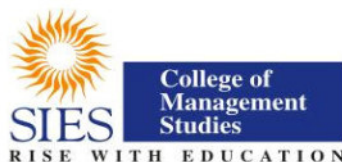


Millennium Development Goals – A Preview of the Progress Status in India

**SIES College of Management Studies
Working Paper Series**

The Working Paper Series would attempt to disseminate the findings of research in specific areas and also to facilitate discussions and sharing of perspectives and information about the identified areas. The papers carry the names of the authors and should be cited accordingly. The views, findings, and interpretations expressed in this paper are entirely those of the authors. They do not represent the views of SIESCOMS and its management. These working papers would be available online at www.siescoms.edu. No part of the paper can be reproduced in any form without the prior permission of the author. However, they can be quoted by citing the reference.



Working Paper 02/06

Millennium Development Goals: A Preview of the Progress Status in India

Ms Gayatri Vivek,
Program Coordinator,
Post-Graduate Diploma in Social
Enterprise Management,
SIES College of Management Studies
gayatri@siescoms.edu

Dr. Vandita Dar,
Associate Professor,
Economics,
SIES College of Management Studies
vandita@siescoms.edu

Abstract:

Millennium Development Goals (MDGs) have become the most widely accepted yardstick of development efforts by Governments, donors and NGOs. The MDGs are a set of numerical and time-bound targets related to key achievements in human development. They include halving income-poverty and hunger, achieving universal primary education and gender equality, reducing infant and child-mortality by two-thirds and maternal mortality by three –quarters, reversing the spread of HIV/AIDS and other communicable diseases, and having the proportion of people without access to safe water. These targets have to be achieved by 2015, from their levels in 1990. This paper is first in a series of attempts to capture the work being done towards accomplishment of the Millennium Development Goals (MDGs) in India. The objective of this exercise is to provide information regarding the progress of MDGs to people in general and also to make NGOs aware of their role in the MDGs. The paper captures the status of MDGs from the global perspective and the national perspective, the various organizations participating in this process.

Millennium Development Goals – A Preview of the Progress Status in India

Background:

This paper is first in a series of attempts to capture the work being done towards accomplishment of the Millennium Development Goals (MDGs) in India. The objective of this exercise is to provide information regarding the progress of MDGs to people in general and also to make NGOs aware of their role in the MDGs. Most of reports and analysis that is done is on a national level and hence is very broad. The strategies of various international organizations that are participating in this process in India, and the success with which they have met is also highlighted.

India, especially since the latter half of the 1990s seems to be a classic case of economic progress while much needs to be achieved yet in terms of social and human development. While India continues to maintain the 127th rank out of 177 countries in terms of human development for the third year in a row (Human Development Report 2005), it has been ranked as the 12th largest economy by the World Bank in terms of its GDP at \$785.47 bn in 2005. The contrast is stark and warrants concerted action on the human development front. The MDGs serve as an effective benchmark of our performance on the human dimension front.

Millennium Development Goals

The Millennium Development Goals (MDGs)¹ are eight goals to be achieved by 2015 that respond to the world's main development challenges, the focus being the human dimension. The MDGs are drawn from the actions and targets contained in the **Millennium Declaration** that was adopted by 189 nations-and signed by 147 heads of state and governments during the **UN Millennium Summit** in September 2000.

Goal 1: Eradicate extreme poverty and hunger

Target: Halve the proportion of people living on less than a dollar a day and those who suffer from hunger.

Goal 2: Achieve universal primary education

Target: Ensure that all boys and girls complete primary school.

Goal 3: Promote gender equality and empower women

Target: Eliminate gender disparities in primary and secondary education preferably by 2005, and at all levels by 2015.

¹ <http://www.undp.org/mdg/basics.shtml>

Goal 4: Reduce child mortality

Target: Reduce by two thirds the mortality rate among children under five

Goal 5: Improve Maternal Health

Target: Reduce by three quarters the maternal mortality ratio.

Goal 6: Combat HIV/AIDS, malaria and other diseases

Target: Halt and begin to reverse the spread of HIV/AIDS.

Target: Halt and begin to reverse the incidence of malaria and other major diseases.

Goal 7: Ensure environmental sustainability

Target: Integrate the principles of sustainable development into country policies and programmes; reverse loss of environmental resources

Target: Reduce by half the proportion of people without sustainable access to safe drinking water

Target: Achieve significant improvement in lives of at least 100 million slum dwellers, by 2020

Goal 8: Develop a global partnership for development

This goal gives due recognition to the fact that there is interdependence between growth, poverty reduction and sustainable development and emphasises that the achievement of MDGs was founded on a global partnership between developed and developing countries.

Global Strides Towards Achieving the MDGs²

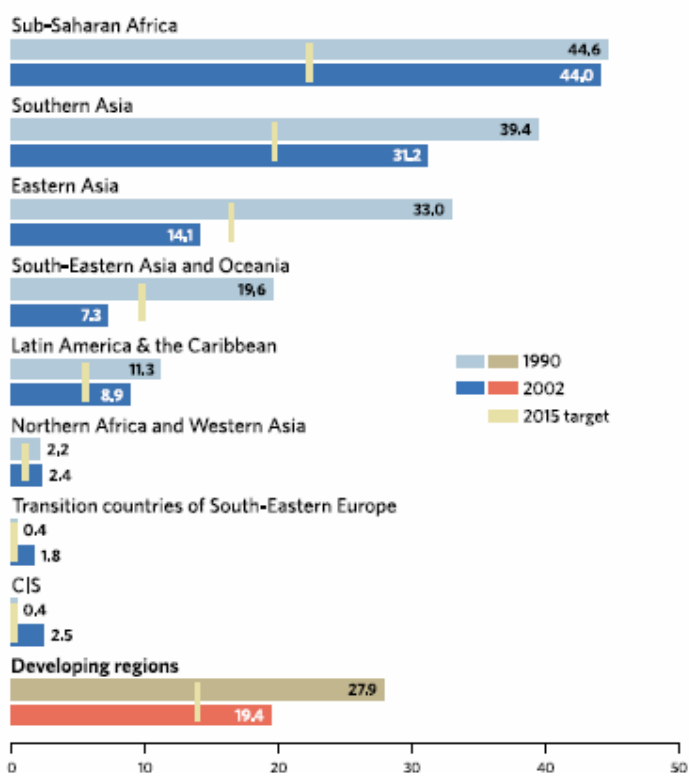
Goal 1 Eradicate extreme poverty & hunger

In 1990, more than **1.2 billion people** – 28 per cent of the developing world's population – lived in extreme poverty. By 2002, the proportion decreased to **19 per cent**. During that period, rates of extreme poverty fell rapidly in much of Asia, where the number of people living on less than \$1 a day dropped by nearly a quarter of a billion people. Progress was not so rapid in Latin America and the Caribbean, which now has a larger share of people living in poverty than South-Eastern Asia and Oceania. Poverty rates in Western Asia and Northern Africa remained almost unchanged between 1990 and 2002 and increased in the transition economies of South-Eastern Europe and the Commonwealth of Independent States (CIS). These two regions had previously nearly eradicated the worst forms of poverty, and recent survey data suggest that their poverty rates are again dropping. In sub-Saharan Africa, although the poverty rate declined marginally, the number of people living in extreme poverty increased by 10 million. Many sub-Saharan countries are now showing potential for long-term growth that could bring up standards of living.

² United Nations, The Millennium Development Goals Report, 2006

Asia leads the decline in global poverty

Proportion of people living on less than \$1 a day, 1990 and 2002
(Percentage)

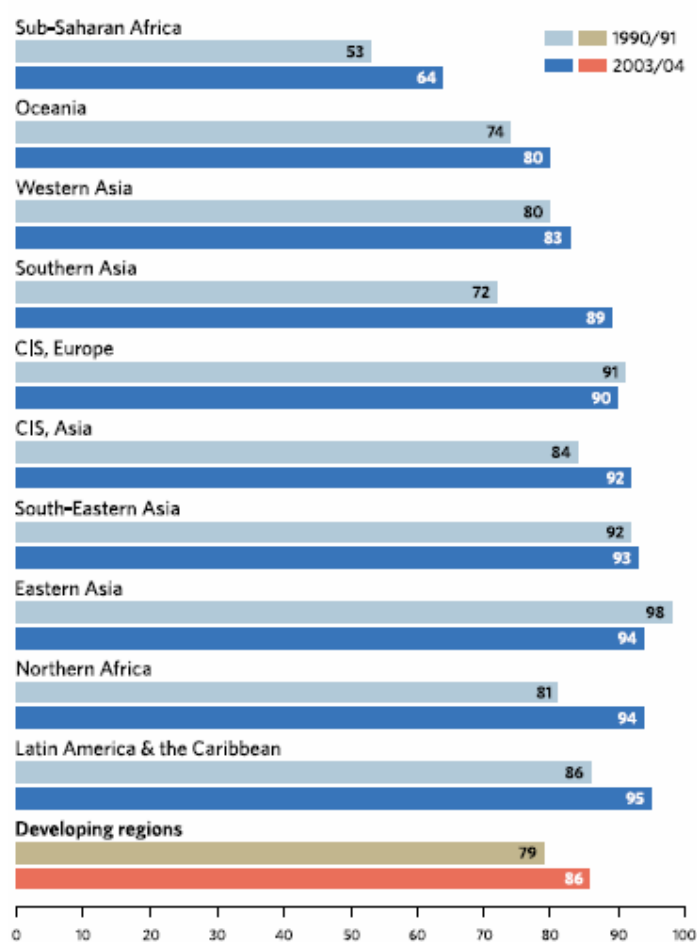


Goal 2 Achieve universal primary education

Net enrolment ratios in primary education have increased to 86 per cent in the developing world, ranging from 95 per cent in Latin America and the Caribbean to 64 per cent in sub-Saharan Africa. Although the sub-Saharan region has made significant progress since 1990/1991, in Burkina Faso, Djibouti, Eritrea, Ethiopia, Mali and Niger, fewer than half the children of primary-school age are enrolled in school. Faster progress will also be needed if Oceania and Western Asia are to achieve universal education. **Southern Asia, in contrast, has made great strides, especially over the period 1999-2000, when enrolment rose from 72 to 89 per cent— largely as a result of progress in India.**

Universal primary education is in sight, though sub-Saharan Africa lags behind

Net enrolment ratio in primary education, 1990 / 91 and 2003 / 04
(Percentage)

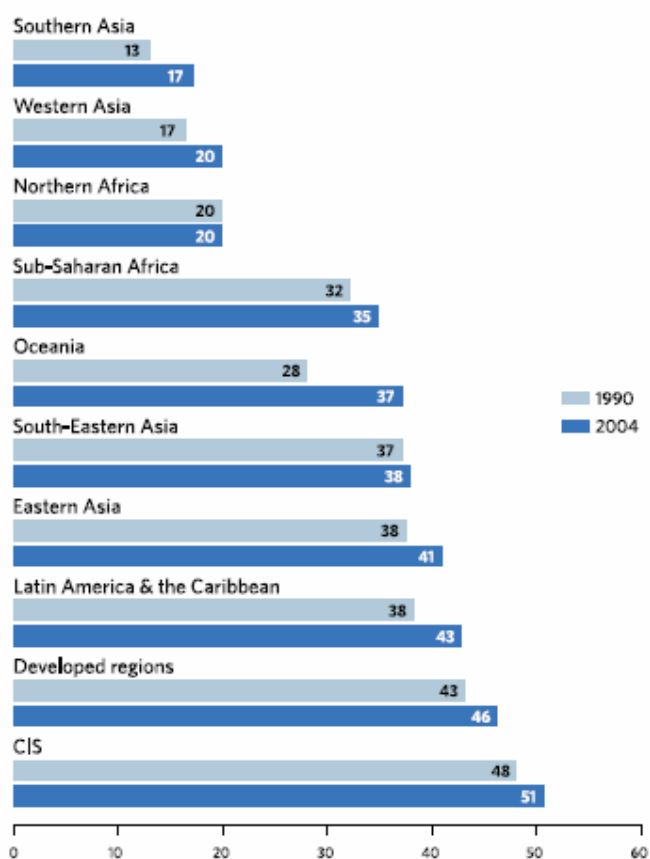


Goal 3 Promote gender equality & empower women

Despite the fact that women represent over a third of the labour force in all regions except Southern and Western Asia and Northern Africa, they have remained at a disadvantage in securing paid jobs. Wage differentials, occupational segregation, higher unemployment rates and their disproportionate representation in the informal and subsistence sectors limit women's economic advancement. Socio-cultural attitudes, employment policies and a lack of options for balancing work and family responsibilities or for controlling the timing and spacing of births contribute further to inequality in the labour market.

Women inch forward in labour markets of all regions, though deep inequalities remain

Share of women in non-agricultural wage employment, 1990 and 2004
(Percentage)

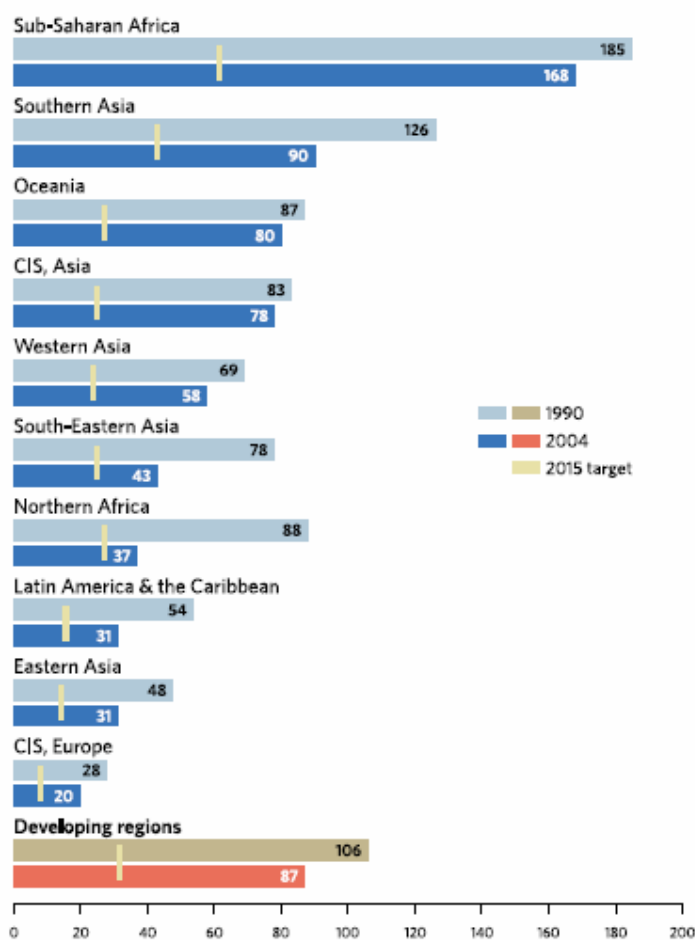


Goal 4 Reduce child mortality

It is indeed disheartening to note that 10.5 million children died before their fifth birthday in 2004 – mostly from preventable causes. Majority of these children (94 per cent) lived in 60 countries. Sub-Saharan Africa, with only 20 per cent of the world's young children, accounted for half of the total deaths. In contrast, child survival has improved markedly in Latin America and the Caribbean, South-Eastern and Eastern Asia and Northern Africa, where child mortality rates have declined by more than 3 per cent annually.

More children are surviving their first years of life, though sub-Saharan Africa trails far behind

Under-five mortality rate per 1,000 live births, 1990 and 2004

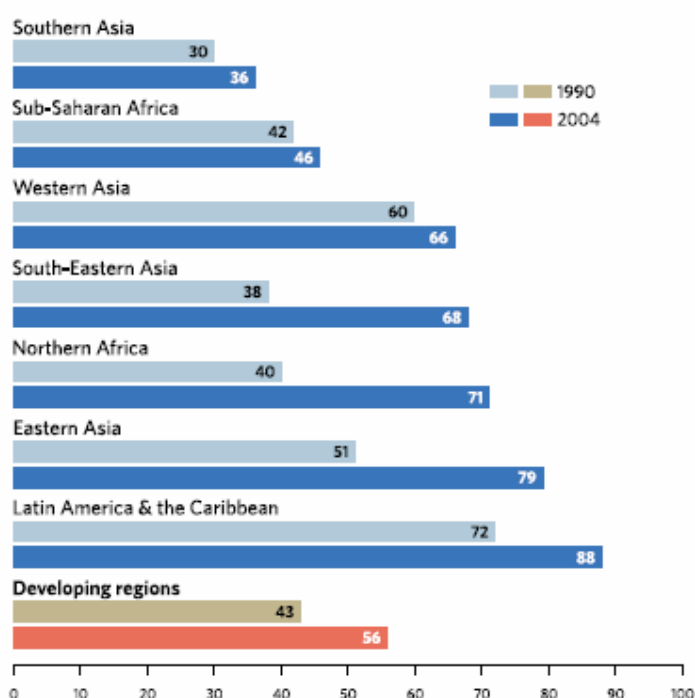


Goal 5 Improve maternal health

Ratios of maternal mortality seem to have changed little in regions where most deaths occur (sub-Saharan Africa and Southern Asia). 200 million women who wish to space or limit their childbearing lack access to contraception. Skilled attendants at delivery, backed up by referrals to timely emergency obstetric care, are critical factors for reducing deaths further, as a growing number of countries have demonstrated.

Three regions show dramatic gains in the number of assisted deliveries

Proportion of deliveries attended by skilled health care personnel, 1990 and 2004 (Percentage)



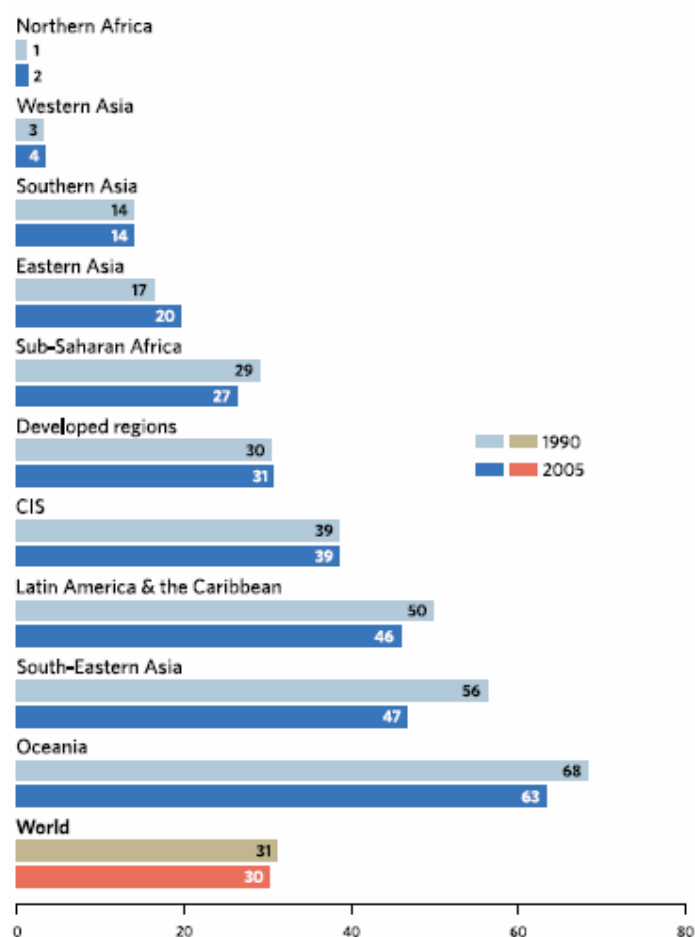
Goal 6 Combat HIV/AIDS, malaria & other diseases

Several countries report success in reducing HIV infection rates, through interventions that promote behaviour change. However, rates of infection overall are still growing. Alarmingly, the number of people living with HIV has continued to rise, from 36.2 million in 2003 to 38.6 million in 2005 (nearly half of whom are women). The number of AIDS-related deaths also increased that year, to 2.8 million, despite greater access to antiretroviral treatment and improved care in some regions. With just over 10 per cent of the world's population, sub-Saharan Africa has 64 per cent of HIV-positive people and to 90 per cent of children (under 15) living with the virus.

Goal 7 Ensure environmental sustainability

Deforestation, primarily the conversion of forests to agricultural land, continues at an alarmingly high rate – about 1 million hectares per year. Forest planting, landscape restoration and natural expansion of forests have significantly reduced the net loss of forest area. However, these newly replanted lands do not have the ecological value of older, more biologically diverse forests, and do not provide the same benefits and livelihoods for local communities. The net decrease in forest area over the period 2000-2005 is about 7.3 million hectares per year, the current net loss being equivalent to about 200 square kilometres per day.

Proportion of land area covered by forests, 1990 and 2005 (Percentage)



Goal 8 Develop a global partnership for development

The United Nations Millennium Declaration represents a global social compact: developing countries will do more to ensure their own development, and developed countries will support them through aid, debt relief and better opportunities for trade. Progress in each of these areas has already begun to yield results. But developed countries have fallen short of targets they have set for themselves. To achieve the Millennium Development Goals, increased aid and debt relief must be accompanied by further opening of trade, accelerated transfer of technology and improved employment opportunities for the growing ranks of young people in the developing world.

Status Report of India

India seems to be lagging behind MDG target values in almost all the parameters under consideration. Human development hence remains to be an area of concern in India. Education and health are the critical areas and we continue to be distant from the targeted goalposts here. Infant and child mortality, undernourished population, as well as maternal mortality are specific areas where much still needs to be achieved.

Table 1
Progress towards achieving MDGs in India

Indicator	Year	Value	Year	Value	MDG target value
1 Proportion of population below poverty line (%)	1990	37.5	1999-2000	26.1	18.75
2 Undernourished people as % of total population	1990	62.2	1999-2000	53	31.1
3 Proportion of under-nourished children	1990	54.8	1998	47	27.4
4 Literacy rate of 15-24 year olds	1990	64.3	2001	73.3	100
5 Ratio of girls to boys in primary education	1990-91	0.71	2000-01	0.78	1
6 Ratio of girls to boys in secondary education	1990-91	0.49	2000-01	0.63	1
7 Under five mortality rate (per 1000 live births)	1988-92	125	1998- 2002	98	41
8 Infant Mortality rate (per 1000 live births)	1990	80	2003	60	27
9 Maternal mortality rate (per 100,000 live births)	1991	437	1998	407	109
10 Population with sustainable access to an improved water source, rural (%)	1991	55.54	2005	90	80.5
11 Population with sustainable access to an improved water source, urban (%)	1991	81.38	2001	82.22	94
12 Population with access to sanitation urban (%)	1991	47	2001	63	72
13 Population with access to sanitation rural (%)	1991	9.48	2005	32.36	72
14 Deaths due to malaria per 100,000	1994	0.13	2004	0.09	-
15 Deaths due to TB per 100,000	1999	56	2003	33	-
16 Deaths due to HIV/ AIDS	2000	471	2004	1114	-

Source: Government of India, Ministry of Statistics and Programme Implementation, Millennium Development Goals, India Country Report, 2005

Interventions by Various International Organizations

Department for International Development (DFID) India³

DFID is committed to continuing to develop a strategic programme at the national level as well as supporting programmes in its four partner states: Andhra Pradesh, Madhya Pradesh, Orissa and West Bengal. DFID is expected to disburse around **£280 million** in 2005-06 towards development assistance in India.

³ <http://www.dfid.gov.uk/countries/asia/india.asp>

Poverty and Hunger

DFID has established a **£27 million Poorest Area Civil Society Programme (PACS)**. PACS aims to enhance the ability of poor and socially excluded people in India's one hundred poorest districts to realize their rights to services and resources. DFID's International Partnership Agreement Programme with International NGOs will directly address issues of social exclusion, including gender, caste and ethnic discrimination.

In **West Bengal**, DFID is supporting the Government of West Bengal to restructure its public sector enterprises, resulting in a decrease in the government's yearly budgetary support to these enterprises and thereby freeing up more public resources for priority social sectors and poverty reduction efforts.

In **Orissa**, DFID has supported work under the Government of Orissa's Industrial Policy Resolution 2001. This Resolution announced the introduction of "single window" to reduce the transaction costs of starting and operating a business in Orissa, thereby improving the climate for investment and pro-poor economic growth in the State in areas such as agro-processing, crafts, forestry and fisheries.

DFID's proposed £75 million Partnership with UNICEF in India will help promote the rights of every child to adequate nutrition.

Primary Education

DFID is currently supporting the Indian Government's **Sarva Shiksha Abhiyan (Education for All) programme with a £210 million** commitment in close collaboration with other major donors to achieve universal elementary education in India by 2010.

To help promote primary education, DFID has given support to its focus states of **Orissa (£45 million), West Bengal (£73 million) and Andhra Pradesh (£46 million)**. Today DFID India's support and intervention in West Bengal is helping to bring down the teacher: pupil ratio from 1 teacher for every 250 children to 1 teacher for every 50.

Gender Equality

In each of the State Programmes addressing gender equality, DFID is supporting capacity for poverty monitoring and social analysis that includes gender analysis. DFID's national programme prioritises increased access by socially excluded groups, especially girls and women, to primary education and essential reproductive and child health services. DFID's livelihood programmes promote

gender equality through support to women' s self help groups. DFID supports OXFAM and other Civil Society Organisations that are tackling domestic violence.

Through the International NGO Partnership agreement DFID supports NGOs that are dedicated to tackling social exclusion including gender exclusion. Through the Reproductive and Child Health II Programme and the Sarva Shiksha Abhiyan Programme DFID hopes to promote better community based management and monitoring of health and education services.

Child Mortality & Maternal Health

DFID is working with the Indian Government and other partners to develop Phase II of the Reproductive and Child Health Programme, the Indian Government' s main instrument for promoting mother and child health. In the focus states DFID is supporting the development and implementation of comprehensive health sector strategies. These strategies endorse the Government of India' s 10th Plan goals of reducing maternal, infant and child mortality.

Diseases

DFID is a principal supporter of the National AIDS Control Programme (NACP), which has, among other things, financed behaviour change campaigns in the media, local initiatives by Indian NGOs and the promotion of safer sexual behaviour. DFID has developed a **£123 million** programme to support the National AIDS Control Organisation (NACO). DFID also provides a package of technical support to NACO for HIV and AIDS which includes a Sexual Research Health Centre, condom promotion strategies in the focus states and mass media campaigns on HIV and AIDS issues. DFID is financing over **20% (£122 million)** of the cost of the National Polio Eradication Campaign, which has succeeded in confining this disease to only a few isolated pockets in the country.

Tuberculosis kills about 400,000 people per year. DFID has been supporting the Revised National Tuberculosis Control Programme in Andhra Pradesh since 1995 (total commitment of £27.9 million). In 2003, 89,511 tuberculosis patients started treatment under this programme and it is estimated to have saved over 15,000 additional lives since its inception. DFID is currently considering extending its support for the next phase of this programme at the national level.

Environmental Sustainability

DFID is supporting dialogue with Government of India (GoI) on climate change vulnerability and adaptation as part of the G8 and EC Presidency Agendas as well as for the forthcoming UK-India Summit in September 2005. DFID has been supporting work in water and sanitation through the joint

UNICEF/Government of India' s Child Environment Programme since 1999. It has so far committed £37.5 million towards Phase I and II of this project. The project supports government efforts to improve access to, use of, and control over safe water and sanitation, and to improve hygiene, through sector reforms.

In West Bengal, DFID is supporting two key projects which will address sanitation issues of Kolkata city significantly. The Kolkata Urban Services for the Poor (KUSP) programme, with a budget of £102 million, is aimed at improving urban planning and governance; access to basic services for the poor; and promoting economic growth, and is expected to benefit 4.2 million people over a period of 8 years. The Kolkata Environment Improvement Project (KEIP), on which DFID is working in partnership with the Asian Development Bank, aims to improve infrastructure services within the Kolkata Municipal Corporation area.

DFID is contributing £61.9 million towards rural livelihood projects in Madhya Pradesh and Andhra Pradesh. These projects are working to improve poor people' s livelihood choices and are directed around better and more sustainable natural resource management. It is also supporting a £32.75 million Rural Livelihoods programme in Western Orissa. This programme focuses on capacity building and empowerment of the rural poor for increased farm productivity and food security.

World Bank⁴

The World Bank is partnering with India to reduce poverty, move closer to achieving the MDGs, and improve the living standards of its people. To achieve these goals, the Bank Group lays emphasis on investing in people and empowering communities, improving the effectiveness of government, and promoting private sector-led growth.

Action plan – 2005-2008.

The World Bank Group' s India Country Assistance Strategy (CAS) is closely aligned with the Government' s poverty reduction strategy embodied in the country' s Tenth Five-Year Plan covering 2002-3 to 2006-7. The Bank' s strategy is governed by three guiding principles. It focuses on helping India to achieve its development goals, and targeting the Bank' s limited resources where they are welcomed and can be most effective. The strategy increasingly focuses on providing practical advice to policy makers on the country' s major development challenges by sharing good practices and experience from within the country and abroad.

Lending increases. The Bank envisages a substantial increase in the volume of lending to India, both to the center and the states, to about US\$3 billion a year - roughly double the recent average. The

⁴ http://siteresources.worldbank.org/INTINDIA/Resources/India_Project_Portfolio.pdf

focus will be on infrastructure, social development (especially education and health), and rural livelihoods.

Financing National Programs

An important shift in the new strategy is the use of new approaches to finance national programs critical to meeting the MDGs. One such example is the ongoing US\$500 million Bank credit to fund India's Elementary Education Program. The program is being co-financed with other development partners under common arrangements. Similar operations for improving national and state health programs, urban development, and rural roads are under preparation.

Spreading support more widely across India's States

Since 1997, the Bank Group has focused its support on reforming Indian states that were the leaders of change. The new strategy, however, aims to spread Bank support more widely. Lending is to be based on "guidelines for engagement" for each key sector, with a special effort to help the poorest and weakest states qualify for support. Policy dialogue, primarily on fiscal and governance reforms, is to be offered in partnership with other donors (ADB, DFID) to the 12 largest states with 90 percent of India's poor, regardless of their progress in the implementation of reforms. These states are: Andhra Pradesh, Assam, Bihar, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Orissa, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal. Going beyond the basic dialogue on reforms, capacity building efforts will focus on the four poorest and largest states - Bihar, Uttar Pradesh, Orissa, and Jharkhand to enable them to use government funds more efficiently.

The Bank will increasingly assist India to meet major challenges through analytical reports on key developmental issues. It will also ensure that its portfolio performance is of the highest standards in terms of achieving objectives. In addition, increased International Finance Corporation (IFC) lending is envisaged, especially for financing infrastructure and supporting the expansion and globalization of Indian companies.

Conclusion:

The current level of India's advancement towards the Millennium Development Goals is inadequate for it to achieve the desired targets on the human development parameters by 2015. Government spending on education at 4.1% of GDP and health at 1.3% of GDP remains low and insufficient (Human Development Report 2005) for meeting these targets. With the government facing a resource constraint, an effective solution could emerge in terms of active involvement of NGOs and the civil society. Other than interventions by international agencies, active participation of NGOs becomes essential for us especially if we want to convert our buoyant economic growth into

meaningful social and human development. Moreover, information and research about advancement towards the MDGs in India remains concentrated at the national level. With the kind of disparities and contrasts that exist in the socio-economic fabric of various states, it seems but natural to have some studies and strategies concentrating on the existing position of states on the MDG parameters, and action plans in order to move towards the implementation of the MDGs. Areas of further research could place more emphasis on information and interventions at the state-level as well as the local-level.

Bibliography

Deolalikar Anil B., “Attaining the Millennium Development Goals in India”, The World Bank, Oxford University Press, 2005.

Government of India, Ministry of Statistics and Programme Implementation, Millennium Development Goals, India Country Report, 2005

United Nations, Millennium Development Goals Report 2006

World Health Organisation, Millennium Development Goals and Health – India 2005, www.whoindia.org

Glossary of Terms

Enrolment The gross enrolment ratio is the number of students enrolled in a level of education, regardless of age, as a percentage of the population of official school age for that level. The net enrolment ratio is the number of children of official school age (as defined by the education system) enrolled in school as a percentage of the number of children of official school age in the population.

Dependency ratio The ratio of the population defined as dependent—those under 15 and over 65—to the working-age population, aged 15–64.

Infant mortality rate The probability of dying between birth and exactly one year of age times 1,000.

Infants with low birth-weight The percentage of babies born weighing less than 2,500 grams.

Life expectancy at birth The number of years a newborn infant would live if prevailing patterns of mortality at the time of birth were to stay the same throughout the child’s life.

Literacy rate (adult) The percentage of people aged 15 and above who can, with understanding, both read and write a short, simple statement on their everyday life.

Maternal mortality rate The annual number of deaths of women from pregnancy-related causes per 100,000 live births.

Net Enrolment Ratio The ratio of the number of children actually attending school to the number of school-age children in the population.

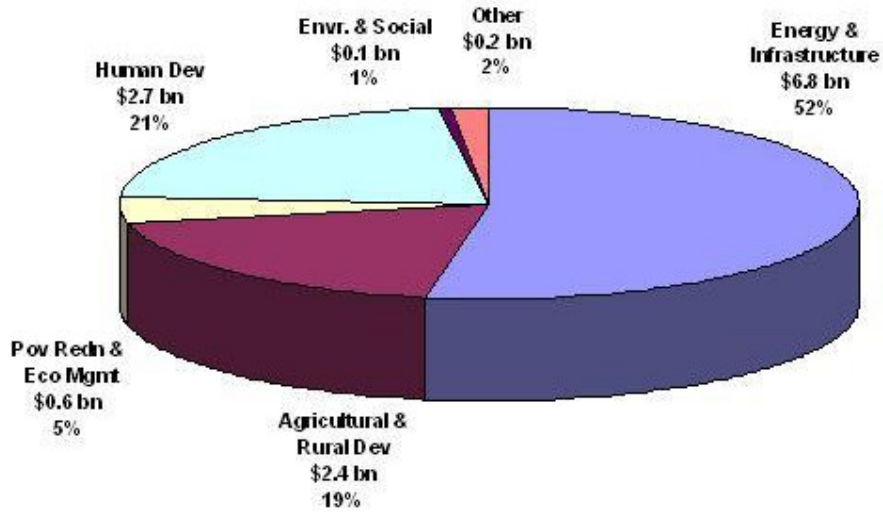
Indicators for each of the MDGs

Goal 1. Eradicate Extreme Poverty and Hunger	<ul style="list-style-type: none"> • Proportion of population below \$1 (PPP) per day • Poverty gap ratio • Share of poorest quintile in national consumption • Prevalence of underweight children under 5 years of age • Proportion of population below minimum level of dietary energy consumption
Goal 2. Achieve Universal Primary Education	<ul style="list-style-type: none"> • Net enrolment ratio in primary education • Proportion of pupils starting grade 1 who reach grade 5 • Literacy rate of 15-24 year-olds
Goal 3. Promote Gender Equality And Empower Women	<ul style="list-style-type: none"> • Ratios of girls to boys in primary, secondary and tertiary education • Ratio of literate females to males of 15-24 year-olds • Share of women in wage employment in the non-agricultural sector • Proportion of seats held by women in national parliament
Goal 4. Reduce Child Mortality	<ul style="list-style-type: none"> • Infant mortality rate • Under-five mortality rate • Proportion of 1 year-old children immunized against measles
Goal 5. Improve Maternal Health	<ul style="list-style-type: none"> • Maternal mortality ratio • Proportion of births attended by skilled health personnel
Goal 6. Combat HIV/Aids, Malaria and Other Diseases	<ul style="list-style-type: none"> • HIV prevalence among 15-24 year old pregnant women • Condom use rate of the contraceptive prevalence rate Number of children orphaned by HIV/AIDS (to be measured by the ratio or proportion of orphans to non-orphans aged 10-14 who are attending school) • Prevalence and death rates associated with malaria • Proportion of population in malaria • Risk areas using effective malaria prevention and treatment measures • Prevalence and death rates associated with tuberculosis • Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)
Goal 7. Ensure Environmental Sustainability	<ul style="list-style-type: none"> • Proportion of land area covered by forest • Ratio of area protected to maintain biological diversity to surface area • Energy use (kg oil equivalent) per \$1 GDP (PPP) • Carbon dioxide emissions (per capita) and consumption of ozone-depleting CFCs (ODP tons) • Proportion of population using solid fuels • Proportion of population with sustainable access to improved water source, urban and rural • Proportion of urban population with access to improved sanitation • Proportion of households with access to secure tenure (owned or rented)

Sector and State-wise Lending by World Bank in relation to the MDGs

Lending by Sector

(as on June 30, 2005)



Lending by State

(% of total Bank lending to India as on June 30, 2005)

