# 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 become 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 Banks 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 2014 :** The report examines the latest progress towards achieving the MDGs articulated fourteen year ago for . It reaffirms that the MDGs have made a profound difference in people's lives. Global poverty has been halved five years ahead of the 2015 timeframe, from almost half of the population in developing Regions in 1990 living on less than $1.25 a day to 22 per cent by 2010 (reducing the number of people living in extreme poverty by 700 million).Ninety per cent of children in developing regions now enjoy primary education, and disparities between boys and girls in enrolment have narrowed. By 2012, all developing regions have achieved, or were close to achieving, gender parity in primary education. Remarkable gains have also been made in the fight against malaria and tuberculosis, along with improvements in all health indicators. Between 2000 and 2012, an estimated 3.3 million deaths from malaria were averted due to the substantial expansion of malaria interventions whereas the intensive efforts to fight tuberculosis have saved an estimated 22 million lives worldwide since 1995. The likelihood of a child dying before age five has been nearly cut in half over the last two decades from 90 deaths per 1,000 live births in 1990 to 48 in 2012. That means that about 17,000 children are saved every day. The target of halving the proportion of people who lack access to improved sources of water has also been met five years ahead of schedule with over 2.3 billion people having gained access to an improved source of drinking water between 1990 and 2012. Substantial progress has been made in most areas, but much more effort is needed to reach the set targets in some. Global emissions of carbon dioxide ($CO_2$) continued their upward trend and those in 2011 were almost 50 per cent above their 1990 level. Millions of hectares of forest are lost every year, many species are being driven closer to extinction and renewable water resources are becoming scarcer. At the same time, international action is on the verge of eliminating ozone-depleting substances and the proportion of terrestrial and coastal marine areas under protection has been increasing. Hunger continues to decline, but immediate additional efforts are needed to reach the MDG target of halving the percentage of people suffering from hunger by 2015.Globally, the maternal mortality ratio dropped by 45 per cent between 1990 and 2013, from 380 to 210 deaths per 100,000 live births but much more needs to be done to provide care to pregnant women. Over a quarter of the world's population has gained access to improved sanitation since 1990, yet a billion people still resorted to open defecation

Member States are now fully engaged in discussions to define **Sustainable Development Goals (SDGs)**, which will serve as the core of a universal post-2015 development agenda.

**Towards achieving Millennium Development Goals – India 2014** - 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.  Some of

the goal wise achievements indicated in 'Millennium Development Goals –India Country Report  2014' are given below :

| MDGs and Targets –Summary of Progress achieved by India | |
|---|---|
| **MDG 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<br>**On -track** |
| TARGET 2 | Halve, between 1990 and 2015, the proportion of people who suffer from hunger<br>**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<br>**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<br>**On-track** |
| **MDG 4** | **REDUCE CHILD MORTALITY** |
| TARGET 5 | Reduce by two-thirds, between 1990 and 2015, the Under-Five Morality Rate<br>**Moderately on – track due to the sharp decline in recent years** |
| **MDG 5** | **IMPROVE MATERNAL HEALTH** |
| TARGET 6 | Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio<br>**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<br>**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<br>**Moderately on-track as trend reversal has been achieved for Annual Parasite Incidence of Malaria and for prevalence of TB** |
| **MDG7** | **ENSURE ENVIRONMENTAL SUSTAINABILITY** |
| TARGET 9 | Integrate the    principle of sustainable    development into country policies and    programmes and reverse    the loss of environmental resources.<br>**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....

Poverty Head Count Ratio
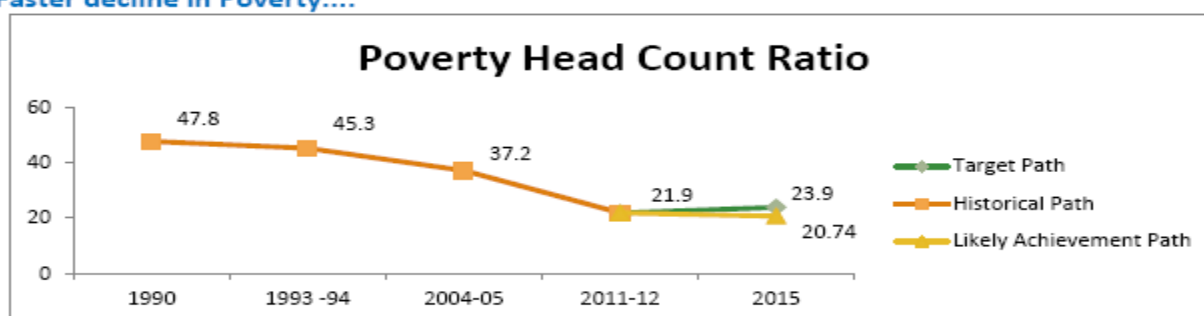
Source: Planning Commission

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 (MRP-Mixed Recall Period) is 9.75 in Rural India and 7.11 in Urban India in 2009-10.

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

Malnutrition continues to be a major hurdle. All-India trend of the **proportion of underweight (severe and moderate) children below 3 years of age** shows India is going slow in eliminating the effect of malnourishment. According to the 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%. Census 2011, reports nearly 89 million children in the age group 0-3 years and with the 40% prevalence of underweight, 35.6 million among them are underweight children.

**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 .**

Universal primary education has already been achieved. A trend based on DISE (District Information System on education) data shows that the country is now well set to achieve cent percent primary education for children in the primary schooling age of 6-10 years ahead of 2015. DISE 2010-11 reports **Net Enrolment Ratio** (NER) at Primary level as 99.89.

**Apparent Survival Rate:** Grade V (Ratio of enrolment in grade V to grade 1) is the proportion of pupils starting Grade I who reach the last grade of primary. The DISE shows apparent survival rate at Primary level of 82 for 2010-11 & 86.05 in 2011-12 and the same has increased steadily since 2009-10 when it was 78.08 .

**Youth (15 -24 years old) literacy** has also increased between 1991 and 2001- from 61.9% to 76.4 % and the trend shows India is likely to achieve 100% youth literacy by 2015. NSS 2007-08 showed male youth literacy as 91% and female youth literacy as 80%. The rural-urban gap in youth literacy also has significantly reduced.

**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.**

Gender parity has already been achieved in primary education and the disparity in secondary education is set to disappear shortly.
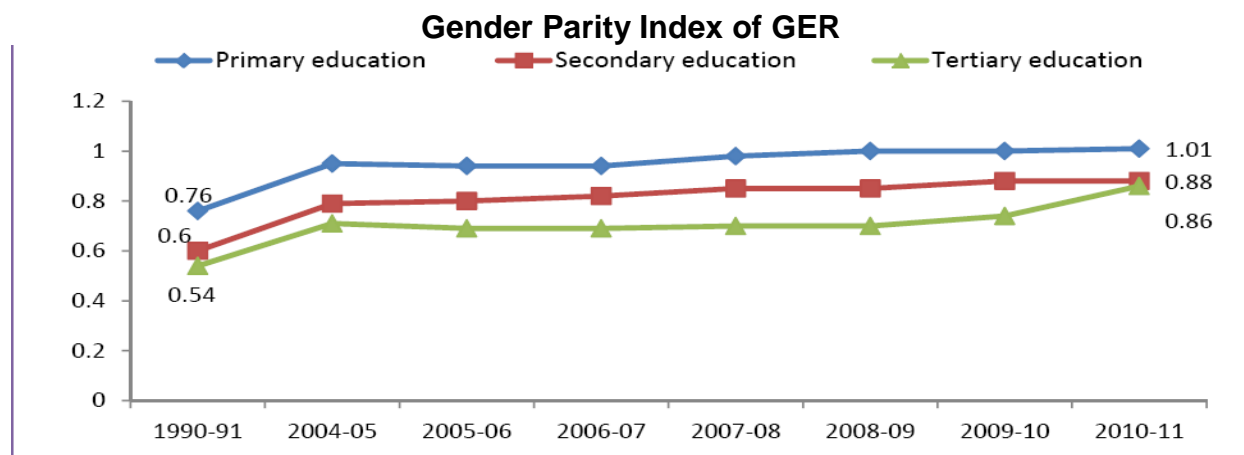


Source: Ministry of Human Resource Development

The gender parity in primary education reached the target value of 1 in 2008-09 itself . The female: male literacy rate in the age group 15-24 years tends to reach 1 by 2015, implying attainment of gender parity by 2015. The **percentage share of females in wage employment in the non- agricultural sector**, stood at 18.6% in 2009-10 (NSS) and the same in case of Rural and Urban areas was 19.6% and 17.6% respectively. However the same increased to 19.3% during 2011-12 (19.9 % in Urban areas and 18.7% in rural areas). It is projected that with the historical rate of progression, the share of women in wage employment can at best reach a level of about 23% by 2015 which is much below target of 50%. The **Proportion of seats held by women in National Parliament** was 11.46% in 2013 vis –a-vis the target of 50 % in 2015.

**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
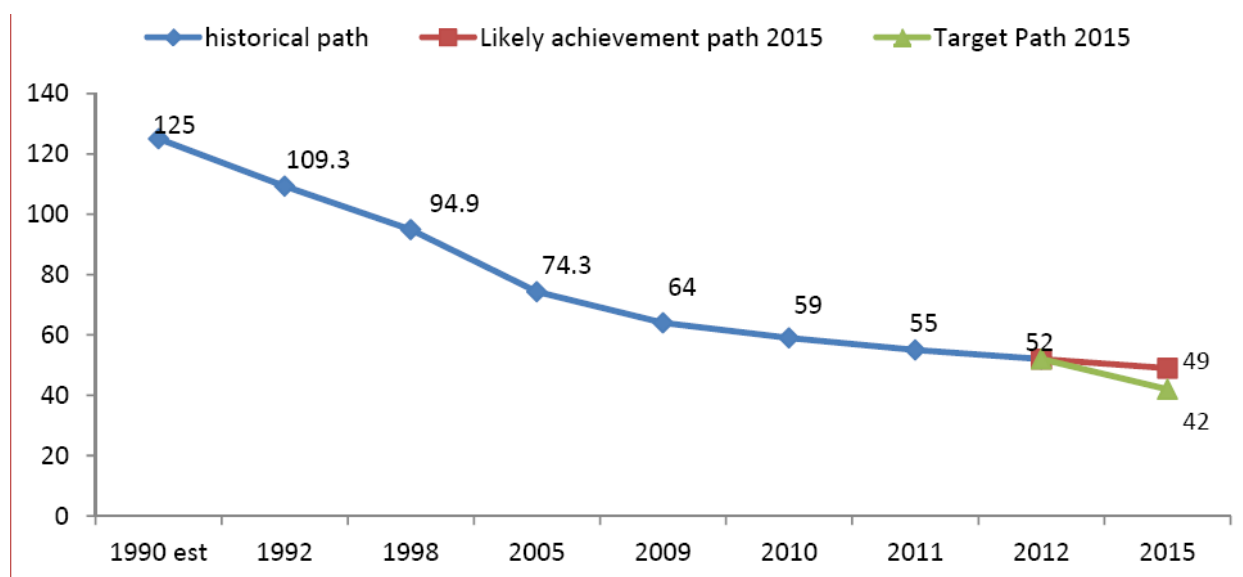


Source: 1990 – estimated, 1992, 1998, 2005-NFHS;  2009 onwards -SRS, O/o Registrar General of India

In India, **U5MR** has declined from an estimated level of 125 in 1990 to 52 in 2012. Given to reduce U5MR to 42 per thousand live births by 2015, India tends to reach 49 by 2015 as per the historical trend, missing the target by 7 percentage points. However, considering the continuance of the sharper annual rate of decline witnessed in the recent years, India is likely to achieve the target.
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## Trend in IMR
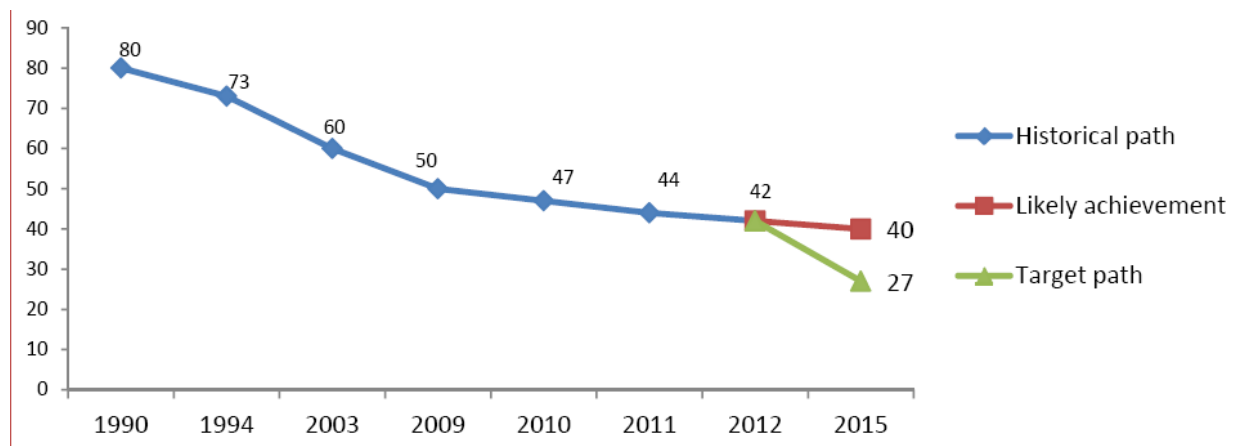


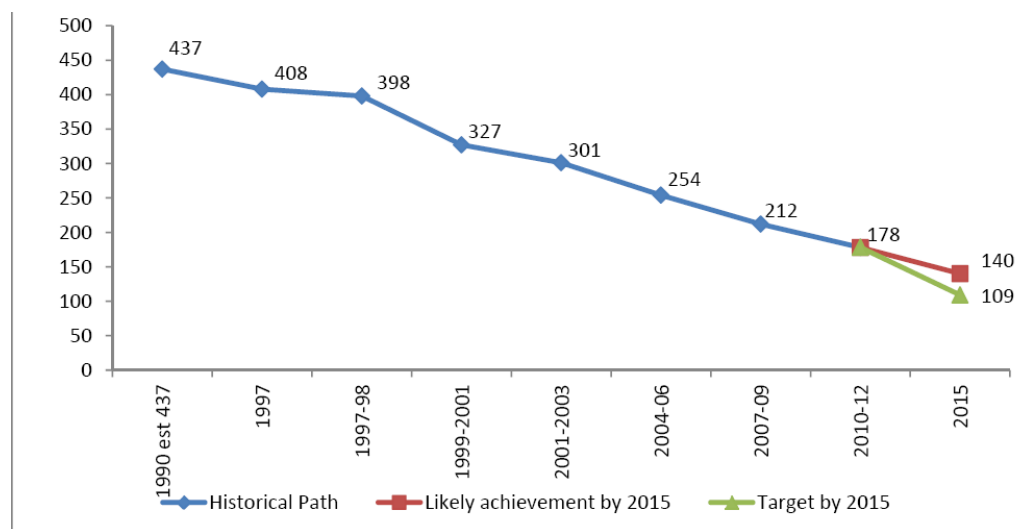Source: Office of Registrar General of India

As per the historical trend, **IMR** is likely to miss the 2015 target, however, the faster decline in recent years indicates to narrowing the gap between the target and the likely achievement in 2015.

**The proportion of one-year old (12-23 months) children immunised against measles** is at 74.1% in 2009 (UNICEF &GOI- Coverage Evaluation Survey 2009) and as per the historical trend, India is expected cover about 89% children in the age group 12-23 months for immunisation against measles by 2015 and thus is likely to fall short of universal immunisation by about 11 percentage points.

**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

From an estimated **MMR** level of 437 per 100,000 live births in 1990, India is required to reduce the MMR to 109 per 100,000 live births by 2015. At the historical pace of decrease, India tends to reach MMR of 140 per 100,000 live births by 2015, falling short by 31 points. However, the bright line in the trend is the sharper decline ie. 16% during 2009-12, 17% during 2006-09 and 16% during 2004-06 compared to 8 % decline during 2001-2003.

As per Coverage Evaluation Survey (CES), 2009, **delivery attended by skilled personnel** is 76.2% which was 47.6% as per District level Household Survey (DLHS-2002- 04). With the existing rate of increase in deliveries by skilled personnel, the likely achievement for 2015 is only to 77.29%, which is far short of the targeted universal coverage. As per CES 2009, the percentage of deliveries attended by skilled health personnel ranges from 43.8% (Nagaland) to 100% (Kerala).

**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
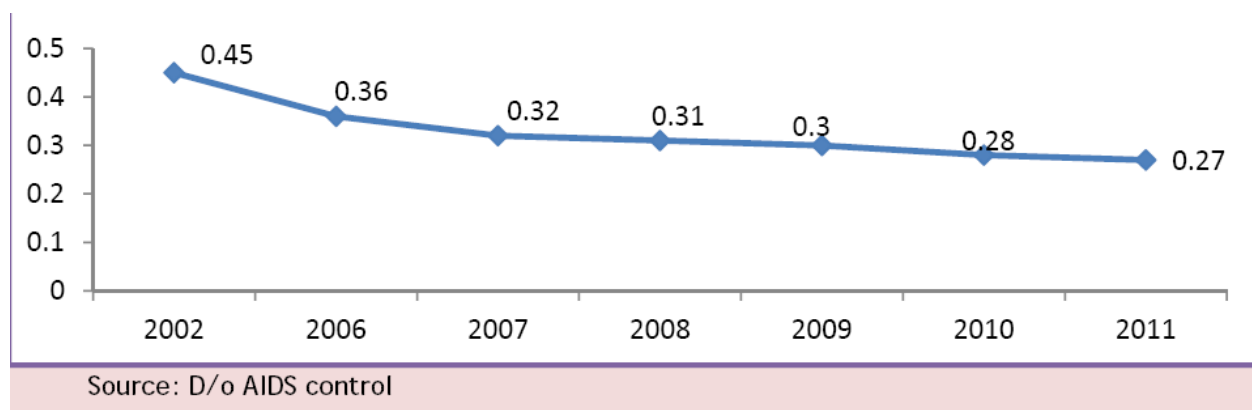
The prevalence of HIV among pregnant women aged 15-24 years is showing a declining trend from 2005 and it has declined from 0.89% in 2005 to 0.39% in 2010-11. According to NFHS –III, **Condom use rate of the contraceptive prevalence rate** (Condom use to overall contraceptive use among currently married women, 15-49 years, percent) was only 5.2 % at all India level.

As per the condom promotion Impact Survey 2010 the national estimate for condom use at the last high risk sex is 74% . 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.**

## Malaria situation in India



Source: M/o Health and Family Welfare
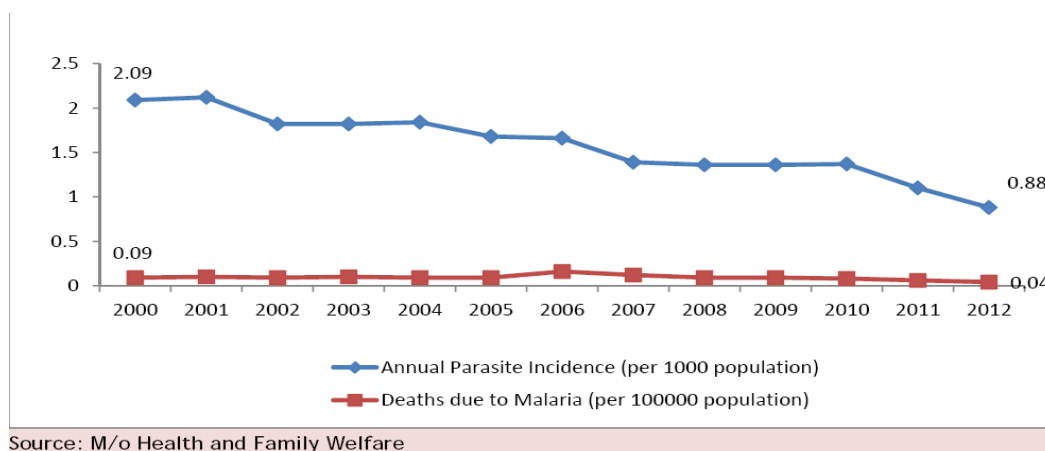
The indicators **Annual Parasite Incidence (API) per 1000 population and Deaths due to Malaria** are showing declining trend in the recent past and the challenge is to sustain that trend.

## Trend in incidence and Prevalence of TB in India
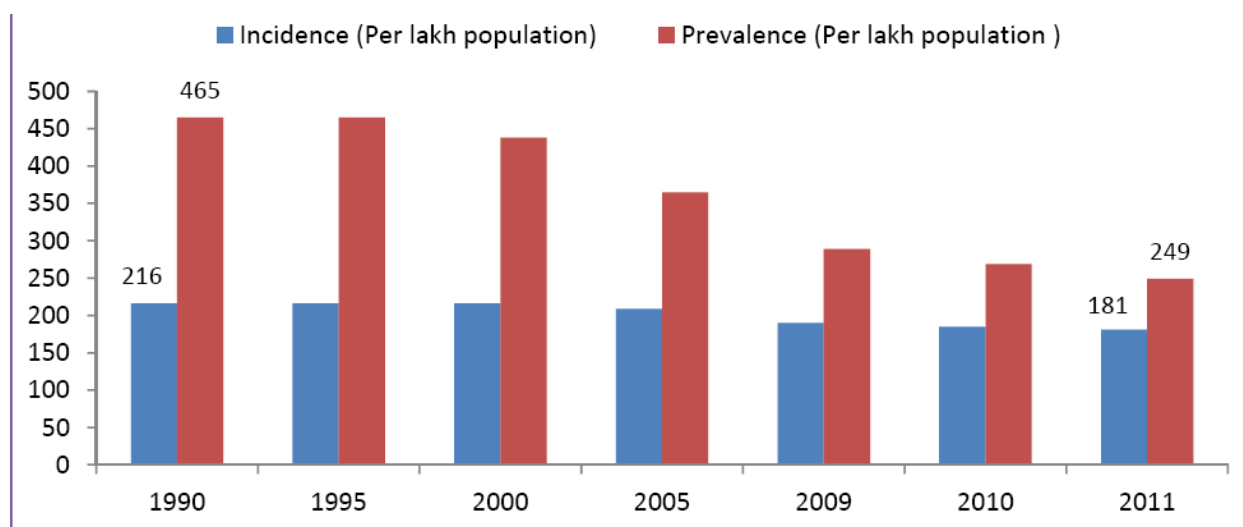


Source: M/o Health and Family Welfare

The TB burden in India is still staggering. Every year, 1.8 million persons develop the disease, of which about 800,000 are infectious; and, until recently, 370,000 died of it annually —1,000 every day. The **Mortality due to TB** has reduced from 38 per lakh population in 1990 to 24 in 2011.

**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**

There is an increase in forest cover by about 1128 sq. km between 2007 and 2011. As per 2011 assessment, the Country has a forest cover of 692027 km², which is 21.05% of the Country's geographical area. The forest cover (revised) estimate for 2009 shows total forest cover of 692394 km² which indicates a decline of 367 km² in 2011.

A network of 689 protected areas has been established ( as on 31/12/2013) extending over 166352.63 Sq Km covering 5.06 % of the country's geographic area. There is a positive change in the network of protected areas in the Country as in 2011, the network included 668 Protected Areas (PAs), extending over 1,61,221.57 sq. kms (4.90% of total geographical area)

The **energy intensity** has shown a mixed trend during 1990-2012, while showing an overall decline from 0.159 KWh in 1990-91 to 0.145 KWh (at 2004-05 prices) in 2011-12

| Energy Intensity (Amount of energy consumed for producing one unit of GDP) (KWH) per rupee | | | | | | | |
|---------|---------|---------|---------|---------|---------|---------|---------|
| 1990-91 | 1995-96 | 2000-01 | 2005-06 | 2006-07 | 2007-08 | 2008-09 | 2011-12 |
| 0.1594  | 0.1593  | 0.1553  | 0.1374  | 0.1355  | 0.1501  | 0.1355  | 0.1453  |

In India, the per capita **$CO_2$ emisssion** (MT) increased steadily during 1990-2013 whereas phasing out of CFCs( chlorofluorocarbons, ozone depleting substance )is in progress.

**Per Capita $CO_2$ emission (MT) India**
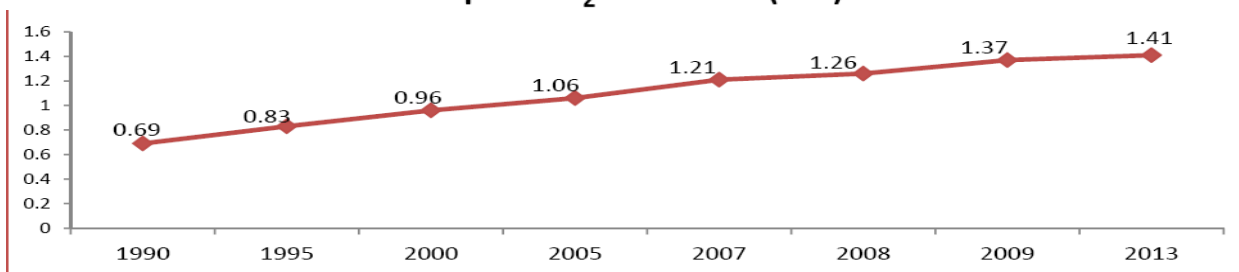


Source: International Energy Agency
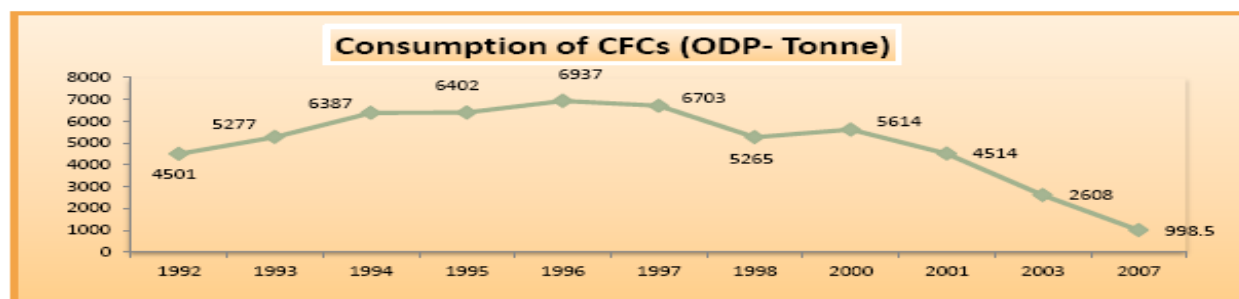


Source: Ozone Cell, M/o Environment and Forests

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.**

As per Census 2011, at all India level, tap water is the source of drinking water for 43.5% households. In urban areas, 62% households have tap water from treated source as the source of drinking water, whereas in rural areas, majority of the households (51.9%) depend on hand pumps/tube wells for drinking water. As per NSS 69th Round (July-Dec 2012) during 2012, in rural India, 88.5% households had improved source of drinking water while in urban India 95.3% households had improved source of drinking water.
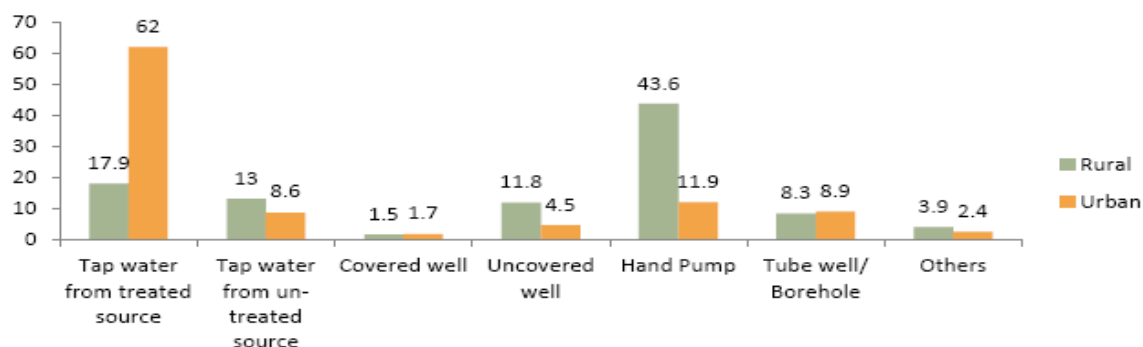
> **Earlier achievement of safe drinking water to all ...**
>
> The target of halving **the proportion of households without access to safe drinking water sources from its 1990 level of about 34% to the order of 17%, to be reached by 2015, has already been attained by 2007-08, much before the target timeline.** The prevailing trend over time suggests attainability of almost cent percent coverage of safe drinking water by 2015, including both rural and urban sectors.

**Households by main source of drinking water - All India (Census 2011)**

| Source | % |
| --- | --- |
| Tap water from treated source | 32 |
| Tap water from un-treated source | 11.6 |
| Covered well | 1.6 |
| Uncovered well | 9.4 |
| Hand Pump | 33.5 |
| Tube well/ Borehole | 8.5 |
| Others | 3.4 |

**Households by main source of drinking water (%) - Rural & Urban (Census 2011)**

| Source | Rural | Urban |
| --- | --- | --- |
| Tap water from treated source | 17.9 | 62 |
| Tap water from un-treated source | 13 | 8.6 |
| Covered well | 1.5 | 1.7 |
| Uncovered well | 11.8 | 4.5 |
| Hand Pump | 43.6 | 11.9 |
| Tube well/ Borehole | 8.3 | 8.9 |
| Others | 3.9 | 2.4 |

## Percentage of households with access to improved source of drinking water
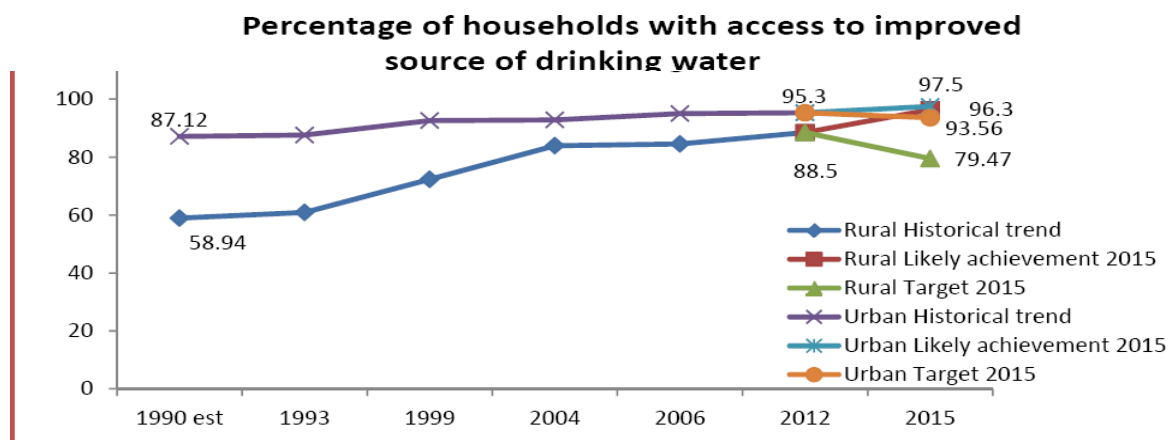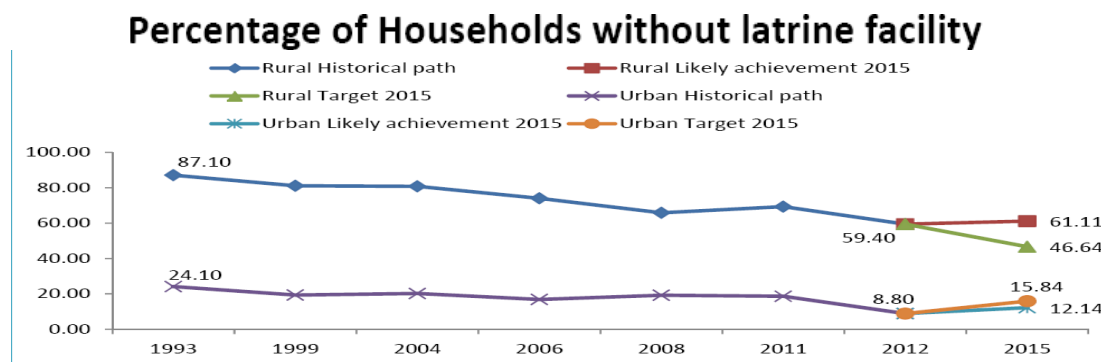


Source: NFHS, DLHS, NSS

The NSS 2012 revealed 59.4 percent and 8.8 percent households in rural India and urban India respectively had **no latrine facilities.** This has reaffirmed the census 2011 results that, more than 50% of the households of the Country are not having latrine facility, though an improvement of 10 percentage points compared to the corresponding percentage recorded during the last decade. 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 with no latrine
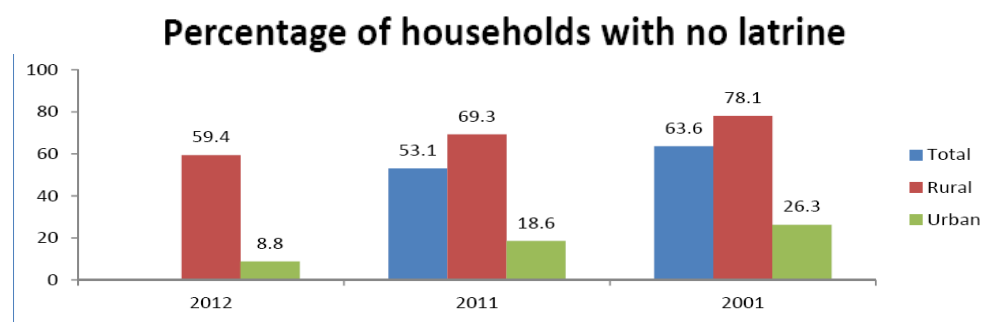


Source: Census 2011, 2001, NSS- 2012

Towards ensuring the basic sanitation of latrine facility in households, while in urban areas, the 2015 target is likely to be met, the progress is quite lagging in rural areas.

## Percentage of Households without latrine facility



Source: NFHS, DLHS, Census, 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, 17.36% 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

**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 (%)**
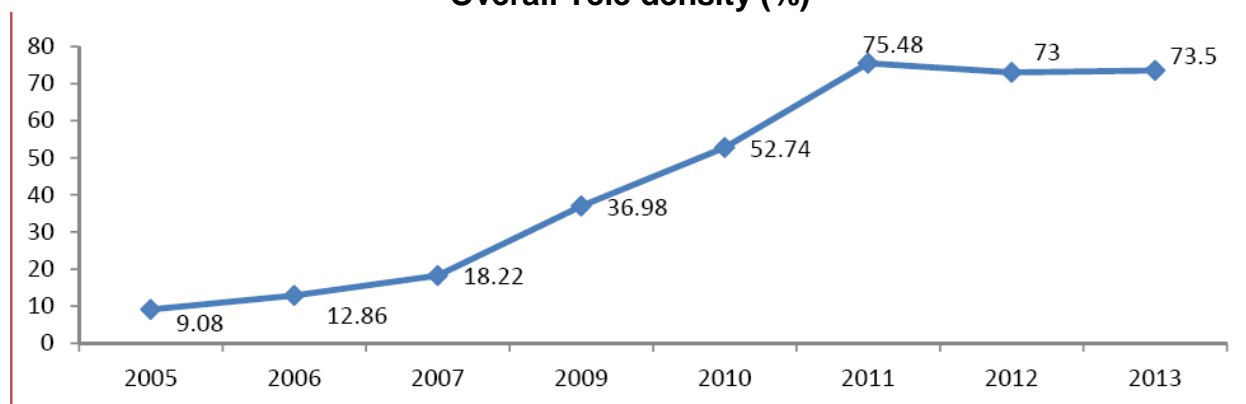


Source: Telecom Regulatory authority of India (TRAI)

Overall **tele-density** in the country is 73.5% as on 30/6/13. As per the status of the 2nd quarter of 2013, the Urban tele-density is 145.35%, whereas rural tele-density is 41.9%.

There were 198.39 million Internet subscribers including 15.2 million Broadband subscribers at the end of June 2013. The **internet subscribers per 100 population** accessing internet only through wire line broadband connections was 1.2 and the corresponding figure including those accessing internet through wireless connections was 13.5

| Important 12th Plan Programmes addressing MDGs | |
|---|---|
| **Department of Agriculture and Cooperation** | |
| National Food Security Mission | MDG 1 |
| Rashtriya Krishi Vikas Yojana | MDG 1 |
| **Department of Rural Development** | |
| National Rural Employment Scheme (MGNREGA) | MDG 1 |
| Indira Awas Yojana | MDG 1 |
| National Rural Livelihood Mission | MDG 1 |
| **Ministry of Housing and Urban Poverty Alleviation** | |
| National Urban Livelihood Mission | MDG 1 |
| Rajiv Awas Yojana | MDG 1 |
| **Department of School Education and Literacy** | |
| Sarva Shiksha Abhiyan | MDG 2, MDG 3 |
| National Programme Nutritional Support to Primary Education (Mid Day Meal) | MDG 2, MDG 3 |
| Rashtriya Madhyamic Shiksha Abhiyan | MDG 3 |
| **Department of Higher Education** | |
| Rashtriya Uchhtar Shiksha Abhiyan | MDG 3 |

| **Department of Health and Family Welfare** | |
|---|---|
| National Health Mission including NRHM | MDG 4, MDG 5 |
| **Ministry of Women and Child Development** | |
| Integrated Child Development Schemes (ICDS) | MDG 4, MDG 5 |
| National Mission for Empowerment of Women including Indira Gandhi Matritav Sahyog Yojana | MDG 3, MDG 5 |
| **Ministry of Health and Family Welfare** | |
| National Vector Borne Diseases Control Programme | MDG 6 |
| Revised National TB Control Programme | MDG 6 |
| **Department of AIDS Control** | |
| National AIDS & STD Control Programme | MDG 6 |
| **Ministry of Environment and Forests** | |
| National Afforestation Programme (National Mission for Green India) | MDG 7 |
| **Ministry of Drinking Water supply & Sanitation** | |
| National Rural Drinking Water Programme | MDG 7 |
| Nirmal Bharat Abhiyan | MDG 7 |
| **Ministry of Urban Development** | |
| Jawaharlal Nehru National Urban Renewal Mission | MDG 7 |
| **Ministry of Information Technology/ Ministry of Finance** | |
| National E Governance and Action Plan | MDG 8 |

## 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 |

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|---|---|---|---|
| **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 | |
| **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) |

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|---|---|---|---|
| | 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+vecases(%)-Revised National Tuberculosis Control Programme Reports |
| **MDG 7: Ensure Environmental Sustainability** | Area covered under forests as percentage of geographical area | M/o Environment ,Forests & Climate Change | |
| | Ratio of Area Protected to Maintain Biological Diversity to Surface Area | M/o Environment ,Forests & Climate Change | |
| | Per Capita Energy Consumption | CSO, MOSPI | Energy consumption data available from State Electricity Boards |
| | Carbon Dioxide emissions per capita (MT) | M/o Environment ,Forests & Climate Change | International energy agency |
| | Consumption of Ozone-depleting Chlorofluoro Carbons (ODP Tons) | M/o Environment ,Forests & Climate Change | Ozone cell |
| | Proportion of the Households Using Solid Fuels | O/o Registrar General of India | Census |
| | Households with sustainable access to an improved water source, (%) | O/o Registrar General of India   NSSO | Census |
| | 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 | |

**MDG Acceleration Framework(MAF) :**
The framework provides a systematic way for countries to develop their own action plan based on existing plans and processes to pursue their MDG priorities. It also helps governments to focus on disparities and inequalities, two of the major causes of uneven progress, by particularly responding to the needs of the vulnerable.

There is now a great deal of evidence about both the obstacles to MDG progress and how to overcome them. This evidence reveals that there is a range of tried and tested policies which, adapted to national contexts, will ensure MDG progress, where there is the leadership, capacity, and funding to implement them. To accelerate MDG progress, as called for by the MDG Summit Outcome Document, this evidence must be put into practice in a concerted effort that takes us to 2015.

In response to this call, the UNDG has endorsed the UNDP's field-tested MDG Acceleration Framework (MAF) which offers a systematic way to identifying bottlenecks to those MDGs that are lagging behind in specific countries, as well as prioritized solutions to these bottlenecks. The MAF is expected to build upon existing country knowledge and experiences, as well as policy and planning processes, and to help the development of country-level partnerships, with mutual accountability of all partners, towards the efforts needed to reach the MDGs by 2015.

MAF seeks to help countries in attaining their targets under MDGs .Following the demand from countries, UNDP, in collaboration with the UN System organizations, has been supporting the development of MDG accelerated Action Plans in about 37 countries covering the 2010 – 2012 period.

**Global Goals after 2015:** With the expiration of the MDGs in 2015, the promises of the Millennium Declaration remain unrealized. Further the extent of global poverty and the slow pace of progress remains unacceptable in today's world of prosperity. 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.

It may be argued that global goals would not be worth setting after 2015, because the MDGs did not have adequate impact on shifting policy. 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, 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.

What should be in the new goals? The expiry of the MDGs in 2015 presents an opportunity to correct the deficiencies of the current list and emphasize new priorities, which are becoming clearer as the 21st century advances. It is also an opportunity to build goals consistent with their function as normative instruments to promote inclusive and equitable development, rooted in the ethical commitments of the Millennium Declaration.

The UN is working 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 is led by the Department of Economic and Social Affairs and the United Nations Development Programme and brings 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 will reflect new development challenges and 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.

**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 have caught the imagination of all- international community, national governments and civil society
- New Development Consensus : MDGs have been successful in evolution of 'Post Washington Consensus' bringing about rapproachment between Bretton Woods Institutions(World Bank & IMF)and United Nations.
- Building on the concept of Human Development, MDGs have 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 favors result yielding interventions .
- MDGs have been 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 has been unprecedented.

**Issues related to MDGs:**

- Minimum Development Goals : some argue that MDGs were not aimed at accelerating the pace of development and have termed it as minimum development goals adding that lowering it any further would not have been acceptable. Also, it had little for countries placed favourably and many countries achieved the goals in span of 10-15 years.
- 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 isuses like distributional equality , employment generation, human rights, etc were also not adequately reflected.
- They have been 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 has been crucial for this success.
- 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 specify an outcome but do not set out the process which would make it possible to realize the objectives. In other words, the MDGs specify a destination but do 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, presently, MAF may be 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).

- The MDGs are set out in terms of aggregates or averages which often conceal as much as they reveal because there is 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 try to meet the quantified targets, there is 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 has been focused on inputs ( e.g how much will to 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. Donorcentric view of development with disproportionate emphasis on the importance of external financing in the pursuit of MDGs, has also 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 'perverse' game ensued where all development efforts by donors had to be mapped onto one or more of the goals. Further, Progress in achieving the MDGs is 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 ides of sustainability: The issue of sustainability has been shunted to the back ground in the MDGs which are 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 are 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 are 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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