



Big, poor States to get higher funds under govt.'s new rural jobs scheme

The new law, VB-G RAM G, replacing the 20-year-old MGNREGA, is set to come into effect from July 1; draft rules open for feedback till June 21; part of allocation from second year of Act's implementation to be based on 'performance criteria'

The Hindu Bureau
NEW DELHI

Larger, poorer States are set to get higher funding under the Centre's new rural jobs scheme, with draft rules for the Viksit Bharat-Guarantee for Rozgar and Ajeevika Mission (VB-G RAM G) proposing to use the 16th Finance Commission's horizontal devolution formula to determine Central allocations. From next year, an unknown percentage of funding will also be allocated on the basis of how well States have implemented the scheme.

These are among the proposals laid out in a gamut of draft rules notified over the last two days for the VB-G RAM G law, which is set to come into effect from July 1, replacing the 20-year-old Mahatma Gandhi National Rural Em-

The new guarantee

The draft rules spell out the 'objective parameters' for the new law, which is set to come into effect from July 1

Allocation to States will now be determined by fixed "normative" criteria, a shift away from MGNREGA's demand-based approach

Unlike MGNREGA's 100% Centre-funded wage system, VB-G RAM G introduces shared wage responsibility between the Centre and the States

State funding will be based on the 16th Finance Commission indicators

A National Level Steering Committee and Central Gramin Rozgar Guarantee Council will guide allocations, monitoring, and implementation



ployment Guarantee Act. Apart from the allocation formula, the rules address provisions for grievance redressal mechanisms, institutional and administrative frameworks, and transitional provisions to govern the switchover from the UPA-era MGNREGA Act.

One of the key features

of the VB-G RAM G legislation passed by Parliament was that it shifts away from MGNREGA's demand-based approach, which was meant to stretch the scheme's budget to match demand on the ground.

Further, while the Centre footed 100% of the wage bill under MGNRE-

GA, the VB-G RAM G has divided this expenditure between Centre and States at 60:40 ratio for most States.

Objections and suggestions to the draft rules from stakeholders, experts, and the general public are open till June 21.

'Objective parameters'

Spelling out the "objective parameters" for normative allocation to States under the new law, the Centre said that each fiscal year's allocation would be based on the "objective parameters used for horizontal devolution among States as recommended by the 16th Finance Commission".

This devolution formula is based on different metrics, including the 2011 Census population, demographic performance, forests, area, per capita Gross State Domestic Product Distance, and contribution

to Gross Domestic Product. The maximum weightage is given to the GSDP Distance (42.5%), which measures how far a State's per capita GSDP falls short of the wealthiest States, effectively prioritising poorer States. The next highest weightage is given to population (17.5%), benefiting larger States, while all other metrics carry a 10% weightage each.

However, the draft rules added that a part of the normative allocation from the second year of the Act's implementation will be based on "performance criteria".

This includes the "timely payment of wages", "compliance with social audit requirements", "percentage of completion of works", and "any other performance-related indicators" that the Centre chooses to notify.



Learn Beyond

KPR IAS Academy

Institute for IAS, IPS, IFS and TNPSC Exams

No. 5, AKS Nagar, Near Gandhi Park, Coimbatore - 641 001

GS Paper II – Social Justice

How India uses healthcare: insights from the NSS

New data on health consumption in India show improvements in maternal care and insurance coverage, while also raising concerns about rising private healthcare costs, injury-related illnesses and inconsistencies in reported figures

George Thomas


The 80th round of the National Sample Survey on health consumption shows some encouraging trends, some matters of concern, and some puzzling data. The raw data, if made available, would be a rich resource to understand the way people perceive and manage their illnesses. The survey was based on a field questionnaire with the attendant problems of recall bias and understanding and estimation errors, among others.

It is noteworthy that 98% of women reported receiving antenatal care and around 92% received postnatal care. Over 95% of childbirths now occur in institutions. Considering institutional childbirth is strongly associated with better outcomes for mother and child, this is heartening. The percentage of unskilled personnel attending childbirth is very low in nearly every State except Nagaland, where it is 13.5% in rural areas and 11.5% in urban areas. Deliveries taking place in private institutions account for nearly 51% in urban areas and 29% in rural areas nationwide, but at high costs: an all-India average of ₹37,630.

The morbidity data, collected for 62 ailments, tabulated and presented in 16 broad categories, shows a peculiarly high morbidity in Kerala, West Bengal, and Andhra Pradesh. In Kerala,

Healing India
Some encouraging trends, some matters of concern, and some puzzling data in the 80th NSS

Most medical care today is provided by qualified medical practitioners.
TAHR XALFB



- India shows strong maternal health progress with over 95% of child births now occurring within medical institutions
- Morbidity data reveals puzzlingly high illness rates in Kerala and West Bengal that require further academic investigation
- Public hospital usage remains stagnant while private health care accounts for the majority of in-patient medical treatments
- Despite a significant increase in insurance coverage, high out-of-pocket expenses continue to cause widespread personal indebtedness
- Pursuing universal medical care funded through general taxation remains a vital goal for improving national health outcomes
- Although the survey contains rich insights, certain data anomalies require the release of raw information for analysis

it spans all age groups, while in West Bengal and Andhra Pradesh high morbidity is seen in people older than 60. What explains this somewhat strange finding considering Kerala has better public health outcomes according to other data sources? Is it due to the perception of what illness is in different States or more stoic behaviour in some States? Or is it a data collection issue? This merits deeper research.

It is unsurprising that infections are common across all age groups, and lifestyle diseases such as diabetes mellitus and hypertension appear around age 40 and continue to increase thereafter. It is a matter of concern that injuries, a largely preventable problem, is the second or third highest cause of morbidity from the age of

15 onwards.

Around 35% of patients in urban areas and 25% in rural areas utilise government hospitals. Utilisation has not changed significantly compared to the 2017-2018 round, when it was 33% and 26% in urban and rural areas. Less than 1% of care is delivered by charitable hospitals.

The percentage of the population covered by insurance has increased remarkably. It was only 14% in rural areas and 19% in urban areas in the last survey, versus 47.4% in rural areas and 44.3% in urban areas now. Given the high out-of-pocket costs in private institutions for hospitalisations – the national average is ₹50,508 – and the fact that about 65% of in-hospital care is still privately accessed, insurance appears to have had limit-

ed impact. Even the lowest quintile of income earners pays around ₹25,000 for private care, which explains why treatment for illness is an important cause of indebtedness.

There used to be a time when government institutions treated patients without requiring insurance. Whatever was available was free at the point of service to any patient. Universal medical care funded through general taxation is a goal worth pursuing. Tamil Nadu presents the paradox of among the lowest out-of-pocket expenditure in government hospitals and, simultaneously, some of the highest costs for private care. It is also noteworthy that most medical care is provided by qualified medical practitioners, with only 3.6% of people in rural areas and 1.4% of peo-

ple in urban areas reporting accessing care through informal medical practitioners. There is no disaggregation by type of qualified medical practitioner, although this information has been collected in the questionnaire, so it is not clear what percentage access modern medicine.

There are some problems with the data. For example, in Tamil Nadu and West Bengal, average out-of-pocket medical expenditure in charitable hospitals (₹1.68 lakh and ₹1.51 lakh) far exceeds the average in private hospitals (₹72,979 and ₹55,389 respectively). As a rule, one expects that charitable hospitals will be less expensive. Some entries also seem to be erroneous: for instance, the entry of obstetrics under the 'male' category, since obstetrics pertains to pregnancy and childbirth, and a gastrointestinal entry in West Bengal of ₹7.84 lakh in Table A10 of the data. These anomalies require clarification.

There is rich data about people's perceptions of health care available for analysis and interpretation. The questionnaire attached as Appendix E in the data shows that considerably more data have been gathered than have been published. It would be an even more valuable resource if the raw data were released in the public domain.

(George Thomas is an orthopaedic surgeon in Chennai)



Learn Beyond

KPR IAS Academy

Institute for IAS, IPS, IFS and TNPSC Exams

No. 5, AKS Nagar, Near Gandhi Park, Coimbatore - 641 001

GS Paper II – Polity

What did the SC say about bail under UAPA?

What are the disagreements between recent Supreme Court rulings on UAPA bail? Why is bail so difficult under Section 43D(5) of the UAPA? What did the Court say in K.A. Najeeb about prolonged incarceration and bail? What role does Article 21 play in UAPA bail jurisprudence?

Krishnadas Rajagopal

The story so far:

In May 22, the Supreme Court granted six months of interim bail to two accused in the 2020 Delhi riots case – Abdul Khalid Saifi and Tasleem Ahmad. It also referred to a larger Bench the question of whether prolonged incarceration and delay in trial can override the stringent bail curbs under anti-terror laws such as the Unlawful Activities (Prevention) Act, 1967 (UAPA). This particular law empowers the Centre to designate not only organisations but also individuals as ‘terrorists’.

What concerns did the Court raise about UAPA bail rulings by smaller Benches?

A three-judge Bench in the 2021 judgment, *Union of India v. K.A. Najeeb*, had settled the principle that an undertrial cannot be made to indefinitely wait behind bars for completion of trial, however grave the offence may be.

On May 18, a Bench of Justices B.V. Nagarathna and Ujjal Bhuyan in *Syed Iftikhar Andrabi v. National Investigation Agency*, voiced serious reservations about smaller Benches “hollowing out” the principle laid down in the *Najeeb* verdict – that constitutional courts must intervene and grant bail in UAPA cases in which accused persons had spent years in pre-trial incarceration.

Justice Bhuyan, who authored the judgment, questioned the Supreme Court judgment of January 5, 2026 (*Gulfisha Fatima v. State, Government of NCT Delhi*), which denied bail to former JNU student leader Umar Khalid and his co-accused Sharjeel Imam, who were charged under the UAPA in the Delhi riots ‘larger conspiracy’ case. While granting five others bail, a Division Bench of Justices Aravind Kumar and N.V. Anjaria had denied the two of them relief,

The *Najeeb* verdict was the Court’s response to the growing use of Section 43D(5) as a weapon in the hands of the state

prima facie acknowledging that they were the “alleged masterminds”. Mr. Khalid had already spent over five years in jail.

Justice Bhuyan’s remarks prompted the Delhi Police to raise objections before Justice Kumar, the author of the *Gulfisha Fatima* verdict, during the bail hearing of Mr. Saifi and Mr. Ahmed.

Additional Solicitor General S.V. Raju argued the *Andrabi* judgment had muddied the bail waters in UAPA cases. He rhetorically asked whether Ajmal Kasab – or Hafiz Saeed, if extradited from Pakistan – would also be entitled to bail merely because they had spent five years in prison awaiting trial.

Justice Kumar referred the question of law to a larger Bench, saying that a “perceived conflict” between two coordinate Benches (of equal strengths) of the Court did not need expressions of “serious reservation”, but “resolution”.

Why is bail so difficult under Section 43D(5) of the UAPA?

The section makes securing bail under the UAPA difficult. The proviso to it mandates that an accused person will not get bail if a court, on perusing the case diary or chargesheet, found “reasonable grounds” to believe that the accusations were prima facie true.

The apex court’s 2019 judgment in *National Investigation Agency v. Zahoor Ahmad Shah Watali* saw a Division Bench headed by Justice A.M. Khanwilkar (now retired and currently serving as chairperson of the Lokpal) hold that an “elaborate examination” of evidence was not necessary for a court to establish prima facie guilt. The court was merely required to glance through “broad probabilities” to decide if the allegations were true, and deny bail.

Section 43D(5) turned bail jurisprudence on its head. The normal presumption of ‘bail, not jail’ was reversed. While ordinary bail jurisprudence was rooted in the fundamental principle that a person was innocent until proven guilty, Section 43D(5) turned the burden onto the accused, supposing the person to be guilty until found innocent.

How did the K.A. Najeeb judgment soften the bail bar?

The *Najeeb* verdict was the Court’s response to the growing use of Section 43D(5) as a weapon in the hands of the state. For incarcerated accused persons with limited financial and legal resources, disproving terror charges becomes an uphill battle even as the prospect of trial recedes with passing years. It was in this context that the *Najeeb* judgment, authored by Justice Surya Kant (as he was then), clarified that constitutional courts could “melt down” the rigour of Section 43D(5) and grant bail to a UAPA accused who

had already spent a “substantial period of time” in jail due to gross delay in trial.

The *Najeeb* verdict quoted precedents to hold that constitutional courts cannot become mute spectators before the power of Section 43D(5). They had to intervene to protect the fundamental right to life and personal liberty under Article 21 of the Constitution.

What did the Court clarify in the Andrabi verdict about Section 43D(5) and Article 21?

In the *Andrabi* judgment, Justice Bhuyan said the Court must not play ball to the Centre’s argument that the gravity of offences under UAPA outweighed the human right to bail. The judge pointed out that the conviction rate under UAPA was only 2-6% across the country.

Justices Nagarathna and Bhuyan observed that an undertrial cannot be punished with denial of bail for the state’s ineptitude to hold a trial on time. If the alleged offence was a serious one, it was all the more necessary for the prosecution to conclude the trial expeditiously. Bail cannot be denied solely on the ground that the charges were very serious.

The *Andrabi* judgment said the Supreme Court in *Gulfisha Fatima* case read *Najeeb* judgment wrong when it said the three-judge Bench had created an automatic entitlement to bail on account of delay. Justice Bhuyan clarified that the *Najeeb* verdict had never advanced the proposition that bail should be given in every UAPA case of prolonged incarceration. Rather, *Najeeb* case only cautioned constitutional courts against treating the statutory embargo under Section 43D(5) as the sole justification for continued detention while ignoring broader constitutional principles of personal liberty and speedy trial. It held that Section 43D(5) was subordinate to Article 21.

Did the Gulfisha Fatima judgment stray from the ‘binding precedent’ of Najeeb verdict?

The May 22 order, referring the question of bail in UAPA to a larger Bench, argued that the *Andrabi* judgment had misunderstood the reasoning behind the *Gulfisha Fatima* verdict. It said the judgment, which had denied bail to Mr. Khalid and Mr. Imam, had correctly applied the *Najeeb* principle. It said the *Najeeb* judgment had appreciated the strict bail regime of Section 43D(5) while advising relaxation only in cases in which there was no likelihood of completion of trial within the reasonable time and the accused had already spent a long time behind bars.

The May 22 order took pains to clarify that the *Gulfisha Fatima* judgment accepted the *Najeeb* judgment as a binding precedent. It had recognised the central place of Article 21 in the constitutional scheme and that pre-trial incarceration cannot assume the character of punishment in UAPA cases. It said that the two were denied bail on an “accused-specific evaluation” based on factors such as the evidence, their roles in the alleged conspiracy, and the need to protect the integrity of the trial.



Activist Umar Khalid being detained by the Delhi Police for defying prohibitory orders during the anti-CAA protests at Red Fort in New Delhi in 2019. PTI



Learn Beyond

KPR IAS Academy

Institute for IAS, IPS, IFS and TNPSC Exams

No. 5, AKS Nagar, Near Gandhi Park, Coimbatore - 641 001

GS Paper III – Environment

Doubts arise over rock-based climate mitigation scheme

A climate mitigation strategy called 'enhanced alkalinity' involves spreading crushed rocks like silicates on land or in water. When the rocks dissolve, they release minerals that help the ocean absorb and hold CO₂. Now, two researchers from New Zealand and the U.S. have reported a flaw: as the minerals travel from soil to the sea, they're often trapped in secondary minerals like clay, removing the alkalinity needed to store carbon and smothering the method's efficacy.

GS Paper III – Environment

Jharia coal fires may burn hotter, emit more greenhouse gases

Vasudevan Mukunth

Fires have burnt beneath the Jharia coal fields in Jharkhand for decades now, releasing smoke and gases through cracks in the ground. And according to a new study, parts of this underground fire system may burn hotter and release more greenhouse gases than previously estimated.

Researchers from the U.K. and India, including the CSIR-CIMFR, reported in a May 18 paper in *Com-*

munications Earth & Environment that the collapsed structures created when underground fires consume coal seams and destabilise the rock above them can stretch vertically for more than 100 m through the earth, venting hot gases into the air.

When mining exposes coal to oxygen, natural oxidation reactions can trigger underground fires that smoulder for decades. Previous estimates suggested fires in the region already

emitted copious greenhouse gases, but scientists have struggled to track them accurately because the fires spread irregularly.

The new study focused on the Ena, Bastacolla, and Tisera collieries. In 2018-2023, the researchers used numerical modelling and mineralogical analysis to document collapsed structures up to 10 m wide, collected samples of melted rock and glass-like materials, and analysed their composition. The re-

searchers found that larger cavities often had paralava: rock melted and re-solidified by the heat of coal fires. At Ena and Tisera, they found a kind of fused, glass-enveloped rock they nicknamed "birianiite", reflecting the rock's mix of geological ingredients and its resemblance to the popular rice dish.

The researchers combined field observations with computer modelling. Their simulations suggested that large, isolated col-

lapse structures could, on paper, approach 4,000 C in some conditions, much higher than estimates commonly associated with underground coal fires.

Using modelling based on the amount of coal likely burned in the structures, the team also estimated the global warming potential of Jharia's fires at up to 748.72 MT of CO₂-equivalent per year.

While industrial emissions are subject to rigorous monitoring, fugitive

emissions from uncontrolled coal fires like in Jharia are seldom part of global greenhouse gas audits. However, the authors acknowledged their model excluded some real-world processes, including chemical reactions and mechanical deformation, that could alter the temperature estimate. Likewise, the emissions estimate depends strongly on assumptions about the extent of burning, among other factors.



GS Paper III – Science & Technology

A deadly pathogen

Bundibugyo ebolavirus

The strain that causes an often-fatal viral haemorrhagic fever is the primary causative agent in the current Ebola outbreak in the Democratic Republic of Congo and Uganda

Ramya Kannan

At the heart of the current outbreak of Ebola in Central Africa is a quirky name – Bundibugyo. The less-known Bundibugyo ebolavirus strain that causes an often-fatal viral haemorrhagic fever is the primary causative agent in the outbreak in the Democratic Republic of Congo (DRC) and Uganda. While related to the more common Zaire ebolavirus and the Sudan ebolavirus, there have been only two documented Bundibugyo-related outbreaks (Uganda in 2007, and another in the DRC in 2012). Currently, there are no vaccines or specific therapies against it, though efforts are on to fast-track the development of a vaccine.

The World Health Organization (WHO) declared with unusual alacrity, a Public Health Emergency of International Concern (PHEIC) even bypassing conventional consultations with expert bodies to do so. Soon after the DRC and Ugandan governments declared an outbreak of Ebola, on May 15, the WHO announced a PHEIC.

The name Bundibugyo comes from the days when pathogens used to be named after the places they were discovered in, though that naming convention is no longer considered fashionable. It was



first identified in 2007 in the Bundibugyo district of western Uganda. Bundibugyo, in the Western Region of Uganda, bordering the DRC, is the headquarters of the Bwamba Kingdom. After a mysterious illness broke out in 2007, the Bundibugyo ebolavirus was identified in diagnostic samples submitted to the Centers for Disease Control and Prevention, Atlanta, U.S., in November 2007, according to a 2010 article in the journal *Emerging Infectious Diseases*.

Previously documented Bundibugyo outbreaks have reportedly had case fatality rates of 30% and 50% – more or less the same fatality rate as the more common Zaire ebolavirus strain that caused havoc in Africa between 2014 and 2016. While this has caused fears that the virus is probably as deadly, the extra concern is because the outbreak has started in a conflict-ridden area, making case detection and contact tracing difficult and access to care uneven.

As of May 21, 2026, a total of 83 confirmed cases, including nine deaths, and 746 suspected cases, including 176 deaths, have been reported from 15 health zones in the DRC. Four health worker deaths have been reported to date. An American national who was working in the DRC as a surgeon has also been confirmed to have Ebola, reportedly having been exposed to the virus during a procedure he performed on May 11. He is being treated in isolation in Germany.

Similar symptoms

According to an article in the *Scientific American*, the symptoms of an infection with the Bundibugyo virus resemble those of other orthoebolaviruses. Early on, they include an intense headache, high fever, body ache and fatigue. This is known as the “dry symptoms”, but as the infection progresses, people can develop “wet symptoms” or intense vomiting and diarrhoea, which can become

life-threatening. It further says: the viruses are also known to cause hemorrhagic fever, infecting specific immune cells and triggering a massive inflammatory response that can lead to internal bleeding and organ failure.

Efforts are in place to improve identification of persons with suspected infection, trace their contacts, contain the spread of infection and make sure that everyone with the symptoms receives appropriate care at a health facility.

Meanwhile, the WHO has raised the public risk from the Ebola outbreak in DRC from ‘high’ to ‘very high’. The scheduled India-Africa Forum Summit has been cancelled due to the ongoing crisis. British media has reported that scientists at Oxford University are working on developing a new vaccine to tackle the Bundibugyo strain, and that it might be ready for clinical trials in two or three months. Additionally, the Coalition for Epidemic Preparedness Innovations, a global partnership working to accelerate the development of vaccines and other biologicals, has claimed that it is working at pace with partners, including Africa CDC, WHO and national authorities, to identify opportunities to rapidly advance vaccine development.

CM