children.
- **Awareness and Training:** Caregivers, pharmacists, and healthcare workers often lack guidance on dosage, side effects, and labeling.

5. Socio-Economic Dimensions

- Financial burden of healthcare can push poor families deeper into poverty.
- Unsafe or substandard medications disproportionately affect vulnerable populations.
- Urban-rural differences: OTC misuse is higher in urban areas; rural areas face limited access to pediatric expertise.

6. Way Forward / Recommendations

1. **Legislative and Regulatory Measures:**
   - Enact **dedicated pediatric drug legislation**.
   - Strengthen CDSCO and state drug enforcement.
   - Introduce **mandatory pediatric pharmacovigilance programs**.
2. **Research and Data Development:**
   - Fund India-specific pediatric clinical trials.
   - Develop a national pediatric dosage and administration guideline.
3. **Awareness and Training:**
   - Train caregivers, pharmacists, and healthcare staff on safe pediatric drug use.
   - Regular public awareness campaigns on OTC medication risks.
4. **Integration with Public Health Policy:**
   - Include pediatric essential medicines in **all public healthcare outlets**.
   - Zero tolerance for substitute or substandard medicines.
5. **Global Accountability:**
   - Ensure exported pediatric drugs meet international safety standards.

Conclusion

The tragedy of contaminated cough syrups is a stark reminder that India's children's health rights require urgent action**. Beyond** punitive measures against negligent actors, the focus must shift to systemic reforms—dedicated legislation, evidence-based pediatric drug policies, awareness campaigns, and strengthened monitoring infrastructure. Protecting children is not only a constitutional mandate but also a public health imperative and a moral duty.