

**POLITY**

**Belagavi Border Dispute**

The decades-old dispute between Karnataka and Maharashtra over the Belagavi or as Maharashtra likes to call it the Belgaum district, is back in the headlines. Belgaum or Belagavi is currently part of Karnataka but is claimed by Maharashtra.

**Key Points**

**About:**

- In 1957, slighted by the implementation of the States Reorganisation Act, 1956, Maharashtra demanded readjustment of its border with Karnataka.
- Maharashtra invoked Section 21 (2) (b) of the Act and submitted a memorandum to the Ministry of Home Affairs stating its objection to Marathi-speaking areas being added to Karnataka.
- It claimed an area of 2,806 square miles that involved 814 villages, and three urban settlements of Belagavi, Karwar and Nippani with a total population of about 6.7 lakh, all part of the Mumbai Presidency before independence. The villages are spread across Belagavi and Uttar Kannada in north-western Karnataka, and Bidar and Gulbarga districts in north-eastern Karnataka — all bordering Maharashtra.
- Later, when a four-member committee was formed by both States, Maharashtra expressed willingness to transfer predominantly Kannada-speaking 260 villages with a population of about 3.25 lakh and total area of 1,160 square miles. This was in lieu of accepting its demand for 814 villages and three urban settlements, which was turned down by Karnataka.

**Basis of Maharashtra's Claim:**

- Maharashtra's claim to seek the readjustment of its border was on the basis of contiguity, relative linguistic majority and wishes of the people. If the claim over Belagavi and surrounding areas was based on Marathi-speaking people and linguistic homogeneity, it laid its claim over Karwar and Supa where Konkani is spoken by citing Konkani as a dialect of Marathi.
- Its argument was based on the theory of villages being the unit for calculation and enumerated linguistic population in each village. Maharashtra also points out the historical fact that the revenue records in these Marathi-speaking areas are also kept in Marathi.

**Karnataka's Position:**

- Karnataka has argued that the settlement of boundaries as per the States Reorganisation Act is final.
- The boundary of the State was neither tentative nor flexible. The State argues that the issue would reopen border issues that have not been contemplated under the Act, and that such a demand should not be permitted.

**Steps Taken to Resolve the Issue:**

- In 1960, both States agreed to set up a four-man committee with two representatives from each State. Except on the issue of contiguity, the committee could not arrive at a unanimous decision.
- Between the 1960s and 1980s, chief ministers of Karnataka and Maharashtra have met several times to find a solution to the vexed issue but with no avail.

**Response of Union Government:**

- The central government constituted the Mahajan Committee in 1966 to assess the situation. Representatives from both sides, Maharashtra and the then Mysore state were part of the committee.
- In 1967, the committee recommended that some villages in Karwar, Haliyal and Suparna talukas of Karnataka be given to Maharashtra but left Belagavi with the southern state.

**Response of the Supreme Court:**

- In 2006, the Supreme Court held that the issue should be resolved through mutual negotiation and that linguistic criterion should not be considered as it may create more practical problems.
- The case is still being heard by the Supreme Court.

**Other Border Disputes between Different States:**

1. Boundary issue between Assam and Mizoram
2. Odisha's Border Disputes

**Reorganization of States in India**

- At the time of independence in 1947, India consisted of nearly 550 disjointed princely states.
- In 1950, the Constitution contained a four-fold classification of the states of the Indian Union— Part A, Part B, Part C and Part D States.
  1. Part-A states comprised nine erstwhile governor's provinces of British India.

2. Part-B states consisted of nine erstwhile princely states with legislatures.
  3. Part-C states consisted of the erstwhile chief commissioner's province of British India and some of the erstwhile princely states.
  4. Part-D state comprised the Andaman and Nicobar Islands only.
- The grouping of states at the time was done on the basis of political and historical considerations rather than on linguistic or cultural divisions, but this was a temporary arrangement.
  - On account of the multilingual nature and differences that existed between various states, there was a need for the states to be reorganized on a permanent basis.
  - In this context, in 1948, SK Dhar committee - was appointed by the government to look into the need for the reorganization of states on a linguistic basis.
    1. The Commission preferred reorganisation of states on the basis of administrative convenience including historical and geographical considerations instead of on linguistic lines.
    2. This created much resentment and led to the appointment of another Linguistic Provinces Committee.
  - In December 1948, the JVP Committee comprising Jawaharlal Nehru, Vallabh Bhai Patel and Pattabhi Sitaramayya was formed to study the issue. The Committee, in its report submitted in April 1949, rejected the idea of reorganisation of states on a linguistic basis but said that the issue could be looked at afresh in the light of public demand.
  - However, due to protests, in October 1953, the Government of India created the first linguistic state, known as Andhra state, by separating the Telugu speaking areas from the Madras state.
  - On 22nd December 1953, Jawaharlal Nehru appointed a commission under Fazl Ali to consider the reorganisation of states. The commission submitted its report in 1955 and it suggested that the whole country be divided into 16 states and three centrally administered areas.
  - The government, while not agreeing with the recommendations entirely, divided the country into 14 states and 6 union territories under the States Reorganisation Act that was passed in November 1956.
  - Even after the large-scale reorganization of the states in 1956, the political map of India underwent continuous changes due to the pressure of popular agitations and political conditions.
  - On 5th August 2019, President of India in the exercise of the powers conferred by Clause (1) of Article 370 of the Constitution had issued the Constitution (Application to Jammu and Kashmir) Order, 2019. This divided the state of Jammu and Kashmir into two new Union Territories (UTs): Jammu & Kashmir, and Ladakh.
  - Recently, Dadra and Nagar Haveli and Daman and Diu (Merger of Union Territories) Act, 2019 has merged the Union Territories (UTs) of Daman and Diu (D&D) and Dadra and Nagar Haveli (DNH).
  - Presently, India comprises 28 states and 8 union territories.

## SOCIAL ISSUE

### Fourth Edition of State Health Index

NITI Aayog has released the fourth edition of the State Health Index for 2019–20. The report, titled “Healthy States, Progressive India”, ranks states and Union Territories on their year-on-year incremental performance in health outcomes as well as their overall status.

- Earlier, the Global Health Security (GHS) Index 2021, developed in partnership by the Nuclear Threat Initiative (NTI) and the Johns Hopkins Center was released. India, with a score of 42.8 (out of 100) has slipped by 0.8 points since 2019.

### **Key Points**

#### **About:**

- The State Health Index is an annual tool to assess the performance of states and UTs, which has been compiled and published since 2017.
  - It is a weighted composite index based on 24 indicators grouped under the domains of ‘Health Outcomes’, ‘Governance and Information’, and ‘Key Inputs/Processes’.
1. **Health Outcomes:** It includes parameters such as neonatal mortality rate, under-5 mortality rate, sex ratio at birth.
  2. **Governance and Information:** It includes parameters such as institutional deliveries, average occupancy of senior officers in key posts earmarked for health.
  3. **Key Inputs/Processes:** It consists of proportion of shortfall in health care providers to what is recommended, functional medical facilities, birth and death registration and tuberculosis treatment success rate.

#### **Developed By:**

2

- NITI Aayog, with technical assistance from the World Bank, and in close consultation with the Ministry of Health and Family Welfare (MoHFW).

**Focus of the Fourth Edition:**

- Round IV of the report focuses on measuring and highlighting the overall performance and incremental improvement of states and UTs over the period 2018–19 to 2019–20.

**Ranking of States:**

- To ensure comparison among similar entities, the ranking is categorized as:
  1. **Larger States:**In terms of annual incremental performance, Uttar Pradesh, Assam and Telangana are the top three ranking states.
  2. **Smaller States:**Mizoram and Meghalaya registered the maximum annual incremental progress.
  3. **Union Territories:**Delhi, followed by Jammu and Kashmir, showed the best incremental performance.
  4. **Overall:**The top-ranking states were Kerala and Tamil Nadu among the ‘Larger States’, Mizoram and Tripura among the ‘Smaller States’, and Dadra and Nagar Haveli and Daman and Diu (DH&DD) and Chandigarh among the UTs.

**Significance of the Index:**

- **Policymaking:**States use it in their policy making and resource allocation.This report is an example of both competitive and cooperative federalism.
- **Healthy Competition:**The index encourages healthy competition and cross-learning among States and UTs.The aim is to nudge states/UTs towards building robust health systems and improving service delivery.
- **Helpful in Achieving SDGs:**The exercise is expected to help drive state and union territories' efforts towards the achievement of health-related Sustainable Development Goals (SDGs) including those related to Universal Health Coverage (UHC) and other health outcomes.
- **Role in National Health Mission:**The importance of this annual tool is reemphasized by MoHFW’s decision to link the index to incentives under the National Health Mission.

**Limitations of the Index:**

- **Not Covered Critical Areas:**Some critical areas such as infectious diseases, noncommunicable diseases (NCDs), mental health, governance, and financial risk protection are not fully captured in the Health Index due to non-availability of acceptable quality of data on an annual basis.
- **Limited Data:**For several indicators, the data is limited to service delivery in public facilities due to paucity and uneven availability of private sector data on health services.For outcome indicators, such as Neonatal Mortality Rate, Under-five Mortality Rate, Maternal Mortality Ratio and Sex Ratio at Birth, data are available only for Larger States.
- **Without any Field Verification:**For several indicators, Health Management Information System (HMIS) data and programme data were used without any field verification due to the lack of feasibility of conducting independent field surveys.

**Related Initiatives**

1. National Health Mission (NHM)
2. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY)
3. Pradhan Mantri Swasthya Suraksha Yojana (PMSSY)
4. Pradhan Mantri Bhartiya Janaushadhi Pariyojana.
5. Ayushman Bharat Digital Mission

**SCIENCE & TECHNOLOGY**

**5G in India**

Recently, the Department of Telecommunications (DoT) has announced that India's major metros will have 5G services next year.Like other global players, India had, in 2018, planned to start 5G services as soon as possible, with an aim to capitalise on the better network speeds and strength that the technology promised.

**Key Points**

**About 5G Technology:**

- 5G is the 5th generation mobile network. It is a new global wireless standard after 1G, 2G, 3G, and 4G networks.
- It enables a new kind of network that is designed to connect virtually everyone and everything together including machines, objects, and devices.

- Internet speeds in the high-band spectrum of 5G has been tested to be as high as 20 Gbps (gigabits per second), while, in most cases, the maximum internet data speed in 4G has been recorded at 1 Gbps.

#### **Evolution from First Generation to Fifth Generation**

- 1G was launched in the 1980s and worked on analog radio signals and supported only voice calls.
- 2G was launched in the 1990s which uses digital radio signals and supports both voice and data transmission with a bandwidth of 64 Kbps.
- 3G was launched in the 2000s with a speed of 1 Mbps to 2 Mbps and it has the ability to transmit telephone signals including digitised voice, video calls and conferencing.
- 4G was launched in 2009 with a peak speed of 100 Mbps to 1 Gbps and it also enables 3D virtual reality.

#### **Different Bands of 5G:**

- 5G mainly works in 3 bands, namely low, mid and high frequency spectrum — all of which have their own uses as well as limitations.
  1. **Low Band Spectrum:** In terms of coverage and speed of Internet and data exchange, the maximum speed is limited to 100 Mbps (Megabits per second).
    - This means that telecom companies can use and install it for commercial cellphone users who may not have specific demands for very high speed Internet.
    - However, the low band spectrum may not be optimal for specialised needs of the industry.
  2. **Mid Band Spectrum:** It offers higher speeds compared to the low band, but has limitations in terms of coverage area and penetration of signals. This band may be used by industries and specialised factory units for building captive networks that can be moulded into the needs of that particular industry.
  3. **High Band Spectrum:** It offers the highest speed of all the three bands, but has extremely limited coverage and signal penetration strength. This band greatly enhances futuristic 5G technology applications like Internet of Things (IoT) and smart technology but will require considerable infrastructure.

#### **Uses of 5G:**

- Broadly speaking, 5G is used across three main types of connected services, including enhanced mobile broadband, mission-critical communications, and the massive IoT.
  1. **Enhanced Mobile Broadband:** In addition to making our smartphones better, 5G mobile technology can usher in new immersive experiences such as Virtual reality (VR) and Augmented Reality (AR) with faster, more uniform data rates, lower latency, and lower cost-per-bit.
  2. **Mission-Critical Communications:** 5G can enable new services that can transform industries with ultra-reliable, available, low-latency links like remote control of critical infrastructure, vehicles, and medical procedures.
  3. **Massive Internet of Things :** 5G is meant to seamlessly connect a massive number of embedded sensors in virtually everything through the ability to scale down in data rates, power, and mobility—providing extremely lean and low-cost connectivity solutions.
- Combined with IoT, cloud, big data, Artificial Intelligence, and edge computing, 5G could be a critical enabler of the fourth industrial revolution.

#### **Challenges for 5G Rollout in India:**

- **Low Fiberization Footprint:** There is a need to upgrade fibre connectivity across India, which at present connects only 30% of India's telecom towers. For an efficient 5G India launch and adoption, this number has to double.
- **'Make in India' Hardware Challenge:** The ban on certain foreign telecom OEMs (original equipment manufacturer) upon which most of the 5G technology development depends, presents a hurdle in itself.
- **High Spectrum Pricing:** India's 5G spectrum pricing is several times costlier than the global average. This will be of detriment to India's cash-strapped telcos.
- **Choosing the Optimal 5G Technology Standard:** The tussle between the homegrown 5Gi standard and the global 3GPP standard needs to be concluded in order to hasten 5G technology implementation. While 5Gi brings obvious benefits, it also increases 5G India launch costs and interoperability issues for telcos.

#### **Way Forward**

- **Boosting Domestic 5G Production:** The country needs to encourage and boost its local 5G hardware manufacturing at an unprecedented rate if it needs to realise the 5G India dream.
- **Pricing Rationalisation:** Rationalisation of this spectrum pricing is needed so that the government generates adequate revenue from the auction without hampering implementation plans for 5G in India.
- **Bridging the Rural-Urban Gap:** 5G can be deployed at different band spectrums and at the low band spectrum, the range is much longer which is helpful for the rural areas.

### PRELIMS FACT

#### Mission Sagar

Recently, Indian Naval Ship (INS) Kesari has reached the Port of Maputo, Mozambique to deliver 500 tonnes of food aid to support the efforts of Government of Mozambique to cope with ongoing drought and concurrent challenges of pandemic. India has also delivered two fast interceptor craft and self-defence military equipment to Mozambique.

- This is the eighth such deployment in consonance with the Prime Minister's vision of Security And Growth for All in the Region (SAGAR) and is being conducted in close coordination with the Ministry of External Affairs, and other agencies of the Government of India.

#### **Key Points**

##### **Mission Sagar:**

- Launched in May 2020, 'Mission Sagar' was India's initiative to deliver Covid-19 related assistance to the countries in the Indian Ocean Littoral states. The countries included were Maldives, Mauritius, Madagascar, Comoros and Seychelles.
  1. Under 'Mission Sagar', the Indian Navy has been deploying its ships to send medical and humanitarian aid to the countries in the Indian Ocean Region (IOR) and beyond.
  2. Under the mission, the Indian Navy has delivered assistance of more than 3,000 metric tons of food aid, over 300 metric tons of liquid medical oxygen, 900 oxygen concentrators and 20 ISO containers to 15 friendly foreign countries.
- In November 2020, as part of Mission Sagar-II, INS Airavat delivered food aid to Sudan, South Sudan, Djibouti and Eritrea.
- Mission Sagar-III is part of India's Humanitarian Assistance and Disaster Relief (HADR) assistance to friendly foreign countries during the ongoing Covid-19 pandemic. The assistance has been delivered to Vietnam and Cambodia. It highlights the importance accorded to ASEAN countries and further strengthens the existing bonds.

##### **Significance:**

- **India's extended Maritime Neighbourhood:**
  1. These deployments were conducted in solidarity with India's extended Maritime Neighbourhood and highlights the importance accorded by India to these special relationships.
  2. This is in continuance with India's role as the first responder at a time of an exigency to the friendly nations.
- **Useful in Tackling Terrorism:** The equipment will be useful as Mozambique is hit by terrorism in its North. Terrorist group Islamic State, also known as Da'esh, and its affiliates have rapidly spread in Central Africa.
- **Tackling Common Maritime Challenges:**
  1. This also helps in tackling common maritime challenges (traditional maritime conflicts between nation-states, environmental threats, threats by non-state actors (maritime terrorism and piracy), illicit maritime trades and trafficking) in the region.
  2. This was a major theme of discussion at the second edition of the Goa Maritime Conclave in November (2021) which brings together countries in the Indian Ocean Region.

##### **Vision 'SAGAR'**

- Security and Growth for All in the Region (SAGAR) was launched in 2015. It is India's strategic vision for the Indian Ocean Region (IOR).
- Through SAGAR, India seeks to deepen economic and security cooperation with its maritime neighbours and assist in building their maritime security capabilities.
- Further, India seeks to safeguard its national interests and ensure the Indian Ocean region to become inclusive, collaborative and respect international law.

- The key relevance of SAGAR emerges when seen in conjunction with India's other policies impacting the maritime domain like Act East Policy, Project Sagarmala, Project Mausam, India as 'net security provider', focus on Blue Economy etc.

**DAILY ANSWER WRITING PRACTICE**

**Qns. The consequences of poor nutrition are too costly for society to ignore and hence unrelenting focus is needed to tackle malnutrition. Analyse. (150 words)**

**Ans:**

**Introduction**

India, currently has the largest number of undernourished people in the world i.e. around 195 million. Nearly 47 million or 4 out of 10 children in India do not meet their full human potential because of chronic undernutrition or stunting. India ranks 94/ 107 countries in the Global Hunger Index 2020. Malnutrition is caused by a lack or imbalance of certain types of nutrients necessary for a healthy life.

**Body**

**Consequences of Poor nutrition**

- The National Family Health Survey (NFHS)-5 shows negligible gains in nutritional outcomes among under-five children.
- There has been tardy progress in reducing undernutrition, wasting and stunting.
- It is a national shame that even now, 5% of under-five children are stunted and 19.3% are wasted.
- Childhood anaemia has worsened from NFHS-4.
- Anaemia among adolescent girls and women aged 15-49 has also worsened.
- Malnutrition results in a reduced ability to work and increased susceptibility to disease, and depending on the nutrients lacking: anaemia, blindness, mental retardation, or death.
- India loses 4% of its GDP annually due to malnourishment.

**Measures needed**

- **Continued monitoring** :After monitoring the successful initiation of breastfeeding in the hospital, anganwadi workers, ASHA workers and Auxiliary Nurse Midwives must continue to monitor exclusive breastfeeding till the infant is six months old.They must record the timely initiation of complementary feeding with soft gruel
- **Ration supply without break** :We must also ensure that there is take-home ration for under-three children through the regular supply of supplementary nutrition from the Integrated Child Development Services.
- **Monitoring PDS**: Real-time monitoring of the Public Distribution System (PDS) will go a long way in ensuring food at the family level.
- **Community involvement** : Both Poshan Abhiyan and the Pradhan Mantri Garib Kalyan Anna Yojana need to be monitored with the help of the community to ensure sustainable nutrition security.
- **Other measures**
  1. Whether anganwadis are intermittently closed without any valid reason;
  2. Whether the supervisors are erratic in field monitoring;
  3. How we can capture the regularity and quantity of dry rations supplied to anganwadi centres and schools for mid-day meals;
  4. Whether there is live web-based centrally monitorable data on the movement of dry rations to anganwadis and schools;
  5. Whether parents and teachers can monitor the serving of hot, cooked meals;
  6. Whether self-help groups of women are involved in preparing the menu and procuring locally available vegetables, grains and millets to ensure dietary diversification
  7. Whether eggs are being denied or stopped for sociopolitical reasons.
- **Food fortification of staples** (including wheat, flour, rice and edible oils) : It represents a cost-effective and scalable solution to enhance nutrient intake.Standards for food fortification should be established, and guidelines changed to promote the use of fortified inputs in ICDS-provided hot cooked meals.
- **Increasing dietary diversity** : It is the preferred way of improving the nutrition of a population because it has the potential to improve the intake of many food constituents like antioxidants and probiotics not just micronutrients simultaneously.There are several low-cost, food-based measures that can be promoted at the community level to improve micro nutrient status.

- **Culturally appropriate dietary modifications** : Should be developed to help people identify concrete actions that can improve both dietary supply and the absorption of micronutrients. This information needs to be disseminated to the public through traditional information channels.
- **Public-Private partnerships** : Private sector engagement can leverage technological solutions for scaling up food fortification initiatives, and complement the government's outreach efforts through mass awareness and education campaigns in communities.

**Conclusion**

Prioritizing early childhood nutrition is key to ensuring India's development rests on strong and steady shoulders. India's ability to harness long-term demographic dividends rests on it prioritizing nutrition in its health agenda, and reforming the institutional framework through which interventions are delivered.

**DAILY QUIZ**

Q1. Consider the following statements about 'Beti Bachao, Beti Padhao' (BBBP) scheme:

1. It is an initiative of the NITI Aayog.
2. It aims to generate awareness and improve the efficiency of welfare services intended for girls in India.

Which of the statements given above is/are correct?

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

Q2. Consider the following statements about the Sixth Schedule of the Constitution of India:

1. It seeks to safeguard the rights of tribal population through the formation of Autonomous District Councils (ADC).
2. It provides for separate Regional Councils for each area constituted as an autonomous region.

Which of the statements given above is/are correct?

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

Q3. Consider the following statements about Belt and Road Initiative:

1. It is a multi-stakeholder initiative formed by the United States, Japan, and Australia.
2. It is a massive infrastructure project that would stretch from East Asia to Europe.

Which of the statements given above is/are correct?

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

Q4. Recently, 'Xinjiang' was in news, is an autonomous territory in:

- a. Russia
- b. Myanmar
- c. Vietnam
- d. China**

Q5. Consider the following statements regarding Chenab Bridge:

1. It is the world's highest rail bridge.
2. This bridge was built in a record time by the Indian army.

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