

DAILY PT POINTERS

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21st livestock census begins, one lakh staff roped in

The Hindu Bureau
NEW DELHI

The Centre has launched the 21st livestock census, the five-yearly exercise of counting the country's livestock, here on Friday. Union Minister for Animal Husbandry and Dairying Rajiv Ranjan Singh said the census plays a key role in shaping policies that ensure the sustainable growth of the country's livestock sector.

One lakh field officials and veterinarians or para-veterinarians are engaged in this exercise, which will be conducted over a span of four or five months.

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- Mr. Singh said the livestock sector is not only a major contributor to rural economy but also a significant source of nutrition, employment, and income for millions of households.
- The 21st Livestock Census will provide us with updated data on the livestock population, which will allow the government to address key issues like disease control, breed improvement, and rural livelihoods. With the digital advancements introduced in this census, we are confident that the data collected will be more accurate, timely, and comprehensive than ever before.

Centre to relaunch mission to preserve ancient manuscripts

Sreeparna Chakrabarty
NEW DELHI

The Union Ministry of Culture is set to “revive and relaunch” the National Mission for Manuscripts (NMM) and is mulling the formation of an autonomous body to help preserve ancient texts in India.

Presently, NMM is a part of the Indira Gandhi National Centre for Arts. The new body, likely to be named the National Manuscripts Authority, will be an autonomous entity under the Ministry, sources told *The Hindu*.

The Ministry had held a

meeting chaired by Culture Minister Gajendra Singh Shekhawat on October 14 to discuss the way forward.

The meeting took stock of NMM’s achievements since its establishment in 2003, Mr. Singh told *The Hindu*.

The NMM stated that till date metadata of 52 lakh manuscripts has been prepared and roughly over 3 lakh titles have been digitised, he said. However, only one-third of them have been uploaded.

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ISRO-DBT sign agreement to conduct biotechnology experiments in space station

Jacob Koshy
NEW DELHI

The Indian Space Research Organisation (ISRO) and the Department of Biotechnology (DBT) have inked an agreement to design and conduct experiments, which will then be integrated into the forthcoming Bharatiya Antariksh Station (BAS), India's proposed indigenous space station.

The BAS is expected to take shape from 2028-2035.

Health impact

Some of the experiments being mooted include how weightlessness can influence muscle loss on those in space, what kind of algae may be suitable as nutrients or to preserve food for longer, how some algae may be processed to make jet fuel, and the impact of radiation on the health of those aboard space stations.

Before the BAS, the ma-



S. Somanath

For mission on ISRO's plate is the Gaganyaan mission, which will be India's first crewed mission to space that is expected to launch in 2025-2026.

Prior to that there will be three uncrewed test missions. Some of the biology missions could be included in these test missions.

"In some of the test flights (uncrewed) prior to the main Gaganyaan mission, we may consider including some of these experiments. Which ones specifically, we are yet to decide," S. Somanath

Chairman, ISRO, told *The Hindu*. "Based on what we learn, we could consider some experiments in Gaganyaan. However, the primary plan is for the BAS."

Bio-manufacturing

The ISRO-DBT collaboration stems from another initiative this year called the BIOE3 (Biotechnology for Economy, Environment and Employment) policy by the Department of Biotechnology (DBT) that aims to stimulate 'bio-manufacturing' in India. The bio-economy, officials in the DBT said, would be worth \$300 billion by 2030.

"The space bio-manufacturing sector is part of this. This agreement will spur innovation and developments in human health research, novel pharmaceuticals, biotherapeutics, regenerative medicine, bio-based technologies for waste management as well as support multiple startups," said Rajesh Gokhale, Secretary, DBT

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Over 84 lakh workers erased from MGNREGS rolls in 6 months: report

Sobhana K. Nair
NEW DELHI

Between April and September, 84.8 lakh workers registered under the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) found their names deleted from the programme, as per a study released by Lib Tech, a consortium of academics and activists.

At the same time, 45.4 lakh new workers were added, with the net deletion of workers standing at 39.3 lakh. The highest number of workers removed from the scheme is from Tamil Nadu (14.7%) followed by Chhattisgarh (14.6%).

These deletions are part of the ongoing trend of a sharp rise in deletion of workers from the programme. In its report last year, Lib Tech had highlighted that eight crore were removed from the MGNREGS registry during the financial years 2022-23 and 2023-24. "An ongoing study by Lib Tech India in



MGNREGA workers create a rainwater harvesting pond in Belagavi district, Karnataka. FILE PHOTO

approximately 15% of these deletions were wrongful," the report, authored by three Lib Tech members Chakradhar Buddha, Shamala Kittana and Rahul Mukker, said.

The high rate of deletions has coincided with the government's push for the Aadhaar-Based Payment System (ABPS). In January 2023, the Ministry of Rural Development mandated the nationwide implementation of the ABPS for the MGNREGS. To be eligible for the ABPS, workers must meet several conditions, their Aadhaar

must be linked to their job card, the name on the Aadhaar must match the name on the job card, and their bank account must be Aadhaar-seeded and mapped with the National Payments Corporation of India.

After pushing the deadline for final implementation at least four times, the government made it mandatory from January 1. As per Lib Tech's analysis of the public data available on the MGNREGA portal maintained by the Union Rural Development Ministry, 27.4% of all employees

workers (6.7 crore workers) and 4.2% of active workers (54 lakh workers) remain ineligible for the ABPS. These trends have contributed in discouraging workers from depending on the programme and have added to migration from the villages. The Lib Tech report revealed that there was an 8% drop in active workers. In October 2023, there were 14.3 crore active workers. This number has come down to 13.2 crore in October 2024.

The data show a steep decline in person days (total number of workdays a person registered under the programme completes in a financial year) generated compared with the previous financial year, reflecting a 16.6% decrease. A significant decline is observed in the current financial year, with person days dropping to 153 crore (16.6% decrease). Tamil Nadu and Odisha had the steepest declines in person days, while Maharashtra and Himachal Pradesh saw

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- Mahatma Gandhi National Rural Employment Guarantee Scheme (Mahatma Gandhi NREGS) Provides at least 100 days of wage employment per financial year to households with adult members willing to perform unskilled manual work.
- It Mandates that at least one-third of beneficiaries be women, ensuring their participation in the program.

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Govt. doubles loan limit under Mudra Yojana to ₹20 lakh

Press Trust of India
NEW DELHI

The government has doubled the loan limit under the Pradhan Mantri Mudra Yojana (PMMY) to ₹20 lakh to promote entrepreneurship in the country.

This increase aspires to further the overall objective of the Mudra Scheme which is funding the unfunded, the Finance Ministry said in a statement. A notification in this regard was issued on Thursday.

As announced by Finance Minister Nirmala Sitharaman on July 23 in the Union Budget 2024-25, the limit under the PMMY has been enhanced.



Nirmala Sitharaman

loans will be enhanced to ₹20 lakh from the current ₹10 lakh for those entrepreneurs who have availed and successfully repaid previous loans under the 'Tarun category', Ms. Sitharaman said while presenting the Budget.

specifically beneficial to upcoming entrepreneurs facilitating their growth and expansion. The move is in alignment with the government's commitment in fostering a robust entrepreneurial ecosystem.

As per the notification issued in this regard, the new category of Tarun Plus is for loans above ₹10 lakh and up to ₹20 lakh and would be available to entrepreneurs who have availed and successfully repaid previous loans under the Tarun category.

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Micro Units (CGFMU)

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India's coking coal imports surged to a six-year high in the first half of 2024-25

Abhishek Law
NEW DELHI

India's coking coal imports for the first six months of the current fiscal (April – September) were at a six-year-high at 29.6 million tonne (mt) with shipments from Russia witnessing a substantial rise of over 200% during this period.

Shipments increased by around 3% on a y-o-y basis, against 28.8 mt in the comparative period last year.

Current coking coal imports are higher than the H1 FY20 levels of 29.3 mt; while it had dropped to 21.1 mt in H1 FY21. However, it



has been rising steadily since H1 of FY22 when it stood at 27.7 mt, and then to 28.8 mt in H1 FY23; as per data from market intelligence firm, BigMint.

“Rising coking coal imports have coincided with

higher steel production in India,” a market participant told *businessline*.

Incidentally, Indian mills continued to take advantage of discounted supplies of coking coal from Russia. However, they have reduced sourcing from Australia. India is the second-largest producer of crude steel and the largest coking coal importer.

Russian coking coal shipments, also at a six-year high – saw a near 40% jump in H1 FY25 to 4 mt, against 2.9 mt in the first half of last year.

(The writer is with *The Hindu businessline*)

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- Current coking coal imports are higher than the H1 FY20 levels of 29.3 mt; while it had dropped to 21.1 mt in H1 FY21. However, it has been rising steadily since H1 of FY22 when it stood at 27.7 mt, and then to 28.8 mt in H1 FY23; as per data from market intelligence firm, BigMint.
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HEADLINES OF THE DAY

Indian Express –Environment (GSIII)-Page 19

WHY 'PROTECTED' AREAS ARE SEEING FASTER BIODIVERSITY DECLINE

BIODIVERSITY IS declining more quickly inside key protected areas than outside them, according to a new study. The findings, which raise questions about the ongoing conservation practices, suggest that merely designating more areas as protected “will not automatically result in better outcomes for biodiversity”.

The analysis was carried out by the Natural History Museum (NHM), based in London, and published on Monday.

Dr Gareth Thomas, head of research innovation at NHM, told *The Guardian*, that the study’s findings should be “a wake-up call” to policymakers and enforcers of the legislation that it was not enough just to designate an area as protected. “The ministers and policymakers need to know it is not about just hitting a number,” he said.

What did the study say?

The researchers involved in the study examined the Biodiversity Intactness Index (BII), which estimates how much of a region’s natural biodiversity is still left on average, according to the NHM website.

They found that the index has decreased by 1.88 percentage points globally between 2000 and 2020.

The researchers also examined critical biodiversity areas (CBAs) — ecosystems and areas such as wetlands that are crucial for biodiversity — 22% of which is protected. They found that within these critical areas,



A sulphur-crested cockatoo injured in the 2020 wildfires in Australia’s Kosciuszko National Park. Reuters

ing degradation, which is why they were declared protected in the first place. They pointed out that region-specific analysis is required to determine why these landscapes are deteriorating.

Another threat to the protected areas is oil, gas, and mining concessions — land granted by the government to companies which explore for and produce oil, natural gas, and other hydrocarbons. For instance, more than 65% of the Konkouati-Douli national park, which is one of the most biodiverse protected areas in the Republic of the Congo, is occupied by oil and gas concessions, *The Guardian* report said.

The climate crisis also has a role to play. The researchers said that more frequent and intense droughts and wildfires

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The right to die with dignity

What are the laws on withholding and withdrawing life support in terminally ill patients? Does this mean giving up on the patient, and are doctors expected to decide whether someone lives or dies?



EXPERTS EXPLAIN

DHvani MEHTA &
SHIREEN YACHU

AT THE end of last month, the Ministry of Health and Family Welfare released draft Guidelines for the Withdrawal of Life Support in Terminally Ill Patients to operationalise the Supreme Court's 2018 and 2023 orders on the right to die with dignity for all Indians.

The guidelines provide a pathway for state governments and hospitals to put in place key mechanisms required by the Supreme Court's order. These include:

- Setting up of Primary and Secondary Medical Boards at the level of the hospital, which will determine when further medical treatment may not be beneficial to a terminally ill patient;

- Nomination of doctors by the district Chief Medical Officer or equivalent to hospital-level Secondary Medical Boards, which will confirm or reject the opinion of the Primary Medical Boards.

There is no dedicated legislation in India on withholding/withdrawing life-sustaining treatment. But the Supreme Court's judge-

IN THE SUPREME COURT

<p>2011: <i>Aruna Shanbaug v. Union of India</i> recognised that life-sustaining treatment could legally be withheld/withdrawn even from persons without decision-making capacity.</p>	<p>of India, and legalised the use of advance medical directives or 'living wills'.</p>
<p>2018: <i>Common Cause v. Union of India</i> recognised the right to die with dignity as a fundamental right under Article 21 of the Constitution</p>	<p>2023: <i>Common Cause v. Union of India</i> simplified the process for making living wills and withholding/withdrawing life-sustaining treatment by removing bureaucratic hurdles.</p>

(2018), it is also recognised as a fundamental right under Article 21 (Right to life and personal liberty) of the Indian Constitution.

The withholding or withdrawal of life-sustaining treatment takes place either through informed refusal by a patient with decision-making capacity or through an advance medical directive (or a 'living will', which is a document that specifies what actions should be taken if the person is unable to make their own medical decisions in the future).

For a person without decision-making capacity who does not have a living will (details below), the decision to withhold or withdraw treatment can be considered when the treating physician determines that there is no reasonable medical probability of recovery from a terminal or end-stage condition, or vegetative state – and that any further medical in-

family or surrogate decision-maker.

It is crucial to note that when a do-not-attempt-resuscitation order is in place, every effort should be made to continue treating the underlying condition of the patient. The order is limited to not initiating resuscitation efforts.

Is withholding/withdrawing treatment akin to giving up on the patient?

Withholding or withdrawing life-sustaining treatment does not mean that the doctor is abandoning the patient. It is about recognising when medical interventions are no longer beneficial, and will only lead to the prolongation of suffering. Withholding or withdrawal will lead to palliative care aimed at managing pain and suffering to ensure that the patient is made as comfortable as possible.

In fact, it is the current practice of 'dis-

the person trusts, from family to neighbours, who can make decisions on behalf of the person if they lose decision-making capacity.

The document becomes legal when it is signed in the presence of an executor and two witnesses, and attested before a notary or gazetted officer.

What is the medical procedure for withholding or withdrawing life-sustaining treatment (laid down by the SC and reaffirmed by the guidelines)?

The legal framework recognises the rights and duties of both doctors and patients, and allows for extensive independent expert opinion and the informed consent of next-of-kin/surrogate decision-makers.

- The treating hospital constitutes a Primary Medical Board to assess the patient's condition, and to recommend the appropriateness of withholding/withdrawing life-sustaining treatment. The board is composed of the treating doctor and two subject-matter experts with at least five years of experience.

- To ensure another level of checks, a Secondary Medical Board, also set up by the hospital, reviews the decision of the Primary Medical Board. The Secondary Medical Board comprises a registered medical practitioner nominated by the district Chief Medical Officer, along with two subject-matter experts with at least five years of experience. All these members must be different from those on the Primary Medical Board.

- The persons nominated by the patient in the advance medical directive or surrogate decision-makers (where there is no direc-

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- The guidelines provide a pathway for state governments and hospitals to put in place key mechanisms required by the Supreme Court's order. These include:

- Setting up of Primary and Secondary Medical Boards at the level of the hospital, which will determine when further medical treatment may not be beneficial to a terminally ill patient;
- Nomination of doctors by the district Chief Medical Officer or equivalent to hospital-level Secondary Medical Boards, which will confirm or reject the opinion of the Primary Medical Boards.

Withholding or withdrawing life-sustaining treatment refers to discontinuing life-sustaining medical interventions such as ventilators and feeding tubes, etc., when these no longer help the condition of the patient or prolong their suffering.