

**GOVERNANCE****Domestic Manufacturing in Solar Energy**

Recently, the Union Ministry of New and Renewable Energy (MNRE) has released the first list of photovoltaic module manufacturers in India. MNRE has made it mandatory for solar cell and module manufacturers to register under the Approved List of Models and Manufacturers (ALMM) - an initial step towards reducing India's dependence on solar imports and self-reliance. However, given the capacity constraints for domestic manufacturers, ALMM may pose near-term challenges for the Indian developers for planning the procurement of imported photovoltaic modules.

**Solar Technologies**

- **Solar Photo Voltaic (SPV):** SPV cells convert solar radiation (sunlight) into electricity. A solar cell is a semi-conducting device made of silicon and/or other materials, which, when exposed to sunlight, generates electricity.
- **Solar Thermal:** Solar Thermal Power systems, also known as Concentrating Solar Power systems, use concentrated solar radiation as a high temperature energy source to produce electricity.

**Key Points****About ALMM:**

- The ALMM lists eligible models and manufacturers of solar cells and modules complying with the BIS (Bureau of Indian Standards) certification. It was announced in 2019.
- It aims to have a quality benchmark for modules and prevent low-quality Chinese manufacturers from dumping their products in India.
- Enlisting in ALMM is mandatory for manufacturers supplying to the government-owned solar projects. Only the models and manufacturers included in this list shall be eligible for use in projects under Government schemes & Programmes, installed in the country.
- Further, the word "Government" includes Central Government, State Government, Central Public Sector Enterprises, State Public Sector Enterprises and Central and State Organizations/Autonomous bodies.

**Issues Related to ALMM:**

- **May Impact Bankability of Solar Projects:** Lack of clarity about ALMM means supply uncertainty, limited module choices, no access to newer technologies, and cost increases for developers of large-scale projects. This may also result in a hike in solar power tariff prices which may undermine the prospects of solar energy.
- **Overlap Between BIS and ALMM:** The ALMM was put in place to ensure the quality of solar products, but it overlaps the existing Bureau of Indian Standards (BIS) certification in many aspects.
  1. BIS is related to product certification, ALMM is more of a process and manufacturing facility/original equipment manufacturer certification.
  2. This has created a compliance burden for domestic manufacturers.
- **Supply-side Bottlenecks:** Many developers believe that the implementation of ALMM will deter foreign players from supplying to the Indian market. With the domestic market still far away from being self-reliant, project developers are staring at a supply bottleneck in the foreseeable future.

**Domestic Capacity of Solar Power in India:**

- There has been a significant progress in solar capacity addition since 2014, with India progressively emerging as the world's third largest solar market.
  1. However, India's solar story is largely built over imported products.
  2. The domestic solar equipment manufacturing industry has largely failed to capitalise on the opportunity.
  3. Nearly 80% of the solar inputs and components are imported from China.
- The reason for this is that Solar cell manufacturing is a complicated process that is technology and capital intensive and it also upgrades every 8-10 months. Further, the global market of solar wafer and ingot manufacturing is dominated by China, who uses anti-competitive measures to dump cheap solar equipment into India.

**Solar Energy and India**

- Just before the Paris climate summit in 2015, the Government of India had said it would install 175 GW of renewable power by 2022, including 100 GW of solar power.
  1. In this context, the National Solar Mission is a major initiative of the Government of India and State Governments to promote ecologically sustainable growth while addressing India's energy security challenge.

2. Further, India's commitment as part of INDC at Paris climate deal to reduce the emissions intensity of its GDP by 33 to 35% by 2030 from 2005 level.
  - Sustainable rooftop implementation of Solar transfiguration of India (SRISTI) scheme envisages to promote rooftop solar power projects in India.
  - The KUSUM scheme would provide additional income to farmers, by giving them the option to sell additional power to the grid, through solar power projects set up on their barren lands.
  - Through the establishment of International Solar Alliance (ISA), India envisages the world to leverage solar energy potential of more than 122 countries, which lie either completely or partly between the Tropic of Cancer and the Tropic of Capricorn to promote solar energy. Further, ISA's vision is to enable One World, One Sun, One Grid (OSOWOG).

**Way Forward**

- ALMM and BIS certification could have been better managed by combining these two objectives and making it a single-window process.
- Strong financial measures are required to finance the solar projects, innovative steps like green bonds, institutional loans and clean energy funds can play a crucial role.
- Promotion of research and development in the renewable energy sector, especially in storage technology.
- Proper mechanism should be provided to tackle China's dumping of solar equipment.
- Framework to avoid unnecessary delays in policy decision making and implementation. India needs a Solar Waste Management and Manufacturing Standards Policy.

**SOCIAL ISSUE**

**India Inequality Report 2021: Oxfam**

The report titled "India Inequality Report 2021: India's Unequal Healthcare Story" released by Oxfam India shows that the socio-economic inequalities seep into the health sector and disproportionately affect health outcomes of marginalised communities due to the absence of Universal Health Coverage (UHC). The report suggested that the states which are attempting to reduce existing inequalities and with higher expenditure on health had lower confirmed cases of Covid-19.

**Key Points**

**About the Report:**

- It provides a comprehensive analysis of the health outcomes across different socioeconomic groups to gauge the level of health inequality that persists in the country.
- The findings are primarily based on secondary analysis from rounds 3 and 4 of the National Family Health Survey and various rounds of the National Sample Survey.

**Finding of the Report:**

- **Performance of Different Groups:** The general category performs better than SCs and STs; Hindus perform better than Muslims; the rich perform better than the poor; men are better off than women; and the urban population is better off than the rural population on various health indicators. The Covid-19 pandemic has further exacerbated these inequalities.
- **Performance of States:** The states that have for the past few years been reducing inequalities, such as inequalities to access to health between the general category and SC and ST populations, have less confirmed cases of Covid – such as Telangana, Himachal Pradesh and Rajasthan.
  1. On the other hand, states that have had higher GDP expenditure on health, such as Assam, Bihar and Goa, have higher recovery rates of Covid cases.
  2. Kerala invested in infrastructure to create a multi-layered health system, designed to provide first-contact access for basic services at the community level and expanded primary healthcare coverage to achieve access to a range of preventive and curative services.
- **Rural-Urban Divide:** It was highlighted during the second wave of the Covid-19 pandemic, when rural areas witnessed a shortage of tests, oxygen and hospital beds.
- **Doctor-person Ratio:** The National Health Profile in 2017 recorded one government allopathic doctor for every 10,189 people and one state-run hospital for every 90,343 people.
- **Hospital Beds:** The investment in public health infrastructure is so little that the number of beds in the country has actually come down, from 9 beds per 10,000 persons in the 2010 Human Development Report, to only 5 beds per 10,000 persons today.
  1. India also ranks the lowest in the number of hospital beds per thousand population among the BRICS nations at 0.5. It is lower than lesser developed countries such as Bangladesh (0.87), Chile (2.11) and Mexico (0.98).

- **Women Literacy:** While women's literacy has improved across social groups over the years, SC and ST women lag behind the general category by 18.6% and 27.9%, respectively.
  - A. There exists a gap of 55.1% between the top and bottom 20% of the population in 2015-16.
  - B. Though the female literacy rate among Muslims (64.3%) is lower than all religious groups, inequality has reduced over time.
- **Sanitation:** As far as sanitation is concerned, 65.7% households have access to improved, non-shared sanitation facilities in the general category while SC households are 28.5% behind them and ST are 39.8% behind them.
  1. While 93.4% of households in the top 20% have access to improved sanitation, only 6% have access in the bottom 20% — a difference of 87.4%.
- **Immunisation:** The immunisation in ST households at 55.8% is still 6.2% below the national average, and Muslims have the lowest rate across all socio-religious groups at 55.4%.
  1. The rate of immunisation of girls continues to be below that of the male child.
  2. More than 50% of children still do not receive food supplements in the country.
- **Life Expectancy:** Life expectancy based on wealth is 65.1 years for the bottom 20% of the households, while it is 72.7 years for the top 20%.
- **Antenatal Care:** Percentage of mothers who have received full antenatal care declined from 37% in 2005-06 to 21% in 2015-16.
  1. The share of institutional deliveries in India has increased from 38.7% in 2005-06 to 78.9% in 2015-16.
- **Infant Mortality Rate:** Overall improvement in Infant mortality rate (IMR) is not equal across social groups. Dalits, Adivasis and OBCs have higher IMR as compared to the general category.
  1. IMR for Adivasis is 44.4 which is 40% more than the general category and 10% more than the national average.

### Recommendations

- The right to health should be enacted as a fundamental right that makes it obligatory for the government to ensure equal access to timely, acceptable, and affordable healthcare of appropriate quality and address the underlying determinants of health to close the gap in health outcomes between the rich and poor.
- The free vaccine policy should adopt an inclusive model to ensure that everyone, irrespective of their gender, caste, religion or location i.e. people living in hard-to-reach areas, gets the vaccine without any delay.
- Increase health spending to 2.5 percent of Gross Domestic Product (GDP) to ensure a more equitable health system in the country; ensure that union budgetary allocation in health for SCs and STs is proportionate to their population.
- Regions with higher concentration of marginalised population should be identified and public health facilities should be established, equipped and made fully functional as per the Indian Public Health Standards (IPHS).
- Widen the ambit of insurance schemes to include out-patient care. The major expenditures on health happen through out-patient costs as consultations, diagnostic tests, medicines, etc.
- Institutionalize a centrally-sponsored scheme that earmarks funds for the provision of free essential drugs and diagnostics at all public health facilities.
- Regulate the private health sector by ensuring that all state governments adopt and effectively implement Clinical Establishments Act or equivalent state legislation.
- Extend the price capping policy introduced during the Covid-19 pandemic to include diagnostics and non-Covid treatment in order to prevent exorbitant charging by private hospitals and reduce catastrophic out-of-pocket health expenditure.
- Augment and strengthen human resources and infrastructure in the healthcare system by regularising services of women frontline health workers.
- Establishing contingency plans for scenarios such as the second wave of the pandemic.
- Inter-sectoral coordination for public health should be boosted to address issues of water and sanitation, literacy, etc. that contribute to health conditions.

### Conclusion

To stabilise and equalise this inequality, universal health coverage should be supported strongly by the public sector.

Persistent underfunding of the public health system, especially primary health care and inadequate health infrastructure in India remain to be addressed by the government even after devastating second wave. Otherwise, health emergencies will only aggravate existing inequalities and work as a detriment for the poor and the marginalised.

## **2, National Health Mission**

Recently, the Union Minister of State for Health and Family Welfare informed the Rajya Sabha that National Health Mission (NHM) supported health system reforms have resulted in development of resilient health systems.

### **Key Points**

#### **About:**

- NHM was launched by the government of India in 2013 subsuming the National Rural Health Mission (Launched in 2005) and the National Urban Health Mission (Launched in 2013).
- The main programmatic components include Health System Strengthening in rural and urban areas for - Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases.
- The NHM envisages achievement of universal access to equitable, affordable & quality health care services that are accountable and responsive to people's needs.

#### **Support to States & Union Territories (UT):**

- **Health Facilities :** NHM support is provided to States/UTs for setting up of new facilities as per norms and upgradation of existing facilities for bridging the infrastructure gaps based on the requirement posed by them.
- **Health Services :** NHM support is also provided for provision of a range of free services related to maternal health, child health, adolescent health, family planning, universal immunisation programme, and for major diseases such as Tuberculosis, vector borne diseases like Malaria, Dengue and Kala Azar, Leprosy etc.

#### **Major Initiatives Supported Under NHM:**

1. Janani Shishu Suraksha Karyakram (JSSK).
2. Rashtriya Bal Swasthya Karyakram (RBSK).
3. Implementation of Free Drugs and Free Diagnostics Service Initiatives.
4. PM National Dialysis Programme.
5. Implementation of National Quality Assurance Framework in all public health facilities.
6. Mobile Medical Units (MMUs) & Tele-consultation services are also being implemented to improve access to healthcare particularly in rural areas.
7. Ayushman Bharat.
8. Pradhan Mantri Jan Arogya Yojana (AB-PMJAY).

#### **Achievements of NHM**

##### **Improvement in Health Indicators:**

- In the 15 years of implementation, the NHM has enabled achievement of the Millennium Development Goals (MDGs) for health. The MDGs have been superseded by the Sustainable Development Goals.
- It has also led to significant improvements in maternal, new-born, and child health indicators, particularly for maternal mortality ratio, infant and under five mortality rates, wherein the rates of decline in India are much higher than the global averages and these declines have accelerated during the period of implementation of NHM.

##### **Growth in Public Health Facilities:**

- NHM adopts a health system approach and targets to build a network for public health facilities with Health & Wellness Centres at the grassroot level and District Hospitals, with robust referral linkage, to offer Comprehensive primary and secondary care services to citizens.
- NHM has not only contributed to increase in the institutional capacities for service delivery but also has led to development of capacities for targeted interventions of the various National Programmes under the NHM.

##### **Equitable Development:**

- There was also a sustained focus on the health of tribal populations, those in Left Wing Extremism areas, and the urban poor.
- A more recent effort at ensuring equity in access and use, is the Aspirational district initiative, in which 115 districts across 28 states, with weak social and human development indicators have been

identified for allocation of additional resources and capacity enhancement to catch up with more progressive districts.

**National Ambulance Services:**

- At the time of launch of NRHM (2005), ambulance networks were non-existent.
- So far, 20,990 Emergency Response Service Vehicles are operational under NRHM.
- Besides 5,499 patient transport vehicles are also deployed, particularly for providing “free pickup and drop back” facilities to pregnant women and sick infants.

**Human Resource Augmentation:**

- NHM supports states for engaging service delivery HR such as doctors, nurses and health workers and also implements the world’s largest community health volunteer programme through the Accredited Social Health Activists (ASHAs). More than 10 lakhs ASHAs and ASHA facilitators are engaged under NHM.
- NHM has also supported states to acquire staff with skills in public health, finance, planning and management to plan and implement interventions, freeing up clinical staff to deliver health services.

**Health Sector Reforms :** NHM enabled the design and implementation of reforms specifically related to Governance, Procurement and Technology.

**Addressing high Out-of-Pocket Expenditure (OOPE):**

- Recognising the need for reducing the current high levels of OOPE, and that, almost 70% of the OOPE is on account of drugs and diagnostics, the Free Drugs and Free Diagnostics Services Initiatives have been implemented under the NHM.
- The National List of Essential Medicines (NLEM) and the Essential Diagnostics Lists have been notified and are periodically updated to include more essential drugs based on new initiatives undertaken.

**POLITY****Kapu Community Reservation**

Recently, the Andhra Pradesh government has announced 10% reservation for the Kapu community and other Economically Weaker Sections (EWS) for appointments in the initial posts and services in the State government. This reservation is extended in accordance with the Constitution (103rd Amendment) Act, 2019.

**Key Points****About Kapu Community:**

- The Kapus are primarily an agrarian community based in the Andhra-Telangana region.
- It is believed that they migrated from the Gangetic plains, probably from Kampilya (near Ayodhya) thousands of years ago.
- They entered what is present-day Telangana and, after clearing the forests along the banks of the Godavari, settled down to farming.
- The Kapu community is demanding inclusion in the ‘Backward Castes’ category “like they were before independence”.
- The first major protest for the inclusion of the Kapus in the ‘Backward Castes’ was held in 1993. A government order was then issued for their inclusion in ‘Backward Castes’. However, it was not honoured.

**Other Backward Classes**

- Other Backward Classes (OBC) is a collective term used by the Government of India to classify castes which are educationally or socially disadvantaged.
- It is one of several official classifications of the population of India, along with General Class, Scheduled Castes and Scheduled Tribes (SCs and STs).
- The OBCs were found to comprise 52% of the country's population by the Mandal Commission report of 1980, and were determined to be 41% in 2006 when the National Sample Survey Organisation took place.
- National Commission for Backward Classes is a constitutional body under Article 338B of the Constitution under the Ministry of Social Justice and Empowerment.

**Guidelines for EWS Reservation:**

- Persons who are not covered under the existing scheme of reservations for SCs, STs and Socially and Educationally Backward Classes and whose gross annual family income is below Rs 8 lakh are to be identified as EWS for the benefit of reservation.

- The income includes income from all sources i.e. salary, agriculture, business, profession etc. for the financial year prior to the year of application.
- The term family for this purpose will include the person who seeks benefit of reservation, his or her parents and siblings below the age of 18 years as also his or her spouse and children below the age of 18 years.

**103rd Constitutional Amendment Act:**

- It introduced an economic reservation (10% quota) in jobs and admissions in education institutes for Economically Weaker Sections (EWS) by amending Articles 15 and 16. It inserted Article 15 (6) and Article 16 (6).
- It was enacted to promote the welfare of the poor not covered by the 50% reservation policy for SCs, STs and Socially and Educationally Backward Classes (SEBC).
- It enables both Centre and the states to provide reservation to the EWS of society.

**Status of EWS Reservation:**

- 10% EWS reservation breaches the 50% limit to reservation in employment opportunities (set by Indra Sawhney case 1992) by the Central Government.
- Government's stand is that though ordinarily 50% is the rule but same will not prevent the amendment of the Constitution itself in view of the existing special circumstances to uplift the members of the society belonging to economically weaker sections.
- Currently, the matter is in the Supreme Court, where it recently referred the petitions challenging the 103rd Constitutional Amendment Act, 2019 to a five-judge constitution bench, saying it involves 'substantial questions of law'.
- According to Article 145 (3) of the Constitution, at least five judges need to hear cases that involve 'a substantial question of law as to the interpretation' of the Constitution, or any reference under Article 143, which deals with the power of the President of India to consult the Supreme Court.
- The Supreme Court bench consisting of at least five judges is called the Constitution bench.

**BIODIVERSITY & ENVIRONMENT**

**Events of Extreme Weather**

People around the world have been doubly hit by the Covid-19 pandemic and extreme weather events which experts say have been fuelled by climate change.

**Key Points**

**Recent Extreme Weather Events:**

- The unprecedented heat wave that drove temperatures across Canada and parts of the United States to a record high, causing hundreds of deaths between June 25 to 30.
- The recent floods in Germany that killed over 180 people in the country. Floods have also been reported across several Asian countries, in China, India and Indonesia.
- Cyclones Tauktae and Yaas that hit India's west and east coasts respectively.

**Some Causes of Extreme Weather Events:**

**• Extreme Temperature:**

1. The temperature of the Earth is rising every year and increasing temperature and extreme sunshine on top of it creates a low-pressure system.
2. Due to which the hurricanes and other tropical storms get their way to start.

**• High Atmospheric Winds:**

1. The jet stream is found where the cold air from Earth's poles meets with warm tropical air.
2. These winds help to continue and control the weather system from west to east in the northern hemisphere and from east to west in the southern hemisphere.
3. Sometimes these winds bring unpleasant weather with them which may lead to the formation of a tornado.

**• When Pressure Systems Meet:**

1. When too cold high-pressure systems meet with too warm low-pressure systems, the chances of extremely high waves on sea surface increases.
2. The too cold high-pressure systems originate from sub-polar land whereas too warm low-pressure systems originate from temperate seas.

**• Improper Weather Systems:**

1. The weather systems (such as air masses, fronts, etc.) keep on moving in a proper way which helps to maintain the weather conditions in a smoother way.

2. When the weather conditions come across any disturbance in between, it creates disasters.
  - **Climate Change:**
    1. The world temperature has increased quite high from the past few decades and even keeps on changing year after year.
    2. One of the big reasons for the increase in Earth's temperature is the level of CO<sub>2</sub>.
    3. As the CO<sub>2</sub> is increasing in the atmosphere, the temperature of the earth is also increasing simultaneously.
  - **Global Warming:**
    1. As the world temperature is increasing due to global warming simultaneously the effects of it are also increasing.
    2. Global warming is contributing to intensifying heatwaves.
    3. Global warming also boosts the amount of water vapor in the atmosphere which may lead to causes of severe weather like heavy rainfall, heavy snowstorm, etc.

**Concerns:**

- The rise in average global temperature is linked with widespread changes in weather patterns.
  1. The rising average global temperature is making heavy rainfall more likely.
  2. Warmer air carries more moisture, meaning that more water will be released eventually.
- Extreme weather events like heat waves and extreme rainfall are likely to become more frequent or more intense with rising anthropogenic climate change. The Theory of Anthropogenic Climate Change is that humans are causing most of the current changes to climate by burning fossil fuels such as coal, oil, and natural gas.
  - Temperatures at the Earth's poles are rising at two to three times the temperature at the equator.
    1. This weakens the jet stream of the mid-latitudes, situated over Europe.
    2. During summer and autumn, the weakening of the jet stream has a causal effect resulting in slower-moving storms.
    3. This can result in more severe and longer-lasting storms with increased intensity.
  - Also, according to a study, human-induced global warming has contributed to the increased frequency and intensity of cyclonic storms over the Arabian Sea.

**Related Initiatives:**

- National Action Plan on Climate Change (NAPCC)
- India's Intended Nationally Determined Commitments (INDC) under Paris Climate Deal.

**IMPORTANT FACTS FOR PRELIM**

**SMILE Scheme**

Recently, the Ministry of Social Justice and Empowerment has formulated a scheme "SMILE - Support for Marginalized Individuals for Livelihood and Enterprise". It includes a subscheme - 'Central Sector Scheme for Comprehensive Rehabilitation of persons engaged in Begging'.

**Key Points**

**About:**

- It is a new Scheme after the merger of existing Schemes for Beggars and Transgenders.
- Scheme provides for the use of the existing shelter homes available with the State/UT Governments and Urban local bodies for rehabilitation of the persons engaged in the act of Begging. In case of non-availability of existing shelter homes, new dedicated shelter homes are to be set up by the implementing agencies.

**Focus:**

- The focus of the scheme is extensively on rehabilitation, provision of medical facilities, counselling, basic documentation, education, skill development, economic linkages and so on.
- It is estimated that an approximate 60,000 poorest persons would be benefited under this scheme for leading a life of dignity.

**Implementation :** It will be implemented with the support of State/UT Governments/Local Urban Bodies, Voluntary Organizations, Community Based Organizations (CBOs) , institutions and others.

**Scheme for Comprehensive Rehabilitation of Beggars:**

- It will be a comprehensive scheme for persons engaged in the act of begging.
- The scheme has been implemented in the selected cities on pilot basis having large concentrations of the Beggar community.
- During the year 2019-20, this Ministry had released an amount of Rs. 1 Crore to National Institute of Social Defence (NISD) and Rs. 70 Lakh to National Backward Classes Finance & Development Corporation (NBCFDC) for skill development programmes for beggars.

**Status of Beggars In India:**

- According to the Census 2011 ,total number of beggars in India is 4,13,670 (including 2,21,673 males and 1,91,997 females) and the number has increased from the last census.
- West Bengal tops the chart followed by Uttar Pradesh and Bihar at number two and three respectively. Lakshadweep merely has two vagrants according to the 2011 census.
- Among the union territories, New Delhi had the largest number of beggars 2,187 followed by 121 in Chandigarh.
- Among the northeastern states, Assam topped the chart with 22,116 beggars, while Mizoram ranked low with 53 beggars.
- Recently, the Supreme Court has agreed to examine a plea for decriminalising begging which has been made an offence in various states under Prevention of Begging Act.

**2,Stand Up India Scheme**

Recently, the Ministry of Finance has extended the Standup India Scheme up to the year 2025.

**Key Points**

- **Launch :** It was launched in April 2016 to promote entrepreneurship at the grass-root level focusing on economic empowerment and job creation.
- **Aim :** To leverage the institutional credit structure to reach out to the underserved sector of people such as SCs, STs and Women Entrepreneurs.
- **Facilitates Bank Loans :** The objective of this scheme is to facilitate bank loans between Rs.10 lakh and Rs.1 crore to at least one SC or ST borrower and at least one woman borrower per bank branch of Scheduled Commercial Banks for setting up a Greenfield enterprise. This enterprise may be in manufacturing, services or the trading sector.
- **Eligibility:**
  1. SC/ST and/or women entrepreneurs; above 18 years of age.
  2. Loans under the scheme are available for only Greenfield projects. A greenfield project is one which is not constrained by prior work. It is constructed on unused land where there is no need to remodel or demolish an existing structure.
  3. Borrower should not be in default to any bank or financial institution.
  4. In case of non-individual enterprises, at least 51% of the shareholding and controlling stake should be held by either an SC/ST or Woman entrepreneur.

**New Changes :** The margin money requirement for loans under the Scheme has been reduced from 'upto 25%' to 'upto 15%' and activities allied to agriculture have been included in the Scheme.

**Connect Centers :** The offices of SIDBI (Small Industries Development Bank of India) and NABARD (National Bank for Agriculture and Rural Development) are designated Stand-Up Connect Centres (SUCC).

**Performance so far :** Banks have sanctioned Rs 26,204 crore to about 1,16,266 beneficiaries under the Scheme in the last five years. The scheme has benefited more than 93,094 women entrepreneurs.

**DAILY ANSWER WRITING PRACTICE**

**Qns. Account for the differences between the states of Karnataka and Tamil Nadu over the proposed Mekedatu project. (250 words)**

**Ans:**

**Introduction**

The Mekedatu project is a Rs. 9,000 crore project which aims to store and supply water for drinking purposes for the Bengaluru city. Around 400 megawatts (MW) of power is also proposed to be generated through the project. Tamilnadu has been opposing this move due to apprehension of reduction and diversion of Cauvery river water.

**Body**

**Background**

- In February 2018, the court, in its judgment, revised the water allocation and increased the share of Karnataka by 14.75 thousand million cubic feet (tmc ft) at the cost of Tamil Nadu.
- The enhanced quantum comprised 4.75 tmc ft for meeting drinking water and domestic requirements of Bengaluru and surrounding areas.
- Encouraged by the Supreme Court verdict, Karnataka, which sees the order as an endorsement of its stand, has set out to pursue the Mekedatu project.
- Originally proposed as a hydropower project, the revised Mekedatu dam project has more than one purpose to serve.

- Estimated to cost ₹9,000 crore, the project envisages the construction of a reservoir of 67.16-tmc ft capacity, which will come up about 4 km away from the Karnataka-Tamil Nadu border.
- Differences between the states of Karnataka and Tamil Nadu vis-a-vis Mekedatu
- The Karnataka government has argued that the proposed reservoir will regulate the flow to Tamil Nadu on a monthly basis, as stipulated by the Tribunal and the Supreme Court.
- Tamil Nadu feels that Karnataka, through the project, will impound and divert flows from “uncontrolled catchments” to it, a component which was taken into account by the Tribunal in the 2007 order while arriving at the water allocation plan for the State.
- As per an estimate, around 80 tmc ft of water flows annually to Tamil Nadu, thanks to the catchments including the area between Kabini dam in Karnataka and Billigundulu gauging site on the inter-State border, and the area between Krishnaraja Sagar dam in Karnataka and the gauging site.
- As the upper riparian State has adequate infrastructure even now to address the water needs of Bengaluru, there is no need for the Mekedatu project, according to Tamil Nadu.
- The Mekedatu project also does not find mention in the Tribunal’s final order or the Supreme Court judgment.
- Besides, given the unpleasant experiences that it has had with Karnataka in securing its share of the Cauvery water over the years, Tamil Nadu is wary of the assurances of the other side.

### Conclusion

Tamil Nadu’s petitions against the project are pending with the Supreme Court. The project is yet to get environmental clearance from the Centre. A way out can be found if the two parties agree to the idea of a joint execution, operation and maintenance of the project or a third party’s participation.

### DAILY QUIZ

Q1. Consider the following statements about Monkey B Virus:

1. It is also referred to as Monkey Fever.
2. Currently, there are no vaccines that can protect against B virus infection.

Which of the given above statements is/are correct?

- a. 1 only
- b. 2 only**
- c. Both 1 and 2
- d. Neither 1 nor 2

Q2. Consider the following statements:

1. Artemis is the name of NASA’s program to return astronauts to the lunar surface.
2. Artemis I is an uncrewed test flight of the Space Shuttle Columbia.

Which of the given above statements is/are correct?

- a. 1 only**
- b. 2 only
- c. Both 1 and 2
- d. Neither 1 nor 2

Q3. Which of the following has become the first continent in the world to complete collection of digital land use data?

- a. Asia
- b. Africa**
- c. North America
- d. Europe

Q4. Why is a plant called ‘Strobilanthes reptans’ often mentioned in news?

- a. Its extract is widely used in medicines.
- b. Its extract is used in the pesticides.
- c. It has been described as an invasive weed around the Indo-Pacific islands region.**
- d. None of the above

Q5. In which of the following state is Raimona National Park is located?

- a. Arunachal Pradesh
- b. Meghalaya
- c. Assam**
- d. Nagaland