

October 3, 2026 – Dinamani Newspaper – Tit bits

1. India defeated defending champions China 1–0 in the women's hockey final at the Asian Games being held in Japan, winning the gold medal.

(i) With this victory, the Indian women's hockey team won an Asian Games gold medal after a gap of 44 years and also qualified for the 2028 Los Angeles Olympic Games.

(ii) The Indian women's team had last won gold at the Asian Games in 1982. Subsequently, they reached the final and returned with silver medals in 1998 and 2018. The Indian Hockey Association has now announced a cash prize of ₹11 lakh each for the members of the gold-winning Indian women's team.

(iii) Six Gold Medals:

- With the Asian Games approaching their final stage, India won 10 medals in a single day on Friday, comprising 6 gold, 2 silver and 2 bronze medals.
- Of these, 3 gold medals came from boxing, while wrestling, archery and hockey contributed one gold medal each. With this, India has moved up to 5th place in the medal standings, with a total of 76 medals – 16 gold, 25 silver and 35 bronze.

2. The number of people who have died from the Ebola outbreak spreading in the Central African country of the Republic of the Congo has crossed 4,000.

(i) According to the latest statistics released by the Congolese government, 4,018 people have died out of 8,300 confirmed cases so far. Thus, nearly half of those infected have died, making this the fastest-spreading Ebola outbreak in history. There is currently no approved treatment or vaccine for the rare Bundibugyo strain of the Ebola virus, which has been spreading in Congo since May.

3. President Droupadi Murmu has given her assent to the Gujarat Uniform Civil Code Bill, 2026. A gazette notification issued by the Gujarat government stated that this has paved the way for implementation of the law.

(i) The State Government will announce the date from which the law will come into force. The law will take effect from that date.

(ii) The law aims to regulate and govern matters relating to marriage, divorce, inheritance and live-in relationships, among others. It will apply not only throughout Gujarat but also to Gujaratis residing outside the state.

(iii) However, the law will not apply to Scheduled Tribes covered under Article 342 of the Constitution. Similarly, it will not apply to individuals or groups whose traditional rights are protected under Part XXI of the Constitution.

(iv) Under the law, marriages may be conducted according to customary practices, religious beliefs, marriage rituals and traditions. It lists marriage practices such as Saptapadi, Nikah, Anand Karaj and Mangal Phera, among others.

(v) Registration of marriage has been made mandatory. A person who wilfully fails to submit a document that is compulsory for registration will be liable to a fine of ₹10,000.

(vi) Marriage to more than one person at the same time has been prohibited. People in Gujarat who are in live-in relationships must mandatorily submit details regarding such relationships. Children born from such relationships are recognised as legitimate children.

4.The Central Government has proposed amendments to the law that would provide for stringent penalties if companies or industry participants engaged in petroleum-related activities commit serious offences that endanger public safety and critical infrastructure.

(i) At the same time, violations relating to licence conditions and regulatory requirements have been proposed to be dealt with through administrative measures rather than criminal proceedings.

(ii) The Central Government has decided to undertake major amendments to the Petroleum Act, 1934, which regulates activities relating to the import, transportation, storage and refining of petroleum and natural gas. Draft amendments have been released by the Ministry of Petroleum and Natural Gas for public consultation.

(iii) Amendments have been proposed to the Petroleum Act, 1934, with the objective of preventing specified offences relating to petroleum operations. Accordingly, criminal proceedings would not be initiated for violations of licence conditions and regulatory requirements; instead, an administrative mechanism would be followed. Under this mechanism, a fine of up to ₹2.5 crore for the first licence violation and up to ₹5 crore for the second or subsequent violations would be imposed.

(iv) Penalties have been enhanced for unauthorised petroleum-related activities and serious offences that endanger public safety or critical infrastructure. Engaging in petroleum operations without the required licence would attract imprisonment of up to 3 years and a fine of up to ₹25 crore.

(v) Obtaining a licence by providing false information relating to safety, impersonation or other fraudulent means would attract imprisonment of up to 5 years. Causing damage to critical infrastructure in a manner that endangers the public would attract imprisonment of up to 5 years and a fine of up to ₹15 crore. If the same offence is repeated, the punishment would be up to 7 years' imprisonment and a fine of up to ₹25 crore.

(vi) The draft amendments state that causing damage to critical petroleum infrastructure would attract imprisonment of up to 10 years, along with a maximum fine of ₹25 crore or an amount equivalent to the loss caused, whichever is applicable.

5. Disaster awaits !!!

(i) Rejection of Draft Notification by Karnataka

- Both the Legislative Assembly and Legislative Council of Karnataka unanimously rejected the 7th draft notification issued by the Union Ministry of Environment, Forest and Climate Change regarding Ecologically Sensitive Areas (ESAs) in the Western Ghats.
- On September 22, the Karnataka Legislature requested a one-year time frame to conduct an on-ground field study under a Committee chaired by a retired judge, asking that no final decision be

taken regarding Karnataka's territory until then.

- The Ministry of Environment, Forest and Climate Change has been issuing draft notifications since 2014; after the 6th draft expired, the 7th draft was released on July 27 with a 60-day window for public objections.

(ii) The Madhav Gadgil Committee Recommendations (2011)

- Submitted in 2011, the Madhav Gadgil Committee defined the Western Ghats region as covering 1.29 lakh sq. km and recommended declaring the entire area as ecologically sensitive.
- The report divided the area into three zones, recommending a complete ban on new dams, railway lines, road construction, and Special Economic Zones (SEZs) in Zones 1 and 2, alongside phasing out mining, plastic use, and chemical fertilizers over time.
- Opposition arose across Kerala, Karnataka, Tamil Nadu, Goa, and Maharashtra over fears that the Gadgil recommendations would hamper state development, leading the Central Government to form a review committee.

(iii) The K. Kasturirangan Committee Recommendations (2013) & State Allocations

- Formed under former ISRO chief K. Kasturirangan, the committee defined the Western Ghats as 1.64 lakh sq. km and recommended designating 60,000 sq. km as an Ecologically Sensitive Zone (ESZ).
- State-Wise Breakdown of Identified ESAs:
 - Karnataka: 20,668 sq. km (spanning 1,576 villages).
 - Maharashtra: 17,340 sq. km (spanning 2,159 villages).
 - Kerala: 13,108 sq. km (spanning 123 villages).
 - Tamil Nadu: 6,914 sq. km (spanning 135 villages; the previous State Government raised no objection, believing public impact would be minimal).
 - Goa: 1,461 sq. km (spanning 99 villages).
 - Gujarat: 449 sq. km (spanning 64 villages).
- Kerala's Counter-Demand: While Kasturirangan allocated 13,108 sq. km across 123 villages for Kerala, the Kerala Government conducted its own field study and insisted on reducing the ESA to 8,590.69 sq. km across 98 villages.

(iv) Environmental Disasters and Expert Warnings

- Wayanad Landslides (July 2024): A catastrophic landslide in Wayanad, Kerala, resulted in over 300 deaths.
- Following the Wayanad disaster, Madhav Gadgil warned that politicians and industrialists have colluded without regard for the environment, stating that similar calamities will recur if his panel's recommendations remain ignored.
- Natural disaster risks across the region, including a disaster in Nepal that claimed around 1,500 lives with 5,500 missing, alongside recurring landslides in Uttarakhand.

(v) Local Concerns and Governmental Responsibility

- Local residents express fear that ESA regulations will restrict agriculture, hamper tourism, and threaten their livelihoods.
- Governments must not retreat due to political pressure or local opposition, but rather educate

citizens that implementing the Gadgil and Kasturirangan recommendations is vital for protecting local communities and future generations from major disasters.

6. Right to rural Healthcare

(i) Rural Demographics & System Evaluation Criteria

- According to World Bank estimates, approximately 64% of India's population reside in rural areas in 2025.
- Assessing the strength of India's healthcare system requires looking beyond high-end urban hospitals to evaluate how rapidly, qualitatively, and safely rural hospitals deliver medical care.
- Rural healthcare infrastructure must serve as the central pillar of Indian healthcare policy.

(ii) Acute Shortage of Specialist Doctors

- As of March 2023, Indian Community Health Centres (CHCs) required 21,964 specialist doctors across key fields (surgery, obstetrics & gynecology, pediatrics, etc.), but only 4,413 specialists were in position. This leaves an overwhelming ~80% shortage in required specialist medical personnel across rural health centers.

(iii) Interdependence of Medical Teams and Equipment

- A doctor cannot function in isolation; effective care requires a comprehensive team (nurses, pharmacists, lab technicians, radiology technicians, emergency personnel) alongside necessary medical equipment and facilities.
- Surgeons and obstetricians managing life-threatening emergencies (such as severe bleeding) depend on anesthesiologists, trained nurses, surgical instruments, blood availability, ICUs, and emergency operation theaters.
- Pediatricians can save critically ill newborns only when supported by a Neonatal Intensive Care Unit (NICU), mechanical ventilators, continuous monitoring tools, and trained nursing staff.

(iv) Health Centre Network and Infrastructure Deficits

- Existing Infrastructure (Health Dynamics of India 2024 Report): India possesses 1,69,615 Sub-Centres, 31,882 Primary Health Centres (PHCs), and 6,359 Community Health Centres (CHCs).
- Parliamentary Study: National health infrastructure faces significant shortages relative to population needs:
 - 22% deficit in Sub-Centres.
 - 30% deficit in Primary Health Centres (PHCs).
 - 36% deficit in Community Health Centres (CHCs).
- These gaps extend beyond physical buildings to encompass human resources, equipment, drug supplies, diagnostic facilities, emergency services, and higher-level referral coordination.

(v) Diagnostic Gaps & Emergency Response

- When rural patients must travel to cities for basic blood tests, biochemical tests, X-rays, or ultrasonography (USG), rural hospitals fail to function as self-contained medical institutions.
- In life-threatening situations (heart attacks, strokes, accidents, severe bleeding, obstetric crises),

immediate treatment is vital to saving lives.

- Emergency care units, life-saving equipment, skilled personnel, uninterrupted ambulance services, and referral systems must function as a synchronized network rather than isolated components.

(vi) Telemedicine and Retention of Rural Doctors

- Telemedicine can significantly narrow rural infrastructure gaps using electronic medical records (EMR), teleradiology, and video consultations between rural doctors and specialists at medical college hospitals.
- To retain doctors in rural areas, Governments must provide safe housing, family living amenities, secure working conditions, adequate rest, continuous learning opportunities, promotions, and suitable financial incentives.

(vii) Benchmark Standards and Holistic Policy Shift

- Indian Public Health Standards (IPHS): The Government of India's IPHS guidelines establish clear benchmarks for services, staffing, equipment, and facility standards across Sub-Centres, PHCs, CHCs, Sub-District Hospitals, and District Hospitals.
- IPHS benchmarks should be actively used to measure and evaluate rural healthcare performance.
- Guaranteeing rural healthcare rights requires building robust, fully-equipped medical institutions around doctors rather than simply increasing doctor counts alone.