

MEASURING INDIA'S PROGRESS ON THE MILLENNIUM DEVELOPMENT GOALS

A Mid-Term Checklist

Wada Na Todo Abhiyan

July 2007

Measuring India's Progress on the Millennium Development Goals – A Mid-Term Checklist (July 2007)

Published By:

Wada Na Todo Abhiyan - National Secretariat, C-1/E, Second Floor, Behind Yusuf Sarai Gurudwara, Green Park Extension, New Delhi 110 016, INDIA ● Tel: 91-11-46082371 ● Fax: 91-11-46082372 ● Email: info@wadanatodo.net ● www.wadanatodo.net

Wada Na Todo Abhiyan (Keep Your Promise Campaign) is a national initiative to hold the government accountable to its promise to end Poverty, Social Exclusion & Discrimination. This campaign emerged from the consensus among human rights activists and social action groups who were part of the World Social Forum 2004 (Mumbai) on the need for a forceful, focused and concerted effort to make a difference to the fact that one-fourth of the world's poor live in India, and continue to experience intense deprivation from opportunities to learn, live and work in dignity.

We aim to do this by monitoring the promises made by the government to meet the objectives set in the UN Millennium Declaration (2000), the National Development Goals and the National Common Minimum Program (2004-09) - with a special focus on the Right to Livelihood, Health & Education. *Wada Na Todo Abhiyan* is active through a network of more than 3000 rights action groups across 23 states of India, who have come together to link social groups and engage policy makers on issues of strategic relevance.

This initiative is inspired by the efforts of the United Nations Millennium Campaign to ensure that governments keep their promise to 'End Poverty by 2015'. It is also forms part of the actions being undertaken through the Global Call to Action against Poverty (GCAP) to review and reinforce the progress being made to meet and exceed the MDGs in over 87 countries of the world.

Other Publications of Wada Na Todo Abhivan:

- Securing Rights A Citizens' Report on the Millennium Development Goals, September 2005
- The 2nd Civil Society Review of the National Common Minimum Programme, May 2006
- NREGA: The Promise of Work (A Resource Book), November 2006
- The People's Verdict Outcomes of the National Tribunal on NREGA, December 2006
- Nine Is Mine 9% GDP for Health & Education (A Primer), January 2007
- Gender & Governance Reviewing The Women's Agenda in the National Common Minimum Prorgramme, March 2007
- Ending Social Exclusion A Review of the Dalit Agenda in the National Common Minimum Programme, April 2007
- Promises Are Not Enough! A Civil Society Review of Three Years of the National Common Minimum Programme, May 2007

What are the Millennium Development Goals?

In September 2000, 189 Member States of the United Nations came together in the largest gathering of world leaders in history to adopt the UN Millennium Declaration, and thereby pledge that their countries will act to significantly reduce the extreme poverty and inequality that affected more than a billion people at the turn of the century (70% of them being women) and contribute to the creation of a "more peaceful, prosperous and just world".

The Millennium Development Goals, also known as the **MDGs**, are a concise set of goals, numerical targets and quantifiable indicators to assess progress in world development for the period of achievement set out in the Millennium Declaration, namely 2000-2015. The MDG set includes 8 goals, 18 targets and over 40 indicators.

Since the adoption of the UN Millennium Declaration, both governments and citizens in countries across the world have adopted the MDGs as a measure of their progress on key development indicators, and have galvanized large scale support for its achievement.

On 16 October 2006, more than 23.5 million people across 87 countries took action to remind their governments of their promise to meet and exceed the Millennium Development Goals. It was the largest, single coordinated mobilization in the history of the Guinness World Records.

(www.standagainstpoverty.org)

Why are the MDGs important to India?

India has an all-important role to play in the achievement of the Millennium Development Goals, and the broader global objectives laid down in the Millennium Declaration.

At the turn of the century, India alone accounted for nearly one-fourth (364 million) of the world's poor! Despite the rapid strides in economic growth in the last decade, India accounts for the largest number of maternal deaths in the world and its dismal rates of Infant Mortality & Maternal Mortality are worse than those in some countries of sub-Saharan Africa. India is also home to the highest number of undernourished people in the world, and one-third of the world's under-weight children.

The progress made by India will significantly determine whether the world as a whole will be able to meet some of the most critical targets of the MDGs – such as in relation to Infant Mortality Rates (IMR), Maternal Mortality Rates (MMR), School Enrollment & Retention, as well as universal access to Water & Sanitation.

Public spending on Health in India as a % of GDP is less than in countries like Sri Lanka and Sierra Leone. Currently India spends close to 3% of its GDP on Education & less than 1% of its GDP on Health. (www.wadanatodo.net) On the other hand, India has an important contribution to make to the future global agenda in line with the ideals of human dignity and international co-operation – as outlined in the Millennium Declaration.

Our role as the world's largest democracy, our significant technical, intellectual, financial resources, and the historic contributions that have been made to the ideals of modern global society, particularly in relation to 'ahimsa', equality and the formation of a democratic state.

MDGs & the National Development Goals

The effort to meet and exceed the MDGs in India is a stated objective in many of the key policy documents of the country, including the 10th National Five-Year Plan.

The National Development Goals contain targets that are comparable with those laid down in the MDGs. Further, these goals are also clearly reflected in the commitments made in the National Common Minimum Program (2004-09).

	Millennium Development Goals (2000 – 2015)	National Development Goals (10 th Five Year Plan)	National Common Minimum Programme (2004-2009)
1	Goal 1: Eradicate extreme poverty and hunger Key Targets: Reduce by half the proportion of people living on less than a dollar a day. Reduce by half the proportion of people who suffer from hunger.	Reduction of poverty ratio by 5 percentage points by 2007 and by 15 percentage points by 2012.	Enact the National Employment Guarantee Act 100 days employment every year at minimum wages for at least one able bodied person in every rural, urban poor and lower middle class house hold. Double the flow of rural credit Strengthen public distribution system in poorest and backward blocks of the country. Provide Antyodaya cards for all households at risk of hunger. National programmes for minor irrigation of all lands owned by Dalits and Adivasis.
2	Goal 2: Achieve universal primary education Key Target: Ensure that all boys	All children in school by 2003; all children to complete 5 years of schooling by 2007.	Provide a functional Anganwadi in every settlement and ensure full coverage for all the children. Raise public spending in

	and girls complete a full course of primary schooling.		education to at least 6% of the GDP with at least half amount being spent on primary and secondary schools.
3	Goal 3: Promote gender equality and empower women Key Target: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	Reduction of gender gaps in literacy and wage rates by at least 50% by 2007.	Introduce legislation for one third reservation for women in Vidhan Sabha and Lok Sabha. At least one third of the funds flowing into panchayats earmarked for programmes for the development women and children. Enact new legislation that gives women equal rights of ownership of assets like houses and land.
4	Goal 4: Reduce Child Mortality Key Target: Reduce by two thirds the mortality rate among children under five.	Reduction of infant mortality rate to 45 per 1000 live births by 2007 and to 1 by 2012. Under 5 Mortality rate (U5MR) must be reduced from 125 deaths per thousand live births in 1988-92 to 41 in 2015.	Raise public spending to at least 2- 3% of the GDP over the next 5 years with focus on primary health care.
5	Goal 5: Improve Maternal Health Key Target: Reduce by three quarters the maternal mortality ratio (MMR).	Reduction of maternal mortality ratio to 2 per 1000 live births by 2007 and to 28 by 2012.	Introduce a national scheme on health insurance for the poor families. Introduce the National Rural Health Mission, with emphasis on strengthening institutional care for delivery
6	Goal 6: Combat HIV/AIDS, malaria and other diseases Key Targets: Halt and begin to reverse the spread of HIV/AIDS. Halt and begin to reverse the incidence	NA	Ensure the availability of lifesavings drugs at reasonable prices.

	of malaria and other major diseases.		
7	Goal 7: Ensure environmental sustainability Key Targets: Integrate the principles of sustainable development into country policies and programmes; reverse loss of environmental resources. Reduce by half the proportion of people without sustainable access to safe drinking water. Achieve significant improvement in lives of at least 100 million slum dwellers, by 2020.	Increase in forest and tree cover to 25% by 2007 and 33% by 2012. All villages to have sustained access to potable drinking water by 2007. Cleaning of major polluted rivers by 2007 and other notified stretches by 2012.	Ownership rights of minor forest produce, including Tendu Patta to those who live in forests. Eviction of tribal communities and their forest dwelling from forest areas will be discontinued. Highest priority to the development and expansion of physical infrastructure including roads, water supply, sewage treatment and sanitation. Massive expansion of social housing in towns and cities & special attention to the needs of slum dwellers. Forced eviction and demolition of slums will be stopped. While undertaking urban renewal, care will be taken to see that the poor are provided housing near their place of occupation.
8	Goal 8: Develop a global partnership for development Key Target: Address the special needs of the least developed countries Deal comprehensively with debt problems of developing countries	NA	NA

A Mid-Term Review of the MDGs

The year 2007 marks the mid-point of the period agreed by the UN Member States for the achievement of the Millennium Development Goals. In countries across the world, citizens' groups are using this 'half-time' mark as an opportunity to review how their countries are faring against the objectives set down in the Millennium Declaration, and to strengthen the public & policy discourse on the achievement of the MDGs.

A Checklist on India's Progress

Goal 1: Eradicate Extreme Poverty & Hunger

Indicator: Population below \$1 (PPP) per day consumption, percentage

- 34.7 % of India's population lived below the global poverty standard of less than \$1 (PPP¹) per day consumption in the period 1990-2001. In 2004-05, this figure was approximately 7 percentage points lower, at 27.8%.²
- The National Development Goals (NDGs) target the reduction of poverty ratio by 5 percentage points by 2007 and by 15 percentage points by 2012.

Indicator: Children under 5 moderately or severely underweight, percentage

A staggering 45.9% of children under the age of 3 are under-weight, 38.4% are stunted, and 19.1% wasted.³

Goal 2: Achieve Universal Primary Education

Indicator: Net enrolment ratio in primary education, both sexes

- The net enrolment ratio in primary education for both sexes was 89.7% in 2004.4
- The net enrolment ratio for girls stands at 87% for girls, and 92.2% for boys
- The National Development Goals aim to increase the primary school enrolment rate to 100 percent and wipe out the drop-outs by 2015, as against 41.96 percent in 1991-92.

Literacy Rates in India (7 years and above)							
Year	Persons	Male	Female	M-F Gap rate			
1991	52.2	64.1	39.3	24.8			
2001	64.8	75.3	53.7	21.6			
Source: http://education.nic.in							

Purchasing Power Parity

² Source: NSS – 61ST Round for the year 2004-05

³ Source: NFHS III

⁴ Source: GOI, India Report on the MDGs, 2005

Goal 3: Promote Gender Equality & Empower Women

Indicator: Percentage of Seats held by women in Parliament

Only 8.3% of the seats in the Indian Parliament are held by women in the Indian Parliament, as of 2006.

Indicator: Share of women in Wage Employment in the non-agricultural sector

- Only 17.3% of women enjoy wage employment in the non-agricultural sector.⁵
- The NDGs aim at the reduction of gender gaps in literacy and wage rates by at least 50 percent by 2007.

Goal 4: Reduce Child Mortality

Indicator: Infant Mortality Rate (birth to 1 year) per 1,000 live births

- IMR for India was 67.6 in the years 1998-99 and has come down to 57 in 2005-06.6
- Kerala heads the progress made so far, with an IMR of 15 / 1000 live births.
- Uttar Pradesh has the worst IMR in the country of 73 / 1000 live births.
- The NDGs aim for the reduction of infant mortality rate to 45 per 1000 live births by 2007 and to 1 by 2012.

Indicator: Children Under Five Mortality Rate per 1,000 live births

- The Under Five Mortality Rate (U5MR) stands at 87 / 1000 live births, as in 2004. It was 94 / 1000 live births in 2000.
- The NDGs aim to reduce U5MR to 41 in 2015.

Goal 5: Reduce Maternal Mortality

Indicator: Maternal mortality ratio per 100,000 live births

- Maternal Mortality Ratio (MMR) was 301 in the period 2001-03.
- Kerala has the lowest MMR of 110, while Uttar Pradesh has the highest ratio 517.7
- The NDGs aim to reduce MMR to 109 by 2015.

Indicator: Percentage of births attended by skilled health personnel

• 48.3% births were assisted by doctor/nurse/LHC/ANM/other health personnel in 2005-06. This proportion was 42.4% in the year 1998-99.8

www.millenniumindicators.un.org, Data for 2004
 Source: NFHS India

⁷ Source: GOI, Annual Report 2005-06, Annexure I, Ministry of Human Resource & Development

The percentage of women who utilized any antenatal care provided by skilled personnel for reasons related to pregnancy at least once during pregnancy was as low as 34% in Uttar Pradesh in 1998-90. This proportion has almost doubled to 67% in 2005-06. The national average is 77%.

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

- India accounts for 68% of those afflicted with leprosy and 30% of people suffering from tuberculosis in the world. India also accounts for 26% of vaccine-preventable deaths among under-5-year-olds.
- Deaths caused by Malaria have increased from 648 in the year 1998, to 890 for the year 2006. It had peaked at 963 during this period in 2005.
- 0.9% of the population (between 15-49 years) lives with HIV-AIDS, as reported in 2003, while the Prevalence rate of HIV among pregnant women increased from 0.74 per thousand in 2002 to 0.86 in 2003.⁹

Goal 7: Ensure environmental sustainability

- Land area covered under different forests 20.64% as per the 2003 assessment. The NDGs aim to increase in forest and tree cover to 25 percent by 2007 and 33 percent by 2012. The NDGs aim that all villages have sustained access to potable drinking water within the period of the Tenth Five-Year Plan.
- 86% of the population is reported to have sustainable access to an improved water source in 2004, as against 70% who has access in 1990.¹⁰
- Only 33% of the population has the desired access to improved sanitation. This figure was as low as 14% in 1990.
- 55.5% of the urban population of India lived in slums at the turn of the century.

8

⁸ Source: Key Indicators from NFHS III

⁹ Source: GOI, India Report on the MDGs, 2005

¹⁰ Source: Human Development Report, 2006

¹¹ ibid.

Critical Indicators

- An estimated 431 million people living with < \$ 1 per day (with Purchasing Power Parity) in the South Asia region, of which 364 m are in India
- Food grain absorption has declined drastically over the last decade. It is currently estimated at about 155 Kg per capita per annum, which is close to the absorption rate during the West Bengal Famine of the 1940s.
- Primary Education Completion Rate still quite low in India (59 %)
- In Class I to V, Drop Out Rates are very high in Bihar (60 %), Rajasthan (55 %), Uttar Pradesh (50 %) and Orissa (50 %).
- MMR (per 100,000 live births) is alarmingly high. In states like Uttar Pradesh (707) and Rajasthan (670), the ratios are among the worst in the world.
- Among the children under 5 years of age, 54 % in Bihar, 55 % in Madhya Pradesh, 51 % in Rajasthan, 52 % in Uttar Pradesh, and 54 % in Orissa are underweight.
- In 2000, as many as 5,09,497 people in Orissa and 1,94,689 people in Madhya Pradesh were affected by Malaria.
- TB Prevalence Rate (per 100,000 population) in India (344) is comparable to that of some countries of Sub Saharan Africa.
- 32 % of the people in Madhya Pradesh and Rajasthan, and 36 % of the people in Orissa do not have access to Safe Water.
- 92 % of the people in Madhya Pradesh, 91 % of the people in Orissa, and
 67 % of the people in Uttar Pradesh do not have access to Improved Sanitation.
- More than 180 million of the Scheduled Castes and 89 million of the Schedule Tribes in the country continue to face acute social and economic deprivation.

Source: Praveen Jha & Mario Negre, Poverty in Perspective - Development

Deficits in South Asia, May 2005