

CHAPTER 45 MILLENNIUM DEVELOPMENT GOALS

Historical Background & the Genesis of the Millennium Development Goals :

The period from 1950 to 1980 witnessed economic growth at a respectable pace across the developing world, which was a radical departure from the stagnation in the colonial era, but this growth did not translate into well-being for ordinary people. Further, the era of markets and globalization (1980 to 2000), belied the expectations and promises of the ideologues. Economic growth across the developing world, except for China and India, was much slower and more volatile than the preceding three decades. What is more, there was a discernible increase in economic inequalities between countries and people, while poverty and deprivation persisted in large parts of the developing world.

During 1980's the 'Washington Consensus', resting squarely on neoliberal economic theory, had dominated the international debate (Gsänger 1996a; Eberlei 2000). It found expression above all in the stabilisation and structural adjustment programs (SAPs) of the International Monetary Fund (IMF) and the World Bank that provided for consolidation of the current accounts and budgets of indebted developing countries, continuous and non-interventionist monetary and fiscal policies and structural market reforms (market opening, deregulation and privatisation). Poverty reduction was largely equated with higher economic growth, the assumption being that such growth would, sooner or later, benefit the poor through trickle-down effects.

In the early 1990s, however, it gradually became apparent that this assumption was, at least in its then current form, not tenable. Indeed, in many developing countries – above all in Africa, but also in Latin America – poverty had even worsened under the SAPs (Decker 2003, 488; Betz 2003, 456). The first Human Development Report (HDR) released by UNDP in 1990 acted as counter piece to World Bank's World Development Report (El Masry 2003, 472) as it argued that economic growth by no means automatically ensured social development. The Report also critically brought out the one dimensional, purely economic understanding of poverty that had been in vogue in the development debate so far.

The disappointing balance of development in the 1980s also led to the calling, in the early 1990s, of a number of international conferences in the UN framework that dealt with various aspects of social and ecological development leading to 'the decade of world conferences'. One conference of particular importance for what was to come was the 1995 Copenhagen World Summit for Social Development. Among other things, the conference adopted a 10-point Declaration on Social Development that later formed the basis of the MDGs. At the end of the decade, there was a large measure of consensus on numerous development related issues and it was this that paved the way for the adoption of the Millennium Declaration. In particular, the conferences served to establish a broad consensus on a common goal system as well as on strategic approaches for translating it into practice.

In September 2000, the Millennium Declaration was adopted at the Millennium Summit, held in the framework of the 55th General Assembly of the United Nations (UN). The

summit was attended by the heads of state or government of nearly all UN member states. In the wake of the Millennium Summit, a joint working group was constituted with representatives from the UN, the World Bank, the Organisation for Economic Co-operation and Development (OECD) and other international organisations. It extracted a number of measurable targets from two of the eight chapters of the Millennium Declaration – Chapter 3 “Development and poverty eradication”) and Chapter 4 (“Protecting our common environment”) and specified these goals by 18 targets and 48 indicators. Most of the goals are set to be implemented by 2015. In September 2001, the MDGs were approved by the 56th UN General Assembly. The international community was thus in possession of a common goal system that has been agreed upon by all relevant actors and that was both measurable and set to be implemented by a fixed date.

The Millennium Development Goals (MDGs) and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000. The eight (8) Goals as under:

Goal 1: Eradicate Extreme Poverty and Hunger

Goal 2: Achieve Universal Primary Education

Goal 3: Promote Gender Equality and Empower Women

Goal 4: Reduce Child Mortality

Goal 5: Improve Maternal Health

Goal 6: Combat HIV/AIDS, Malaria and TB

Goal 7: Ensure Environmental Sustainability

Goal 8: Develop Global Partnership for Development .

Eighteen (18) targets were set as quantitative benchmarks for attaining the goals. The United Nations Development Group (UNDG) in its 2nd Guidance note (endorsed in 2003) on 'Country Reporting on the Millennium Development Goals' provided a framework of 53 indicators (48 basic + 5 alternative) which are categorized according to targets, for measuring the progress towards individual targets.

Subsequently the targets and indicators under the 8 goals have been increased to 21 and 60 respectively. The objectives are specified in many different ways. Some objectives are set out in proportional terms: reducing the proportion of people who live in poverty or hunger by one-half; reducing child mortality rates by two-thirds; reducing maternal mortality rates by three-fourths; or reducing the proportion of people without access to safe drinking water and basic sanitation facilities by one-half. Other objectives are set out in terms of completion: universal primary education; gender equality in school education; productive employment with decent work for all; or universal access to reproductive health. Yet other objectives are set out as statements of intentions: reduce loss in bio-diversity or improve the lives of slum-dwellers.

The Millennium Development Goals Report 2015, United Nations Development Programme: As per the UNDP MDG Report 2015, extreme poverty has declined significantly over the last two decades. In 1990, nearly half of the population in the

developing world lived on less than \$1.25 a day; that proportion dropped to 14 per cent in 2015. Globally, the number of people living in extreme poverty has declined by more than half, falling from 1.9 billion in 1990 to 836 million in 2015. Most progress has occurred since 2000. The proportion of undernourished people in the developing regions has fallen by almost half since 1990, from 23.3 per cent in 1990–1992 to 12.9 per cent in 2014–2016. The primary school net enrolment rate in the developing regions has reached 91 per cent in 2015, up from 83 per cent in 2000. The number of out-of-school children of primary school age worldwide has fallen by almost half, to an estimated 57 million in 2015, down from 100 million in 2000. The literacy rate among youth aged 15 to 24 has increased globally from 83 per cent to 91 per cent between 1990 and 2015. The gap between women and men has narrowed. Many more girls are now in school compared to 15 years ago. The developing regions as a whole have achieved the target to eliminate gender disparity in primary, secondary and tertiary education. In Southern Asia, only 74 girls were enrolled in primary school for every 100 boys in 1990. Today, 103 girls are enrolled for every 100 boys. Women now make up 41 per cent of paid workers outside the agricultural sector, an increase from 35 per cent in 1990. The average proportion of women in parliament has nearly doubled during past twenty years. Yet still only one in five members are women. The global under-five mortality rate has declined by more than half, dropping from 90 to 43 deaths per 1,000 live births between 1990 and 2015. Since 1990, the maternal mortality ratio has declined by 45 per cent worldwide, and most of the reduction has occurred since 2000. More than 71 per cent of births were assisted by skilled health personnel globally in 2014, an increase from 59 per cent in 1990. New HIV infections fell by approximately 40 per cent between 2000 and 2013, from an estimated 3.5 million cases to 2.1 million. By June 2014, 13.6 million people living with HIV were receiving antiretroviral therapy (ART) globally, an immense increase from just 800,000 in 2003. ART averted 7.6 million deaths from AIDS between 1995 and 2013. Over 6.2 million malaria deaths have been averted between 2000 and 2015, primarily of children under five years of age in sub-Saharan Africa. The global malaria incidence rate has fallen by an estimated 37 per cent and the mortality rate by 58 per cent. Between 2000 and 2013, tuberculosis prevention, diagnosis and treatment interventions saved an estimated 37 million lives. Ozone-depleting substances have been virtually eliminated since 1990, and the ozone layer is expected to recover by the middle of this century. In 2015, 91 per cent of the global population is using an improved drinking water source, compared to 76 per cent in 1990. Worldwide, 2.1 billion people have gained access to improved sanitation. The proportion of people practicing open defecation has fallen almost by half since 1990. As of 2015, 95 per cent of the world's population is covered by a mobile-cellular signal. The number of mobile-cellular subscriptions has grown almost tenfold in the last 15 years, from 738 million in 2000 to over 7 billion in 2015. Internet penetration has grown from just over 6 per cent of the world's population in 2000 to 43 per cent in 2015. As a result, 3.2 billion people are linked to a global network of content and applications.

Despite many successes, the poorest and most vulnerable people are being left behind. Gender inequality persists. Big gaps exist between the poorest and richest households, and between rural and urban areas. Climate change and environmental degradation

undermine progress achieved, and poor people suffer the most. Conflicts remain the biggest threat to human development. Millions of poor people still live in poverty and hunger, without access to basic services.

However, as the curtain draws on the MDGs in the terminal year 2015, member states have been fully engaged in discussions to define **Sustainable Development Goals (SDGs)**, which will serve as the core of a universal **post-2015** development agenda.

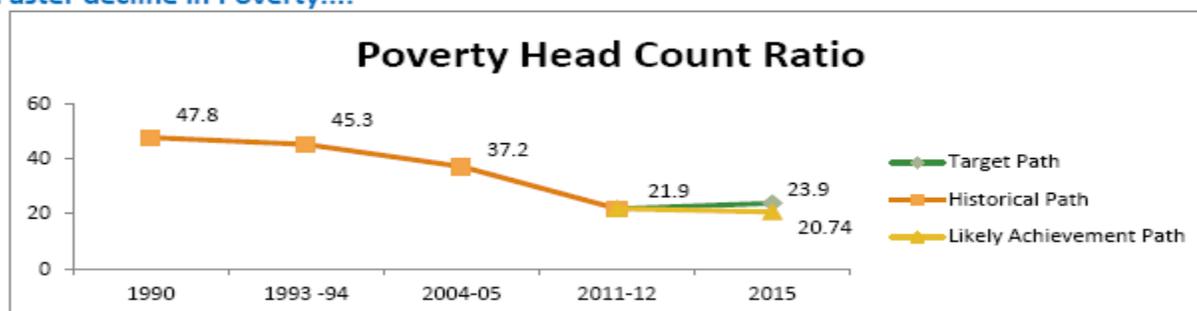
Millennium Development Goals – India Country Report 2015

<p>India's MDG framework recognizes all the 53(48 basic & 5 alternative) indicators that were included in UNDG's 2003 framework for monitoring of the 8 MDGs. However, India has found 35 of the indicators as relevant to India. India's MDG-framework has been contextualized through a concordance with the existing official indicators of corresponding dimensions in the national statistical system. All the 8 MDGs, 12 of the 18 targets, namely target 1 to 11 and target 18 are relevant for India. These 12 targets and 35 indicators under the 8 goals constitute the instrument for statistical tracking of the MDGs in India.</p>	MDGs and Targets –Summary of Progress achieved by India	
	GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER	
	TARGET 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	On-track
	TARGET 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	Slow or almost off-track
	MDG 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION	
	TARGET 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	Moderately on-track
	MDG 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN	
	TARGET 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	On-track
	MDG 4: REDUCE CHILD MORTALITY	
	TARGET 5: Reduce by two-thirds, between 1990 and 2015, the Under-Five Mortality Rate	Moderately on – track due to the sharp decline in recent years
	MDG5 5: IMPROVE MATERNAL HEALTH	
	TARGET 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	Slow or off-track
	MDG 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES	
	TARGET 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	On-track as trend reversal in HIV prevalence has been achieved
	TARGET 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Moderately on-track as trend reversal has been achieved for Annual Parasite Incidence of Malaria and for prevalence of TB
	MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY	
	TARGET 9: Integrate the principle of sustainable development into country policies and programmes and reverse the loss of environmental resources.	Moderately on-track
	TARGET 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	On-track for the indicator of drinking water but slow for the indicator of Sanitation
TARGET 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	The pattern not statistically discernible	
MDG 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT		
TARGET 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	On-track	

Goal 1: Eradicate Extreme Poverty and Hunger

Target 1: Halve, between 1990 & 2015, the percentage of population below the National Poverty Line

Faster decline in Poverty....



Source: Planning Commission

As per the poverty estimates of 2011-12, the Poverty Head Count Ratio (PHCR) is 21.9%. Thus India has already achieved the target against the target of 23.9%. With the historical rate of decline in Poverty HCR, the Country is likely to achieve Poverty HCR level of 20.74% by 2015. Poverty Gap Ratio which reflects the degree to which mean consumption of the poor falls short of the established poverty line, indicating the depth of poverty, was 5.05 for Rural and 2.70 for Urban India in 2011-12. Share of Poorest Quintile in National Consumption (URP-Uniform Recall Period) was 9.1 in Rural India and 7.1 in Urban India in 2011-12.

Target 2: Halve, between 1990 & 2015, the proportion of people who suffer from hunger

According to the National Family Health Survey (NFHS) estimates, the proportion of underweight children has declined by 3 percentage points during 1998-99 to 2005-06, from about 43% to about 40%. At the historical rate of decline, it is expected to come down to about 33% only by 2015 vis a vis the target value of 26%.

Goal 2: Achieve Universal Primary Education

Target 3: Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary education .

The progress related to the goal of Universal primary education is moderately on track. Based on the available data, the Net Enrolment Rate (NER) in primary education (age 6-10 years) was estimated at 84.5 per cent in 2005-06 (U-DISE). The NER has increased to 88.08 per cent in 2013-14

Survival Rate to Grade V (proportion of people starting grade I, who reach grade V) : The ideal result from a cohort study isn't presently available in the official statistics of the country. The results from DISE report 2011- 12, show a steady increasing trend over the years in the estimate of the indicator 'ratio of enrolment of Grade V to Grade I' from 78.08 in 2009-10 to 86.05 in 2011-12.

Youth (15 -24 years old) literacy has also increased between 1991 and 2011- from 61.9% to 86.14 % and the trend shows that India is likely to reach 93.38% which is very near to the target of 100% youth literacy by 2015. At national level, the male and female youth literacy rate is likely to be at 94.81% and 92.47%. The gender gap & rural-urban gap in youth literacy is declining.

Goal 3: Promote Gender Equality and Empower Women

Target 4 : Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education, no later than 2015.

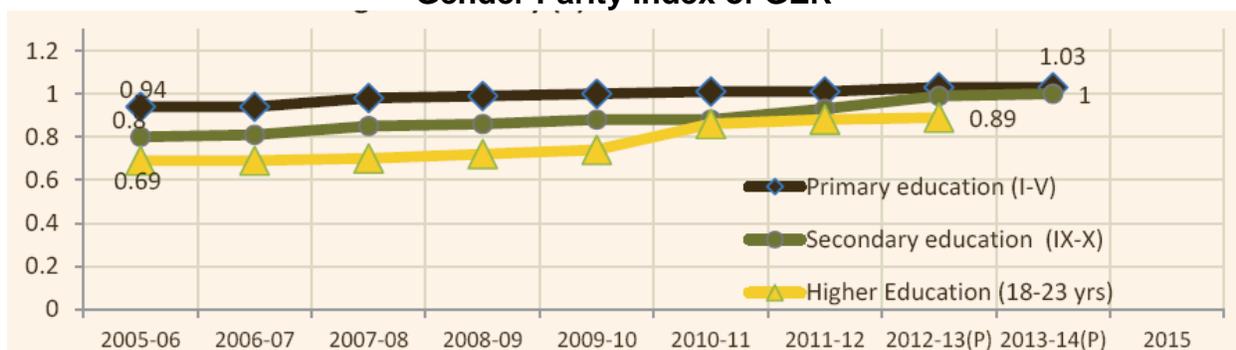
During 2000-01 to 2013-14, substantial progress has been achieved towards gender parity in education as revealed by some important indicators.

Indicator	Level of education	2000-01	2013-14
Enrolment of girls as percentage of total enrolment	Primary education (Classes I-V)	43.8%	48.2%
	Upper primary education (Classes VI-VIII)	40.9%	48.6%
	Secondary (IX –X) and higher secondary (XI –XII) education	38.8%	47.1%
Number of girls per 100 boys enrolled	Primary education (Classes I-V)	78	93
	Upper Primary education	69	95
	Secondary education	63	90
	Higher education	58	81

Source: Education for all Towards quality and Equity, M/o HRD, Educational Statistics at a glance 2014, M/o HRD

It is evident that, during 2000-01 to 2013-14, the enrolment of girls is improving and the gender gap in enrolment is diminishing in all levels of education. At present, in primary education, the enrolment is favourable to females as GPI has crossed the level of 1. In Secondary education also gender parity has been achieved and in tertiary level of education, a rapid progress has been observed during the recent past towards gender parity.

Gender Parity Index of GER



Source: Educational Statistics at a glance 2014, M/o HRD

As per the trend of achievements during 1991 – 2011, India is likely to achieve the gender parity in youth literacy rate by 2015.

The NSS 68th round (2011-12) results had estimated the percentage share of females in wage employment in the non- agricultural sector as 19.3% with corresponding figures for rural and urban areas as 19.9% and 18.7% respectively. There is an improvement in the status as NSS 66th round (2009-10) had reported that the share of women in wage employment as 18.6% at national level and the corresponding estimates for rural and urban India pegged at 19.6% and 17.6% respectively. It is projected that, at this rate of progress, the share of women in wage employment can at best reach a level of about 22.28% by 2015. In India, the labour market of non-agricultural sector are greatly male dominated and a 50:50 situation for men and women is too ideal to be true, given the market dynamics and existing socio-cultural framework.

As in January 2015, India has only 65 women representatives out of 542 members in Lok Sabha, while there are 31 female representatives in the 242 member Rajya Sabha and at present, 12.24% seats of Indian Parliament is held by women.

Proportion of seats held by Women in National Parliament

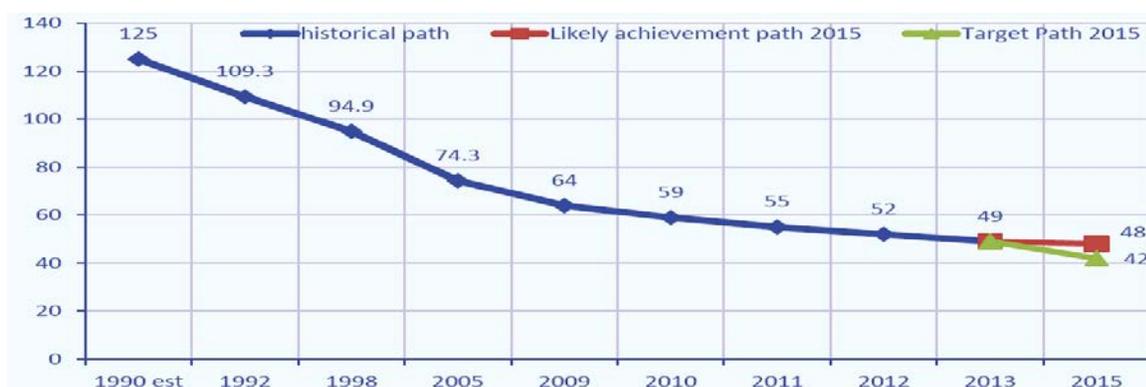
Reference year	Number of Women members			%
	Lok Sabha	Rajya Sabha	Total	
1991			77 of 789	9.7
2004	45 of 544	28 of 250	73 of 794	9.2
2007	47 of 544	25 of 250	72 of 794	9.1
2009	59 of 545	21 of 234	80 of 779	10.3
2011	60 of 544	26 of 241	86 of 785	10.96
2013	62 of 543	28 of 242	90 of 785	11.46
2015	65 of 542	31 of 242	96 of 784	12.24

Source: Lok Sabha and Rajya Sabha

Goal 4: Reduce Child Mortality

Target 5 : Reduce by two-thirds, between 1990 and 2015, the Under-Five Mortality Ratio

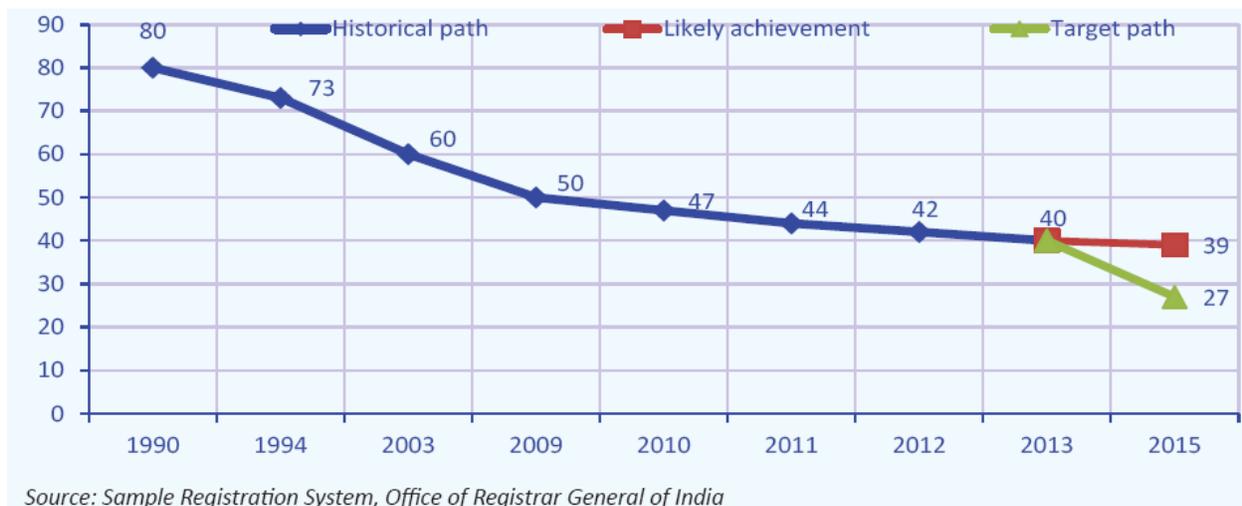
Trend in Under Five Mortality Rate



Source: NFHS, SRS

Under Five Mortality Ratio (U5MR) was estimated at 125 deaths per 1000 live births in 1990. In order to achieve the Target 5, the U5MR is to be reduced to 42 deaths per 1000 live births by 2015. As per SRS 2013, the U5MR is at 49 deaths per 1000 live births and as per the historical trend, it is likely to reach 48 deaths per 1000 live births, missing the target narrowly. However, an overall reduction in U5MR of nearly 60% happened during 1990 to 2013, registering a faster decline in the recent past, and if this rate of reduction is sustained, the achievement by 2015 is likely to be very close to the target by 2015.

Trend in IMR



In India, IMR was estimated at 80 per 1,000 live births in 1990. As per SRS 2013, the IMR is at 40 and as per the historical trend; it is likely to reach 39 by 2015, against the target of 27 infant deaths per 1000 live births by 2015. However, with the sharp decline in the recent years, the gap between the likely achievement and the target is expected to be narrowed.

The Coverage Evaluation Survey (CES), 2009 carried out by UNICEF and Government of India, shows that, India is lagging in the task of achieving universal coverage of one year old children immunised against measles. The CES estimates the proportion of one year old children immunised against measles at 74% in 2009. Although, there is substantial improvement in the coverage which was 42% in 1992-93, yet at this rate of improvement, India is likely to achieve about 89% coverage by 2015 and thus India is likely to fall short of universal coverage.

Goal 5: Improve Maternal Health

Target 6 : Reduce by three quarters , between 1990 & 2015 , the Maternal Mortality Ratio

Trend in Maternal Mortality Ratio



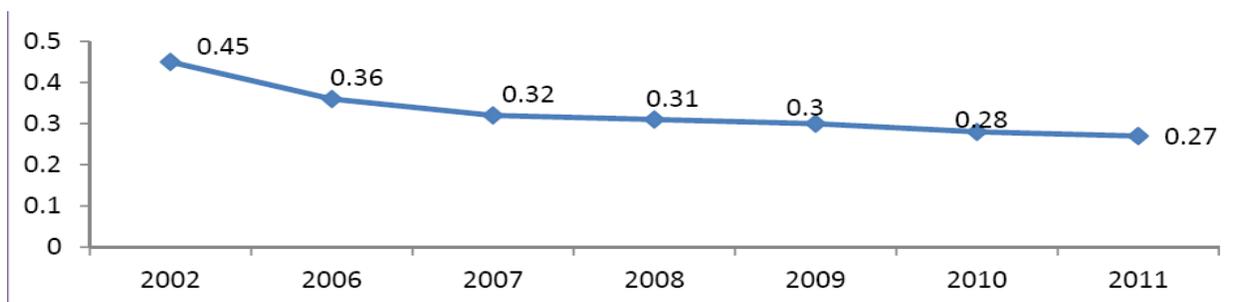
Source: Office of Registrar General of India

In order to meet the MDG target, the MMR should be reduced to 109 per 1,00,000 live births by 2015. As per the latest ORGI estimates, the MMR status at all India level is at 167 in 2011-13. MMR is a slow moving social indicator. India is unlikely to achieve the target level of 109 per 1,00,000 live births by 2015. As per the historical trend, MMR is likely to reach the level of 140 maternal deaths by 2015, however, assuming the recent sharper decline is sustained, India is likely to be slightly nearer to the MDG target.

The Coverage Evaluation Survey conducted by Government of India and UNICEF in 2009 shows that 76.2% percentage of births were attended by skilled health personnel in 2009. Although, considerable progress has been made over the years in improving the proportion of births attended by skilled personnel, India is likely to reach the level of 77.29% vis-a-vis the targeted universal coverage. The latest results of Sample Registration System (SRS) 2013 reveal that, the percentage of live births attended by skilled health personnel (Government hospitals, Private hospital, qualified professional) is 87.1% in 2013, which indicates a better status.

Goal 6: Combat HIV/AIDS, Malaria and TB

Target 7 : Have halted by 2015 and begun to reverse the spread of HIV/AIDS



Source: D/o AIDS control

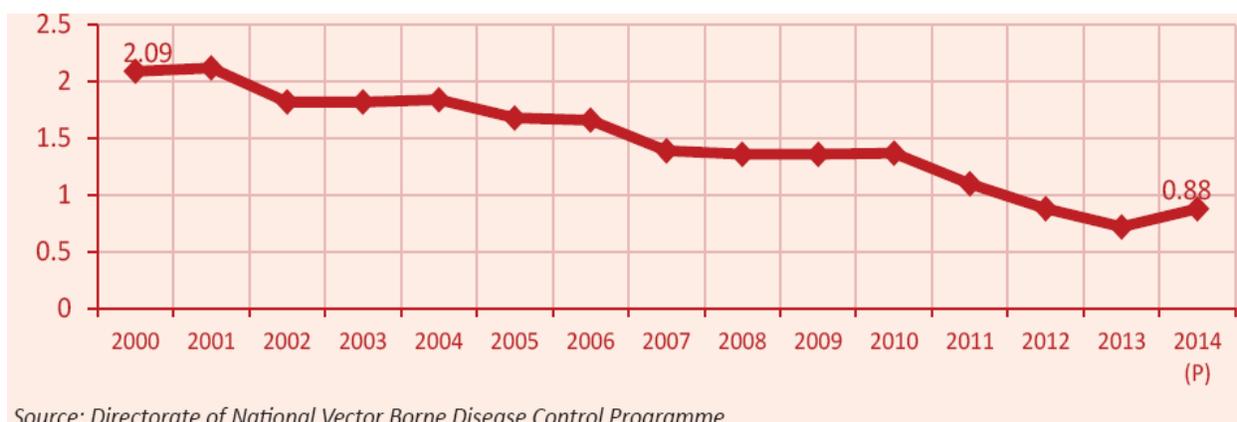
The adult (15–49 years) HIV prevalence has decreased from 0.41%(est) in 2001 to 0.27% in 2011. India has demonstrated an overall reduction of 57% in estimated annual new HIV infections among adult population from 2.74 lakhs in 2000 to 1.16 lakhs in 2011. The prevalence of HIV among Pregnant women aged 15-24 years is showing a declining trend from 0.89 % in 2005 to 0.32% in 2012-13.

According to NFHS –III, Condom use rate of the contraceptive prevalence rate (Condom use to overall contraceptive use among currently married women, 15-49 years, percent) was only 5.2 % at all India level.

According to Behavioural Surveillance Survey conducted in 2001 & 2006, the national estimates for Condom use at last high-risk sex (%) - Proportion of population aged 15-24 years who used condom during last sex with non-regular partner, registered a 19% increase from 51.9% in 2001 to 61.7% in 2006 and the national estimate for proportion of population aged 15-24 years with comprehensive correct Knowledge of HIV/AIDS increased from 22.2% in 2001 to 32.9% in 2006.

Target 8 : Have halted by 2015 and begun to reverse the incidence of Malaria and other major diseases.

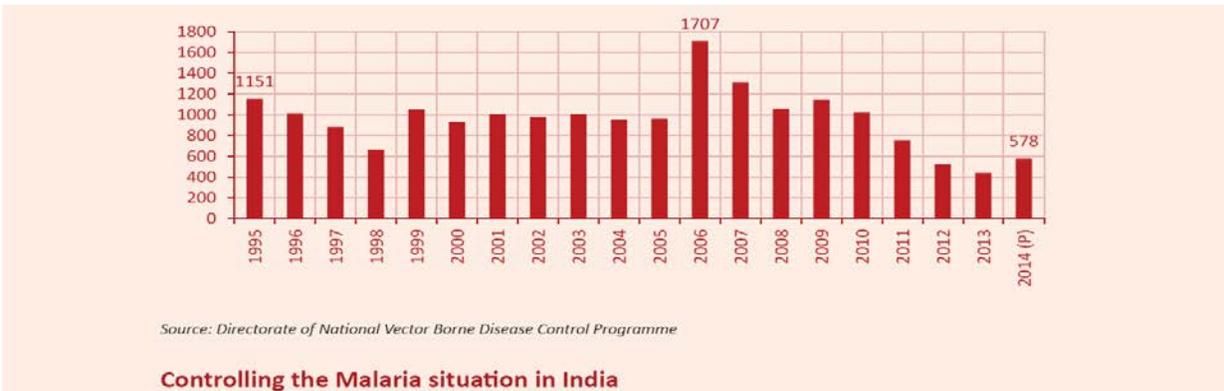
Annual Parasite Incidence Per Thousand Population



Source: Directorate of National Vector Borne Disease Control Programme

The load of total malaria cases, though steady around 2 million cases annually in the late nineties, has shown a declining trend since 2002, with slightly upward moves in some in between years. The reported Pf cases declined from 1.14 million in 1995 to 0.70 million cases in 2014. However, the Pf % has gradually increased from 39% in 1995 to 65.72% in 2014 (upto Nov-14). The Annual Parasite Incidence (API) rate has consistently come down from 2.12 per thousand in 2001 to 0.72 per thousand in 2013, but slightly increased to 0.88 in 2014 but confirmed deaths due to malaria in 2013 was 440 and in 2014, 578 malaria deaths have been registered.

Deaths Due To Malaria



As per WHO estimations, in India, **Tuberculosis** prevalence per lakh population has reduced from 465 in year 1990 to 211 in 2013. TB Incidence per lakh population has reduced from 216 in year 1990 to 171 in 2013. Tuberculosis mortality per lakh population has reduced from 38 in year 1990 to 19 in 2013.

Tuberculosis situation in India

Year	Incidence (Per lakh population)	Prevalence (Per lakh population)	Mortality (Per Lakh Population)
1990	216	465	38
1995	216	465	38
2000	216	438	39
2005	209	365	36
2009	190	289	29
2010	185	269	27
2011	181	249	24
2012	176	230	22
2013	171	211	19

Source: M/o Health and Family Welfare

Goal 7: Ensure Environmental Sustainability

Target 9 : Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

As per assessment in 2013, the total forest cover of the country is 697898 sq. km which is 21.23% of the geographic area of the country. During 2011- 2013, there is an increase of 5871 sq. km in forest cover.

The network of Protected Areas comprising 89 National Parks and 489 Sanctuaries, giving a combined coverage of 155475.63 km² in 2000 has grown steadily over the years. As of 2014, there are 692 Protected Areas (103 National Parks, 525 Wildlife Sanctuaries, 4 Community Reserves and 60 Conservation reserves) covering 158645.05 km² or 5.07% of the country's geographical area. Though there is an increase in the number of protected areas in 2014 compared to 689 in 2013, the area covered by protected areas has reduced by 7702.55 km² during this period because of reduction in the number of Wildlife Sanctuaries.

Per-capita Energy Consumption (PEC) (the ratio of the estimate of total energy consumption during the year to the estimated mid-year population of that year) increased from 6205.25 KWh in 2011- 12 to 6748.61 KWh in 2012-13, exhibiting a percentage annual increase of 8.76%.

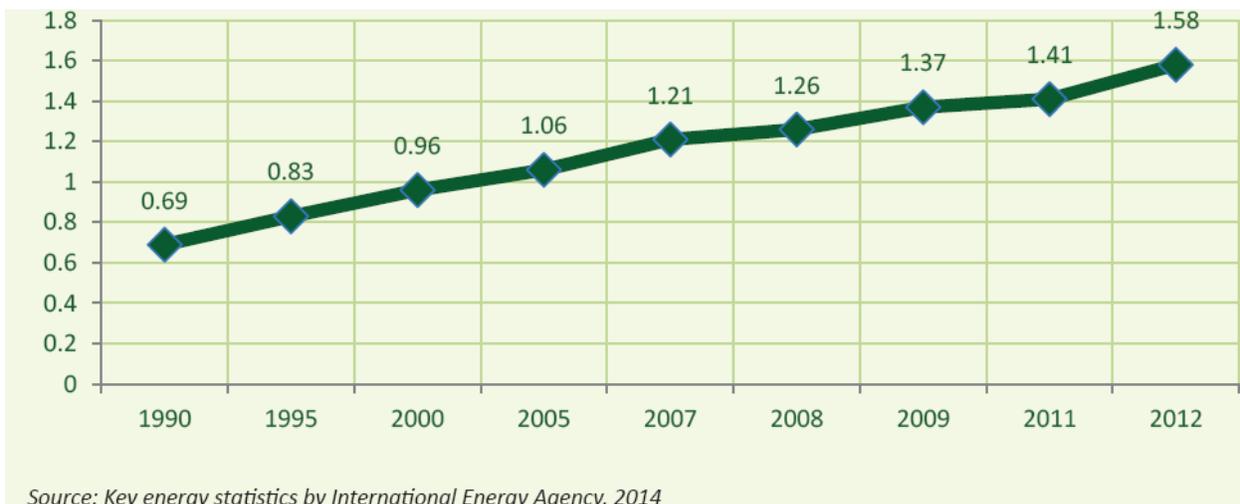
The Energy Intensity (amount of energy consumed for generating one unit of Gross Domestic Product) (at 1999-2000 prices) has shown an increase from 0.1453 KWh in 2011-12 to 0.1518 KWh in 2012-13 which in terms of annual percentage increase works out to 4.49%.

Trend in Energy Intensity (KWH) per rupee@



As per the Key World Energy Statistics 2014, by International Energy Agency, the per capita CO2 emission (Million Tonnes - MT) of India is 1.58 (MT) whereas the corresponding estimate for world and Asia are respectively 4.51 (MT) and 1.59 (MT). In India, the per capita CO2 emission (MT) increased steadily during 1990 to 2012.

Trend in Per Capita CO2 emission (MT) in India



In 2010, consumption of CFC is estimated at 290.733 ODP tonnes (ODP –Ozone Depletion Potential), down from 5614 ODP tones in 2000. From the year 2000, the CFC consumption decreased steadily till 2008, but showed minor increase in 2010.

Consumption of CFCs ODP tonne



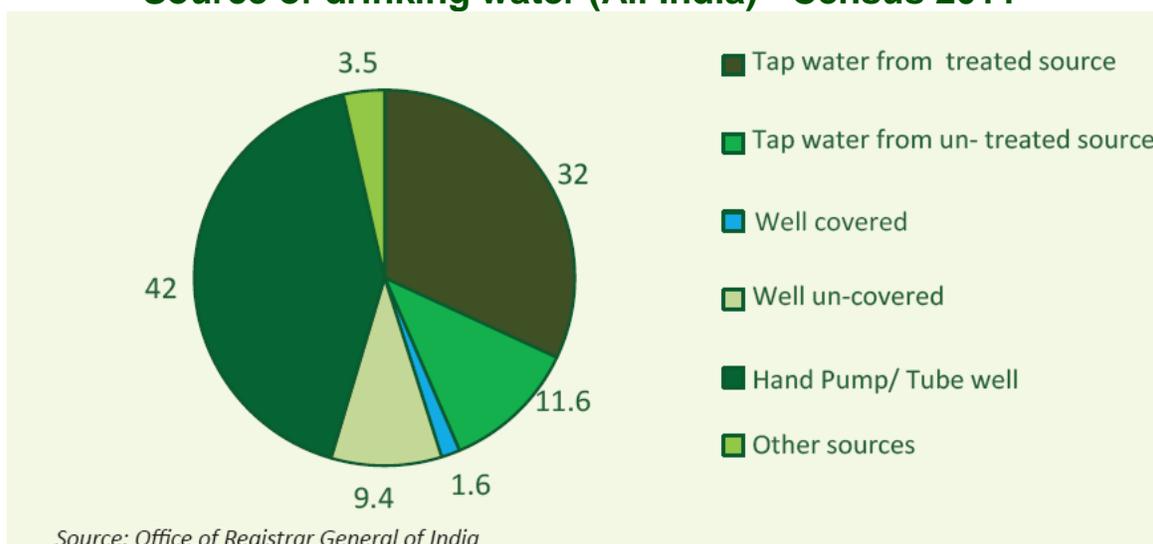
Source: Ozone Cell, M/o Environment, Forests and Climate Change
 Source: Ozone Cell, M/o Environment and Forests

As per Census 2011, 67.3 % households are using solid fuels for cooking against 74.3% in 2001.

Target 10 : Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.

In 2011, in rural India, Hand Pump/ Tube well (51.9%) was the main source of drinking water followed by Tap (30.8%). In urban India, Tap water (70.6%) was the major source followed by Hand Pump/ Tube well (20.8%).

Source of drinking water (All India) - Census 2011



Source: Office of Registrar General of India

The prevailing trend over time suggests, the target of halving the proportion of households without access to safe drinking water sources, from its 1990 level, to be reached by 2015, has already been achieved in rural areas as the latest data shows that 87.9% of households have access to improved drinking water sources against the target of 78.39%. In urban areas in 2012, 90.1% households have access to improved drinking water source and is likely to reach 94.2% vis –a vis the target of 93.63% by 2015. At all India level also, the target for access to improved source of drinking water has already been achieved as in 2012, 87.8% households had access to improved source of drinking water against the target of 82.42%.

Trend in percentage of households having access to improved source of drinking water – All India



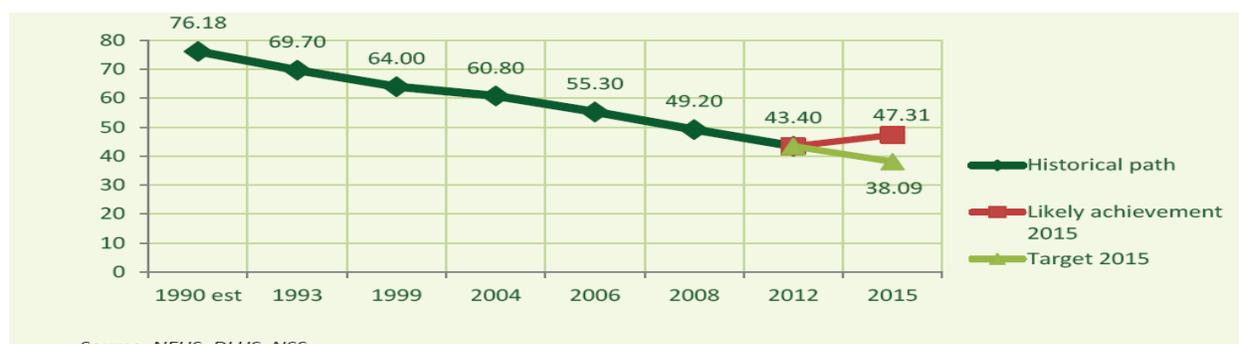
The NSS 2012 revealed 43.4% of households at all India level had no latrine facilities. As per census 2011, the percentage of households with access to sanitation facility recorded an improvement of 10 percentage points during the last decade, still more than 50% of the Country's households have no latrine facility. In 2011, the percentage of households with no latrine reduced to 53.1% from 63.6% in 2001. Census 2011 revealed that, in rural areas 69.3% households are not having latrine facility, whereas in urban areas the corresponding figure is 18.6% in 2011.

Percentage of households without access to sanitation



The target of access to basic sanitation facility in households, in urban areas, the 2015 target is likely to be met as the percentage of households without sanitation facility is likely to be 10.74% in 2015 against the target of 14.18%, and the progress is quite lagging behind in rural areas as likely achievement in 2015 is 60.96% of households without sanitation facility vis-a- vis the target of 46.77%. At all India level, 2015 target is unlikely to be met as the percentage of households without sanitation facility is likely to be 47.31% vis –a –vis the target of 38.09%.

Percentage of households without access to sanitation -All India



Source: NFHS, DLHS, NSS

Target 11: By 2020 , to have achieved a significant improvement in the lives of at least 100 million slum dwellers.

As per NSS 2012, at all-India level, only 10.8 percent of urban dwelling units were situated in slum. However, Census 2011 reported that 17.2% of urban households are located in slums. Census recorded a 37.14% decadal growth in the number of slum households.

Slum Households(Census)

	2001	2011	Decadal growth
Slum households	10150719	13920191	37.14
Urban households (slum reported towns)	43556155	62792741	44.17
Urban all towns	55832570	80888766	44.88

Source: Census 2011, O/o Registrar General of India

Census further reveals that in 2011, 17.37% of the urban population lives in slums.

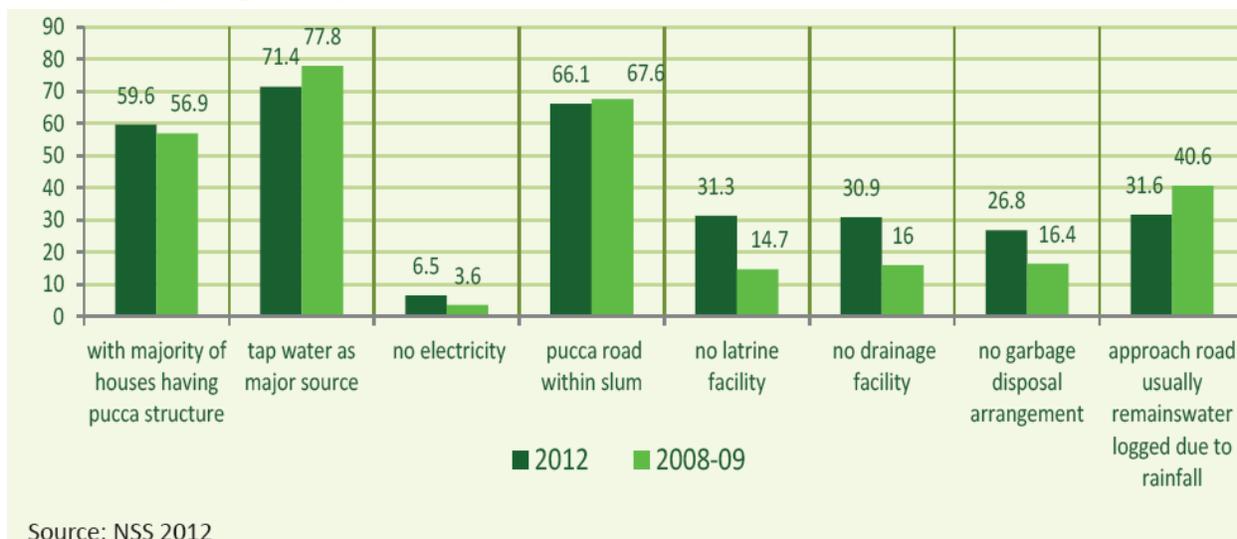
Slum Population (Census)

	2001	2011	Decadal growth
Slum households	52371589	65494604	25.06
Urban households (slum reported towns)	223111858	291838124	30.8
Urban all towns	286119689	377106125	31.8

Source: Census 2011, O/o Registrar General of India

The NSS 2012 presents the living conditions of the households in the slums by considering the type of the structure, source of drinking water, sanitation, road etc.

Facilities in Slums



Goal 8: Develop Global Partnership for Development

Target 18 : In co-operation with the private sector, make available the benefits of new technologies, especially information and communication.

Overall Tele density (%)



Overall tele-density in the country is 76% as on 31st July 2014. The urban tele-density is 146.7%, whereas rural tele-density is 44.56%.

Total number of Internet subscribers has increased from 198.39 million at the end of June -13 to 259.14 million at the end of June-14, with an annual growth of 60%. Presently, Wired Internet subscribers are 18.58 million and Wireless Internet

subscribers are 240.60 million. The **internet subscribers per 100 population accessing** internet through wireline and wireless connections has increased from 16.15 in June 2013 to 20.83 in June 2014.

MDG Indicators- Data/Programme Sources

MDG	INDICATOR	Data / Programme Source	Further details
MDG 1: Eradicate Extreme Poverty and Hunger	Proportion of population below poverty line (%)	Planning Commission	Special releases on the basis of NSSO consumption data
	Poverty Gap Ratio	Planning Commission	Special releases on the basis of NSSO consumption data
	Share of Poorest Quintile in National Consumption	NSSO	
	Proportion of under-weight children below 3 years (%)	Ministry of Health and Family Welfare	National Family Health Survey
MDG 2: Achieve Universal Primary Education	Net Enrolment Ratio in primary grade (%)	M/o Human Resources Development	District Information System on Education
	Proportion of Pupil starting Grade 1 who reaches Grade 5	M/o Human Resources Development	District Information System on Education
	Literacy rate of 15-24 year olds	O/o Registrar General of India	Census
MDG 3: Promote Gender Equality and Empower Women	Ratio of girls to boys in primary, secondary, tertiary education (Gender Parity Index of GER)	M/o Human Resources Development	
	Female: Male literacy rate of 15-24 year olds	Census	
	Share of women in wage employment in the non-agricultural sector (%)	NSSO	
	Proportion of Seats held by women in National Parliament (%)	Lok Sabha, Rajya Sabha Secretariat	

MDG	INDICATOR	Data / Programme Source	Further details
MDG 4: Reduce Child Mortality	Under five mortality rate (per 1000 live births)	O/o Registrar General of India	Sample Registration System Report
	Infant Mortality rate (per 1000 live births)	O/o Registrar General of India	Sample Registration System Bulletin & Report
	Proportion of 1 year old children immunized against measles	M/o Health and Family Welfare	NFHS, DLHS, Coverage Evaluation Survey (GOI-UNICEF-2009)
MDG 5: Improve Maternal Health	Maternal mortality ratio (per 100,000 live births)	O/o Registrar General of India	Special Report of Sample Registration System
	Percentage of deliveries assisted by skilled personnel	Ministry of Health and Family Welfare	National Family Health Survey, District Level Household Survey
MDG 6: Combat HIV/AIDS, Malaria and Other Diseases	HIV Prevalence among pregnant women aged 15-24 years (%)	Ministry of Health and Family Welfare	HIV Sentinel Surveillance Surveys, D/o AIDS control (NACO)
	Condom use rate of the contraceptive prevalence rate (Condom use to overall contraceptive use among currently married women, 15-49 yrs, percent)	Ministry of Health and Family Welfare, D/o AIDS control	National Family Health Survey
	Condom use at last high risk sex (Condom use rate among non-regular sex partners 15-24 yrs) (%)	M/o Health and Family Welfare, D/o AIDS control	HIV Sentinel Surveillance Surveys, D/o AIDS control (NACO)
	Percentage of Population aged 15-49 years with comprehensive correct knowledge of HIV/AIDS	M/o Health and Family Welfare, D/o AIDS control	Behavioural Surveillance Surveys, D/o AIDS control (NACO)

MDG	INDICATOR	Data / Programme Source	Further details
	Annual parasite incidence rate (Malaria)	Directorate of National Vector Borne Disease Control Programme M/o H&FW	Surveillance Data
	Death rates associated with Malaria	Directorate of National Vector Borne Disease Control Programme M/o H&FW	Surveillance Data
	Deaths due to TB per 100,000 population	M/o Health and Family Welfare,	WHO Report –Global Tuberculosis Control
	Proportion of Tuberculosis Cases Detected and Cured under DOTS	M/o Health and Family Welfare, Directorate of Revised National TB Control Programme	Success Rate among new S+ve cases (%)- Revised National Tuberculosis Control Programme Reports
GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY	Area covered under forests as percentage of geographical area	M/o Environment and Forests	
	Ratio of Area Protected to Maintain Biological Diversity to Surface Area	M/o Environment and Forests	
	Per Capita Energy Consumption	CSO, MOSPI	Energy consumption data available from State Electricity Boards
	Carbon Dioxide emissions per capita (MT)	M/o Environment and Forests	International energy agency
	Consumption of Ozone-depleting Chlorofluoro Carbons (ODP Tons)	M/o Environment and Forests	Ozone cell
	Proportion of the Households Using Solid Fuels	O/o Registrar General of India	Census
	Households with sustainable access to	O/o Registrar General of India NSSO	Census

MDG	INDICATOR	Data / Programme Source	Further details
	an improved water source, (%)		
	Households without access to sanitation (%)	O/o Registrar General of India NSSO	Census
	Slum population as percentage of urban population	O/o Registrar General of India NSSO	Census
GOAL 8: Develop a global partnership for development	Telephone lines and cellular subscribers per 100 population	Telecom Regulatory Authority of India	
	Internet subscribers per 100 population	Telecom Regulatory Authority of India	

Global Goals after 2015- Sustainable Development Goals: With the expiration of the MDGs in 2015, some of the promises of the Millennium Declaration remain unrealized. The benefits of global economic integration have been as unevenly distributed since 2000 as in the previous decade — the gaps between the rich and poor within and between countries remain considerable.

Nonetheless, the MDGs have demonstrated the power of global goals and the value of comprehensive development goals in raising awareness, maintaining political support for development, and in coordinating policy debates. Without the MDGs, it is likely that the Millennium Declaration would have been shelved soon after its adoption along with numerous other decisions by the General Assembly. For these reasons, it was felt that new global goals should be set to advance the implementation of the Millennium Declaration, but they need to be pursued with the institutional weight of the UN Secretary- General and with the UN investing in efforts to promote and mobilize support for them. The UN has set many global goals since the 1960s, but none has had the reach – or the investment – of the MDGs.

In past few years , UN has worked with governments, civil society and other partners to build on the momentum generated by the MDGs and carry on with an ambitious post-2015 development agenda as the targets under MDGs were to be achieved by 2015.

Following the outcome of the 2010 High-level Plenary Meeting of the General Assembly on the Millennium Development Goals, the United Nations Secretary-General established the UN System Task Team in September 2011 to support UN system-wide preparations for the post-2015 UN development agenda, in consultation with all stakeholders. The Task Team was led by the Department of Economic and Social Affairs and the United Nations Development Programme and brought together senior experts from over 50 UN entities and international organizations to provide system-wide support to the post-2015 consultation process, including analytical input, expertise and outreach. The post-2015 agenda is linked to the outcome of “Rio+20” -- the UN

Conference on Sustainable Development -- that took place in June 2012 in Rio de Janeiro, Brazil. As a result of the efforts, the Heads of State and Government and High Representatives, meeting at the United Nations Headquarters in New York from 25-27 September 2015 decided on new global **Sustainable Development Goals** and committed to working tirelessly for the full implementation of the Agenda **by 2030**.

MDGs - Achievements & Issues : MDGs have occupied the centre stage of world debate for over a decade & have generated unprecedented awareness and support on various issues . Amongst the **significant achievements** of MDGs are:

- The MDGs being simple, catchy and acceptable caught the imagination of all-international community, national governments and civil society
- New Development Consensus : MDGs were successful in evolution of 'Post Washington Consensus' bringing about rapprochement between Bretton Woods Institutions(World Bank & IMF) and United Nations.
- Building on the concept of Human Development, MDGs helped in introducing multidimensionality of progress instead of one sided focus on economic growth.
- Outcome orientation of MDGs, focused on measuring the impacts rather than inputs inherently favoured result yielding interventions.
- MDGs were able to muster Global partnership for development with donor countries assisting in implementation of Plans set out by developing/underdeveloped countries. The extent of commitment shown by international community and individual countries was unprecedented.
- They were a fundamental framework for global development and their progress shows the power of global goals and a shared purpose. A clear agenda, with measurable goals and targets, and a common vision was crucial for this success.

Issues related to MDGs:

- Too narrow concept of development : Despite shifting the focus away from one dimensional economic growth to that incorporating social and environmental dimensions as well, MDGs still left many areas un traversed. Indicators for political deprivation (lack of human and civil rights, means of participation, rule of law, or administrative transparency), social deprivation (marginalisation of social groups, insufficient cohesion and unifying forces in society), or vulnerability (lack of social protection) were not included and issues like distributional equality , employment generation, human rights, etc were also not adequately reflected.
- Goals without a theory : Multiple & diverse goals identified under MDGs were articulated differently (proportional targets like reduction by half, absolute targets like universal attainment and expressions of intent like in case of global partnership) and were apparently linked by concept of human development but they lacked any sound framework /theoretical underpinning. For this reason, the MDGs were vulnerable to focus mostly on those specific concerns that were raised by aid agencies. (Explicit grounding in development theory was consciously avoided to eliminate any opposition on the grounds of differences with the theory).

- Neglect of process dimension : MDGs specified an outcome but did not set out the process which would make it possible to realize the objectives. In other words, the MDGs specified a destination but did not chart the journey. Consequently MDGs may be regarded , by countries, in isolation, with measures designed to implement them being taken only in the most obvious sectors neglecting the multi causalities which may in turn affect the outcome. But , since 'one size fits all' policy prescriptions would be equally ineffective a set of linkages , based on diverse experiences, could have been included at best. Further, merely counting countries that have achieved/missed may not reveal the reasons as to why the countries could/could not achieve the targets. However, later, MAF was a step ahead in this direction.
- MDGs were stipulated without any reference to initial conditions, but where a country gets to, in any given time horizon, depends at least, in part, on where it starts out from. Goals aiming to reduce incidences in proportion like reducing proportion of people living in poverty by one-half, much depend on initial level (i.e. whether it was 60 per cent or 20 per cent.) Consequently, targets may be set too high for some and too low for others. The levels set under MDGs are unrealistic for many countries (Clemens and others 2007) and biased against countries with low starting points (Clemens and others 2007; Easterly 2009; Fukuda-Parr forthcoming) whereas they had little for countries placed favourably and many countries achieved the goals in span of 10-15 years.
- The MDGs were set out in terms of aggregates or averages which often conceal as much as they reveal because there was no reference to distributional outcomes. It is essential to disaggregate outcomes so as to reveal rather than conceal distributional realities
- Quantity at the Expense of Quality: while the countries tried to meet the quantified targets, there was risk of compromising /neglecting the dimension of quality e.g. more enrolment may be achieved without adequate attention to the quality of education.
- Optimizing inputs at the expense of efficiency: International debate on MDGs was focused on inputs (e.g how much will ODA have to be increased if the target is to be met etc) whereas efficient use of funds, absorptive capacity of the country, administrative and organizational capacities of their institutions etc might be equally important.
- Short term planning & distortion of national priorities : Too much focus on 2015 , based on ODA, might not be sustainable on its own in the long run. Donor centric view of development with disproportionate emphasis on the importance of external financing in the pursuit of MDGs, tended to shift the focus of attention away from national governments to the international community. But success or failure in the pursuit of MDGs depends largely upon what happens within countries, where governments are both responsible and accountable for outcomes. While the outcome-focused approach of the MDGs helped to avoid some of the pitfalls of a descriptive development theory, their success with the donor community did lead to a neglect of issues that were not explicitly mentioned in the MDGs. As a result, at times, all development efforts by donors had to be mapped onto one or more of the goals. Further, Progress in achieving

the MDGs was not a guarantee for broad-based social development. At the beginning of 2011, various Arab regimes were toppled by populations that not only asked for more democracy, but perhaps even more importantly, for good jobs and the prospect of advancement in life for their youth. Yet this turmoil took place in countries that scored very high on progress indices of the Millennium Development Goals.

- Insufficient underpinning of the ideas of sustainability : The issue of sustainability wasn't adequately addressed in the MDGs which were dominated by social and economic targets. It is at least equally important to ensure that the idea of sustainability, with all its ecological and economic aspects, is firmly entrenched as an action-guiding (i.e. crosscutting) principle in all fields of development policy.
- Measurement issues: Targets that are set out as statements of intentions (Goal 8) mean different things to different people and were exceedingly difficult to monitor. In some countries and for some indicators, statistics are not good enough. In other countries and for other indicators, statistics are difficult to find.
- Misunderstanding: Global MDG targets were often used as a scale for assessing the performance of different regions or specific countries. But the MDGs were meant to be collective targets for the world as a whole which did not have to be reached by every country. In fact, countries were meant to contextualize the MDGs in terms of initial conditions and national priorities.

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