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Page 01:GS 3 : Internal Security

A violent clash between two Myanmar-based ethnic armed groups — the Chin National Defence Force (CNDF) and the Chinland Defence Force-Hualngoram (CDF-H) — has triggered the influx of nearly 4,000 Chin refugees into Champhai district, Mizoram, since July 3, 2025.

Conflict in Myanmar drives 4,000 into Mizoram

The Hindu Bureau
GUWAHATI

A battle between two ethnic armed groups in Myanmar has forced some 4,000 Chin people in the country to take refuge in Mizoram.

Officials in Champhai district of Mizoram said waves of Myanmar nationals began crossing a border bridge at Zokhawthar and the Tiau river since the gunfights broke out on July 3. The river demarcates a part of the 510-km border between India and Myanmar. "The refugees are taking shelter in the houses of their relatives, schools, and community halls. They are concentrated in the Zokhawthar and Vaphai villages," a district official said, declining to be quoted.

Volatile situation

"Given the volatile situation across the border, we have not asked these refugees, many of them women and children, to go back. Our villagers and members of NGOs such as the Young Mizo Association are looking after the basic needs of the refugees," the official said.

On Sunday, Mizoram Chief Minister Lalduhoma's political adviser Lalmuanpuia Punte reportedly visited the border area to hold talks with the leaders of the two extremist groups for cessation of violence.

Displaced population: Children from Myanmar families who have taken refuge in Mizoram. SPECIAL ARRANGEMENT

The Chins of Myanmar, and the dominant Mizos of Mizoram are members of the greater Zo community, as are the Kukis, Zomis, Hmars, and Kuki-Chins (Bangladesh).

It is not unusual for these ethnic groups to have relatives on either side of the border.

According to community elders in Zokhawthar, the refugees started trickling in after observing the movement of armed men in areas close to the border less than a week ago.

The "warning shots" erupted into a fierce gunfight on Saturday.

Security officials guarding the border said the fight was between the Chin National Defence Force (CNDF) and the Chinland Defence Force-Hualngoram (CDF-H) for the control of areas deemed strategic for border trade with India.

The two groups are part of the People's Defence Force that is leading a resistance movement against Myanmar's military junta, which captured power through a coup in 2021. After two days of exchanging fire, the CNDF was learnt to have captured all eight camps of the CDF-H in the area.

Key Facts:

- **Location of Influx:** Zokhawthar and Vaphai villages near the India-Myanmar border (Champhai district).
- **Ethnic Linkages:** Refugees belong to the Chin community, ethnically connected to the Mizos, Kukis, and other Zo tribes.
- **Reason for Conflict:** Control over strategic locations near the border, important for trade and insurgency logistics.
- **Humanitarian Response:** Refugees are being sheltered in homes, schools, and community halls with local NGO support (e.g., Young Mizo Association).
- **Government Stand:** Mizoram government has not asked the refugees to return, acknowledging the volatile security situation.

Key Analysis:

1. Strategic and Security Implications:

- **Porous and Ethnically Interlinked Borders:**The 510-km India–Myanmar border allows free movement of people due to shared tribal affiliations, posing a security challenge.
- **Insurgency Spillover Risk:** Armed groups active in Myanmar may exploit Indian territory for shelter, logistics, or regrouping.
- **Need for Border Vigilance:** Enhanced surveillance is needed without disrupting ethnic harmony or humanitarian access.

2**. Humanitarian and Social Aspects:**

- **Ethnic Solidarity:** Mizo society's response highlights communitarian compassion and traditional bonds beyond borders.
- **Civil Society Role:** Groups like the Young Mizo Association play a vital role in maintaining humanitarian support and social cohesion.
- **Temporary Sheltering Policy:** While India is not a signatory to the 1951 Refugee Convention, the state's non-repushment policy showcases ethical governance.

3**. Diplomatic and Bilateral Angle:**

- **India-Myanmar Relations:** This situation reflects India's limited diplomatic leverage in Myanmar post-2021 military coup.
- **ASEAN and Regional Stability:** Instability in Myanmar also affects India's Act East Policy and connectivity projects like Kaladan Multi-Modal Transit.

4. Federal Challenges:

- **Centre-State Coordination:** The humanitarian stance of Mizoram sometimes contrasts with the Central Government's firm border control policies.
- **Need for Refugee Management Framework:** The situation revives the demand for a comprehensive refugee policy/law in India, balancing security and human rights.

Way Forward:

1. **Strengthen Border Management:**
    - Deploy more integrated check posts and intelligence sharing along the Indo-Myanmar border.
    - Ensure that aid reaches refugees without allowing insurgent penetration.

2. **Humanitarian Assistance and Monitoring:**
    - Work with local NGOs and international organizations (e.g., UNHCR) for basic amenities.
    - Monitor the movement of armed groups near the border to prevent escalation.
3. **Diplomatic Engagement:**
    - India must leverage Track II diplomacy or engage with ethnic leaders for peace in border regions.
    - Advocate for peace and reconciliation in Myanmar through regional forums like BIMSTEC and ASEAN.
4. **Refugee Policy Reform:**
    - Frame a consistent, humane national refugee policy that can deal with ethnic linkages, sudden influxes, and legal ambiguities.

Conclusion:

The Myanmar border conflict and subsequent refugee influx into Mizoram is a multidimensional issue that tests India's border security, humanitarian values, and diplomatic prudence. India must respond with a blend of compassionate governance, strategic foresight, and regional cooperation to ensure both human security and national integrity.

UPSC Mains Practice Question

Ques: The ongoing ethnic conflict in Myanmar and the resultant refugee influx into Mizoram highlights the complex nature of India's border management and humanitarian obligations. Examine.**(250 Words)**

Page 03: GS 3 : Science and Technology

On July 8, 2025, the Government of Andhra Pradesh officially approved the Amaravati Quantum Valley Declaration (AQVD), marking a significant step towards making Amaravati a global hub for quantum science and technology.

The declaration is the outcome of the Amaravati Quantum Valley Workshop held on June 30, which brought together leading stakeholders including IBM, TCS, and L&T, along with state officials and academic institutions.

A.P. govt. approves Amaravati Quantum Valley Declaration

The AQVD reflects the State's aspiration to transform Amaravati into a globally competitive centre for quantum science and technology

The Hindu Bureau
VIJAYAWADA

The Andhra Pradesh government on Monday approved the Amaravati Quantum Valley Declaration (AQVD), setting the stage for it to serve as a framework for the State's efforts in advancing quantum technologies and nurturing a vibrant innovation ecosystem.

Bhaskar Katamneni, Secretary (IT, Electronics and Communications), stated in a Government Order that the government organised the Amaravati Quantum Valley Workshop on June 30 as a landmark initiative aimed at catalysing collaboration across sectors.

New vistas: Bhaskar Katamneni, Secretary (ITE&C), speaking at the workshop on 'Amaravati Quantum Valley' last month. K.V.S. GIRI

As a key outcome of the deliberations held during the event, the stakeholders brought out the AQVD as a forward-looking document that encapsulates shared commitments, long-term vision and strategic priorities for quantum research, innovation, talent development, infrastructure creation and international engagement. The AQVD reflects the aspiration to transform Amaravati into a globally competitive centre for quantum science and technology. It contains six joint commitments of the government of Andhra Pradesh and IBM, TCS and L&T, which are partnering to develop the Amaravati Quantum Valley.

Key Features of AQVD:

- Strategic Vision Document: Outlines a long-term vision and joint commitments for developing quantum technologies.

- Collaborative Partnerships: Joint effort by the Andhra Pradesh government, IBM, Tata Consultancy Services (TCS), and Larsen & Toubro (L&T).
- **Focus Areas:**
    1. Quantum research and innovation
    2. Talent and workforce development
    3. Infrastructure creation
    4. Global collaboration
    5. Start-up and industry support
    6. Policy and governance support

Significance:

1. Boost to India's Quantum Ambitions:

- Supports National Quantum Mission (NQM) launched by the Central Government.
- Aligns with India's goal of becoming a global leader in quantum computing, communication, and sensing.

2. Science & Tech Innovation Ecosystem:

- Encourages public-private-academic collaboration in cutting-edge technologies.
- Builds a regionally distributed tech ecosystem beyond major metros.

3. Economic and Employment Potential:

- Can create high-value jobs in quantum hardware, software, and R&D.
- Will attract global investment and talent in a futuristic technology sector.

4. Strategic and Geopolitical Relevance:

- Quantum tech has applications in cybersecurity, national defence, space, and AI.
- Helps India reduce dependence on global tech giants and enhance technological sovereignty.

Challenges Ahead:

- **Skilled Manpower Shortage**: Requires investment in training, PhD programmes, and curriculum reforms.
- **Infrastructure and Funding:** High-cost area; sustained public-private investment is necessary.
- **Policy and Regulatory Support:** Must ensure data privacy, ethical use, and export control frameworks evolve in line with global standards.

Way Forward:

1. **Leverage National Quantum Mission (NQM):** Utilize central funding and roadmap to align with AQVD.
2. **Incentivize Research and Startups:** Provide grants, incubation support, and IP protection.
3. **International Collaborations:** Tap into knowledge from quantum leaders like the US, EU, and Israel.
4. **Skilling and Education:** Introduce quantum science in higher education, build a specialized talent pipeline.

Conclusion:

The Amaravati Quantum Valley Declaration is a visionary policy step that reflects Andhra Pradesh's ambition to lead India's journey into the quantum era. With right implementation, it can serve as a model for regional tech hubs and contribute significantly to India's scientific advancement, digital economy, and strategic autonomy.

UPSC Mains Practice Question

Ques: Quantum technology is poised to be a game changer for national security, communication, and economic development.Evaluate the steps taken by India to develop a quantum technology ecosystem and suggest how regional innovation clusters like Amaravati can complement this vision. **(250 Words)**

Page : 05 :GS 2 : Indian Polity&Constitution

In a case challenging the Special Intensive Revision (SIR) of electoral rolls in Bihar, the Supreme Court referred to its landmark 1977 judgment in M.S. Gill vs. Chief Election Commissioner. The court highlighted the limits and accountability of the Election Commission's powers under Article 324 of the Constitution.

In SIR challenge, Supreme Court refers to 1977 judgment on Election Commission's powers

Krishnadas Rajagopal
NEW DELHI

Even as a pitched legal battle lies ahead for the special intensive revision (SIR) exercise in Bihar, the Supreme Court on Monday drew petitioners' attention to a judgment which observed that the Constitution does not "exalt" the Election Commission as a "law unto itself".

As Opposition parties joined forces in the court, claiming the SIR of electoral rolls would inflict an ugly dent on the rights of crores from the marginalised sections of Bihar society, and even disenfranchise them, Justice Sudhanshu Dhulia, heading a Division Bench, referred to the court's 1977 judgment in *M.S. Gill versus Chief Election Commissioner*, which said the "little, large Indian shall not be hijacked from the course of free and fair elections... A free and fair election based on universal adult franchise is the basic".

The judgment was discussing the ambit of the power of the EC under Article 324 of the Constitution. The Article gives the poll body the power of "superintendence, direction and control" over "all elections".

'Norms of fairness'

However, Justice V.R. Krishna Iyer, who authored the 1977 judgment, said an Election Commissioner was still subject to the "norms of fairness and cannot act arbitrarily".

"Article 324 does not exalt the Election Commission into a law unto itself... Unchecked power is alien to our system... It is well-established that when a high functionary like the Commissioner is vested with wide powers, the law expects him to act fairly and legally. Discretion vested in a high functionary may be reasonably trusted to be used properly, not perversely. If it is misused, certainly the court has power to strike down that act," Justice Iyer, who was part of the five-judge Constitution Bench, had emphasised in the judgment, which may come up prominently for discussion in the next hearing scheduled for July 10.

> Article 324 does not exalt the EC into a law unto itself... Unchecked power is alien to our system... If it is misused, certainly the court has power to strike down that act
>
> SC JUDGMENT OF 1977

The verdict was based on a reference after the EC cancelled the election to the 13-Ferozepur Lok Sabha constituency in Punjab in 1977 after mob violence broke out and ordered fresh election. Mr. Gill had challenged the decision, claiming the violence was orchestrated to thwart his probable win. The court upheld the EC's power to cancel the election and order fresh polls under Article 324 of the Constitution.

However, the court said the power of the EC under Article 324 to do whatever was necessary to conduct an election, for that matter, any election, must not end up creating a "constitutional despot". The terms "superintendence, direction and control" as well as "conduct of all elections" were the "broadest" of terms, Justice Iyer said.

These terms opened doors to "myriad maybes, too mystic to be precisely presaged". The EC could explain away certain actions by justifying them as necessary to reach the goal of free and fair election.

What is the SIR Dispute?

- **Opposition Allegation:** The Special Intensive Revision of electoral rolls could potentially disenfranchise marginalized communities in Bihar.
- **Petitioners' Concern:** Large-scale deletion or scrutiny without safeguards may violate the constitutional right to vote.
- **Election Commission's Argument:** The SIR is a legitimate administrative action to update and clean electoral rolls.

Article 324 – Powers of the Election Commission:

- Article 324 grants the Election Commission (EC) the power of "superintendence, direction and control" of elections to Parliament, state legislatures, and offices of President and Vice-President.
- This power is broad but not absolute.

The 1977 M.S. Gill Judgment: Key Takeaways

- Context: The EC had cancelled the election to the Ferozepur Lok Sabha seat in 1977 due to mob violence. The decision was challenged.
- SC's Verdict: The EC was empowered to cancel the election and hold fresh polls, under Article 324.
- But, Justice V.R. Krishna Iyer cautioned that:

> "Article 324 does not exalt the Election Commission into a law unto itself… Unchecked power is alien to our system."

- EC must act within norms of fairness and legality. If it misuses discretion, the court can intervene.
- The broad terms like "superintendence, direction and control" are not a license for constitutional despotism.

Constitutional and Legal Significance:

Checks and Balances:

- Reinforces that even constitutional authorities like EC are accountable and subject to judicial review.
- No functionary, even one protecting democracy, is above the Constitution.

Protection of Electoral Rights:

- SC's reference to M.S. Gill ensures that electoral processes remain inclusive, especially for the marginalized sections.
- Electoral roll revision must not be arbitrary or exclusionary.

Electoral Reforms and Due Process:

- Underscores the need for procedural safeguards during voter list revisions.
- Electoral integrity must not come at the cost of disenfranchisement.

Implications Going Forward:

- The SC's mention of this case signals that the court will closely scrutinize EC's actions in Bihar.
- Sets the tone for balancing electoral integrity with constitutional morality.

- Likely to spark wider discussions on electoral reforms, especially on:
  - Voter deletion processes
  - Inclusion of vulnerable groups
  - Role of technology and Aadhaar in elections

Conclusion:

The Supreme Court's reference to the M.S. Gill case is a timely reminder that while the Election Commission is entrusted with great responsibilities, it must exercise its powers with transparency, accountability, and fairness. The ongoing SIR dispute will test the balance between administrative necessity and constitutional safeguards — central to the health of India's electoral democracy.

UPSC Mains Practice Question

Ques: While Article 324 of the Constitution vests wide powers in the Election Commission, such powers are not absolute and must be exercised within the boundaries of fairness and legality. In light of the recent Supreme Court observations during the Bihar Special Intensive Revision (SIR) case and the 1977 M.S. Gill judgment, critically examine the scope and limits of the Election Commission's powers.

Page 07 : GS 2 &3 : Social Justice &Environment & Ecology

A new study published in PLOS Global Public Health, based on NFHS data and satellite-based air quality data, highlights a strong link between exposure to PM2.5 and adverse birth outcomes in India. These include preterm births (PTB) and low birth weight (LBW) — conditions associated with lifelong health and development challenges.

Sanitation workers cleaning a road are enveloped by smog in Gurugram. PTI

Air pollution tied to preterm births, low birth weight in India: study

Geetha Srimathi

Air pollution, a hazard endured everyday by millions across India in varying degrees, has long been associated with a range of respiratory diseases, heart conditions, and a growing list of health issues. Now, a new study reveals the damaging effects of air pollution extend far beyond the lungs and heart, affecting people before they are even born.

Published in *PLoS Global Public Health*, the study was carried out by researchers from institutions in India, Thailand, Ireland, and the UK, with data from the National Family Health Survey (NFHS) along with satellite data. The team assessed the influence of ambient air quality on birth outcomes, specifically preterm births (PTB) and low birth weight (LBW). The dataset included children aged 0 to 5 years; 52% were female and 48% male.

The results suggest that exposure to fine particulate matter (PM2.5) during pregnancy significantly increases the likelihood of these adverse outcomes. PM2.5 consists of airborne particles less than 2.5 micrometres in diameter.

According to the study, mothers exposed to increased levels of PM2.5 had a 70% higher chance of delivering prematurely compared to those who weren't exposed. The odds of giving birth to a baby with low birth weight rose by 40% for mothers who faced higher air pollution levels.

Northern states at higher risk

A particularly significant finding in the study is the regional disparity: specifically, Delhi, Punjab, Haryana, Uttar Pradesh, and Bihar bear the brunt of the consequences of air pollution. These regions are known for being heavily industrialised with high vehicular emissions and the widespread use of solid

Higher PM2.5 during pregnancy increased the likelihood of both LBW and PTB by 1.37x and 1.67x, respectively, with even a slight rise in temperature linked to an increase in LBW cases

fuels for cooking.

This conclusion aligns with previous reports. Another recent study in *The Lancet* reported that the average PM2.5 concentration in Delhi was 13.8-times higher than that in Kerala.

PTB was most prevalent in Himachal Pradesh (39%) and Delhi (17%), while LBW was most common in Punjab (22%) and Delhi (19%). Female children were more likely to be born with LBW (20%) compared to males (17%) — although both conditions were found to be more frequent among children of illiterate and poorer mothers.

Households that used solid fuel to cook also reported higher rates of both LBW and PTB.

Higher levels of PM2.5 during pregnancy significantly increased the likelihood of both LBW and PTB by 1.37x and 1.67x, respectively, with even a slight rise in temperature linked to an increase in LBW cases, though not PTB.

Higher temperatures have previously been linked to maternal dehydration, heat stress, and increased cardiovascular strain, all of which impair placental function and disrupt foetal growth. Conversely, excessive rainfall, especially during the monsoon, raises the risk of waterborne infections, which can further hinder foetal growth, the study suggests.

Flooding and displacement associated with heavy rains can also disrupt healthcare access, leading to delayed medical interventions and increasing the likelihood of pregnancy complications.

Key Findings:

Impact of PM2.5 Exposure:

- PM2.5 (particulate matter <2.5 microns) exposure during pregnancy increases the risk of:
  - Preterm Birth (PTB) by 67%
  - Low Birth Weight (LBW) by 37%

Regional Disparities:

- High-risk States: Delhi, Punjab, Haryana, Uttar Pradesh, and Bihar
- Highest PTB Rates: Himachal Pradesh (39%) and Delhi (17%)
- Highest LBW Rates: Punjab (22%) and Delhi (19%)

Gender and Socioeconomic Divide:

- Female children more likely to be born with LBW (20%) vs. males (17%)
- Higher prevalence among children of illiterate and poor mothers
- Solid fuel use in households correlated with more LBW and PTB cases

Climate Linkages:

- Heat exposure during pregnancy increases LBW risks
- Floods and rainfall disrupt access to healthcare, exacerbating foetal health outcomes

Significance:

Public Health Concern:

- Prenatal exposure to air pollution affects health before birth — a critical window for long-term developmental outcomes, including cognitive, respiratory, and metabolic disorders.

Environmental Justice Issue:

- Burden is disproportionately borne by the poor, illiterate, and rural households — reinforcing intergenerational cycles of poverty and ill-health.

Regional Environmental Imbalance:

- Air pollution in northern India remains far worse than in southern states (e.g., PM2.5 in Delhi is 13.8x higher than in Kerala).
- Policy interventions must be regionally targeted, not one-size-fits-all.

Climate-Pollution Interaction:

- Combined effect of high temperature, pollution, and poor sanitation worsens maternal health.
- Highlights need for integrated climate-health frameworks.

Policy Implications & Way Forward:

1. **Air Quality Control:**
   - Expand and enforce National Clean Air Programme (NCAP) to reduce PM2.5 levels in urban and rural areas.
   - Incentivize cleaner fuels and cooking technologies (like LPG, electric induction) under Ujjwala 2.0.
2. **Maternal Health Services:**
   - Prioritize antenatal care in high-pollution zones.
   - Enhance community awareness about the risks of indoor air pollution.
3. **Data and Monitoring:**
   - Integrate air quality indicators into maternal health tracking systems.
   - Strengthen satellite and ground-level data monitoring for region-wise planning.
4. **Climate-Resilient Healthcare:**
   - Improve healthcare access in flood-prone and heatwave-affected regions.
   - Build resilient primary health infrastructure and train ASHAs and ANMs on climate-sensitive maternal care.
5. **Urban Planning and Green Policies:**
   - Encourage low-emission transport, reduce vehicular emissions, and expand green cover in cities.
   - Focus on multi-sectoral coordination (health, urban, environment, energy) for policy execution.

Conclusion:

This study offers a compelling evidence base that air pollution is not just an environmental issue but a serious maternal and child health crisis in India. For a nation striving to improve its human development indicators, this demands urgent, cross-sectoral, and targeted action.

UPSC Mains Practice Question

Ques: Air pollution is not just an environmental hazard but a public health emergency that begins before birth. In light of recent studies linking PM2.5 exposure to preterm births and low birth weight in India, critically examine the challenges and suggest a multi-sectoral response. **(250 Words)**

Page 09 : GS 2 : Governance

The Indian subsidiary of U.S.-based Carrier Airconditioning has filed a case in the Delhi High Court, challenging the Modi government's electronic waste (e-waste) recycling rules. This adds to a growing list of legal actions by major firms like Samsung, LG, Daikin, and Voltas against the same norms.

What Are the New E-Waste Rules?

- Under the 2022 E-Waste (Management) Rules, notified by the Ministry of Environment, manufacturers are obligated to ensure proper collection, recycling, and disposal of e-waste.
- In September 2023, the government fixed a floor price of ₹22/kg that producers must pay certified recyclers.
- **Objective:**Improve recycling efficiency, standardize compensation, and curb informal/unscientific recycling.

Industry's Arguments:

- **"Unfair and Arbitrary":** Carrier and others claim the mandatory price imposes excessive financial burden.
- **Violation of Market Freedom:** They argue that private companies and recyclers should be free to negotiate prices without government interference.
- **Operational Feasibility:** Recyclers, according to the petitioners, were willing to continue at earlier (lower) rates.
- **Comparative Cost Burden:** The floor price is said to be 3–4 times higher than previous rates.

Government's Position:

- **Need for Regulation:** Only 43% of e-waste was recycled in India last year. The floor pricing ensures recyclers are incentivized to operate legally and safely.
- **Environmental Objective:** Rules are a "reasonable intervention" to reduce pollution, prevent dumping, and formalize waste handling.
- **Global Benchmarking:** Despite industry protests, rates in India remain lower than the U.S. and EU, where compliance costs are higher.

Carrier becomes latest global firm to sue India over electronic waste rules

Recycling woes: India is the third-biggest generator of electronic waste behind China and the U.S. REUTERS

Reuters
NEW DELHI

The Indian unit of U.S. air conditioning giant Carrier has become the latest major firm to sue Prime Minister Narendra Modi's government over electronic waste rules that have hiked the fees manufacturers must pay to recyclers.

South Korea's Samsung Electronics and LG Electronics as well as Japan's Daikin and Tata's Voltas have also brought suits, which are set to be heard by the High Court of Delhi on Tuesday.

All of the companies are seeking to have the rules quashed.

Huge waste generation

India is the third-biggest generator of electronic waste behind China and the U.S., but the government says only 43% of the country's e-waste last year was recycled.

The Modi government, in September, fixed a floor price that electronics makers must pay recyclers, which manufacturers argue is roughly three to four times higher than what they paid earlier.

In a 380-page court filing dated June 3, which has not been disclosed publicly, Carrier said recyclers were willing to continue their work at the older prices and the government should not interfere in private dealings between companies and recyclers.

'Unfair and arbitrary'

"The burden of the benefit being given to the recyclers has been put on the producers, which is unfair and arbitrary," said submissions by Carrier Airconditioning & Refrigeration which were reviewed by *Reuters*.

The submissions added that the rules will impose a "huge financial burden" on the company.

Carrier did not respond to a *Reuters* request for comment.

India's Ministry of Environment also did not respond to *Reuters* queries. It has previously argued in court that the pricing rules are needed to ensure proper waste disposal and were a "reasonable" intervention.

The new rules mandate a minimum payment of ₹22 per kilogram to recycle consumer electronics. Such rates are still lower than levels in the U.S. where they are up to five times higher, according to research firm Redseer.

Carrier reported sales of $248 million in India last year, its highest level since at least the financial year ending March 2020.

Its filing said it installed India's first-ever air conditioning system in Jaipur city in 1936.

Significance for India:

Environmental Governance:

- India is the 3rd-largest e-waste generator after China and the U.S.
- E-waste contains toxic metals (e.g., lead, mercury, cadmium) and needs safe, scientific handling.
- New rules promote the circular economy and reduce burden on landfills.

Make in India & Compliance:

- The case highlights the tension between sustainability mandates and industry competitiveness.
- High compliance costs may discourage investment or increase product prices in the short term.

Judicial Role in Policy:

- The Delhi High Court's verdict could set precedent for regulatory freedom vs business autonomy.
- Raises constitutional questions on economic freedom, proportionality, and environmental justice.

Challenges:

- **Informal Sector Dominance:** Despite rules, a large share of India's e-waste is handled by unregistered recyclers lacking safety standards.
- **Implementation Lag:** Weak monitoring and absence of robust extended producer responsibility (EPR) tracking tools.
- **Corporate Pushback:** Legal battles may delay the rollout of stricter environmental compliance norms.

Way Forward:

1. **Balanced Pricing Policy:**
    - Re-evaluate floor pricing based on economic impact studies while protecting recycler viability.
2. **Incentivize Compliance:**
    - Offer tax rebates or green credits to producers investing in sustainable disposal mechanisms.
3. **Strengthen Monitoring and Capacity:**
    - Expand digital tracking of e-waste flows, and train informal sector workers to join formal supply chains.

4. **Collaborative Governance:**
    - Foster multi-stakeholder consultations (industry, state pollution boards, recyclers) for smoother rule implementation.

Conclusion:

India's e-waste rules are a vital part of its environmental governance strategy and align with its global commitments under SDG 12 (Responsible Consumption and Production). However, the current conflict with global manufacturers underscores the need for policy clarity, regulatory flexibility, and stakeholder engagement to ensure both sustainability and economic growth.

UPSC Mains Practice Question

Ques: Discuss the environmental significance of fixing a floor price for e-waste recycling in India. **(250 Words)**

Page : 08 Editorial Analysis

Fostering a commitment to stop maternal deaths

In childbirth in India, why should 93 women lose their life while one lakh women have a safe delivery? For the time period 2019-21, the Maternal Mortality Ratio (MMR) estimate for India was 93, in other words, the proportion of maternal deaths per 1,00,000 live births, reported under the Sample Registration System (SRS). "Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes". But the MMR in India has declined over the years – it was 103 in 2017-19, then 97 in 2018-20 and now 93 in 2019-21.

To understand the maternal mortality situation better, States have been categorised into three: "Empowered Action Group" (EAG) States that comprise Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Odisha, Rajasthan, Uttar Pradesh, Uttarakhand and Assam; "Southern" States which include Andhra Pradesh, Telangana, Karnataka, Kerala and Tamil Nadu; and "Other" States that cover the remaining States/Union Territories.

In the group of "Southern" States, Kerala has the lowest MMR (20) and Karnataka the highest (63). The rest of the data is Andhra Pradesh (46) Telangana (45) and Tamil Nadu (49). In the EAG States, Assam has a very high MMR (167); the rest of the data is Jharkhand (51), and Madhya Pradesh (175). Bihar, Chhattisgarh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand are in the 100-151 range. In the category of "Other" States. Maharashtra is 38 and Gujarat 53; the rest of the data is Punjab 98, Haryana 106 and West Bengal 109.

We need to have a differential approach in strategy to reduce maternal deaths in the different clusters of States. In this, addressing three issues is fundamental. There are "three delays" that lead to a mother dying, according to Deborah Maine of Columbia University – I had incorporated this in the training module on 'Safe Motherhood in India' in 1992.

Key factors that endanger a life

The first delay is in recognising impending danger and making a decision to rush and seek expert care. The husband and other family members often experience inertia, thinking that all deliveries are a natural process and so the mother-to-be can wait. Or they may not have enough money or other issues at the family level that prevent them from going to a hospital. If the educational level of family members and their financial position are weak, delaying decision making is detrimental. But empowered, neighbourhood mothers and women's self-help-groups have resulted in a remarkable change; no longer is a mother-to-be neglected by lethargic family members. Ever since Accredited Social Health Activists (ASHA) began networking with Auxiliary Nurse Midwives (ANM) since 2005 (when the National Rural Health Mission (NHRM) was launched), institutional over home deliveries have become the better option. The financial incentives for the mother and ASHA were the turning point.

Dr. K.R. Antony

is a Public Health Consultant in Kochi, Kerala, who drafted the first Safe Motherhood module for the Ministry of Health on behalf of UNICEF

The Maternal Mortality Ratio for India is on the decline, but there are States that need to focus on basic and systemic issues

The second delay is in transportation. From remote rural hamlets and forest settlements or faraway islands it may take many hours, or an overnight journey for a mother-to-be to reach a health facility with a skilled birth attendant (midwife/staff nurse) or a doctor or an obstetrician. Many women die on the way. However, the 108 ambulance system and other Emergency transport mechanisms under the National Health Mission has made a difference.

Other problems

The third delay, an unpardonable one, is in initiating specialised care at the health facility. The excuses are plenty and difficult to justify – a delay in attending to a woman in the emergency room; a delay in reaching the obstetrician; a delay in getting a blood donor, in laboratory support, the operation theatre not being ready, an anaesthetist not being available is a list that can go on. The concept of the operationalisation of a 'minimum four FRUs [first referral units] per district of two million population, is crucial. The "first level referral unit" with specialists such as an obstetrician, anaesthetist, paediatrician, blood bank and operation theatre was aimed at preventing maternal death at the doorstep of a hospital.

Unfortunately, this has not worked out as expected since 1992. There are problems such as 66% vacancies of specialists in 5,491 community health centres out of which 2,856 are supposed to be FRUs in 714 districts. The lack of blood banks or blood storage units in these designated FRUs was another reason for many mothers not receiving adequate blood transfusion within two hours of the onset of massive bleeding after delivery, leading to fatalities.

The biggest killer is bleeding after delivery. This could be due to inadequate and timely contraction of an overstretched uterus with a baby of three-kilogram weight floating in amniotic fluids. When the placenta is separated after delivery, the raw opened surfaces of the uterine wall will bleed profusely unless it immediately contracts. From a total reserve of five litres of blood, more than half is lost in such a short duration, resulting in the mother going into shock and death. If there is underlying anaemia, which has not been treated with iron folic acid supplements in pregnancy, it will also result in tragedy. Thus, there is a need for immediate blood transfusion and emergency surgical care.

The next emergency is obstructed labour where the contracted bony pelvis of an already stunted young mother (who is also malnourished and has low body mass index) does not allow the normally grown baby to emerge. Prolonged labour can lead to foetal distress and a lethal rupture of the uterus. This can be avoided by a Caesarean section. Thus, there is a need for a well-equipped operation theatre and obstetrician/ surgeon and an anaesthetist on call.

The third medical cause is hypertensive disorders of pregnancy that are not recognised and treated on time. They can result in a dire emergency with convulsions and coma and very little time to medically control high blood pressure. There are some home deliveries by untrained birth attendants which lead to trauma and puerperal infection, resulting in sepsis and death. Antibiotics could have saved their lives, but the patient is admitted to hospital late. A failure of contraceptive devices, resulting in unwanted pregnancies and crude abortion techniques by quacks, also leads to sepsis and death. In EAG States, associated illnesses such as malaria, chronic urinary tract infections and tuberculosis are also high risk factors.

The focus areas for States

The prescription for averting maternal deaths is early registration and routine antenatal care and ensuring institutional delivery. Many of these systemic deficiencies will be highlighted in the mandatory reporting and audit of all maternal deaths under the NHM. While the EAG States have to focus on the implementation of basic tasks, the southern States group and probably Jharkhand, Maharashtra and Gujarat need to fine tune the quality of their emergency and basic obstetric care.

The Kerala model of a Confidential Review of Maternal deaths, initiated by Dr. V.P. Paily, has some analytical leads on how Kerala can further reduce its already low MMR of 20. It is a model other southern States can emulate. The use of uterine artery clamps on the lower segment, application of suction canula to overcome atonicity of the uterus, and a sharp lookout for and energetic management of amniotic fluid embolism, diffused intravascular coagulation, hepatic failure secondary to fatty liver cirrhosis are strategies taught to obstetricians, which even developed countries have yet to practise routinely. They even address antenatal depression and post-partum psychosis as there were a few cases of pregnant mothers ending their life.

Finally, if there is a commitment and a will to stop preventable maternal deaths there is no limit to the varieties of proactive interventions.

The writer acknowledges inputs on the Confidential Review of Maternal Deaths in Kerala from Dr. Smithy Sanel, a Spokesperson of the Kerala Federation of Obstetrics and Gynaecology

Paper 02 **Social Justice**

UPSC Mains Practice Question: **The 'Three Delays' model remains central to understanding India's maternal mortality. Critically examine these delays and suggest measures to address them effectively across different state clusters. (250 words)**

Context :

Despite significant progress in reducing maternal mortality in India, 93 women still die for every 1,00,000 live births (MMR: 93 as per SRS 2019–21). This article highlights regional disparities, the "three delays" model, and practical interventions necessary to achieve the goal of zero preventable maternal deaths.

Key Data Points:

- **India's MMR:**
  - 103 (2017–19) → 97 (2018–20) → 93 (2019–21)
- **State-Wise Disparities:**
  - **Kerala (Lowest):** MMR 20
  - **Madhya Pradesh:** MMR 175
  - **Assam:** MMR 167
  - **Punjab, Haryana, WB**: MMR 98–109
- **Southern States Average:** 20–63
- **EAG States Average:** 100–175

Three Delays Leading to Maternal Deaths:

1. **Delay in Recognizing Danger and Seeking Care**
   - Lack of awareness, financial constraints, social barriers
   - Mitigated by ASHA–ANM collaboration and JSY incentives
2. **Delay in Reaching Health Facility**
   - Remote geographies, poor transport
   - 108 Ambulance and NHM transport support helped but gaps remain
3. **Delay in Receiving Quality Care at Facility**
   - Unavailable specialists, blood banks, equipment
   - FRUs often non-functional due to staff and infrastructure gaps

Medical Causes of Maternal Mortality:

- **Postpartum Hemorrhage (PPH):** #1 killer
- **Obstructed Labour:** Often in undernourished adolescent mothers
- **Hypertensive Disorders (eclampsia):** If not managed in time
  - Unsafe abortions and infections (esp. by quacks)
  - Complications in home deliveries by untrained birth attendants
- **Associated conditions:** Malaria, TB, anaemia, UTI

Systemic Challenges Identified:

- 66% vacancies in specialist posts in CHCs
- Lack of operational FRUs (First Referral Units)
- Inadequate blood storage and transfusion capacity
- Neglected mental health issues in mothers
- Poor quality emergency obstetric care in some states
- Failure to implement technical protocols uniformly across India

Successful Interventions and Models:

- Kerala's Confidential Review of Maternal Deaths
  - Helps identify cause-specific mortality
  - Has lowered MMR to 20
- Special protocols: Uterine artery clamp use, suction cannula for atonic uterus, rapid response to embolism, coagulopathy, hepatic failure
- Addressing perinatal depression and post-partum psychosis
  - Kerala includes mental health in maternal care

Policy Suggestions & Way Forward:

1. **Differentiated Strategy by State Cluster**
   - EAG states: Focus on basic implementation (access, antenatal care, transport)
   - Southern/Better-off states: Refine quality, fill specialist gaps, mental health
2. **Operationalize Minimum 4 FRUs/District**
   - Ensure staffing (obstetrician, anaesthetist, paediatrician) and blood units
   - Emergency surgical care must be available 24x7
3. **Ensure Early Antenatal Registration**
   - Iron-folic acid supplementation, hypertension monitoring
   - Promote institutional deliveries with incentives
4. **Strengthen Data Systems**
   - Enforce Maternal Death Surveillance and Response (MDSR)
   - Use Confidential Reviews to identify systemic gaps
5. **Focus on Adolescent Girls' Nutrition and Education**
   - Address intergenerational malnutrition and anaemia
   - Prevent early and unsafe pregnancies

6. **Invest in Public Health Cadre and Infrastructure**
    - Fill specialist vacancies in CHCs
    - Equip FRUs and PHCs for basic and emergency obstetric care

Conclusion:

India has made notable progress in reducing maternal mortality, but the goal of zero preventable maternal deaths requires targeted policy, better health infrastructure, skilled manpower, and community engagement. The Kerala model, ASHA-ANM efforts, and technology-enabled maternal care offer replicable examples. Political and administrative will, backed by scientific and empathetic public health planning, will be key to saving lives and ensuring safe motherhood for all.