SITUATING SCHEDULED CASTES AND SCHEDULED TRIBES IN THE POST-2015 DEVELOPMENT FRAMEWORK

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ABSTRACT

This paper examines the concerns of marginalized groups such as Scheduled Castes (SCs) and Scheduled Tribes (STs) in the post-2015 development paradigm who lag much behind other social groups in the attainment of most of the Millennium Development Goals (MDGs). It situates existing inequality among various social groups with the critical issues of social exclusion-induced discrimination, human poverty and inequality in societies afflicted by such discrimination. The paper, therefore, argues for a post-2015 development framework that ensures faster reduction in poverty and inequality of SCs and STs, eliminates all forms of discrimination against them and ensures social inclusion with dignity. This would require several measures from different stakeholders for the overall development of SCs and STs. Equally important would be to strengthen the current database on various social and religious groups to periodically assess the success in reducing economic, social and political inequalities.

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I. THE ISSUE

The framework of development of the MDGs has initiated new thinking on the development debate coinciding with the beginning of the twenty-first century. With the 2015 deadline for the attainment of the MDGs fast approaching, a discussion regarding the adoption of the post-2015 development framework has been going on at the international, national, regional and local levels, involving various stakeholders such as UN agencies, governments, academicians and civil society organizations. The MDG framework has been widely evaluated and criticized for its inadequacy in capturing ever-growing inequalities in income and asset distribution across regions and socio-ethnic groups. This framework has not been able to address the critical issues of social exclusion-induced discrimination, human poverty and inequality in societies afflicted by such discrimination.[1] It has instead adopted a non-consultative top-down approach with an undue focus on outcomes rather than setting out the processes which would make it possible to realize the objectives.[2] How would the new development paradigm incorporate these core concerns in its future strategies and measurement indicators? How would it address the issues of identity-based exclusion and discrimination in countries like India wherein nearly one-fourth of the population suffers from such social exclusion despite the existence of several constitutional safeguards? How would various stakeholders such as UN agencies, bilateral and multilateral donor agencies, governments, civil society organizations (CSOs), international and national NGOs, academia and the private corporate sector engage in the post-2015 development framework? How effectively would their concerns be addressed in the development strategy? What would be the core concern of development for various social and ethnic groups and regions, and what strategies would be required towards achieving that end? Would the goals enshrined in the MDG framework still be relevant in the post-2015 development framework? What would be the time framework for the new development paradigm? How would the new framework ensure the development of SCs and STs, which would help alleviate discrimination against them, and the associated poverty and inequality they suffer from, while ensuring their dignity? What statistical reforms would be required to improve the available database on various groups and sub-groups of the population across regions and sub-regions? Although the Constitution of India ensures the people's rights to economic, social and political freedom, it remains to be seen how crucial political commitments and effective governance would be in ensuring such Constitutional guarantees. The MDG framework of development has guided many CSOs to increase their advocacy for inclusive development. The other questions that need to be addressed are how CSOs, particularly Dalit CSOs, could contribute to the new development framework based on their previous experiences. Measures need to be identified as to improve the capacity of CSOs to mobilize the poor and marginalized groups, help them in articulating their demands in a manner that these could find a place in policy-making, and to monitor the progress of development programs. The debate on the post-MDG framework assumes further importance as the present United Progressive Alliance (UPA) Government at the Centre in India incorporated the national MDG framework in its Common Minimum Programme (CMP) during its previous tenure in 2004. This paper examines some of these concerns in the following sections.

II. WHY DO SOCIAL EXCLUSION AND DISCRIMINATION MATTER?: THE INDIAN CONTEXT

The issues of exclusion and discrimination assume special importance in the Indian context wherein SCs and STs, which together constitute nearly one-fourth of the Indian population, have traditionally suffered from social exclusion. While these population groups are numerically important, they continuously lag behind the other social groups in various social, economic and political indicators of development. Their progress in terms of attaining higher levels of development is much slower than that of other social groups, particularly other caste Hindus and religious minorities except Muslims. Much of this lag can be attributed to the historical social exclusion and discrimination faced by these groups, particularly the SCs, under the Hindu caste system and its associated notion of untouchability. This, in turn, has denied them numerous rights including the right to education, the right to choose a vocation for employment, the right to good habitation, and the right to participate in political and cultural spheres. The Constitution enshrines the right to equal opportunities, provides protection against social dogmas and economic exploitation, and makes specific financial allocations for expediting the development of SCs and STs. However, despite several constitutional safeguards, SCs and STs continue to face various forms of exclusion and associated deprivations. Although the Constitution of India has abolished untouchability to help the SCs and STs overcome various disabilities and discrimination associated with it, it continues to persist in various forms, particularly in the rural areas.[3]

Due to the prevalence of the practice of untouchability, SCs face discrimination in labor markets in hiring, disbursement of wages, choice of employment, terms of employment, and the conditions of work. This problem of discrimination remains a serious one, even at the very top of the human capital hierarchy. This belies the argument that the educational development of SCs would help them in overcoming labor market barriers.[4] SCs also experience discrimination in the ownership of productive assets. Historically, they have been denied the right to own any productive asset such as land or a business enterprise. The land redistribution scheme has failed to make any major visible change in the pattern of land ownership among SCs. Moreover, there are evidences of forcible occupation of land by other castes which was distributed to the SCs under the government's land distribution policy. Further, the quality of land distributed to the SCs has generally been poor, which adversely affects their farm productivity.

It has also been observed that SCs experience discrimination in product markets in the sale and purchase of goods and services. They still live in segregated residential areas and do not freely participate in the life of the community in their neighborhoods. As regards educational development, the children of SCs face various forms of discrimination in schools. This makes education a painful process for them and, in turn, discourages them from continuing their education.[5] The persistence with a dual public and private model of education and the deteriorating quality of education in public schools[6] have also adversely affected the educational development of SCs and STs, as they largely depend on public educational institutions. Similarly, the differential access to various services under the sphere of public healthcare for SCs has an adverse impact on their health outcomes.[7] The health-related incidence of poverty is relatively high among SCs and STs.[8] Discrimination in the provisioning of basic infrastructure within the SC localities too adversely affects their access to such facilities.[9] It has also been seen that the location of facilities such as the mid-day meal (under the Government's Mid-day Meal Scheme) or of fair price shops in locations dominated by

other castes reduces the access of SCs to these facilities and promotes discriminatory pricing practices.[10]

Unlike SCs, in the case of STs, untouchability is not a social institution of discrimination. The process of exclusion and discrimination largely emanates from their isolation from dominant population groups and large-scale displacement from their traditional lands and forests. Poor access to infrastructure, exploitative terms of trade, and the general reluctance of the administrative machinery, largely dominated by the non-tribal population, to serve in tribal areas exacerbate this handicap. The common argument of spatial isolation in the case of STs as a dominant explanatory factor for their exclusion gets misplaced as these areas are not excluded when it comes to exploitation of natural resources. This holds true for extraction of minerals, the use of their water resources for electricity generation and irrigation, and for the recruitment of unskilled cheap laborers. The large-scale displacement of STs has subjected them to 'adverse inclusion' as part of the lowest rungs of the urban working class among the urban poor. Such displacement of STs from their homelands for the implementation of projects is another form of violation of their human rights and dignity, causing further vulnerability and deprivations.[11]

While remoteness is a form of passive exclusion,[12] STs also face various forms of active exclusion. A key form of active exclusion is denial of property rights similar in nature to that accorded to farmers in other parts of the country. The denial of tenurial security also affects their ability to invest in land improvement to increase farm productivity.[13] STs have been less effective in constituting themselves as a pan-Indian interest group. They have also not been able to effectively articulate their grievances through the formal political system. The geographical dispersion of STs and the lack of iconic leadership with a national appeal among them have prevented their effective political mobilization.[14] In addition, STs face a general apathy of service providers and governance machinery. Statistics clearly show that absenteeism of teachers and health workers is the highest in tribal-dominated areas as compared to other areas. There is also very little interaction of various line department government officials with STs.

The women among the SCs face a double disadvantage due to the prevalence of a strong patriarchal and caste system in the country. They face discrimination with regard to participation in various economic, social and political activities that require an interface with males.[15] While ST women generally do not face discrimination in terms of participation in economic activities, they are deprived of property rights such as land and household assets. This impacts their ability to take independent decisions and makes them vulnerable to income losses.[16]

Not much seems to have been accomplished despite the implementation of special budgetary measures for facilitating the exclusive development of SCs and STs in the form of the Scheduled Caste Sub-plan and the Scheduled Tribe Sub-plan. Such allocations have been largely notional till recently when the Dalit CSOs started raising their voices against such notional allocations and the misappropriation of funds for other uses.[17] As a result, these provisions have failed to bring about significant progress in the development of SCs and STs.[18]

Thus, despite the availability of the best legal safeguards for overcoming exclusion and promoting their overall development, both the SCs and STs lag far behind other social groups in all indicators of development. They are still predominantly engaged in employment of poor quality, exhibit the highest incidence of poverty, have lower educational levels and higher drop-out rates, and suffer from poor health as compared to other social groups. With the advent of the Right to Information (RTI) Act, 2005, various CSOs have increasingly started taking up issues of discrimination and deprivations faced by SCs and STs with the Government for ensuring their well-being within a human rights framework. However, the marginalized groups still face the huge challenge of opting for a development strategy that would help reduce income inequality, and ensure dignity and social inclusion for them.

III. MDGS AND DALITS—ACHIEVEMENTS AND DISPARITIES

The Ministry of Statistics and Programme Implementation, Government of India, has brought out the 'Millennium Development Goals—India Country Report 2011', which shows India's performance with regard to the MDGs, and projects the likely achievement rates by 2015. This comprehensive document presents the state-wise progress on various indicators of the MDGs, bringing out huge regional disparities in the progress towards attaining the MDGs. However, it does not furnish comparative information on the progress of various social and religious groups towards achieving the MDGs. This may be partly due to the lack of data and partly due to the lack of convention. The available statistics show a huge disparity in various indicators of the MDGs across various social groups.

1. INADEQUATE POVERTY REDUCTION

How far have the SCs and STs progressed towards attaining the MDGs? The available official statistics show a gradual progress towards the attainment of many MDGs including in the case of SCs and STs. However, there is a big gap in the levels of development between the SCs–STs and other social groups. The STs have the highest incidence of poverty at 32.5 per cent, followed by the SCs at 29.6 per cent in 2009–10. This is much higher than the national average of 21.6 per cent for the same period. Dalits showed some progress in reducing their poverty from 48.3 per cent in 1993–94 to 29.6 per cent in 2009–10. Similarly, poverty among STs declined from 49.6 per cent to 32.5 per cent during the corresponding period. However, this rate of reduction in poverty is not sufficient to enable them to catch up with other social groups. The annual rate of decline in poverty for Dalits has been marginally lower than the national average at 2.4 per cent in rural and 2.1 per cent in urban areas. In fact, the relative poverty gap between the SCs and other caste Hindus has increased during the period 1993–94 to 2009–10, more so in urban areas. A similar situation has been seen in the case of the STs. There are significant regional differences in the incidence of poverty and its rate of reduction, particularly in the case of SCs and STs. These trends indicate that for SCs and STs, attaining the goal of poverty reduction by 2015 would require a higher rate of reduction in their poverty than is applicable for other social groups.

Why is poverty among SCs and STs higher as compared to other groups and what hinders its faster decline among them in spite of the existence of comprehensive constitutional safeguards and a number of development interventions by government? Lack of access to quality employment, education, healthcare and basic amenities is a major concern for a large section of the Indian population. This is more so in the case of SCs and STs, who lack productive assets, education, and skills, and face unfavorable markets, which prevent them from raising their incomes. A majority of them are working as casual wage laborers—51.2 per cent in the case of SCs and 42.5 per cent in the case of STs during the year 2009–10—with abysmally low and irregular incomes. Their access to regular salaried jobs is limited. Nearly 14 per cent of the SC and 8.1 per cent of the ST workers are employed in regular salaried jobs as compared to more than 19 per cent for other caste groups. Their share in public sector employment has improved and increased in proportion to their population. However, the rapid shrinking

of government jobs after the economic reforms has had a more adverse impact on these marginalized groups. On the other hand, the access of SCs and STs to private sector regular employment is extremely limited despite a faster growth in such opportunities in recent years. There are significant entry level barriers for SCs and Muslims in private sector jobs, mainly associated with the prejudices of employers against these groups.[19] Similarly, the ownership of non-farm enterprises among the SCs and STs is proportionately much lower as compared to that of other groups. The SCs are largely concentrated in a few enterprises such as manufacturing (leather and leather products, wood and wood products, repair services, and textiles), retail trade and personal services. SCs have the lowest presence in enterprises related to food and eateries, as they face a lack of demand for such products due to the notion of social pollution. Similarly, STs are largely engaged in the manufacturing of other products including beverages and tobacco, wood and wood products, basic metal and alloy industries, and retail trade. Access to credit and markets is also a major problem that they face in running their enterprises.

The high incidence of poverty among SCs and STs is also significantly correlated with their comparatively low levels of education and skill training as compared to other social groups. They are largely dependent on public educational institutions, which have been marred by the deteriorating quality of education in recent years.[20] Poor health associated with poor access to basic healthcare has resulted in their increased impoverishment. The general apathy of service providers further aggravates the deprivations of the backward castes with regard to such public services.[21] Such caste-based social exclusion and discrimination adversely affects the income levels of the marginalized groups. Thus, the core issue is how the new development framework can incorporate the processes needed to address the current bottlenecks faced by the SCs and STs in terms of their access, among other things, to decent employment, productive assets, credit, education, markets, healthcare, and basic amenities.

2. INCREASE IN INEQUALITY

The inequality in terms of consumption expenditure has increased amidst the high growth regime in India.[22] This increase in inequality has been sharper for wage workers, and across various educational levels of wage workers. Educated workers are deriving larger benefits from the high economic growth as compared to others.[23] There has been a huge rise in wealth inequality, as the top 10 per cent of individuals possess a little over half of the total wealth, whether measured in terms of assets or net worth, while the bottom 10 per cent possess a mere 0.4 per cent of the total wealth. The bottom 50 per cent of the total population owns less than 10 per cent of the total wealth. The growth in asset accumulation has been highest in the top decile of consumption expenditure.[24]

What is the implication of these rising inequalities for SCs and STs? A large proportion of the SCs and STs are not able to partake of their share in the 'shining' sectors—those characterized by high growth—of India, which employ about 31 per cent of all workers. Only 5.2 per cent of the total SC–ST workers are benefitting from this 'shining' part of India.[25] The highest proportion of SC–ST workers are concentrated in the bottom 20 per cent of income distribution, accounting for 38 per cent of the population in the quintile. The incidence of malnutrition and illiteracy is highest among the households in the lowest quintile group. Over 60 per cent of the children in the lowest quintile are stunted, as compared to 25 per cent of the children in the highest quintile.[26] Similarly, the enrollment ratio is the lowest and the drop-out rate highest in the lowest quintile groups. Both the SCs and STs together form a large percentage of the population belonging to the lower quintile groups.

3. MALNUTRITION

Despite significant progress in economic growth, India has a widespread incidence of malnutrition among children below the age of five years—about 42 per cent among them are underweight and nearly 59 per cent are stunted.[27] The incidence of malnutrition is the highest among STs (54.5 per cent), followed by SCs (47.9 per cent), and other social groups (36.3 per cent).[28] The likelihood of SC children being malnourished is about 1.4 times higher than that of children belonging to other social groups even after controlling for education and the health of mothers.[29] The average annual rate of reduction in malnutrition was the lowest for STs (0.37 per cent), followed by SCs (1.67 per cent), and the highest (3.14 per cent) for others during the period 1998–99 to 2005–06. The national average annual rate of decline was 1.5 per cent during the given period. With the current pace of decline in malnutrition levels, it is unlikely that India would achieve its target of 26 per cent by 2015.[30] With the current high level of malnutrition seen among SC children, the achievement rate of even the national target would be a far cry for them.

The causes of the high incidence of malnutrition are generally traced to the gross under-performance of the ICDS[31] and the lack of alternative services at reasonable prices. Only 49 per cent of the children in the eligible age groups are registered in the Anganwadi Centre (AWC), and 64 per cent of them receive supplementary nutrition. There also exist locational biases in the ICDS facility. Most of the AWCs in the mixed caste villages are located in upper caste hamlets or upper caste houses, whereby SC children find it difficult to access the scheme.[32] The SC and ST localities are also neglected in terms of the delivery of nutritional support services by service providers.[33] The quality of service is generally poor, which discourages the relatively affluent households from availing such services. The marginalized groups, which largely depend on it for nutritional support to their children, do not raise this concern due to fear of withdrawal of the scheme.[34] The voices of marginalized groups in the management of the scheme are very weak despite the caste and gender-sensitive guidelines of the scheme.[35] Thus, the moot question is that despite being one of the oldest ongoing and carefully designed schemes since 1975, the scheme has yet to have a major impact on the nutritional status of children. Moreover, official data collected under the scheme to assess its progress is difficult to access and also needs to be validated by third party evaluations. During on-the-spot field visits, it is common to find a cent per cent daily attendance from the AWC register, but the actual presence may be far below the reported figures. The incentive, as well as monitoring mechanism of the system, is too weak to ensure non-discriminatory access to quality nutritional support programs.

4. LACK OF UNIVERSAL PRIMARY EDUCATION

According to official statistics, India has almost achieved the goal of universal primary education for children in the age group of 6–11 years. This is why India has also attained gender parity in primary education across all social groups.36 The Sarva Shiksha Abhiyan started by the Government can be credited for this achievement. The official statistics are, however, contested by recent NSSO statistics on the enrollment status of children in the age group of 6–11 years. The proportion of children in this age group who were not enrolled for primary education was as high as 28 per cent during the year 2009–10. In the case of STs, this figure was even higher at about 30 per cent. Gender-wise, there is a marginal difference in the enrollment status, with the enrollment of girls being about 2 percentage points lower than that of boys during the year 2009–10.[37] Although there has been a substantial improvement in enrollment over the years, India has yet to achieve its goal of universal education.

The country is now aiming to universalize both its upper primary as well as secondary education. At the

upper primary level, the net attendance ratio improved to 60 per cent in 2007–08. The ratio is similar for SCs but low for STs. The net attendance in secondary education is substantially low—40 per cent for boys and 35 per cent for girls in rural areas, and 52 per cent for boys and 51 per cent for girls in urban areas. The corresponding figures for boys and girls among the SCs are 33.3 per cent and 30 per cent, respectively, in rural areas, and relatively higher at 41.7 per cent and 45.4 per cent, respectively, in urban areas. These figures indicate that in urban areas the SC girls are attending school in a much higher proportion as compared to boys.

However, these encouraging developments in enrollment have also been accompanied by a huge drop-out rate among children due to various reasons. The Ministry of Human Resource Development (MHRD) statistics for the year 2007–08 for school education show that nearly 72.2 per cent of the girls and 66.6 per cent of the boys among the SCs drop out of school during the period of entry beginning with class 1 till they reach class 10. The drop-out rate is about 10 percentage points higher than the national average. The reasons for drop-out among the marginalized students largely include the poor financial conditions of their parents and their disinterest in studies. Discriminatory practices in schools by both teachers and peers make studies less attractive for some SC children.[38] For STs, the school infrastructure and language also become major bottlenecks in the continuance of education. There are few residential schools to cater to the demands of the tribal students. Lack of infrastructure such as adequate classrooms and separate toilets for girl students, along with poor teaching resources are the other problems that lead to higher drop-out rates. It has been found that as many as 50 per cent of the schools do not have separate toilets for girls. Only 36.5 per cent of the teachers in schools in rural areas are female, which further discourages the enrollment of the girl child.[39] There is also a significant under-representation of SC teachers in school education, with only 12 per cent of the teachers belonging to the SCs, which in turn creates a social distance. A large percentage of the SC–ST children are dependent on government schools for their education. With government schools characterized by huge teacher absenteeism, along with poor training and lack of accountability, the quality of education in these schools has been deteriorating over the years. The result is that a sizeable proportion of the children are unable to learn and comprehend the subject even at a level that is much below their class of enrollment.[40] The rapid expansion of private schools, particularly in the rural areas, has provided opportunities for relatively better quality of education in terms of augmenting levels of learning, yet the marginalized groups have extremely low access to such schools. The huge gender preference exhibited by parents in sending only their sons, and not daughters, to these schools is also true for SCs and STs. This predisposition has resulted in the increasing segregation of children on the basis of caste and gender wherein the poor, SC, ST and girl children mostly end up attending government schools.

The challenge, therefore, is to provide quality education to large masses under the Right of Children to Free and Compulsory Education Act, 2009. This goal is yet to be realized fully, as nearly 28 per cent of the children in the age group of 6–11 years and 32 per cent in the age group of 11–14 years are still out of school.

5. LITERACY AMONG YOUTH

The future progress of any society depends on the quality of its youth population. The proportion of literates among youth in India has considerably improved over the years and reached 88.2 per cent in 2009–10. The percentage, however, is lower among STs and SCs with 80.46 per cent and 83.8 per cent respectively. The literacy rate of youth belonging to other social groups touched 96.5 per cent

in 2009–10. Gender-wise, the incidence of illiteracy is more than double among young women at 16.5 per cent as compared to young men. The difference in literacy levels is more prominent among SCs, with about 89 per cent of the male SC youth being literate as against 77.9 of the SC female youth. The gender difference in literacy is even wider among STs at 89 per cent for male youth and 72 per cent for female youth.

The mere attainment of higher literacy levels does not have an impact in terms of enhancing the employability of youth. Much depends on their transition to higher and technical education and vocational training, especially its quality. Viewed in this perspective, there is a large gap in the educational and skill levels of youth, with the SCs and STs lagging much behind the others. While the attainment of higher educational levels is crucial for improving the employability of youth in general, there is evidence of discrimination against the marginalized groups in the labor market as mentioned earlier. This often discourages SC–ST parents from sending their children for higher education by foregoing their current income. This general apathy has also been noticed among Muslim parents and students. The development paradigm thus needs to outline strategies for the creation of productive decent employment while ensuring the larger participation of marginalized groups.

6. GENDER PARITY

While the SCs and STs are very close to others in attaining gender parity in terms of net attendance in primary education, the issue still remains worrisome at the secondary level of education. Among SCs, there are 711 girls per 1000 boys attending secondary education, with this figure being higher than that for STs at 623 and very close to the national average of 732. In the sphere of tertiary education, the gender parity is very close with 964 girls per 1000 boys attending. More interestingly, the ratio of SC girls enrolled in higher education is higher than that of boys at 1114 girls per 1000 boys. This could be partly attributed to the scholarship scheme of the government. In the case of STs, however, the ratio is the lowest at 623. This could be because for them the distance to the education facility from their places of residence poses a major hindrance, which discourages girls from continuing their higher education. Thus, the major concern for the new development paradigm is he need to universalize secondary education and improve its quality in order to ensure gender parity.

7. INFANT MORTALITY

With an infant mortality rate (IMR) of 47 per 1000 live births in 2010, India is unlikely to attain its target of 26.7 by 2015, despite achieving a significant improvement in the IMR over the period 2000–10. The available disaggregated figures of IMR by social groups for the year 2005–06 indicate that it is highest at 66.4 among the SCs. The lowest IMR is for the group Others at 48.9, showing a huge gap of 35.8 percentage points between the SCs and Others. The gap between the STs and Others is comparatively less at 27 percentage points. The average annual rate of decline in IMR was the lowest for SCs at 2.86 per cent during the period 1998–99 to 2005–06.[41] The high IMR among SCs and STs is generally attributed to various factors including their poverty, high incidence of malnutrition, lack of health facilities in the SC–ST-dominated areas and poor public health service delivery. Moreover, the available evidence suggests the persistence of discrimination in the delivery of nutrition support services to the marginalized groups.

8. UNDER-FIVE MORTALITY

With an under-five mortality rate (U5MR) of 59 in 2010, India is unlikely to attain the target of reducing it to 42 by 2015. The STs alarmingly recorded the highest U5MR of 95.7, followed by SCs at 88 during 2005–06, with both these figures being much higher than the national average of 74. The corresponding figure for Others was the lowest at 59.2. With an annual average decline of 4.4 per cent and 3.74 per cent respectively for STs and SCs during the period 1998–99 to 2005–06, these marginalized groups are likely to remain much behind the Others group, which experienced an annual decline of over 4.1 per cent during the given period. This also indicates an increasing disparity in U5MR between the STs–SCs and Others in terms of the current pace of improvement.

9. CHILD IMMUNIZATION

With 74 per cent of the children in the age group of 12–23 months in 2009 having been immunized against measles, India has made remarkable progress in the area of child immunization. However, the country is still likely to miss the MDG target of 100 per cent immunization by 2015 by 11 percentage points.[42] The other set of statistics collected by the Registrar General of India (RGI) under its annual Health Survey shows that nearly half the children were immunized against tuberculosis (TB), DPT (diphtheria, pertussis and tetanus), and measles in 2011 in the nine focus states of the nation. With 39.7 per cent of the SC children having been immunized in 2005–06, the ratio was less than the national average by 4 percentage points. There is also a huge inter-state variability, with less than one-third of the children having been vaccinated in Orissa as compared to 70 per cent in Uttarakhand during 2011.[43]

10. BIRTHS ATTENDED BY SKILLED HEALTH PERSONNEL

The lowest figure of just one-fourth of child deliveries being assisted by trained persons was observed in case of STs in 2005–06. For SCs, however, nearly 40.6 per cent of the child deliveries were assisted by skilled health personnel during the year. The corresponding figure for Others was much higher than both these figures, at 57.8 per cent. Although the recent interventions under the Janani Suraksha Yojana (JSY) have accelerated the rate of institutional deliveries, the target of 100 per cent is still a gigantic one and seems difficult to achieve. Moreover, poor women, including SCs and STs, availing of the JSY facility have reported mixed experiences. Poor women generally end up spending all available cash under the JSY towards the purchase of medicines, transport, and tips paid to caring staff members in public hospitals. The public health facilities are generally overcrowded, and there is a lack of basic infrastructure and cleanliness for both the newborn and the mother. There is also evidence of misbehavior of the service providers towards the SC–ST women who go to avail the facilities for child delivery.[44] This generally discourages these women from utilizing these facilities.

11. PREVALENCE OF TUBERCULOSIS

Despite an average annual decline of 1.28 per cent in the prevalence of all forms of TB from 338 per lakh in 1990 to 256 per lakh in 2010, India still has the dubious distinction of suffering from the highest burden of the disease. Both SCs and STs show a comparatively high prevalence of TB than Others, with the figures being 531 per lakh population for SCs, 659 per lakh population for STs, and 423 per lakh population for Others in 2005–06.[45] The target of reducing the prevalence of TB by 155 per lakh population still remains a big challenge, especially in the case of the STs and SCs. The increasing drug resistance of TB has also made the target of controlling the disease tougher and more complicated.

12. USE OF TELEPHONY

There has been a rapid increase in the use of mobiles and landline telephones in India. About 63.2 per cent of households in India were seen to own mobile–telephone in 2011. The percentage of access to telephones is the lowest at 34.8 for STs, while SCs are relatively better placed with 53 per cent households possessing mobile–telephone. The mobile use revolution has also empowered the population in accessing information and demanding their rights. The increase in ownership of telephone–mobile phones has also helped improve the reporting of atrocities against SCs and STs during recent years.

13. ACCESS TO SAFE DRINKING WATER AND SANITATION

Access to safe drinking water is crucial as it prevents water-borne diseases and consequently high morbidity. While there has been a considerable improvement in access to safe drinking water, still over one-third of the ST households and nearly one-fourth of the SC and Other households do not have such access as per the 2011 Population Census. Thus, the situation of STs with regard to this indicator is far worse than the national average. There is also evidence of discriminatory access to safe drinking water for SCs, particularly in the rural areas, as they may be allowed to fetch water only after the Other caste households have enjoyed their turn.[46] The location of such facilities in upper caste localities also affects the overall access to such facilities by the SC households.[47]

Access to toilet facility is also critical in promoting dignity and security, particularly for women. India has consistently had poor sanitation facilities. As per the 2011 Census, over 42.4 per cent of the households in the country do not have any toilet facility and their members still go in for open defecation. The proportion of such households is the highest among the STs with 74.6 per cent, followed by the SCs at 62.1 per cent, and the least in the case of Others at 42 per cent. More importantly, the poor quality of toilets is a critical issue, as only 36 per cent of the households have flush latrines. The Census results have seriously undermined the claims made by the Government regarding the success of one of its flagship schemes, namely, the Total Sanitation Campaign (TSC) in improving the access to toilet facilities in the country. There is evidence of poor quality of toilets constructed under the scheme, thereby making these unusable. The lack of space to construct toilets, particularly in the case of SC households, lack of water facilities and general insensitivity towards such facilities among the households are the major hindrances in the success of TSC in the country.[48]

IV. HOW HAVE MDGS MAINSTREAMED THE DISCOURSE AND POLICIES OF THE GOVERNMENT ?

The Indian development strategy has been guided by its Constitutional principles of providing equal opportunities for decent living to all its citizens. The initial phase of development planning focused on increasing economic growth for creating employment opportunities and facilitating the eradication of poverty. This focus continued during each Plan period with a plethora of interventions over the years. The Constitutional safeguards for SCs and STs for promoting educational and employment opportunities were also earmarked by special component plans for their development. Under the special component plan, budgetary allocations of the Central Government are earmarked in proportion to the SC and ST population. However, the experiences of development interventions have been mixed. The budgetary provisions for the development of SCs and STs proved to be notional in many cases, while in other cases, these were spent on other uses that were not directly related to their development.[49] The development disparities between various social groups and regions in the country have widened over the years. The Government is now increasingly being challenged on its actions to promote development.

It is difficult to assess how the MDG framework led to a change in the policies and programs of governments due to the paucity of research.[50] The Indian Government's commitment towards achieving the MDGs in a time-bound manner can be seen in the form of its renewed commitment to the development of its people as enshrined in its Constitution. It embraced the MDG framework and adopted the National Development Goals (2005) to correspond with the global development targets. The MDGs were also mentioned in the National Common Minimum Programme—the governance charter of the United Progressive Alliance (UPA) that formed the Government at the Centre in 2004. India has initiated a number of development interventions, many of which were already ongoing for a long time, with the increased allocation of resources and change in the priorities. The Indian Government initiated two major ambitious programs, namely, the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), 2005 and the National Rural Health Mission (NRHM) during this period to provide income and health security to its people. The launch of National Livelihood Mission (NLM) to create sustainable livelihoods in a mission mode for eradicating poverty at a faster pace was also influenced by the country's past experience in the spheres of employment and income generation. The RTI Act, 2005 is a landmark constitutional safeguard towards making governance transparent and accountable.

The Eighty-sixth Constitution Amendment Act, 2002, made elementary education a fundamental right for children in the age group of 6–14 years with the insertion of article 21A. With the aim of realizing the right, the Government launched the Sarva Shiksha Abhiyan (SSA) (Education for All) in 2003 in order to achieve universal primary education in a time-bound manner. The National Programme for Education of Girls for Elementary Education was also launched in 2003 as an integral component of the SSA, with the objective of promoting gender parity. Subsequently, the concept of the Kasturba Gandhi Balika Vidyalaya was initiated in 2004 to create residential schools at the upper primary level for girls belonging to the marginalized communities for the purpose of promoting education among girls belonging to these communities in the educationally backward blocks. The enactment of the Right to Education (RTE) Act later in 2009 was a

path-breaking legislation, as a result of which the Government is committed to initiate interventions, schemes and programs for the development of quality education at the primary and upper primary levels of education. The Government's renewed focus on ICDS and Mid Day Meal (MDM) also signifies its guided efforts to reduce malnutrition and improve child health and education in accordance with the MDGs. The Government's strategies for promoting socially inclusive growth since the implementation of the Eleventh Plan and its decision to continue with the same strategy in the Twelfth Plan are also being seen as major initiatives for ensuring widespread development, as articulated in the MDGs as well.

How have these initiatives led to an improvement in the attainment of the MDGs? As discussed in the previous section in this paper, there has been a definite improvement in the efforts made towards achieving these goals in terms of the decline in poverty, increase in enrollment, reduction in drop-out rates, higher transition to secondary and tertiary education, and an increase in the number of institutional child deliveries and public healthcare facilities. However, this progress has not taken place at the same pace for different social groups and across regions. The expansion of programs relating to education and healthcare has, in many cases, occurred at the cost of quality. The steep increase in inequality across social groups and regions is a testimony to the fact that development interventions have not benefited the marginalized groups and lagging regions at the desired rate. The major challenge which looms before the Government is weak monitoring and inadequate evaluation of public service delivery and development projects. Despite a significant rise in the voices of CSOs demanding development for STs–SCs within a rights framework and engagement in the development discourse by various government agencies, a general apathy still persists in the delivery of services. The political will and mindset of service providers is now being increasingly questioned to make development pro-poor and non-discriminatory. The challenge, therefore, is to spell out the effective development strategies and policies for making growth pro-poor and non-discriminatory. There is a crucial need for strong political will supported by effective governance in order to ensure the rights of the people as enshrined in the Constitution. The core issue of making governance pro-poor is yet to emerge in a true sense, which would facilitate the overall development of the marginalized groups at a rapid pace.

V. CONTOURS OF THE POST-2015 DEVELOPMENT FRAMEWORK FOR SCS AND STS

From the perspective of SCs and STs, the concerns pertaining to poverty, inequality, access to decent employment, quality education, healthcare, basic amenities, human security, effective and good governance, sustainable development, and climate change are equally important in the post-2015 development framework. They lag far behind other social groups in the attainment of most of the development indicators. Hence, attaining MDGs for them matter the most. The accelerated delivery of MDGs, especially for Dalits and other marginalized groups, therefore, should be a critical precondition for a credible post-2015 development agenda. The development paradigm must provide a critical minimum social floor below which people should not be expected to live and at which level they are able to sustain their dignity and basic rights. The new development paradigm must outline the processes needed to eliminate discrimination and social exclusion, and to ensure development with dignity for the excluded communities. It should also ensure that the STs affected by displacement are rehabilitated with dignity, thereby ensuring a hopeful future for their children.

1. ABSOLUTE REDUCTION IN POVERTY

With poverty being intrinsically linked to inequality and discrimination, the new development paradigm has to ensure absolute reduction in poverty among these marginalized groups at a more rapid pace than for other groups. Since poverty is multidimensional in nature, multi-pronged measures need to be implemented and intensified for poverty eradication. The development strategy, therefore, has to create productive employment opportunities while enabling the SCs and STs, including women belonging to these communities, to avail of such opportunities. The enabling process involves their increased access to quality education at the secondary and tertiary levels, particularly in job-oriented vocational and technical education programs. The increasing healthcare costs of the poor and the marginalized, and their impoverishments need to be reversed by providing them non-discriminatory access to quality healthcare facilities free of cost.

2. MAKING SOCIAL INCLUSION CENTRAL FOR REDUCING INEQUALITIES

Rising inequalities have negative economic, social and political consequences, and very often their extreme levels lead to conflicts.[51] The prevalence of high levels of inequalities can jeopardize the well-being of a large segment of the population that gets low earnings–wages besides having subsequent effects on their health, nutrition, education and child development. Low earnings–wages result in lower effective aggregate demand, which limits the size of the domestic market and hinder structural changes in the economy.[52] The root cause of several inequalities is social exclusion, as mentioned earlier. The inequality reducing strategy alone generally does not address the social exclusion reducing strategy. Therefore, the agenda of inequality in post-2015 development paradigm should be based on social inclusion strategy.[53] Thus, the strategy is to be undertaken in human rights based approach that addresses the root causes of poverty. This will in itself ensure that the post-2015 framework tackles exclusion and inequalities, and not just poverty. This social inclusion-led inequality reduction

perspective should not only form the core of new development framework, but it must also view unequal distribution of development outcomes as unacceptable.[54] For SCs and STs who suffer from a historical disadvantage in terms of their access to resources, this perspective assumes importance, which would make the Government accountable in its actions aimed at reducing such inequalities.

Development of Equity Weighing Indicators

National averages have an inherent capacity to conceal inequalities. The huge disparities in various indicators for SCs and STs testify this fact. It has been seen how the current value of the national averages changes by 8 to 17 percentage points after weighing group inequalities.[55] It would be useful to measure the progress in development by weighing various types of inequities by giving the highest weights to those in the lowest quintiles or income groups and vice versa.

Alternatively, separate targets can be set for ensuring progress among the poorest or amongst social groups such as the SCs and STs at the lowest levels of development, which are then measured and reported separately to ensure that they benefit from the overall progress. The MDG target of promoting girls' education provides an example of such a precedent for adoption of this approach.

3. CREATION OF PRODUCTIVE EMPLOYMENT OPPORTUNITIES FOR SCS AND STS

Access to productive and decent employment is the most important source of income security, and reduction in poverty and inequality. Much of the success of poverty reduction strategies would depend on the type of employment opportunities being generated for the poor and marginalized social groups. Since most of the SCs and STs are working as casual wage laborers or as self-employed workers in low-paying occupations under poor working conditions, discrimination in hiring practices and wage payments add to their woes. It is imperative for the proposed policies to break this vicious circle of poverty and low earning levels. The existing policies also need to be evaluated to determine their success in improving employment and income generation for the marginalized groups.

4. UNIVERSALIZATION OF SECONDARY EDUCATION AND ENSURING ITS QUALITY

Ensuring quality education for all children enrolled in primary and secondary school education should form the basis for the new development paradigm. The learning levels of children in primary classes in government schools are abysmally below the grades expected from them. While the household characteristics such as the education of parents, particularly of mothers, dependence on casual wage income, and ownership of productive assets like land have a significant impact on the learning levels of children, the quality of teaching and school environment are also very important in determining learning levels.[56] Since a large proportion of the SC and ST children comprise first generation learners and those belonging to casual wage labor households, the teaching resource and school environment assumes utmost importance in improving their learning levels. It has also been found that the school curriculum and teaching–learning practices and processes are not sensitive in addressing the learning needs and concerns of children from diverse backgrounds, and that prejudiced and discriminatory attitudes and practices towards children from SC and ST backgrounds still operate in classroom processes.

Thus, the new development paradigm should reinforce the responsibility of the State to provide quality education to its children. This would ensure the expansion of, and improvement in, existing government educational institutions for the purpose of providing quality education. The Government, on its part, needs to fulfill its responsibility of ensuring not only the enrollment of children from the marginalized groups in the rapidly expanding private school educational institutions but also that these children face no prejudices or discrimination in the institutions. It is equally important to

assess the success of the Government in developing teaching–learning materials that are sensitive to diverse cultures and socio-economic circumstances; in addressing their different learning needs and constraints; in evolving processes that reduce children's dependence on home support for their academic performance; and in building context-specific teacher development programs that would enable teachers to enhance their understanding of the issues of social diversity and discrimination within and outside classrooms, and to improve their professional skills for handling real classroom situations.

5. INVESTING IN HEALTH AND NUTRITION

Most of the health indicators remain much lower in India than even in some of the Least Developed Countries (LDCs) like Bangladesh. India is amongst the few countries with the highest share of private expenses on healthcare (out-of-pocket expenditure).[57] Public health is grossly underfinanced in India, accounting for only about one per cent of the GDP. The recommendation made by the High Level Expert Group appointed by the Planning Commission for increasing public health expenditure to make it 2.5 per cent of the GDP has not found much support. The country's public health system is struggling with a shortage of infrastructure amidst an increase in population, and glaring shortages of doctors, nurses, specialists, technicians and other health workers.[58] Since a majority of the poor and marginalized population groups largely depend on public health services, they fail to get the requisite services due to the lack of health facilities. In addition, the SCs and STs face various forms of discrimination while accessing public health services. This often discourages them from seeking public health services,[59] compelling them to look for private healthcare services. Thus, the lack of quality public health services, coupled with discriminatory treatment meted out, leaves the latter with no option but to seek private health services, which often lead to their impoverishment. According to one estimate, nearly 3.9 crore people are likely to have been pushed into poverty during the past few decades due to an increase in out-of-pocket expenditure on healthcare.[60] Thus, the new development paradigm cannot afford to neglect public health services.

Reduction in high levels of malnutrition among children and women should also form a major development goal. Policies and programs, therefore, need to focus on improving the nutritional levels of marginalized groups with increased intensity in order to achieve a faster decline in malnutrition within a given time frame. It is equally important to focus on service delivery and to ensure that it is free from any discrimination and prejudices. Service providers can be judged on the basis of their proactive efforts in reaching out to the poor and marginalized groups in the delivery of health services.

6. GOVERNANCE, INSTITUTIONS, ACCOUNTABILITY AND EFFECTIVENESS

The post-2015 development paradigm should be based on sound participatory and effective governance principles. It must ensure that the institutions which have been created for governance effectively reach out to the most marginalized and deprived population groups, and urgently act upon their voices and concerns.

The rise in inequalities among various social groups is also the result of a number of extraneous factors such as the withdrawal of the State from public services, inadequate provision, deteriorating quality of service delivery, and its pro-market policies favoring a tiny section of well-off people. The weakening of public institutions catering to education, healthcare and basic amenities under the new liberalized model of development is forcing the poor to depend on private services that have no social protection component. These developments thus prevent many people belonging to the marginalized communities from seeking the concerned service, as a sizeable proportion of them have been pushed into poverty while availing of such unaffordable services.[61]

The growing mistrust in governance among the common public and the rising demand for transparent and efficient governance have thrown up an altogether new set of challenges for development. There is also a policy logjam which adversely affects the reform process.

Although the Indian Constitution enshrines the commitment for development of the marginalized groups, this commitment has never been fulfilled in a mission mode due to the indifferent attitude of various stakeholders. A typical example is of notional budgetary allocations proportionate to their population share for the development of SCs and STs under Scheduled Caste Sub-Plan (SCSP) and Tribal Sub-Plan (TSP). Such allocations, however, usually never reach the intended beneficiaries. There are also examples of diversification of these development funds for the payment of past outstanding electricity bills in villages in Karnataka and for meeting the expenses incurred during the Commonwealth Games held in Delhi in 2010, which have nothing to do with the direct development of SCs and STs.[62]

All evidence of the discriminatory behavior adopted by service providers towards SCs and STs due to the preconceived notions of impurity and social pollution among the former need to be seriously examined in the light of the guidelines laid down for such services and government actions aimed at providing non-discriminatory services to the marginalized groups. The challenge, therefore, is to not only make institutions accountable but also to monitor their efficiency in a time-bound manner. The role of the private sector, media and CSOs in governance needs to be intertwined and made accountable in ensuring both an inclusive economy and society. Mechanisms also need to be evolved to make the private corporate sector accountable in promoting the development of marginalized groups through their direct activities.

The real challenge is to develop a set of indicators that can facilitate the audit of the Government's efforts towards eliminating corruption and discrimination, promoting transparency, reducing inequity, and empowering the poor to develop their own agenda of development.

The new framework must also ensure the participation of SCs and STs in the growth of the private sector, especially those who have been affected by land acquisitions and development projects, and have enjoyed least access to private sector employment. The private corporate sector too needs to be made socially accountable by fulfilling the commitment to promote affirmative measures for the development of the marginalized groups.

7. IMPROVING DATA AND INFORMATION BASE

The availability of data and its periodicity is critical for facilitating informed policy planning, assessment, advocacy and public debate. Rising group inequalities have led to a growing demand for group-specific development interventions. The lack of such information is seriously jeopardizing group-specific policy planning and interventions. Although the Government of India has a comprehensive statistical system spread across the country, it suffers from serious information gaps on various social, economic, political and cultural issues of development targeted at different social and religious groups as also at regional levels. Information on the issues of exclusion and discrimination do not feature in any official surveys. Moreover, the small sample size makes it rather impossible to use information for district level planning. There is also a significant data gap with regard to the nomadic and denotified tribal populations. All this has led to an increasing demand for group-specific policy interventions, which are generally hampered due to the lack of comprehensive statistics. Over the years, the capacities of official data collection departments have been seriously eroded due to declining manpower and financial resources. Data collection is largely being sub-contracted to private data collection agencies or individuals without strict quality checks. Albeit the use of information technology (IT) in data collection has led to some progress in data processing yet the gap between data collection and final production needs to be reduced

significantly. The management of information systems (MIS) of major flagship schemes of the Government of India have yet to provide disaggregated information on the progress of various programs.

There is an imperative need to produce comprehensive information on the multi-dimensional indicators of economic, social and political development at disaggregate levels for social groups and sub-groups, regions and sub-regions. This would facilitate the planning of more focused development interventions. The present national statistical system in India needs a major expansion in terms of manpower and financial resources for the collection of periodic information for various social groups and sub-groups at the district and sub-district levels. Thus, data collection institutions need to be strengthened to be able to collect data at more disaggregate levels, make information easily available through simpler forms, and improve both the periodicity, and more importantly, quality control related to the information generated. These measures would facilitate informed policy formulation, better program design and implementation.[63]

8. ENGAGING CSOS IN CONSULTATIVE DEVELOPMENT PLANNING AND MONITORING

The commitments of governments to take various initiatives for meeting the MDGs in a time-bound framework have made them accountable to multilateral donor agencies, civil society organizations (CSOs), and citizens of the country. The CSOs have been encouraged by this development, which has led to their launching of intensified movements demanding the development of marginalized and vulnerable population groups within a 'rights framework' as enshrined in the Indian Constitution. The enactment of NREGA, the RTI Act, RTE, Right to Food, Right to Health (in making) and the use of social audits to evaluate the Government's programs are largely attributed to the relentless efforts of CSOs and a favourable judiciary in the country that have successfully mainstreamed the demand for the dignified development of the citizens of India.

Dalit CSOs have played a crucial role in demanding their entitlements in recent years. Their rising demand for ensuring development with dignity has a broader perspective of attaining a socially inclusive and cohesive society.[64] They are demanding transparency in budgetary allocations for their development and questioning government for channelizing budgetary allocations for other uses.[65] The National Dalit Development Agenda[66] recently submitted to the government is a testimony of growing voices from Dalit CSOs to demand this development. Unfortunately, there is hardly any visible unified voice from CSOs representing STs. Voices concerning their rights, entitlements and decent living are lost in mainstream politics of development. The challenge is to equip CSOs to raise their advocacy for ST development.

Thus, in the new development framework, it is critical to promote the active engagement of CSOs and NGOs dealing with SCs and STs for building a consensus around the key themes and strategies relating to their development. They need to be engaged in the design and management of community development projects and in building mechanisms to reach out to the excluded groups. This would necessitate measures for capacity building and leadership development programs for CSOs overseeing Dalit interests, thereby enabling their mobilization against injustice by effectively participating in Government programs and demanding their due entitlements. Currently, Dalit organizations are divided with regard to the strategies that need to be adopted to achieve the goal of an inclusive society that guarantees dignity to all. There is hardly any organized effort among Dalit organizations to develop a perspective on the wide range of problems and issues faced by Dalits.[67] This would require a huge initiative from Dalit organizations themselves for developing a unified strategy to guide their future interventions.

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ANNEXURE 1: STATUS OF MDG ATTAINMENT BY SOCIAL GROUPS IN INDIA

Sl. No.	Goal	Current Attainment Level			2015 National Target	2015 Likely National Achievement	Remarks
		National Average	SCs	STs			
Goal 1	**Eradicate extreme poverty and hunger**						
1.1	Halve poverty between 1990 and 2015 (2009–10)	21.6	29.6	33.0	16.5	16.5	The target becomes higher when calculated by using the Tendulkar method
1.2	% share of lowest quintile in consumption (2009–10)—Rural	9.5	27.0	18.0			
1.3	% share of lowest quintile in consumption (2009–10)—Urban	7.0	23.0	4.0			
1.4	% of underweight children below 5 years (2005–06)	42.5	47.9	54.5	26.0	32.6	No official data available since 2005–06 on nutrition by social group
Goal 2	**Achieve universal primary education**						
2.1	Net enrolment rate in primary education (2010–11)	99.9				100.0	
2.3	Proportion of pupils starting Grade 1 who reach Grade 5 (2007)	73.4	64.1	76.9			
2.4	Literacy rate 15–24 years (2009–10)	88.2	83.8	80.46	100		
Goal 3	**Promote gender equity and empower women**						
3.1	Ratio of girls to boys in:						
	Primary (2009–10)	0.97	0.89	1.07			
	Secondary (2009–10)	0.73	0.71	0.67			
	Tertiary (2009–10)	0.96	1.11	0.62			
3.2	Ratio of literate women to men 15–24 years (2009–10)	0.804	0.775	0.804			

Sl. No.	Goal	Current Attainment Level			2015 National Target	2015 Likely National Achievement	Remarks
		National Average	SCs	STs			
	Share of women in non-agriculture wage employment (2009–10)						
	Ratio of women to men in wage employment (per 100) (2009–10)	22	27	25			
3.3	% of women in Parliament (2011)	8.0					
Goal 4	**Reduce child mortality (2005–06)**						
4.1	Under-five mortality rate	74.0	88.1	95.7	41.6	51.7	
4.2	Infant mortality rate	57.0	66.4	62.1	26.7	43.96	
	Proportion of immunized children, 12–23 months	43.5	39.7	31.3	100.0	89.1	
Goal 5	**Improve maternal mortality**						
	Maternal mortality ratio (2007–09)	212			109	138	
	% of births attended by skilled health workers (2005–06)	46.8	40.6	25.4	100	62.5	
Goal 6	**Combat HIV/AIDS, malaria and other diseases**						
	Prevalence of tuberculosis (TB) (per 1 lakh population) (2005–06)	423	531	659	155		
Goal 7	**Ensure environmental sustainability**						
	Proportion of population with safe drinking water source (2011)	85.6	76.6	63.6			
	Within the premises	46.6	35.4	19.7			
	Away	17.6	21.0	33.5			
	Proportion of population with improved sanitation (2011)	45.9	31.4	19.5			
	Rural		20.3	12.5			
	Urban		63.6	63.2			
	% of slum population in urban population						
	% of households owning telephones–mobile phones (2011)						
	Rural	54.3	47.0	29.1			
	Urban	81.6	70.9	71.0			
	Total	63.2	53.1	34.8			

ANNEXURE 2: KEY POLICY INITIATIVES AND PROGRAMS TOWARDS ATTAINING MDGS IN INDIA

MDG	Key Policy Element	Year of Initiation	Government Program–Select Features
Poverty reduction	Reducing poverty, a key element of inclusive growth strategy	Special focus since 6th Five Year Plan	Launch of self-employment and wage employment which continue in their various forms and nomenclatures
	Appointment of Expert Group for estimating poverty for proper resource allocation	Intensified during 11th Plan (2007–2012)	NREGA enacted on 5 September 2005, guaranteeing 100 days manual wage employment to each rural households on demand. Extended to all districts since 2008–09. Most of the beneficiaries women, SCs and STs
	11th Plan put target of 2 percentage points for annual reduction in poverty	2010–11	National Rural Livelihood Mission focus on rural income generation in a mission mode
	12th Plan reiterates making growth socially more inclusive with focus on income generation, education and health		
Universal Primary Education	86th Constitutional Amendment Act, 2002, making elementary education a fundamental right of children in the age group 6–14 years		
	Path-breaking legislation, which made such a major commitment on the part of government. Government committed designing strategies, interventions, schemes and programs	2003	Sarva Shiksha Abhiyan (Education For All) launched country-wide in 2003. It is one of the flagship schemes of the Government of India, and is being implemented in partnership with state governments in a time-bound manner
	Providing nutrition support to school-children to remove classroom hunger, increase attendance, foster social equity and gender equity, and promote health of school-children	1995	Mid-day Meal Scheme (MDMS), launched in 1995 as National Programme of Nutritional Support to Primary Education. The scheme had undergone a number of revisions in the past. Currently, the scheme is serving more than 11 crore children.

MDG	Key Policy Element	Year of Initiation	Government Program–Select Features
	Towards promoting gender parity in education, targeted approach to promote participation of girls in education under SSA such as availability of school within one km., free textbooks up to class 8, separate toilets for girls, recruitment of 50 per cent women teachers, gender-sensitive teaching, etc.	2003	National Programme for Education of Girls for Elementary Education. This is an integral but distinct component of SSA
	Promotion of education among girls belonging to marginalized communities in educationally backward blocks	2004	Kasturba Gandhi Balika Vidyalaya. Building of residential schools at upper primary level for girls belonging to SCs, STs, OBCs and religious minorities
	Improve the enrolment and retention of girls in school and raise the age of marriage for girls	1997	Balika Samridhi Yojana implemented by Ministry of Women and Child Development
Reduction of Child Mortality			
	India's commitment to its children in the age group of 0–6 years and nursing mothers as a response to the challenge of pre-school non-formal education on the one hand, and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other	Started in 1975 in a project mode in 33 blocks. Now works in a mission mode	Integrated Child Development Scheme (ICDS), implemented by Ministry of Women and Child Development
		2005	National Rural Health Mission (NRHM)
			Reproductive and Child Health Programme
			Universal immunization programme
	Improve maternal health and narrow down rural–urban gap in maternal mortality	2005–06	Janani Suraksha Yojana under NRHM in 2005–06. Huge improvement in institutional deliveries—7.39 lakh in 2005–06 to about 1 crore in 2009–10
	11th Plan makes provision for monetary compensation to poor women for their wage loss during pregnancy and after child delivery		Indira Gandhi Matritva Sahyog Yojana (IGMS) Implemented by Ministry of Women and Child Development using ICDS platform, covering 14 lakh women. Cash incentive of Rs. 4000 for the first two births

MDG	Key Policy Element	Year of Initiation	Government Program–Select Features
Combat HIV/AIDS/ Malaria and other diseases	Halting and reversing HIV epidemic in India		National AIDS Control Programme by NACO.
			National Malaria Eradication Programme
Environ- ment	Integrate the principle of sustainable development into country's policies and programs and reverse the loss of environmental resources		
	Forest Conservation Act 1980		National Afforestation Programme launched in 2003
	National Environment Policy 2006		National Action Plan for Climate Change
	Forest Rights Act 2006		
	Providing safe drinking water and sanitation facilities to reduce the burden of diseases and promote clean environment	1972–73	National Rural Drinking Water Programme
			Rajiv Gandhi National Drinking Water Mission
	Provisioning of basic amenities, including sanitation, assumes key areas of policy interventions with a large section of the population, particularly SCs and STs, who are deprived of such amenities	1999	Total Sanitation Campaign