

RTI MATTER



**Government of India
PLANNING COMMISSION
(Right to Information Cell)**



REFERENCE NO.: RTI-1724 /2012-(RTI Cell)

YOJANA BHAVAN, SANSAD MARG
NEW DELHI -110001.

DATE: 19/2/2013

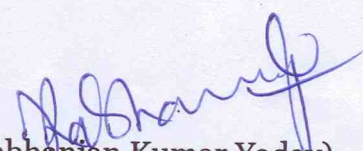
QUERY: Seeking information about Millennium Development Goals in India under RTI Act.

Sir

With reference to your application(RTI-1724) dated 10/01/2013 under RTI Act on the above subject, I wish to inform you that the information has been received from the concerned division. The same is being attached with this letter.

The details of First Appellate Authority is given below :

Sh. Yogesh Suri, Adviser(PP), yojana Bhawan, Planning Commission, New Delhi-110001


(Dr.Y.Prabhajan Kumar Yadav)
ACPIO

Mr./Ms. **Venketesh Nayak**
Address: **B-117, second Floor,**
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110017
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Copy to:-

RTI MATTER

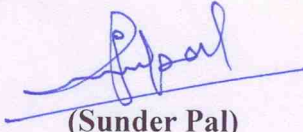
File No. M-11011/1/2011-PP
Planning Commission
(Perspective Planning Division)

Yojana Bhavan, New Delhi
29th January, 2013

Ref. No. RTI-1724/2012-(RTI-Cell)

Subject: Seeking information under RTI Act, 2005.

Please refer to RTI Cell Reference No. RTI-1724/2012-(RTI-Cell) dated 17.01.2013 seeking information under RTI Act by Sh. Venkatesh Nayak R/o B-117, Second Floor, Sarvodaya Enclave, New Delhi-110017. A copy of the material used for preparation of the Cabinet Note on realization of Millennium Development Goals (MDGs) in India is enclosed herewith.


(Sunder Pal)
SRO (PP)

Encls: As above.

Dr. Y.Prabhanjan Kumar, ACPIO, Planning Commission

Planning Commission U.O. No. M-11011/1/2011-PP dated 29.01.2013

Subject: Status Note on realisation of Millennium Development Goals (MDGs) in India

1. Introduction

The cabinet while considering a proposal from the Ministry of Health & Family Welfare regarding National Rural Health Mission (NRHM), in its meeting held on 15-12-2010 directed that Planning Commission should carry out an exercise to assess how far the Millennium Human Development Goals have been realised. It was also desired that a status note should be brought before the Cabinet for discussion at an early date.

2. Background

2.1 At the United Nations Millennium Summit held in September 2000, world's 189 leaders pledged together to adopt the **United Nations Millennium Declaration**, committing their Nations to a new global partnership to reduce extreme poverty, hunger, illiteracy, gender inequality, diseases, environmental degradation etc. and setting out a series of time-bound targets - with a deadline of 2015. The commitment to achieve those targets is known as the **Millennium Development Goals (MDGs)**. The UN Assembly adopted the road map towards the implementation of the United Nations Millennium Declaration during its Fifty Sixth Session in September 2001.

2.2 The original formulation of the Millennium Development Goals includes 8 goals, 18 targets with 48 indicators. Other selected indicators of development, which are not related to specific targets, include population, Total Fertility Rate, Life Expectancy at birth, Adult Literacy Rate and Gross National Income per capita. It is also envisaged that where relevant, indicators should be calculated for subnational levels i.e., by urban and rural area, by region, by socio-economic group, and by age and by gender. The details of the goals and targets set by the UN Declaration are given at **Annexure-I (Refer: Pages 11-15)**

3. MDG Framework for India

3.1 The Ministry of Statistics and Programme Implementation (MOSPI) coordinates the MDG monitoring system. Of the 18 targets that the old framework has for the 8 MDGs, only 12 targets are relevant to India. 6 targets under Goal 8, which are mainly related to landlocked/island/least developed and developed nations, are not considered relevant for India.

3.2 In order to achieve the task of statistical tracking on indicators for monitoring the progress of MDGs, and to arrive at a consensus on the

data used, a consultation process involving the line Ministries/Departments concerned was set in motion through an Inter Ministerial Expert Committee set up in November 2004. After considerable deliberations and consultations, it was agreed upon that some of the indicators could be presented in a manner different from that specified under MDGs. The MOSPI has so far released five reports on India's progress and achievements towards MDGs for the years 2005, 2007, 2009, 2010 (special edition) and 2011.

3.3 The monitoring of MDGs is based on the 2003 United Nations Development Groups (UNDG) guidelines on Concepts, Rationale and Methodology of MDG indicators. This framework recognises all the 53 indicators (48 basic + 5 alternatives) that UN framework standardised for global monitoring of the MDGS. However the set of indicators under different goals and targets followed for the purpose of tracking progress has been customized to some extent in the Indian context in accordance with the availability of Statistics under the official national system. A revised framework of MDGs indicators was introduced in 2008 which is not adopted by India for technical and strategic reasons (India Country Report 2009, MOSPI). The position for each target is listed as under.

4. MDG 1: Eradicate extreme Poverty and Hunger

4.1 **Target 1:** Halve, between 1990 and 2015, the Percentage of Population below the National Poverty Line.

4.1.1 The poverty ratio according to definition of Government of India is not the same as the international definition. Thus reporting of proportion of people whose income is less than \$1 a day is not relevant in Indian context. To achieve the Goal of eradicating extreme poverty and hunger, India has to reduce the proportion of people below the National Poverty Line.

4.1.2 On the basis of poverty lines computed by Tendulkar Committee which have been accepted by the Planning Commission, the poverty ratio is estimated to be at 37.2% for the year 2004-05 as compared to 45.3% in 1993-94. Based on Tendulkar Committee estimates India has to reduce the proportion of people below the National Poverty Line from nearly 47.5 percent in 1990 (interpolated figure) to about 23.75 percent by 2015. After 2004-05, there has been a significant growth in GDP and improvement in consumption levels. The various flagship programmes especially the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) have also had an impact. Unofficial estimates of poverty for 2009-10 suggest that the poverty ratio has fallen, but this may still reflect a high estimate because 2009-10 was a drought year. With continued growth in

GDP and a more rapid growth in agriculture, the poverty Head Count Ratio is expected to be close to the MDG target by 2015.

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

4.2.1 Hunger is not easy to define. However, the UNDP uses the proportion of underweight children as one of the criterion to measure progress towards this target. 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. From estimated 52% in 1990, the proportion of underweight children below 3 years is required to be reduced to 26% by 2015. According to the officially acclaimed estimates by the new standards, the proportion of underweight has declined by 3 percentage points during 1998-99 to 2005-06, from about 43% to about 40% and at this rate of decline is expected to come down to about 33% only by 2015.

4.2.2 Thus, going at the present pace of change, India is likely to fall short of the 2015 target in this regard.

5. **MDG 2: Achieve Universal Primary Education**

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

5.2 To achieve universal primary education, India has to increase the primary school enrolment rate (net) to 100 percent by 2015 and wipe out at the same time the dropout. By the measure of Net enrolment ratio (NER) in primary education the country has already crossed by 2008-09, the 95% cut-off line regarded as the marker value for achieving 2015 target of universal primary education for all children aged 6-10 years. Primary enrolment of 6-10 year old children by their NER measure has improved from 83% in the year 2000 to over 95% in 2007-08. In the years 2008-09 and 2009-10, India's NER by the District Information System on Education (DISE) statistics are 98.6% and 98.3% respectively. **A trend based on DISE data shows the country now well set to achieve cent percent primary education for children in the primary schooling age of 6-10 years ahead of 2015. India is likely to achieve 100% NER for girls and boys alike ahead of 2015.**

5.3 The Youth Literacy Rate (15-24 years) has also increased from 61.9 percent in 1991 to 76.4 percent in 2001. Towards achieving 100 percent Youth Literacy by 2015, India is well on track going by the rate of

decline of illiteracy observed during 1991-2001 and is **likely to attain 100 percent youth literacy by the year 2013-14.**

6. MDG 3: Promote Gender Equality and Empower Women

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

6.2 The female male proportion in respect of primary education was 76:100 in 1990-91 which has increased to 98:100 in 2007-08. During the same period, the proportion has increased from 60:100 to 85:100 in case of secondary education and in higher education, it has increased from 54:100 in 1990-91 to 70:100 in 2007-08. **Gender Parity in the primary and secondary levels is expected to be achieved by 2015 going by the rate of change observed between 1990 and 2005. However, it is unlikely to be achieved under tertiary education.**

6.3 The second indicator under MDG 3 is the ratio of literate women to men known as literacy Gender Parity Index that is defined as the ratio of the female literacy rate to the male literacy rate for the age group 15-24 years. **The ratio of literate women to men in the age group 15-24 years, which was observed to be 0.67 in 1991 and 0.80 in 2001, suggests that attainment of gender parity or near parity in literacy by 2015 is likely.**

6.4 The third indicator is share of women in wage employment in the non-agricultural sector, which is defined as the share of female workers in the non-agricultural sector expressed as a percentage of total employment in the sector. The rate of change over time in India in respect of the share of women in wage employment in the non-agricultural sector is rather slow- about 5 percentage points over a period of 5 years in the recent past and moved from 12.7 in 1990 to 17.9 in 2004. It is projected that at this rate of progression the share of women in wage employment can at best reach a level of about 24 percent by 2015. Labour markets in industry and services sectors in India are heavily male dominated and **a 50:50 situation for men and women is unlikely to be achieved given the market dynamics and existing socio-cultural framework.**

7. MDG 4: Reduce Child Mortality

7.1 **Target 5:** Reduce by two-thirds, between 1990 and 2015, the under-five Mortality Rate.

7.2 India's current under-five mortality rate (U5MR) as per the SRS 2009 stands at 64 per 1000 live births showing a reduction of 5 points since 2008 SRS (69 per 1000 births). Based on this, assuming an average decline of 5 points per year and 6 years of strengthened programme implementation (2 years retrospectively and 4 years prospectively) India's U5MR will be 34 by 2015 (an expected decline 30 points). Thus, India, may achieve its MDG target of U5MR <38 per 1000 live births by 2015.

7.3 India's current IMR stands at 50 per 1000 live births (SRS 2009) showing a decline of 3 points since 2008 (53 per 1000 live births SRS 2008). Based on this, assuming an average decline of 3 points per year and 6 years of strengthened programme implementation (2 years retrospectively and 4 years prospectively) it may be said that at current rate of decline India's IMR in 2015 will be 32 per 1000 live birth – an expected decline of 18 points. However, with concentrated programmatic focus on addressing neonatal mortality it is most likely that rate of decline of IMR will be accelerated and the target of IMR <28 may be within India's reach. It may be stated here that though these rates of decline are good, they are only the observation of the most recent year on record- and as yet have not become established as a trend. A sustained 5 points annual decrease in U5 MR and 3 point annual decrease in infant mortality would be a challenge since rate of improvement slows down at the lower levels of IMR. At lower levels of IMR improvement in facility care for the sick newborn and a much higher quality of home based newborn care has to be put in place and work in these two areas has picked up only recently. Also, the high focus states are unlikely to catch up with the national average in IMR within this period.

8. MDG 5: Improve Maternal Health

8.1 **Target 6:** Reduce by three quarters, between 1990 and 2015, the Maternal Mortality Ratio (MMR).

8.2 MMR in India between 1992-93 and 2007-09 has declined from 424 to 212 (RGI-SRS) per 100,000 live births. This comes out to be 12 points decline per year. The decline between 1990 and 2004-06 was about 11 points per year whereas between 2004-06 to 2007-09, it is 14 points per year. It can be seen from these figures that the rate decline of MMR is steady and there is an acceleration of this trend, with the launch of NHRM and RCH Phase-II. Given this rate of decline, India would probably reach the MMR of 114 per 100,000 live births which is very close to achieving the MDG goals for India i.e. 109 per 100,000 live births by the year 2015.

8.2.1 As per the latest RGI-SRS Report published in July 2011 for the period 2007-09, the estimates show a significant drop from 254 maternal deaths per 100,000 live births during 2004-06 to 212 during 2007-09 at the

All-India level. However, even if the country almost achieves the MDG goals, there will be inter-state variations and all the 10 high focus states may not achieve the MDG targets despite the fact that decline is more marked in high focus states i.e. the most notable drop is in the States of Assam (90 points), Uttar Pradesh including Uttarakhand (81 points), Rajasthan (70 points), Madhya Pradesh and Chhattisgarh (66 points), Bihar and Jharkhand (51 points).

8.2.2 Institutional delivery: The available statistics/data from the State indicate that wherever institutional delivery is high, MMR is low, since timely identification and management of complications can be done once a pregnant woman comes to a health facility for institutional delivery. So acceleration in institutional deliveries and deliveries by skilled / professional personnel will continue to have direct bearing upon reduction in MMR.

8.2.3 As per National Family Health Survey III (NFHS III), the institutional deliveries in the country were 38.7% (2005-06) which in the District Level Household and Facility Survey (DLHS-III) in 2007-08 rose to 47%. As per the Coverage Evaluation Survey (CES 2009) by UNICEF, the same was 72.9%. Institutional deliveries, as a proportion of the total reported deliveries, as reported by the States through the Health Management Information System (HMIS) for the year 2010-11, has increased to 78.5%.

9. MDG 6: Combat HIV/AIDS, Malaria and Other Diseases

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

9.1.1 India has a low prevalence of HIV among pregnant women as compared to other developing countries. Among pregnant women of 15-24 years, the prevalence has declined from 0.86% in 2004 to 0.48% in 2008. A drop by more than 50% has been recorded among pregnant women aged 25-49 years as well, from 1.09% in 2004 to 0.52% in 2007.

9.1.2 The Behavioural Surveillance Survey (BSS) conducted to monitor the changes in knowledge and behaviour indicators in different risk groups with respect to HIV/AIDS indicates that Condom use among non-regular sex partners is quite prevalent. According to BSS 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.

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

9.2.1 The prevalence and death rates associated with malaria are also declining. The annual parasite incidence rate has declined from 2.57 in 1990 to 1.59 in 2008 and 1.52 in 2009 (upto September). Death rate associated with malaria per 100 cases diagnosed with the disease has remained between 0.05 to 0.07 during 2005 and 2009 (upto September). The death rate associated with TB has come down from 42 deaths per 1,00,000 population in 1990 to 26 per 1,00,000 population in 2007. The proportion of TB patients successfully treated has also risen from 79 percent in 1996 to 87 percent in 2007. **Overall, India is on track in respect of the target for these indicators.**

10. MDG 7: Ensure Environmental Sustainability

10.1 **Target 9:** Integrate the Principles of Sustainable Development into Country Policies and Programmes and Reverse the loss of Environmental Resources.

10.1.1 Ministry of Environment & Forests has adopted the National Environment Policy 2006. Various Ministries and Departments of Government of India are required to integrate National Environment Policy 2006 with its policies and programmes. The NEP 2006 has inbuilt its various Sustainable Development Principles such as the Polluter Pays Principle, the Precautionary Principle etc. Further, the process of impact assessment, coastal zone regulation, process of Forest clearances, take into consideration the principles of Sustainable Development for granting Environmental Clearance, Forest Clearance and Coastal Zones Clearances.

10.1.2 Proportion of land area covered by forest: As per 'India State of Forest Report' published in 2009 the key features of land area covered by forest are as follows:-

- I. Forest & tree cover of the country as per this assessment is 78.37 million ha in 2007 which is 23.84% of geographical area includes 2.82% tree cover. This becomes 25.25%, if the areas above tree line i.e. 4,000m are excluded from the total geographical area.
- II. The net increase in forest cover between current and previous assessment (2 year data interval) is 0.18 million ha (0.23%).
- III. The decadal increase, i.e., the increase in the forest cover between 1997 and 2007 is 3013 million ha (4.75%).
- IV. The growing stock of India's forests and trees outside forests is estimated as 6,098 million m³ in 2007.

- V. The increase in forest cover is particularly significant in hill and tribal districts, where the forest cover has increased by 66,300 ha and 69,000 ha respectively compared with the previous assessment. Mangrove cover in India has increased by 5,800 ha in the same period.
- VI. The seven North Eastern States of India have nearly one fourth of the country's forest cover. The region has gained 59,800 ha of forest cover as compared to the previous assessment of 2005.

10.1.3 Land area protected to maintain biological diversity: The Protected Area network in the country indicates the area assigned, *inter alia*, to the protection of biological diversity in the country. At present, the Protected Area network in the country consists of 668 Protected Area comprising of 161222 sq. km.

10.1.4 GDP/Unit of Energy use: GDP per unit of energy use is the PPP GDP per kilogram of oil equivalent of energy use. The value for GDP per unit of energy use (PPP \$ per kilogram of oil equivalent) in India was 5.54 as of 2008. Over the past 28 years this indicator reached a maximum value of 5.54 in 2008 from a minimum value of 1.41 in 1980.

10.1.5 Carbon Dioxide Emissions: India's per capita CO₂ equivalent emissions including LULUCF were 1.5 tons/capita in 2007.

10.1.6 The Department of Telecommunication undertook many green initiative measures for reduction of carbon emission and environmental pollution such as better network planning, infrastructure sharing, adoption of energy efficient equipment, encouraging use of renewable solar and solar-wind energy source in telecom sector. The measures shall help reducing power and diesel consumption and energy conservation in times to come. Draft National Telecom Policy – 2011

underline the need to Green Telecommunication and set the broad direction and goals to ensure environmental sustainability.

10.2 **Target 10:** Halve, by 2015, the Proportion of People without Sustainable Access to Safe Drinking Water and Basic Sanitation.

10.2.1 The proportion of population without sustainable access to safe drinking water and sanitation has to be halved by 2015. Proportion of rural households with sustainable access to improved drinking water sources was 60.9 percent in 1992-93 and is required to be raised to 78 percent by 2015. Based on the report by NSSO on Housing Condition

and Amenities in India, during 2008-09, 90.3 percent of the rural households have sustainable access to improved source of drinking water. Similarly for urban areas the proportion of households with sustainable access to improved drinking water sources was 87.6 percent in 1992-93 and is required to be raised to 90 percent by 2015, whereas the proportion has reached 94.4 percent by 2007-08. **India is, therefore, an early achiever of this target.**

10.2.2 As per 1991 Census, sanitation coverage in rural India was 9 per cent. According to the NSSO report for 2008-09 the sanitation coverage for rural India is at 34.80%. No independent survey report of rural sanitation coverage thereafter is available.

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

10.3.1 In India, slum data has been collected for the first time in Census 2001 for towns/cities having urban population of 50000 or more. 640 towns spread over 26 States/UTs reported existence of slums, with 42.6 million people consisting of 8.2 million households resided in slums of these towns in 2001. The share of slum population as percentage of urban population in respect of town/cities reporting slums stands at 23.1% in 2001. Comparative figures for any other period is not available for assessing any progress in the situation.

11. MDG 8: Develop a Global Partnership for Development

11.1 **Target 12-18:** In co-operation with the Private Sector, make available the benefits of new technologies, especially Information and Communication.

11.2 Goal-8 is regarding developing global partnership for development. It is basically meant for the developed countries to provide development assistance to developing countries. It is a matter of satisfaction that actual disbursements of Official Development Assistance (ODA), in recent years, have shown a welcome reversal of the declining trend that lasted for almost a decade since the early 1990s. In this regard, it is important to realize that unless aid commitments translate into actual delivery, securing MDGs will remain elusive. India does hope that all the developed countries would scale up the ODA to realize the goals reaffirmed at the Monterrey Consensus.

11.3 With regard to one of the targets of the Goal 8, i.e. in cooperation with the private sector, make available the benefits of new technologies, especially information and communication, India has made substantial progress in recent years. The overall tele-density has remarkably increased from 0.67% in 1991 to 70.89% in March, 2011. Tele-density increased further and as on 31st October, 2011 stands at 76.03% per hundred inhabitants. Private sector has played a major role in increasing the tele-density with overall share of 85.92% as on 31.10.2011. Use of Personal Computers has also increased from 5.4 million PCs in 2001 to 19.6 million in 2006. There are 19.69 million internet subscribers as on 31.03.2011 as against 9.21 million as on 31.03.2007.

11.4 The Eleventh Five Year Plan is based on the strategy of promoting inclusive growth for which 27 monitorable targets have been specified. These targets in a way reflect the philosophy of Millennium Development Goals to which all the nations are committed to. Therefore, the National Development Policy of India takes into account the spirit of MDGs and aims at promoting the well being of the masses in such a manner that the benefits of growth reach all the sections of the society.

11.5 The development of social sector has been accorded a high priority and a number of flagship programmes are being implemented particularly in the areas of Health and Education. There has been a considerable time gap in the flow of information to reflect the outcome of these initiatives. In view of this situation, the Planning Commission has set up a High Powered Committee (HPC) to evolve an effective institutional mechanism to ensure availability of timely and quality data for assessing the progress made under social and human development initiatives. It is hoped that such a mechanism would not only provide the current status of the development of the social sector but also generate crucial inputs for appropriate policy framework.