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Page 01 : GS 3 : Environment

The Aravalli Range, one of the world's oldest fold mountain systems, plays a critical ecological role in north-western India by acting as a barrier against desertification, supporting biodiversity, and regulating regional hydrology. However, the prolonged failure of expert committees to arrive at a uniform scientific definition of the Aravallis has highlighted deeper challenges in environmental governance, scientific standard-setting, and sustainable resource management. The issue gained urgency after the Supreme Court of India warned of contempt proceedings due to delays.

Centre's experts had failed to define Aravallis for over a year before SC warning

Jacob Koshy
NEW DELHI

The assignment was to define the Aravallis, an ancient range of weathered hills rambling across four States, from the outskirts of Delhi to Gujarat. Despite three committees labouring over the task for over a year, armed with satellite imagery and expertise from multiple institutions, the Centre could not decide on uniform technical criteria to define the range.

It was only after the Supreme Court warned of initiating contempt proceedings against officials of the Environment Ministry that a new sub-committee was formed in August 2025, which then gave up trying to define the Aravallis and focused instead on evolving a definition that would

"balance" ecological consideration and the Centre's 2019 National Mineral Policy that encourages mining of critical minerals for the "nation's economic growth", according to a 2,000-page affidavit by the Ministry, submitted to the Supreme Court, which was perused by *The Hindu*.

The definition of the range has sparked an environmental and political row over the last week, with charges that the final definition only protects hills higher than 100 metres from mining.

Danger of mining

That leaves the remaining hills – which make up the vast majority of the 700 km range spanning from Haryana to Gujarat, with the bulk of it in Rajasthan – open to the dangers of

mining and degradation.

Under fire from environmental activists, Environment Minister Bhupendra Patel Yadav has stressed that no new mining licences would be awarded until a detailed Management Plan for Sustainable Mining (MPSM) covering the entire Aravalli range is prepared by the Indian Council of Forestry Research and Education.

In 2024, the help decide on a uniform definition for the Aravalli hills, the Supreme Court constituted a Committee, comprising representatives from the Environment Ministry, the Forest Survey of India, State Forest Departments, the Geological Survey of India and the Central Empowered Committee of the SC. After constituting two sub-committees of its own, and facing a rap from the



Safeguarding nature: People take part in a 'Save Aravalli' demonstration in Jaipur earlier this week. PTI

top court, the Committee finally submitted its findings in October 2025, after which the SC passed an order on November 20.

Perusal of the Committee's documents showed that while the Forest Survey of India in 2010 had a criterion for defining the Aravalli hills in Rajasthan, based on the slope – and

importantly, not on the height – the Committee was quite concerned that areas that were "not Aravalli" not be included.

"It is again reiterated that using only elevation and slope as criteria to demarcate the boundary of the Aravalli Hills and Ranges may lead to inclusion errors, as a significant part of

Hilly area fall within the identified districts is non-Aravalli. In plain terms, not all areas of Aravalli have hilly terrain and not all hilly terrain in these 34 districts are necessarily Aravalli in terms of its Geological profile and extent," the panel noted.

A technical sub-committee of the main Committee, chaired by the Director General of the FSI, and including representatives from the Survey of India and the Geological Survey of India, in 2024 started on an exercise to define the 'hills' for all of the Aravallis beyond Rajasthan.

Slope and local relief

This exercise for the first time relied on standard resolution-maps prepared by the Survey of India. Even the FSI, the records show,

concurred that the slope was not the sole determining criteria.

"The Survey of India (SoI) and the Forest Survey of India (FSI) were not in agreement with the approach of hard... based solely on slope and local relief," a report of the Committee noted. "They emphasised that other local and regional morphometric parameters may also need to be considered. Since the nature of Hills varies across different terrains, it may not be practical to apply uniform criteria of slope and relief across the entire region. This observation was further substantiated during the detailed slope and relief-based analysis carried out by the Technical Sub-Committee."

Despite six meetings

from May 2025 to August 2025, these experts could not agree on a uniform definition. On August 12, 2025, the Supreme Court warned of contempt of court proceedings against the members of the Committee over delay.

It was following this that the Committee started to focus on getting the views of States and getting a definition that would support sustainable mining. In its report, the Committee cited "significant potential for critical minerals" and stressed the need for a framework that enables systematic, scientific, and environmentally sustainable exploitation of critical, strategic, and atomic minerals within the region."

CONG. STEPS UP PROTESTS
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Core Issues Highlighted by the Case

1. Scientific Complexity of Geographical Definitions

- The Aravallis are geologically ancient, highly eroded, and discontinuous, making them difficult to define using simple parameters such as elevation or slope.
- Expert bodies such as the Forest Survey of India and the Geological Survey of India emphasized that:
 - Not all Aravalli regions exhibit hilly terrain.
 - Not all hills within identified districts are geologically part of the Aravallis.
- Reliance on limited criteria risks inclusion errors (non-Aravalli hills being protected) and exclusion errors (ecologically sensitive Aravalli areas being left out).

2. Limitations of Uniform Technical Criteria

- Attempts to apply uniform slope, elevation, or local relief parameters across Haryana, Rajasthan, Delhi, and Gujarat proved impractical.
- Variations in terrain morphology across regions demand context-specific morphometric and geological parameters, rather than a single nationwide threshold.
- This case illustrates the broader challenge of translating complex physical geography into enforceable regulatory definitions.

3. Environmental Risks of Narrow Definitions

- The final approach, which effectively protects only hills above a certain elevation, leaves large portions of the Aravalli system vulnerable.
- Potential consequences include:
 - Accelerated land degradation and fragmentation of habitats.
 - Increased vulnerability to desertification and groundwater depletion.
 - Weakening of landscape-level ecological protection.

4. Balancing Conservation with Resource Utilisation

- The Committee acknowledged the presence of critical and strategic minerals in the region.
- Reference to the National Mineral Policy reflects the challenge of aligning:
 - Environmental sustainability
 - Scientific mining practices
 - Long-term national resource security
- This underscores the need for management-based regulation (e.g., region-wide sustainable mining plans) rather than binary protection-versus-extraction approaches.

5. Institutional and Governance Lessons

- Delays despite multiple expert committees point to:
 - Coordination challenges among technical institutions.
 - Lack of predefined scientific standards for ecologically sensitive landscapes.
- Judicial intervention became a trigger for administrative action, reflecting gaps in proactive environmental governance.

Conclusion

The Aravalli definition controversy illustrates the intersection of science, environmental protection, and regulatory governance. For UPSC-relevant analysis, the key takeaway is that effective conservation of complex natural systems requires multi-dimensional scientific criteria, landscape-level planning, and adaptive governance frameworks, rather than rigid or reductionist definitions. Strengthening institutional capacity to integrate geology, ecology, and sustainable resource management is essential to ensure that environmental protection remains both scientifically sound and practically enforceable.

UPSC Mains Practice Question

Ques: The prolonged difficulty in evolving a uniform definition of the Aravalli Range highlights deeper challenges in environmental governance and scientific regulation in India. Critically examine the issues involved and suggest a way forward for sustainable management of ecologically sensitive regions. (150 Words)

At the Anti-Terrorism Conference-2025, the Union Home Minister underscored the need for a systematic review of recent terror incidents—both domestic and global—to strengthen India's counter-terrorism capabilities. The deliberations, led by the National Investigation Agency, highlight the evolving nature of terrorism, particularly the increasing use of technology, organised crime-terror linkages, and the necessity of integrated intelligence and investigation frameworks.

Analyse past year's terror cases and boost capabilities, says Shah

He says India must be prepared to stem the threat from use of technology in terror incidents; urges States to work together with Central agencies; praises probe in Pahalgam and Delhi blast cases as 'outstanding examples of watertight investigation'

The Hindu Bureau
NEW DELHI

Union Home Minister Amit Shah said on Friday that the police and Central agencies should analyse all terrorist incidents that occurred in the country and the world in the past year to enhance the counter-terrorism capabilities.

The Minister said the April 22 terror attack at the Baisaran Valley in Pahalgam shook the entire country. Terrorists wanted to disrupt the communal harmony in the country through the attack and deliver a blow to the new era of development and tourism that had begun in Kashmir, he said, after inaugurating the two-day Anti-Terrorism Conference-2025 organised by the National Investigation Agency (NIA) on Friday.

Updated crime manual

The Home Minister also unveiled the NIA's updated crime manual, the Organised Crime Network Database and the Lost/Looted and Recovered Weapon Database. The conference is being attended by senior police officers from the



Home Minister Amit Shah, Union Ministers of State Nityanand Rai and Bandi Sanjay Kumar, and Union Home Secretary Govind Mohan at the Anti-Terrorism Conference-2025 in New Delhi on Friday. ANI

States, officers from the Central agencies/departments dealing with issues related to counter-terrorism, and experts from related fields such as law, forensics, and technology.

He said that worldwide, the landscape of terrorism is now changing due to the use of technology in terrorist incidents. India too must be prepared to prevent them. He said that it is the responsibility of the conference to anticipate invisible future challenges and to prevent them.

Speaking on the updated database on organised crime networks, he said such such groups initially operate for the purpose of ransom and extortion. However, when their leaders flee abroad and settle there, they automatically come into contact with terrorist organisations and then use the proceeds from ransom and extortion to spread terrorism in the country. He said that every State must, under the guidance of the NIA and the Central Bureau of Investi-

gation, and with the cooperation of the Intelligence Bureau, utilise this database and eliminate such networks from their jurisdiction.

Mr. Shah said that the Jammu and Kashmir Police conducted a thorough investigation into the blast that occurred in Delhi. "All our agencies did an excellent job in investigating the entire network. ...the investigations into the Pahalgam and Delhi blast cases are not ordinary policing but outstanding examples

of watertight investigation," he said.

Common ATS structure

He said that the NIA has worked hard to create a common Anti-Terrorism Squad (ATS) structure and sent it to the police forces of the States. "When we establish a common ATS structure across the entire country, it provides us an opportunity for uniform preparation at every level." All Directors-General of Police from the States should implement the ATS structure as soon as possible. He said all ATS units should get into the habit of using the National Intelligence Grid (NATGRID) for investigations, he said.

He added that the Central agencies and the State police had made good use of technology at their respective levels, but technology developed in silos and data collected in silos were like "a gun without bullets". For this purpose, the Ministry of Home Affairs, the NIA, and the IB should hold discussions to develop a seamless national-level framework for technology and data, and support the States in strengthening it, he said.

Key Issues Highlighted

1. Changing Nature of Terrorism

- Terrorism is increasingly technology-driven, involving encrypted communication, digital finance, drones, and cyber tools.
- This necessitates forward-looking preparedness to anticipate “invisible” and non-traditional threats.

2. Organised Crime–Terror Nexus

- Organised crime groups, initially involved in extortion and ransom, may evolve into terror enablers once their leadership relocates abroad.
- Financial proceeds from crime are diverted to fund terror activities, making financial intelligence and network mapping crucial.

3. Importance of Centralised Databases

- Launch of updated crime manuals and databases (Organised Crime Network Database; Lost/Looted and Recovered Weapons Database) reflects a data-driven approach to counter-terrorism.
- Effective utilisation by States, in coordination with Central agencies, is essential to dismantle inter-State and transnational networks.

4. Need for Uniform Institutional Capacity

- A common Anti-Terrorism Squad (ATS) structure across States aims to ensure uniform preparedness, standard operating procedures, and coordinated responses.
- Such institutional standardisation reduces gaps arising from uneven capacity across States.

5. Intelligence and Technology Integration

- Tools like National Intelligence Grid are critical for real-time access to multi-agency data.
- Technology and data developed in silos reduce operational effectiveness; seamless integration is necessary for actionable intelligence.

6. Quality of Investigation

- Emphasis on “watertight investigation” underlines the importance of:
 - Professional policing
 - Forensic and technological evidence
 - End-to-end dismantling of terror networks rather than isolated arrests

Conclusion

The discussions at the Anti-Terrorism Conference–2025 reflect a strategic shift from reactive counter-terrorism to a proactive, intelligence-led, and technology-integrated security framework. By emphasising data sharing, uniform institutional capacity, and anticipation of future threats, India's counter-terrorism approach is moving towards greater resilience and effectiveness. For sustainable internal security, continuous capacity-building, seamless Centre–State cooperation, and integration of technology with ground-level policing remain indispensable.

UPSC Mains Practice Question

Ques : The nature of terrorism is evolving with increasing use of technology and linkages with organised crime networks. In this context, analyse the challenges faced by India's counter-terrorism framework and examine how institutional coordination, data integration, and uniform policing structures can enhance internal security preparedness.

India has made substantial progress in reducing malaria, with reported cases declining from 11.7 lakh in 2015 to about 2.27 lakh in 2024, and deaths falling by nearly 78%. Despite this success, the recently released Malaria Elimination Technical Report, 2025 highlights a significant emerging challenge: the rapid spread of the invasive mosquito species *Anopheles stephensi*, particularly in urban areas. This development poses a serious threat to India's objective of eliminating malaria by 2030, with an intermediate target of zero indigenous cases by 2027.

Invasive mosquito species threatens India's 2030 malaria elimination goal

Bindu Shajan Perappadan
NEW DELHI

Urban malaria, driven largely by the spread of the invasive vector *Anopheles stephensi* in metropolitan areas such as Delhi, has emerged as a national concern threatening India's goal of eliminating the mosquito-borne disease by 2030, according to the Health Ministry's recently released "Malaria elimination technical report, 2025".

The report said asymptomatic infections, difficult terrain, and population movement continued to drive transmission, while high-burden pockets persisted in the districts of Odisha, Tripura, and Mizoram. Cross-border transmission from Myanmar and Bangladesh continued to affect border districts in northeastern India.

Besides the malaria



India's malaria cases fell from 11.7 lakh in 2015 to about 2.27 lakh in 2024.

elimination goal, the country has assigned itself an intermediate goal of achieving zero indigenous cases by 2027, aligning with the World Health Organization's global strategy.

Anopheles stephensi is a mosquito species, now recognised as an invasive threat due to its ability to thrive in urban environments, that breed in artificial containers (tanks, tyres), and efficiently transmit the *Plasmodium falciparum* and *P. vivax* parasites, challenging current malaria control efforts

worldwide. In India, urban transmission presents unique challenges related to container breeding, construction sites, informal settings, high population density and fragmented healthcare delivery, necessitating city-specific vector control and surveillance strategies.

"Strengthening surveillance systems, enhancing vector monitoring and improving supply chain reliability emerged as the top priorities," the report noted.

High-burden pockets

While India has now largely entered the pre-elimination phase, malaria is no longer uniformly distributed across large geographical areas, the report said. Instead, the disease persists in limited pockets shaped by local ecological conditions, human mobility, occupational exposure, health-system access, and

vector dynamics. The report added that active surveillance has been intensified in tribal and forest areas, border regions, and migratory population settings, where residual transmission risks remain high.

Drop in cases

India has reduced its malaria burden significantly over the past decade, and the number of cases has dropped from 11.7 lakh in 2015 to around 2.27 lakh in 2024, with deaths reducing by 78%. Key challenges that need urgent attention include inconsistent private-sector reporting, limited entomological capacity, drug and insecticide resistance, operational gaps in remote tribal areas, and sporadic shortages of diagnostics and treatment commodities.

Operational research has emerged as a key enabler for elimination acceleration, the report said.

Key Issue: Emergence of Urban Malaria

- Traditionally, malaria in India was concentrated in rural, tribal, and forested regions. However, the spread of *Anopheles stephensi* has altered this epidemiological pattern.

Characteristics of Anopheles stephensi:

- Highly adaptable to urban environments
- Breeds in artificial water containers such as overhead tanks, construction sites, tyres, and discarded containers
- Efficient vector for both Plasmodium falciparum and Plasmodium vivax
- Difficult to control using conventional rural malaria strategies
- Urban centres like Delhi now face malaria risks driven by high population density, unplanned urbanisation, informal settlements, and fragmented healthcare delivery systems.

Persistence of High-Burden Pockets

- Although India has largely entered the pre-elimination phase, malaria transmission is no longer widespread but highly localised.
- Key contributing factors include:
 - Asymptomatic infections, which remain undetected yet sustain transmission
 - Difficult terrain and forested regions, particularly in Odisha, Tripura, and Mizoram
 - Cross-border transmission from Myanmar and Bangladesh affecting northeastern districts
 - Population mobility, especially among migrant and forest-dependent workers
 - Occupational exposure and limited access to timely healthcare
- These factors necessitate micro-level, region-specific interventions rather than uniform national strategies.

Operational and Systemic Challenges

- The report identifies several operational bottlenecks that could slow elimination efforts:
 - Inconsistent reporting from the private healthcare sector
 - Limited entomological capacity for vector surveillance and resistance monitoring
 - Emerging drug and insecticide resistance
 - Operational gaps in remote tribal areas
 - Sporadic shortages of diagnostics and anti-malarial drugs
 - Weak supply chain management
- Such challenges highlight the need for system strengthening alongside disease-specific interventions.

Strategic Priorities for Elimination

- To address these risks, the report emphasises the following priorities:
 - Strengthening surveillance systems, especially active surveillance in high-risk populations
 - Enhanced vector monitoring, including urban-focused entomological surveillance
 - City-specific vector control strategies, targeting container breeding
 - Improved supply chain reliability for diagnostics, drugs, and insecticides
 - Operational research to guide evidence-based interventions and adaptive strategies

- These measures are critical to sustaining gains and preventing resurgence.

Conclusion

India's malaria elimination journey stands at a critical juncture. While significant reductions in cases and deaths demonstrate strong progress, the rise of urban malaria driven by invasive vectors like *Anopheles stephensi* presents a complex new challenge. Achieving the 2030 elimination goal will require targeted urban interventions, robust surveillance, strengthened health systems, and sustained operational research, particularly in high-risk and residual transmission pockets. Addressing these technical and ecological challenges effectively will be decisive in ensuring that malaria elimination remains both achievable and sustainable.

UPSC Prelims Practice Question

Ques: India has set an intermediate target under its malaria elimination programme. What is this target?

- (a) Zero malaria deaths by 2025
- (b) Elimination of *Plasmodium falciparum* by 2026
- (c) Zero indigenous malaria cases by 2027
- (d) Reduction of malaria incidence by 90% by 2030

Ans : a)

UPSC Mains Practice Question

Ques: Operational challenges such as weak surveillance, limited entomological capacity, and supply chain gaps can derail disease elimination goals. Discuss with reference to India's malaria elimination programme.

Child marriage remains a critical social scourge in India, despite sustained legal and policy interventions. India has committed to eliminating child marriage by 2030 under the Sustainable Development Goals (SDGs). While data from the National Family Health Survey (NFHS) shows a significant decline in prevalence over the past two decades, the practice continues in several States, reflecting deep-rooted socio-economic and gender-based inequalities. The issue has direct implications for health outcomes, educational attainment, and long-term poverty alleviation.

Current Status and Trends

- NFHS data indicates a decline in child marriage among women aged 20–24 from 47.4% (2005–06) to 23.3% (2019–21).
- However, progress is uneven across States and social groups.
- States such as West Bengal, Bihar, Tripura, Jharkhand, Rajasthan, Madhya Pradesh, Assam, Telangana, and Andhra Pradesh continue to record high incidence.
- The persistence of the practice highlights that aggregate national decline masks regional and demographic disparities.

Socio-Economic Determinants

- Poverty: Girls from the poorest wealth quintile are significantly more likely to be married before 18 than those from the richest households.
- Education: Nearly half of girls with no formal education are married early, compared to a negligible proportion among those with higher education.
- Gender inequality: Social norms prioritising early marriage over education for girls continue to influence household decisions.
- Intergenerational cycle: Child marriage perpetuates poverty by limiting skill development and economic participation.

Health and Human Development Implications

- Early marriage is closely linked to early pregnancy, leading to higher risks of:
 - Maternal mortality
 - Anaemia and malnutrition
 - Low birth weight and infant mortality

Social scourge

Child marriages lead to poor outcomes in health, education, poverty alleviation

India has committed to end child marriage by 2030 through the UN's Sustainable Development Goals (SDG), and while it has made comprehensive strides, there are still miles to go to achieve the target. The Union government recently marked the first anniversary of its Bal Vivah Mukht Bharat Abhiyan with a 100-day awareness campaign for a country free of child marriage. It is a fact that child marriages have been consistently dropping, from 47.4% in 2005–06 to 23.3% in 2019–21, according to National Family Health Survey (NFHS) data. But in a diverse country of a population of 146 crore, the ground reality is that progress is varied and uneven across States and socio-economic demographics. While the highest child marriage rates among women aged 18 to 29 years are prevalent in West Bengal, Bihar and Tripura, States such as Jharkhand, Andhra Pradesh, Assam, Telangana, Madhya Pradesh and Rajasthan are not far behind. There is a direct co-relation between child marriage, poverty and education, as the UN Population Fund's analysis of NFHS data shows. While 40% of girls from the lowest quintile of the household wealth index married before they became adults, in comparison to just 8% of those from the highest quintile, 48% of girls with no education were married below 18 years in comparison to only 4% among those with higher education.

The Prevention of Child Marriage Act, 2006, is the flagship law to end the practice, but figures from National Crime Bureau Records indicate infrequent application of the law and a low conviction rate. Also, the use of laws such as the Protection of Children from Sexual Offences Act, which are stringent and provide no leeway for consenting sexual adolescents, has led to other concerns. Afraid of triggering harsh punishments from the criminal justice system, many underage girls are turning to unregistered, unprofessional help, endangering their health further. Already, it is established that child marriages can lead to poor maternal and child health. In this backdrop, it is imperative to study why States such as West Bengal, which incentivises girls to study with a cash scheme, still has a high incidence of child marriage. The Centre's 'Beti Bachao Beti Padhao' campaign has to do much more to reach the most vulnerable communities, and ensure that infrastructure, including clean toilets and safe public transport, are in place to keep girls at school. According to Girls Not Brides, a global partnership, at least nine of the 17 SDGs will not be achieved without ending child marriage. In India, unless the several factors driving child marriage – poverty, and education, health and gender inequality – are addressed, it will be impossible to bridge the gap between policy and practice.

- Adolescents married early often lack access to formal healthcare and reproductive health services, worsening health outcomes.
- Fear of criminal prosecution has, in some cases, pushed underage girls toward unsafe and unregulated medical practices, further endangering their health.

Legal and Institutional Challenges

- The Prevention of Child Marriage Act, 2006 remains underutilised, with:
 - Low reporting
 - Limited convictions
- Over-criminalisation, especially through stringent child protection laws, may discourage families and adolescents from seeking institutional help.
- Weak implementation capacity at the local level and lack of awareness reduce the law's deterrent effect.

Policy and Implementation Gaps

- Incentive-based schemes for girls' education have not uniformly translated into lower child marriage rates, indicating:
 - Inadequate reach among the most vulnerable communities
 - Structural barriers such as lack of safe transport, sanitation, and secondary schools
- Awareness campaigns need to be complemented with social infrastructure, especially in rural and marginalised regions.
- Multi-sectoral coordination across health, education, nutrition, and child protection remains limited.

Linkage with Sustainable Development Goals

- Ending child marriage is essential for achieving at least nine of the 17 SDGs, including those related to:
 - Health
 - Education
 - Gender equality
 - Poverty reduction
- Failure to address the root causes risks undermining India's broader human development objectives.

Conclusion

The decline in child marriage in India reflects progress, but its persistence in several regions underscores the limitations of law-centric and awareness-only approaches. Child marriage is fundamentally a developmental issue, rooted in poverty, lack of education, health vulnerabilities, and entrenched gender norms. Achieving the 2030 target will require a holistic strategy that strengthens education systems, improves health access, enhances social infrastructure, and addresses socio-economic inequalities. Bridging the gap between policy intent and ground-level outcomes remains the key challenge in eliminating child marriage in India.

UPSC Mains Practice Question

Ques : Despite a decline in overall prevalence, child marriage continues to persist in several Indian States. Analyze the socio-economic and educational factors responsible for this persistence and examine its implications for health outcomes and human development in India.

India's small business sector forms the backbone of employment generation and grassroots economic activity. Recent findings from the CRIF–SIDBI Small Business Spotlight Report (December 2025) indicate that the small business credit ecosystem in India is showing resilience and steady improvement. Expansion in credit exposure, rising participation of lenders, and improving formalisation trends point towards strengthening financial intermediation for small enterprises.

‘India’s small business credit resilient and perked up’

The Hindu Bureau
MUMBAI

India's small business credit environment was strengthening while remaining resilient according to CRIF–SIDBI Small Business Spotlight Report (December 2025).

The credit portfolios continued to expand, formalisation was progressing gradually, more lenders were participating actively, and asset quality was remaining healthy, according to the report which analysed data in small businesses with credit exposure of up to ₹5 crore.

According to the report, the aggregate small business credit exposure had reached ₹46 lakh crore, up



Sole proprietors continued to dominate credit ecosystem.

16.2% year-on-year.

Active loan accounts up
Active loan accounts had grown by 11.8% to 7.3 crore backed by policy support and multiple government credit schemes for MSMEs.

Sole proprietors continued to dominate the cre-

dit ecosystem. They accounted for around 80% of total credit and nearly 90% of borrowers.

The fastest-growing segment was sole proprietors with an entity presence. This segment had grown by 20% YoY led largely by loans against property.

As of September, 23.3% of borrowers were new to credit and 12% new to enterprise borrowing indicating rising formalisation.

Private banks continued to lead enterprise lending, closely followed by public sector banks. NBFCs were seen steadily increasing their presence. For enterprises, working capital loans dominated and accounted for nearly 57% of outstanding credit.

Key Findings on Credit Growth

- Aggregate small business credit exposure reached ₹46 lakh crore, registering 16.2% year-on-year growth.
- Active loan accounts increased by 11.8%, reaching 7.3 crore, reflecting widening credit access.
- Growth has been supported by policy interventions and targeted government credit schemes for MSMEs.
- This indicates a broad-based revival of credit demand rather than concentration in a narrow segment.

Dominance of Sole Proprietorships

- Sole proprietors account for nearly 80% of total credit exposure and about 90% of borrowers, underscoring their central role in India's small business landscape.
- The fastest-growing segment is sole proprietors with formal entity presence, growing at 20% YoY, largely driven by loans against property.
- This highlights the informal-to-formal transition underway within micro and small enterprises.

Indicators of Formalisation

- 23.3% of borrowers were new to credit, and 12% were new to enterprise borrowing.
- These figures reflect increasing inclusion of first-time borrowers into the formal financial system.
- Gradual formalisation improves transparency, credit history creation, and long-term financial stability.
- Role of Financial Institutions
- Private banks continue to lead enterprise lending, followed closely by public sector banks.
- NBFCs are steadily increasing their footprint, particularly in niche and underserved segments.
- Working capital loans dominate, accounting for 57% of outstanding enterprise credit, indicating focus on operational liquidity rather than speculative investment.
- This diversified lender participation strengthens credit delivery and reduces systemic concentration risk.

Asset Quality and System Stability

- Asset quality remains healthy, suggesting prudent lending practices and manageable credit risk.
- Expansion without deterioration in asset quality indicates credit resilience rather than overheating.
- Structural Significance for the Economy
- Small businesses play a critical role in:
 - Employment generation
 - Local value chains
 - Income stability in non-corporate sectors
- A resilient credit ecosystem supports economic recovery, entrepreneurship, and inclusive growth.

Conclusion

The strengthening of India's small business credit environment reflects improving financial inclusion, gradual formalisation, and stable asset quality. The dominance of sole proprietorships underscores the need for policy frameworks tailored to micro and small enterprises. Sustaining this momentum will require continued access to affordable credit, enhanced risk assessment mechanisms, and support for first-time borrowers. A resilient small business credit ecosystem is essential for durable, broad-based economic growth in India.

Health care does not need the PPP route

Public policies have single or multiple objectives. Policy for public-private partnerships (PPP) in medical education could be many: the desire to ensure quality education at affordable rates; helping the investor make profits; to show people symbols of development by a 'happening' state; rent seeking on contracts in these multi-crore projects and so on. The design of the policy framework indicates the policy objective that is being sought to be achieved.

An expansion of numbers

Three years ago, the Andhra Pradesh government expanded the number of medical colleges by six, taking the total to 17 in the government sector. There are another 19 in the private sector. The government is now seeking to add another 10 under the PPP mode. The total number of seats in all these colleges, when functional, is expected to be over 6,500. For these 10 new colleges, initiated by the Y.S. Jagan Mohan Reddy government, 835 acres of land have been acquired and the colleges are at different stages of development.

At the average rate of about ₹450 crore a college, the total project cost was estimated to be ₹4,500 crore, to be mobilised from the National Bank for Agriculture and Rural Development (NABARD), government and Government of India schemes. Each college was expected to have 150 seats attached to a 650-bed district hospital by suitably upgrading it. In normal course, government colleges provide subsidised education. But for ensuring fiscal sustainability, a three-tier fee structure was designed: 50% of total seats for ₹15,000 a year; 35% at ₹12 lakh and 15% earmarked for non-resident Indians at ₹20 lakh. The total revenue from fees could amount to ₹11 crore a batch a year, which means a total recovery of about ₹55 crore in the fifth year. In addition, these colleges would be eligible for another 28 post-graduate seats from the second year, going up to over 50. Post-graduate seats are at least three times more expensive.

In 2024, the new N. Chandrababu Naidu government engaged KPMG to prepare feasibility reports for the 11 medical colleges under a PPP mode that NITI Aayog is pushing vigorously. Under the PPP model, the entire land is proposed to be on a 33-year lease, extendable for another 33 years at ₹100 an acre, along with the district hospital; provide viability funding of 25% of the estimated project cost; empanel the hospital under the State health insurance programme and obtain the National Medical Commission's and other statutory clearances; and ensure 70% bed occupancy. In return, the investor is expected to



Kannuru Sujatha Rao

is former Union Health Secretary, Government of India

complete the civil works within two years; provide free outpatient and earmark 70% of the beds for free inpatient treatment for "special" patients or those referred to by the government to be reimbursed at package rates of the Ayushman Bharat health insurance scheme. Commercial rates can be applicable for the remaining 30% beds. To ensure time-bound construction, the government has to depute a full-time engineer at the site. Two rooms, measuring 500 square feet each, would also be provided for free to set up a Jan Aushadhi pharmacy and for medico-legal work.

The need for evidence-based assessment

There have been protests and much disquiet over the proposed policy, with the allegation of "privatising" what is envisioned to be a public asset. There is apprehension that middle class and poor students would lose out on opportunities to study, lose job opportunities as the private investor would be under no obligation to adhere to quotas for recruitment, and pay out of pocket for services that are currently free.

The contract seems faulty as the risks do not appear to be evenly shared. The risk of delayed payments, earmarking virtually the whole hospital – 70% of the beds – for patients to be referred by the government and treated at Ayushman Bharat rates and all outpatient treatment free, may only lead to incentivising the private investor to game the system by charging under the table capitation fees; resort to shortcuts in appointing the full complement of faculty (who are also very difficult to find); make compromises on the quality of care, and deny care, on various pretexts, so as to divert the earmarked beds on the plea that demand is low. The risk is greater for the government in case the investor fails, as the only remedy is the judiciary which in turn could take several years to adjudicate.

The idea of giving away all control over the district hospital, and for 66 years, needs to be reconsidered and better justified. Evidence shows that with comprehensive effective primary care, 30% of hospitalisation can be averted, besides the fact that with advancing technology, the list of day surgeries not requiring hospitalisation is increasing.

Technology is rapidly disrupting known delivery systems and arrangements. Thus, there is a need for a more thorough evidence-based assessment, keeping in view the shifts in disease burden, demographic profile and technology, to justify the need for 650 beds uniformly across the State.

Besides, the PPP arrangement at the district level only fragments the public health system and in the long run, harms its organic development. System efficiencies need vertical integration of primary, secondary and tertiary care to ensure a strong referral system and the smooth patient pathways required for continuum of care. This is central to coping with chronic diseases and good patient management.

Inefficiencies in the system

The health system in Andhra Pradesh has several inefficiencies due to inadequate infrastructure in turn linked to chronic underfunding and a large number of vacancies, particularly among specialists and in rural areas. The worry is that the already critical situation of vacancies in rural areas and government facilities will be further exacerbated if medical education is commercialised (as evidence shows that students after paying huge fees are more inclined to go abroad, work in the private sector and live in urban cities). Therefore, it is necessary for the government to invest in ensuring doctors and specialists at subsidised rates (instead of the present model of selling 50% seats) so that the government can build a pool of doctors who are willing to work in public health, in rural areas and in public hospitals.

Given these serious concerns, opting for the PPP route on grounds of financial stringency seems facetious as there are several options available to raise capital. The PPP route is also cause for concern as privatisation requires a strong state with institutional capacity to enforce laws and contracts. Andhra Pradesh, like the rest of the country, does not have that capacity. The earlier Telugu Desam Party regime fragmented the primary health-care system with almost half a dozen contracts. Poor enforcement resulted in chaos. Andhra Pradesh has not even been able to enforce the relatively benign Clinical Establishments (Registration and Regulation) Act. Given that the state in India is soft, it is unwise to get into the privatisation of public assets in critical areas such as health care that directly impact the lives of the poor.

Medical education is in a crisis and is also rapidly changing. At the current rate of the thoughtless expansion of colleges without faculty, the day may not be far when many medical colleges may have to shut down as engineering colleges did after the first flush of the IT boom. Quality of education and equitable access are more serious issues to address than opening medical colleges. The PPP model as a means of delivering welfare does not inspire confidence.

It is unwise to get into the privatisation of public assets in critical areas such as health without building the institutional capacity to enforce contracts in the first instance

GS Paper 2 : Governance

UPSC Mains Practice Question : "Public-Private Partnership (PPP) in health care, particularly in medical education and district hospitals, raises concerns regarding equity, system integration, and state capacity." Critically examine this statement in the context of India's public health system. (150 words)

Context :

Public-Private Partnership (PPP) is often promoted as a solution to fiscal constraints and capacity gaps in public service delivery. In the health sector, particularly in medical education and district hospitals, PPP is increasingly being considered to expand infrastructure and human resources. However, health

care is a complex public good where objectives of equity, access, quality, and continuity of care must take precedence over commercial considerations. Recent proposals to adopt PPP models in medical colleges and district hospitals raise important concerns regarding efficiency, accountability, and long-term system integrity.

Rationale Behind PPP in Medical Education

- Governments generally consider PPP in medical education to:
- Rapidly expand the number of medical colleges and seats
- Mobilise private capital amid fiscal constraints
- Share financial and operational risks
- Improve infrastructure and service delivery
- However, the design of the PPP framework reveals the true policy objective. When public land, hospitals, regulatory clearances, viability gap funding, and guaranteed patient flow are largely provided by the state, the risk-sharing becomes asymmetrical.

Key Structural Concerns with PPP Model

1. Imbalanced Risk Sharing

- The government bears major risks related to land acquisition, hospital infrastructure, patient referrals, and regulatory facilitation.
- The private partner faces limited downside risk, while retaining commercial control over education fees and a portion of hospital services.
- In case of failure or dispute, the state's primary recourse is prolonged judicial intervention.

. Threat to Equity in Medical Education

- High tuition fees under PPP models reduce access for students from middle-class and economically weaker sections.
- Evidence shows that graduates from high-fee institutions are less likely to serve in rural areas or public hospitals, worsening existing shortages.
- Commercialisation undermines the objective of building a public-sector-oriented medical workforce.

3. Fragmentation of Public Health System

- District hospitals are the backbone of secondary care and crucial referral nodes.
- Handing over operational control to private entities for decades weakens:
 - Integration between primary, secondary, and tertiary care
 - Referral continuity and patient pathways
 - Long-term public system capacity building
- Health systems require vertical integration, not contractual fragmentation, especially for managing chronic diseases and ageing populations.

. Questionable Infrastructure Assumptions

- Uniform expansion of large hospitals ignores:
 - Shifting disease burden towards non-communicable diseases
 - Technological advances enabling day-care and minimally invasive procedures
 - Evidence that strong primary care can prevent a significant proportion of hospitalisations
- This raises concerns about over-investment in hospital-centric models without adequate needs assessment.

. Regulatory and Institutional Capacity Deficit

- Effective PPP requires a strong state with:
 - Contract enforcement capacity
 - Regulatory oversight
 - Monitoring and grievance redress mechanisms
- Weak enforcement of even basic health regulations indicates limited capacity to manage complex, long-term PPP contracts in health care.

Systemic Issues in Health and Medical Education

- Chronic underfunding of public health
- Severe shortages of specialists and faculty
- Inadequate rural postings and incentives
- Expansion of medical colleges without proportional faculty availability
- These challenges cannot be resolved merely by increasing the number of institutions; quality, faculty strength, and service orientation are more critical.

Alternative Policy Direction

- Direct public investment in medical education and hospitals
- Expansion of subsidised seats with service obligations
- Strengthening primary and secondary health infrastructure
- Faculty development and retention strategies
- Evidence-based planning aligned with demographic and epidemiological trends

Conclusion

Health care and medical education are foundational public services that demand strong public stewardship, long-term planning, and equity-oriented delivery. While PPP may have a role in select sectors, its application in district hospitals and medical education carries significant risks of inequity, fragmentation, and loss of public control. In the absence of strong regulatory capacity and evidence-based need assessment, PPP is unlikely to address the core challenges of India's health system. Strengthening public investment, institutional capacity, and integrated care delivery remains the more sustainable path to achieving universal and equitable health outcomes.