

Handbook for
Parliamentarians
on the

MILLENNIUM
DEVELOPMENT
GOALS

MDGs

Political Support & Action

Parliamentarians' Group on MDGs
PG-MDGs

Executive
Summary



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

There are currently **260 million people (30% of the total population)** living below the official poverty line (BPL) in India. **Three out of four Indians live below Rs 20 a day.** In five states, **half the population** is in severe poverty (Social Development Report, 2006).

More than **a third of the scheduled caste and almost half of the scheduled tribe population** live below the official poverty line of Rs 12 per day. Scheduled Castes currently own merely 10% of the country's private enterprises and under 6% are owned by Scheduled Tribes.

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

There are more than **200 million malnourished people** in India (NFHS data). The country is home to half of the world's malnourished children, and the regular level of malnourished children is higher than that of sub-Saharan Africa. Scheduled caste and scheduled tribe children are significantly more affected by malnutrition than others. There is also an immense gender imbalance in terms of micronutrient absorption: **one third of the adult married women in the country are underweight and half are anaemic.** Most worryingly, **per capita calorie consumption has decreased amongst the poorest groups** in recent years.

Nearly 70% of India's population is rural, and farming is the primary source of livelihood. The latest Budget announced a highly disappointing **agrarian growth rate of 2.6%** between 2007 and 2008. Since 2002, there have been approximately **312 agrarian suicides every day**, roughly one every 30 minutes (National Crimes Record Bureau).

Current Policy

Tenth and Eleventh Five Year Plans	Meaningful employment opportunities for 70 million people.
National Rural Employment Guarantee Scheme (NREGS)	100 days of employment per household at minimum wage. 330 districts covered so far, increasing to 596 in 2008.
Public Distribution Scheme (PDS)	Aspires to make minimum quantity of food available to every household.
Antyodaya Anna Yojana (AAY) and Sampoorna Gramin Rojgar Yojana	Identifies 2.5 crore of the poorest families and provides food grains at highly subsidised prices. For districts not covered by NREGS, Sampoorna Gramin Rojgar Yojana provides combination of cash and food for work.

A study from the Planning Commission (2005) has reported that PDS currently **reaches only about 57% of the BPL households.** According to these UPA reports, **36% of the food produced is estimated to be diverted to the Black Market**, and in some states estimates for

this "leakage" reach **80%.** A Department of Food and Public Distribution report (GoI, 2005) has attributed problems to three key factors: foodgrains are diverted or unlifted; BPL households are not identified, and foodgrains meant for the consumption of the

poorest citizens are being diverted to APL households. It estimates that nearly **half of all cards are bogus**, i.e. held by ineligible or non-existent households. The PDS Control Order prescribes that “**State Governments shall get the lists of BPL and Antyodaya families reviewed every year for the purpose of deletion of ineligible families and inclusion of eligible families**”. However, this revision process has not yet been instigated across the states.

A draft report by the Comptroller and Auditor

General reveals that on average **only 3.2% of registered households could avail of 100 days 'guaranteed' work** under NREGS, with average employment **just 40 days**. There are also numerous reports of failed or delayed payments for completed work. The GoI spent Rs 18,406 crores on waged employment in 2005-6, before NREGS was launched. Under NREGS, 2006-7 expenditure was 16,117 crores with 16,000 announced in the current budget – meaning that there has actually been a decline in investment in employment.

Policy Recommendations

Increase investment in agriculture:

Loans are not the only contributing factor to agrarian suicides. **Sustained and assured monthly income** is far more important to the livelihoods of farmers: this involves boosting support services, providing assistance with marketing, accurate and reliable information about modern inputs, with increased **public investment in smallholder agriculture and changing conditions**.

Enhance accountability in the PDS:

A Central Vigilance Committee report under DFPD (2007) concluded that the best available solution to rampant corruption would be to **minimise human interaction and introduce computerised technology**. The government must also initiate and enforce a “**Zero tolerance**” campaign to target corruption through the PDS system, repealing Section 15A so that public officials can be appropriately penalised for misdealings. **Those in the unorganised sector should also be a top priority**, i.e. the homeless, migrants, widows etc. who are unable to produce documentation for a ration card: spot-checking can instantly ensure eligibility without lengthy delays, with “roaming ration cards” distributed to those who cannot stay in one place.

Make NREGS Mission-Focused:

There must be a **shift from Department mode to Mission Mode**, with strategic co-ordination between central/state governments and panchayats, milestones, measurable objectives that can be shared amongst stakeholders and **clearly defined outputs for all officials**. **Each panchayat should be assisted in preparing a comprehensive strategy through the participation of the local community**, which establishes suitable works as part of a long-term plan over the coming years. **Wage payments must be delivered on time** and mechanisms for **grievance resolution** established in each state, with the establishment of NREGS workers' unions to protect the rights of participants. Provisions must be made in the community for **childcare as well as transport** to the areas of work.

Develop credit schemes and finance initiatives to enable equal participation:

Low interest loans, education on entrepreneurship and opportunities for skill development should be provided for disadvantaged sections of society, with the creation of self-help groups and guaranteed lending specifically for SC/ST/OBC.

Goal 2: Achieve Universal Primary Education

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

According to a UNESCO report (2005), India is officially home to **the most illiterate people in the world**. The Ministry of Statistics and Programme Implementation reports a **94% enrolment rate** at primary level, but reveals that in 2005 about 95 lakh students were still out of school. Pupil **dropout**

rates have increased in the last 5 years to almost 50%.

Amongst Scheduled Castes and Tribes, the dropout rate between Class 1 and 10 is as much as 72%. Across the subcontinent **90% of India's 36 million children aged 4-16 years with physical and mental disabilities are out of school.**

During unannounced visits to a sample of government primary schools by the World Bank, a

quarter of teachers were absent and only about half were actually teaching. Around one third of government primary school teachers have not completed higher secondary. Only 28% of government

schools had electricity in 2005; one in five schools does not have a building; 10% have no blackboard; 40% have no separate bathroom for girls and half are without a library.

Current Policy

Common Minimum Programme	Raise public spending on education to at least 6% GDP, with at least half spent on primary and secondary sectors; introduce a cess on all central taxes to finance the commitment to universalise access to quality basic education.
Mid-Day Meal Scheme (MDMS)	Provide one meal at mid day to all children in class 1-5 in government / aided schools.
Sarva Shiksha Abhiyan (SSA)	Achieve universal primary education through community-ownership of the school system, with out of school children reduced to 13 million by 2005 and a decline of 25 million in illiteracy by 2001.

The UPA government is yet to table the promised “Right to Education Bill” (2005) in the Parliament. This Bill formally transcribes and legitimises the right of the child to free and compulsory education of an equitable quality to all children under 14, as guaranteed in the Constitution. It outlines the responsibilities of the State to both children in and out of school; the responsibilities of schools, teachers and of local authorities; prescribed norms and standards for schools, and monitoring and recognition procedures. Instead of a national Bill, the government has sent a “Model Bill” (2006) to the states and asked them to make necessary changes in their existing education laws: this has not been approved by Parliament or recommended by the CABE. Without national legislation, legal enforcement and oversight, ensuring equitable delivery of education will be an arduous and inconsistent process – particularly as the

the government talks of relegating investment in SSA to state level.

The Education Guarantee Scheme (EGS) is establishing alternative and private education centres across India. One concern is that it is the less well off -- usually girls and the socially marginalised - who are educated in EGS alternative schools, thereby further perpetuating iniquities and relegating those most in need of assistance to a second tier of education. In this regard, SSA modalities of alternative schools/EGS centres and para teachers are a major catastrophe, with less government expenditure; further dilution of an already failing public education system and no strategies for reintegration. The proposed RTE Bill tries to correct this, but fails to suggest any definite financial commitment.

Policy Recommendations

Increase public investment in education:

The government needs to make long-term commitments to improving infrastructure, which will require minimum investment of 6% GDP. As promised, this should be achieved by 2009.

Make education a justiciable right:

As guaranteed in the NCMP, the Right to Education

Bill must be passed as a matter of absolute priority, with equitable quality defined to ensure that certain minimum standards are safeguarded by law. The Right to Education must be enforceable and the central government accountable if the system fails to provide education to any Indian child, as outlined in the Constitution. A National Commission for Education, an independent professional body, should be established to

monitor the implementation. Lack of funds cannot be an excuse for shelving a fundamental human right, and central government must make specific fiscal commitments for implementation of the Bill.

Prioritise education for disabled children:

The Bill must be amended to specify the **rights of the disabled child**, with detailed measures for **inclusion into formal schooling of children with learning difficulties**. There should be an explicit **rights-based policy on delivering education to disabled children**.

No second tier of education:

“Para” schools and teachers must be officially reformed into **regular schools with qualified teachers** within a specified time frame, and strategies must be drawn up for reintegrating children in current EGS /alternative schools into mainstream education.

Make education relevant and engaging:

Education must be **relevant and interesting and enhance employability**: this emphasis on skills progression will enable significant progress in increasing retention rates. **Linkages between primary to upper primary, middle and high school and then to**

higher and technical/vocational education must be fully developed, and there should be an emphasis on developing a series of possible exit routes after Class VIII that relate to skills and livelihoods based training. A revised overall strategy should therefore be drawn up alongside the RTE Bill, which considers **curriculum changes, classroom environment, teacher training and motivation, community attitudes and linkages, assessed learning outcomes and effective integration with higher/further education and employment**.

Enable community participation:

Increased community involvement can address cross-sectoral poverty related causes for children being out of school or dropping out of formal education. Research has shown that where there is an **active committee monitoring the school**, there are higher attendance rates and increased community awareness about entitlements. **Display boards exhibiting basic information** about government schemes and incentives, progress and capacity of the school is one simple way of increasing participation, as well as transparency. **Children must also be encouraged to participate** in decision making about their school and education.

Goal 3: Promote Gender Equality and Empower Women

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

India ranks in the **bottom 10 of the World Economic Forum list on women's participation in the economy**. Just 3% of legislators, senior officials and managers are women.

Only 8% of seats in Parliament are held by women.

In terms of **health and survival** indicators, India is **third from the bottom** in the WEF list - with only Azerbaijan and Armenia faring worse.

The deficit of girl children in India has risen from 3 million in 1901 to 36 million in 2001. There are currently just **927 girls under 6 years for every 1000 boys**. This adverse trend in the sex ratio has largely been attributed to **female foeticide and infanticide**, but longer term neglect of female health and welfare is a key factor.

There has been a rise in violence against women, with rape the fastest growing crime in India. **The number of rapes per day has increased by nearly 700% since 1971** (National Crime Records Bureau).

Nearly half of girls get married before the legal age of 18 (NFHS-3). This increases by over 10% in rural areas.

Current Policy

Tenth and Eleventh Five Year Plans

Reduce gender gaps in literacy and wage rates by at least 50% by 2007, and literacy by a further 10% by the end of the Eleventh plan period; focuses on providing adequate needs-based training to women, and on strengthening female participation in political decision making.

Common Minimum Programme	Discusses reservation for women of half the seats in the Vidhan Sabha and the Lok Sabha; one third of the money flowing into Panchayats earmarked for development of women and children; introduction of legislation on domestic violence and gender discrimination; mass expansion of microfinancing schemes across the country; special provisions for female children in schools.
Sarya Shiksha Abhiyan (SSA)	2 lakh teachers trained in gender sensitisation

In the May 2004 general election, only 44 of 539 candidates elected to the Lok Sabha were women. The **Reservation Bill** was designed to enable gender equity in Parliament through reservation of **33 % of seats**. On the 7th May 2008 the Bill was finally tabled in the Rajya Sabha, and the next stage is the discussion of the Bill within the Standing Committee during the Monsoon session.

The landmark **Hindu Succession (Amendment) Bill** was passed in 2004. It proposes to remove discrimination against women in the Hindu Succession Act by giving equal rights to women in inheritance of parental property. However in most cases the terms of the will automatically favour the son, and provisions need to be made to check the practice of 'persuading' daughters to give up their share in family property. Muslim and tribal women are also outside the purview of this law. The **Domestic Violence Act (DVA)** was passed in 2005. It marks a departure from penal provisions towards positive assertions of civil rights' protection. The DVA outlines the right to protective injunctions against violence and dispossession from the matrimonial home, as well as for alternate residence. It also provides scope for claiming economic

protection. Implementation is difficult in rural areas where a woman's access to legal care is severely restricted.

The Government has taken action to strengthen the **Pre-Conception and Pre-Natal Diagnostic Techniques Act (PC & PNDT Act)**. As of yet, the government has not set targets for reducing the gender imbalance and chances of prosecution are remote: **after 12 years, the first conviction took place in March 2007**. In some states the appropriate Committee has never met, and many states have failed to appoint Appropriate Authorities (AAs) (UNFPA).

The **Prevention of Child Marriage Bill, 2006** makes marriage to a child voidable and requires maintenance to be paid to the underage wife until the point of her remarriage. Under the terms of the Act, however, the marriage is only void if the child or guardian files proceedings, which assumes a certain amount of respective empowerment or willingness. The Act also **fails to criminalise aiding, abetting or solemnising of child marriages or participation in the ceremony**, with no specific penalties for officials or elected representatives who witness or participate in these activities.

Policy Recommendations

Make the formal school system more gender sensitive:

This will entail appropriate curricula, infrastructure such as toilets and transport, and sensitised teachers; expenditure on girls' education also needs to be monitored, with special focus groups on SC, ST, Muslim, OBC and remote areas. Education for girls must provide a route to employability through skills and livelihoods training, with possible linkages with micro-credit schemes and the NREGS. **Gender sensitive life skills and leadership training** is a means of promoting gender awareness in boys and girls from a young age, and this aspect of the **Adolescent Education Programme (AEP)** should be emphasised.

Develop social security legislation to cover the unorganised sector:

There should be a particular focus on women, including women in care roles and other vulnerable groups. A provision for separate livelihood capacity devoid of marital dependency should be ensured by issuing a **separate card for NREGA**.

Make sure that current policies are fully implemented, sensitise implementing authorities and penalise breaches:

State governments can collaborate with the Medical Associations and Councils to build positive relationships

with local medical professionals and **sensitise doctors, judiciary and local communities** to the PC-PNDT Act. **Child marriage prevention needs to be integrated into other public initiatives**, such as education, employment, health and HIV prevention. MPs should support **public education programmes** about the negative effects of child marriage and the rights of women and girl children, and look for ways to build the capacity of civil society groups working for community mobilisation on the issue. The Government must strive to enhance awareness of legal rights and provide **legal support services** where required.

Initiate preventative steps to improve the health and nutritional status of women:

Dais as well as ASHAs can be integrated into the mainstream public health system and trained to monitor and perform basic routine tasks, such as allocation of iron supplements, nutrition during pregnancy and pre- and ante-natal care. Information and services must

address the full range of women's **sexual and reproductive health needs** in a safe, non-judgmental or non-discriminatory environment. This entails accessibility of good quality family planning services, counselling for couples and prevention of unwanted pregnancies. Safe motherhood services and infant care must be provided during and after pregnancy, and contraceptives must be available in regular and uninterrupted supplies.

Engender existing programmes, e.g. NREGA, NRHM:

Existing laws need to be continuously reviewed from a gender perspective, and gender budgeting re-evaluated and extended with allocations for capacity building in the different Ministries. Provision of **sex disaggregated data** needs to be a priority to enable the most effective targeting within Ministries and programmes.

Pass the Reservation Bill as a matter of priority.

Goal 4: Reduce Child Mortality

Target: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.

India's Infant Mortality Rate (IMR) is **58 deaths per 1000 live births**. As a comparison, Sri Lanka has an IMR of 11 deaths per 1000 live births, Bangladesh has a lower IMR at a still alarmingly high 52.5/1000, and in developed countries the rate is approximately 5/1000 (statistics for United Kingdom).

One out of every ten Indian children will not reach the age of 5. India has the highest number of neonatal deaths (within the first 28 days of birth) in the world.

Malnutrition contributes to over 50% of child deaths. There has been insignificant change in the proportion of undernourished children from the late 90s,

and incidence of anaemia among children has actually increased (NFHS-3).

One in four pregnant women has not had a single antenatal checkup and **the majority of deliveries take place without the assistance of a health professional** (NFHS). Currently, about one-third of expectant mothers in India are not immunised against tetanus, which helps prevent both mother and child infection at birth.

India has the lowest child immunisation rate in South Asia. The proportion of children who have not had a BCG vaccine in India is twice as high as in Nepal, more than five times as high as in Bangladesh, and almost 30 times higher than in Sri Lanka. **Scheduled tribe children have only a 26% chance of being immunised.**

	Bangladesh	Bhutan	India	Nepal	Pakistan	Sri Lanka
Immunisation (% of children under 3 who have <i>not</i> received essential vaccinations [BCG, DTP3, MCV, Pol3] taken as average)						
Child undernutrition (% of children with the stated condition)	14.5	10.5	34.25	20.5	30.75	2.75
Underweight (%t)	48	19	47	48	38	29
Stunted (%)	43	40	46	51	37	14
Wasted (%)	13	3	16	10	13	14
Infant mortality rate (per 1000 live births)	52.5	45	55	53.9	67.5	11

Source: UNICEF (2006), 'State of the World's Children' and UNPD. In each row, the 'worst' figure is highlighted.

Current Policy

Tenth and Eleventh Five Year Plans	Reduce India's IMR to 45 by 2007 and to 28 by 2012. Strategy concentrates on reducing malnutrition amongst children and on tackling anaemia and malnutrition amongst adolescent girls.
Common Minimum Programme	Significant expansion of nutrition programmes, particularly for the girl child.
Reproductive and Child Health Programme (RCH)	Concerned with integrated management of Neonatal and Childhood Illnesses; education of mothers; control of deaths due to preventable diseases and infection; nutritional supplements, and the Universal Immunisation Programme.
Integrated Child Development Series (ICDS)	Targets young children, expectant and nursing mothers and women groups through 300,000 trained community-based Anganwadi workers and helpers, and community/women's groups. Provides food of a fixed calorific value to children under 6, adolescent girls, pregnant women and nursing mothers through disbursement centres, with added protein for every malnourished child. At the end of December 2007, there were 5959 ICDS projects, and beneficiaries include 629 lakh children and 132 lakh pregnant and lactating mothers. Sanctioned Anganwadi centres have increased from 758,000 in March 2004 to over 1.05 million as of 2007.

Policy Recommendations

Increase budgetary allocations for children:

Currently, only about 1% of the total Union Budget is spent on children under six years of age, meaning that it remains a low priority for the government. There are still **not enough anganwadis or anganwadi workers**, accessibility is limited by timings and location, and they lack adequate resources to meet the nutritional requirements of community members who need their services. If the declared norm of one anganwadi per 1000 population is to be met, there should be 14 lakh anganwadis: **currently, only around 9 lakh are estimated to be operational. Government should also release funds for the appointment of one additional Anganwadi worker.** A Planning Commission report estimated that posting an additional worker in each of the country's Anganwadis would cost only Rs 1,000 crores per year, with 14 lakh Anganwadis, at twice the current salaries, costing only Rs 3,360 crores per year (Gupta et al, 2007).

Improve social security:

The current **National Maternity Benefit Scheme (NMBS)** for BPL pregnant women is unavailable in most of the country, leaving many poor women in the unorganised sector without maternity entitlements and unable to dedicate time or resources to the welfare of their children. **A task force must be established to review and make recommendations for maternity entitlements and current legislation.** Funds must be released so that all informal work can be covered, and the **NMBS improved** to encompass those women excluded from other schemes.

Educate mothers:

Recent studies have shown that breastfeeding within an hour of birth can reduce the risk of neonatal mortality by almost a third. ASHAs, ANMs, Anganwadi workers need to educate mothers and provide effective **counselling**

and support pre and post delivery. Currently, there are no incentives for ASHAs achieving Infant and Young Child Feeding targets.

Increase and enhance immunisation coverage:

The Pan-American Health Organisation recommends a three-pronged strategy: one nationwide campaign which targets children between one and fourteen years; routine vaccination amongst infants, and mass campaigns every four years to target all children of one to four years, irrespective of previous vaccination status. This is known as “**Catch-up, Keep-up and Follow-up**”. **A surveillance project should also be initiated in every state** to monitor the progress of routine immunisation and identify those sectors of society not currently accessing services.

Target malnourishment:

The ICDS and NRHM should be better converged to more effectively prevent and manage malnourishment. Nutrition rehabilitation centres should be established in health centres in areas with high malnutrition and treated as a mainstream intervention alongside immunisation. **Meals provided under ICDS should give a balance of pulses, milk, cereals, eggs and vegetables to tackle nutritional deficiencies. Pre-school education needs to receive a revived focus**, providing nutrition and health services along the lines of the Mid Day Meals Scheme.

Goal 5: Improve Maternal Health

Target: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

The WHO, UNICEF, UNFPA and World Bank estimate India's Maternal Mortality Rate (MMR) to be around 450 per 100,000 live births (2003). India has the largest number of maternal deaths in the world, and UN agencies report that maternal death is 41 times more likely in India than in the US, and 10 times more likely than in China.

India currently spends just over 1% GDP on healthcare, which works out as \$6.39 per capita per annum. The Commission for Macroeconomics and Health advises that minimum spending on essential health interventions in developing countries should be between US\$30-\$40 per capita.

Nearly half of the households who are in debt or have been forced to sell off assets have done so to finance hospital expenditure.

Only 39% births in rural areas are attended by skilled health professionals (2005-6).

The wealthiest groups are over three times more likely to receive care than the poorest (World Health Organisation, 2008).

According to the Bulletin on Rural Health Statistics in India (2006), there is a national shortage of 20,903 Sub-Centres (SCs), 4803 Primary Health Centres (PHCs) and 2653 Community Health Centres (CHCs), as per the 2001 population norm. There is only one bed per 6000 people.

A large percentage of couples report an unmet need for contraception, with only 30% of those who want to delay or space childbearing able to do so. This gap contributes to the high numbers of unsafe abortions (around 8% of all maternal mortality).

Current Policy

Tenth and Eleventh Five Year Plans	Reductions in MMR to 200/100,000 live births by 2007 and to 100 by 2012; targets adolescent girls and reducing the incidence of anaemia and malnutrition.
Common Minimum Programme	Commits to raising public spending on health to at least 2-3% GDP, with a focus on primary health care

National Rural Health Mission (NRHM)

Reduce MMR to 100 and reduce total fertility rate to 2:1; improve facilities for institutional deliveries under the Janani Suraksha Yojana (JSY), which provides cash incentives to women; enhance access to skilled service provision and emergency obstetric care for women in rural areas and slums through the Reproductive and Child Health Programme (RCH-2); 320,000 Associated Social Health Activists (ASHAs) recruited and over 200,000 received orientation training.

Policy Recommendations

Develop a holistic strategy that considers preventative and long-term health needs:

When maternal health is improved, maternal mortality will fall. A holistic approach to healthcare should consider **nutrition, sanitation, access to water, housing, transport, education, employment and gender**. This means a revised **political focus** that is not just on emergency obstetrics under JSY, but an expression of the government's commitment to improving the nation's health.

Increase investment in healthcare:

Individual policies and programmes directed towards reducing maternal mortality are all contingent on a baseline **2-3% GDP investment** in healthcare and essential infrastructure, i.e. **motivated and well-paid staff, established and integrated audit and regulatory systems alongside excellent political communication**. In the 2008-9 budget, the government promised to increase investment to **just over 1% GDP** (\$6.39 per capita per annum). As a comparison, public financing of health in Sri Lanka (PPP) amounts to US\$15.57 per capita; in Malaysia this is \$78.42. **The second most common cause of debt in rural India is healthcare provision**, and, on top of this, the National Rural Health Mission (NRHM) promotes user fees. Not only have user fees been shown to decrease usage of public services, the system is also inefficient: **only two states have managed to mobilise more than 3% of the total cost of running a hospital**.

Ensure that health is treated as a fundamental right in national policy:

The Finance Ministry has proposed to grant a **five year tax break** to encourage establishment of private hospitals. Increasing privatisation of the medical system **without regulations** (audits, reviews, good practice guidelines) has led to numerous abuses whether this is in **over-specialisation of service delivery, refusal to**

treat poorer patients or tendency to perform more costly procedures, unnecessary operations and to over-medicate. Ultimately, **private partnerships cannot be an alternative to adequate government investment**, and it must remain the obligation of the state to ensure access to care and treatment for every citizen.

Enhance accountability mechanisms:

There is a need for **regular district level maternal death audits**. **Liability** must be enforced in cases of denial of care, negligence or malpractice. **Increasing the participation of women and community members** in demanding and monitoring services will help develop localised equity frameworks. **Publicly available health impact assessments and democratically elected local health councils are also effective methods of enhancing accountability**.

Build the capacity of health workers:

Every doctor/health worker should complete some years in a rural posting, or at least see out a set term of service within the public system to the value of their training. **The capacity and skills of Dais and ANMs must be strengthened**, and this goes beyond setting targets for institutional deliveries. Rather, **care should be perceived as a continuum** from pregnancy to post-childbirth and newborn care, correlated with planning, referrals, Primary Healthcare Centres and reproductive and family health services. The **accessibility of diverse contraceptive methods and safe abortions** must also be ensured in each community.

Strictly enforce the Child Marriage Restraint Act, 1976:

It is essential to reduce the number of high risk teenage pregnancies. To do this, government must also focus on educating girl citizens, empowering them to challenge existing discourse and gain knowledge of their rights and entitlements.

Goal 6: Combat HIV/Malaria and other Diseases

Target 1: Halt and begin to reverse the spread of HIV/AIDS by 2015;

Target 2: Halt and begin to reverse the incidence of malaria and other major diseases

According to National AIDS Control Organisation (NACO) estimates, there are **at least 25 lakh people infected with HIV in India** (2006). The real prevalence is likely to be much higher, since discrimination and stigma prevents many people from getting tested for HIV infection. There are no signs that prevalence rates are decreasing.

In India, HIV has spread mainly through unprotected sexual activity and almost **half of all new infections are reported among people between 15 and 29 years of age**.

The NFHS-3 indicates that **just half of rural women have heard of AIDS**. Only 9% of the women in the poorest fifth of the population are aware that condom use can prevent transmission.

A 2006 study (NCAER) found that **one quarter of people living with HIV in India have been refused medical treatment on the basis of their HIV-positive status**.

It is estimated that **55,000 to 60,000 children are born every year to mothers who are HIV positive**. Without effective interventions, the risk of transmission from infected mother to child is 15-25%.

In 2006, **16.7 lakh malaria cases** were reported in India, i.e., one in about 630 persons.

In India **18 lakh tuberculosis cases occur annually**, accounting for one-fifth of the world's new TB cases and two-thirds of the cases in the South-East Asia Region

There was a sharp increase in the number of polio cases in India in 2007 (**873 confirmed cases from 66 cases in 2005**) (WHO data). India is **one of four countries along with Pakistan, Nigeria and Afghanistan where polio is still endemic**.

HIV/AIDS

Current Policy

National Aids Control Programme (NACP)

Allocation of **Rs 933 crore** in the 2008-9 budget;

NACO and the SACS support approximately 900 NGOs in targeted interventions aimed at high-risk groups. HIV programmes estimated to be reaching **only 15% of young people and 17% of those in high risk groups** (UNICEF);

Number of integrated counselling and testing centres (ICTCs) increased from 982 in 2004 to 4132 in 2007. Over 1230 blood banks modernised to guarantee safety of transfusions, and in 2006-7, around 1850 million condoms distributed free of charge or under social marketing initiatives;

307 government Prevention of Mother to Child Transmission (PMTCT) facilities in 15 states providing comprehensive services (including confidential testing and counselling, ARVs and follow-up care to minimise risks of transmission through infant feeding). According to the World Health Organisation, **less than 3% of HIV positive pregnant women receive treatment to prevent**

transmission to their children. Even where treatment is available, women often do not request it because of the stigma surrounding HIV;

In 2008, second-line antiretroviral treatment was initiated for an estimated 3000 people who have become resistant to first-line drugs. Only about **95,000 people (less than 15% of those in need) were receiving HAART** by the end of 2006, a form of treatment which delays progress to AIDS through antiretrovirals (ARVs). Second-line treatment is estimated to be available to only a marginal proportion of those in need (NACO).

India currently has no law to protect people living with HIV/AIDS against discrimination. The proposed HIV/AIDS Bill proposes protection of inheritance and property rights as well as protection against discrimination in healthcare/education/employment, and discusses creating a health ombudsperson in all districts to curb growing stigma.

Policy Recommendations

Improve India's public healthcare system and accessibility of essential medicines:

Without this fundamental investment, no vertical approach to HIV/AIDS and selected diseases will be effective (see Goals 5 and 8). It is also essential to collect **more accurate statistics** on the current prevalence and incidence of HIV infection, which will require enactment of the HIV/AIDS Bill to reduce stigma associated with a positive diagnosis.

Enhance primary prevention among youth:

Peer education programmes and the Adolescent Education Programme (AEP) currently proposed for schools can be effective measures for primary prevention among young people, and should be defended and promoted by policy makers as a critical public health issue. It is also necessary to reach the **70 million young people currently out of school** who represent the most vulnerable and high-risk groups.

Establish Prevention of Mother to Child Transmission Centres in district and sub-district health facilities:

VCT centres must also be accessible in all areas and to every member of the community.

Repeal Section 377 of the Indian Penal Code:

Decriminalisation of homosexuality will enable more effective targeting of this high-risk group through NACP initiatives, as well as bringing India in line with other democratic nations. There needs to be a revised approach to other high risk groups such as Intravenous Drug Users and Sex-Workers, moving away from a system of penalisation and police harassment to one of **education and engagement.**

Develop systems of care:

There must be established protocol for arranging **follow up appointments and sustaining uninterrupted supplies of ARVs.** This means a "structured treatment" regime, with the prescription of a standard triple-drug combination and support from a **cross-disciplinary team,** including a nutritionist and counsellor.

Table the HIV/AIDS Bill as a matter of urgency:

Subsequent community awareness and sensitisation programmes should be initiated to help tackle discrimination, which prevents many people from being tested and subsequently receiving treatment.

TUBERCULOSIS

Current Policy

Revised National Tuberculosis Control Programme (RNTCP)

Coverage of all 632 districts in the world's largest and fastest expansion for any tuberculosis programme implementing the World Health Organisation's (WHO) Directly Observed Therapy Short-Course (DOTS) strategy. More than half a million staff trained, 30 million people with suspected tuberculosis (TB) evaluated, over eight million patients treated, and more than 1.4 million TB deaths prevented;

Case detection rates (CDR) of 70% and treatment success rates of 86% were attained in 2007: this approximates to the internationally established benchmarks;

Now integrated with national AIDS programmes, whereby all patients diagnosed with TB will be offered free HIV testing in the 9 most affected states as of October 1, 2008;

However, ineffective supervision and programme quality, weaknesses of the general health system, and insufficient central and state capacity have decreased overall cure rates. There is limited effectiveness of activities in the community to increase awareness of the location of services for free diagnosis and treatment of TB. Although the framework of the National Rural Health Mission (NRHM) calls for convergence and integration, staff shortages, frequent transfers and other weaknesses of the general health system present major challenges for the Programme, particularly in certain states.

Policy Recommendations

Address long-term financial and human resource sustainability of the Programme:

This demands **sufficient budgeting in the MoHFW budget**. TB control should remain a high priority in the NRHM by ensuring that core full-time staff, TB-specific reporting and financing and central level anti-TB drug procurement are continued under the Mission.

Establish a TB-HIV technical working group:

Ensure implementation and scaling up of collaborative activities outlined in the National Framework for Joint TB/HIV Collaborative Activities.

Accelerate implementation of the international DOTS Plus Programme plan, which is designed to prevent and to cut the growing number of drug resistant TB cases.

Enhance investment in Research and Development into neglected diseases, including TB:

The government and pharmaceuticals must boost innovation and work towards the development of **new diagnostic tools that are adapted** to resource-poor settings; more **efficient drugs** that would work over a shorter course of treatment and therefore address the problem of drug-resistant TB, and an **effective vaccine** to prevent TB infection.

Install further laboratories with equipment to detect drug resistant TB:

This will allow health bodies to better calculate the scale of the disease and resources can be focused on high risk areas.

Implement simple administrative and environmental control measures to reduce transmission of TB:

This includes training of healthcare workers, rapid assessment of cough, and prompt diagnosis.

Goal 7: Ensure Environmental Sustainability

<p><i>Target 1: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</i></p>	<p><i>Target 2: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation</i></p>
<p>At their current rate, CO2 emissions are projected to treble by 2050. According to recent statistics, India is the fourth largest greenhouse gas emitter in the world, and yet India is particularly vulnerable to the effects of climate change and exceptionally prone to natural disasters such as floods, cyclones, droughts, earthquakes and landslides. Jacques Diouf of the United Nations claims that "India could lose 125 million tons of its rain-fed cereal production, equivalent to 18% of its total production."</p> <p>The National Biodiversity Strategy and Action Plan reported losses of half of India's forests, 40% of its mangroves and a great proportion of its wetlands. Also, hundreds of species of plants and animals are under threat of extinction.</p>	<p>India has 16% of the world's population, but only 4% of its fresh water sources. By 2025, the UN reports that per capita availability of water is likely to slip below the critical mark of 1,000 cubic metres.</p> <p>Over 2 million (about 14%) communities have only chemically contaminated drinking water, and even more water sources are bacteriologically contaminated. About 4 in 5 households in India do not have toilet facilities, and just 30% of villages have access to drainage systems.</p>

Current Policy

According to the Human Development Report 07-08, "Superimposing incremental climate change risks on this large human development deficit would compromise the ambition of inclusive growth"

<p>Recognition of Forest Rights Act, 2006</p>	<p>Seeks to recognise the rights of Forest Dwelling Scheduled Tribes (FDSTs) who have occupied land on a long term basis (specified as of October 25, 1980)</p>
<p>The Panchayat Extension of Scheduled Areas (PESA) Act, 1996</p>	<p>Vests legislative powers in the Gram Sabha in matters relating to development planning; management of natural resources and dispute resolution.</p>
<p>National Biodiversity Strategy And Action Plan, 2000; The Biodiversity Act, 2002</p>	<p>Promotes ecological security and addresses the growing issues of bio privacy and bio trade, as well as dramatic changes taking place in ecosystems and wildlife habitats.</p>
<p>National Climate Action Plan (NACP), 2008</p>	<p>Focuses on adaptation and mitigation without giving concrete targets for emissions' reductions; creates eight missions for "multi-pronged, long-term and integrated strategies" including energy conservation, agriculture, water management, solar energy, protecting Himalayan ecosystems and the "Green India" project; proposes collaboration with the private sector for research and development in providing carbon efficient power; considers increasing efficiency of water use through pricing and regulations, and research and development into crops and agricultural methods capable of withstanding</p>

extreme weather conditions and volatile monsoons.

Rapid development of the renewable energy sector and strategies for capacity building and research and development.

Policy Recommendations

Develop objectives and timelines for mitigation of climate change:

For developing countries such as India, emissions need to deviate below their projected baseline within the next few decades. This requires immediate effort to avoid tying development into the use of carbon-intensive technologies and patterns. The government must therefore **include quantified and time-bound objectives in the National Climate Action Plan (NCAP)** which identify policy and investment needs to improve environmental management and sustenance of environmental resources. **Policies that incorporate the real or implicit cost of carbon** can also encourage producers and consumers to factor environmental concerns into their decisions. For example, the City of London introduced a congestion charge to reduce the amount of traffic within Central London. This would be particularly valuable in very heavily congested cities such as Mumbai but needs to accompany increased investment in energy efficient public transport with dedicated bus lanes, cycle lanes, plans for metro and/or monorail and low, well-maintained pavements.

Draw up a specific National Adaptation Strategy:

There are already cases of best practice developed by France, the UK and Finland. Strengthen agricultural research and extension services, decentralise food and energy systems, and allow effective targeting through **vulnerability mapping** at state level.

Provide sustained information and education about sanitation.

Develop plans and implement existing policies for effective waste management and pollution control norms:

There is a need for strict enforcement in industries, potentially through **water pollution charges**. There also needs to be proper regulation of the use of fertilisers, pesticides, weedicides and insecticides, which infect surface and groundwater bodies.

Promote biodiversity and conservation:

A safe and peaceful environment where human lives are valued is a prerequisite for local conservation commitments, and for this reason it is imperative that

PESA and the Forest Rights Act are implemented with commitment from State governments and PRIs. Commercial development must be explicitly prohibited wherever there is a need for ecological security. Wildlife protected areas must be accompanied by **strict penalties for appropriation of resources/unsustainable activity**. Unsustainable farming methods should be discouraged in favour of **diverse crop cycles**, and any Biofuel Policy must prioritise food security. **“Wasteland” must be clearly defined** to prevent conversion of agricultural land, forest land and land essential for livelihoods for biomass or other commercial uses.

***Best practice:** Since 1992 a number of Brazilian states have been applying an ecological value added tax, that compensates for additional expenditure incurred due to preservation of large conservation areas. 25% of the revenues are allocated to municipalities based on how well they perform against a set of environmental criteria. Increased revenue generation has also enhanced the potential for development of ecotourism activity, which encourages increased participation of community and private partners.*

Source: United Nations Task Force on Environmental Sustainability

Enhance governance procedures and ensure accountability:

Inform local people **of their entitlements under the Right to Information Act, 2005**. In concordance with GoI recommendations dating back to 1997, **all states must pass orders to enhance transparency and accountability in local bodies**. Transparency can be enhanced by: publicly **displaying all vital information related to development projects**, detailing receipt of funds and expenditure; **making all relevant records open for public inspection**, including accounts, criteria for eligibility of beneficiaries, past and present beneficiaries etc., and **permitting members of the public to obtain photocopies of documents** at a nominal charge. Train civil servants and all those involved in decision-making processes, policy makers included, in environmental management. All project proposals and strategy papers must include an assessment of their **environmental impact**.

Goal 8: Develop a Global Partnership for Development

Target 1: Open trading and financial system that is rule-based, predictable and non-discriminatory...

Internationally...

High tariffs on exports from developing countries currently raise more money for “donor” countries than is granted in aid. The USA collected virtually the same in tariffs from the UK and from Bangladesh, despite the fact that imports from the UK were worth seventeen times as much (International Poverty Centre).

US protection on agriculture (to the value of \$300 billion) is approximately three times higher than what is given in Official Development Assistance (ODA). Oxfam estimates that in 2001 US subsidies cost sub-Saharan Africa \$301 million in lost revenue – equivalent to almost one quarter of what it receives in American aid. Almost three quarters of US subsidies are received by the top ten agribusinesses.

India must support resumption of WTO talks post-Doha and represent the interests of the least developed countries. Accountability for progress towards achieving the MDGs has so far largely fallen on developing nations. The responsibilities of the most developed countries under Goal 8 have yet to be enforced, and there are no penalties for failure to comply.

Regionally...

Intraregional trade makes up less than 2% of GDP as compared to more than 20% for East Asia. The cost of trading across borders in South Asia is amongst the highest in the world. Currently only about 63% of roads in India are paved (World Bank, 2005); different classification systems are used by different countries, and each country demands separate documents at either side of the border. According to the World Bank, trade could be doubled if movement was rendered more efficient.

As oil prices rise close to US\$200 a barrel, it may no longer be viable to transport food across India; trade routes between neighbouring countries must therefore be secured and improved, particularly with Nepal and Bangladesh. Standards must be harmonised; transaction costs lowered; cross-border resources managed more effectively, and transport links and customs' procedures made more efficient. India's Electronic Data

Interchange (EDI) technology enables a streamlined, transparent system and should be fully integrated across the region. Cross-border management of water resources between India and Nepal and Afghanistan and Pakistan would also create substantial benefits for all countries involved, allowing collaboration on flood control, hydropower and dry season water augmentation.

Target 2: Address the least developed countries' special needs...

The most developed countries promised to give 0.7% GDP in Official Development Aid (ODA) by 2015. Only a handful of countries are currently on target. The UK has reached half-way, with 0.36% of GDP. At the bottom of the table, the US gives only 0.16% of GDP to aid. There are no sanctions for countries who fail to meet these promises.

The 63 poorest countries receive less than half of all ODA. The United States currently awards Israel \$5 billion in aid each year, which exceeds US aid granted to the whole continent of Africa.

To create a fairer global system, allocations should be made against pre-defined criteria through official channels. Resources should also be untied for use alongside national development strategies and human development outcomes on a country-by-country level, with plans more closely correlated with national budgets, Poverty Reduction Strategy Papers (PRSPs) and strategic objectives.

Target 4: Deal comprehensively with developing countries' debt problems...

Kenya is not eligible for multilateral debt relief, but in 2006/7 spent more paying off existing debt than on healthcare. Bangladesh has been spending over US\$100 million every day on debt repayments when 50 million Bangladeshis live below the poverty line and half of all Bangladeshi children are underweight.

The Inter-American Development Bank (IADB) finally agreed to cancel debts to five of the poorest countries in 2007, but only at the expense of aid and cheap loans. In effect, this will mean that these countries will be up to US\$5 million worse off than they were before the debt cancellations.

India must fully support debt cancellation for the HIPC (Heavily Indebted Poorest Countries) through the Multilateral Debt Relief Initiative, and this should also be accompanied by increased Official Development Assistance to inaugurate infrastructural development. The international community should be pushing for extension of debt relief to other Least Developed Countries (LDCs) where debt burdens are seriously hampering efforts to attain the Millennium Development Goals. Where debt is cancelled, the money gained must also be accounted for to ensure that it is being spent on public services. There must be an international regulatory framework in place – with clear outlines of monitoring and evaluation protocol to oversee this continuity.

Target 5: develop decent and productive work for youth...

One in three young people worldwide (aged 15-24) is seeking but unable to find work, has given up on jobhunting altogether or is living on or below subsistence wages (International Labour Organisation). In Asia alone it is predicted that there will be an additional 245 million young people seeking work by 2015. According to a report by the Confederation of Indian Industries in 2006, the demand for skilled labour is going to rise and the unskilled increasingly superfluous over the next 20 years.

Currently, less than one third of adolescents are in school, and, even if children do complete 10 or 12 years of schooling, there are very few higher education institutions or routes into vocational training. This has not been helped by substantial cuts in government subsidies to technical and higher education. Only 5% of young people have received vocational training; as a point of contrast, in developed countries this figure rises to 60-80%.

A white paper must be drawn up detailing innovative strategies and concrete plans for generating purposeful work to furnish a well-functioning economy: sustaining India's growing number of young people entering the labour market must be a vital priority over the coming years. After Class VIII, it is essential that the government provides a variety of good quality options for students, including vocational, skills and livelihoods based training. It may also be possible to consider Self-Help Groups; flexible short duration vocational courses that will not interfere with education or earning capacity; education regarding marketing and production technology, and training support that leads to absorption into a specific industry. This process can be assisted by collaboration with NGOs and civil society, and in some cases it may be possible to co-ordinate such efforts with the NREGA.

**1****ERADICATE
EXTREME POVERTY
AND HUNGER****2****ACHIEVE UNIVERSAL
PRIMARY
EDUCATION****3****PROMOTE GENDER
EQUALITY AND
EMPOWER WOMEN****4****REDUCE
CHILD
MORTALITY****5****IMPROVE
MATERNAL
HEALTH****6****COMBAT HIV/AIDS,
MALARIA & OTHER
DISEASES****7****ENSURE
ENVIRONMENTAL
SUSTAINABILITY****8****A GLOBAL
PARTNERSHIP FOR
DEVELOPMENT**

Parliamentarians' Group on MDGs (PG-MDGs)

Handbook for Parliamentarians on the Millennium Development Goals (MDGs)

Political Support & Action

The PG-MDGs is a unique forum of proactive Parliamentarians, who are willing to take up critical issues related to human development within India's legislative/policy making spaces. The Group of Parliamentarians promises to work for emerging developmental needs in order to fulfil the commitments made under the MDGs. In years to come, the world will judge India's accomplishments in relation to these eight critical targets.

CLRA has taken the initiative to organise the PG-MDGs while engaging more proactively with parliamentarians in the policy making process. CLRA builds a close working collaboration with a focused group of MPs to facilitate easier access to policy making spaces. The promotion and strengthening of democratic accountability is fundamental for securing civil society interaction with governance institutions, as well as providing a platform to make social and human development the starting point for the nation's representative governing bodies.

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