MILLENNIUM DEVELOPMENT GOALS INDIA COUNTRY REPORT 2011

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Foreword

The last one decade since the Millennium Declaration of the United Nation in the year 2000 has been a decade of successes and failures, speed and sluggishness in combating the major maladies of human poverty. Major successes in combating extreme poverty, improving school enrolment and child health and controlling spread of killer deceases like AIDS, Malaria and TB in almost all developing countries- even in the poorest countries – demonstrate that the Millennium Development Goals (MDGs) are achievable. The 2009 India Country Report brought out by the Ministry of Statistics & Programme Implementation in the form of a mid-term statistical appraisal of the progress towards the MDGs in India, and the 2010 States of India Report on MDGs by the Ministry have similarly demonstrated that India is on track for some of the MDGs while the progress is not so encouraging for the other MDGs. In the Indian context, the rates of changes in statistical terms are quite reflective of the reality on ground. As a result, the new sets of statistics for the MDG indicators are showing up changes happening on the ground in respect of different aspects of human development. In view of this the Ministry has combined the latest data on the MDG indicator with the analysis of the programmes which the government has introduced to deal with some of the social and economic problems standing in the way of achieving the MDG goals.

This report has been compiled within a short time after the States of India Report on MDGs brought out as a special edition in October, 2011; but this report has succeeded to capture for a few important goals, the latest changes in data which are going to affect the level of achievement in the year 2015 at the national level. At the same time, the analysis presented here may help identifying the shortcomings of the government programmes for specific target issues. However these analyses, under the existing limitations of data, do not aim to provide cross-cutting features as would be necessary for policy makers to get a better view of the outcomes. In order that relationship between the interventions and outcomes could be explained meaningfully, disaggregated statistics at sub-state levels are most essential.

The global economic crisis during 2008-2009 has also impacted the social development initiatives of governments of the developing world. Despite the resilience shown by the Indian economy during this period, the impact on the development processes have been there confounded with the effect of food crisis during the drought and fuel crisis. The survey of consumer expenditure and the new poverty estimates bear the testimony of this fact. For the statistical community the new set of poverty estimates introduced by the Planning Commission of India throws up new challenges for meaningful analysis of poverty situation over a long time span, which was necessary in the current context of MDG-reporting.

This report is a systematically compiled account of the statistical measures of MDG-outcomes presented with the programmatic instruments of the government that are directly or indirectly linked with achieving the targets of the MDGs. While the statistical details of the report would enable one to appreciate the situation wherever the progress is slow or off-track or, have serious risk of reversal, the specific programme aspects would be helpful for relating their merits and demerits to addressing

the focal issues. The new data elements used in this report when compared with previous reports are likely to add value to the usefulness of the report. However, the findings are only indicative of the situation that exists at a particular time or is likely to arise at a future time if the prevailing rates of changes hold good. As the national or sub-national series of data used are based on official statistics produced by concerned Central Ministries/Departments and are either from administrative reports or produced through periodic operations like the Census of India, National Sample Survey, National Family Health Survey, District Level Household and Facility Survey, etc the statistical evidences are unrelated with the programme implementation in most of the cases. Even then, advances are most evident where targeted interventions have been initiated, and where increased funding and improved institutional mechanism have stimulated better delivery of services and tools directly to those in need. In this sense, this report in quick succession after the States of India Report 2010 on MDGs is a significant document and hopefully provides a road-map for the path ahead.

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Preface

India is at the door step of the Twelfth five-year plan starting from April 2012, which will see the country through the 2015 deadline for achieving the Millennium Development Goals (MDGs). It is imperative therefore, the proximity or distance from the MDG-targets in terms of the statistical measures demonstrated in the 2009 Mid-Term Statistical Appraisal Report on MDGs needed another review. The 2010 States of India Report on the MDGs (special edition) provided a review on the basis of sub-national scenarios. Within a gap of a few months after the release of the 2010 report, we have attempted another country report to fine tune the reflections on some of the critical issues which ought to be in focus in the Twelfth Plan. With this objective, statistical evidences in terms of measures of the outcome indicators of the MDG framework as could be available for the most current years have been used in this report for bringing out the changes that might happen to the outcome levels in the year 2015.

Of the 12 targets that India is concerned with, there are 4 targets, each of which involve more than one target objects and thus can be treated as composite targets. For almost all targets, there is more than one indicator. Achieving the overall target therefore, implies achieving all the implicit targets individually in terms of all the indicators. Similar to the earlier reports, this report has also considered the quantitative benchmarks of some of these targets and regression-based statistical estimation has been adopted for projection of outcome levels in the terminal year (2015), apart from measuring temporal changes in terms of the indicators for the non-quantitative targets.

In the Indian context, an ideal exercise with MDG indicators needs to capture the depth and spread of the catchment population that forms the problem spheres. In international perspective, the dimensions of the indicators at India's sub-national levels may be immaterial; but the national monitoring cannot lose sight of the sub-national scenarios. The sub-national statistics of this report should be helpful in identifying the locale of the problems, particularly when presented alongside the programmatic elements that address the issues.

The Central Statistical Organisation as the nodal agency entrusted with the responsibility of statistical monitoring of the MDGs, has made use of the data sources as identified by the inter-ministerial mechanism for the earlier India Country reports on MDGs brought out by the CSO. I wish to place on record our thankfulness and gratitude to all the Central Ministries/Department/Organisations, which have shared with us important statistical details as well as inputs regarding their programmes aiming at achieving the MDG-targets

I wish to place on record my sincere appreciation for the team of officers led by Smt. S. Jeyalakshmi, Additional Director General, Social Statistics Division of my organisation for valuable contribution in bringing out this report.

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Chapter-1

Introduction

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

Goal 1: Eradicate Extreme Poverty and Hunger
Goal 2: Achieve Universal Primary Education
Goal 3:Promote Gender Equality and Empower Women
Goal 4: Reduce Child Mortality
Goal 5: Improve Maternal Health
Goal 6: Combat HIV/AIDS, Malaria and TB
Goal 7:Ensure Environmental Sustainability
Goal 8:Develop Global Partnership for Development

Eighteen (18) targets were set as quantitative benchmarks for attaining the goals. The United Nations Development Group (UNDG) in its 2nd Guidance note (endorsed in 2003) on 'Country Reporting on the Millennium Development Goals' provided a framework of 53 indicators (48 basic + 5 alternative) which are categorized according to targets, for measuring the progress towards individual targets. India's MDG framework recognizes all the 53 indicators that UNDG's 2003 framework for monitoring of the 8 MDGs. However, India has found 35 of the indicators as relevant to India. India's MDG-framework has been contextualized through a concordance with the existing official indicators of corresponding dimensions in the national statistical system. Chapter -2 provides the details of Goals, Targets and Indicators of India's MDG Framework.

The special addition brought out with the title "Millennium Development Goals-States of India Report 2010" some months back brought to fore certain striking features about the uneven development in India towards achieving the Millennium Development Goals. These findings in terms of Statistical Measures of the indicators conceived under the MDGs framework only reflect upon the need to look into the policy actions and programmes of the Government of India which are being remodeled and reoriented towards making the benefits reach the excluded and the marginalized sections of the society. The data limitations for analyzing the outcome measures disaggregated for sub-state levels remain a big problem in understanding the changes which have taken place and are likely to happen in future at the levels of districts and blocks of the country. As a result, the outreach of the policies and programme interventions up to the most venerable and potentially backward sections can not be quantatively assessed and used for improving the plans to reach the unreached.

The States of India Report highlighted several important dimensions of India's journey to attain the MDGs by 2015. It highlighted that though India is nearly on track in reducing poverty at the national level to half of the proportion of people under national poverty line, as existed in 1990, by 2015, as many as 14 of the 35 States/UTs will fall short of their individual MDG-targets. It also highlighted that the situation in respect of food insecurity and malnourishments of children would be even worse as, by the year 2015 only 4 out of 29 major States of the country are likely to be able to attain their MDG-targets for making the proportion of under-weight children below three years half of that in 1990. India is on-track or even ahead of targets on nearly all indicators related to universalisation of primary education, the report revealed. The report also observed that for promoting gender equality and empowerment of women, significantly good and on-the-track progress

during the last five years in eliminating the gender disparity in the primary and secondary level of education has paved the way for equality of women's participation in higher education. As per gender parity index analyzed for the State/UTs of India in the report, it was observed that most of the States have already achieved the parity in favour of girls in the primary grade of education and nearly on track in achieving the same for secondary grade of education. The report also flagged the slow progress of India in reducing child mortality and improvement of maternal health. On the basis of state-wise data for the corresponding indicators presented in the report, it was clearly evident that as many as twenty out of twenty nine States of the country are likely to miss their U5MR targets by 2015 and the same number of States missing their IMR targets. Though India and most of the States/UTs are on track and are likely to achieve nearly 100% coverage in immunizing one-year-old children against measles, the overall mortality risk for the children are going to persist due to lack of medical attention and preventive measures for the deaths of the neo-natal children. The maternal mortality risk in the country was found to have reduced fast in the recent past and the coverage of deliveries under the attention of skilled personnel have improved significantly during the last five years. However, it was observed that there are wide variations from state to state and the corresponding MDG-targets would not be achieved both at the national level as well as for majority of the state/UTs.

Against this backdrop, the analyses of the outcome indicators are not adequate for determining the courses of action during the remaining period till 2015. The present India country report therefore, takes into account the fundamental elements of the national programmes for development under the sectoral development targets of the National Five Year Plan. While providing outlines of the development plans which inter-alia envisaged attainment of the MDG targets, this report also takes a close look at the programme components and their performance in producing desired results.

The statistics available from national surveys, census and administrative records have been used in this report to portray the statistical measures for the MDG indicators along side the specific programme objectives and funding procedures to make the development more inclusive and penetrative. So far as the decomposition of data is concerned the non-availability of disaggregated data upto the sub-state level need to be addressed. By this approach, it is intended that more insights into the deficiencies and successes of the programmes could be placed in focus for drawing attention of the policy makers and planners.

The conventional means to understand the programme performance through the statistical measures emanating from programme monitoring mechanism are often found misleading and give rise to controversies. This particular phenomenon has not however, been presented alongside competitive statistical evidences in this report. While successes are significant and quite glaring in many areas, the failings are also not obscured. The juxtaposition of policy /strategic intent with statistical evidences on outcome does not mean to provide any cause-effect relationship between the two, but is considered to be an effective way of comprehending the intensity of actions vis-à-vis the depth and spread of the problems in terms of the statistical measures of the outcomes and the lessons to be learnt through progressive time series analysis of data at various levels of aggregation.

Time series of data for the MDG indicators with the data available for at least two time points since 1990 to 2010 have been used to trace the path that the data have travelled through so far and likely to take hereafter till the 2015 mark. We have observed that these data paths for some of the indicators have slightly changed from what we observed in our analyses presented in the 2009 mid-term appraisal report on MDGs. These changes have occurred on taking into account new data values of more recent times. We have also observed that the changes in the trend have resulted in improvement in the projected indicator values for 2015. The indicators for which new data values

have pointed to better projected values for the year 2015 are under-five mortality rate, infant mortality rate, maternal mortality ratio and gender parity in education. Apart from these improvements in projected indicator values for 2015, the other results by and large corroborate the same patterns of change as were observed through analyses in the earlier reports. However, a major change in the pattern of poverty incidence in the country has been caused by the introduction of new concepts in defining the poverty lines and related measures.

The report has made an attempt to identify some of the commonly agreed bottlenecks in the implementation of key programmatic interventions that should be removed to optimize expected MDG outcomes and also to some extent analyses the reasons behind these bottlenecks. The analyses presented in this report also highlight the strong points of the programmes and the expected impacts they should make on successful implementation for the benefit of the target populations. However, it is difficult to relate the progress in implementation of the programmes with the statistical measures of the MDG outcomes. The task is all the more difficult in absence of disaggregated data at sub-state levels and for different sub-groups of the population. To the extent the disaggregated data for rural-urban and male-female break ups are available, the nature and pattern of changes presented to across the state of the country are quite revealing.

With these limitations this report is intended to reflect on the precise problems that should be addressed during the remaining time till 2015 for covering up the lapses in achieving those targets of the MDGs which bear higher degree of statistical uncertainty in terms of the projected measures of the outcome indicators.

CHAPTER 2

INDIA'S MDG FRAMEWORK: GOALS, TARGETS AND INDICATORS

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.
Indicator 1A:	Poverty Headcount Ratio (percentage of population below the national poverty line)
Indicator 2:	Poverty Gap Ratio
Indicator 3:	Share of poorest quintile in national consumption
TARGET 2:	Halve, between 1990 and 2015, the proportion of people who suffer from hunger.
Indicator 4:	Prevalence of underweight children under three years of age
GOAL 2:	**ACHIEVE UNIVERSAL PRIMARY EDUCATION**
TARGET 3:	Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary education.
Indicator 6:	Net Enrolment Ratio in primary education.
Indicator 7:	Proportion of pupils starting Grade 1 who reach Grade 5
Indicator 8:	Literacy rate of 15-24 year olds
GOAL 3:	**PROMOTE GENDER EQUALITY AND EMPOWER WOMEN**
TARGET 4:	Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education, no later than 2015.
Indicator 9:	Ratio of girls to boys in primary, secondary and tertiary education
Indicator 10:	Ratio of literate women to men, 15-24 years old
Indicator 11:	Share of women in wage employment in the non-agricultural sector
Indicator 12:	Proportion of seats held by women in National Parliament

GOAL 4:	**REDUCE CHILD MORTALITY**
TARGET 5:	Reduce by two-thirds, between 1990 and 2015, the Under-Five Mortality Rate.
Indicator 13:	Under-Five Mortality Rate
Indicator 14:	Infant Mortality Rate
Indicator 15:	Proportion of one year old children immunised against measles
GOAL 5:	**IMPROVE MATERNAL HEALTH**
TARGET 6:	Reduce by three quarters, between 1990 and 2015, the Maternal Mortality Rate.
Indicator 16:	Maternal Mortality Ratio (MMR)
Indicator 17:	Proportion of births attended by skilled health personnel
GOAL 6:	**COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES**
TARGET 7:	Have halted by 2015 and begun to reverse the spread of HIV/AIDS.
Indicator 18:	HIV prevalence among pregnant women aged 15-24 years
Indicator 19:	Condom use rate of the contraceptive prevalence rate (Condom use to overall contraceptive use among currently married women, 15-49 yrs, percent)
Indicator 19A:	Condom use at last high risk sex (Condom use rate among non-regular sex partners 15-24 yrs)
Indicator 19B:	Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
TARGET 8:	Have halted by 2015 and begun to reverse the incidence of Malaria and other major diseases.
Indicator 21:	Prevalence and death rates associated with Malaria.
Indicator 22:	Proportion of population in Malaria risk areas using effective Malaria prevention and treatment measures (Percentage of population covered under use of residuary spray in high risk areas)
Indicator 23:	Prevalence and death rates associated with Tuberculosis
Indicator 24:	Proportion of Tuberculosis cases detected and cured under DOTS

GOAL 7:	**ENSURE ENVIRONMENTAL SUSTAINABILITY**
TARGET 9:	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources.
Indicator 25:	Proportion of land area covered by forest
Indicator 26:	Ratio of area protected (to maintain biological diversity) to surface area
Indicator 27:	Energy use per unit of GDP (Rupee)
Indicator 28:	Carbon Dioxide emissions per capita and consumption of Ozone-depleting Chlorofluoro Carbons (ODP tons)
Indicator 29:	Proportion of the Households using solid fuels
TARGET 10:	Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.
Indicator 30:	Proportion of population with sustainable access to an improved water source, urban and rural
Indicator 31:	Proportion of population with access to improved sanitation, urban and rural
TARGET 11:	By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.
Indicator 32:	Slum population as percentage of urban population
GOAL 8:	**DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT**
TARGET 18:	In co-operation with the private sector, make available the benefits of new technologies, especially information and communication.
Indicator 47:	Telephone lines and cellular subscribers per 100 population
Indicator 48A:	Internet subscribers per 100 population
Indicator 48B:	Personal computers per 100 population

Chapter 3

Overview –Realizing MDGs: Summary progress report

Highlights of India's progress in achieving MDG targets

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

Poverty reduction calls for new and sharper rate of reduction….

Indicator:

Poverty Headcount Ratio (percentage of population below the national poverty line)

Since the appropriateness of the poverty lines in use so far for poverty estimation was questioned in some quarters, the Government appointed an Expert Committee under the Chairmanship of late Prof. Suresh Tendulkar. As per the revised methodology adopted by Planning Commission, on the basis of recommendations of Tendulkar Committee, the poverty line provides a higher estimate of rural poverty and therefore also of total poverty. With the new method applied to the earlier years, it shows that the percentage of the population in poverty declined from 45 per cent in 1993-94 to 37 per cent in 2004-05. Thus, poverty declined at roughly 0.8 percentage points per year during the 11 year period before the Eleventh Plan.

Preliminary estimates using the latest NSS survey for 2009-10 suggest that the percentage of the population in poverty declined, at a faster pace than before, by approximately one percentage point per annum, during the five-year period 2004-05 to 2009-10. Since 2009-10 was a drought year, and poverty in that year could have increased temporarily, the underlying rate of decline is probably more than one percentage point per year. It is also possible that the pace of poverty reduction accelerated in the last two years of the Eleventh Plan period, since by then several Eleventh Plan programmes aimed at increasing inclusiveness would have begun to have a fuller impact.

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

Persisting under nourishment….

All-India trend of the ***proportion of underweight (severe and moderate) children below 3 years of age***[1] *shows India is going slow in eliminating the effect of malnourishment. From estimated 52% in 1990, the proportion of underweight children below 3 years is required to be reduced to 26% by 2015. According to the officially acclaimed estimates by the new standard, the proportion of underweight has declined by 3 percentage points during 1998-99 to 2005-06, from about 43% to about 40% and at this rate of decline is expected to come down to about 33% only by 2015*.

Goal 2 Achieve Universal Primary Education

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

Achieving Universal primary education ahead of MDG target….

Indicator:

Net Enrolment Ratio in primary education

By the measure of Net enrolment ratio (NER)[2] in primary education the country has already crossed by 2008-09, the 95% cut-off line regarded as the marker value for achieving 2015 target of universal primary education for all children aged 6-10 years. Primary enrolment of 6-10 year old children by their NER measure has improved from 83% in the year 2000 to over 95% in 2007-08. A trend based on DISE[3] data shows the country now well set to achieve cent percent primary education for children in the primary schooling age of 6-10 years ahead of 2015. In the years 2008-09 and 2009-10, India's NER by the DISE statistics, are 98.6% and 98.3% respectively. India is likely to achieve 100% NER for girls and boys alike ahead of 2015.

[1] These are according to standards of the WHO Multicentre Growth Reference Study Group, 2006 accepted by the Government of India in 2006 and adopted for revising the estimates of the three years: 1992-93, 1998-99 and 2005-06 brought out in respect of India as a whole and the 29 States of the country by the Ministry of Health and Family Welfare following the National Family Health Survey 2005-06 (NFHS-3). Revision of NFHS estimates were made according to

[2] Proportion of pupils of official school age of 6-10 years who are enrolled in primary grades I-V.

[3] District Information System on Education

Indicator:

Proportion of pupils starting Grade 1 who reach Grade 5

However, the **survival rate** at primary level up to Grade V (i.e. proportion of pupils starting Grade I who reach the last grade of primary) has risen from 62% in 1999 to 81% by 2002 and declined thereafter to 73% in 2004. According to DISE 2007-08, it further dipped to 72% in 2007-08. However, DISE 2009-10 indicated an improvement to 76 percent in 2008-09.

Youth literacy is progressing on track….

Indicator:

Literacy rate of 15-24 year olds

According to the trend exhibited during 1991 -2001, India is likely to attain 100% Youth literacy[4] by 2015. It increased between 1991 and 2001- from 61.9% to 76.4 %,. Youth literacy was estimated as 86% in NSS 2007-08. The youth literacy rate among urban persons was 82% in 2001 against 59.7% for rural persons in 2001. The NSS estimates for the year 2007-08 shows 93% and 83% youth literacy in Urban and rural areas respectively. The youth literacy among males was 76.7% in 2001 against 54.9% for females. In 2007-08, 91% males and 80 % females aged 15-24 years were literates. The rural-urban gap in youth literacy also has significantly reduced. Compared to males', the youth literacy of females tends to move faster. Thus, literacy indicators from intervening survey results with post-2001 reference years also indicate the on-the- track movement of youth literacy.

Goal 3 Promote Gender Equality and Empower Women

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

[4] Literacy rate of 15-24 year-olds

Indicator:

Ratio of girls to boys in primary , secondary and tertiary education

Gender disparity in primary and secondary education is set to disappear…

By the measure of Gender Parity Index (GPI) in enrolment at primary, secondary and tertiary levels, the female-male disparity in all the three grades of education has been steadily idiminishing over the years.

In primary education, the GPI ratio has gone up from 0.76 in 1990-91 to 0.98 in 2007-08 showing 29% increase, in secondary education the increase is from 0.60 in 1990-91 to 0.85 in 2007-08 thereby showing 42% increase, and in higher education, it is increased from 0.54 in 1990-91 to 0.7 in 2007-08 registering an increase of 30%.

The target for eliminating gender disparity in primary and secondary enrolment by 2005 has not been achieved in India as per the available data for Gender parity Index for Enrolment, in the sense that though almost perfect parity was attained in the primary level of enrolment, it was not so in secondary level. However, by the cut – off line for achievement as internationally recognized, the target has been achieved for primary grade by 2007-08. The rates of increase in GPI signify India's on –the –track progress to achieving Gender parity in enrolment by 2015, even for Secondary grade.

Gender parity in youth literacy tends to be a reality….

Indicator:

Ratio of literate women to men ,15-24 years old

The Female: Male literacy rate for 15-24 years increased to 0.80 in 2001 from 0.67 in 1991. NSS (2007-08) results show that, literates in the age group 15-24 years at all India level is 86% with 91% males and 80% females. Thus the ratio of literate women to men in the age group 15-24 years stands at 0.88 in 2007-08. The ratio of literate women to men in the age group 15-24 years tends to exceed 1 by 2015, implying attainment of gender parity in literacy by 2015.

Women's share in wage employment is yet to improve...

Indicator:

Share of women in wage employment in the non-agricultural sector

The rate of change over time in India in respect of the share of women in wage employment in the non-agricultural sector is rather slow – about two percentage points over a period of five years in the recent past. As per NSS 66th round on Employment and un employment during 2009-10, the percentage share of females in wage employment in the non- agricultural sector, stood at 18.6%. The share of women in wage employment for Rural areas was 19.6% and for Urban 17.6% in 2009-10. The 61st round NSS results had estimated the percentage share of females in wage employment in the non- agricultural sector as 18.6 % with rural 17.9% and urban 19.2% during 2004-05. It is projected that at this rate of progression, the share of women in wage employment can at best reach a level of about 23.1% by 2015. Labour markets in industry and services sectors in India are heavily male dominated and a 50:50 situation for men and women is too ideal to be true given the market dynamics and existing socio-cultural framework.

Goal 4 Reduce Child Mortality

Faster improvement in child survival required….

Indicator:

Under- Five Mortality Rate

The ***Under-Five Mortality Rate*** (U5MR) is the probability (expressed as a rate per 1000 live births) of a child born in a specified year dying before reaching the age of five if subjected to current age specific mortality rates. U5MR at national level has declined during the last decade. The estimates from the NFHS-I, II and III for the years 1992-93, 1998-99 and 2005-06 have been used for determining the trend of U5MR towards the 2015 target value of the estimate to be achieved. SRS based U5MR in India for the year 2009, stands at 64 and it varies from 71 in rural areas to 41 in Urban areas. Within a span of last one year, U5MR has declined by 5 percentage points as against a drop of 5 points in the preceding three years. Given to reduce U5MR to 42 per thousand live births[5] by 2015, India tends to reach near to 54 by that year as per trend shown above missing the target by 12 percentage points.

[5] Based on SRS estimates for the period 1988-1992, U5MR for 1990 has been taken as 125 per 1000 live births; thus giving the 2015 target for the estimate as 42 per 1000 live births (=1/3rd of 1990 value).

Indicator:

Infant Mortality Rate

Infant Mortality Rate (IMR) is defined as the deaths of infants of age less than one year per thousand live births. Though IMR for the country as a whole declined by 30 points (rural IMR by 31 points vis-à-vis urban IMR by 16 points) in the last 20 years at an annual average decline of 1.5 points, it declined by three points between 2008 and 2009. With the present improved trend due to sharp fall during 2008-09, the national level estimate of IMR is likely to be 45.04 against the MDG target of 26.67 in 2015. This projected IMR level for 2015 (45.04 p.t.l.b), therefore shows an improvement over the projected IMR given in the last report based on data upto 2008.

Indicator:

Proportion of one year old children immunised against measles

The national level measure of the proportion of one-year old (12-23 months) children immunised against measles has registered an increase from 42.2% in 1992-93 to 72.4% in 2009 (UNICEF &GOI-Coverage Evaluation Survey 2009). At the historical rate of increase, India is expected cover about 88% children in the age group 12-23 months for immunisation against measles by 2015. Thus India is likely to fall short of universal immunisation of one-year olds against measles by about 12 percentage points in 2015.

Goal 5 Improve Maternal Health

Target 6 **Reduce by three quarters between 1990 and 2015, the Maternal Morality Ratio**

Life risk to motherhood takes a turn for the better…

Indicator:

Maternal Mortality Ratio (MMR)

The Maternal Mortality Ratio ((**MMR)** is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births. SRS[6] data indicates India has recorded a deep decline in MMR of 35% from 327 in 1999-2001 to 212 in 2007-09 and a fall of about 17% happened during 2006-09. The decline in MMR from 1990 to 2009 is 51%. From an estimated MMR level

[6] SRS –Sample Registration System

of 437 per 100,000 live births in 1990/1991, India is required to reduce the MMR to 109 per 100,000 live births by 2015. At the historical pace of decrease, India tends to reach MMR of 139 per 100,000 live births by 2015, falling short by 29 points. However, the bright line in the trend is the sharper decline ie. 17% during 2006-09 and 16% during 2003-06 compared to 8 % decline during 2001-2003.

More gaps to be bridged for achieving safe motherhood…

Indicator:

Proportion of births attended by skilled health personnel

Safe motherhood depends mainly on delivery by trained /professional personnel, particularly through institutional facilities. The rate of increase in coverage of institutional deliveries in India is rather slow. It increased from 26% in 1992-93 to 47% in 2007-08. As a result, the coverage of deliveries by skilled personnel has also increased almost similarly by 19 percentage points from 33% to 52% during the same period. With the existing rate of increase in deliveries by skilled personnel, the likely achievement for2015 is only to 62%, which is far short of the targeted universal coverage.

Goal 6 Combat HIV/AIDS, Malaria and other Diseases

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

Trend reversal in prevalence of HIV/AIDS continues…

Indicator:

HIV prevalence among pregnant women aged 15-24 years

The estimated adult HIV prevalence in India was 0.32 percent (0.26% – 0.41%) in 2008 and 0.31 percent (0.25% – 0.39%) in 2009. The adult prevalence is 0.26 percent among women and 0.38 percent among men in 2008, and 0.25 percent among women and 0.36 percent among men in 2009. Among pregnant women of 15-24 years, the prevalence of HIV has declined from 0.86% in 2004 to 0.48% in 2008.

Target 8

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

Reversing trends in Prevalence of Malaria and TB …

Indicator:

Prevalence and death rates associated with Malaria

The total Malaria cases have consistently declined from 2.08 million to 1.6 million during 2001 to 2010. Similarly Pf cases have declined from 1.0 to 0.83 million cases during the same period. Less than 2000 deaths were reported during all the years within this period with a peak in 2006 when an epidemic was reported in NE States.

Indicator:

Prevalence and death rates associated with Tuberculosis

India has contributed to approximately 24% of the total global new cases detected during the year 2009 as per the WHO Global Report 2010. In 2005, 1.29 million, in 2006, 1.39 million; in 2007, 1.48 million patients; in 2008, 1.51 million; in 2009, 1.53 million TB patients and in 2010, 1.52 million TB patients have been registered for treatment.

Prevalence of all forms of TB has been brought down from 338/ lakh population (1990) to 256/ lakh population in 2010 and TB mortality in the country has reduced from over 42/lakh population in 1990 to 26/lakh population in 2010 as per the WHO global report 2011. Repeat population surveys conducted by TRC[7] indicate an annual decline in prevalence of the disease by 12%.

Goal 7 Ensure Environmental Sustainability

Target 9

Integrate the principles of sustainable development into country policies and programmes, and reverse the loss of environmental resources.

[7] TRC –Tuberculosis Research Centre, Chennai

Environmental measures covered up much of losses …

Indicator:

Proportion of land area covered by forest

There is an increase in forest cover by about 728 sq. km between 2005 and 2007 (going by comparable revised estimate for 2005). Continuing the commendable trend of the past decade, India‟s forest cover increased 728 sq.km (a marginal rise of 0.03% of country‟s GA) during 2005-2007 and as per 2007 assessment is 6,90,899 km^2 which is 21.02 percent of the geographical area of the Country.

Indicator:

Ratio of area protected (to maintain biological diversity) to surface area

A network of 668 Protected Areas (PAs) has been established, extending over 1,61,221.57 sq. kms. (4.90% of total geographic area), comprising 102 National Parks, 515 Wildlife Sanctuaries, 47 Conservation Reserves and 4 Community Reserves. 39 Tiger Reserves and 28 Elephant Reserves have been designated for species specific management of tiger and elephant habitats. In addition, there are 15 Biosphere Reserves and several Reserved Forests, which are part of the most strictly protected forests now considered under the network of protected areas. The total area covered under National Parks and Wildlife Sanctuaries, which constitute major part of the protected areas in India, has increased from 155,961.06 sq.km in 1999 to 156,659.0842 sq.km in 2011. The country is on track in increasing the protection network for arresting the diversity losses and for maintaining ecological balance.

Indicator:

Energy use per unit of GDP(Rupee)

Per-capita Energy Consumption (PEC) during a year is computed as the ratio of the estimate of total energy consumption during the year to the estimated mid-year population of that year. The estimated PEC has increased from 1204 KWh in 1970-71 to 4646 KWh in 2009-10. The annual increase in PEC from 2008-09 to 2009-10 was 11%.

Energy Intensity is defined as the amount of energy consumed for generating one unit of Gross Domestic Product (At constant prices). The Energy Intensity (at 1999-2000 prices) increased from 0.128 KWh in 1970-71 to 0.165 KWh in 1985-86, but it has again come down to 0.122 KWh(at 2004-05 prices) in 2009-10.

Target 10

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

Earlier achievement of safe drinking water to all …

Indicator:

Proportion of population with sustainable access to an improved water source, urban and rural

The prevailing trend over time suggests attainability of almost cent percent coverage of safe drinking water by 2015, including both rural and urban sectors. In other words, halving the proportion of households without access to safe drinking water sources from its 1990 level (about 34%), i.e. of the order of 17% to be reached by 2015, has already been attained by 2007-08, much before the target timeline.

Improved Sanitation facility still eludes half the households…

Indicator:

Proportion of population with access to improved sanitation, urban and rural

Given the 1990 level for households without any sanitation facility at 76%, India is required to reduce the proportion of households having no access to improved sanitation to 38% by 2015. It is expected that at this rate of decline, India may achieve to reduce the proportion of households without any sanitation to about 43% by 2015 missing the target by about 5 percentage points. By 2015, India is likely to reduce the rural proportion of no sanitation to 58.84% (against target of 46.64%) and urban proportion of no sanitation to 11.64% (against target of 12.14%).

The **proportion of households using improved sanitation facilities**, according to NFHS-3 estimates for 2005-06, is 40.6% (considering the shared facilities of the categories of improved facilities as also improved). The latest estimate based on DLHS-3 for 2007-08 however, indicates that about 42.3% households have access to improved sanitation facility.

Goal 8: Develop a Global Partnership for Development

Target 18 — In cooperation with the private sector, make available the benefits of new technologies, especially information and communication

Connecting India is in fast progress…..

Indicator:

Telephone lines and cellular subscribers per 100 population

The number of telephone subscribers in India increased from 846.32 million in Mar-11 to 885.99 million at the end of Jun-11 registering an increase by 39.6 million (4.7%) in a period of three months. The overall Teledensity (number of telephones per hundred persons) in India has reached 73.97 by 30th June 2011. Rural subscriber base continues to show higher growth rate than urban's, though Urban Rural gap in absolute subscriber number or in teledensity is on the rise. At the end of Jun-11, 98.1% of the total inhabited villages in India have been connected.

Indicator:

Internet subscribers per 100 population

Over a period of 12 years, internet subscriber base had increased by 97 fold from 0.21 million in 1999 to 20.33 million in 2011. The 20.33 million Internet subscribers at the end of Jun-11 as compared to 19.67 million at the end of Mar-11 registered a growth of 3.33% within a period of three months. Number of Broadband subscribers increased from 11.89 million at the end of Mar-11 to 12.35 million at the end of Jun-11, registering a quarterly growth of 3.89% and Y-O-Y growth of 30.37%. Apart from this, 346.67 million wireless subscribers have subscribed to data services, as reported by the wireless service providers.

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Chapter 4

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**

Indicator No.	Indicator Description
1A	Poverty Headcount Ratio (percentage of population below the national poverty line)
2	Poverty Gap ratio
3	Share of poorest quintile in national consumption

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

Indicator No.	Indicator Description
4	Prevalence of underweight children under three years of age.

Target 1 **Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day**

Indicator: Poverty Headcount Ratio (percentage of population below the national poverty line)

The ***Poverty Headcount Ratio*** *(PHR)* is the proportion of population whose per capita income/consumption expenditure is below an official threshold(s) set by the National Government. The Planning Commission in the Government of India estimates poverty at National and State levels using the poverty lines as defined and applying it to the distribution of persons by household per capita monthly consumption expenditure. The poverty ratio according to the Government of India definition is at variance with that according to international definition. India unlike most countries has different poverty lines at sub-national level in the sense that the poverty ratios are estimated for different States of the country separately for rural and urban areas with reference to corresponding State specific poverty lines and then combined to arrive at State level Head Count Ratios.

Reducing poverty is a key element in the inclusive growth strategy followed by India and there is some progress in that regard. According to previous official[8] poverty estimates, the percentage of the population living below the poverty line had declined from 38.86% in 1993-94 and to 27.5% in 2004-05. The estimated urban share of the poor population in 2004-05, namely, 25.7 per cent at the all-India level, is generally accepted as being less controversial than its rural counterpart at 28.3 per cent that has been heavily criticized as being too low. Since the appropriateness of the poverty line was questioned in some quarters, the Government appointed an Expert Committee under the Chairmanship of late Prof. Suresh Tendulkar.

The expert committee had taken a conscious decision to move away from anchoring the poverty lines to a calorie *intake* norm in view of the fact that calorie consumption calculated by converting the consumed quantities in the last 30 days as collected by NSS has not been found to be well correlated with the *nutritional outcomes* observed from other specialized surveys either over time or across space (i.e. between states or rural and urban areas). The Tendulkar Committee recommended a recalibration of the rural poverty line to make it more comparable with the urban poverty line, which it found to be appropriate. The recommendation was to adopt Mixed Reference Period (MRP) equivalent of urban Poverty Line Basket (PLB) corresponding to 25.7 per cent urban headcount ratio (calculated as per the previous methodology) as the new reference PLB to be provided to rural as well as urban population in all the states after adjusting it

[8] Planning Commission, Government of India's estimates based on NSS Consumption expenditure data collected from consumers for 30 day recall period (Uniform Recall Period –URP) in 1993-94 and 2004-05 were used for analysis in previous reports on MDGs of this Ministry.

for within-state urban-relative-to-rural and rural and urban state-relative-to-all-India price differentials. Even while moving away from the calorie norms, the revised poverty lines were validated by checking the adequacy of actual private expenditure per capita near the poverty lines on food, education and health by comparing them with normative expenditures consistent with nutritional, educational and health outcomes. Actual private expenditures reported by households near the new poverty lines on these items were found to be adequate at the all-India level in both the rural and the urban areas and for most of the states. It may be noted that while the new poverty lines have been arrived at after assessing the adequacy of private household expenditure on education and health, the earlier calorie-anchored poverty lines did not explicitly account for these. The revised poverty lines are in that sense broader in scope. It may be noted that although those near the poverty line in urban areas continue to afford the original calorie norm of 2100 kcal per capita per day, their actual observed calorie intake from 61st Round of NSS (2004-05) of is 1776 kilocalories per capita. This actual intake is very close to the revised calorie intake norm of 1770 kcal per capita per day currently recommended for India by the Food and Agriculture Organization (FAO). Actual observed calorie intake of those near the new poverty line in rural areas (1999 kcal per capita) is higher than the FAO norm. The proposed reference PLB is situated also in the latest available data on the observed consumption patterns from the household consumer expenditure survey of NSS for the year 2004-05 and takes into account all items of consumption (except transport and conveyance) for construction of price indices. Separate allowance for private expenditure on transport and conveyance has been made in the recommended poverty lines. **It is important to underline that**

except for the urban all-India headcount ratio for 2004-05 which was used to

derive the all- India reference poverty line basket, all other headcount ratios

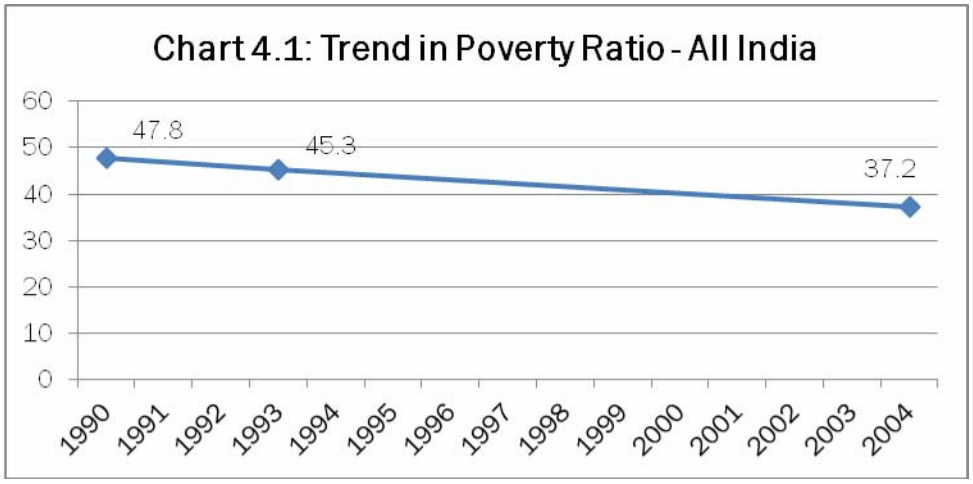
– rural all-India and for rural and urban populations of the states for 2004-05

are based on the new reference basket and new price indices, and hence are not comparable and must not be compared to the earlier announced official headcount ratios using the earlier official poverty lines and

out-dated price indices.

Poverty ratio reset to achieve new low….

The application of the Tendulkar Committee poverty line provides a higher estimate of rural poverty and therefore also of total poverty, but if the new method is applied to the earlier years, as it should be, it shows that the percentage of the population in poverty declined from 45 per cent in 1993-94 to 37 per cent in 2004-05. Thus, poverty declined at roughly 0.8 percentage points per year during the 11 year period before the Eleventh Plan. As the estimates of poverty for the year 2009-10 based on 66th round of NSSO on Household Consumer Expenditure Survey are yet to be finalized, the latest available estimates on poverty as per Tendulkar Committee methodology are for the years 1993-94 and 2004-05.



Source: Planning Commission

Based on the estimates for 1993-94 and 2004-05, the HCR for the year 1990 had been estimated, both at national and State levels. The 1990 estimates provide the target values for 2015 to be achieved under MDG Target 1. These being based on the new set of estimates, for 1993-94 and 2004-05 are not to be compared with those provided in the earlier reports on MDGs, wherein the target values were derived from the old set of estimates. According to the new estimate of HCR at the national level (47.8%), the Country is required to achieve a HCR level of 23.9% by 2015 in order that MDG target 1 is achieved.

Though there was a decline of percentage of population in urban and rural areas, the huge rural -urban gap continues. The rural poverty ratio in 2004-05 came down to 41.8% from 50.1% in 1993-94 whereas in urban areas it declined from 31.8% to 25.7% during the same period. However, the decline in rural – urban gap in poverty ratio was by two percentage points from 18.3 percentage points in 1993-94 to 16.1 percentage points in 2004-05.

The Eleventh Plan had set a more ambitious target of achieving a decline in poverty ratio of 2 percentage points per year. While the actual performance in this regard was below this target, it was better than it was in the earlier decade. Preliminary estimates using the latest NSS survey for 2009-10 suggest that the percentage of the population in poverty declined, at a faster pace than before, by approximately one percentage point per annum, during the five-year period 2004-05 to 2009-10. Since 2009-10 was a drought year, and poverty in that year could have increased temporarily, the underlying rate of decline is probably more than one percentage point per year. It is also possible that the pace of poverty reduction accelerated in the last two years of the Eleventh Plan period, since by then several Eleventh Plan programmes aimed at increasing inclusiveness would have begun to have a fuller impact. A summary assessment is that the pace of poverty reduction has accelerated, though it may still be short of the target. Nevertheless, India seems to be well poised to meet the Millennium Development Goal target of 50 per cent reduction of poverty between 1990 and 2015.

Though most of the States have shown a declining trend in poverty ratio during 1993-2004, a few States namely Goa, Madhya Pradesh and Tripura reported an increasing trend. In 2004-05, the States of Orissa (57.2%), Bihar (54.4%), Chattisgarh (49.4%), Madhya Pradesh (48.6%), Jharkhand (45.3%), Uttar Pradesh (40.9%), Tripura (40.6%), Maharashtra (38.1%), and Manipur (38%) had poverty ratios above the national estimate. The States of Jharkhand, Chattisgarh, Orissa and Maharashtra reported Rural – Urban gap in poverty ratio more than 20 percentage points in 2003-04. However, urban poverty was more than rural poverty in the State of Meghalaya.

The status of Poverty Gap Ratio (PGR) and share of poorest quintile in national consumption are not discussed in this report as the estimates for the same according to the revised estimates of poverty line were not available. Hence analysis could not be done for these indicators.

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

Indicator: Prevalence of underweight children under three years of age.

Malnourishment of children is a significant indicator of food insecurity. The undernourishment indicator in MDG 1: '**Prevalence of underweight children**' is the percentage of children under five years of age whose weight for age is less than minus two standard deviations from the median for the reference population aged 0-59 months. In Indian context, data on this indicator for the reference age group are not available for all time points. The National Family Health Survey (NFHS) collected data on the underweight children between 0-35 months of age in 1998-99 and between 0-35 months and between 0-59 months of age in 2005-06, while in the survey conducted in 1992-93, children between 0-35 months and between 0-47 months of age were considered. As such, results of the surveys are comparable only with reference to the age group of 0-35 months (or less than 3 years of age).

*All-India trend of the **proportion of underweight (severe and moderate) children below 3 years of age**[9] shows India is going slow in eliminating the effect of malnourishment. From estimated 52% in 1990, the proportion of underweight children below 3 years is required to be reduced to 26% by 2015. According to the officially acclaimed estimates by the new standard, the proportion of underweight has declined by 3 percentage points during 1998-99 to 2005-06, from about 43% to about 40% and at this rate of decline is expected to come down to about 33% only by 2015*.

The States which had reported the current prevalence of underweight children under three years of age above the national level estimate are Madhya Pradesh (57.9%), Bihar (54.9%), Jharkhand (54.6%), Chattisgarh (47,8%), Meghalaya (42.9%), Uttar Pradesh (41.6%) and Gujarat (41.1%). 10 States have already achieved the all India MDG target for prevalence of underweight children under three years of age. However, as per the historical trend, only 6 States, namely, Maharashtra, Andra Pradesh, Tamil nadu, Delhi, Jammu & Kashmir and Punjab are likely to achieve their own MDG targets by 2015.

Nation's commitments to fight poverty and hunger…

National Rural Employment Guarantee Act (NREGA) was enacted on 5th September, 2005 and came into force w.e.f. 2nd February, 2006. On 31st December, 2009, the Act was renamed by an Amendment as the Mahatma Gandhi National Rural Employment Guarantee Act, 2005. The scheme provides a legal guarantee for one hundred days of employment in every financial year to adult members of any rural household willing to do public work-related unskilled manual work at the statutory minimum wage. Thus the Act aims at enhancing the livelihood security of people in rural areas. The objective of the Act is to augment wage employment opportunities by providing employment on

[9] By the Ministry of Health and Family Welfare following the National Family Health Survey 2005-06 (NFHS-3) made according to standards of the WHO Multicentre Growth Reference Study Group, 2006 accepted by the Government of India in 2006.

demand and thereby extend a security net to the people and simultaneously create durable assets to alleviate some aspects of poverty and address the issue of development in the rural areas.

The Act made supplementary livelihood in rural areas through unskilled manual work a legal right. Any rural household seeking unskilled manual work could register its family in the Gram Panchayat and obtain a job card. With the possession of a job card, the registered rural household could apply for work for at least 100 days in the Gram Panchayat. Gram Panchayat was entrusted with the legal duty of providing work to such applicant within 15 days of the receipt of the application, failing which unemployment allowance would become payable to the rural household. The law prescribes payment of wages every week and not later than a fortnight of the work done. In the event of delay in payment of wages, workers were entitled to compensation under Payment of Wages Act, 1938. The regime of right to livelihood was to be financially supported by the Central and State Governments. State Governments were made responsible for ensuring the guarantee of livelihood and timely payment of wages. State would provide the necessary technical and administrative support through the Districts and the Blocks to ensure proper implementation of the Act. Separate provisions have been made for incurring administrative expenses by empowering the Central Government to fix a proportion of total cost of the scheme to be used for administration of the Act. The Act permits certain categories of work to be taken up for providing employment to the job seeking rural households. These categories are generic in nature such as water conservation, drought proofing, irrigation, land development, rejuvenation of traditional water bodies, flood control and drainage work, rural connectivity and work on the land of SC/ST/BPL/IAY (Indira Awas Yojana) beneficiaries/land reform beneficiaries/ individual small and marginal farmers.

Table 4.2: Performance Of The Mahatma Gandhi NREGA (National Overview)

	2006-07 200Districts	2007-08 330 Districts	2008-09 615 Districts	2009-10 619 Districts (Upto December2009)
Total Job Card issued	**3.78 Crore**	**6.48 Crore**	**10.01 Crore**	**10.86 Crore**
Employment provided to households	**2.10 Crore**	**3.39 Crore**	**4.51 Crore**	**4.27 Crore**
Person days (in Crore)	**90.5**	**143.59**	**216.32**	**200.07**
Women	**40%**	**43%**	**45%**	**48%**

Number of households issued job cards in 2010 – 11, as on 26th December 2011, is 12.03 Cr. and Employment provided to 3.58 Crore households. The most significant achievement is that 48% of the beneficiaries are women.

Success Story

Employment schemes stop workers' migration to urban areas in UP

Successful execution of the National Rural Employment Guarantee Act (NREGA) in Uttar Pradesh's Gorakhpur district has stopped the rural masses from migrating to urban areas.

Earlier, rural people were forced to migrate to cities in search of work, but now the NREGA has enabled them to find work in their villages and remain with their families. "After the implementation of the NREGA in our village, we don't have to go to the cities in search of work. There are many types of work that we do here, which include digging roads and working in brick factories and drains. This scheme has helped us a lot; now we can manage our families and farmland while working here in our village," said Murataza Hussain, a villager. He added that the NREGA's provision of employment opportunities is also a welcomed safeguard against food insecurity. The NREGA guarantees equal opportunity employment, enabling women to work, as well. "The implementation of the NREGA has helped my fellow villagers. Now they don't have to shift to the cities in search of work, they get employment over here now. There are 360 employment cards that have been issued in this village alone," said Indravati Devi, a village chief. NREGA beneficiaries have found employment in brick factories, construction of roadways and highways, and in orchards and plantations.

Thus besides providing employment MGNREGS regenerates the rural sector through improving infrastructure and enhancing agricultural productivity.

SWARNJAYANTI GRAM SWAROZGAR YOJANA (SGSY) / National Rural Livelihood Mission (NRLM) intensifies the measures….

The mandate of the Ministry of Rural Development (MoRD), is rural poverty alleviation through programmes directly targeted at the rural poor households. Within the directly targeted category, there are programmes focused on wage employment and programmes focused on self-employment. The Swarnajayanti Grameen Swarojgar Yojana (SGSY) is the Ministry programme which focuses on self-employment. This programme was launched in the year 1999, by restructuring the Integrated Rural Development Programme (IRDP). The cornerstone of the SGSY strategy was that the poor need to be organized and their capacities built up systematically so that they can access self-employment opportunities. In the 10 years of implementing SGSY, there has developed a widespread acceptance in the country of the need for poor to be organized into SHGs as a pre-requisite for their poverty reduction. Comprehensive reviews of SGSY have brought into focus several shortcomings like vast regional variations in mobilization of rural poor; insufficient capacity building of beneficiaries; insufficient investments for building community institutions; and weak linkages with banks leading to low credit mobilization and repeat financing. Several states have not been able to fully utilize the funds received under SGSY due to lack of dedicated human resources and appropriate delivery systems. In the absence of aggregate institutions of the poor, such as the SHG federations, the poor households could not access higher order support services for productivity enhancement, marketing linkage, risk management, etc. SGSY has been found to be more successful wherever systematic mobilization of the poor into SHGs and their capacity building and skill development has been taken up in a systematic manner. In other places, the impact has not been significant.

The magnitude of the task of rural poverty alleviation through direct interventions in self -employment is enormous. Out of the estimated 7.0 crore rural BPL households, 4.5 Crore households still need to be organized into SHGs. A significant number of these households are extremely vulnerable. Even the existing SHGs need further strengthening. It was in this background that Government have approved the restructuring of SGSY as the National Rural Livelihoods Mission (NRLM), to be implemented in a mission mode across the

country. NRLM builds on the core strengths of the SGSY and incorporates the important lessons from large scale experiences in the country. NRLM has an ambitious mandate. It aims to reach out to all the rural poor families (BPL families) and link them to sustainable livelihoods opportunities. It will nurture them till they come out of poverty and enjoy a decent quality of life. To achieve this, NRLM will put in place dedicated and sensitive support structures at various levels. These structures will work towards organizing the poor, building their capacities and the capacities of their organisations, enabling them access to finance and other livelihoods resources. The support institutions will play the roles of initiating the processes of organizing them in the beginning, providing the livelihoods services and sustaining the livelihoods outcomes subsequently. The support structures will also work with the unemployed rural poor youth for skilling them and providing employment either in jobs, mostly in high growth sectors, or in remunerative self-employment and micro-enterprises.

The NRLM Mission is to reduce poverty by enabling the poor households to access gainful self-employment and skilled wage employment opportunities resulting in appreciable improvement in their livelihoods on a sustainable basis, through building strong and sustainable grassroots institutions of the poor.

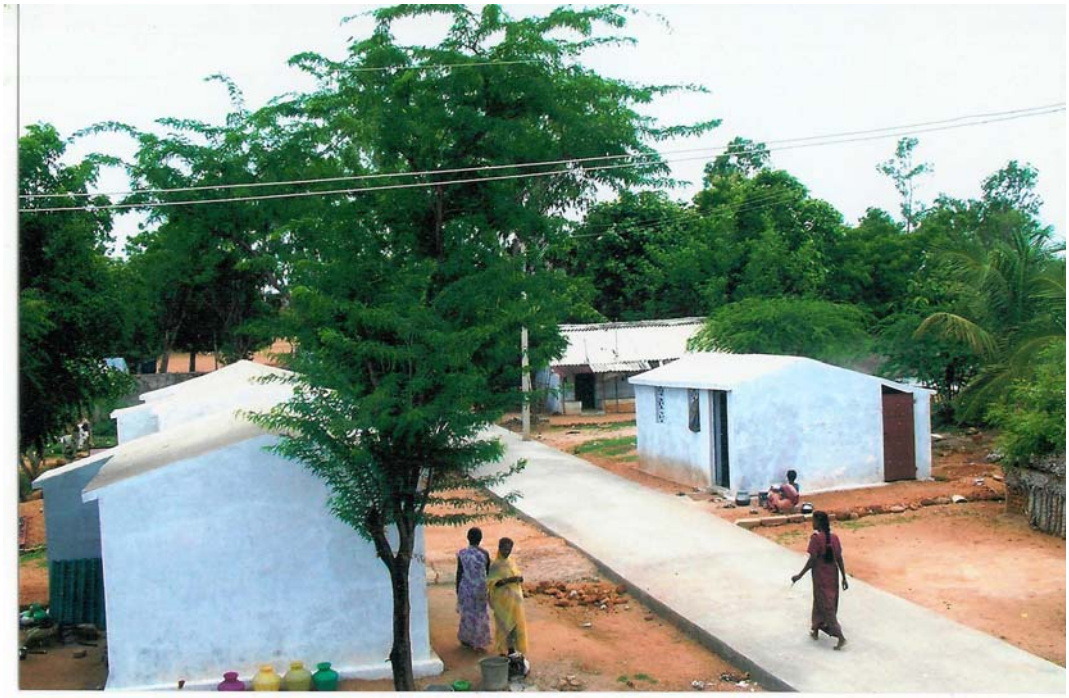
Poverty is a complex and multidimensional phenomenon. The institutions of poor therefore need to engage in many sectors and with several service providers. Their ability and effectiveness improves with time and experience. However, after the initial learning curve, the progress picks up speed with quality. Based on MoRDs extensive consultations with various stakeholders including the State Governments, Civil Society Organizations, Bankers and academicians, the NRLM Framework for Implementation has been developed. NRLM is a learning mission and learns from all the best practices of poverty eradication and also from failures. Like the Mission, its Framework for Implementation is a learning, live and dynamic framework. This framework offers space for local plans based on local context and offers space for learning from the experiences in the field as the implementation progresses. Each state would develop its own Operational Guidelines for implementation of NRLM within the broad contours of the framework. Thematic and issue-based National Operational Manuals would also be made available as the implementation progresses. NRLM endeavours, through its dedicated sensitive support structures and organizations at various levels, to reach out to all the BPL households in the country, and take them out of poverty through building their capacities, financial muscle and access, and self-managed self-reliant institutions; through placement in jobs, and nurturing them into remunerative self-employment and enterprises. The institutions of the poor gradually take charge of supporting their members

being in control of their livelihoods, lives and destiny.

Indira Awas Yojana (IAY) continues to address housing issues…

Indira Awaas Yojana (IAY) is a flagship scheme of the Ministry of Rural Development to provide financial assistance to the BPL households in rural areas for construction of a dwelling unit. The genesis of IAY can be traced to the programmes of rural employment which began in early 1980s. Construction of houses was one of the major activities under the National Rural Employment Programme (NREP) in 1980 and Rural Landless Employment Guarantee Programme (RLEGP) in 1983. IAY was launched as a sub-scheme of RLEGP and thereafter it continued as a sub-scheme of JRY in 1989. On 1st January 1996, it became an independent scheme. The objective of the scheme is to primarily help the weaker sections in rural areas who belong to Below Poverty Line (BPL) category by granting financial assistance for construction of a pucca house. The funding of the IAY is shared between the Centre and State, in the ratio of 75:25 and in the case of UTs, 100% funding is done by the Government of India. Moreover, in the case of NE States, the funding is shared in the ratio of 90:10. The unit assistance for an IAY house is Rs.45,000/- per house for plain areas and Rs. 48,500/- for hilly areas w.e.f. 01/04/2010. Rs. 15,000/- is provided for upgradation of the house. In addition to the financial assistance under IAY, an IAY beneficiary can borrow up to Rs. 20, 000/- from any Nationalized Bank at 4% interest per annum to top up the IAY unit assistance under Differential Rate of Interest (DRI) Scheme. For those rural BPL Householders who don't have house sites, from the year 2009-10, provision has been made to provide house-sites as part of Indira Awaas Yojana. This funding is to be shared between Centre and States in the ratio of 50:50.

Houses Completed under IAY



A scheme has since been launched, as part of IAY, for providing homestead sites to those rural BPL households whose names are included in the Permanent IAY Waitlists but do not have a house site. Rs.10,000/- per homestead site is being provided under the Scheme and the funding of which is shared by the Centre and the States in the ration of 50:50. All the State governments were asked to submit proposals in this regard. Proposals were received from Karnataka, Kerala, Sikkim, Bihar and Maharashtra during the year 2009-10. Funds have since been released to Bihar, Karnataka, Kerala , Rajasthan and Sikkim. All the state governments have also been requested to submit action plan for providing house site to all landless rural BPL by 2011-12.

Jawaharlal Nehru National Urban Renewal Mission (JNNURM)

The JNNURM aims to encourage cities to initiate steps to bring about improvement in the existing service levels in a financially sustainable manner. The JNNURM consists of two sub missions: The Urban infrastructure and Governance and the basic services to the urban poor. One of the objectives of the JNNURM is to ensure that the following are achieved in the urban sector Provision of basic services to the urban poor including security of tenure at affordable prices, improved housing, water supply and sanitation, and ensuring delivery of other existing universal services of the government for education, health and social security.

JNNURM addressing housing issues…

Basic Services to Urban poor (BSUP) and Integrated Housing and Slum Development Programme (IHSDP) under JNNURM contemplates key reforms in areas of pro-poor governance.

Though, a number of similar initiatives are in progress addressing the issues of poverty eradication and eradicating of hunger, challenges still remains in this Country of 1.21 billion population.

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Chapter 5

Goal 2 Achieve Universal Primary Education

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

Indicator No.	Indicator Description
6	Net Enrolment Ratio in primary education
7	Proportion of pupils starting Grade 1 who reach Grade 5
8	Literacy rate of 15-24 year olds

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

Indicator:

Net Enrolment Ratio in primary education

Net enrolment ratio (NER)[10] in primary education is universally taken as the major indicator to assess whether the country is tending to achieve 2015 target of universal primary education for all children aged 6-10 years. Although, the estimate of this indicator is not readily available in the existing official statistical system, District Information System on Education (DISE)[11] data shows that the NER in Primary Education has improved from 83% in the year 2000 to over 98% in 2009-10.

As per administrative statistics of the Ministry of Human Resource Development (MHRD) of the Government of India, the GER for Grades I-V in India has already overshot the 100% mark and stands at 113.97 in 2007-08 with 112.58 for girls and 115.26 for boys. The provisional estimates for GER for 2008-09 was 114.37 (114.34 - boys, 114.41 -girls) and the same for 2009-10 was 115.47 (115.55- boys, 115.39- girls). GER for Grades I-V unlike NER tends to exceed 100% due to enrolment of children beyond the age group 6-11 years in the primary level education.

By the measure of NER - an appropriate indicator for enrolment, the country

India is likely to achieve 100% NER

has already crossed by 2008-09, the 95% cut-off line regarded as the marker value for achieving 2015 target of universal primary education for all children aged 6-10 years. A trend based on DISE[12] data shows the country now well set to achieve cent percent primary education for children in the primary schooling age of 6-10 years ahead of 2015. Primary enrolment of 6-10 year old children by their NER measure has improved from 83% in the year 2000 to over 95.92% in 2007-08. In the years 2008-09 and 2009-10, India's NER by the DISE statistics, are 98.6% and 98.3% respectively.

State-wise decomposition of NER as available for 24 States/UTs from DISE based reports for the more recent years does not really form any indicative basis for the purpose of estimating the States' trend in NER and their projected levels by 2015. Due to various shortcomings with the sub-national estimates of NER by DISE data, the national series of values only have been used for this report. The trend of national estimates suggests that the country is likely to achieve universal primary enrolment by the measure of NER well before 2015. However, the States' levels of Net Attendance Rate (NAR)[13] presented by NSS report for the year 2007-08 have been used here as a proxy indicator to suggest indicative measures of the net effect of enrolment in schools in the year 2007-08 taking into account the expected high positive correlation between NER and NAR.

For the sake of general assessment of States' situation in respect of NER, the general assessment of the States' NAR levels as revealed from the NSS 2007-08 estimates have been used with appropriate linking factors applied on the NAR figures to derive corresponding NER estimates for the States/UTs, which, in absence of officially acclaimed estimates of State-level NER[14] , can credibly show the progress in the recent years in terms of net enrolment. State wise NER of 2008-09 & 2009-10 have been arrived at from NAR of 2007-08 by applying the rate of increase in NER at all India levels in 2008-09 & 2009-10 over 2007-08.

Against 95.9% NER for the country as a whole in 2007-08, the all-India level NAR for the same year is estimated to be 84%. Thus, of the children aged 6-10 years who are enrolled in Class I-V, only 84% attend the school/classes. Universal enrolment of pupils in the primary grade therefore, does not necessarily imply students' cent percent attendance in schools. It is observed that only in the States/UTs of Assam (90%), Chhattisgarh (91%), Himachal Pradesh (91%), J&K (92%), Karnataka (92%), Kerala (91%), Maharashtra (91%), Mizoram (97%), Sikkim (90%), Andaman and Nicobar Is (93%), Daman & Diu (97%) and Lakshadweep (96%) have 90% or more children aged 6-10 years attending classes I-V of primary grade in 2007-08. Other States/UTs which have 80% or less children aged 6-10 years attending classes I-V include

Arunachal Pradesh (75%), Bihar (72%), Jharkhand (79%) and Meghalaya (75%). Majority of States/UTs (19 out of 35) have 80-90% children of 6-10 years of age attending primary grade classes.

On the other hand, the Population Censuses and the nation-wide household surveys like National Family Health Survey (NFHS), National Sample Surveys (NSS) surveys because of their household approach, collect information on attendance in the educational institutions, rather than on enrolment and if the children are not attending, the households cannot report much about their enrolment . Therefore, instead of enrolment ratios, the corresponding attendance ratios can be obtained from these census/ survey data. The Population Censuses give age-specific attendance rates for the age-group 6-10 years and 11-14 years (official age-group for primary and middle level classes) while NSSO Surveys also provides the GAR[15] and NAR[16] for primary, middle and higher level of education. The proportion of children attending education in the age-group 6-10 years can give an approximation of net enrolment ratio (NER) at primary level in the sense that those attending formal education in age-group 6-10 years mostly in primary grades only.

Table 5.1: Percentage of children of age 6-10 years attending formal education

Censuses/ Surveys	All	Girls	Boys	Rural	Urban
NSSO Survey (1995-96)	69	63	73	65	**83**
Population Census, 2001	69	66	72	66	**79**
NFHS Survey (2005-06)	83	81	85	81	**88**
NSSO Survey (2007-08)	**88**	**87**	**89**	**87**	**91**

Thus in the recent years, there has been major progress in the educational attendance of children aged 6-10 years in general (from 69% in 2001 to 83% in 2005-06 and finally to 88% in 2007-08). For girls and rural children, in particular, the recent improvement is remarkable and follows more or less same pattern, from 66% in 2001 to 81% in 2005-06 and 87% in 2007-08 in both the cases. Also the gap in attendance rates between girls and boys, or between rural and urban children narrowed down remarkably, from 10 or more percentage points to 2% between girls' and boy's 4% between rural and urban respectively.

Indicator:

Proportion of pupils starting Grade 1 who reach Grade 5

The most stumbling block in universalisation of primary education are the children who remain out of school even during the prime school going age. A section of them do not get the opportunity to ever attend school due to social and /or economic impediments. The other group might have got a chance to start schooling in the age-group, but were forced to drop out even before completion of primary grade classes often due to more or less same set of

socio-economic hurdles. Although there are a number of sources from where one can get the number of children out of school even in the 6-14 years of age-group, during which now they can claim their Right to Education as their Fundamental Right. But it is difficult to get the **survival rate** of children in the primary grade (i.e. the proportion of children starting Grade I who reach Grade V, the last grade of primary). Ideally this can be obtained accurately from a cohort study, which is at present not available in the official statistics of the country. The apparent **survival rate**[17] at primary level up to Grade V based on DISE Statistics has risen from 62% in 1999 to 81% by 2002 and declined thereafter to 73% in 2004. According to DISE 2007-08, it further dipped to 72% in 2007-08. DISE 2009-10, indicated an improvement to 76 percent in 2008-09.

Indicator:

Literacy rate of 15-24 year olds

According to the trend exhibited during 1991 -2001, India is likely to attain 100% Youth literacy[18] by 2015. It increased between 1991 and 2001- from 61.9% to 76.4 %, India is expected to have youth literacy of 82.1% by 2007 and 100% by the end of 2012. The youth literacy rate among urban persons was 82% in 2001 against 59.7% for rural persons in 2001. The youth literacy among males was 76.7% in 2001 against 54.9% for females. The rural-urban gap in youth literacy also has significantly reduced. Compared to males', the youth literacy of females tends to move faster. The male-female gap in youth literacy is predominantly confined to the north, north-eastern and central Indian belt. Literacy indicators from intervening survey results with post-2001 reference years also indicate the on-track movement of youth literacy.

Table 5.2 : Literacy rates for 15+ age-Groups

Indicator of literacy	Year	Male	Female	Rural	Urban	Total
Literacy (%) in the age-group 15-24 yrs	**2001**	**68.0**	**84.0**	**72.0**	**87.0**	**76.0**
Literacy (%) in the age-group 15-49 years	**2005-06**	**78.1**	**55.1**			
Literacy (%) in the age-group 15+ years	**2007-08**	**76.7**	**54.9**	**59.7**	**82.0**	**66.0**
Literacy (%) in the age-group 15-24 yrs	**2007-08**	**91.0**	**80.0**	**83.0**	**93.0**	**86.0**

Source of Data:- Population Census of India, 2001; NFHS-III report 2005-06 and NSS Report 532: ' Participation and Expenditure on Education in India 2007-08'

As per Census 2001, the States which reported youth literacy rates less than the national estimate of 76% are Andra Pradesh (73.6%), Arunachal Pradesh (70.1%), Assam (73.5%), Bihar (56.8%), Jammu & Kashmir (68.2%), Jharkhand

(65.2%), Madhya Pradesh (74.6%), Meghalaya (74%), Nagaland (75.5%), Orissa (75.4%), Rajasthan (72%) and Uttar Pradesh (66.5%). The low levels are due to the prevailing huge gap in male- female literacy and urban –rural literacy in these States. For these States with Youth Literacy less than the national level as per Census 2001, the status as per 2007-08 NSS results is as under:

Table 5.3: Percentage of literates among youth Census 2001 NSS 2007-08 for low performing States

State Name	% literates among youth: Census 2001					% literates among youth: NSSO (2007-08)				
	all	female	male	rural	urban	all	female	male	rural	urban
Jammu & Kashmir	68	57	78	63	83	88	83	93	87	94
Rajasthan	72	55	87	68	84	78	64	90	74	89
Uttar Pradesh	67	53	78	63	77	80	73	87	79	84
Bihar	57	43	69	53	80	67	55	77	64	86
Arunachal Pradesh	70	62	78	65	86	84	77	90	80	97
Nagaland	76	73	78	73	90	99	98	100	100	97
Meghalaya	74	74	74	69	92	97	96	97	96	97
Assam	74	68	79	71	90	92	90	94	92	97
Jharkhand	65	50	79	57	88	75	62	86	70	93
Orissa	75	66	85	73	89	84	78	91	82	95
Madhya Pradesh	75	63	85	69	88	85	77	92	82	93
Dadra & Nagar Haveli	67	48	80	60	89	85	63	99	83	97
Andhra Pradesh	74	65	82	68	86	87	82	92	84	94

Source: Census 2001, NSSO 2007- 08

As per the Census 2011 results, the all India literacy rate (7+years) has surged forward from 64.83% in 2001 to 74.04% in 2011 showing an increase of 9.21 percentage points. The literacy rate for males and females works out to 82.14% and 65.46% respectively. The increase in literacy rates in males and females during 2001- 2011 are of the order of 6.88 and 11.79 percentage points respectively corroborating the conclusion of on-the -track movement of youth literacy.

Education to all breaking all barriers…

The 86th Constitutional Amendment Act, 2002 has made elementary education a Fundamental Right for children in the age group of 6-14 years by providing that "*the State shall provide free and compulsory education to all children of the*

age of six to fourteen years in such manner as the State may, by law, determine". This has been a path breaking legislation in India, where such a major commitment to the cause of elementary education has bound governments, community based organizations and civil society into a common resolve to achieve universal elementary education.

Drawing upon the Constitution and other policy statements articulated in the years that followed, the Government of India in partnership with State Governments has designed different strategies, interventions, schemes and programmes with specific objectives that impinge on girls' education.

Sarva Shiksha Abhiyan Progressing ahead…

Sarva Shiksha Abhiyan (SSA) is Government of India's flagship programme for achievement of Universalization of Elementary Education (UEE) in a time bound manner, as mandated by 86th amendment to the Constitution of India making free and compulsory Education to the Children of 6-14 years age group, a Fundamental Right. SSA is being implemented in partnership with State Governments to cover the entire country and address the needs of 192 million children in 1.1 million habitations.

The programme seeks to open new schools in those habitations which do not have schooling facilities and strengthen existing school infrastructure through provision of additional class rooms, toilets, drinking water, maintenance grant and school improvement grants. Existing schools with inadequate teacher strength are provided with additional teachers, while the capacity of existing teachers is being strengthened by extensive training, grants for developing teaching-learning materials and strengthening of the academic support structure at a cluster, block and district level. SSA seeks to provide quality elementary education including life skills. SSA has a special focus on girl's education and children with special needs. SSA also seeks to provide computer education to bridge the digital divide.

The Mid Day Meal is the world's largest school feeding programme reaching out to about **12 crore children** across the country. With a view to enhancing enrollment, retention and attendance and simultaneously improving nutritional levels among children, the National Programme of Nutritional Support to

Primary Education **(**NP-NSPE) was launched as a Centrally Sponsored Scheme on 15th August 1995, initially in 2408 blocks in the country. The Scheme had undergone a number of revisions in the past and today, Mid day Meal scheme is serving primary and upper primary school children in entire country. 8.41 cr Primary children and 3.36 cr Upper Primary children i.e a total of 11.77 cr children were estimated to be benefited from MDM Scheme during 2009-10. 11.04 Crore children were covered under MDM Scheme during 2009-10. During 2010-11, 11.36 Cr children i.e 7.97 Cr. children in primary and 3.39 Cr. children in upper primary are expected to be covered in 12.63 lakhs institutions. Definitely, this Scheme has helped to improve the status of School attendance over the years.

With the committed initiatives by the Government and its successful initiatives, the Country will be achieving and maintaining the universalisation of Primary education and leading to sustained cent percent youth literacy.

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Chapter 6

Goal 3 Promote Gender Equality and Empower Women

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

Indicator No.	Indicator Description
9	Ratio of girls to boys in primary , secondary and tertiary education
10	Ratio of literate women to men ,15-24 years old
11	Share of women in wage employment in the non- agricultural sector
12	Proportion of seats held by women in National Parliament.

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

Indicator:

Ratio of girls to boys in primary , secondary and tertiary education

Education will lead to empowerment securing the means of creating a social environment in which one can make decisions for social and individual transformation. It develops intrinsic capacity, inner transformation of one's consciousness to overcome barriers, access resources and change traditional ideologies. Empowerment therefore is possible only with access to education as a fundamental right**.**

Gender Parity Index (GPI) in enrolment at primary, secondary and tertiary levels is the ratio of the number of female students enrolled at primary, secondary and tertiary levels in public and private schools to the number of male students. To standardise the effects of the population structure of the appropriate age groups, the GPI of the GER[19] for each level of education is used, i.e. GPI (GER) = GER (Female)/GER (Male). A GPI of 1 indicates parity between the sexes or no gender disparity. A GPI that varies between 0 and 1 typically means a disparity in favour of males whereas a GPI greater than 1 indicates a disparity in favour of females. Target 4 is intended to achieve GPI of 1 by 2005 for primary enrolment and by 2015 for all levels. In general, at the national level, the number of girls enrolled in all levels, i.e. primary, secondary and higher education is less than their counterparts. However, the female-male ratio in education has been steadily improving over the years. In primary education, the GPI ratio has gone up from 0.76 in 1990-91 to 0.98 in 2007-08 showing 29% increase, in secondary education the increase is from 0.60 in 1990-91 to 0.85 in 2007-08 thereby showing 42% increase, and in higher education, it is increased from 0.54 in 1990-91 to 0.7 in 2007-08 registering an increase of 30%.

Table 6.1:Gender Parity Index –All India

	1990-91	2004-05	2005-06	2006-07	2007-08
Primary education	0.76	0.95	0.94	0.94	0.98
Secondary education	0.60	0.79	0.80	0.82	0.85
Tertiary education	0.54	0.71	0.69	0.69	0.7

Source: Ministry of Human Resources Development

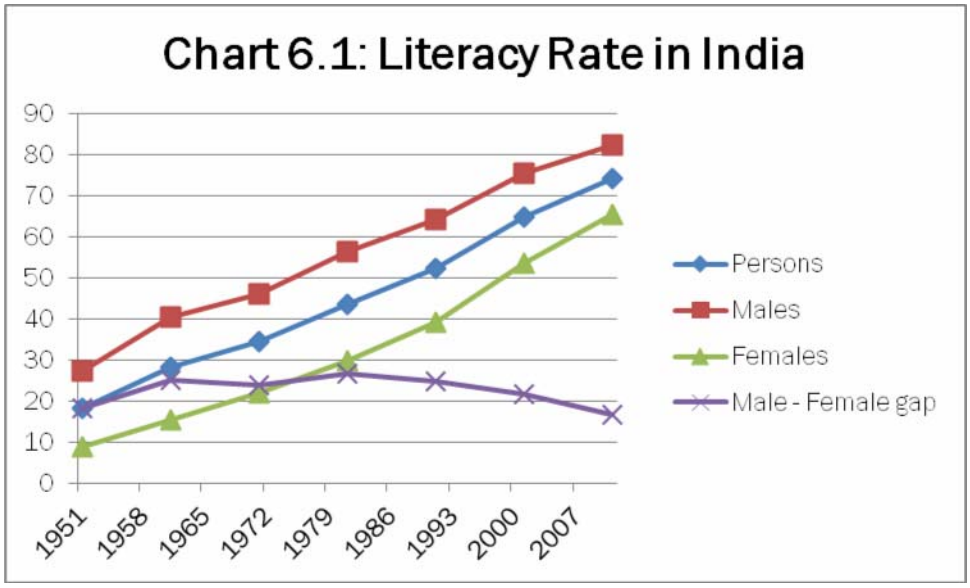
The target for eliminating gender disparity in primary and secondary enrolment by 2005 has not been achieved in India as per the available data for **Gender parity Index for Enrolment**, in the sense that though almost perfect parity was attained in the primary level of enrolment, it was not so in secondary level. However, by the cut –off line for achievement as internationally recognized, the target has been achieved for primary grade by 2007-08. The rates of increase in GPI signify India's on –the –track progress to achieving Gender parity in enrolment by 2015, even for Secondary grade.

As per 2007-08 Statistics, 15 States have already achieved gender parity at primary level and 16 more States are very close to the target. At Secondary level 13 States have already achieved the target and 8 more States are nearing the target. The States/ UTs in which GPI at Secondary level are still very far from the target are Bihar (0.62), Madhya Pradesh (0.67), Rajasthan (0.58), and Dadra Nagar Haveli (0.63). As of 2007-08, for the Tertiary level, 8 States have achieved MDG target. Kerala, Delhi and Andaman Nicobar have achieved GPI at I in all the three levels. While there is significant parity deficit in most of the States in favour of males, the States/UTs of Goa, Kerala, Punjab, Delhi, Andaman & Nicobar Islands, Himachal Pradesh, Chandigarh and Damn Diu have significant disparity in favour of females in the tertiary level of education.

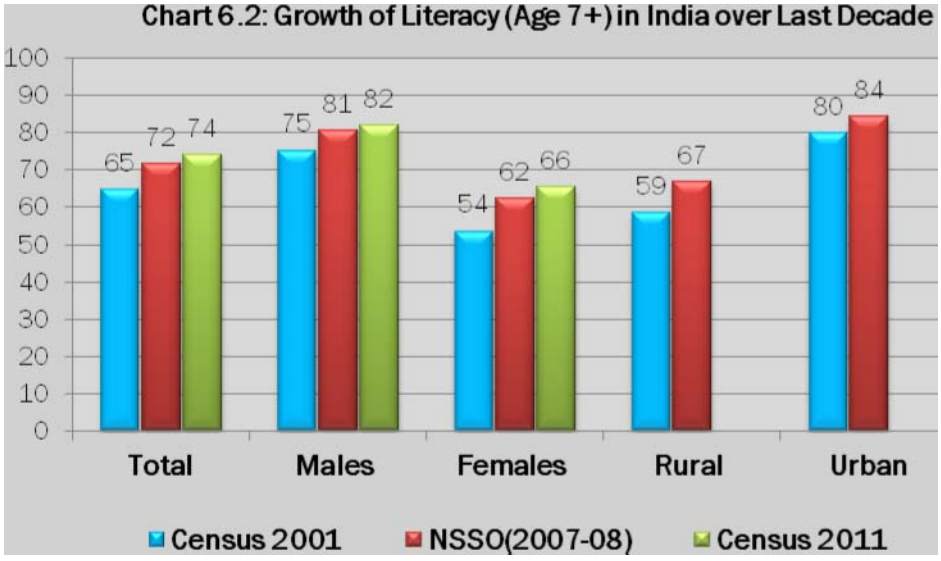
Indicator: **Male – female gap in Literacy rate is declining….**

Ratio of literate women to men ,15-24 years old

The literacy rate in India for (7+ years) in Census 2011, works out to 74.04 percent. The corresponding figures for males and females are 82.14 and 65.46 percent respectively. The Country has continued its march in improving literacy rates by recording a jump of 9.21 percentage points during 2001-2011. The increase in literacy rates in males and females are of the order of 6.88 and 11.79 percentage points respectively. An extremely positive development in the present decade is that the gap of 21.59 percentage points recorded between the male and female literacy rates in 2001 Census has reduced to 16.68 percentage points in 2011, mainly due to higher rate of increase in female literacy.



Note: Literacy rates for 1951, 1961 nd 1971 Censuses relate to population aged five years and above. The rates for 1981, 1991, 2001 and 2011 Census relate to the population aged seven years and above. The 1981 literacy rates exclude Assam; 1991 literacy rates exclude J &K.



The Female: Male literacy rate for 15-24 years increased to 0.80 in 2001 from 0.67 in 1991. NSS (2007-08) results show that, literates in the age group 15-24 years at all India level constitute 86% with 91% among males and 80% among females. Thus the ratio of literate women to men in the age group 15-24 years stands at

0.88 in 2007-08. The ratio of literate women to men in the age group 15-24 years tends to exceed 1 by 2015, implying attainment of gender parity in literacy by 2015. This attainment along with the attainment of gender parity in primary, secondary and tertiary levels of education can be a major gain for women in acquiring access to wider world of learning and development of skills, economic independence, authority of decision making and self-determination.

As per NSS 2007-08 results, the States of Mizoram and Kerala have attained gender parity in youth (15-24 years) literacy and the State of Goa has gender parity favouring females. Though all the States showed progress in the level of female:male youth literacy rate during the period 2001 to 2008 (as per Census 2001 & NSS (2007-08), the States of Orissa (0.86), Arunachal Pradesh (0.86), Uttar Pradesh (0.84), Madhya Pradesh (0.84), Jharkhand (0.72), Bihar (0.71), Rajasthan (0.71) Dadra Nagar Haveli (0.64) reported below the national level estimate (0.88).

Education to all removing gender disparities….

Free and compulsory education to all children up to the age fourteen is constitutional commitment in India at present. The Parliament of India has passed Right to Education Act in 2004-05 through which education has become a fundamental right to all children of age group 6-14 year.

The fundamental right to get free and compulsory education by all children in the 6-14 years age is a major consideration for the Government to provide access to education for all the so long excluded children. Reaching out to the girl child is central to the efforts to universalize elementary education. Sarva Shiksha Abhiyan or 'Education for All' programme recognizes that ensuring girl's education requires changes not only in the education system but also in societal norms and attitudes. A two-pronged gender strategy has therefore been adopted,to make the education system responsive to the needs of the girls through targeted interventions which serve as a pull factor to enhance access and retention of girls in schools and on the other hand, to generate a community demand for girls' education through training and mobilisation.

The targeted provisions for girls under Sarva Shiksha Abhiyan include:

- Availability of school one km of each habitation of primary level and within arrange of three km at upper primary level
- Free textbooks to all girls' upto class 8
- Provisions for girls only school at upper primary level
- Separate toilets for girls
- Back to school camps for out-of-school girls
- Bridge courses for older girls
- Special training to bridge learning levels
- Recruitment of 50% women teachers
- Early childhood care and Education centers in/near schools in convergence with ICDS programme etc
- Teachers' sensitization programmes to promote equitable learning opportunities
- Gender-sensitive teaching-learning materials including textbooks
- Intensive community mobilisation efforts
- Innovation fund' for girls education@ Rs. 15 lakh per year per district have been provided for need based interventions for ensuring girls' attendance and retention to all Districts of the country.

Efforts are being made to generate a community demand for girls' education and enabling conditions for people's and women's participation, to create the push factors necessary to guarantee girls education. Motivation and mobilisation of parents and the community at large, enhancing the role of women and mothers in school related activities and participation in school committees, and strengthening the linkages between the school, teachers and communities are some of the ways in which the enabling conditions are being created.

Early Childhood Care and Education (ECCE) is a critical and essential input in freeing girls from sibling care responsibilities, leading to their regular attendance in school and in providing school readiness skills to pre-school children. The SSA works in a convergent mode with the Integrated Child Development Services (ICDS) programme to promote pre-school education by providing for training of Anganwadi workers, primary school teachers, and health workers for a convergent understanding of pre-school and ECCE. The SSA, like other programme in the past, provides funds under Innovative head (Rs.15 Lakh per district) and under the National Programme for Education of Girls at Elementary Level (NPEGEL) component (for 3000 educationally backward blocks) to support pre-school

component of ICDS or an interim pre-school centre where ICDS does not exist but is needed.

In addition, to target pockets where girls education is lagging behind, the Government of India has launched two focused interventions for girls – the National Programme for Education of Girls at Elementary Level (NPEGEL) and the Kasturba Gandhi Balika Vidyalaya (KGBV) to reach out to girls from marginalised social groups in over 3282 educationally backward blocks in the country where the female rural literacy is below the national average and the gender gap in literacy is above the national average.

National Programme for Education of Girls for Elementary Level (NPEGEL)

The NPEGEL, launched in September 2003, is an integral but distinct component of the Sarva Shiksha Abhiyan. It provides additional provisions for enhancing the education of underprivileged/disadvantaged girls at elementary level through more intense community mobilisation, the development of model schools in clusters, gender sensitisation of teachers, development of gender sensitive learning materials, early child care and education facilities and provision of need-based incentives like escorts, stationery, work books and uniforms etc. for girls. All Educationally Backward Blocks have been included under NPEGEL.

Kasturba Gandhi Balika Vidyalaya (KGBV)

Kasturba Gandhi Balika Vidyalaya (KGBV) is a scheme launched in July 2004, for setting up residential schools at upper primary level for girls belonging predominantly to the SC, ST, OBC and minority communities. The scheme is being implemented in educationally backward blocks of the country where the female rural literacy is below the national average. The scheme provides for a minimum reservation of 75% of the seats for girls belonging to SC, ST, OBC or minority communities and priority for the remaining 25%, is accorded to girls from families below poverty line.

The KGBV scheme very specifically targets:

- **Adolescent girls who are unable to go to regular schools.**
- **Out of school girls in the 10+ age group who are unable to complete primary school**
- **Younger girls of migratory populations in difficult areas of scattered habitations that do not qualify for primary/upper primary schools.**

The KGBV scheme provides for a minimum reservation of 75% seats for girls from SC/ST/OBC and minorities communities and 25% to girls from families that live below the poverty line.The scheme is being implemented in 26 States/UTs. The Kasturba Gandhi Balika Vidyalaya scheme is merged with Sarva Shiksha Abhiyan in the XIth Plan with effect from 1st April, 2007.

Early Child Care & Education (ECCE)

Early Child Care & Education under Sarva Shiksha Abhiyan directly supports girl's education, especially at elementary school stage as it relieves girls from sibling care. The situation of street children and thousands of visible and invisible working children are mapped annually with the help of voluntary organizations working in the urban area.

ICDS Centres supported by SSA through providing:

- Training of Anganwadi workers and Primary Teachers in Pre-School and ECCE.
- Procurement and Distribution of Pre-School Kit, play material, teaching learning material etc.
- Supply of crayon, pencil and rubber to children
- Modules and hand books on the development of children is supplied
- Developing of Building as learning Aid to display learning activities in Anganwadi centers.
- Establishing a linkage between Anganwadi Centres and Primary schools to ensure enrolment of the eligible children in Primary schools
- Orienting the Anganwadi Workers about SSA & Pre-school education to reduce early drop out
- Honorarium to ECCE workers, pre-school teacher, instructors etc.

Balika Samriddhi Yojana is also an important Government Scheme run by Ministry of Women and Child Development to boost education of girl children. The target group are the girl children in families below poverty line in rural and urban areas born on or after 15th August 1997. The objectives include improvement of enrolment and retention of girl children in schools and raise the age at marriage of girls.

Empowering Women…

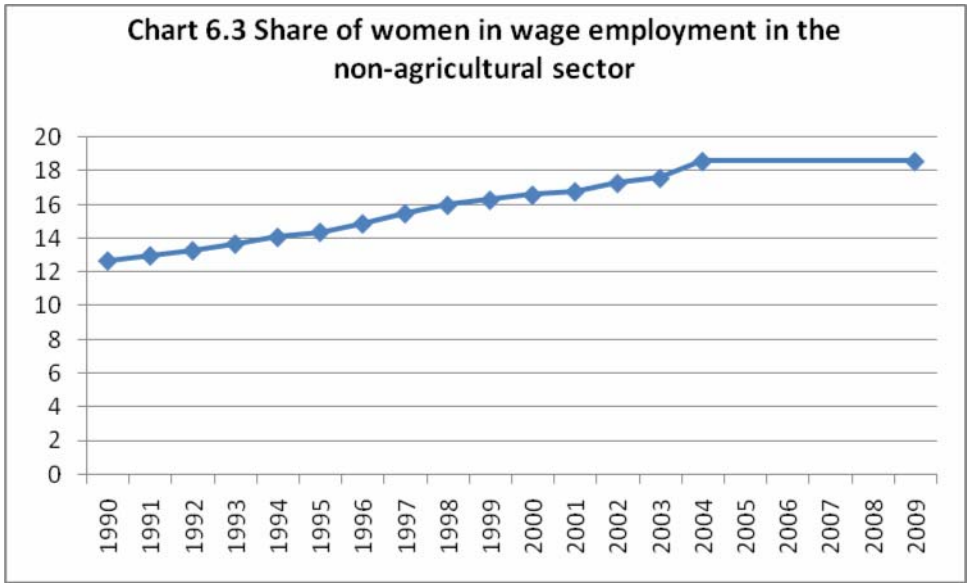
Indicator:

Share of women in wage employment in the non-agricultural sector

The third important indicator for Target 4 under MDG 3 is ***Share of Women in Wage Employment In the Non-Agricultural Sector***, which is defined as the share of female workers in the non-agricultural sector expressed as a percentage of total employment in the sector. This measures the degree to which labour markets are open to women in industry and service sectors, which affects not only equal employment opportunity for women but also economic efficiency through flexibility of the labour market and therefore, the economy's ability to adapt to change.

The indicator value can hardly be translated into a quantifiable target in linkage with achieving the overall target of universalisation of gender equality in primary, secondary and tertiary enrolment by 2015. It is a matter of lag in time to get the full effect of gender equity in education on women's participation in the labour markets of industry and services. So, a 50:50 share between men and women in wage employment in the non-agricultural sector cannot be taken as a target for this indicator to be achieved by 2015.

The rate of change over time in India in respect of the share of women in wage employment in the non-agricultural sector is rather slow – about two percentage points over a period of five years in the recent past. As per NSS 66th round on Employment and un employment during 2009-10, the percentage share of females in wage employment in the non- agricultural sector, stood at 18.6%. The share of women in wage employment for Rural areas was 19.6% and for Urban 17.6% in 2009-10. The 61st round NSS results had estimated the percentage share of females in wage employment in the non- agricultural sector as 18.6 % with rural 17.9% and urban 19.2% during 2004-05.



Source: NSSO

It is projected that at this rate of progression, the share of women in wage employment can at best reach a level of about 23.1% by 2015. Labour markets in industry and services sectors in India are heavily male dominated and a 50:50 situation for men and women is too ideal to be true given the market dynamics and existing socio-cultural framework.

So far, India has witnessed 15 General elections to the Lok Sabha of Nation's Parliament. As on November 2011, India, the world's largest democracy, has only 60 women representatives out of 544 members in Lok Sabha, while there are 26 female MPs in the 241-member Rajya Sabha.

Indicator: Proportion of seats held by women in National Parliament

Table 6.2: Proportion of seats held by Women in National Parliament

Reference year	Number of Women members			%
	Lok Sabha	Rajya Sabha	Total	
1991			77 of 789	9.7
1999	52 of 544			9.6
2004	45 of 544	28 of 250	73 of 794	9.2
2007	47 of 544	25 of 250	72 of 794	9.1
2009	59 of 545	21 of 234	80 of 779	10.3
2011	60 of 544	26 of 241	86 of 785	10.96

According to data released by Inter parliamentary union (IPU), India ranks 98 in the World for proportion of National Parliament seats held by Women.

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Chapter 7

Goal 4 Reduce Child Mortality

Target 5 Reduce by two-thirds, between 1990 and 2015, the Under- Five Morality Rate

Indicator No.	**Indicator Description**
13	Under- Five Mortality Rate
14	Infant Mortality Rate
15	Proportion of one year old children immunised against measles

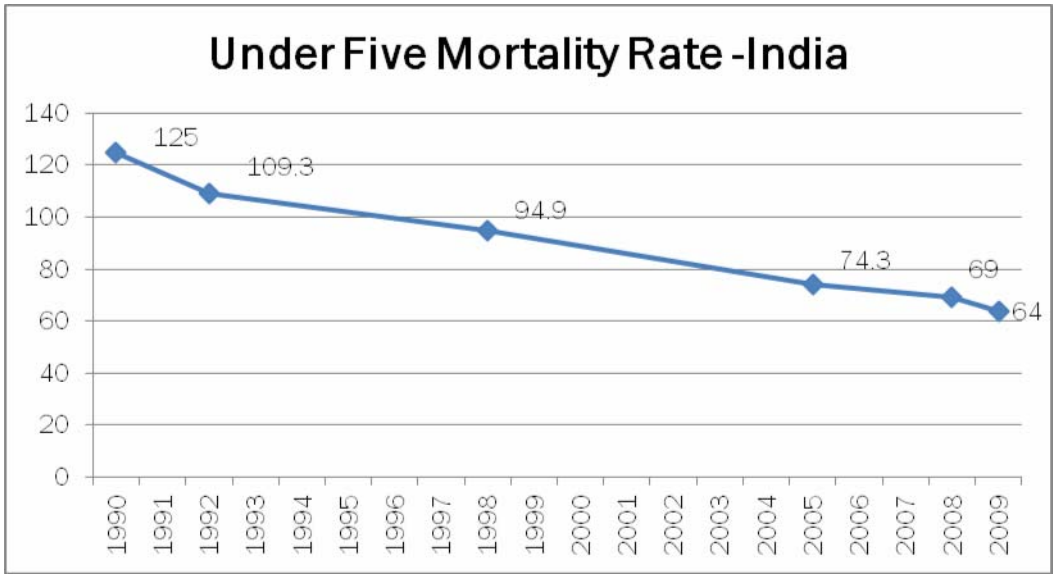
Target 5 **Reduce by two-thirds, between 1990 and 2015, the Under- Five Morality Rate**

High prevalence of neonatal and infancy deaths still looms large on the Country leading to high mortality rate of children under five years. As per SRS 2009, the neonatal mortality rate (number of deaths of infants less than 29 days per thousand live births) for India was 34 (rural -38, urban – 21). The infant mortality rate for the year 2009 consisting of neonatal and post neonatal mortality cases for the Country came down to 50 (rural - 55, urban - 34) with the percentage share of neonatal deaths to infant deaths 67.9 (rural -69.1, urban- 61.0).

Indicator: **Mortality of children below five years of age shows sharp drop …**

Under- Five Mortality Rate

The ***Under-Five Mortality Rate*** (U5MR) is the probability (expressed as a rate per 1000 live births) of a child born in a specified year dying before reaching the age of five if subjected to current age specific mortality rates. U5MR at national level has declined during the last decade. The estimates from the NFHS-I, II and III for the years 1992-93, 1998-99 and 2005-06 have been used for determining the trend of U5MR towards the 2015 target value of the indicator to be achieved. SRS based U5MR in India for the year 2009, stands at 64 and it varies from 71 in rural areas to 41 in Urban areas. Within a span of last one year, U5MR has declined by 5 percentage points as against a drop of 5 points in the preceding three years.



Source: 1992, 1998, 2005-NFHS, 1990, 2008 & 2009- SRS

Given to reduce U5MR to 42 per thousand live births[20] by 2015, India tends to reach near to 54 by that year as per trend shown above missing the target by 12 percentage points. With the help of the sharper drop during 2008-09, the projected shortfall from the target value is found to have improved from what was projected in the last report based on data upto 2008.

The States which are having U5MR above the national level estimate (64) in 2009 are Madhya Pradesh (89), Assam (87), Uttar Pradesh (85), Orissa (84), Rajasthan (74), Bihar (70) and Chattisgarh (67).

The States/ UTs of the Country have also shown a declining trend in U5MR. Kerala (14), Tamilnadu (33) Maharashtra (36), Delhi (37), and West Bengal (40) have already achieved the all India MDG target for 2015 in respect of U5MR. The States which are likely to achieve their respective MDG targets by 2015 are Delhi, Goa, Jammu & Kashmir, Kerala, Tamilnadu, Sikkim and West Bengal. The States which are likely to miss their MDG target for U5MR for 20 or more percentage points are Arunachal Pradesh, Assam, Madhya Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Orissa, Rajasthan and Uttar Pradesh.

Over the time, the observed decline in the national estimate is more for male child than for female child. Whereas in case of girl children, the U5MR has come down from 131.9 per thousand during 1988-92 to 108.9 per thousand during 1998-2003 and 69 in 2009, for male children it declined from 118.8 per thousand to 91.2 and 60 per thousand during the corresponding periods. Male-female mortality differential has narrowed down over the years, yet the gap remains significant.

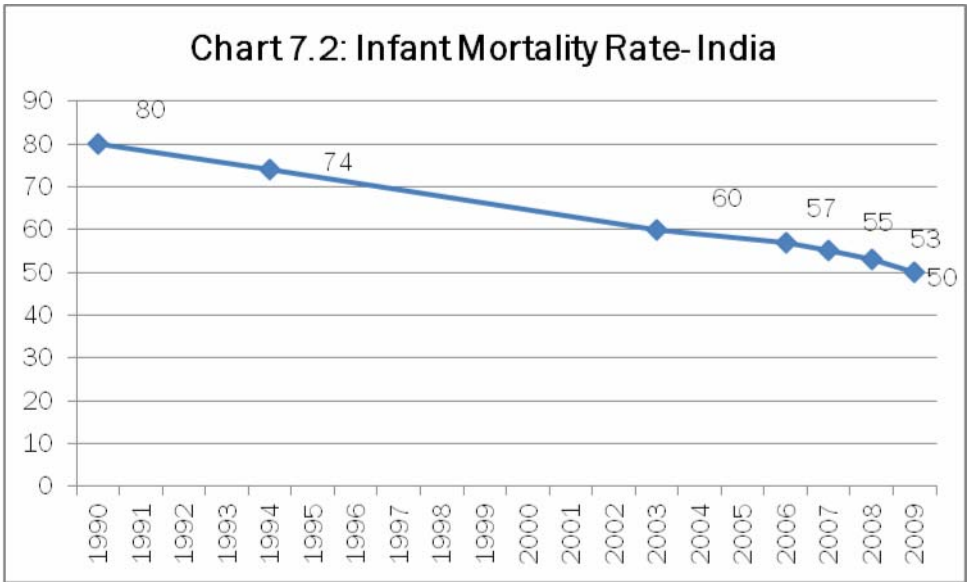
Infancy deaths tend to decline faster….

Indicator:

Infant Mortality Rate

Infant Mortality Rate (IMR) is defined as the deaths of infants of age less than one year per thousand live births. IMR in India has registered a 3 points decline to 50 in 2009 from 53 in 2008. The States of Madhya Pradesh (67), Orissa (65), Uttar Pradesh (63), Assam (61), Meghalaya (59), Rajasthan (59), Chattisgarh (54), Bihar (52) and Haryana (51) reported IMR above the national estimates. Though majority of the States reported decline in IMR during 2008-09, in a few States like Himachal Pradesh, Goa, Manipur, Meghalaya and Sikkim reported a rise in IMR during the period. The States of Arunachal Pradesh, Nagaland and Kerala registered no change in IMR during the same period.

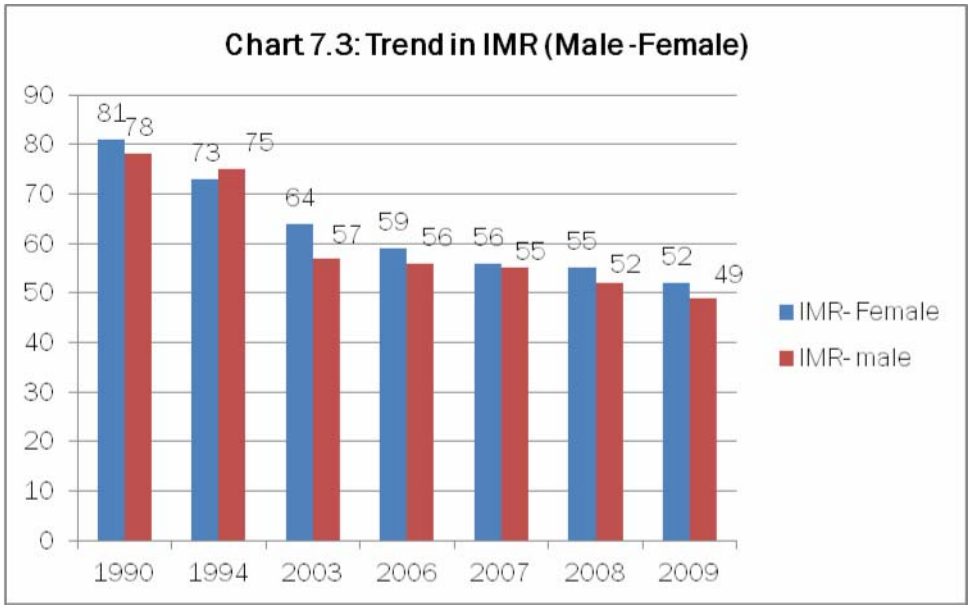
Though IMR for the country as a whole declined by 30 points (rural IMR by 31 points vis-à-vis urban IMR by 16 points) in the last 20 years at an annual average decline of 1.5 points, it declined by three points between 2008 and 2009.



Source: Office of Registrar general of India

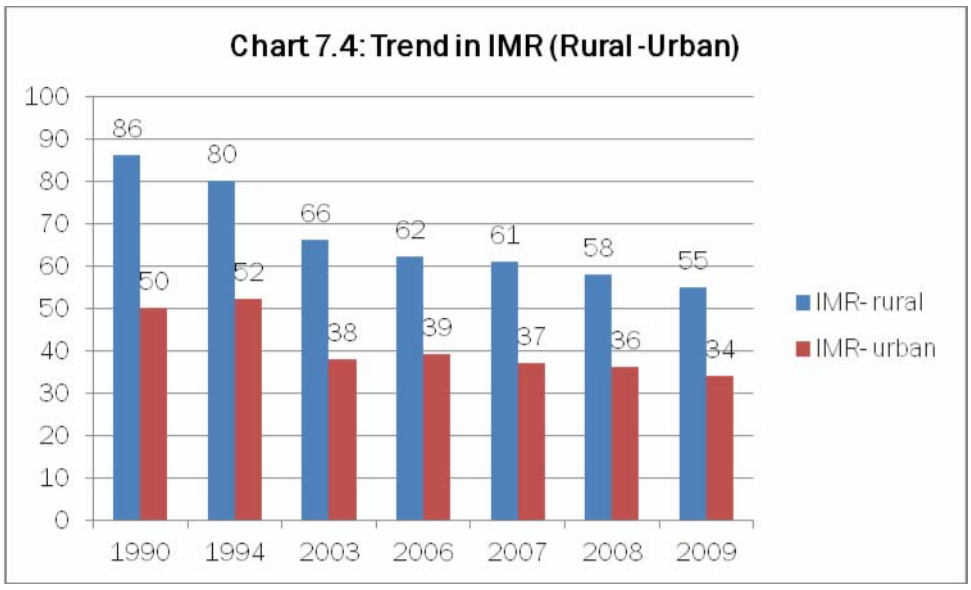
With the present improved trend due to sharp fall during 2008-09, the national level estimate of IMR is likely to be 45.04 against the MDG target of 26.67 in 2015. This projected IMR level for 2015 (45.04 p.t.l.b), therefore shows an improvement over the projected IMR given in the last report based on data upto 2008. In 2009, the States of Goa (11), Kerala (12), Manipur (16), Nagaland (26) have achieved the national MDG target for IMR. Only the State of Manipur is likely to achieve the State level MDG target by 2015. The States which are likely to miss their MDG target by huge margin are Meghalaya (41points), Assam (34 points), Rajasthan (28 points), Bihar (26 points), Uttar Pradesh (25 points), Andra Pradesh (23 points), Madhya Pradesh (22 points) and Gujarat (20 points). A few States will be missing their MDG targets by a small margin ie Arunachal Pradesh (1 point), Tamilnadu (5.2 points), Goa (6.02 points), Kerala (5.8 points) and West Bengal (6.8 points).

IMR for infant girls is consistently higher than IMR of infant boys in India, except in a few years over the last two decades. Uniformly over the years, a gap of three percentage points persists between IMR (male) and IMR (female). However, the relative decline in IMR (males) during 1990 to 2009 has been about 36% while that for IMR (females) has been 37% during the same period.



Source: Office of Registrar General of India

The rural-urban gap in IMR is quite substantial. From a gap of 36 points in 1990, the gap has reduced to 21 points in 2009. The decline in rural IMR signifies a drop of 31 points against a decline in urban IMR by 16 points).



Source: Office of Registrar General of India

Immunisation gap persists in heartland States….

The national level measure of the proportion of one-year old (12-23 months) children immunised against measles has registered an increase from 42.2% in

Indicator: Proportion of one year old children immunised against measles

1992-93 to 72.4% in 2009 (UNICEF &GOI- Coverage Evaluation Survey 2009). At the historical rate of increase, India is expected cover about 88% children in the age group 12-23 months for immunisation against measles by 2015. Thus India is likely to fall short of universal immunisation of one-year olds against measles by about 12 percentage points in 2015. According to DLHS-3 for 2007-08, national coverage of immunisation of 1- year-olds has reached 69.6% with 77.6% in urban and 66.6% in rural areas and the Coverage Evaluation Survey-2009 reported the national level estimate as 74.1% with 78.3% for Urban areas and 72.4% for Rural areas.

The Coverage Evaluation Survey 2009 further reveals that there exists a slight sex wise variation in the coverage of measles immunization being 74.8% for male children and 73.2% for female children. There exits coverage gap in measles immunization depending upon the birth order of the child as 79.8% of the first birth order children were immunized against only 53.6% of the 4th birth order children. Only 61.2% of the children in lowest wealth quintile were immunized against measles compared to 83.5% of children from the households with the highest wealth quintile. The Coverage Evaluation Survey 2009 also analyses at what stage the children dropped out and did not get all vaccines. The BCG –measles drop-out rate was found to be 14.7 percent. Analysis further shows that State differentials existed in the drop-out rates at all stages. Higher BCG –measles drop-out rate was observed in States such as Uttar Pradesh (30.9%), Bihar (29.3%), Arunachal Pradesh (27.0), Madhya Pradesh (24.0%), Jharkhand (22.8%) and Rajasthan (20.6%). The drop-out rates were low in Goa (1.3%), Himachal Pradesh (2.2%), Maharashtra (3.7%), Sikkim (0.1%), and Tamil Nadu (0.6%).

Going by their historical rate of increase in coverage, 17 States/UTs are expected achieve universal coverage in measles immunization of one year olds by 2015 and 8 more States are likely to perform better than the national coverage level in immunisation of one-year olds against measles by 2015. Among the major States, Uttar Pradesh, Mizoram, Chattisgarh, Madhya Pradesh and Haryana are likely to miss the target by a large margin (more than 20 percentage points).

Towards Improving and protecting Child Health ……

Integrated Child Development Services (ICDS) Scheme turns intensive…

The Integrated Child Development Services (ICDS) Scheme implemented by Ministry of Women and Child Development, is one of the flagship programmes of

the Government of India and represents one of the world's largest and unique programme for Early Childhood Development. It is the foremost symbol of country's commitment to its children and nursing mothers, as a response to the challenge of providing Pre-school non-formal Education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The beneficiaries under the Scheme are children in the age group of 0-6 years and pregnant women and lactating mothers.

The ICDS Scheme offers a package of six services, viz.

i**) Supplementary nutrition,**

ii) Pre-school non-formal education,

iii) Nutrition & health education,

iv) Immunization,

v) Health check-up and

vi) Referral services

The last three of the six services are related to health and are provided by Ministry / Department of Health and Family Welfare through the system of Health Service delivery.

The ICDS Scheme was launched in 1975 in 33 Blocks (Projects) with 4891 Anganwadi Centres. As of 2010, there are 6719 ICDS projects operational in the Country with 13.7 lakhs operational Aganwadi Centres. Nearly 7.5 Crore children are beneficiaries of the supplementary nutrition under ICDS and nearly 3.5 Cr children (3-6years) are benificiaries of Pre-School education under the Scheme.

Outreach of Reproductive and child health programmes expands…

The strategy for child health care aims to reduce under-five child mortality through interventions at every level of service delivery and through improved child care practices and child nutrition. One major component of the strategy was training to the Anganwadi workers and ANMs for early diagnosis and referral to facilities. At the facility level, the focus was on strengthening capacity to cope with essential newborn care in newborn corners in every facility and promptly treat or refer sick newborns and sick children to more specialised newborn stabilisation units or special newborn care units at the district hospital. 213 sick newborn care units have been set up so far.

The **Navjat Shishu Suraksha Karyakram (NSSK):** A new two-day training programme on basic new born care and resuscitation has been launched in September 2009. 651 Nutrition Rehabilitation Centres have been set up across states for treatment of sick and severely malnourished children and this would be expanded to more districts. Infant and young child feeding programme has been undertaken to improve child nutritional status and promote exclusive breastfeeding.

Another aspect of the strategy is in scaling up the universal access to immunization with particular focus on eradicating polio. More effort at micro-planning, mobilisation of beneficiaries by ASHAs, Vitamin A administration, pediatric anemia management and periodic de-worming are also a part of this programme.

To tackle the Country's malnutrition and neonatal mortality more concerted efforts are required. The immunisation program also needs to be more closely monitored to achieve complete coverage especially for measles so as to reduce the incidence of mortality on account of this disease.

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Chapter 8

Goal 5 Improve Maternal Health

Target 6 Reduce by three quarters between 1990 and 2015, the Maternal Morality Ratio

Indicator No.	Indicator Description
16	Maternal Mortality Ratio (MMR)
17	Proportion of births attended by skilled health personnel

Target 6

Reduce by three quarters between 1990 and 2015, the Maternal Morality Ratio

Indicator:

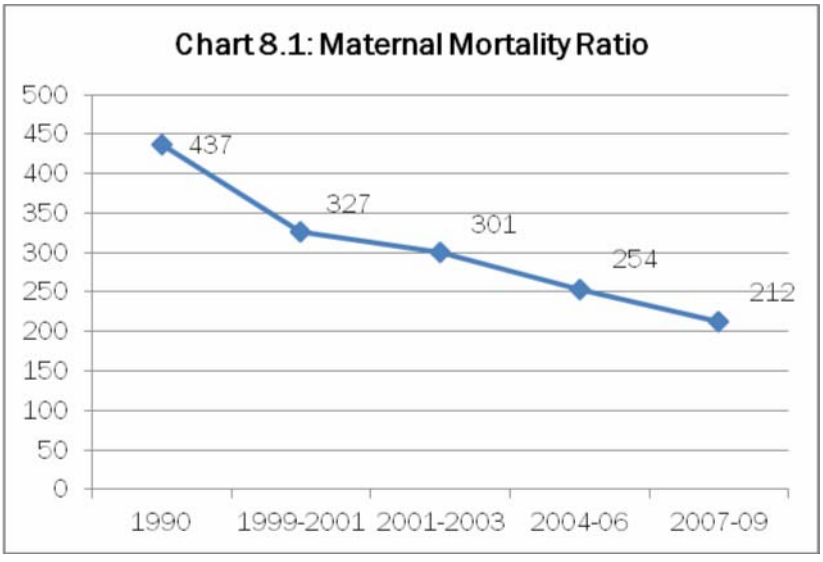
Maternal Mortality Ratio (MMR)

The toll that unsafe motherhood takes on the lives and health of women, and, by extension, on their families and communities, is especially tragic since it is mostly avoidable. The Maternal Mortality Ratio ((**MMR)** is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births.

The problem in estimating MMR has been the fixing of a reliable denominator due to the comparative rarity of the event, necessitating a large sample size. However, even with this constraint, SRS data indicates India has recorded a deep decline in MMR of 35% from 327 in 1999-2001 to 212 in 2007-09 and a fall of about 17% happened during 2006-09. The decline in MMR from 1990 to 2009 is 51%.

Among the age group of 15-49 years, 63% of the maternal deaths were females in the age group of 20-29 years as per the 2007-09 SRS Maternal Mortality estimates.

Kerala, Tamil Nadu and Maharashtra have realized the all India MDG target in 2007-2009 whereas Kerala was the sole State with this distinction in 2004-2006.



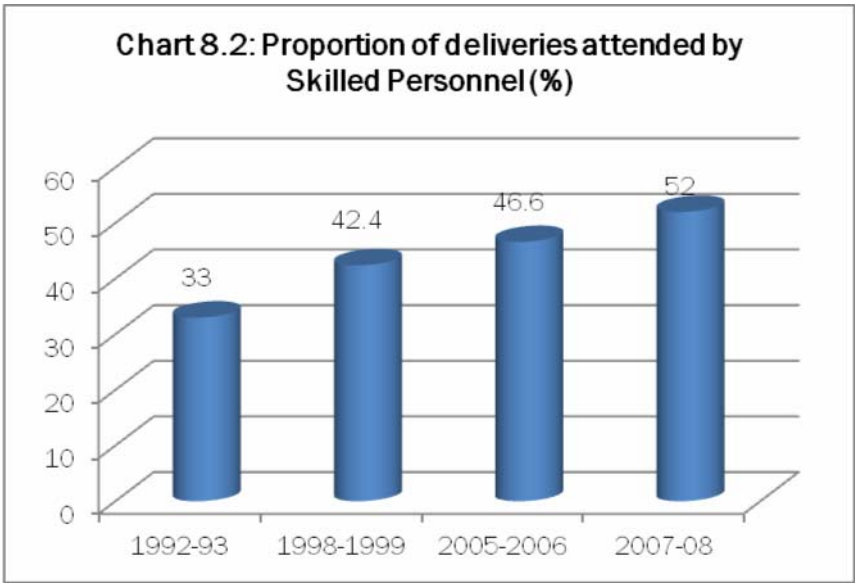
Source: Sample Registration System, Office of Registrar General of India

From an estimated MMR level of 437 per 100,000 live births in 1990/1991, India is required to reduce the MMR to 109 per 100,000 live births by 2015. At the historical pace of decrease, India tends to reach MMR of 139 per 100,000 live births by 2015, falling short by 29 points. However, the bright line in the trend is the sharper decline ie. 17% during 2006-09 and 16% during 2003-06 compared to 8 % decline during 2001-2003. It is worth noting that the number of States that have realized the all India MDG target during 2007-2009 has gone up to 3 against 1, only till 2006. Kerala had the sole distinction of achieving all India MDG target for MMR in 2004-2006. Tamil Nadu and Maharashtra are the new entrants. Andhra Pradesh, West Bengal, Gujarat and Haryana are in closer proximity to the all India MDG target.

The States of Kerala, West Bengal and Bihar and Jharkhand are likely to achieve their State level MMR targets by 2015, with the current trend continuing. However, from their 2007-09 levels, the States of Assam (390), Haryana (153) and Orissa (258), are likely to fall short of their State level targets by huge margins. The remaining States are likely to miss the targets by 18 to 52 points.

Indicator:
Proportion of births attended by skilled health personnel

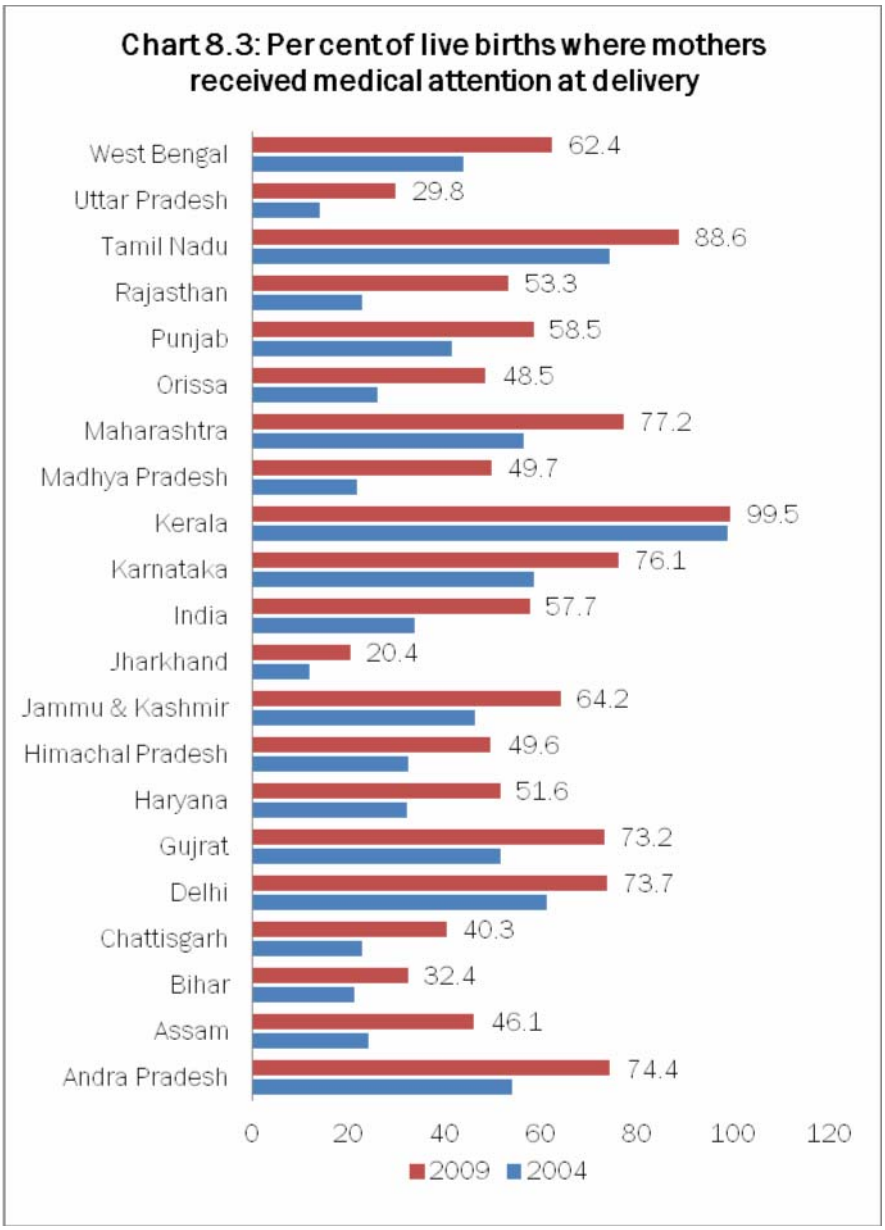
Safe motherhood depends mainly on delivery by trained /professional personnel, particularly through institutional facilities. Among other things, ensuring ante-natal care of prospective mothers at health centres and recommended doses of IFT are important factors that help improve maternal health and reduce life risk during pregnancy. The rate of increase in coverage of institutional deliveries in India is rather slow. It increased from 26% in 1992-93 to 47% in 2007-08. As a result, the coverage of deliveries by skilled personnel has also increased almost similarly by 19 percentage points from 33% to 52% during the same period. With the existing rate of increase in deliveries by skilled personnel, the likely achievement for 2015 is only to 62%, which is far short of the targeted universal coverage.



Source: NFHS, DLHS

As per Statistics based on SRS data of Office of Registrar General of India, percentage of live births for which the mothers received medical attention at the time of delivery at Government or Private hospitals has also increased considerably during the last five years from 34% in 2004 to 58% in 2009 at all India level. The increase is more than two fold during the same period in rural areas; from 24% in 2004 to 49% in 2009. In urban areas, the percentage has reached about 87% by 2009 from 70% in 2004. The State wise situation also reveals considerable improvement during this period.

Medical attention to mothers at the time of deliveries varies widely across States; from as low as 20% in Jharkhand to almost 100% in Kerala.



Source: Sample Registration System (SRS) Report 2009

Going by the present rate of coverage increase, in deliveries assisted by trained/ professional persons, 7 States namely, Andhra Pradesh, Goa, Karnataka, Kerala, Punjab, Sikkim and Tamil Nadu are likely to reach universal coverage or close to it by the year 2015. For the other States, shortfall from universal coverage tends to vary from 10 to 70 percentage points. In terms of percentage of deliveries attended by skilled personnel projected

for the year 2015 on the basis of existing trend, 4 of the North-East States, namely, Arunachal Pradesh (41%), Assam (46%), Meghalaya (32%) and Nagaland (34%) are likely to finish far short of universality. Apart from these States, the other States which are also lagging behind and are likely to remain so in 2015 if they continue to move at the pace of their historic rates, are Bihar (37%), Madhya Pradesh (39%), Uttar Pradesh (37%) and Uttarakhand (45%). The rural – urban gap in coverage in 2005-06 was of the order of 36 percentage points, urban coverage (75.2%) being almost double of that of rural (39.1%). The gap in 2007-08 has slightly narrowed down with rural coverage of 43.4% against urban coverage of 75.8%. Not all the States, which are tending to attain more than 90% coverage in deliveries attended by skilled personnel by 2015, has rural-urban gap in coverage less than 10 percentage points. The rural-urban gap is small in 2005-06 in the States of Goa (0.8 percent point), Kerala (3.3 percent point) and Tamil Nadu (5.8 percent point). The other States where overall attainment in 2015 is likely to exceed 90% mark but rural-urban gap is significant in 2005-06 are Andhra Pradesh (22 percent point), Karnataka (25.8 percent point) and Sikkim (42.2 percent point).

The rural – urban gap in deliveries attended by skilled personnel in 2007-08 has slightly narrowed down with rural coverage of 43.4% against urban coverage of 75.8% whereas the gap was of 36 percentage points in 2005-06.

The States, which show marginal decrease in coverage estimates of 2007-08 from the 2005-06 estimates, include Chhattisgarh, Gujarat, Jharkhand, Maharashtra, Manipur, Meghalaya, Mizoram, Tripura and Uttarakhand. Of these, the decline for Maharashtra and Chhattisgarh is quite significant and not explainable, unlike in other States, for which the marginal decreases may be attributed to sampling error. The overall coverage of deliveries by skilled personnel in India (51.5%) in 2007-08 cannot be improved quickly unless the coverage in those States, which had less than 50% coverage of deliveries by skilled personnel in 2007-08, namely Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Daman & Diu, Jharkhand, Madhya Pradesh, Meghalaya, Tripura, Uttar Pradesh and Uttarakhand, is greatly improved. Of these, Bihar, Chhattisgarh, Jharkhand, Meghalaya and Uttar Pradesh had 30% or less coverage. The States having very high coverage of deliveries by skilled personnel (> 90%) such as Goa, Kerala, Lakshadweep and Tamil Nadu have also achieved 95% or more coverage in institutional deliveries. In fact, institutional deliveries constituted more than 80% of the coverage of deliveries by skilled personnel in all the States/ UTs as per 2007-08 estimates, except for Chhattisgarh, Jharkhand and Manipur which had 40%, 29%

and 26% deliveries respectively done by skilled persons at home (non-institutional). The other States, which had 50-60% coverage of deliveries by skilled personnel in 2007-08 and are therefore, also likely to fall short of universal coverage by large margins in 2015 include Haryana, Himachal Pradesh, J&K, Manipur, Orissa, Rajasthan, Sikkim and West Bengal though these States had nearly 90% or more coverage in institutional deliveries, except for Manipur which had about 74% of institutional deliveries.

Expansion in JSY coverage is key to reducing Maternal Mortality and for safe motherhood…

The Reproductive and Child Health Programme (RCH), under the umbrella of National Rural Health Mission (NRHM), implemented by Ministry of Health and Family Welfare addresses the issue of reduction of Infant Mortality Rate, Maternal Mortality Ratio and Total Fertility Rate through a range of initiatives. The most important of these is the **Janani Suraksha Yojana (JSY),** which has led to a huge increase in institutional deliveries within just four years. Under Janani Suraksha Yojana (JSY), a safe motherhood intervention for promoting institutional delivery, the number of beneficiaries rose from 7.39 lakhs in 2005-06 to about 1 crore in 2009-10. Under JSY, launched in 2005 the government provides a cash incentive for pregnant mothers to have institutional births as well as pre- and ante-natal care. It also provides cash incentives to female community health workers for promoting safe care in pregnancy and facilitating access to institutional care. In the five years since the launch of the NRHM in 2005, institutional deliveries have increased rapidly witnessing a remarkable jump in coverage from 7.39 lakhs beneficiaries in 2005-06 to 90.37 lakh in 2008-09 accounting for an annual expenditure of Rs. 1,241 crores. Quality of antenatal and postnatal care is also being strengthened, with the ASHA (Accredited Social Health Activist) providing support for increasing utilization. Promoting safe delivery at home by ensuring the use of SBAs (Skilled Birth Attendants) has been another important initiative under the National Rural Health Mission (NRHM) to reduce rates of maternal and neonatal mortality among women who opt to deliver at home.

Massive training of ANMs (Auxiliary Nurse Midwives) and nurses for safe delivery have also helped in a major way. In parallel to these efforts the up gradation of health facilities to provide emergency obstetric care and to improve access to skilled birth attendants made a significant difference to health outcomes.

Much of sustainability of risk reduction still depends on food Supplementation for Mothers under ICDS …

There were 2.32 crore pregnant women and lactating mothers (P&LM) eligible for enrolment as per anganwadi survey register in 12.88 lakh operational anganwadi centres (AWCs) of which 1.80 crore P&LM availed of supplementary nutrition as on 30.09.2011. Though Integrated Child Development Services (ICDS) is a self selecting Scheme, the number of pregnant women & lactating mothers receiving supplementary nutrition have increased from 1.51 crore as on 31.03.2009 to 1.56 crore as on 31.03.2010 and to 1.80 crore as on 30.09.2011.

The Government has introduced 5-tier monitoring & review mechanism at National, State, District, Block and Anganwadi Levels and has issued the guidelines on 31.03.2011 to closely monitor inter-alia coverage of beneficiaries including pregnant women & lactating mothers (P&LM) and Anganwadi level Committee is required to review and take as well as suggest actions to improve coverage of all eligible beneficiaries as against the surveyed population.

Indira Gandhi Matritva Sahyog Yojana (IGMSY) fills in gaps in ICDS for safe maternity practices…

Although Janani Suraksha Yojana (JSY) of Ministry of Health and Family Welfare (MoH&FW) provides a one-time cash incentive to a pregnant woman for institutional delivery / home delivery through skilled assistance, it does not address wage loss during pregnancy and after delivery. Hence, a need for introducing a modest maternity benefit to partly compensate for the wage loss of Pregnant and Lactating (P & L) women was recommended by the Planning Commission in the XIth Five Year Plan. Keeping this in view, the Ministry of Women and Child Development introduced a new Scheme for P & L women called **Indira Gandhi Matritva Sahyog Yojana (IGMSY) - a Conditional Maternity Benefit Scheme** to be implemented from 2010-11, initially in 52 pilot

districts across the country.

The objectives of the IGMSY Scheme *are to improve the* health and nutrition status of pregnant and lactating women and their young infants by:

i. Promoting appropriate practices, care and service utilization during pregnancy, safe delivery and lactation.

ii. Encouraging the women to follow (optimal) Infant and Young Child Feeding practices including early and exclusive breast feeding for six months.

iii. Contributing to better enabling environment by providing cash incentives for improved health and nutrition to pregnant and nursing mothers.

The Scheme is implemented using the ICDS platform covering approximately 14 lakh women in the initial years. IGMSY is a centrally Sponsored Scheme under which full grant-in-aid is provided to State Governments/Union Territories. The Scheme envisages providing cash directly to P&L women in response to the individual fulfilling specific conditions. The Scheme attempts to partly compensate for wage loss to P & L women both prior to and after delivery of the child. The Scheme will increase the demand for health services and promote recommended nutrition and health behaviours. A cash incentive of ` 4000 is provided under the Scheme to P & L women of 19 years of age and above, for the first two live births, subject to the woman fulfilling specific conditions relating to maternal child health and nutrition. All Government/PSUs (Central & State) employees would be excluded from the Scheme as they are entitled for paid maternity leave. Cash incentive would be provided **i**n three installments, between the second trimester of pregnancy till the infant completes 6 months of age. Most States/UTs have completed the baseline survey. An amount of Rs.101crore has been released for IGMSY upto 28th February, 2011.

The above programmes implemented in an accelerated and better focused manner will be the urgent requirement for the coming years to further reduce the maternal mortality in India with a sharp

decline and also to improve the coverage of deliveries attended by skilled personnel.

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Chapter 9

Goal 6 Combat HIV/AIDS, Malaria and other Diseases

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

Indicator No.	Indicator Description
18	HIV prevalence among pregnant women aged 15-24 years
19	Condom use rate of the contraceptive prevalence rate (Condom use to overall contraceptive use among currently married women,15-49 years, percent)
19A	Condom use at last high risk sex (Condom use rate among non regular sex partners 15-24 years)
19B	Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS

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

Indicator No.	Indicator Description
21	Prevalence and death rates associated with Malaria
22	Proportion of population in Malaria risk areas using effective Malaria prevention and treatment measures (Percentage of population covered under use of residuary spray in high risk areas)
23	Prevalence and death rates associated with Tuberculosis
24	Proportion of Tuberculosis cases detected and cured under DOTS

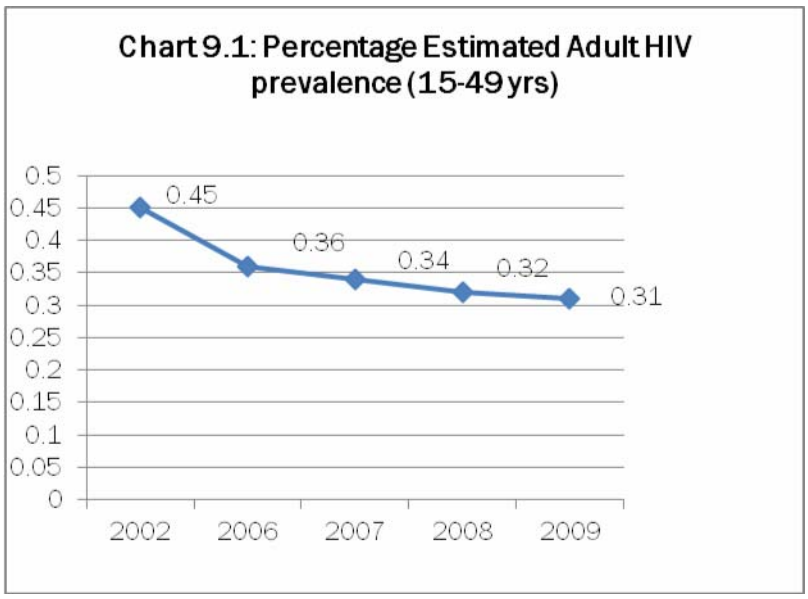
Target 7 **Have halted by 2015 and begun to reverse the spread of HIV/AIDS**

HIV epidemic in India is to a large extent confined among the High Risk Groups, i.e., Female Sex Workers, Injecting Drug Users, Men who have Sex with Men and Transgenders. The prevalence of HIV/AIDS is about 20 times higher in these groups as compared to that among the general population. Based on HIV Sentinel Surveillance 2008-09, it is estimated that India has an adult prevalence of 0.31 percent with 23.9 lakh people infected with HIV, of which, 39 percent are female and 3.5 percent are children. The latest estimates reveal an overall reduction in adult HIV prevalence, HIV incidence (new infections) as well as AIDS related mortality in India.

One of the key characteristics of the recent round of estimations is that it allowed for generating estimates of the HIV incidence (number of new HIV infections per year). Epidemiological analysis revealed that the number of new annual HIV infection cases has declined by more than 50 percent during the last decade. It is estimated that India had approximately 1.2 lakh new HIV infected persons in 2009, as against 2.7 lakh in 2000. This is one of the most important evidence on the impact of the various interventions under National AIDS Control Programme (NACP) and scaled-up prevention strategies.

Heterosexual mode of HIV transmission accounts for 87.4% of HIV positive cases detected during 2010-11 while incidence rate among the high risk groups is found to be declining over the years.

The estimated adult HIV prevalence in India was 0.32 percent (0.26% – 0.41%) in 2008 and 0.31 percent (0.25% – 0.39%) in 2009. The adult prevalence is 0.26 percent among women and 0.38 percent among men in 2008, and 0.25 percent among women and 0.36 percent among men in 2009.



Source: HIV Sentinel Surveillance

Among the States, Manipur has shown the highest estimated adult HIV prevalence (1.40%), followed by Andhra Pradesh (0.90%), Mizoram (0.81%), Nagaland (0.78%), Karnataka (0.63%) and Maharashtra (0.55%). Besides these states, Goa, Chandigarh, Gujarat, Punjab and Tamil Nadu have shown estimated adult HIV prevalence greater than national prevalence (0.31%),while Delhi, Odisha, West Bengal, Chhattisgarh and Puducherry have shown estimated adult HIV prevalence of 0.28-0.30 percent. All other States/ UTs have lower levels of HIV prevalence.

Although the adult HIV prevalence at national level has continued its steady decline from estimated level of 0.41 percent in 2000 through 0.36 percent in 2006 to 0.31 percent in 2009 with all the high prevalence States showing a clear declining trend in adult HIV prevalence, the low prevalence States of Chandigarh, Odisha, Kerala, Jharkhand, Uttarakhand, Jammu & Kashmir, Arunachal Pradesh and Meghalaya show rising trends in adult HIV prevalence in the last four years.

At all India level, the estimated new HIV infections in 15+ years population also has shown a declining trend and registering a decline by 20% during 2006-2009 (from 1,50,672 in 2006 to 1,20,668 in 2009). While this trend is evident in most states, some low prevalence states have shown a slight increase in the number of new infection cases over the past two years; this underscores the need for the programme to focus more on

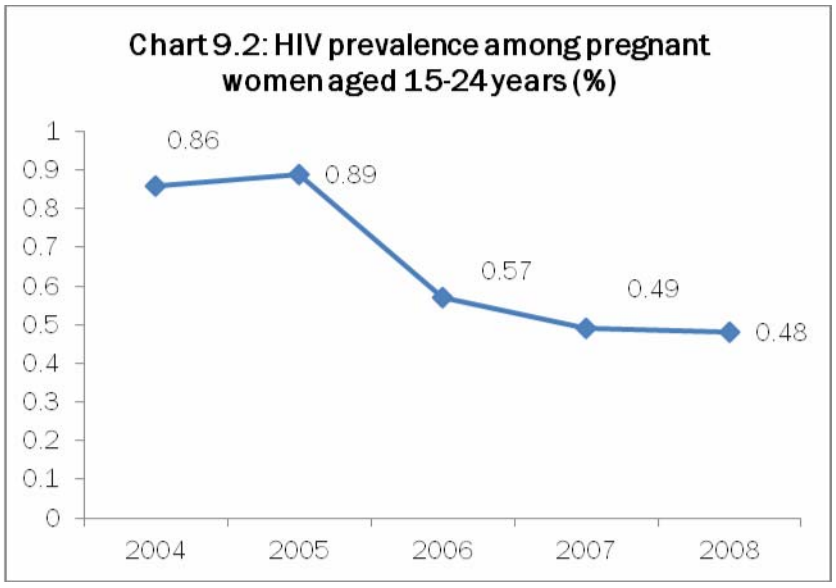
these States with low prevalence, but high vulnerability. Of the 1.2 lakh estimated new infection cases in 2009, the six high prevalence states account for 39 percent of the cases, while the seven low prevalence States of Odisha, Bihar, West Bengal, Uttar Pradesh, Rajasthan, Madhya Pradesh and Gujarat account for 41 percent of new infections.

Children under 15 yrs account for 3.5 percent of the total number of people living with HIV/AIDS (PLHA) in India, estimated at 23.9 lakh (19.3 – 30.4 lakh) in 2009, while 83 percent are the in age group 15-49 years. Of all HIV infection, 39 percent (9.3 lakhs) are among women. The four high prevalence states of South India (Andhra Pradesh–5 lakhs, Maharashtra–4.2 lakhs, Karnataka–2.5 lakhs, Tamil Nadu–1.5 lakhs account for 55 percent of all HIV infected people in the country. West Bengal, Gujarat, Bihar and Uttar Pradesh are estimated to have more than one lakh PLHA each and together account for another 22 percent of HIV infections in India. The states of Punjab, Odisha, Rajasthan & Madhya Pradesh have 50,000 to 1 lakh HIV infection cases each and together account for another 12 percent of HIV infections. These states, in spite of low HIV prevalence, have large number of PLHA due to the large population size.

Among pregnant women of 15-24 years, the prevalence of HIV has declined from 0.86% in 2004 to 0.48% in 2008.

Indicator:

HIV prevalence among pregnant women aged 15-24 years



Source: HIV Sentinel Surveillance

In the States of Nagaland (1.35%), Andhra Pradesh (1.15%), Karnataka (0.81%), Goa (0.78%), Mizoram(0.6%), Maharashtra (0.53%), and Himachal Pradesh (0.5%) HIV among pregnant women is more prevalent than in other States. Though a number of States showed a decline in 2008 compared to 2004 in HIV prevalence among pregnant women aged 15-24 years,Punjab, Himachal Pradesh, Gujarat, Rajasthan and Bihar reported an increase. However, the trend remained a mixed one for most of the States during the period.

Indicator:

Condom use rate of the contraceptive prevalence rate among currently married women,15-49 years

According to NFHS –III Condom use rate of the contraceptive prevalence rate (Condom use to overall contraceptive use among currently married women, 15-49 years percent) was only 5.2 % at all India level. Delhi (22.9%), Uttarakhand (15.7%), Punjab (15.5%), Haryana (11.8%), Himachal Pradesh (11.5%), Uttar Pradesh (8.6%), Jammu & Kashmir (8%), Goa (7.5%), Maharashtra (6.2%), Gujarat (5.8%), Rajasthan (5.7%) and Kerala (5.5%), were the States which reported Condom use rate of the contraceptive prevalence rate above the national figure.

Indicator :
Condom use at last high-risk sex

The Behavioural Surveillance Survey (BSS) conducted to monitor the changes in knowledge and behavior indicators in different risk groups with respect to HIV/AIDS indicates that **Condom use among non-regular sex partners** is quite prevalent. According to BSS conducted in 2001 & 2006, the national estimates for Condom use at last high-risk sex (%) - *Proportion of population aged 15-24 years who used condom during last sex with non-regular partner* registered a 19% increase from 51.9% in 2001 to 61.7% in 2006. In 2009, BSS was conducted in six states (Uttar Pradesh, Andhra Pradesh, Karnataka, Tamil Nadu, Maharashtra and Manipur) as part of Mid-Term Review of NACP-III. The estimates for Condom Use at high risk sex (%) for these States for 2006 & 2009 are as follows:

Table 9.1: Condom use at last high-risk sex (%) - *Proportion of population aged 15-24 years who used condom during last sex with non-regular partner:*		
States	**2006**	**2009**
Uttar Pradesh	48.8	46
Andhra Pradesh	63.6	89
Karnataka	81.1	87
Tamil Nadu [21]	46.4	
Maharashtra	77.8	92
Manipur	76.6	

Source :Behavioural Surveillance Survey

Indicator: Proportion of population aged 15-24 years with comprehensive correct Knowledge of HIV/AIDS (%)

According to BSS, the national estimate for proportion of population aged 15-24 years with comprehensive correct Knowledge of HIV/AIDS[22] (%) in 2006 was 32.9 % reporting betterment from 2001 (22.2%).

The estimates of the indicator for the States in which BSS was conducted in 2009 are as follows:

Table 9.2: Comprehensive Correct Knowledge about HIV Transmission and Prevention		
States	**2006**	**2009**
Uttar Pradesh	29	21
Andhra Pradesh	28	19
Karnataka	23	10
Tamil Nadu	30	56
Maharashtra	49	24
Manipur	43	

Source :Behavioural Surveillance Survey

National AIDS Control Programme (NACO) helps reversing the trend….

The national response to HIV/AIDS in India over the last decade has yielded encouraging outcomes in terms of prevention and control of HIV. Recent HIV estimations highlight an overall reduction in adult HIV prevalence as well as new infections (HIV incidence) in the country, although variations exist across the

states. Analysis of epidemic projections revealed that the number of annual new HIV infections has declined by more than 50% during the last decade. This is one of the most important evidence on the impact of the various interventions under the National AIDS Control Programme and scaled-up prevention strategies. Wider access to ART (Anti Retroviral treatment) has resulted in a decline of the number of people dying due to AIDS related causes. The trend of annual AIDS deaths is also showing a steady decline since the roll-out of free ART programme in India in 2004.

The focus of NACP has shifted over the time, from raising awareness to behaviour change, from a national response to a more decentralized response and to increasing involvement of NGOs and networks of PLHA. Phase-III (2007-2012) of NACP-III has evolved as a scientifically configured programme, grounded on a strong structure of policies, programmes, schemes, operational guidelines, rules and norms.

NACP-III aims at halting and reversing HIV epidemic in India over the five-year period by scaling up prevention efforts among High Risk Groups (HRG) and General Population and integrating them with Care, Support & Treatment services. Thus, Prevention and Care, Support & Treatment (CST) form the two key pillars of all the AIDS control efforts in India. Strategic Information Management and institutional strengthening activities provide the required technical, managerial and administrative support for implementing the core activities under NACP-III at national, state and district levels.

Package of services provided under NACP-III include:

Prevention Services

I. Targeted Interventions for High Risk Groups and Bridge Population (Female Sex Workers (FSW), Men who have Sex with Men (MSM), Transgenders/Hijras, Injecting Drug Users (IDU), Truckers & Migrants)

II. Needle-Syringe Exchange Programme (NSEP) and Opioid Substitution Therapy (OST) for IDUs

III. Prevention Interventions for Migrant population at source, transit and destinations

IV. Link Worker Scheme (LWS) for vulnerable population in rural areas

V. Prevention & Control of Sexually Transmitted Infections/Reproductive Tract Infections (STI/RTI)

VI. Blood safety

VII. HIV Counseling & Testing Services

VIII. Prevention of Parent to Child Transmission

IX. Condom promotion

X. Information, Education & Communication (IEC) & Behaviour Change Communication (BCC) – Mass Media Campaigns through Radio & TV, Mid-media campaigns through Folk Media, display panels, banners, wall writings etc., Special campaigns through music and sports, Flagship programmes such as Red Ribbon Express etc.

XI. Social Mobilization, Youth Interventions and Adolescence Education Programme

XII. Mainstreaming HIV/AIDS response

XIII. Work Place Interventions

Care, Support & Treatment Services

I. Laboratory services for CD4 Testing and other investigations
II. Free First line & second line Anti-Retroviral Treatment (ART) through ART centres and Link ART Centres (LACs)
III. Paediatric ART for children
IV. Early Infant Diagnosis for HIV exposed infants and children below 18 months
V. Nutritional and Psychological support through Community Care Centres (CCC)
VI. HIV-TB Coordination
VII. Treatment of Opportunistic Infections
VIII. Drop-in Centres for PLHA networks

Details of the activities

1. **Counseling and Testing services** have been scaled up significantly and 65 lakh persons were counseled and tested through 5,246 Integrated Counseling & Testing Centres including 29.3 lakh pregnant women during 2011-12(till July 2011). Presently 4,402 Mother and Baby pairs are receiving Nevirapine Prophylaxis for prevention of transmission of HIV from mother to child. There is HIV-TB cross referrals in 3.17 lakhs cases.

2. Under **STI/RTI prevention and control component** of NACP during 2010-11, 102.13 lakh new Sexually Transmitted Infections (STI) / Reproductive Tract Infection (RTI) episodes have been treated. Convergence strategy with National Rural Health Mission (NRHM) through standardized treatment protocols and common operational guidelines has also been developed.

3. Under **Blood Safety Programme**, 1,127 blood banks are being supported under the programme, including 155 Blood Component Separation facilities. Voluntary

blood donation accounts for 81% of blood units collected during April to Aug. 2011-12.

Voluntary Blood Donation Programme

4. Under the **Condom Social Marketing Programme,** 27.07 crore pieces and 44.72 crore pieces of condom were distributed during 2009-10 and 2010-11. During 2011-12(till July., 2011), 16.64 crore pieces of condoms were distributed. Under phase-III of programme Condom Social Marketing is being scaled up to reach 370 high priority districts with the focus on ensuring availability of condoms in rural as well as in high risk areas. The programme would be servicing 8 lakh retail outlets in 26 states/ UTs.

Magic Show Promoting Deluxe Nirodh Condom

5. **Targeted Intervention (TI)** is being implemented through non-government organizations (NGOs) and community-based organizations (CBOs), which provide services on behavior change communication, condom promotion, STI care, needle syringe exchange programme, Opioid Substitution Therapy (OST) and referrals for HIV testing and Anti-Retroviral Treatment. At the beginning of NACP III, there were a total of 789 TIs in the country. It was envisaged that a total of 2100 TIs would be required to achieve the goal of 80% saturation, SACS undertakes mapping exercise to estimate the HRG numbers and on the basis of this the TIs are conducted. At present there are 1561 State AIDS Control Societies (SACS) funded TIs and 180 donor funded TIs with the coverage of Female Sex Workers (78%), Injecting Drug Users (76%), Men having sex with Men (69%) and bridge population including Migrants (32%) and Truckers (33%). Through these TIs in total 31.32 Lakhs HRGs are being provided services. New initiatives include Opioid Substitution Therapy, A new migrant strategy has been also been launched to tackle transmission through migrants at source, transit and destination.

6. **Link Worker Scheme** is a rural based intervention for prevention and care needs of HRG and vulnerable population of rural area including of referral to ICTC services and STI services, Condom promotion & distribution, information related to HIV

prevention and related services.

7. **Information Education & Communication activities** aim at effecting behaviour change with the target of creating an empowering and enabling environment for all. The focus is on promoting safe behaviours, reduction of stigma and discrimination and promotion of services, while giving special emphasis to high risk groups, bridge populations including truckers and migrants and youth and women in general population, The Red Ribbon Express (RRE), phase II, the special exhibition train on HIV/ AIDS and other health issues completed one year's journey on 1st December, 2010 disseminating messages on HIV prevention, treatment and care and support, besides information on common diseases and services for free HIV counseling and testing and general health check-up. The train traversed over 25,000 kms covering 152 stations in 22 states. The project received an overwhelming response all across the country: 80 lakh persons were reached, 81,000 resource persons trained and 36,000 people tested for HIV.

8. During the last 3 years, there has been significant stepping up of **Care, Support & Treatment activities** in terms of the number of ART centres, number of patients registered and number of patients on-ART.

Table 9.3: Care, Support & Treatment activities during last 3 years

CST Programme	Mar 2008	Dec-2010	July-2011
ART Centres	157	292	318
Centres of Excellence	2	10	10
Link ART Centres	-	550	710
Community Care	122	259	259
PLHIV Registered	1,94,607	11,69,050	1,343,206
No. of PLHIV on ART	1,34,927	3,84,726	4,34,005
No. of PLHIV on	-	1,929	2,370

Source: NACO

9. Data on the progress in activities under the programme is processed through the **Computerized Management Information System**

(CMIS). Timeliness and completeness of reporting is monitored, and feedback provided for improving the quality and completeness of reporting. **Strategic Information Management System (SIMS)** developed as a mechanism for improving on the CMIS, was launched in August 2010. Training on SIMS has been completed in four phases at National and State level. Roll out of SIMS on pilot basis in Delhi and in the states of Andhra Pradesh, Goa, Gujarat, Karnataka, Maharashtra, Puducherry and Tamil Nadu is in progress from 15 September, 2011.

Red Ribbon Express project (RRE): Red Ribbon Express Project was implemented by NACO and State AIDS Control Societies in two phases. During 2007-08, 68,161 resource persons were trained, 62,00,341 people were directly reached and in 2009-10, 80,32,401 people were directly reached by the RRE while 81,398 Resource Persons were trained.

Red Ribbon Clubs (RRC): Red Ribbon Clubs formed in colleges provide a forum for students to come together to share information on HIV/AIDS and safe behaviours, discuss related issues and also motivate them to participate in voluntary blood donation; Adolescent Education Programme (AEP): The Adolescence Education Programme (AEP) is an intervention to build life skills of the young people and help them cope with negative peer pressure, develop positive behaviour, improve sexual health and prevent HIV infections. Under the programme, sessions are scheduled for sixteen hours for classes IX and XI.

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

Malaria is a public health problem in several parts of the country. About 95% population in the country resides in malaria endemic areas. 80% of malaria cases are reported from areas consisting of 20% of population residing in tribal, hilly, difficult and inaccessible areas. Directorate of National Vector Borne Disease Control Programme (NVBDCP) has framed technical guidelines/ policies and provides most of the resources for the programme. Indicators have been developed at national level for monitoring of the programme and there is uniformity in collection, compilation and onward submissions of data. Passive surveillance of malaria is carried out by PHCs, Malaria Clinics, CHCs and other secondary and tertiary level health institutions that patients visit for treatment. Apart from that, ASHA - a village volunteer is involved in the programme to provide diagnostic and treatment services at the village level as a part of introduction of intervention like Rapid Diagnostic Tests and use of Artemisinin Combination Therapy (ACT) for the treatment of Pf cases

Indicator:

Prevalence and death rates associated with Malaria

The countrywide malaria situation as reflected in surveillance data from 1995-2010 is given below:

Table 9.4 : Countrywide Epidemiological Situation (1995 – 2010)

Year	Population (in '000)	Total Malaria Cases (million)	P.falciparum cases (million)	Pf %	API[23]	Deaths due to malaria
1995	888143	2.93	1.14	38.84	3.29	1151
1996	872906	3.04	1.18	38.86	3.48	1010
1997	884719	2.66	1.01	37.87	3.01	879
1998	910884	2.22	1.03	46.35	2.44	664
1999	948656	2.28	1.14	49.96	2.41	1048
2000	970275	2.03	1.05	51.54	2.09	932
2001	984579	2.09	1.01	48.2	2.12	1005
2002	1013942	1.84	0.9	48.74	1.82	973
2003	1027157	1.87	0.86	45.85	1.82	1006
2004	1040939	1.92	0.89	46.47	1.84	949
2005	1082882	1.82	0.81	44.32	1.68	963
2006	1072713	1.79	0.84	47.08	1.66	1707
2007	1087582	1.51	0.74	49.11	1.39	1311
2008	1119624	1.53	0.77	50.81	1.36	1055
2009	1150113	1.56	0.84	53.72	1.36	1144
2010	1151788	1.6	0.83	51.87	1.3	1023

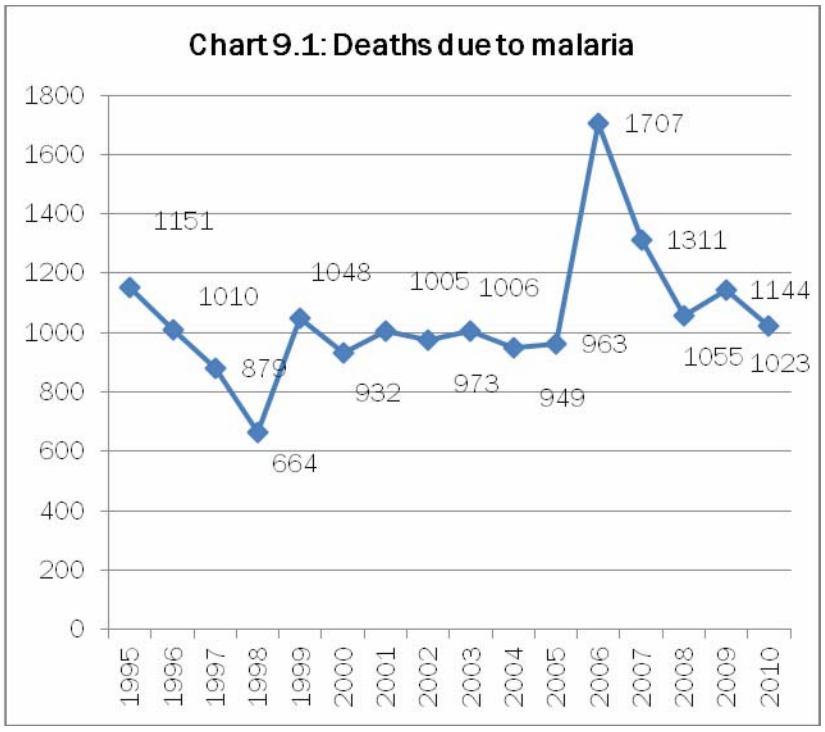
Source: Directorate of National Vector Borne Disease Control Programme

The case load, though steady around 2 million cases annually in the late nineties, has shown a declining trend since 2002. When interpreting API, it is important to evaluate the level of surveillance activity indicated by the annual blood examination rate. At low levels of surveillance, the Slide Positivity Rate (SPR) may be a better indicator. The SPR (not shown in table) has also shown gradual decline from 3.32 in 1995 to 1.41 in 2010. The reported Pf cases declined from 1.14 million in 1995 to 0.77 million cases in 2010. However, the Pf % has gradually increased from 39% in 1995 to 52.12% in 2010. Number of reported deaths has been hovering around 1000 per year. The mortality peak in 2006 was related to severe malaria epidemics affecting Assam caused by population movements.

Currently, 80.5% of the population of India live in malaria risk areas. There are various ways of classifying risk areas. Since 1970s, in India, areas with an API above 2 cases per 1000 population per year have been classified as high risk and thereby eligible for vector control.

Country Scenario of Epidemiological Indicators for Malaria

The data shows that Annual Parasite Incidence (API) rate has consistently come down from 2.12 per thousand in 2001 to 1.30 per thousand in 2010 but confirmed deaths due to malaria have been fluctuating during this period.



Source: Directorate of National Vector Borne Disease Control Programme

From table 9.4, it is evident that, the cases have consistently declined from 2.08 million to 1.6 million during 2001 to 2010. Similarly Pf cases have declined from 1.0 to 0.83 million cases during the same period. Less than 2000 deaths were reported during all the years within this period with a peak in 2006 when an epidemic was reported in NE States.

Control of Malaria in Urban situation – Urban Malaria Scheme

At present, about 10% of the total cases of malaria are reported from urban areas. The control of malaria in the urban areas was thought of an important strategy as a programme complimentary to the NVBDCP for rural areas. Modified Plan of Operation (MPO) was designed and submitted to the Cabinet to tackle the malaria situation in both urban and rural areas in the country simultaneously. Under MPO, it was decided to initiate anti-larval and anti-parasitic measures to abate the malaria transmission in urban areas. The proposal to control malaria in towns named as Urban Malaria Scheme was approved during 1971 and it was envisaged that 131 towns would be covered under the scheme in a phased manner. This scheme was sanctioned during November, 1971 and the expenditure on this scheme is treated as plan expenditure in centrally sponsored sector. The central assistance under this scheme was treated

100 per cent grant to the State Governments in kind. From 1979-80, the expenditure on this scheme is being shared between the Centre and the State Governments on 50: 50 basis.

At present, Urban Malaria Scheme is protecting 115.1 million population from malaria as well as from other mosquito borne diseases in 131 towns in 19 States and Union Territory. The main aim is the reduction of the disease to a tolerable level in which the human population can be protected from malaria transmission with the available means. Under the scheme, Malaria Control strategy comprises of (i) Parasite control & (ii) Vector control

Indicator:

Prevalence and death rates associated with Tuberculosis

India is highest TB burden country in the world, accounting for nearly one-fifth of the global incidence and in 2009, out of the estimated global annual incidence of 9.4 million TB cases; 2.0 million were estimated to have occurred in India. India has contributed to approximately 24% of the total global new cases detected during the year 2009 as per the WHO Global Report 2010. In 2005, 1.29 million, in 2006, 1.39 million; in 2007, 1.48 million patients; in 2008, 1.51 million; in 2009, 1.53 million TB patients and in 2010, 1.52 million TB patients have been registered for treatment.

The Revised National TB Control Programme (RNTCP) based on the internationally recommended directly observed treatment short course (DOTS) strategy has been expanded to cover the entire country with a view to achieve and maintain a cure rate of at least 85% among new sputum positive patients and at least 70% success rate in case detection. Prevalence of all forms of TB has been brought down from 338/ lakh population (1990) to 256/ lakh population in 2010 and TB mortality in the country has reduced from over 42/lakh population in 1990 to 26/lakh population in 2010 as per the WHO global report 2011. Repeat

population surveys conducted by TRC[24] indicate an annual decline in prevalence of disease by 12%.

Table 9.5: Estimated rates per 100,000 population for TB

Year	Mortality(Excl. HIV)	Prevalence (Incl. HIV)	Incidence (Incl. HIV)
1990	43 (21-73)	338 (135-659)	168 (92-243)
1995	19 (10-33)	234 (91-400)	168 (134-201)
2000	24 (14-37)	248 (108-418)	168 (134-201)
2005	26 (16-38)	258 (114-431)	168 (134-201)
2006	25 (15-38)	254 (110-427)	168 (134-201)
2007	24 (14-36)	250 (108-420)	168 (134-201)
2008	23 (14-36)	248 (105-419)	168 (134-201)
2009	23 (14-36)	249 (107-417)	168 (134-202)
2010	26 (17-39)	256 (161-373)	185 (167-205)

Source: WHO Report 2011/Global Tuberculosis Control

There has been drastic improvement in detection rate and success rate due to expansion of DOTS. The case detection rate under DOTS for new smear positive cases has improved from near 1% in 1997 to 71% in 2010(Q3), which has just overshot the desired level of 70% prescribed under DOTS. The treatment success rate has remained steady at 86%-87% level during the last five years.

For the purpose of assessing the State level situations, the estimates of prevalence[25], success rate among new s+ cases, cure rate in new s+ cases and mortality rate among new s+ cases have been considered and they are based on RNTPC database, and are conceptually different from those used by the WHO for national estimates and hence the two sets are not comparable. The decline in the prevalence rate and mortality rate as presented by the WHO estimates for India at the national level over the period 1990 to 2010 shows a drop of 82 per 100,000 population in terms of prevalence rate over the period and a drop of 17 per 100,000 population in terms of mortality rate over the same period. The national level

prevalence rate by the RNTPC data, based on registered cases alone shows a drop of 93 per 100,000 population during 2004 and 2010 from 125.4 per 100,000 population to 32.6 per 100,000 population. The mortality rate among the new s+ve cases during 2004 and 2010 declined marginally from 4.7% to 4.1% although the treatment success rate among the new s+ve cases remained almost stationary at 87% around 2010 against 86% in 2004.

Revised National TB Control Programme (RNTCP) expanding fast …

The Goal of RNTCP is to decrease mortality and morbidity due to TB and cut transmission of infection until TB ceases to be a major public health problem in India.

Objectives of RNTCP:

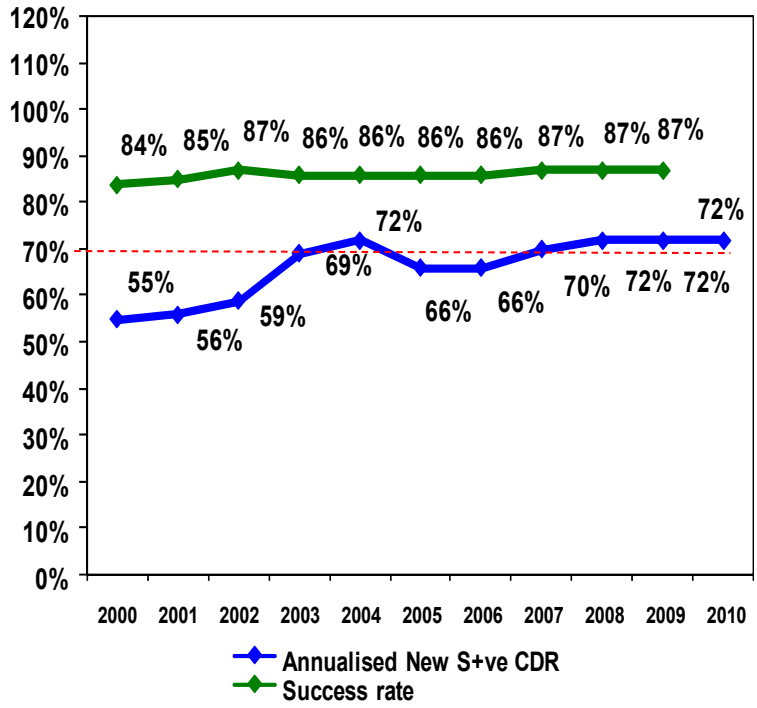
- **o achieve and maintain cure rate of at least 85% among New Sputum Positive patients.**
- **o achieve and maintain case detection of at least 70% of the estimated NSP cases in the community**

Full nation-wide coverage under RNTCP was achieved in March 2006 covering over a billion population (1114 million) in 632 districts / reporting units. In terms of treatment of patients, RNTCP has been recognized as the largest and the fastest expanding TB control programme in the world. The current focus of the programme is on ensuring universal access to quality TB diagnosis and quality treatment services to all TB patients in the community.

Since its inception, the programme has initiated over 13.68 million patients on treatment, thus saving more than 2.5 million additional lives. Treatment success rates have tripled from 25% in pre-RNTCP era to 87% presently and TB death rates have

been reduced from 29% to 4% during the same period. Since 2007, RNTCP has also achieved the NSP case detection rate of more than 70% in line with the global targets for TB control while maintaining the treatment success rate of >85%.

Chart 9.2: Annual New sputum smear positive case detection rate and treatment success rate in DOTS areas, 2000-2010



In 2010 the NSP Case detection rate was 72% and treatment success rate 87%. In 2nd quarter 2011 the NSP Case detection rate was 78.6% and the success rate was 87.7%.

Quality assured diagnostic facilities are available through nearly 13000 designated microscopy centres (DMCs) across the country. To ensure quality of sputum microscopy, external quality assurance is being routinely conducted throughout the country as per a standardized protocol based on international guidelines with all components for ensuring quality – on site evaluation, panel testing and blinded crosschecking. All states are implementing the 'Supervision and Monitoring strategy' – detailing guidelines, tools and indicators for monitoring the

performance from the PHI level to the national level. The programme is focusing on the reduction in the default rates amongst all new and re-treatment cases and is undertaking steps for the same. To improve access to tribal and other marginalized groups the programme has developed a Tribal action plan which is being implemented with the provision of additional TB Units and DMCs in tribal/difficult areas, additional staff, compensation for transportation of patient & attendant and higher rate of salary to contractual staff. The programme has introduced Pediatric patient wise boxes, in 2006, with formulations and doses specifically designed for convenient usage in children.

The TB-HIV collaborative activities which were being undertaken in 14 states in 2006 were scaled up to all the states in 2007. NACP (National AIDS Control Programme) & RNTCP have developed "National framework of Joint TB/HIV Collaborative activities" in 2007 and revised it in 2009. The framework articulates the policy of TB/HIV collaborative activities in the country. The 2009 revision establishes uniform activities at ART (Anti-retroviral treatment) centers and ICTCs (Integrated Counselling and Testing Centres) nationwide for intensified TB case finding and reporting, and set the ground for better monitoring and evaluation jointly by the two programmes. The vision is to scale up Intensified TB-HIV package in the entire country by 2012.

To know the prevalence of drug resistance amongst new cases and re-treatment cases, state wide community based surveys have been carried out in the states of Gujarat and Maharashtra.

These surveys estimate the prevalence of Multidrug resistant TB (MDR-TB) to be ~3% in new cases and 12-17% in retreatment cases and also indicate that the prevalence of MDR-TB is not increasing in the country. Two more surveys are underway in the states of Andhra Pradesh and Western Uttar Pradesh and there is a plan to undertake a survey in Orissa in near future.

DOTS Plus for management of Multidrug resistant TB (MDR-TB)….

The programme is in the process of establishing a network of about 43 accredited Culture and Drug Susceptibility testing (DST) Laboratories across the country in a phased manner for diagnosis and follow-up of MDR TB patients. In addition the programme is also accrediting and involving existing laboratories in Government Medical Colleges as well laboratories in the NGO and Private Sector to supplement the laboratory capacity. DOTS Plus services, for management of MDR TB, were initiated in the States of Gujarat and Maharashtra in 2007 and have been expanded to another 17 States. The DOTS Plus services are presently available in Gujarat, Maharashtra, Andhra Pradesh, Haryana, Delhi, Kerala, West Bengal, Tamil Nadu, Rajasthan, Jharkhand, Orissa, Daman-Diu, Himachal Pradesh, Uttar Pradesh, Puducherry, Madhya Pradesh and Karnataka with over 4858 MDR-TB patients initiated on treatment.

Major Bottlenecks for Implementation

Despite the progress achieved under RNTCP, TB incidence and mortality are still high, and an estimated 280,000 people died of TB in 2009. Reaching the un-reached is one of the important challenge as it necessitates innovative strategies for ensuring universal access to TB diagnostic and treatment facilities. Advocacy and communication strategies need to be inclusive of such efforts towards social mobilization for achieving universal access Urban areas still experience intense levels of TB transmission, where urban primary health care systems tend to be weaker and private health care predominates. Further reducing treatment default of patients put on treatment under Programme is another challenge in order to prevent drug Resistant TB. Linking HIV-infected TB patients to HIV care and support and implementing measures to prevent TB in HIV care settings need further strengthening. The Country needs to put in place more intensified measures on these areas to reach and maintain a desirable progress in reducing TB infections.

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Chapter 10

Goal 7 Ensure Environmental Sustainability

Target 9	**Integrate the principles of sustainable development into country policies and programmes, and reverse the loss of environmental resources.**
Indicator No.	**Indicator Description**
25	Proportion of land area covered by forest
26	Ratio of area protected (to maintain biological diversity) to surface area
27	Energy use per unit of GDP(Rupee)
28	Carbon Dioxide emission per capita and consumption of Ozone -depleting Chlorofluoro Carbons (ODP tons)
29	Proportion of the Households using solid fuels
Target 10	**Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation**
Indicator No.	**Indicator Description**
30	Proportion of population with sustainable access to an improved water source, urban and rural
31	Proportion of population with access to improved sanitation, urban and rural
Target 11	**By 2020, to have achieved, a significant improvement in the lives of at least 100 million slum dwellers**
Indicator No.	**Indicator Description**
32	Slum population as percentage of urban population

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

The “Environment” comprises all entities, natural or manmade, external to oneself, and their interrelationships, which provide value, now or perhaps in the future, to humankind. Environmental concerns relate to their degradation through actions of

humans. Sustainability of forest ecosystem is an essential component of the environmental conservation efforts and any degradation of forests will have an adverse impact on various systems such as water resources, agriculture, biodiversity, environment, climate and human health, besides, the subsistence living of tribals and other communities living in and around forest areas. United Nations has declared the year 2011 as the **International Year of Forests** to raise awareness and strengthen the sustainable management, conservation and sustainable development of all types of forests for the benefit of current and future generations.

Natural resource depletion (water, mineral, forest, sand, rocks etc.), environmental degradation, loss of biodiversity and loss of resilence in ecosystems etc are the major environmental issues faced by India. The **Forest Conservation Act** of India, 1980 with amendments in 1988, provides for conservation of forests and matters connected with protection of trees from illegal felling and destruction. The National Environment policy 2006 has evolved from the recognition that only such development is sustainable, which respects ecological constraints. India enacted a **Forest Rights Act, 2006** to vest forest rights and titles on traditional forest dwelling communities.

A: Forest Cover in India

While most developing countries lost forest cover, India added around 3mn hectares of forest and tree cover over the last decade. The forest cover of the Country as per 2007 assessment is 6,90,899 km^2 which is 21.02 percent of the geographical area of the Country. There is an increase in forest cover by about 728 sq. km between 2005 and 2007 (going by comparable revised estimate for 2005). The latest estimate for 2007 is based on vector approach in which forest cover patches are mapped in polygons making the area assessment more accurate.

Table: 10.1 Forest Cover in India

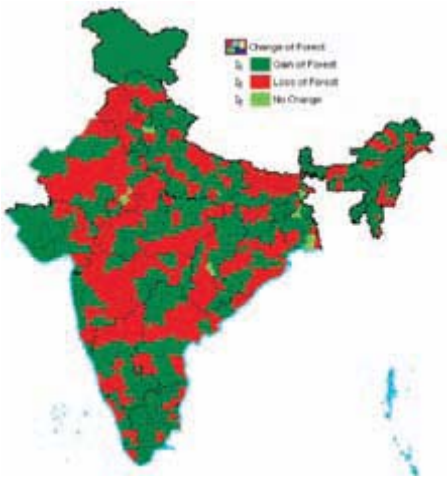
Class	Area (sq.km)		% of Geographic	
Forest Cover	**2003**	**2007**	**2003**	**2007**
Very dense forest	51285	83510	1.56	2.54
Moderately dense forest	339279	319012	10.32	9.7
Open Forest	287769	288377	8.76	8.77
Total Forest Cover	**678333**	**690899**	**20.64**	**21.02**

Source: State of Forest Report 2009

Continuing the commendable trend of the past decade, India‟s forest cover increase of 728 sq.km (a marginal rise of 0.03% of country‟s GA) during 2005-2007 comprises significant increase in forest cover in Mizoram (640 km^2), Manipur (328 km^2), Jharkhand (172 km^2) and Orissa (100 km^2). During the period, there has been loss of forest cover in Andhra Pradesh (-129 km^2), Arunachal Pradesh (-119 km^2), Chhattisgarh (-59 km^2), Nagaland (-201 km^2) and Tripura (-100 km^2).

The total tree cover of the country, estimated as 91,663 sq.km or about 2.79 percent of the country‟s geographical area in 2005 has increased to 92,769 sq.km (2.82% of county‟s GA) in 2007.

Change in the Forest Cover of India



Source: State of Environment Atlas of India 2007, MoEF

Drivers and Pressures affecting forest Ecosystems

Population pressure, poverty and weak institutional framework have often been viewed as the predominant underlying causes of forest depletion and degradation in developing countries. Excessive population and livestock pressure and the requirements of forest products for essential development generate pressure on forest resources like fuel-wood, fodder, timber, lumber, paper, which in turn triggers deforestation. Over-exploitation of the forest resources, as compared to its incremental and regenerative capacities, escalates the forest depletion and degradation process. India has witnessed a spurt of large projects from big dams and thermal power projects to huge mines and massive industrial complexes. About 92 per cent area in arid Rajasthan is affected by desertification (30 per cent slightly, 41 per cent moderately and 21 per cent severely). In the neighbouring arid Gujarat, about 93 per cent area is affected by desertification.

200 million people are dependent on forests for livelihood in India. Concerted programmes are making them partners in conservation. National Afforestation Programme (NAP) implemented by M/o Environment and Forests is a Participatory Approach to Sustainable Development of Forests. NAP has to address forest quality while afforesting.

B: Protection of Biodiversity

Indicator:

Ratio of area protected to maintain biological diversity to surface area

India is one of the **17 megadiverse countries** with 4 global biodiversity hotspots. Ratio of area protected to maintain biological diversity to surface area is the appropriate indicator to measure the country's bio-diversity strength. The network of protected areas in India, presently covers about 4.90 percent of the country's total land area. A network of 668 Protected Areas (PAs) has been established, extending over 1,61,221.57 sq. kms. (4.90% of total geographic area), comprising 102 National Parks, 515 Wildlife Sanctuaries, 47 Conservation Reserves and 4 Community Reserves. 39 Tiger Reserves and 28 Elephant Reserves have been designated for species specific management of tiger and elephant habitats.

The country is on track in increasing the protection network for arresting the diversity losses and for maintaining ecological balance.

In addition, there are 15 Biosphere Reserves and several Reserved Forests, which are part of the most strictly protected forests now considered under the network of protected areas. The total area covered under National Parks and Wildlife Sanctuaries, which constitute major part of the protected areas in India, has increased from 155,961.06 sq.km in 1999 to 156,659.0842 sq.km in 2011. The country is on track in increasing the protection network for arresting the diversity losses and for maintaining ecological balance.

The United Nations General Assembly has declared 2011 to 2020 as the UN Decade on Biodiversity (UNDB) with a view of raising awareness about the importance of biodiversity (or the variety of life on earth), and achieving the 20 headline targets of the ten year 'Strategic Plan'. The Ministry of Environment and Forests and the Convention on Biological Diversity launched the United Nations Decade on Biodiversity (UNDB) (2011-2020) for Asia and the Pacific, on 23rd May 2011. A Stakeholders' consultation on taking biodiversity conservation forward was also held on the same day.

REDD (Reducing Emissions from Deforestation and Forest Degradation) is the global endeavour to create an incentive for developing countries to protect, better manage and save their forest resources, thus contributing to the global fight against climate change.

REDD+ goes beyond merely checking deforestation and forest degradation, and includes incentives for positive elements of conservation, sustainable management of forests and enhancement of forest carbon stocks.

REDD+ conceptualizes flow of positive incentives for demonstrated reduction in deforestation or for enhancing quality and expanse of forest cover.

It works on the basis of creating a financial value for the carbon stored and enhanced in biomass and soil of standing forests. Countries that reduce emissions and undertake sustainable management of forests will be entitled to receive funds and resources as incentives.

India is playing a positive role through its REDD+ initiatives and has taken a firm stance in favour of a comprehensive REDD+ approach. It has presented an ambitious Green India Mission programme under its National Action Plan on Climate Change.

GREEN INDIA MISSION – INDIA'S NEW FLAGSHIP FORESTRY PROGRAMME

The government has put in place a National Mission for a Green India as part of the country's National Action Plan for Climate Change with a budget of Rs. 46,000 crores (approx. USD 10 billion) over a period of 10 years. The overarching objective of the Mission is to **increase forest and tree cover in 5 m ha area** and **improve quality of forest cover in another 5 million ha.** Thus, the Mission will help in improving ecosystem services in 10 million ha of land, and increase flow of forest based livelihood services to, and income of about 3 million forest dependent households.

The Green India Mission is innovative in several respects:

1. A fundamental shift from our traditional focus of merely increasing the quantity of our forest cover, towards increasing its quality and improving provision of ecosystem goods and services.

2. A holistic view of greening, not merely focus on plantations to meet carbon sequestration targets. There is a clear and more important focus on enhancing biodiversity, restoring ecosystems and habitat diversity.

3. Deliberate and major focus on autonomy and decentralization.

C. Efficient Energy Use

Indicator:
Energy use per unit of GDP(Rupee)

Per-capita Energy Consumption (PEC) during a year is computed as the ratio of the estimate of total energy consumption during the year to the estimated mid-year population of that year. Energy Intensity is defined as the amount of energy consumed for generating one unit of Gross Domestic Product (At constant prices). PEC and Energy intensity are the most used policy indicators, both at national and international levels. In the absence of data on consumption of non-conventional energy from various sources, particularly in

rural areas in the developing countries, including India, these two indicators are generally computed on the basis of consumption of conventional energy. The estimated PEC has increased from 1204 KWh in 1970-71 to 4646 KWh in 2009-10. The annual increase in PEC from 2008-09 to 2009-10 was 11%. The Energy Intensity (at 1999-2000 prices) increased from 0.128 KWh in 1970-71 to 0.165 KWh in 1985-86, but it has again come down to 0.122 KWh(at 2004-05 prices) in 2009-10.

During 2009-10, the major source of energy consumed in India was Electricity accounting for about 53% of the total consumption, followed by Coal and Lignite (25%), and Crude Petroleum (17%). The total consumption of energy from conventional sources increased from 36,233 peta joules during 2008-09 to 38823 peta joules during 2009-10, showing an increase of 7.15%.

Table 10.2: Trends in Per Capita Energy Consumption and Energy Intensity in India

Year	Per Capita Energy Consumption(KWH)	Energy Intensity (KWH) per rupee@
1990-91	2232.50	0.1594
1995-96	2593.58	0.1593
2000-01	3047.81	0.1553
2005-06	3497.59	0.1374
2006-07	3727.24	0.1355
2007-08	3928.16	0.1325
2008-09®	4171.56	0.1166
2009-10 (p)	4646.87	0.1224
Growth rate of 2009-10 over 2008-09 (%)	**11.39**	**4.93**

@ Energy intensity =Amount of energy consumed for producing one unit of GDP, ®till 2008-09 GDP estimates are with 1999-2000 prices and from 2008-09 with 2004-05 base year. Source :Energy Statistics 2011

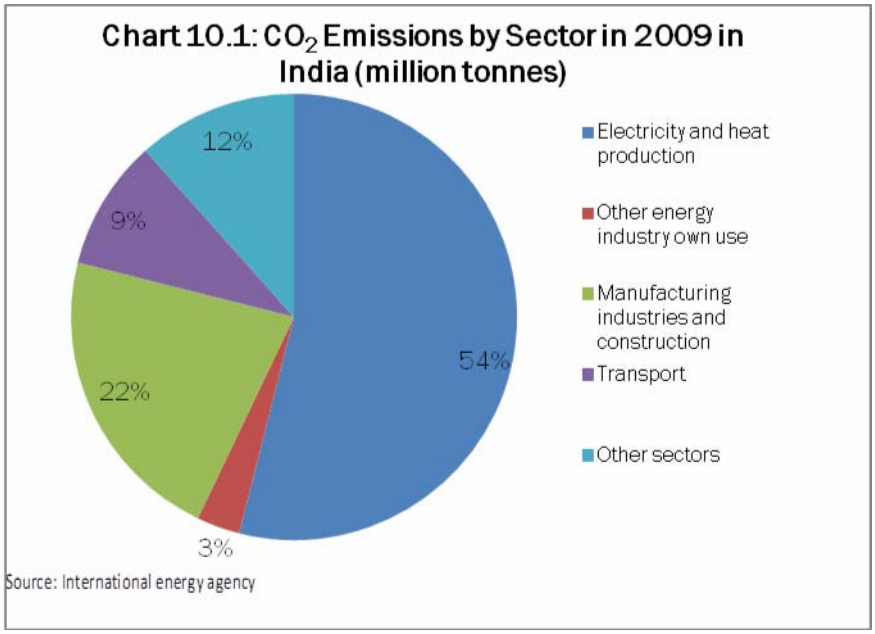
Indicator: Carbon Dioxide emission per capita

D: Carbon Dioxide Emission

The Carbon dioxide emission (estimated by Sectoral Approach) showed a percentage change of 172.30% in 2009 over 1990 whereas the corresponding value for the World was 38.30%.

Table 10.3: Change in Carbon Dioxide emissions in India								
	1990	1995	2000	2005	2007	2008	2009	% change 1990-2009
Per Capita CO_2 emission (MT)	0.69	0.83	0.96	1.06	1.21	1.26	1.37	100.2%
CO2 emission/ TPES[1] (MT/ terajoule)	43.9	48.3	50.8	51.5	54.3	55.2	56	27.60%
Carbon dioxide emissions Million tonnes (Sectoral approach) - World	20966	21792	23493	27188	29048	29454	28999	38.30%
Carbon dioxide emissions Million tonnes (Sectoral approach) - India	582.3	776.6	972.5	1160	1357	1431	1585.8	172.3%

Source: International Energy Agency



India's 2008 total fossil-fuel CO_2 emissions rose 8.1% over the 2007 level to 475 million metric tons of carbon. From 1950 to 2008, India experienced dramatic growth in fossil-fuel CO_2 emissions averaging 5.7% per year and becoming the world's third largest fossil-fuel CO_2-emitting country. Indian total emissions from fossil-fuel consumption and cement production have more than doubled since 1994. Fossil-fuel emissions in India continue to result largely from coal burning

with India being the world's third largest producer of coal. Coal contributed 87% of the emissions in 1950 and 71% in 2008; at the same time, the oil fraction increased from 11% to 20%. (Source: Carbon Dioxide Information Analysis Centre of the U.S. Department of Energy).

Indicator: Consumption of Ozone - depleting Chlorofluoro Carbons (ODP tons)

E: Ozone depleting Potential

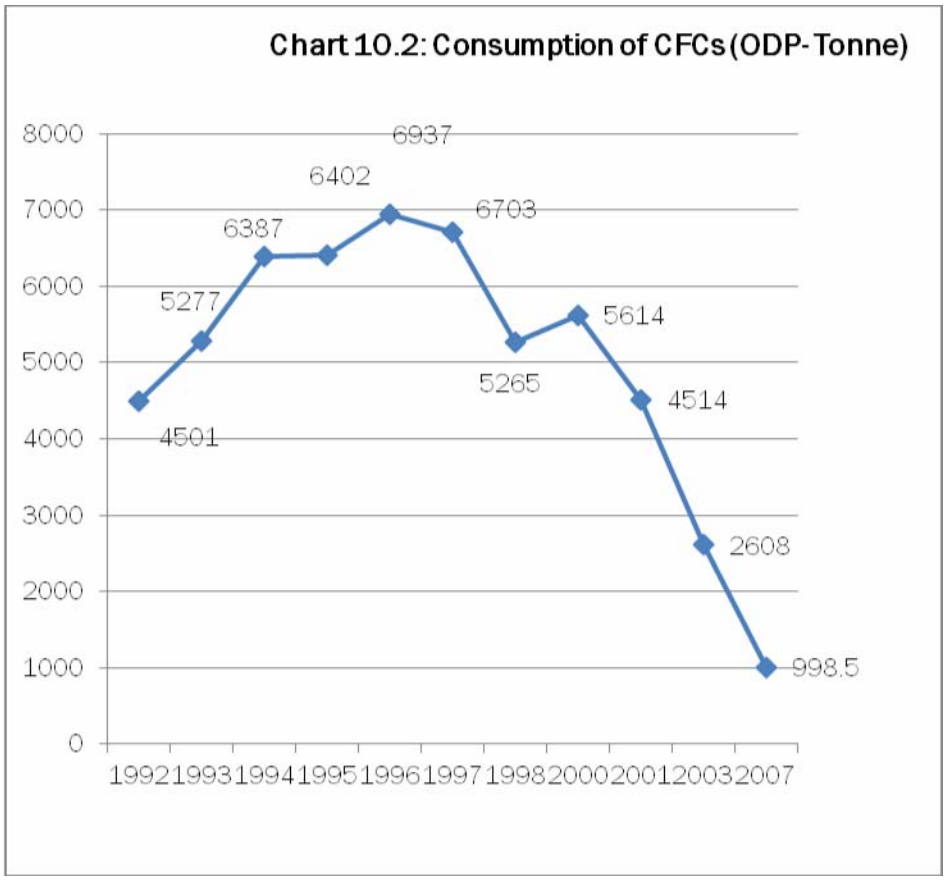
India became party to the Vienna Convention for the Protection of the ozone layer on 19th June 1991 and the Montreal Protocol on Substances that Deplete the ozone layer on 17th September 1992. The per capita consumption of the controlled substances in Annex A did not cross 20 g during 1995-97 (base line), as against 300g permitted for Article 5 Parties under the Protocol. India was self sufficient in production of CFCs. India was mainly producing and using nine of the 96 substances controlled under the Montreal Protocol. These are CFC-11, CFC-12, CFC-113, HCFC-22 halon-1211, halon-1301, CTC, Methyl Chloroform and Methyl Bromide.

India had prepared a detailed Country Programme (CP) in 1993 to phase-out ODS in accordance with its National Industrial Development Strategy. The objectives of the CP were to phase-out ODSs by accessing the Protocol's Financial Mechanism without undue economic burden to both consumers and industry manufacturing various types of equipments using ODSs. The other objectives of the CP were minimisation of economic dislocation as a result of conversion to non-ODS technologies, maximisation of indigenous production, preference to one time replacement, emphasis on decentralized management and minimisation of obsolescence. India has phased out production and consumption of CFCs, CTC and halons except use of pharmaceutical grade CFCs in manufacturing of Metered Dose Inhalers (MDIs) for Asthma and Chronic Obstructive Pulmonary Diseases (COPD) patients. As of 2011, India has a total of 301 ODS projects to phase out 58,638 ODP tonne.

In accordance with the National Strategy for ODS phase-out, the MoEF, Government of India,has notified Rules covering various aspects of production, sale, consumption, export and import of ODS.

As a consequence of the ongoing measures, consumption of ozone depleting CFCs in ODP tonne has started coming down sharply after the year 2000.

Between 1992 and 1996, the consumption of CFC continued rising before gradual downturn setting in from the year 1997.



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

Indicator:

Proportion of population with sustainable access to an improved water source, urban and rural

A: Towards sustainable access to safe drinking water

The nationwide family health survey results give a clear indicaton of attainment of MDG target of the coverage of households having access to improved water sources.

Table 10.4 : Proportion of households having access to improved

water sources			
year	urban	rural	All India
1992-93	87.6%	60.9%	68.2%
1998-99	92.6%	72.3%	77.9%
2005-06	95%	84.5%	88%
2007-08	94.4%	79.6%	84.4%
2008-09	93.9%	90.4%	91.4%

Source: NFHS, DLHS, NSS Report 535, Housing Conditions and Amenities in India

Giving allowance to estimation vagaries, the prevailing trend over time however, suggests attainability of almost cent percent coverage by 2015, including both rural and urban sectors. In other words, halving the proportion of households without access to safe drinking water sources from its 1990 level (about 34%) i.e of the order of 17% to be reached by 2015, has already achieved.

A.1: Shift in focus makes National Rural Drinking Water Programme (NRDWP) broad based …

Rural drinking water supply is a State subject and has been included in the Eleventh Schedule of the Constitution among the subjects that may be entrusted to Panchayats by the States. To accelerate the pace of coverage of problem villages, the Government of India introduced the Accelerated Rural Water Supply Programme (ARWSP) in 1972–73 to support States and UTs with financial and technical assistance to implement drinking water supply schemes in such villages. In order to address the major issues like sustainability, water availability and supply, poor water quality, etc., the Rural Water Supply Guidelines have been revised w.e.f. 1.4.2009. To meet the emerging challenges in the rural drinking water sector relating to availability, sustainability and quality, designated components under the programme have been put in place as NRDWP (Coverage), NRDWP (Sustainability), NRDWP (Water quality), NRDWP (DDP[26] areas), NRDWP (Natural calamity) and NRDWP (Support).

Changed focus of National Rural Drinking Water Programme (NRDWP) for:

i) **Moving forward from achieving habitation level coverage towards household level drinking water coverage.**

ii) **Moving away from over dependence on single drinking water source to multiple sources through conjunctive use of surface water, groundwater and rainwater harvesting.**

iii) **Ensuring sustainability in drinking water schemes and preventing slip back.**

iv) **Encouraging water conservation methods including revival of traditional water**

The Components have shares of Central allocation under NRDWP in the following manner:

i) NRDWP (Coverage): 30% of the NRDWP for increased Coverage
ii) NRDWP (Water Quality): 20% of the annual NRDWP funds for addressing water quality problems
iii) NRDWP (Sustainability) – 30% (including 10% for O&M of the NRDWP funds to achieve drinking water security through sustainability of sources and systems.
iv) NRDWP (DDP Areas): 10% of the annual NRDWP funds amongst States having DDP blocks/districts
v) NRDWP (Natural calamity): 2% of the NRDWP funds to mitigate drinking water problems in the rural areas in the wake of natural calamities.
vi) NRDWP (Support): 5% of NRDWP funds for support activities that may include awareness generation and capacity building programmes through CCDUs, water quality testing, MIS and computerization, R&D activities etc.
vii) 3% of NRDWP funds for Water Quality Monitoring and Surveillance activities.

A.2. Guidelines for allocation of NRDWP funds to States provide for targeting prime concerns…

A.2.1 Under the NRDWP guidelines the criteria for inter-state allocation of NRDWP funds are given below:

Sl. No.	Criteria	% Weightage
1.	Total Rural Population 2001	40

	Census	
2.	Rural SC and ST Population 2001 Census	10
3.	Rural population managing drinking water supply schemes	10
4.	States under DDP[27], DPAP[28], HADP[29] and special category Hill States in terms of rural areas	40

A.2.2 Support Fund and Water and Sanitation Support Organisation *(WSSO)*

There are many Support activities for which States would require funds to achieve the long term goal of the sector. Thus support for information, education and communication, human resource development, water quality monitoring and surveillance, setting up water testing laboratories , engaging State Technical Agency and National Experts Groups for preparation of Projects, technical scrutiny and evaluation of rural water supply can be taken up under the 5% Support fund of NRDWP. Satellite-data imagery, GIS mapping systems, use of GPS system for unique identification of habitations and water sources and delivery points, support for successfully deploying the central online monitoring system (IMIS) and such other activities can also be supported. This will be within the 5% support fund made available to states. The States are required to set up a Water and Sanitation Support Organisation to take up the support activities.

A.2.3 Special Provisions for SCs / STs

The State/ UTs are required to earmark and utilize at least 25% of the NRDWP funds for drinking water supply to the habitations dominated by SCs and another minimum 10% for the ST-dominated habitations. Where the percentage of SC or ST population in a particular State is higher, additional funds can be utilized.

A.2.4 Sustainability of rural water supply sources & systems

The Department has accorded highest priority to “Sustainability” of drinking water sources and systems to prevent slippages. Sustainability measures like water conservation and rainwater harvesting lead to in-situ remediation of water quality and as such will have to be a priority in water supply sector. For this purpose 20% of the NRDWP allocation is made available to the States on a 100% grant-in-aid basis.

A.2.5 Water Quality Monitoring and Surveillance

In order to develop understanding and appreciation of safe and clean drinking water among rural communities and to enable them to determine the quality of drinking water, National Rural Drinking Water Quality Monitoring and Surveillance Programme was launched in February 2006. The programme aimed at empowering rural communities by:

i) bringing awareness through Information, Education & Communication (IEC) activities to address health hazards due to poor drinking water quality, hygiene, sanitary survey, importance of environmental sanitation, etc.
ii) training 5 grassroot workers in each Gram Panchayat.
iii) in addition to 5 Gram Panchayat workers, 2 persons at the State level, 4 persons at the district and 5 persons at the Block level are also to be trained.

Under the programme, provision for water testing kits for each Gram Panchayat was made. 100% financial assistance was provided to the states for this task. With effect from 1.4.2009, the Water quality monitoring and surveillance programme has been subsumed under the NRDWP and these activities are now supported from the Support fund.

A.2.6 IEC and HRD activities:

Based on the issues and challenges faced in the implementation of the National Rural Drinking Water Supply Programme (NRDWP), the Department developed and is airing audio and video spots with messages on safe drinking water, repair of hand pumps and water quality testing. In February, 2010, IEC guidelines were formulated and sent to States to help them to take up IEC activities with stakeholders. The Department has identified 20 institutions/ organizations having domain knowledge and expertise in the drinking water sector and selected them as National Key Resource Centres (KRCs). The national KRCs will be responsible for training, orientation and capacity development at all levels. They will be extending technical guidance to State Communication and Capacity Development Units (CCDU) of WSSOs for IEC and HRD activities.

Indicator: Proportion of population with access to improved sanitation, urban and rural

B: Towards sustainable access to improved sanitation

Given the 1990 level for households without any sanitation facility at 76%, India is required to reduce the proportion of households having no access to improved sanitation to 38% by 2015.

Table 10.5: proportion of households having no sanitation facility

Year	Urban	Rural	All India
1992-93	24%	87%	70%
1998-99	19.3%	81.1%	64.0%

2005-06	**16.8%**	**74%**	**55.3%**
2007-08	**19%**	**66%**	**51%**
2008-09	**11.3%**	**65.2%**	**49.2%**

Source: NFHS, DLHS, NSS Report 535, Housing Conditions and Amenities in India

It is expected that at this improved rate of decline[30], India may achieve to reduce the proportion of households without any sanitation to about 43% by 2015 missing the target by about 5 percentage points. By 2015, India is likely to reduce the rural proportion of no sanitation to 58.84% (against target of 46.64%) and urban proportion of no sanitation to 11.64% (against target of 12.14%).

The **proportion of households using improved sanitation facilities**, according to NFHS-3 estimates for 2005-06, is 40.6% (considering the shared facilities of the categories of improved facilities as also improved). The latest estimate based on DLHS-3 for 2007-08 however, indicates that about 42.3% households have access to improved sanitation facility and the 65th NSS round reported 47.6%.

B.1 COMMUNITY PARTICIPATION AND BEHAVIOURAL CHANGE ARE KEY TO TOTAL SANITATION CAMPAIGN …

Rural sanitation came into focus in the Government of India in the World Water Decade of 1980s. The Central Rural Sanitation Programme was started in 1986 to provide sanitation facilities in rural areas. It was a supply driven, highly subsidy and infrastructure oriented programme. As a result of these deficiencies and low financial allocations, the CRSP had little impact on the gargantuan problem. The experience of community-driven, awareness-generating campaign based programmes in some states and the results of evaluation of CRSP, led to the formulation of the Total Sanitation Campaign (TSC) approach in 1999.

Objectives and Components mapping under TSC

Objectives of TSC	**Components of TSC**
Bring about an improvement in the general quality of life in the rural areas.	Construction of Community Sanitary Complexes

Generate felt demand for sanitation facilities through awareness creation and health education.	
Accelerate sanitation coverage in rural areas.	Provision of Individual household latrines
Cover schools/ Anganwadis in rural areas with sanitation facilities and promote hygiene education and sanitary habits among students.	Provision of Toilets in Schools and Anganwadis
Encourage cost effective and appropriate technologies in sanitation.	Assistance to Production Centres of sanitary materials and Rural Sanitary Marts
Eliminate open defecation to minimize risk of contamination of drinking water sources and food.	Solid and Liquid Waste Management
Convert dry latrines to pour flush latrines, and eliminate manual scavenging practice, wherever in existence in rural areas.	

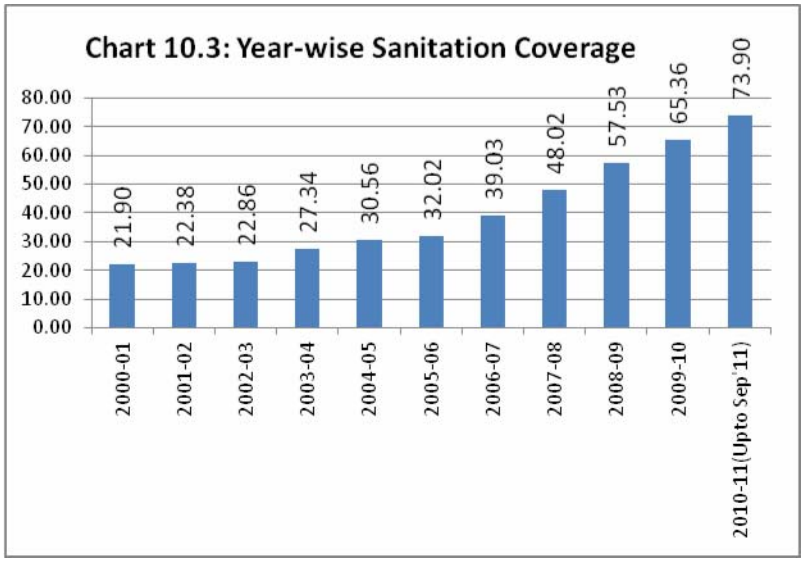
The strategy of TSC is to make the Programme **'community led' and 'people centered'**. A "demand driven approach" is adopted with **increased emphasis on awareness creation and demand generation** for sanitary facilities in houses, schools and for cleaner environment. **Alternate delivery mechanisms** are adopted to meet the community needs. Subsidy for individual household latrine units has been replaced by **incentive to the poorest of the poor** households. **Rural School Sanitation** is a major component and an entry point for wider acceptance of sanitation by the rural people. Technology improvisations to meet the customer preferences and location specific intensive IEC Campaign involving Panchayati Raj Institutions, Co-operatives, Women Groups, Self Help Groups,

NGOs etc. are also important components of the Strategy. The strategy addresses all sections of rural population to bring about the relevant behavioural changes for improved sanitation and hygiene practices and meet their sanitary hardware requirements in an affordable and accessible manner by offering a wide range of technological choices.

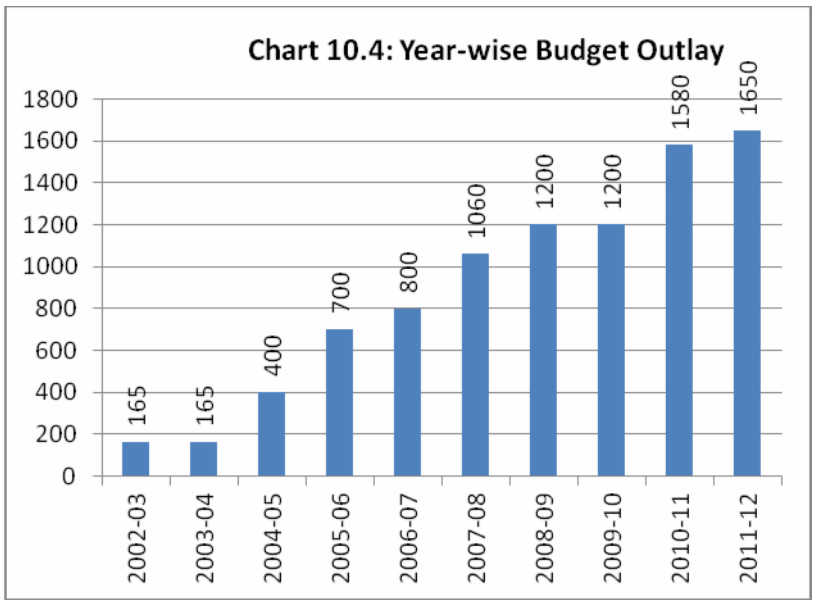
Implementation of TSC is by a project mode. A project proposal emanates from a district, is scrutinized by the State Government and transmitted to the Government of India (Ministry of Drinking Water & Sanitation). The approved TSC project is implemented in phases with start-up activities. Funds are made available for preliminary IEC work. In the "campaign approach" a synergistic interaction between the Government agencies and other stakeholders, intensive IEC and advocacy with participation of NGOs/Panchayati Raj Institutions/resource organizations takes place to bring about the desired behavioural changes for relevant sanitation practices.

Physical Achievements

- **Currently TSC is being implemented in 607 rural districts spread across 30 States and UTs**
- **There are about 15.61 crore rural households in India as per project objectives under TSC of which as per the latest data of September, 2011, 11.53 crore households have access to toilets leaving a balance of 4.08 crore household without access to toilets.**
- **Rural sanitation coverage has gone more than three times from 21.9% in 2001 to 73.90% in September, 2011. This phenomenal progress is a result of the significant achievement under TSC of construction of 8.17 crore individual toilets, 11.31 lakh school toilets and 3.91 lakh Anganwadi toilets.**



Source: Ministry of Rural Development



Source: Ministry of Rural Development

An analysis of the financing of TSC shows that Community is no longer lagging in contributing its share towards total sanitation. Budget allocation has been substantially increased from Rs.165 Crore in 2002-03 to Rs.1650 Crore in 2011-12, whereas the total financial outlay approved under TSC for 607 district projects to be implemented is Rs. 22022 Crore with central share of Rs. 14425 Crore,

State share of Rs. 5394 Crore and the community share of Rs. 2202 Crore (10%). But the Central Government has released Rs.7519 Crore (about 52%) of its share and the State Government have released Rs.3729 Crore (about 69%) against 80% of its share (Rs.1764 Crore) contributed by the community so far for implementation of TSC Components. Despite increase in budget outlay from year to year, it is observed that, against a total outlay of Rs.22022 Crore for TSC the budget outlay for 2007-08 to 2011-12 is of the order of Rs.6690 Crore (30% only). The budget outlay during 2002-07 was Rs.2230 Crore (10%).

B.2: NIRMAL GRAM PURASKAR (NGP) BOOSTS TSC IMPLEMENTATION…

To encourage the Panchayati Raj Institutions to take up sanitation promotion, the incentive award scheme of Nirmal Gram Puraskar (NGP) has been launched. The award is given to those PRIs which attain 100% open defecation free environment. The concept of Nirmal Gram Puraskar has been acclaimed internationally as a unique tool of social engineering and community mobilization and has helped a difficult programme like rural sanitation to pick up. Each Gram Panchayat getting the NGP has a ripple effect in the surrounding villages. The Nirmal Gram Puraskar has ignited the imagination of Panchayat leaders throughout the country and made them champions of sanitation. It has been the prime mover behind the amazing progress achieved in rural sanitation coverage since 2005. Under NGP, the following PRIs and other institutions have received the award in the last 6 years:

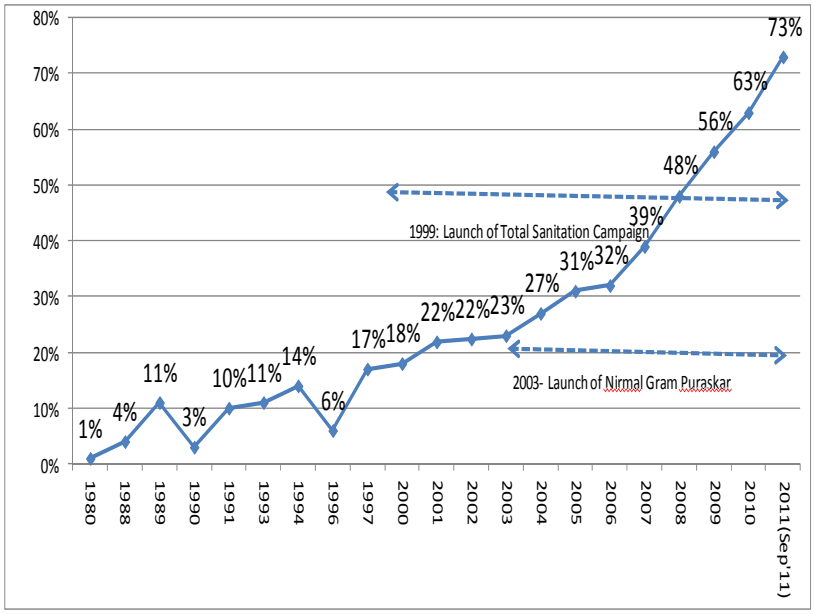
Awarded Panchayats

- **2005 – 38 Gram Panchayats and 2 Block Panchayats.**
- **2006 – 760 Gram Panchayats and 9 Block Panchayats, 4 Institutions.**
- **2007 – 4945 Gram Panchayats, 14 Block panchayats, 9 Institutions.**
- **2008- 12038 Gram Panchayats, 112 Block panchayats, 8 Zilla Panchayats, 10 Institutions.**
- **2009 - 4556 GPs, 28 BPs and 2 ZPs**
- **2010- 2808 GPs, 1 BP**
- **Sikkim has become first Nirmal State of the country**

Sanitation coverage has spurted with the introduction of Nirmal Gram Puraskar in 2005

- Till 2001, the average annual increase in coverage was 1%
- After TSC was launched in 1999, average coverage between 2001 to 2004 rose to 3% annually
- After NGP was launched in 2004, the average coverage is now increasing by about 7-8% annually.

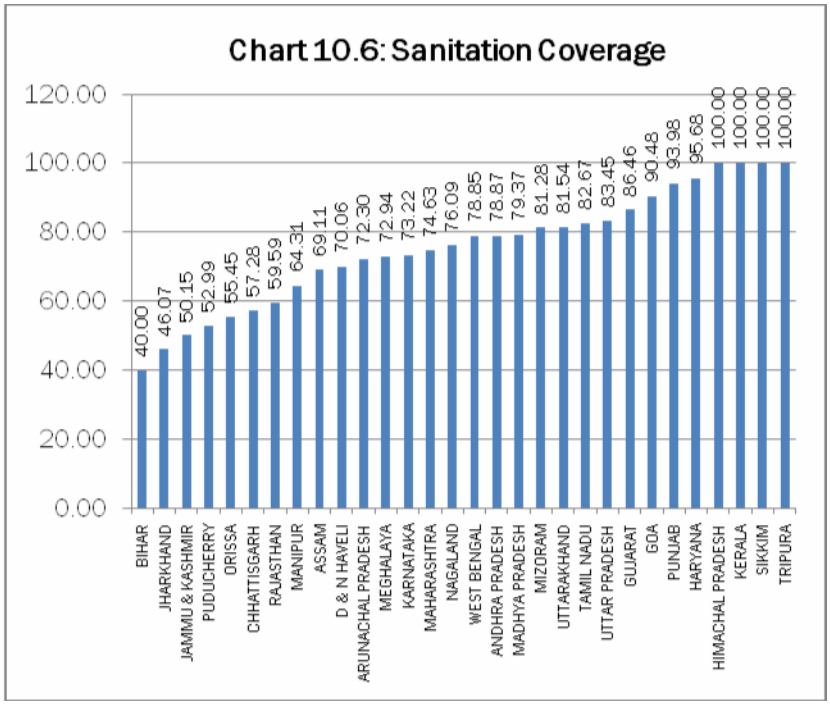
Chart 10.5: Trends in Sanitation Coverage



Source: Ministry of Rural Development

B.3: TSC impacts the poorest only little….

Despite the undeniable upward trend at the national level, these aggregated performance figures do not reflect disparities between and within states in terms of coverage on IHHL. The national level TSC monitoring system demonstrates this wide disparity. In terms of Individual Household Latrines (IHHL) coverage, whereas some states have achieved full coverage, some others could only achieve about 50% and some others are below the national average.



Source: Ministry of Rural Development

NSS 2008-09 results for rural population dividing them into five wealth quintiles show sanitation coverage to be only 15% among the poorest 20% population against 58% among the richest 20% population.

The National Statistics Survey Organisation (NSSO) in its 65th Report of Nov 2010 for Housing Amenities in India in 2008-09 (up to June 2009), has indicated that 65.2% rural households and 11% urban households have no latrine facility. The reason could be access and usage gaps and sustainability of the sanitation facilities created as explained above. Similarly as per the report published by ASER 2010, the sanitation coverage in the rural areas of the country has been reported as 42%. Analysis with wealth based differentials in sanitation coverage reveals acute penetration problem in TSC. NSS 2008-09 results for rural population dividing them into five wealth quintiles show sanitation coverage to be only 15% among the poorest 20% population against 58% among the richest 20% population.

Table 10.6: Sanitation coverage and Wealth Quintile

Wealth Quintile	Sanitation coverage as per NSSO 2008-09 (%)
00-20	15.1
20-40	22.6
40-60	28.8
60-80	36.9
80-100	58.4

Though, the percentages in absolute term do not look attractive, the positive aspect to be taken from the repot is its comparison to the wealth based differentials projected by JMP[31]. As per the specialized tabulation made by JMP the lowest quintile had a sanitation access only 3% taking into consideration the

sanitation coverage reported up to the year 2006 (NFHS-III). JMP 2010 report published by UNICEF/WHO mentions that as per the worldwide trend, households living in the lowest wealth quintile are 16 times more likely to resort to open defecation as compared to the households living in highest wealth quintile. However, as can be seen from the above report, similar ratio in case of our rural population works out to less than 4 suggesting that India has four times better average than the world in this regard. The coverage figures for lowest wealth quintile are also five times higher than the reported figures by JMP. It can be interpreted that India's policy of incentivising poorest of the poor have shown its positive results in bridging the gap of poor and rich as far as access to sanitation facilities is concerned and need to be continued.

Sanitation Scouts constructing soak pits

Caste-based differentials

Since the main objective under TSC is universal sanitation coverage in rural areas of the country, analysis of marginalised group such as SCs/STs is important to simultaneously cover all sections of the society. The last independent survey by NSSO (65th round) of the year 2008-09 suggests that differences persist in sanitation coverage vis-à-vis other household category when it comes to comparison with SCs/STs. As per the survey, while the overall sanitation coverage in the rural areas of the country has been reported at 34.8%, the same for SCs and STs is 23.7% and 25% respectively.

Igniting little minds: Bal Panchayat in Sikkim

Rights come with responsibilities. The earlier the children learn this message, the better for the future of the country and its citizens. The aim of establishing Bal Panchayats is to develop leadership among children and develop a sense of responsibility towards their peers and community. With this very objective, BAC Sikkim launched the concept of Bal Panchayat in the month of February 2010 in 12 Schools. Setting an example before the adult members of the Gram Panchayat (village council), children of Schools under BAC Sikkim are running a

B.4: Bottlenecks constraining progress on MDG target on sanitation are more known ever before…

Sustaining Behaviour Change

In the first decade of TSC implementation the focus has been on construction of toilets and maximizing sanitation coverage which has more than tripled since 2001 with 25,145 number of Gram Panchayats becoming open defecation free "Nirmal Gram Panchayats". However, a limitation noted while achieving sanitation coverage is that various field studies have pointed to various levels of latrine usage depending upon the community awareness and also slippage in the status of NGP villages that shows a variable trend. For example, in *one such study undertaken by UNICEF in 2008, it was found that out of the 81% of the population having access to sanitation in NGP panchayats, only 63% were using the facilities.*

Community Mobilization: key to open defecation free status

Neen G.P. of Basantpur block of Shimla district in Himachal Pradesh, is the first GP to receive the State level sanitation award for achieving fully sanitized status. Since March 2007, all the 8 villages of the G.P. declared themselves open defecation (ODF), no one defecated in the open. Efforts now have moved beyond safe disposal of human excreta to solid liquid waste management. All households are now area now making either vermin composting from cow dung and household waste or using single composting method. Soak pits have been constructed for grey water wherever required. Nearly 60 % of the households have constructed roof top rainwater harvesting structures in their houses, to combat water scarcity for toilets and bathrooms.

Improved water, sanitation and hygiene (WASH) facilities in the high school are managed by the school sanitation club. Women's groups have taken up the responsibility of monthly sanitation drive to ensure overall cleanliness of the village. A dhaba owner manages and ensures on a voluntary basis, water for the pour flush community toilets in the local market for visitors. The GP has also imposed a fine of Rs. 50 on people who defecate or litter solid waste in the open. This change brought about in the community as a result of triggering and door to door campaign lead to the success of the TSC in the GP, which has also become the role model and has been replicated in other States.

The focus was on collective realization of linkages between sanitation, behavior and health and initiating local action without outside help. The GP also displayed cuttings related to sanitation achievement in other district on its notice board, to break the myth that eradicating open defecation is difficult. Community members were mobilized by using multiple local community mobilization tools, such as mapping faecal route, anecdotal stories related to sanitation, medical expenses, street play performances etc.

Children formed sanitation clubs in the high school to ensure proper operation and maintenance of WASH facilities in schools. A weekly sanitation talk in the morning assembly of schools is now a regular feature in the Neen GP. The women groups also contributed significantly in promoting sanitation and mobilization of people.

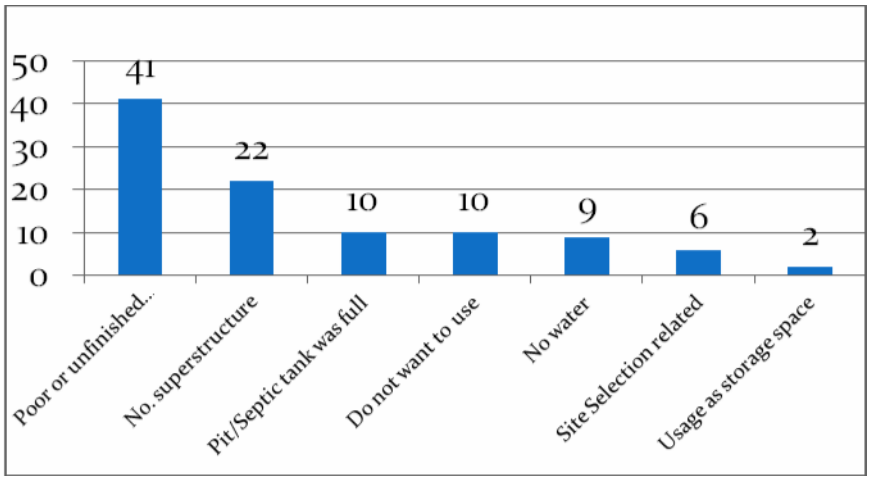
This modified practice is sustainable and in operation since March 2007. Sustainability is ensured by involving the real stakeholders such as a school children , women's groups, village water and sanitation committee members and PRI in monitoring and encouraging people tow3ards improvement in sanitation facilities, especially because their villages are role model for other villages. Mahila Mandals and SHG s meet every month as a part of the group activity and also supervise the cleanliness of village paths and surrounding areas by involving other willing community members. Wall paintings and slogan writing have been done by the GP at strategic places in the villages and local markets to remind the villages about safe sanitation.

The people of Neen are successfully sustaining their status after having been conferred the first clean GP reward of Rs. 10 lakh under the State reward scheme of the Government of Himachal Pradesh.

Handling disused/misused sanitation facilities

One of the important factors as emerging from various studies for lag between coverage and usages has been poor quality of sanitation facilities created by the beneficiaries and other stakeholders and dysfunctional toilets for reasons like pit/septic tank full, chocked pan/pipes, wrong location, filled with debris and used as storage space among others. The issue of water availability is also one of the major concerns while dealing with water-seal toilets. This also got corroborated by the top line results coming from the study undertaken by the Ministry through Centre for Media Studies (CMS) where in it emerged that out of the total dysfunctional toilets, poor or unfinished installation and no super structure are the two major contributors which contribute 63% to the cause.

Chart 10.7: REASONS FOR DYSFUNCTIONAL TOILETS



Source: CMS Study, 2010

Poverty continues to be a curse

While the policy of Government of India under TSC has been to disburse incentives to the BPL households, considered the poorest in the rural areas, poverty continues to be a curse and a barrier for accelerating rural sanitation coverage. This gives an indication of continuing with the practice of incentives to the poor in recognition of their achievement to construct and use sanitation facilities with corrections as may be required to get the intended results. The CMS Study referred above identified some of the reasons for not having sanitation facilities of which poverty and not enough land accounted for 64% of the causes.

SUCCESS STORY IN TOTAL SANITATION CAMPAIGN : THE CASE OF HARYANA

Haryana, inspite of being a conservative rural society has shown commendable progress in up scaling the Total Sanitation Campaign. Initially launched in 2 districts of Haryana i.e. Karnal & Yamuna Nagar (2000-01), all the districts were brought under the TSC by 2003-04.

The State shifted its implementation strategy from a conventional top-down, construction based approach to active involvement of village communities through **Panchayati Raj Institutions**, Women groups, Anganwadi Workers, Self-Help Groups, facilitators, motivators and school children focusing on **Behavior Change Communication**. The goal was to make Haryana a NIRMAL State, with all Gram Panchayats having universal access to sanitation. To ensure the sustainability of the Campaign, the emphasis was on **Capacity building** for all stakeholders at State, District and Village levels and behavioral change through innovative **Community Led Sanitation approaches**. Creative slogans suitable for the rural milieu were coined and a cadre of District level champions **(Swacchta Sainiks**) built up. IEC activities included joint exposure visits to model sanitation project sites, celebration of **Swacchta Week** (Cleanliness Week) in coordination with Departments like Health, Women and Child Development, Education, Agriculture and Animal Husbandry, **Swacchta Yatra** (Cleanliness Rally) involving school children, and advocacy through print and electronic media. Rural Sanitary Marts for supply of sanitation facilities in the state are managed by PRIs.

The results of the innovative demand driven and community led approach of TSC that Haryana implemented is reflected in the phenomenal and rapid increase in sanitation coverage from a mere 28.66% in 2001 to over 95 % as of now. This is a remarkable achievement for a state that reflects traditional mindsets of a patriarchal society. Till now 990 Gram Panchayats and 1 Block have been awarded the prestigious Nirmal Gram Puraskar.

Sanitation Agenda, Transparent and concurrent monitoring of the programme in a mission mode and tremendous zeal among Sarpanches as community leaders to make TSC a mass movement.

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

Slums are an urban phenomenon and they represent an imbalance between migration into cities and economic growth within the city itself. In India, slum data have been collected for the first time in Census 2001 for towns/cities having urban population of 50000 or more. 640 towns spread over 26 States/UTs reported existence of slums. 42.6 million people consisting of 8.2 million households resided in slums of these towns in 2001. The estimated Slum population for 1991 is 46.26 million whereas the estimated Slum population for 2001 is 61.82 million showing a growth of 15.56%.

The latest NSS results for the period July 2008-June2009 reveal that about 49 thousand slums existed in the urban areas of the country, both notified and non-notified slums taken together. The corresponding numbers as per earlier surveys for 2002 (NSS Report No. 486: Conditions of Urban Slums, 2002) and 1993 (NSS Report No. 417: Slums in India, 1993) were about 52 thousand and 56 thousand respectively. Thus there was a decline in the number of urban slums by about 13% in a period of about 15 years since 1993. The percentage share of notified and non-notified urban slums in India remains the same in 2008-09 as in 2002 at 50.6% and 49.4% respectively. The 2008-09 estimates however, do not provide estimated number for the slum dwelling population in the country.

Issues related to Poverty, Health, Education, Social Problems in slums are to be addressed for improvement in the lives of slum dwellers. The conditions of slum dwellers in India‟s urban areas as revealed from the NSS results of 2008-09 compared with corresponding results of 2002 show signs of marginal improvement in terms of roads, water supply, electricity connection, sanitation, sewerage, garbage disposal, education and medical facilities, with better improvement in non-notified slums than in notified slums, during periods of 5 years prior to 2002 and 2008-09.

Table: 10.7: Percentage of slums with facilities improved during the preceding 5 years as reported at the survey time

Indicators	2002		2008	
	Notified slums	Non-notified slums	Notified slums	Non-notified slums
Road , within	53	21	53	30
Road, approaching	51	40	52	51
Water supply	48	32	49	30
Electricity	35	27	38	29
Street light	39	23	43	29
Latrine	50	33	34	24
Drainage	47	23	40	28
Sewerage	24	6	23	11
Garbage disposal	41	15	42	26
Education	-	-	30	25
Medical	-	-	22	15

Source of data: NSS report No. 534- Some Characteristics of Urban Slums in India, 2008-09

In respect of house structures of slum dwellers, it is observed that the percentage of slums having majority of houses *pucca* type has increased from 48% in 2002 to 57% in 2008-09 with decrease in the share of semi-*pucca* and *katcha* houses from 35% to 29% and from 18% to 14% respectively during 2002-2009.

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Chapter 11

Goal 8: Develop a Global Partnership for Development

Target 18 In cooperation with the private sector, make available the benefits of new technologies, especially information and communication

Indicator No.	Indicator Description
47	Telephone lines and cellular subscribers per 100 population
48A	Internet subscribers per 100 population
48B	Personal computers per 100 population

Goal 8 of the MDGs is unique in the sense that it essentially focuses on donor government commitments and achievements, towards developing the global partnership for development. Most of the objectives and targets under the goal are set for developed countries to achieve a "global partnership for development" by supporting fair trade, debt relief for developing nations, increasing aid and access to affordable essential medicines, and encouraging technology transfer. Thus developing nations are not seen as left to achieve the MDGs on their own, but as a partner in the developing-developed compact to reduce world poverty.

It is a matter of satisfaction that actual disbursements of Official Development Assistance (ODA), in recent years, have shown a welcome reversal of the declining trend that lasted for almost a decade since the early 1990s. In this regard, it is important to realize that unless aid commitments translate into actual delivery, securing MDGs will remain elusive. India does hope that all the developed countries would scale up the ODA to realize the goals reaffirmed at the Monterrey Consensus[32].

Target 18 **In cooperation with the private sector, make available the benefits of new technologies, especially information and communication**

Connecting India is in fast progress…..

Indicator: Telephone lines and cellular subscribers per 100 population

It is a recognized fact that Information and Communications Technology (ICT) can help to enhance the sustainable socio-economic transformation of societies. There are needs to bridge the gap between people with effective access to digital communication and information technology and those with very limited or no access at all. Over the years, a large number of initiatives have been undertaken by various State Governments and Central Ministries to usher in an era of e-Governance. Sustained efforts have been made at multiple levels to improve the delivery of public services and simplify the processes of accessing them.

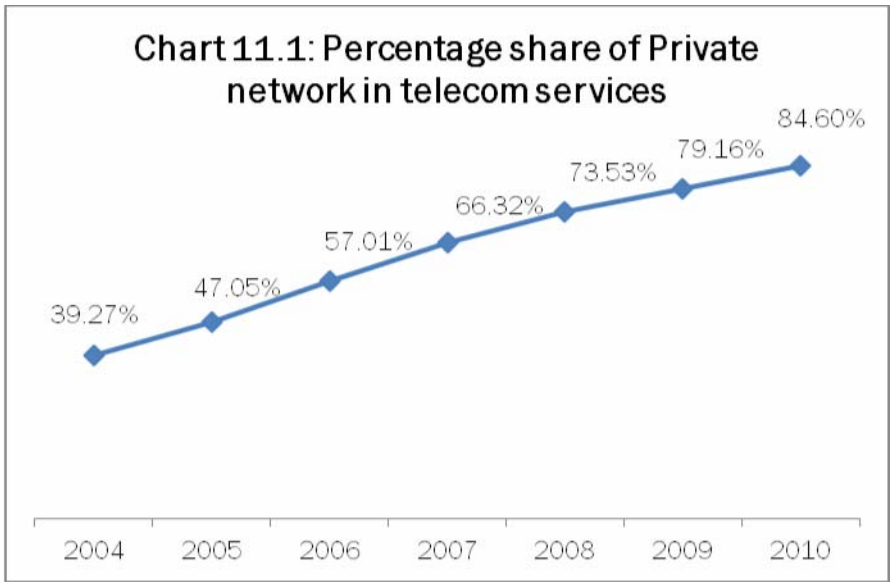
With regard to one of the targets of the Goal 8, *i.e.* in cooperation with the private sector, make available the benefits of new technologies, especially information and communications, India has made substantial progress in recent years. Telecommunications is one of the few sectors in India, which has witnessed the most fundamental structural and institutional reforms since 1991. In recent times, the country has emerged as one

of the fastest growing telecom markets in the world, particularly by the unprecedented growth in mobile telephony. The telecommunication sector continued to register significant success and has emerged as one of the key sectors responsible for India's resurgent economic growth.

Highlights of the Telecom Sector in India

- **Indian Telecom market is one of the fastest growing markets in the world.**
- **The second largest network in the world after China.**

The Private sector is now playing an important role in the expansion of telecom services. The share of private sector in total telephone connections is 84.60 in 2010 as against a mere 5% in 1999.



Source: Telecom Regulatory Authority of India (TRAI)

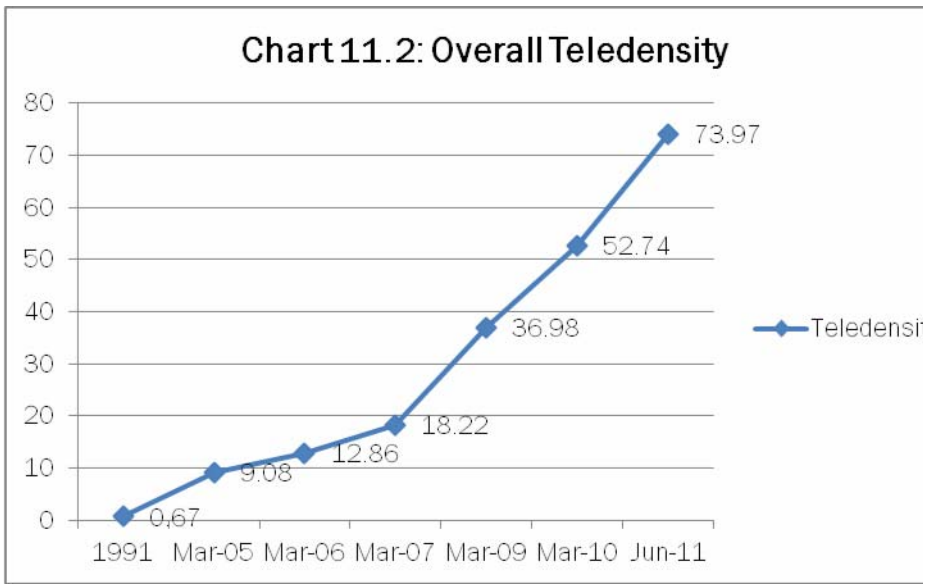
The number of telephone subscribers in India increased from 846.32 million in March -2011 to 885.99 million at the end of June -2011 registering an increase by 39.6 million (4.7%) in a period of three months. The overall Teledensity (number of telephones per hundred persons) in India has reached 73.97 by 30th June 2011. Rural subscriber base continues to show higher growth rate than urban's, though Urban Rural gap in absolute subscriber number or in teledensity is on the rise.

Rural Urban gap in telephone connectivity continues to rise despite faster growth in rural subscriber base

Table 11.1:Telephone Subscriber Base & Teledensity – Rural & Urban

Quarter ending	Subscriber Base(million) (numbers)			Teledensity		
	Rural	Urban	Total	Rural	Urban	Total
Dec-09	174.53	387.63	562.16	21.16	110.96	47.88
Jun-10	219.09	452.59	671.68	26.43	128.20	56.65
Sep-10	236.21	487.07	723.28	28.42	137.25	60.99
Dec-10	259.78	527.50	787.28	31.18	147.88	66.16
Mar-11	282.23	564.08	846.31	33.79	157.32	70.89
June-11	298.05	587.94	885.99	35.60	163.13	73.97

Source: Telecom Regulatory Authority of India (TRAI)



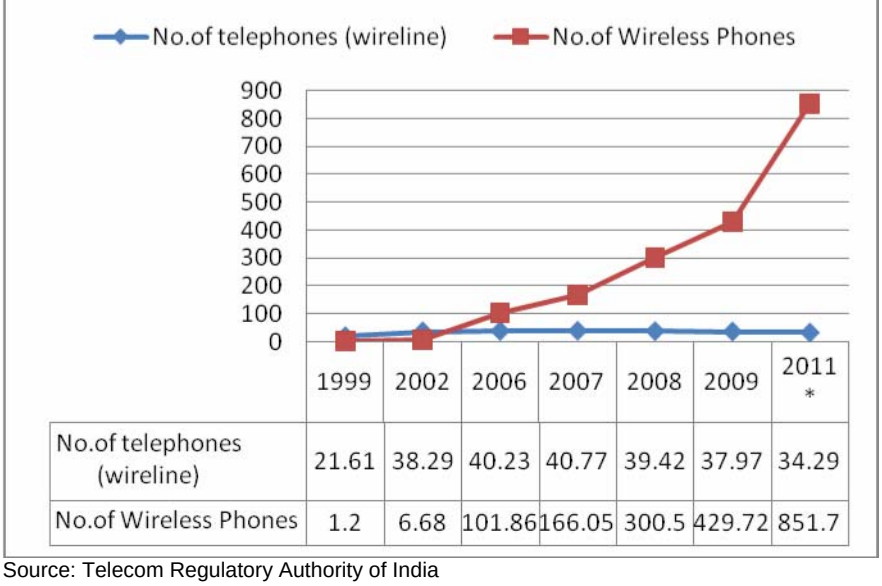
Source: Telecom Regulatory Authority of India (TRAI)

The dominance of wireless segment in access services is steadily growing, while the wireline access is declining. Total Wireless (GSM + CDMA) subscriber base increased from 811.59 Million at the end of Mar-11 to 851.70 million at the end of Jun-11, thereby showing a growth of 4.94%. During the corresponding period, wireline services declined by 1.26% from 37.73 million to 34.29 million. During this quarter, 40.11 million

98% of the total inhabited villages in India are connected by June 2011.

subscribers were added. The year-on-year (Y-O-Y) growth rate of Wireless subscribers for Jun-11 is 34.02%. Wireless Teledensity increased from 67.98 to 71.11. There are 5,93,731 inhabited villages in India as per census 2001. At the end of Jun-11, 98.1% of the total inhabited villages in India have been connected.

Chart 11.3: Number of Telephone Lines (in millions)



	1999	2002	2006	2007	2008	2009	2011 *
No.of telephones (wireline)	21.61	38.29	40.23	40.77	39.42	37.97	34.29
No.of Wireless Phones	1.2	6.68	101.86	166.05	300.5	429.72	851.7

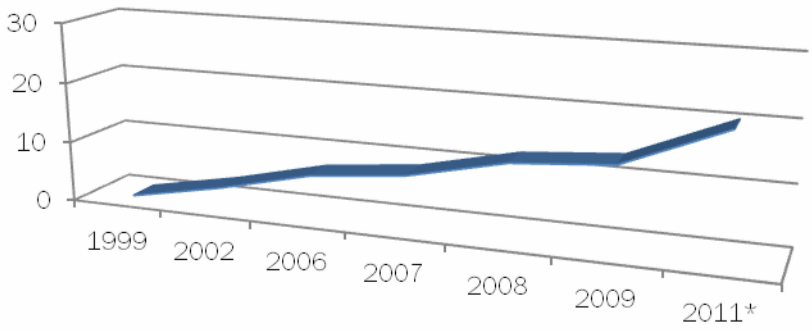
Source: Telecom Regulatory Authority of India

*As on 30th June 2011; for other years, the figures are as on 31st March.

Indicator: Internet subscribers per 100 population

Over a period of 12 years, internet subscriber base had increased by 97 fold from 0.21 million in 1999 to 20.33 million in 2011. The 20.33 million Internet subscribers at the end of June-2011 as compared to 19.67 million at the end of March-2011 registered a growth of 3.33% within a period of three months. Number of Broadband subscribers increased from 11.89 million at the end of March-2011 to 12.35 million at the end of June-2011, registering a quarterly growth of 3.89% and Y-O-Y growth of 30.37%. Apart from this, 346.67 million wireless subscribers have subscribed to data services, as reported by the wireless service providers.

Chart 11.4: Trend of Internet subscribers



	1999	2002	2006	2007	2008	2009	2011*
No.of Internet subscribers (in million)	0.21	3.23	6.96	8.61	12.24	13.54	20.33

*As on 30th June 2011; for other years, the figures are as on 31st March.
Source: Telecom Regulatory Authority of India

Indicator: Personal computers per 100 population

Use of Personal Computers has also increased from 5.4 million PCs in 2001 to 19.6 million in 2006. Sale of Personal Computers recorded a growth of 12% in 2010-11 touching 9.7 million. The Notebook sales were estimated to be 3.5 million in 2010-11 against 2.5 million in 2009-10, registering a growth of 40%. This shows that Notebooks have caught the fancy of the consumers. Desktop sales were estimated as 6.2 million in 2010-11 against 5.5 million in 2009-10 with a growth of 12.7%.

Expansion in internet use and tele –connectivity depend on increase in PC penetration and wireless telephony, particularly in rural areas. Focus on inclusive growth in telephony and IT services in the policy should be able to address the problems of the marginalized and excluded sections and also the low income group population in having access to the IT services. The high rate of growth in the IT and Communication sector is still urban centric and highly skewed over States. The problems in the backward States continue to remain in the back- burner, while real benefit of connectivity is required the most in these areas.

High end tele-connectivity now addresses Knowledge and information network……

National Knowledge Network

The National Knowledge Network is being implemented by Department of Information Technology to bring together all the stakeholders in Science, Technology, Higher Education, Research & Development and Governance. The application areas envisaged under the National Knowledge Network cover Agriculture, Education, Health, e-governance, Grid Computing (High Performance Computing). The output of the National Knowledge Network project will be a high capacity countrywide Infrastructure at education & research Institute level, to support education and research applications, and other application as envisaged by these institutions which require very high bandwidth. A high speed data communication network would be established, which would interconnect Institutions of higher learning.

Capacity Building Scheme

Government of India has approved the National e-Governance Plan (NeGP) in pursuance of its policy of introducing e-Governance on a massive scale. The NeGP vision is to "*Make all Government Services accessible to the common man in his locality, through common service delivery outlets and ensure*

efficiency, transparency and reliability of such services at affordable costs to realize the basic needs of the common man". Capacity Building Scheme for an outlay of Rs 313 Crores for all the States/UTs for taking National e-Governance Plan (NeGP) forward across the country has been approved by the Cabinet Committee on Economic Affairs (CCEA) on 10th January 2008. The scheme is mainly for providing technical & professional support to State level policy & decision-making bodies and to develop specialized skills for e-governance.

State Wide Area Network (SWAN)

Wide Area Network is an advanced telecommunication infrastructure, which is used now-a-days extensively, for exchange of data and other types of information between two or more locations, separated by significant geographical distances. The medium of connectivity can be copper, optical fibre cable or wireless, as may be found feasible. Such wide area networks, in a way, create a highway for electronic transfer of information in the form of voice, video and data. Department of IT in Government of India is implementing an approved Scheme known as State Wide Area Network (SWAN) Scheme, envisaged to create such a connectivity in each State / UT, to bring speed, efficiency, reliability and accountability in overall system of Government-to-Government (G2G) functioning. When fully implemented, SWAN would work as a converged backbone network for voice, video and data communications across States / UTs. SWAN is designed to cater to the governance information and communication requirements of all the State / UT Departments. When fully implemented, SWANs across the country are expected to cover at least 50000 departmental offices through 1 million (10 lacs) route kilometres of communication links. Implementation of the SWAN Scheme is in full swing in 33 States/ UTs.

IT for Masses

"IT for Masses" is a Plan Scheme of Department of Information Technology (DIT). It was introduced in the Tenth Five Year Plan and continuing in the Eleventh Five Year Plan with the objective to provide financial assistance to various project proposals from States/UT's and Autonomous Societies for implementing ICT projects for development of Gender, SC & ST. The ultimate goal of "IT For Masses" scheme has been "Inclusive Growth" and this can only be achieved through skill development, capacity building exercises, creating IT Infrastructure for empowering Women and SC/ST communities.

* * * *

Appendix-1

INDIA'S MDG FRAMEWORK: GOALS, TARGETS AND INDICATORS

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.**	**Source of Data**
Indicator 1A:	Poverty Headcount Ratio (Percentage of Population below the national poverty line)	Planning Commission, GoI
Indicator 2:	Poverty Gap Ratio	Planning Commission, GoI
Indicator 3:	Share of Poorest Quintile in National Consumption	Planning Commission, GoI
TARGET 2:	**Halve, between 1990 and 2015, the proportion of people who suffer from hunger**	**Source of Data**
Indicator 4:	Prevalence of underweight children under three years of age	NFHS, MoH&FW, GoI
GOAL 2:	**ACHIEVE UNIVERSAL PRIMARY EDUCATION**	
TARGET 3:	**Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary education.**	**Source of Data**
Indicator 6:	Net Enrolment Ratio in Primary Education	DISE, MoHRD, GoI
Indicator 7:	Proportion of Pupil starting Grade 1 who reaches Grade 5	DISE, MoHRD, GoI
Indicator 8:	Literacy Rate of 15-24 year olds	Census, O/O RGI,GOI
GOAL 3:	**PROMOTE GENDER EQUALITY AND EMPOWER WOMEN**	
TARGET 4:	**Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015**	**Source of Data**
Indicator 9:	Ratio of Girls to Boys in Primary, Secondary and Tertiary Education	MoHRD, GoI
Indicator 10:	Ratio of Literate Women to Men, 15-24 years old	Census, O/O RGI,GOI
Indicator 11:	Share of Women in Wage Employment in the Non-agricultural Sector	NSSO, MoSPI,GOI
Indicator 12:	Proportion of seats held by women in National Parliament	Election Commission

GOAL 4:	**REDUCE CHILD MORTALITY**	
TARGET 5:	**Reduce by two-thirds, between 1990 and 2015, the under-five Mortality Rate**	**Source of Data**
Indicator 13:	Under Five Mortality Rate	NFHS, MoH&FW, GoI & O/O RGI,GOI
Indicator 14:	Infant Mortality Rate	SRS, O/O RGI,GOI
Indicator 15:	Proportion of 1 year old children immunised against measles	NFHS & DLHS, MoH&FW, GoI
GOAL 5:	**IMPROVE MATERNAL HEALTH**	
TARGET 6:	**Reduce by three quarters, between 1990 and 2015, the Maternal Mortality Ratio**	**Source of Data**
Indicator 16:	Maternal Mortality Ratio (MMR)	SRS, O/O RGI,GOI
Indicator 17:	Proportion of Births Attended By Skilled Health Personnel	NFHS & DLHS, MoH&FW, GoI
GOAL 6:	**COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES**	
TARGET 7:	**Have halted by 2015 and begun to reverse the spread of HIV/AIDS**	**Source of Data**
Indicator 18:	HIV prevalence among pregnant women aged 15-24 years	NACO, MoH&FW, GoI
Indicator 19:	Condom use rate of the contraceptive prevalence rate(Condom use to overall contraceptive use among currently married women, 15-49 yrs, percent)	NFHS , MoH&FW, GoI
Indicator 19A:	Condom use at last high risk sex (Condom use rate among non-regular sex partners 15-24 yrs)	NFHS & NACO MoH&FW, GoI
Indicator 19B:	Percentage of Population aged 15-49 years with comprehensive correct knowledge of HIV/AIDS	NACO & NFHS , MoH&FW, GoI
TARGET 8:	**Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases**	**Source of Data**
Indicator 21:	Prevalence and Death Rates Associated with Malaria	MoH&FW, GoI
Indicator 22:	Proportion of Population in Malaria risk Areas using Effective Malaria Prevention and Treatment Measures (Percentage of population covered under use of residuary spray in high risk areas)	MoH&FW, GoI
Indicator 23:	Prevalence and Death Rates Associated with Tuberculosis	MoH&FW, GoI
Indicator 24:	Proportion of Tuberculosis Cases Detected and Cured under DOTS	MoH&FW, GoI
GOAL 7:	**ENSURE ENVIRONMENTAL SUSTAINABILITY**	
TARGET 9:	**Integrate the Principles of Sustainable Development into Country Policies and Programmes and Reverse the loss of Environmental Resources**	**Source of Data**
Indicator 25:	Proportion of Land Area covered by Forest	MoE&F,GoI
Indicator 26:	Ratio of Area Protected to Maintain Biological Diversity to Surface Area	MoE&F,GoI
Indicator 27:	Energy use per unit of GDP (Rupee)	CSO,MoSPI,GoI

Indicator 28:	Carbon Dioxide emissions per capita and Consumption of Ozone-depleting Chlorofluoro Carbons (ODP Tons)	MoE&F,GoI
Indicator 29:	Proportion of the Households Using Solid Fuels	NSSO, MoSPI, GoI
TARGET 10:	**Halve, by 2015, the Proportion of People without Sustainable Access to Safe Drinking Water and Basic Sanitation.**	**Source of Data**
Indicator 30:	Proportion of Population with Sustainable Access to an Improved Water Source, Urban and Rural	NFHS & DLHS, MoH&FW, GoI
Indicator 31:	Proportion of population with Access to Improved Sanitation, Urban and Rural	NFHS & DLHS, MoH&FW, GoI
TARGET 11:	**By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers**	**Source of Data**
Indicator 32:	Slum population as percentage of urban population	Census, O/O RGI,GoI
GOAL 8:	**DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT**	
TARGET 18:	**In Co-operation with the Private Sector, make available the benefits of new technologies, especially Information and Communication**	**Source of Data**
Indicator 47:	Telephone Lines and Cellular Subscribers per 100 Population	MoC,GoI
Indicator 48A:	Internet Subscribers per 100 Population	MoC,GoI
Indicator 48B:	Personal computers per 100 population	MoIT, GoI

Appendix-2

METHODOLOGY NOTE ON MDG TRACKING

The methodology for tracking the MDGs in this report is the one prescribed by the UNSD for developing countries. This methodology is characterised by the simplicity of its formulation and ease of interpretation. The indicators in India's MDG framework are mostly direct indicators which obviates the need for imputation or indirect derivation of the measures the identified indicators. This simplifies the review exercise and eliminates the need to depend on assumptions. Following is the schematic description of the tracking methodology adopted for the review exercise of this report.

For the purpose of this report, both historical rate of change and required rate of change (which are explained below) have not been calculated explicitly in order to avoid confusion regarding proper interpretation and mathematical calculations involved in using the rates for deriving the actual measures of the indicators for the year 2015, for that matter for any other time point. For better comprehension of laymen, the actual projected values of the indicators for future time points (e. g., 2015) are more acceptable than the rates of change of different indicators.

Indicator Selection Criteria

1. Indicators that are directly related to a target: the indicators corresponding to various targets under each of the MDGs are given at Appendix
2. Indicators relevant to India are those which are directly related to the targets for which progress is measured for developing countries, i.e. excludes those related to developed countries and least developed or island countries
3. Two categories of Indicators having quantitative targets to be reached by 2015 are covered for tracking purpose, viz.
    a. Explicit target values for 2015
        i. Relative (reduce by ½, 2/3, ¾)
        ii. Absolute (full enrolment, gender parity)
    b. Reversal of trends
        i. "Halt and begun to reverse…." (Goal 6)
        ii. "Reverse the loss of environmental resources"(Goal 7, Target 9)

Tracking Progress Principles

- Keep it simple
    - Most MDG indicators move relatively slowly over time
    - Data gaps and number of observations don't allow sophisticated time series analysis
    - Use all the information available which will lead to more efficient estimates

Indicator Tracking Technique

- Calculate 'required' rate of change, from the latest available value, for the target to be met on time, i.e., by 2015
- Calculate 'historical' rate of change between 1990 and the latest year for which an indicator value is available
- Compare the required with the historical rates of change

Estimate Historical Rate of Change

$X_t = ae^{bt}$ where X_t is indicator value for year t, which gives for t=0,

$X_0 = a$

Again,

$\text{Ln } X_t = \text{Ln } a + bt$ Taking natural logarithm of both sides of equation above

$= \text{Ln } X_0 + bt$ …… (1)

i.e. $(b\hat{}) = (\text{Ln } X_t - \text{Ln } X_0)/t$ …… (2)

In terms of historical rate of change, r

$X_t = X_0 (1+ r)^t$

i.e. $\text{Ln } X_t - \text{Ln } X_0 = t \text{ Ln}(1+r)$

or, $(\text{Ln } X_t - \text{Ln } X_0)/t = \text{Ln}(1+r)$

or, $(1+r) = \exp[(\text{Ln } X_t - \text{Ln } X_0)/t$

or, $r = \exp[(\text{Ln } X_t - \text{Ln } X_0)/t - 1$ …… (3)

Using relation (2) in (3) we get

$r = \exp(b\hat{}) - 1$ where r is historical rate of change

State-wise and national estimates of the indicators at observation time points have been subjected to the relationship (1) to arrive at their logarithmic values. These values being linear in time series, provide the logarithmic values of the measure corresponding to future points of time, from which the estimates at the given point of future time may be derived by anti-log calculation.

Calculate required rate of change

- For indicators with an explicit target, i.e. those selected for monitoring Goals 1-5 and Goal 7, Target 10

$r^* = (X^*/X_T)^{1/(2015-T)} - 1$ Where X^* is target value (for year 2015) and X_T is indicator value for last available year

$r^* = 0$ if target has already been reached, i.e:

- $X_T \leq X^*$ for indicators of which values have to decrease
- $X_T \geq X^*$ for indicators of which values have to increase
- For indicators requiring trend reversal the required rate of change is not relevant
  - Classification of decision has to be based on historical rate of change alone

Cut-offs

- Target is considered to have been achieved if indicator has reached a certain pre-defined absolute value called 'cut-off' value. The rationale for having a cut-off value is as follows:
  - Reducing e.g. child mortality rates by 2/3 from some already achieved low levels might be tremendously costly
  - Prevents countries/regions or areas that slightly slip back from high achievement being classified as 'regressing'
- Cut-offs as applicable to different indicators are given in the following Table

Indicators	MDG target	Cut-off
Proportion of population below poverty line	**Reduce by half**	**5%**
Proportion of underweight children	**Reduce by half**	**5%**
Proportion of population undernourished	**Reduce by half**	**5%**
Primary enrolment ratio(NER)	**100**	**95%**
Proportion of pupils reaching grade 5	**100**	**95%**
Primary completion rate	**100**	**95%**
Primary girls-boys ratio	**100**	**95%**

Indicators	MDG target	Cut-off
Secondary girls-boys ratio	**100**	**95%**
Tertiary girls-boys ratio	**100**	**95%**
Child mortality rate(U5MR)	**Reduce by 2/3**	**45 per 1,000 live births**
Infant mortality rate	**Reduce by 2/3**	**35 per 1,000 live births**
Maternal mortality rate	**Reduce by 3/4**	**25 per 100,000 live births**
HIV prevalence	**Reverse prevalence**	**decrease**
TB prevalence	**Reverse prevalence**	**decrease**
TB death rate	**Reverse incidence**	**decrease**
Forested land cover	**Reverse loss**	**increase**
Protected areas	**Reverse loss**	**increase**
Per capita carbon dioxide emissions	**Reverse emissions**	**decrease**
Per capita CFC consumption	**Reverse consumption**	**decrease**
% of population without access to water	**Reduce by half**	**5%**
% of population without access to sanitation	**Reduce by half**	**5%**

Table 1 A: State wise Poverty estimates for the years 1993-94 and 2004-05 (Tendulkar Methodology)										
		Poverty Ratio (%)--1993-94			Poverty ratio(%) --2004-05			Likely Achievement 2015	estimate 1990	target 2015
S.No.	States/U.T.'s	Rural	Urban	Total	Rural	Urban	Total			
1	Andhra Pradesh	48.1	35.2	44.6	32.3	23.4	29.9	20.04507	49.73907	24.86954
2	Arunachal Pradesh	60	22.6	54.5	33.6	23.5	31.1	17.74697	63.51009	31.75504
3	Assam	54.9	27.7	51.8	36.4	21.8	34.4	22.84479	57.91791	28.95895
4	Bihar	62.3	44.7	60.5	55.7	43.7	54.4	48.91504	62.27927	31.13963
5	Chhattisgarh	55.9	28.1	50.9	55.1	28.4	49.4	47.9442	51.31694	25.65847
6	Delhi	16.2	15.7	15.7	15.6	12.9	13.1	10.93057	2.812827	1.406414
7	Goa	25.5	14.6	20.8	28.1	22.2	25	30.04808	19.78239	9.891196
8	Gujarat	43.1	28	37.8	39.1	20.1	31.8	26.75238	39.62452	19.81226
9	Haryana	40	24.2	35.9	24.8	22.4	24.1	16.17855	40.02187	20.01094
10	Himachal Pradesh	36.7	13.6	34.6	25	4.6	22.9	15.15636	38.72219	19.36109
11	Jammu & Kashmir	32.5	6.9	26.3	14.1	10.4	13.2	6.625095	31.73988	15.86994
12	Jharkhand	65.9	41.8	60.7	51.6	23.8	45.3	33.80708	65.74303	32.87152
13	Karnataka	56.6	34.2	49.5	37.5	25.9	33.4	22.53657	0.012705	0.006353
14	Kerala	33.9	23.9	31.3	20.2	18.4	19.7	12.39904	35.51271	17.75636
15	Madhya Pradesh	49	31.8	44.6	53.6	35.1	48.6	52.95874	43.56741	21.78371
16	Maharashtra	59.3	30.3	47.8	47.9	25.6	38.1	30.36841	50.85016	25.42508
17	Manipur	64.4	67.2	65.1	39.3	34.5	38	22.18126	75.39524	37.69762
18	Meghalaya	38	23	35.2	14	24.7	16.1	7.36392	43.57052	21.78526
19	Mizoram	16.6	6.3	11.8	23	7.9	15.3	19.83814	10.99299	5.496495
20	Nagaland	20.1	21.8	20.4	10	4.3	9	3.970588	25.50082	12.75041
21	Orissa	63	34.5	59.1	60.8	37.6	57.2	55.36108	33.85556	16.92778
22	Pondicherry	28.1	32.4	30.9	22.9	9.9	14.1	6.433981	38.27255	19.13627
23	Punjab	20.3	27.2	22.4	22.1	18.7	20.9	19.50045	22.82746	11.41373
24	Rajasthan	40.8	29.9	38.3	35.8	29.7	34.4	30.89713	39.43836	19.71918
25	Sikkim	33	20.4	31.8	31.8	25.9	31.1	30.41541	31.99363	15.99681

Table 1 A: State wise Poverty estimates for the years 1993-94 and 2004-05 (Tendulkar Methodology)										
		Poverty Ratio (%)--1993-94			Poverty ratio(%) --2004-05			Likely Achievement 2015	estimate 1990	target 2015
26	Tamil Nadu	51	33.7	44.6	37.5	19.7	28.9	18.72668	50.20266	25.10133
27	Tripura	34.3	25.4	32.9	44.5	22.5	40.6	50.10213	31.06617	15.53308
28	Uttar Pradesh	50.9	38.3	48.4	42.7	34.1	40.9	34.56219	50.6743	25.33715
29	Uttarakhand	36.7	18.7	32	35.1	26.2	32.7	33.41531	31.81171	15.90585
30	West Bengal	42.5	31.2	39.4	38.2	24.4	34.3	29.86015	40.91805	20.45903
	All India	**50.1**	**31.8**	**45.3**	**41.8**	**25.7**	**37.2**	**30.54834**	**47.80039**	**23.9002**

Source: Planning Commission, Estimates are derived for this report.

Table 2 A: Underweight Children(< 3yrs)						
STATES/UTs	**1992-93**	**1998-99**	**2005-06**	**likely achievement 2015**	**estimated 1990**	**target 2015**
Andhra Pradesh	42.9	34.2	29.8	22.17	44.41	22.21
Arunachal Pradesh	32.1	21.9	29.7	25.50	28.62	14.31
Assam	44.1	35.3	35.8	29.48	43.48	21.74
Bihar		52.2	54.9	59.00	49.28	24.64
Chhattisgarh		53.2	47.8	41.02	60.12	30.06
Delhi	36.2	29.9	24.9	18.58	38.09	19.04
Goa	29.3	21.3	21.3	15.92	28.90	14.45
Gujarat	42.7	41.6	41.1	39.82	42.82	21.41
Haryana	31.0	29.9	38.2	43.29	28.60	14.30
Himachal Pradesh	38.4	36.5	31.1	26.78	40.35	20.17
Jammu & Kashmir		29.2	24.0	18.14	36.54	18.27
Jharkhand		51.5	54.6	59.36	48.17	24.09
Karnataka	46.4	38.6	33.3	25.59	48.28	24.14
Kerala	22.1	21.7	21.2	20.54	22.25	11.12
Madhya Pradesh		50.8	57.9	69.80	43.75	21.87
Maharashtra	47.3	44.8	32.7	25.39	52.24	26.12
Manipur	19.1	20.1	19.5	20.03	19.33	9.67
Meghalaya	36.9	28.6	42.9	44.17	32.02	16.01
Mizoram	17.2	19.8	14.2	13.03	19.27	9.63
Nagaland	18.7	18.8	23.7	27.66	17.36	8.68
Orissa	50.0	50.3	39.5	33.98	54.07	27.04
Punjab	39.9	24.7	23.6	14.79	39.66	19.83
Rajasthan	41.8	46.7	36.8	34.91	45.36	22.68
Sikkim		15.5	17.3	20.24	13.67	6.84
Tamil Nadu	40.7	31.5	25.9	18.06	42.88	21.44

Table 2 A: Underweight Children(< 3yrs)						
STATES/UTs	**1992-93**	**1998-99**	**2005-06**	**likely achievement 2015**	**estimated 1990**	**target 2015**
Tripura	42.1	37.3	35.2	30.36	42.67	21.34
Uttar Pradesh		48.1	41.6	33.81	56.78	28.39
Uttarakhand		36.3	31.7	26.12	42.38	21.19
West Bengal	53.2	45.3	37.6	28.79	56.11	28.05
India	**51.5**	**42.7**	**40.4**	**32.85**	**52.01**	**26.00**

Source: NFHS, M/o Health & Family Welfare

Table 3 A: Net Enrolment Ratio (Primary)

STATES/UTs	NAR(I-V) 2007-08	NER(I-V) 2007-08	NAR(I-V) 2008-09	NER(I-V) 2009-10	Achv 2015	Tar 2015
Andhra Pradesh	86	98.2	100.0	100.0	100.00	100.00
Arunachal Pradesh	75	85.6	88.0	87.8	94.97	100.00
Assam	90	100.0	100.0	100.0	98.85	100.00
Bihar	72	82.2	84.5	84.3	91.17	100.00
Chhattisgarh	91	100.0	100.0	99.7	100.00	100.00
Delhi	89	100.0	100.0	100.0	100.00	100.00
Goa	89	100.0	100.0	100.0	100.00	100.00
Gujarat	89	100.0	100.0	100.0	98.85	100.00
Haryana	86	98.2	100.0	99.7	100.00	100.00
Himachal Pradesh	91	100.0	100.0	100.0	98.85	100.00
Jammu & Kashmir	92	100.0	100.0	99.7	100.00	100.00
Jharkhand	79	90.2	92.7	92.4	100.00	100.00
Karnataka	92	100.0	100.0	100.0	98.85	100.00
Kerala	91	100.0	100.0	100.0	98.85	100.00
Madhya Pradesh	88	100.0	100.0	99.7	98.85	100.00
Maharashtra	91	100.0	100.0	100.0	100.00	100.00
Manipur	87	99.3	100.0	100.0	100.00	100.00
Meghalaya	75	85.6	88.0	87.8	100.00	100.00
Mizoram	97	100.0	100.0	99.7	98.85	100.00
Nagaland	86	98.2	100.0	99.7	100.00	100.00
Orissa	85	97.0	99.8	99.5	100.00	100.00
Punjab	82	93.6	96.2	96.0	100.00	100.00
Rajasthan	83	94.8	97.4	97.1	100.00	100.00
Sikkim	90	100.0	100.0	100.0	100.00	100.00
Tamil Nadu	84	95.9	98.6	98.3	100.00	100.00

Table 3 A: Net Enrolment Ratio (Primary)

STATES/UTs	NAR(I-V) 2007-08	NER(I-V) 2007-08	NAR(I-V) 2008-09	NER(I-V) 2009-10	Achv 2015	Tar 2015
Tripura	89	100.0	100.0	100.0	98.85	100.00
Uttarakhand	86	98.2	100.0	100.0	100.00	100.00
Uttar Pradesh	82	93.6	96.2	96.0	100.00	100.00
West Bengal	88	100.0	100.0	100.0	98.85	100.00
A & N Island	93	100.0	100.0	100.0	98.85	100.00
Chandigarh	85	97.0	99.8	99.5	100.00	100.00
Dadra & Nagar Haveli	87	99.3	100.0	100.0	100.00	100.00
Daman & Diu	97	100.0	100.0	100.0	98.85	100.00
Lakshadweep	96	100.0	100.0	100.0	98.85	100.00
Puducherry	86	98.2	100.0	100.0	100.00	100.00
All-India	**84**	**95.9**	**98.6**	**98.3**	**100.00**	**100.00**

Source: NSS 2007-08 (NAR), State wise NER of 2008-09 & 2009-10 have been arrived at from NER of 2007-08 by applying the rate of increase in NER at all India levels in 2008-09 & 2009-10 over 2007-08.

Table 4 A : Percentage literates among youth (15-24 year olds) in Census 2001 & NSSO (2007-08)												
State Name	**% literates among youth: Census 2001**					**% literates among youth: NSSO (2007-08)**					Female : Male literacy rate (15-24years)	
	all	**female**	**male**	**rural**	**urban**	**all**	**female**	**male**	**rural**	**urban**	**Census 2001**	**NSSO 2007-08**
Jammu & Kashmir	68	57	78	63	83	88	83	93	87	94	0.73	0.89
Himachal Pradesh	92	89	95	92	94	98	97	99	98	97	0.94	0.98
Punjab	83	81	85	81	87	90	89	91	89	91	0.95	0.98
Chandigarh	87	85	89	81	88	89	83	93	88	89	0.96	0.89
Uttaranchal	84	78	90	83	88	90	87	93	90	90	0.87	0.94
Haryana	83	75	89	81	88	89	85	93	87	95	0.84	0.91
Delhi	88	85	90	87	88	91	88	93	96	91	0.94	0.95
Rajasthan	72	55	87	68	84	78	64	90	74	89	0.63	0.71
Uttar Pradesh	67	53	78	63	77	80	73	87	79	84	0.68	0.84
Bihar	57	43	69	53	80	67	55	77	64	86	0.62	0.71
Sikkim	83	80	87	83	89	97	95	98	97	96	0.92	0.97
Arunachal Pradesh	70	62	78	65	86	84	77	90	80	97	0.79	0.86
Nagaland	76	73	78	73	90	99	98	100	100	97	0.94	0.98
Manipur	84	80	89	81	92	94	92	96	93	97	0.9	0.96
Mizoram	93	93	93	88	98	98	98	98	97	100	1	1
Tripura	84	79	89	82	94	92	90	94	92	97	0.89	0.96
Meghalaya	74	74	74	69	92	97	96	97	96	97	1	0.99
Assam	74	68	79	71	90	92	90	94	92	97	0.86	0.96
West Bengal	77	71	82	73	86	87	83	91	85	93	0.87	0.91
Jharkhand	65	50	79	57	88	75	62	86	70	93	0.63	0.72
Orissa	75	66	85	73	89	84	78	91	82	95	0.78	0.86
Chhattisgarh	79	69	88	75	91	89	86	92	88	96	0.78	0.93
Madhya Pradesh	75	63	85	69	88	85	77	92	82	93	0.74	0.84
Gujarat	80	72	88	75	89	89	83	94	84	96	0.82	0.88

Table 4 A : Percentage literates among youth (15-24 year olds) in Census 2001 & NSSO (2007-08)												
State Name	**% literates among youth: Census 2001**					**% literates among youth: NSSO (2007-08)**					Female : Male literacy rate (15-24years)	
	all	**female**	**male**	**rural**	**urban**	**all**	**female**	**male**	**rural**	**urban**	**Census 2001**	**NSSO 2007-08**
Daman & Diu	86	79	89	84	90	98	93	100	97	100	0.89	0.93
Dadra & Nagar Haveli	67	48	80	60	89	85	63	99	83	97	0.6	0.64
Maharashtra	90	85	93	87	92	95	92	97	94	96	0.91	0.95
Andhra Pradesh	74	65	82	68	86	87	82	92	84	94	0.79	0.89
Karnataka	80	74	86	75	89	89	85	93	87	95	0.86	0.91
Goa	93	91	94	94	91	94	95	94	97	92	0.97	1.01
Lakshadweep	97	96	97	96	97	97	96	98	100	95	0.99	0.98
Kerala	98	98	99	98	99	100	100	100	99	100	0.99	1
Tamil Nadu	88	84	93	85	93	97	95	99	96	98	0.9	0.96
Pondicherry	94	92	96	93	95	97	96	98	94	100	0.96	0.98
A & N Islands	93	91	94	92	95	99	98	99	99	99	0.97	0.99
India	**76**	**68**	**84**	**72**	**87**	**86**	**80**	**91**	**83**	**93**	**0.81**	**0.88**

Source: Census 2001, NSSO 2007-08

Table-5 A: Gender Parity Index for Enrolment in Primary, Secondary and Tertiary Grades

		Gender Parity Index for Primary Classes I-V				Gender Parity Index for Secondary Classes IX-XII				Gender Parity Index for Higher Education (Tertiary)			
	State/UT	2004-05	2005-06	2006-07	2007-08	2004-05	2005-06	2006-07	2007-08	2004-05	2005-06	2006-07	2007-08
1	Andhra Pradesh	1.01	1.01	1	1	0.82	0.85	0.87	0.9	0.59	0.6	0.63	0.58
2	Arunachal Pradesh	0.89	0.9	0.9	0.92	0.82	0.78	0.83	0.88	0.63	0.67	0.69	0.75
3	Assam	0.99	1	1.02	1	0.79	0.79	0.79	0.88	0.7	0.51	0.49	0.51
4	Bihar	0.75	0.75	0.77	0.82	0.48	0.54	0.58	0.62	0.38	0.24	0.25	0.43
5	Chhattisgarh	0.94	0.77	0.94	0.95	0.68	0.71	0.75	0.75	0.59	0.77	0.76	0.74
6	Goa	0.98	0.96	0.97	0.98	0.98	1	1	1	1.37	1.32	1.36	1.19
7	Gujarat	0.87	0.87	0.87	0.88	0.78	0.76	0.79	0.79	0.78	0.88	0.81	0.75
8	Haryana	1.06	1.04	1.04	1.07	0.88	0.91	0.97	0.95	0.91	0.99	0.96	0.92
9	Himachal Pradesh	0.99	1.01	1	1	0.93	0.94	0.91	0.94	0.93	0.9	1.05	1.21
10	Jammu & Kashmir	0.98	0.95	0.95	0.95	0.81	0.83	0.83	0.83	0.93	0.83	0.9	0.92
11	Jharkhand	0.84	0.86	0.89	1	0.67	0.67	0.71	0.75	0.61	0.68	0.68	0.56
12	Karnataka	0.98	0.98	0.97	0.98	0.94	0.95	0.94	0.97	0.81	0.74	0.73	0.84
13	**Kerala**	**1**	**1**	**1.01**	**1.01**	**1.04**	**1.03**	**1.07**	**1.08**	**1.22**	**1.12**	**1.14**	**1.1**
14	Madhya Pradesh	0.95	0.96	0.96	0.99	0.64	0.65	0.67	0.67	0.52	0.55	0.49	0.79
15	Maharashtra	1	0.98	0.96	0.97	0.91	0.92	0.92	0.91	0.72	0.74	0.76	0.75
16	Manipur	0.96	0.96	0.96	0.97	0.93	0.93	0.94	0.95	0.79	0.76	0.86	0.59
17	Meghalaya	1.03	0.98	0.99	0.98	1.04	1.04	1.02	1.1	0.83	0.91	0.89	0.97
18	Mizoram	0.93	0.98	0.96	0.94	1.02	1	1	1	0.61	0.68	0.66	0.99
19	Nagaland	0.98	0.98	0.98	1	0.98	1.03	1.03	1.03	0.89	0.55	0.73	0.95
20	Orissa	0.97	0.97	0.96	1	0.67	0.67	0.83	0.86	0.26	0.23	0.25	0.31
21	Punjab	1.08	1.08	1.09	0.98	1.02	1	0.94	1.04	1.2	1.01	0.97	1.2
22	Rajasthan	0.93	0.95	0.95	0.95	0.48	0.52	0.56	0.58	0.57	0.56	0.59	0.73
23	Sikkim	0.99	0.97	1.01	0.98	1.01	1.02	1.03	1.04	0.75	0.82	0.84	0.79

Table-5 A: Gender Parity Index for Enrolment in Primary, Secondary and Tertiary Grades

		Gender Parity Index for Primary Classes I-V				Gender Parity Index for Secondary Classes IX-XII				Gender Parity Index for Higher Education (Tertiary)			
	State/UT	2004-05	2005-06	2006-07	2007-08	2004-05	2005-06	2006-07	2007-08	2004-05	2005-06	2006-07	2007-08
24	Tamil Nadu	0.98	0.99	1	1	0.98	1.02	1.05	1.06	0.76	0.72	0.72	0.87
25	Tripura	0.96	0.95	0.96	0.98	0.88	0.89	0.87	0.94	0.72	0.73	0.73	0.8
26	Uttar Pradesh	0.94	0.93	0.93	1.05	0.68	0.67	0.67	0.81	0.74	0.74	0.69	0.63
27	Uttaranchal	1.01	1.03	1.05	1.09	0.83	0.9	0.9	0.84	0.96	0.95	0.95	0.9
28	West Bengal	0.99	0.96	1.01	0.99	0.78	0.77	0.78	0.84	0.61	0.58	0.65	0.62
29	**A&N Islands**	**0.98**	**1**	**1.02**	**1.06**	**1.05**	**0.99**	**1.05**	**1.04**	**1.42**	**1.34**	**1.39**	**1.3**
30	Chandigarh	0.9	0.87	0.89	0.87	1.15	1.1	1.19	1.02	1.49	1.38	1.53	1.08
31	D&N Haveli	0.93	0.96	0.98	1.01	0.73	0.79	0.67	0.63	0.15	-	-	0
32	Daman & Diu	0.88	0.87	0.92	0.86	1.03	0.88	0.98	1.45	1.82	1.18	1.31	2.99
33	**Delhi**	**1.11**	**1.04**	**1**	**1.02**	**1.13**	**1.14**	**1.03**	**1.03**	**1.3**	**1.14**	**1.05**	**1.21**
34	Lakshadweep	0.89	0.93	1.02	0.94	1.1	1.15	1.16	1.43	-	-	0	0.54
35	Pondicherry	0.87	0.88	0.87	0.87	0.99	0.99	1	0.98	0.96	0.83	0.79	0.93
	India	**0.95**	**0.94**	**0.94**	**0.98**	**0.79**	**0.8**	**0.82**	**0.85**	**0.71**	**0.69**	**0.69**	**0.7**

Source of Data: 'Selected Education Statistics', Ministry of Human Resource Development, Government of India

Table 6 A: Percentage share of females in wage employment (regular wage/salaried and casual labours) in the non-agriculture sector according to usual status (ps+ss)

2004-05				2009-10			
State/U.T./All-India	**rural**	**urban**	**rural+urban**	**State/U.T./All-India**	**rural**	**urban**	**rural+urban**
Andhra Pradesh	24.3	22.7	23.5	Andhra Pradesh	27	19.3	23.1
Arunachal Pradesh	18.7	18.4	18.6	Arunachal Pradesh	18.1	16.2	17.3
Assam	14.9	20.1	16.4	Assam	12.8	13.7	13
Bihar	9.3	8.4	9	Bihar	3.4	7.1	4.2
Chhattisgarh	20.2	21.1	20.6	Chhattisgarh	25.2	21.7	23.4
Delhi	1.4	14.5	13.6	Delhi	5.3	10.3	9.9
Goa	30.8	26.8	28.7	Goa	23.5	19.4	22.3
Gujarat	18.6	17	17.7	Gujarat	13.4	19.7	17.6
Haryana	7.9	13.8	10.3	Haryana	11.5	15.3	13.4
Himachal Pradesh	14.1	19.8	15.3	Himachal Pradesh	17	20.3	17.4
Jammu & Kashmir	8.1	11.3	9.3	Jammu & Kashmir	6.8	19	11.1
Jharkhand	15.4	19.8	16.8	Jharkhand	11.6	14.6	12.5
Karnataka	22.3	20.1	20.9	Karnataka	25.2	21.2	22.6
Kerala	27.4	27.7	27.5	Kerala	29.1	29.7	29.3
Madhya Pradesh	25.9	19.7	22.6	Madhya Pradesh	19.8	18.1	18.9
Maharashtra	17.5	21.9	20.7	Maharashtra	11.5	18.2	16.4
Manipur	16.1	26	20.2	Manipur	34.5	15.9	29.3
Megahlaya	19.5	47.2	33.7	Megahlaya	27.3	31.9	29
Mizoram	19.4	21.9	21.2	Mizoram	29.7	20	23.4
Nagaland	15.1	22.8	19.1	Nagaland	24.3	8.7	17.5
Orissa	20.6	21.7	21	Orissa	18.6	14	17.2

Table 6 A: Percentage share of females in wage employment (regular wage/salaried and casual labours) in the non-agriculture sector according to usual status (ps+ss)

2004-05				2009-10			
State/U.T./All-India	**rural**	**urban**	**rural+urban**	**State/U.T./All-India**	**rural**	**urban**	**rural+urban**
Punjab	8.8	18.5	13.5	Punjab	13.8	15.1	14.5
Rajasthan	16.7	14.5	15.9	Rajasthan	37	14	30
Sikkim	21.2	22.6	21.5	Sikkim	26.7	19.7	25.6
Tamil Nadu	25.5	24.6	25	Tamil Nadu	31.4	19.9	24.6
Tripura	12	23.2	14	Tripura	34.7	24.3	32.9
Uttarakhand	10.6	19.6	14.8	Uttarakhand	11.9	14.9	13.1
Uttar Pradesh	8.2	10.3	9.1	Uttar Pradesh	7.3	9.8	8.2
West Bengal	18.7	16.9	17.7	West Bengal	22.8	17	20.2
A & N Islands	18.3	19.2	18.8	A & N Islands	24.7	26.2	25.5
Chandigarh	1.1	23.9	21.9	Chandigarh	17	24.1	22.6
Dadra & Nagar Haveli	20.3	11.7	19.2	Dadra & Nagar Haveli	5.6	0.6	3.1
Daman & Diu	13	20.8	16.4	Daman & Diu	5.7	15.6	9.7
Lakshadweep	0	15.6	6.6	Lakshadweep	20	30	24.8
Puducherry	21.6	20.3	20.6	Puducherry	17.5	26.3	24
all-India	17.9	19.2	18.6	all-India	19.6	17.6	18.6

Note: Since from the tabulation it is not possible to derive the casual labours in public works separately for agricultural sector and non-agricultural sector, all the casual workers in public works have been included in the non-agricultural sector

Source: NSS 61st round on Employment and unemployment 2004-05

Source: NSS 66th round on Employment and unemployment (2009-10)

Table 7 A: Under5 Mortality Rate							
Area Name	1992-1993	1998-1999	2005-2006	2009	likely achievement 2015	Estimated 1990	Target 2015
Andhra Pradesh	91.2	85.5	63.2	52	44.25	100.27	33.42
Arunachal Pradesh	72	98.1	87.7		108.21	75.66	25.22
Assam	142.2	89.5	85	87	67.44	141.72	47.24
Bihar	127.5	105.1	84.8	70	61.88	135.51	45.17
Chhattisgarh			90.3	67			
Delhi	83.1	55.4	46.7	37	28.49	86.28	28.76
Goa	38.9	46.8	20.3		14.02	51.35	17.12
Gujarat	104	85.1	60.9	61	46.94	114.86	38.29
Haryana	98.7	76.8	52.3	60	43.42	110.53	36.84
Himachal Pradesh	69.1	42.4	41.5	51	38.96	68.12	22.71
India	109.3	94.9	74.3	64	53.71	125.00	42.00
Jammu & Kashmir	59.1	80.1	51.2	50	35.86	133.59	44.53
Jharkhand			93	62			
Karnataka	87.3	69.8	54.7	50	40.10	93.54	31.18
Kerala	32	18.8	16.3	14	10.20	32.75	10.92
Madhya Pradesh	130.3	137.6	94.2	89	76.37	147.60	49.20
Maharashtra	70.3	58.1	46.7	36	30.17	74.82	24.94
Manipur	61.7	56.1	41.9		31.82	67.52	22.51

Table 7 A: Under5 Mortality Rate							
Area Name	1992-1993	1998-1999	2005-2006	2009	likely achievement 2015	Estimated 1990	Target 2015
Meghalaya	86.9	122	70.5		67.45	105.27	35.09
Mizoram	29.3	54.7	52.9		91.56	30.43	10.14
Nagaland	20.7	63.8	64.7		182.53	21.64	7.21
Orissa	131	104.4	90.6	84	70.60	135.79	45.26
Punjab	68	72.1	52	46	40.81	75.76	25.25
Rajasthan	102.6	114.9	85.4	74	68.57	113.47	37.82
Sikkim		71	40.1		17.73	136.40	45.47
Tamil Nadu	86.5	63.3	35.5	33	21.49	102.86	34.29
Tripura	104.6	51.3	59.2		33.87	96.84	32.28
Uttar Pradesh	141.3	122.5	96.4	85	71.31	151.72	50.57
Uttarakhand			56.8				
West Bengal	99.3	67.6	59.6	40	32.29	101.71	33.90

Source: Office of Registrar General Of India

Table 8 A: INFANT MORTALITY RATE									
Area Name	**1990**	**1994**	**2003**	**2006**	**2007**	**2008**	**2009**	**Likely achievement 2015**	**target 2015**
Andhra Pradesh	70	65	59	56	54	52	49	46.79	23.33
Arunachal Pradesh	75.3	40.1	34	40	37	32	32	26.19	25.10
Assam	76	78	67	67	66	64	61	59.12	25.33
Bihar	75	67	60	60	58	56	52	51.43	25.00
Chhatisgarh				61	59	57	54		
Delhi				37	36	35	33		
Goa	20.7	3.5	16	15	13	10	11	12.92	6.90
Gujarat	72	64	57	53	52	50	48	44.01	24.00
Haryana	69	70	59	57	55	54	51	48.28	23.00
Himachal Pradesh	68.4	59	49	50	47	44	45	39.15	22.80
India	**80**	**74**	**60**	**57**	**55**	**53**	**50**	**45.04**	**26.67**
Jammu & Kashmir				52	51	49	45		
Jharkhand				49	48	46	44		
Karnataka	70	67	52	48	47	45	41	37.06	23.33
Kerala	16	16	11	15	13	12	12	11.18	5.33
Madhya Pradesh	111	98	82	74	72	70	67	58.73	37.00
Maharashtra	58	55	42	35	34	33	31	26.17	19.33
Manipur	29.1	23.8	16	11	12	14	16	9.65	9.70
Meghalaya	54.3	47.3	57	53	56	58	59	59.46	18.10
Mizoram				25	23	37	36		
Nagaland				20	21	26	26		
Orissa	122	103	83	73	71	69	65	55.17	40.67
Punjab	61	53	49	44	43	41	38	35.65	20.33
Rajasthan	84	84	75	67	65	63	59	56.22	28.00

Table 8 A: INFANT MORTALITY RATE									
Area Name	1990	1994	2003	2006	2007	2008	2009	Likely achievement 2015	target 2015
Sikkim	51.4	26.8	33	33	34	33	34	30.26	17.13
Tamil Nadu	59	59	43	37	35	31	28	24.87	19.67
Tripura	46	39.1	32	36	39	34	31	30.47	15.33
Uttar Pradesh	99	88	76	71	69	67	63	57.52	33.00
Uttarakhand				43	48	44	41		
West Bengal	63	62	46	38	37	35	33	27.84	21.00

Source: Office of Registrar General of India, estimates are derived for the purpose of this report

Table 9 A: Percentage of One year old Children (12-23 months) immunised against Measles

	1992-1993	1998-1999	2000	2001	2002	2002-2004	2005	2005	2005	2005-2006	2005-2006	2005-2006	2007-2008	2007-2008	2007-2008	2009	likely achievement 2015	target 2015
Area Name	**Total**	**Total**	**Total**	**Total**	**Total**	**Total**	**Rural**	**Total**	**Urban**	**Rural**	**Total**	**Urban**	**Rural**	**Urban**	**Total**	**Total**		
Andaman & Nicobar Islands			89	94.1		85.5											69.66	100
Andhra Pradesh	53.7	64.7	61.4	50.8	79.7	74	81.2	82.7	86.7	70.1 1	69.4	68.3 1	87.7	91.1	88.6	92.4	108.9	100
Arunachal Pradesh	27.5	33.6	41	67.1		38.1				33.3 1	38.3	53.5 1				49.8	91.2	100
Assam	25.8	24.6	29	66.3	62.6	35.9	41.8	44.2	60.5	37.3 1	37.4	39.7 1	63.7	71.2	64.4	81.2	100.9	100
Bihar		16.2	20.8	13.3	13.8	26.9	26.4	28.4	45.5	39.3 1	40.4	48.5 1	54.1	55.8	54.2	58	117.8	100
Chandigarh			80.1	84.3		76							61.1	89.9	87.3		58.94	100
Chhattisgarh		40		75	77.5	67.8	71.7	72	72.9	58.4 1	62.5	81.3 1	79.1	84.4	79.9	70.3	75.5	100
Dadra & Nagar Haveli			84.1	83.3		86.1							81.9	94.6	84.4		95.65	100
Daman & Diu			75.1	88.3		77.2							91.1	90.5	90.9		78.14	100
Delhi	69.6	77.5	77.5	75	77	73.7	82.4	84.3	84.5		78.2		88.5	83.1	83.1	81.5	87.99	100
Goa	77.8	84.3	94	95		89.2	95.2	94.5	93.8	88.3 1	91.2	93.8 1	100	88.4	94.1	97.1	105.3	100
Gujarat	55.9	63.6	62.3	65.3	71.9	65.2	84	82.5	80	61.4 1	65.7	73.6 1	70.1	81.3	72.6	81.2	89.81	100
Haryana	60.9	72.2	59.5	64.3	63.3	65.2	69.9	70.5	71	72.8 1	75.5	84.4 1	66.4	77.2	69	78.7	77.56	100
Himachal Pradesh	71.8	89.1	86	93.3		88.6	92.9	92.9	92.9	85.7 1	86.3	92.0 1	94.5	94.5	94.5	97.1	108.1	100
India	42.2	50.7	50.4	55.6	61.4	56	61.8	68.1	79.4	54.2 1	58.8	71.7 1	66.6	77.6	69.6	72.4	87.94	100
Jammu & Kashmir		68.9	65.5	85		77.9	85.7	87.9	93.3	75.7 1	78.3	87.3 1	80.0	90.7	81.4	77	90.37	100
Jharkhand		18.2		27	29.2	32.3	53.7	58	73.2	44.4 1	47.6	60.4 1	69.0	84.8	70.5	64.8		
Karnataka	54.9	67.3	72.2	67.1	85.6	77.2	85.7	88.8	94.8	67.5 1	72	79.5 1	85.2	85.1	85.2	89.8	108.7	100
Kerala	60.5	84.6	88.4	91.9	93.6	87.9	94.5	94.5	94.3	76.9 1	82.1	93.1 1	88.1	87.1	87.9	87	107.6	100
Lakshadweep			93.1	95		89.7							92.2	91.7	92		75.69	100

Table 9 A: Percentage of One year old Children (12-23 months) immunised against Measles

	1992-1993	1998-1999	2000	2001	2002	2002-2004	2005	2005	2005	2005-2006	2005-2006	2005-2006	2007-2008	2007-2008	2007-2008	2009	likely achievement 2015	target 2015
Area Name	**Total**	**Total**	**Total**	**Total**	**Total**	**Total**	**Rural**	**Total**	**Urban**	**Rural**	**Total**	**Urban**	**Rural**	**Urban**	**Total**	**Total**		
Madhya Pradesh		34.1	47.7	57.8	81.1	47	57.9	58.8	61.4	56.4 1	61.4	77.4 1	53.6	73.3	57.7	57.4	76.29	100
Maharashtra	70.2	84.3	82.6	88.5	95	85.4	80.8	82.3	84.3	82.6 1	84.7	86.8 1	84.3	85.1	84.5	91.1	95.9	100
Manipur	37	45.8	61.8	51.7		53.3				49.1 1	52.8	64.9 1				56.7	91.57	100
Meghalaya	13.2	17.7	36.7	55		29.9				42.7 1	43.8	49.2 1	50.7	52.5	52.5	76.8	152	100
Mizoram	65.1	71	62.7	84.2		59.5				58.7 1	69.5	79.4 1	75.4	89.3	80.4	75.6	69.14	100
Nagaland	10	19.6	32.4	52.5		38.2				22.4 1	27.3	47.2 1				51.8	268.9	100
Orissa	40.2	54	59.1	62.1		67.8	82.4	81.9	79	68.0 1	66.5	58.2 1	80.3	87.7	81.1	72.5	106.4	100
Puducherry			89.3	93.3		96.4							100	92.3	94.2		129.4	100
Punjab	64.8	76.5	65.8	76.3	77.6	76.8	85	87.5	92.4	76.0 1	78	82.2 1	89.5	87.6	89.1	87.9	100.2	100
Rajasthan	31.3	27.1	33.6	34.5	24.7	35.9	67.1	68.2	71.8	38.4 1	42.7	60.2 1	65.7	75.9	67.5	66.7	91.58	100
Sikkim		58.9	78.9	82.5		83.2				82.2 1	83.1	87.8 1	92.1	100	92.5	86.5	201.9	100
Tamil Nadu	71.5	90.2	85.1	91.7	96.1	94.9	87.6	88.7	90	93.3 1	92.5	91.5 1	95.6	95.6	95.6	89.9	104	100
Tripura	28.9	44.6	43.4	63.6		49.7				58.3 1	59.9		48.9	83.3	51.7	66.3	115.4	100
Uttar Pradesh		33.5	29.7	28.1	29.2	35.4	38.3	42.1	56.5	34.7 1	37.7	48.7 1	45.8	53.7	47	50.5	65.8	100
Uttarakhand		56		54.6	62.1	54.4	71	72	75.1	70.3 1	71.6	75.0 1	81.1	88.3	82.1	75.1	110.4	100
West Bengal	42.5	52.4	65.4	60.8	86	65	73.1	72.6	69.3	73.7 1	74.7	78.7 1	83.1	81.1	82.8	79.2	105.3	100

2007-08: DLS -3, 2009 : Coverage Evaluation Survey, UNICEF and GOI, estimates are derived for the purpose of this report.

Table 10 A: Maternal mortality ratio (Deaths per 100,000 live births)

Area Name	1990	MDG target 2015	1997	1997-1998	1999-2001	2001-2003	2004-2006	2007-09	Likely achievement 2015
1	2	3	4	5	6	7	8	9	10
Andhra Pradesh	297.77	74.44	154.00	197.00	220.00	195.00	154.00	134.00	99.24
Assam	544.19	136.05	401.00	568.00	398.00	490.00	480.00	390.00	348.56
Bihar/Jahrkhand	735.76	183.94	451.00	531.00	400.00	371.00	312.00	261.00	161.07
Gujarat	307.98	76.99	29.00	46.00	202.00	172.00	160.00	148.00	112.65
Haryana	108.39	27.10	105.00	136.00	176.00	162.00	186.00	153.00	182.27
Karnataka	315.92	78.98	195.00	245.00	266.00	228.00	213.00	178.00	105.70
Kerala	279.19	69.80	195.00	150.00	149.00	110.00	95.00	81.00	49.63
Madhya Pradesh/Chhatisgarh	602.78	150.70	498.00	441.00	407.00	379.00	335.00	269.00	199.22
Maharashtra	234.48	58.62	135.00	166.00	169.00	149.00	130.00	104.00	77.06
Orissa	482.04	120.51	361.00	346.00	424.00	358.00	303.00	258.00	205.93
Punjab	333.41	83.35	196.00	280.00	177.00	178.00	192.00	172.00	130.70
Rajasthan	724.88	181.22	677.00	508.00	501.00	445.00	388.00	318.00	233.48
Tamil Nadu	196.75	49.19	76.00	131.00	167.00	134.00	111.00	97.00	74.60
Uttar Pradesh/Uttarakhand	855.08	213.77	707.00	606.00	539.00	517.00	440.00	359.00	258.78
West Bengal	666.95	166.74	264.00	303.00	218.00	194.00	141.00	145.00	76.53
India	**437.00**	**109.25**	**408.00**	**398.00**	**327.00**	**301.00**	**254.00**	**212.00**	**138.35**

Source: Office of Registrar General of India, estimates are derived for this report.

Table 11 A: Maternal Mortality Ratio (MMR), Maternal Mortality Rate and Life Time Risk				
India & Major States	**MMR (2004-06)**	**MMR 2007-09**	**Maternal Mortality Rate (2007-09)**	**Lifetime risk (2007-09)**
INDIA TOTAL	254	212	16.3	0.006
Assam	480	390	27.5	0.01
Bihar/Jharkhand	312	261	30.1	0.01
Madhya Pradesh/Chhattisgarh	335	269	27.4	0.01
Orissa	303	258	19.5	0.007
Rajasthan	388	318	35.9	0.012
Uttar Pradesh/Uttarakhand	440	359	40	0.014
Andhra Pradesh	154	134	9.1	0.003
Karnataka	213	178	10.8	0.004
Kerala	95	81	4.1	0.001
Tamil Nadu	111	97	5.6	0.002
Gujarat	160	148	12.8	0.004
Haryana	186	153	13.5	0.005
Maharashtra	130	104	6.9	0.002
Punjab	192	172	11.3	0.004
West Bengal	141	145	9.2	0.003
Other	206	160	10.2	0.004

Source: Office of Registrar General of India

Table 12 A: Percent of live births where the mothers received medical attention at delivery either at Government Hospitals or at Private hospitals																		
India & bigger States	Total						Rural						Urban					
	2004	2005	2006	2007	2008	2009	2004	2005	2006	2007	2008	2009	2004	2005	2006	2007	2008	2009
India	33.8	34.5	34.9	38.6	47.1	57.7	23.9	24.4	24.9	28.7	38.3	48.7	69.7	70.4	71	74.5	78.5	87.1
Andra Pradesh	53.9	55.5	56.2	63.7	70.9	74.4	42.3	43.5	44.1	53.5	62.6	66.5	90.4	90.9	91.8	92.7	93.7	95.5
Assam	24	24.6	25.1	28	40.2	46.1	20.7	21	21.4	24.1	36.7	42.9	61.1	61.9	62.5	66.5	73.8	75.7
Bihar	21.2	21.8	22.4	23.5	27	32.4	19.5	20	20.7	21.3	23.5	29	40.4	40.8	41.4	47.9	66.9	70
Chattisgarh	22.7	23.5	24.1	26.2	35.2	40.3	17.8	18.2	18.9	21.4	30.7	35.9	55	55.6	56.3	57	65.6	68.9
Delhi	61.3	62	62.6	65.4	69.5	73.7	50.9	51.3	51.5	59.2	63.6	69	63.1	64	64.6	66.6	70.7	74.6
Gujrat	51.7	52.5	53.2	59.1	71.3	73.2	35.3	36.1	36.7	42.3	60.8	63.1	82.6	83.3	83.9	90.2	90.4	91.7
Haryana	32.1	32.9	33.7	38.9	48.2	51.6	24.4	24.9	25.6	31	40.4	44.2	55	55.7	56.2	60.3	69	71.7
Himachal Pradesh	32.5	33	34.2	35.8	46.4	49.6	29.4	29.8	31.1	32.4	43.9	47.1	79.2	79.8	80.3	82.4	83.7	84.9
Jammu & Kashmir	46.2	47.1	48.6	52	61.5	64.2	39	39.5	41.1	45.1	56.4	59.4	84.1	84.8	85.5	87.2	87.9	89.9
Jharkhand	11.9	12.1	12.8	13.9	16.2	20.4	4.6	4.9	5.4	6	7.2	11.4	55.3	56.1	56.6	61	69.9	73.1
Karnataka	58.6	59.4	60.4	64.2	73.4	76.1	44.6	45	45.7	50.6	63.3	66.7	91.1	92	93	94.1	94.4	95.5
Kerala	98.9	99	99.2	99.2	99.2	99.5	98.5	98.7	98.9	99	98.9	99.4	100	100	100	99.8	99.8	99.7
Madhya Pradesh	21.6	22.4	22.8	31.2	44.7	49.7	12.2	13.2	13.9	22.8	37.4	42.7	64.5	65.8	66	71.8	81	84.6
Maharashtra	56.3	57.6	58.1	63.9	73.3	77.2	35.2	35.7	36.8	42.8	57.5	63.5	88.3	89.5	89.8	94.8	96	96.7
Orissa	25.9	26.2	26.6	32.7	45.2	48.5	21	21.3	21.9	28.6	42	45.2	66.4	67.3	67.9	68.4	73.5	78.1
Punjab	41.6	41.9	42.7	46	56.3	58.5	29	29.4	30.3	35.4	48.9	51.5	64	64.9	65.3	65.9	69.8	71.4
Rajasthan	22.9	23.5	24.1	30.3	50.2	53.3	16	16.2	16.9	21.6	43.4	46.9	49.7	51.3	52.1	63.7	76.1	78.7
Tamil Nadu	74.4	74.9	76	82.8	87.5	88.6	58.3	58.6	59.4	70.9	78.7	80.8	98.5	98.7	99	99.4	99.3	99.6
Uttar Pradesh	14.1	14.5	15	16	22.5	29.8	9	9.4	10	10.7	18.2	26	39.1	39.7	40.2	42.4	44.5	52.8
West Bengal	43.9	44.3	44.8	48.4	55.9	62.4	36.4	36.7	37.2	40.7	49.4	56.6	77.1	78	78.6	80.6	82.6	87.1

Source: SRS Report 2009

Table 13 A: Proportion of deliveries attended by Skilled Personnel (%)							
State Name 1992-1993	1992-93	1998-1999	2005-2006	2005-2006	2005-2006	2007-08	Likely Ach'nt 2015
1.Andhra Pradesh	48.9	65.2	66.9	89.1	74.9	75.6	106.53
2.Arunachal Pradesh	22	31.9	20.8	65.4	30.2	48.8	40.93
3.Assam	18	21.4	27.5	62.4	31	39.9	46.12
4.Bihar		24.8	27.6	56.1	29.3	31.7	37.18
5.Chhattisgarh		32.3	38.5	74	41.6	29.6	59.71
6.Delhi	53.8	65.9			64.1	71.6	75.78
7.Goa	89.2	90.8	93.8	94.6	94	96.7	97.7
8.Gujarat	43.4	53.5	54.6	83.9	63	61.6	84.76
9.Haryana	31.5	42.1	45.9	79	48.9	53.2	70.2
10.Himachal Pradesh	25.6	40.2	47.6	78.4	47.8	50.9	80.72
11.Jammu & Kashmir		42.4	54.8	83	56.5	58.6	85.15
12.Jharkhand		17.5	20.8	62.2	27.8	24.9	53.85
13.Karnataka	46.6	59.1	61.9	87.7	69.7	71.6	96.33
14.Kerala	90.2	94.1	99.5	100	99.4	99.4	107.04
15.Madhya Pradesh		28.9	28	66.4	32.7	69.2	39.01

Table 13 A: Proportion of deliveries attended by Skilled Personnel (%)							
State Name 1992-1993	**1992-93**	**1998-1999**	**2005-2006**	**2005-2006**	**2005-2006**	**2007-08**	Likely Ach'nt 2015
16.Maharashtra	53.1	59.4	56.5	87.6	68.7	49.9	83.6
17.Manipur	39.9	53.9	52.8	85.2	59	55.3	82.32
18.Meghalaya	37.9	20.6	22.2	78.1	31.1	28.9	23.25
19.Mizoram	62.2	67.5	47.4	91.1	65.4	63.3	69.05
20.Nagaland	18.9	32.8	17.9	54.3	24.7		34.03
21.Orissa	19	33.4	42.9	68.9	44	50.8	88.01
22.Punjab	47.3	62.6	67.4	70.7	68.2	76.9	93.11
23.Rajasthan	19.3	35.8	34.6	77	41	52.6	78.69
24.Sikkim		35.1	50.2	92.4	53.7	56.7	98.58
25.Tamil Nadu	69.3	83.7	90.6	96.4	90.6	95.5	113.3
26.Tripura	32.2	47.5	45.4	79.7	48.8	47.2	70.83
27.Uttar Pradesh		21.8	23.8	50.5	27.2	30	37.31
28.Uttarakhand		34.6	34.4	64.6	38.5	35.2	44.85
29.West Bengal	33.9	44.2	36.8	80.2	47.6	51.5	63.63
India	33	42.4	39.1	75.2	46.6	52	62.45

Source of Data: Reports of NFHS-I, II and III; DLHS-III; Ministry of Health & Family Welfare, Govt. of India; projected figures are derived for this report.

Table 14 A: Estimated Adult HIV prevalence (15-49 years)				
State	**2006**	**2007**	**2008**	**2009**
Andaman & Nicobar	0.3	0.29	0.27	0.26
Andhra Pradesh	1.03	0.99	0.94	0.9
Arunachal Pradesh	0.13	0.14	0.15	0.16
Assam	0.05	0.06	0.07	0.08
Bihar	0.21	0.22	0.22	0.22
Chandigarh	0.32	0.35	0.38	0.39
Chattisgarh	0.27	0.28	0.28	0.28
Dadra & Nagar	0.16	0.16	0.15	0.15
Daman & Diu	0.17	0.17	0.16	0.16
Delhi	0.31	0.31	0.3	0.3
Goa	0.56	0.53	0.51	0.49
Gujarat	0.43	0.41	0.39	0.37
Haryana	0.11	0.11	0.1	0.1
Himachal Pradesh	0.23	0.22	0.21	0.19
Jammu & Kashmir	0.05	0.06	0.07	0.08
Jharkhand	0.09	0.1	0.12	0.13
Karnataka	0.75	0.71	0.67	0.63
Kerala	0.15	0.17	0.18	0.19
Madhya Pradesh	0.23	0.22	0.2	0.19
Maharashtra	0.72	0.66	0.6	0.55
Manipur	1.63	1.55	1.47	1.4
Meghalaya	0.06	0.07	0.08	0.08
Mizoram	0.85	0.84	0.82	0.81
Nagaland	0.86	0.84	0.81	0.78

Table 14 A: Estimated Adult HIV prevalence (15-49 years)				
State	**2006**	**2007**	**2008**	**2009**
Odisha	0.21	0.24	0.26	0.29
Puducherry	0.3	0.29	0.29	0.28
Punjab	0.34	0.34	0.33	0.32
Rajasthan	0.2	0.2	0.19	0.19
Sikkim	0.05	0.05	0.06	0.06
Tamil Nadu	0.44	0.4	0.37	0.33
Tripura	0.15	0.15	0.15	0.15
Uttar Pradesh	0.11	0.1	0.1	0.09
Uttarakhand	0.05	0.07	0.08	0.1
West Bengal	0.33	0.32	0.3	0.29
Total	**0.36**	**0.34**	**0.32**	**0.31**

Source: HIV Sentinel Surveillance

Table 15 A: Estimated new HIV infections (in 15+ years population)				
States	2006	2007	2008	2009
Andaman & Nicobar	23	22	21	21
Andhra Pradesh	30959	27456	25749	23905
Arunachal Pradesh	133	134	134	134
Assam	1729	1981	2272	2540
Bihar	12292	11374	10654	10056
Chandigarh	244	348	307	217
Chhattisgarh	4444	3994	3577	3221
Dadra & Nagar	22	20	19	19
Daman & Diu	18	18	17	17
Delhi	2255	2210	2173	1970
Goa	309	310	315	299
Gujarat	9576	7476	5973	4283
Haryana	1235	1179	1186	1196
Himachal Pradesh	524	456	419	400
Jammu & Kashmir	618	668	721	778
Jharkhand	2897	3240	3553	3814
Karnataka	12144	11270	10762	9184
Kerala	4500	4442	4269	3968
Madhya Pradesh	5328	5001	4885	4806
Maharashtra	16853	14293	12829	11287
Manipur	1465	1315	1289	1219
Meghalaya	168	174	174	168
Mizoram	498	469	444	409
Nagaland	983	877	806	704

Table 15 A: Estimated new HIV infections (in 15+ years population)				
States	2006	2007	2008	2009
Odisha	8406	9292	10337	11268
Puducherry	96	101	129	94
Punjab	4095	3819	3687	3611
Rajasthan	5728	5415	5280	5018
Sikkim	25	25	24	23
Tamil Nadu	3678	2485	1926	850
Tripura	268	273	280	280
Uttar Pradesh	6890	6731	6680	6397
Uttarakhand	685	835	1014	1196
West Bengal	11584	9984	8687	7316
Total	**1,50,672**	**1,37,687**	**1,30,592**	**1,20,668**

Source: HIV Sentinel Surveillance

Table 16 A: Estimated AIDS Deaths				
States	**2006**	**2007**	**2008**	**2009**
Andaman & Nicobar	40	41	41	41
Andhra Pradesh	44061	41387	38780	35694
Arunachal Pradesh	35	40	45	54
Assam	318	359	415	471
Bihar	5373	5997	6555	6944
Chandigarh	45	60	71	85
Chhattisgarh	1626	1838	2032	2234
Dadra & Nagar	22	23	24	24
Daman & Diu	20	21	22	22
Delhi	1982	2020	2037	1772
Goa	554	508	467	401
Gujarat	9276	9633	9831	9356
Haryana	994	979	981	973
Himachal Pradesh	851	816	793	789
Jammu & Kashmir	151	155	159	183
Jharkhand	586	656	744	836
Karnataka	19246	19225	18660	16355
Kerala	1089	1304	1503	1649
Madhya Pradesh	6278	6538	6764	6824
Maharashtra	51750	47389	42695	36771
Manipur	1954	1794	1755	1700
Meghalaya	40	46	51	53
Mizoram	418	416	403	362
Nagaland	817	825	836	783
Odisha	2292	2568	2932	3219
Puducherry	131	123	162	131
Punjab	4295	4256	4145	3989

Table 16 A: Estimated AIDS Deaths				
States	**2006**	**2007**	**2008**	**2009**
Rajasthan	5232	5296	5322	5183
Sikkim	10	9	9	9
Tamil Nadu	17221	15716	14330	12459
Tripura	218	233	243	244
Uttar Pradesh	9192	9094	8795	8180
Uttarakhand	78	76	87	97
West Bengal	13307	13816	14181	14154
Total	**1,99,502**	**1,93,257**	**1,85,870**	**1,72,041**

Source: NACO, Ministry of Health and Family Welfare

Table 17 A: HIV prevalence among pregnant women aged 15-24 years (%):					
State	**2004**	**2005**	**2006**	**2007**	**2008**
A & N Islands	0	0	0.14	0.13	0
Andhra Pradesh	1.52	1.59	1.26	0.98	1.15
Arunachal Pradesh	0	0.54	0.11	0	0.39
Assam	0	0	0.04	0.18	0.09
Bihar	0.26	0.59	0.3	0.33	0.33
Chandigarh	0.43	0	0.45	0.43	0
Chhattisgarh	0	0.3	0.11	0.25	0.32
Dadra Nagar Haveli	0	0.43	0	0.39	0
Daman & Diu	0.61	0	0	0.23	0.22
Delhi	0.39	0.41	0.08	0.25	0.23
Goa	1.17	0	0.28	0.47	0.78
Gujarat	0.16	0.16	0.56	0.44	0.33
Haryana	0	0.1	0.1	0.53	0.22
Himachal Pradesh	0.21	0.15	0.1	0.05	0.5
Jammu & Kashmir	0	0	0.09	0.08	0
Jharkhand	0	0.08	0.14	0.07	0.42
Karnataka	1.41	1.57	1.02	0.75	0.81
Kerala	0.43	0.34	0.09	0.42	0.19
Lakshadweep	0	0	0	0	
Madhya Pradesh	0.41	0.24	0.27	0.19	0.24
Maharashtra	0.86	0.98	0.8	0.7	0.53
Manipur	1.44	0.92	1.09	0.9	0.38
Meghalaya	0	0	0	0	0

Table 17 A: HIV prevalence among pregnant women aged 15-24 years (%):					
State	**2004**	**2005**	**2006**	**2007**	**2008**
Mizoram	1.18	1.15	0.88	0.88	0.6
Nagaland	2.43	2.03	1.58	1.13	1.35
Odisha	0.46	0.55	0.58	0.27	0.35
Puducherry	0.39	0.2	0	0	0.21
Punjab	0.12	0.24	0.19	0.13	0.36
Rajasthan	0.15	0.51	0.28	0.22	0.25
Sikkim	0	0.24	0	0	0
Tamil Nadu	0.62	0.51	0.5	0.54	0.35
Tripura	0.35	0	0.4	0.36	0
Uttar Pradesh	0.42	0.11	0.24	0.08	0.2
Uttarakhand	0	0	0.1	0.11	0.26
West Bengal	0.36	0.81	0.27	0.38	0.18
India	**0.86**	**0.89**	**0.57**	**0.49**	**0.48**

Source: HIV Sentinel Surveillance, NACO, Ministry of Health and Family Welfare

Table 18 A: Cumulative no. of People Living with HIV/AIDS (PLHA) on ART (Antiretroviral treatment)			
State	**2009-10**	**2010-11**	**2011-12(till July)**
Andhra Pradesh	69165	88259	92610
Arunachal Pradesh	28	32	32
Assam	915	1295	1443
Bihar	5665	8131	9071
Chandigarh	1688	1753	1917
Chhattisgarh	1504	2113	2340
Delhi	7492	8716	9188
Goa	1016	1268	1307
Gujarat	14906	19602	21995
Haryana	1594	2085	2368
Himachal Pradesh	862	1306	1348
Jammu & Kashmir	563	676	680
Jharkhand	1535	2334	2645
Karnataka	40320	55102	61309
Kerala	4501	5444	5754
Madhya Pradesh	3693	5019	5375
Maharashtra	74935	96921	1,02,038
Manipur	5605	6632	6935
Meghalaya	86	135	160
Mizoram	735	976	1187
Nagaland	1736	2395	2630
Orissa	2385	3083	3790
Pondicherry	595	729	778
Punjab	5054	6767	7240
Rajasthan	6964	9370	10280

Table 18 A: Cumulative no. of People Living with HIV/AIDS (PLHA) on ART (Antiretroviral treatment)			
State	**2009-10**	**2010-11**	**2011-12(till July)**
Sikkim	30	52	55
Tamil Nadu	41322	50373	52806
Tripura	119	150	155
Uttar Pradesh	11422	14836	16522
Uttaranchal	631	903	945
West Bengal	6095	8425	9102
Total	**3,13,161**	**4,04,882**	**4,34,005**

Source: NACO, Ministry of Health and Family Welfare

Table 19 A: Condom use rate of the contraceptive prevalence rate among currently married women, 15-49 years (percent)	
States/UTS	**Female - Current Condom Use (%)**
Andaman & Nicobar	
Andhra Pradesh	0.5
Arunachal Pradesh	2.8
Assam	2.3
Bihar	2.3
Chandigarh	
Chattisgarh	2.9
Dadar Nagar Haveli	
Daman & Diu	
Delhi	22.9
Goa	7.5
Gujarat	5.8
Haryana	11.8
Himachal Pradesh	11.5
Jammu & Kashmir	8
Jharkhand	2.7
Karnataka	1.7
Kerala	5.5
Lakshadweep	
Madhya Pradesh	4.8
Maharashtra	6.2

Table 19 A: Condom use rate of the contraceptive prevalence rate among currently married women, 15-49 years (percent)	
States/UTS	**Female - Current Condom Use (%)**
Manipur	4.1
Meghalaya	2.4
Mizoram	1.4
Nagaland	2.6
Odisha	3
Puducherry	
Punjab	15.5
Rajasthan	5.7
Sikkim	4.1
Tamil Nadu	2.3
Tripura	3.2
Uttar Pradesh	8.6
Uttarakhand	15.7
West Bengal	4.3
India	**5.2**

Source: NFHS-3(2005-06)

Table 20 A: Malaria incidence rate and associated Death Rate										
States/UT	2006		2007		2008		2009		2010	
	Malaria Incidence rate (%)	Deaths per 100 Malaria Cases	Malaria Incidence rate (%)	Deaths per 100 Malaria Cases	Malaria Incidence rate (%)	Deaths per 100 Malaria Cases	Malaria Incidence rate (%)	Deaths per 100 Malaria Cases	Malaria Incidence rate (%)	Deaths per 100 Malaria Cases
1.Andhra P2.radesh	0.36	0	0.31	0.01	0.29	0	0.27	0.01	0.37	0.06
2.Arunachal Pradesh	14.19	0.5	13.06	0.11	11.62	0.09	10.32	0.07	9.44	0.57
3.Assam	4.6	0.24	3.92	0.16	3.12	0.1	3.02	0.07	1.59	0.05
4.Bihar	1.14	0.04	1.12	0.06	1.73	0	2.83	0.65	1.43	0.05
5.Chhattisgarh	5.05	0	4.21	0	4.05	0	3.98	0.01	4.44	0.03
6.Goa	1.8	0.14	2.74	0.11	2.47	0.21	1.21	0.2	0.51	0.04
7.Gujarat	0.81	0.05	0.75	0.1	0.56	0.08	0.45	0.07	0.62	0.11
8.Haryana	1.79	0	1.27	0	1.39	0	1.45	0	0.81	0
9.Himachal Pradesh	0.02	0	0.02	0	0.04	0	0.05	0	0.05	0
10.Jammu & Kashmir	0.04	0	0.06	0.42	0.05	0.46	0.07	0	0.17	0
11.Jharkhand	9.25	0	9.23	0.02	8.4	0.01	6.89	0.01	5.91	0.01
12.Karnataka	0.63	0.05	0.56	0.04	0.53	0.02	0.4	0	0.48	0.02
13.Kerala	0.1	0.28	0.1	0.31	0.1	0.22	0.1	0.24	0.11	0.3
14.Madhya Pradesh	0.99	0.06	0.99	0.05	1.13	0.05	0.91	0.03	0.94	0.04
15.Maharashtra	0.32	0.24	0.5	0.27	0.5	0.22	0.64	0.24	0.86	0.14
16.Manipur	2.86	0.3	0.99	0.34	0.53	0.28	0.93	0.09	0.8	0.42
17.Meghalaya	10.31	0.56	11	0.65	11.22	0.18	15.31	0.25	9.53	0.21
18..Mizoram	4.89	1.12	3.95	1.23	4.45	1.24	5.47	1.27	4.66	0.2
19.Nagaland	3.66	2.23	4.7	0.52	3.74	0.37	5.43	0.41	2.71	0.28
20..Orissa	7.67	0.07	7.52	0.06	7.46	0.06	7.59	0.05	7.55	0.06
21..Punjab	0.07	0	0.07	0	0.08	0	0.1	0	0.11	0

Table 20 A: Malaria incidence rate and associated Death Rate										
States/UT	2006		2007		2008		2009		2010	
	Malaria Incidence rate (%)	Deaths per 100 Malaria Cases	Malaria Incidence rate (%)	Deaths per 100 Malaria Cases	Malaria Incidence rate (%)	Deaths per 100 Malaria Cases	Malaria Incidence rate (%)	Deaths per 100 Malaria Cases	Malaria Incidence rate (%)	Deaths per 100 Malaria Cases
22.Rajasthan	1.15	0.06	0.78	0.08	0.71	0.09	0.42	0.06	0.58	0.05
23..Sikkim	1.17	0	0.77	0	0.62	0	0.63	2.38	0.75	0
24.Tamil Nadu	0.44	0	0.39	0	0.33	0.01	0.19	0.01	0.22	0.02
25.Tripura	7.6	0.13	6.56	0.28	7.59	0.2	6.75	0.25	7.24	0.06
26.Uttarakhand	0.38	0	0.41	0	0.47	0	0.61	0	0.78	0
27.Uttar Pradesh	2.32	0	2.37	0	2.25	0	1.57	0	1.59	0
28.West Bengal	3.03	0.13	1.88	0.11	2	0.12	2.65	0.05	2.48	0.03
29.A&N Islands	2.27	0.03	2.66	0	2.83	0	4.31	0	2.04	0
30.Chandigarh	0.59	0	0.39	0	0.45	0	0.46	0	0.35	0
31.D & N Haveli	2.9	0	6.49	0	5.86	0	5.47	0	8.76	0
32.Daman & Diu	0.48	0	0.37	0	0.42	0	0.4	0	0.8	0
33.Delhi	0.1	0	0.03	0	0.04	0	0.03	0	0.05	0
34.Lakshadweep	0	0	0	0	0	0	1.88	0	1.36	0
35.Puducherry	0.03	0	0.05	0	0.06	6.94	0.07	0	0.2	0
India	1.67	0.1	1.59	0.09	1.57	0.07	1.51	0.07	1.47	0.06

Source of Data: Directorate of National Vector Borne Disease Control Programme, MoHFW, Govt. of India

Table 21 A: Revised National Tuberculosis Control Programme - Total Patients Registered and Deaths reported under the programme

	2005			2006			2007			2008			2009			2010		2011
State	Total Patients Registered	Total Died	Mortality Rate	Total Patients Registered	Total Died	Mortality Rate	Total Patients Registered	Total Died	Mortality Rate	Total Patients Registered	Total Died	Mortality Rate	Total Patients Registered	Total Died	Mortality Rate	Total Patients Registered	Total Died *	Total Patients Registered **
Andaman & Nicobar	375	19	0.050667	920	47	0.051087	775	34	0.043871	748	30	0.040107	803	27	0.033624	804	20	451
Andhra Pradesh	108670	5504	0.050649	107131	5681	0.053029	111304	5772	0.051858	114624	5844	0.050984	114074	6077	0.053272	114414	3055	56415
Arunachal Pradesh	2346	141	0.060102	2607	102	0.039125	2746	92	0.033503	2450	84	0.034286	2432	71	0.029194	2360	30	1201
Assam	29494	1358	0.046043	32311	1504	0.046548	36766	1561	0.042458	38454	1458	0.037915	39910	1718	0.043047	39788	803	19083
Bihar	28012	1082	0.038626	61151	2384	0.038985	79619	2612	0.032806	84404	2378	0.028174	82401	2208	0.026796	78510	1061	39472
Chandigarh	2478	63	0.025424	2322	60	0.02584	2411	56	0.023227	2492	66	0.026485	2572	50	0.01944	2764	41	1313
Chhatisgarh	23530	1044	0.044369	28209	1149	0.040732	27504	1012	0.036795	27280	979	0.035887	27463	953	0.034701	28658	502	13908
D & N Haveli	141	7	0.049645	391	18	0.046036	390	8	0.020513	443	20	0.045147	386	15	0.03886	397	9	209
Daman & Diu	158	3	0.018987	280	21	0.075	337	11	0.032641	224	5	0.022321	326	16	0.04908	293	8	155
Delhi	45717	1077	0.023558	47606	1177	0.024724	49058	1241	0.025297	49505	1240	0.025048	50693	1420	0.028012	50476	745	28253
Goa	1731	59	0.034084	2036	95	0.04666	2104	103	0.048954	1996	113	0.056613	1897	78	0.041118	2156	49	1017
Gujarat	77087	3802	0.049321	79821	4480	0.056126	80399	4323	0.053769	79365	4266	0.053752	80575	4174	0.051803	77839	2027	37493
Haryana	34516	1508	0.04369	34693	1534	0.044216	35591	1567	0.044028	35348	1623	0.045915	38241	1751	0.045789	36589	839	19554
Himachal Pradesh	13697	584	0.042637	13303	596	0.044802	13611	607	0.044596	13618	544	0.039947	13743	564	0.041039	14179	293	7372
Jammu & Kashmir	4478	229	0.051139	10268	521	0.05074	12392	494	0.039864	12521	464	0.037058	13164	410	0.031146	13482	204	7224
Jharkhand	26178	988	0.037742	33035	1196	0.036204	36133	1300	0.035978	38395	1453	0.037843	39569	1297	0.032778	39465	639	19633
Karnataka	68695	4436	0.064575	64842	4304	0.066377	67630	4849	0.071699	66159	4708	0.071162	67744	4881	0.072051	68655	2589	35281
Kerala	25074	1166	0.046502	25248	1182	0.046816	24397	1230	0.050416	24935	1164	0.046681	27019	1155	0.042748	26255	603	13189
Lakshadweep	4	0	0	16	0	0	15	0	0	11	0	0	24	0	0	13	0	5
Madhya Pradesh	72335	3092	0.042746	74435	3130	0.04205	80410	3121	0.038814	80929	3052	0.037712	83276	3114	0.037394	87823	1578	44176

Table 21 A: Revised National Tuberculosis Control Programme - Total Patients Registered and Deaths reported under the programme

	2005			2006			2007			2008			2009			2010		2011
State	Total Patients Registered	Total Died	Mortality Rate	Total Patients Registered	Total Died	Mortality Rate	Total Patients Registered	Total Died	Mortality Rate	Total Patients Registered	Total Died	Mortality Rate	Total Patients Registered	Total Died	Mortality Rate	Total Patients Registered	Total Died *	Total Patients Registered **
Maharashtra	144564	6936	0.047979	138837	7167	0.051622	142792	7680	0.053785	139641	7966	0.057046	137705	7794	0.056599	136135	4016	67469
Manipur	4639	130	0.028023	4603	119	0.025853	4885	155	0.03173	4293	147	0.034242	4239	139	0.032791	3652	62	1544
Meghalaya	2953	166	0.056214	3929	181	0.046068	4857	186	0.038295	4639	203	0.043759	4591	278	0.060553	4947	113	2440
Mizoram	1915	70	0.036554	1912	73	0.03818	2177	73	0.033532	2558	86	0.03362	2538	90	0.035461	2310	41	1192
Nagaland	2934	92	0.031357	2695	72	0.026716	3079	87	0.028256	2984	86	0.02882	3614	94	0.02601	3904	36	1880
Orissa	44501	2215	0.049774	44790	2276	0.050815	49285	2529	0.051314	51031	2791	0.054692	52145	2524	0.048403	49869	1327	25395
Puducherry	1462	78	0.053352	1513	111	0.073364	1383	91	0.065799	1333	67	0.050263	1385	80	0.057762	1437	44	806
Punjab	30764	1488	0.048368	34537	1527	0.044213	35875	1585	0.044181	37076	1584	0.042723	38641	1642	0.042494	40637	1002	21335
Rajasthan	104315	3553	0.03406	107783	3815	0.035395	111700	4069	0.036428	112192	4087	0.036429	111501	4281	0.038394	112987	2195	58206
Sikkim	1578	58	0.036755	1458	53	0.036351	1538	68	0.044213	1641	61	0.037172	1720	87	0.050581	1646	37	841
Tamil Nadu	92725	4589	0.04949	87065	4682	0.053776	86113	4140	0.048076	84610	4189	0.04951	82634	3973	0.048079	82457	2068	41251
Tripura	1429	87	0.060882	2314	120	0.051858	2573	130	0.050525	2846	130	0.045678	2851	149	0.052262	2850	65	1438
Uttar Pradesh	176022	5818	0.033053	224465	7822	0.034847	245106	8456	0.034499	278044	9639	0.034667	283317	9384	0.033122	277245	4338	146349
Uttarakhand	10825	359	0.033164	11653	314	0.026946	13406	346	0.025809	13331	417	0.03128	14300	489	0.034196	14754	273	7791
West Bengal	107741	4784	0.044403	109319	5032	0.04603	107226	5214	0.048626	107213	5268	0.049136	105816	5258	0.04969	102397	2644	52307
Total	1293083	56585	0.04376	1397498	62545	0.044755	1475587	64802	0.043916	1517333	66212	0.043637	1533309	66241	0.043201	1522147	33356	775648

Remark - *(Data available only for the period 1st Jan to 30th June 2010). Outcomes are available 13-15 months after initiating a patient on treatment.

**Data for period 1st Jan to 30th June 2011

Table 22 A: Prevalence and Treatment outcomes of TB cases													
S.No	**States/UTs**	**2004**				**2008**				**2010**			
		Prevalence Rate per 100,000 population	Cure rate of new S+ve cases (%)	Success Rate among new S+ve cases (%)	% died of new S+ve cases	Prevalence Rate per 100,000 population	Cure rate of new S+ve cases (%)	Success Rate among new S+ve cases (%)	% died of new S+ve cases	Prevalence Rate per 100,000 population	Cure rate of new S+ve cases (%)	Success Rate among new S+ve cases (%)	% died of new S+ve cases
1	A & N Islands					56.5	82	84	2	40	88	90	2
2	Andhra Pradesh	134.6	84	86	6	34.7	87	89	4.8	34.7	87	89	4.7
3	Arunachal Pradesh	171.4	85	87	4	47.4	87	88	2.1	53.7	86	88	2.6
4	Assam	94	80	82	6.3	29.1	86	88	4.4	34.6	80	83	4.2
5	Bihar	61.1	87	90	2.9	21.3	81	88	3.7	19.6	80	88	2.9
6	Chandigarh	216.4	85	95	3.3	45.2	87	88	4	54.9	85	85	4.2
7	Chhattisgarh	89.9	83	95	5	27.1	83	87	4.4	30.1	78	86	4
8	Dadra Nagar Haveli					45.7	76	76	6.9	31.3	78	78	2.7
9	Daman & Diu					21.5	54	58	4.2	21.7	82	82	0
10	Delhi	284.5	85	85	2.6	56.4	88	88	2.7	67.7	85	85	3
11	Goa	36.4				32.9	81	84	6	33.5	91	92	1.9
12	Gujarat	148.3	85	85	4.8	33.8	86	87	4.5	33.2	88	89	4
13	Haryana	148	83	83	4.1	32	84	85	4.8	37.2	84	85	4.9
14	Himachal Pradesh	210.3	87	88	3.9	43.1	87	89	4.4	52.6	87	89	4.3
15	Jammu & Kashmir	26.7				23.1	89	90	5.2	25.9	89	90	2.9
16	Jharkhand	81.1	91	93	2.9	30.5	85	91	3.8	33.9	84	90	3.5
17	Karnataka	116.5	80	81	5.9	27.4	78	79	7.3	29.3	79	82	6.4
18	Kerala	77.8	88	89	4.1	18.2	81	83	5.2	18.7	83	85	4.4
19	Lakshadweep					4	100	100	0	4	100	100	0

Table 22 A: Prevalence and Treatment outcomes of TB cases													
S.No	**States/UTs**	**2004**				**2008**				**2010**			
		Prevalence Rate per 100,000 population	Cure rate of new S+ve cases (%)	Success Rate among new S+ve cases (%)	% died of new S+ve cases	Prevalence Rate per 100,000 population	Cure rate of new S+ve cases (%)	Success Rate among new S+ve cases (%)	% died of new S+ve cases	Prevalence Rate per 100,000 population	Cure rate of new S+ve cases (%)	Success Rate among new S+ve cases (%)	% died of new S+ve cases
20	Madhya Pradesh	98.1	81	84	5.3	26.9	83	86	4.6	32.8	85	88	3.9
21	Maharashtra	139.9	86	87	5.3	32.2	84	86	5.6	30	84	86	6
22	Manipur	193.9	84	85	4.4	38.1	86	86	4.4	45.8	86	86	2.5
23	Meghalaya	152	75	76	3.9	41	86	87	3.9	54.7	80	82	2.7
24	Mizoram	203.5	85	86	3.5	62.1	88	88	1.5	58.4	89	90	2.3
25	Nagaland	97.3	82	84	4.3	34.7	91	91	`1	45.9	92	93	1.8
26	Orissa	112.6	80	84	6	30.2	83	87	5.2	31	83	87	4.9
27	Pondicherry	120.3				25.7	84	84	6.6	24.8	88	88	4.7
28	Punjab	78.7	81	85	4.4	29.7	84	88	4.5	37.6	86	88	4.6
29	Rajasthan	173.4	87	88	3.4	38.1	88	90	3.5	43.4	88	90	3.2
30	Sikkim	287.3	88	89	2.3	63.3	86	86	3	71.7	86	86	1.7
31	Tamil Nadu	150.8	88	88	4.9	29	84	86	5.7	31.1	86	87	4.9
32	Tripura	5.1				19.3	87	89	5.8	20.7	89	91	2.9
33	Uttar Pradesh	116.1	83	84	4.9	33.6	85	88	4	35.6	86	89	3.5
34	Uttaranchal	94.7	92	92	3.1	31.2	79	85	2.7	36.4	82	84	3.2
35	West Bengal	122.4	87	87	4	27.5	84	86	4.4	28.8	84	86	4
	India	125.4	85	86	4.7	30.6	84	87	4.6	32.6	85	87	4.1
Source: Revised National Tuberculosis Control Programme Reports, MoHFW, Govt. of India													

Table 23 A: FOREST COVER IN STATES/UTs IN INDIA - 2007								
Sl. No.	State/UT	Geographic Area	Forest Cover Area				Percent of G.A.	Scrub
			Very Dense Forest	Moderate Dense Forest	Open Forest	Total Forest		
1	2	3	4		5	6	7	8
1	Andhra Pradesh	275069	820	24757	19525	45102	16.40	10372
2	Arunachal Pradesh	83743	20858	31556	14939	67353	80.43	111
3	Assam	78438	1461	11558	14673	27692	35.30	179
4	Bihar	94163	231	3248	3325	6804	7.23	134
5	Chhattisgarh	135191	4162	35038	16670	55870	41.33	107
6	Delhi	1483	7	50	120	177	11.94	1
7	Goa	3702	511	624	1016	2151	58.10	1
8	Gujarat	196022	376	5249	8995	14620	7.46	1463
9	Haryana	44212	27	463	1104	1594	3.61	145
10	Himachal Pradesh	55673	3224	6383	5061	14668	26.35	327
11	Jammu & Kashmir	222236	4298	8977	9411	22686	10.21	2036
12	Jharkhand	79714	2590	9899	10405	22894	28.72	683
13	Karnataka	191791	1777	20181	14232	36190	18.87	3176
14	Kerala	38863	1443	9410	6471	17324	44.58	58
15	Madhya Pradesh	308245	6647	35007	36046	77700	25.21	6401
16	Maharashtra	307713	8739	20834	21077	50650	16.46	4157
17	Manipur	22327	701	5474	11105	17280	77.40	1
18	Meghalaya	22429	410	9501	7410	17321	77.23	211

Table 23 A: FOREST COVER IN STATES/UTs IN INDIA - 2007								
Sl. No.	State/UT	Geographic Area	Forest Cover Area				Percent of G.A.	Scrub
			Very Dense Forest	Moderate Dense Forest	Open Forest	Total Forest		
1	2	3	4		5	6	7	8
19	Mizoram	21081	134	6251	12855	19240	91.27	1
20	Nagaland	16579	1274	4897	7293	13464	81.21	2
21	Orissa	155707	7073	21394	20388	48855	31.38	4852
22	Punjab	50362	0	733	931	1664	3.30	20
23	Rajasthan	342239	72	4450	11514	16036	4.69	4347
24	Sikkim	7096	500	2161	696	3357	47.31	356
25	Tamil Nadu	130058	2926	10216	10196	23338	17.94	1206
26	Tripura	10486	111	4770	3192	8073	76.99	75
27	Uttar Pradesh	240928	1626	4563	8152	14341	5.95	745
28	Uttaranchal	53483	4762	14165	5568	24495	45.80	271
29	West Bengal	88752	2987	4644	5363	12994	14.64	29
30	A. & N. Islands	8249	3762	2405	495	6662	80.76	53
31	Chandigarh	114	1	10	6	17	14.91	1
32	Dadra & Nagar Haveli	491	0	114	97	211	42.97	1
33	Daman & Diu	112	0	1	5	6	5.36	3
34	Lakshadweep	32	0	16	10	26	81.25	0
35	Pondicherry	480	0	13	31	44	9.17	0
Total		**3287263**	**83510**	**319012**	**288377**	**690899**	**21.02**	**41525**

Source: India State of Forest Report

(Sq.KM)

Table 24 A: COMPARATIVE SITUATION OF FOREST COVER IN INDIA										
Sl. No.	States/Uts	Assessment					Change in			
		2007	2005*	2003	2001	1999	2001	2003	2005	2007#
1	2	3	4	5	6	7	8	9	10	11
1	Andhra Pradesh	45102	45231	44412	43195	44229	-1034	1217	819	-129
2	Arunachal Pradesh	67353	67472	67692	69760	68847	913	-2068	-220	-119
3	Assam	27692	27758	27735	25290	23688	1602	2445	23	-66
4	Bihar	6804	6807	5573	5375	4830	545	198	1234	-3
5	Chhatisgarh	55870	55929	55992	57730	56693	1037	-1738	-63	-59
6	Delhi	177	177	174	125	88	37	49	3	0
7	Goa	2151	2156	2164	1565	1251	314	599	-8	-5
8	Gujarat	14620	14604	14814	12913	12965	-52	1901	-210	16
9	Haryana	1594	1604	1576	1135	964	171	441	28	-10
10	Himachal Pradesh	14668	14666	14359	12907	13082	-175	1452	307	2
11	Jammu & Kashmir	22686	22689	21273	19886	20441	-555	1387	1416	-3
12	Jharkhand	22894	22722	22569	22531	21644	887	38	153	172
13	Karnataka	36190	36200	35246	33296	32467	829	1950	954	-10
14	Kerala	17324	17284	15595	13417	10323	3094	2178	1689	40
15	Madhya Pradesh	77700	77739	76145	75282	75137	145	863	1594	-39
16	Maharashtra	50650	50661	47514	45040	46672	-1632	2474	3147	-11
17	Manipur	17280	16952	17259	17889	17384	505	-630	-307	328
18	Meghalaya	17321	17205	16925	16535	15633	902	390	280	116
19	Mizoram	19240	18600	18583	16397	18338	-1941	2186	17	640
20	Nagaland	13464	13665	14015	13980	14164	-184	35	-350	-201
21	Orissa	48855	48755	48353	49044	47033	2011	-691	402	100
22	Punjab	1664	1660	1545	1628	1412	216	-83	115	4
23	Rajasthan	16036	16012	15821	14542	13871	671	1279	191	24
24	Sikkim	3357	3357	3262	3164	3118	46	98	95	0

(Sq.KM)

Table 24 A: COMPARATIVE SITUATION OF FOREST COVER IN INDIA										
Sl. No.	States/Uts	Assessment					Change in			
		2007	2005*	2003	2001	1999	2001	2003	2005	2007#
1	2	3	4	5	6	7	8	9	10	11
25	Tamil Nadu	23338	23314	23003	20992	17078	3914	2011	311	24
26	Tripura	8073	8173	8123	8869	5745	3124	-746	50	-100
27	Uttar Pradesh	14341	14346	14127	10778	10756	22	3349	219	-5
28	Uttaranchal	24495	24493	24460	23354	23260	94	1106	33	2
29	West Bengal	12994	12970	12389	10392	8362	2030	1997	581	24
30	A. & N. Islands	6662	6663	6807	6621	7606	-985	186	-144	-1
31	Chandigarh	17	17	15	13	7	6	2	2	0
32	Dadra & Nagar Haveli	211	216	221	217	202	15	4	-5	-5
33	Daman & Diu	6	6	8	6	3	3	2	-2	0
34	Lakshadweep	26	26	25	12	0	12	13	1	0
35	Pondicherry	44	42	42	18	0	18	24	0	2
Total		**690899**	**690171**	677816	653898	637293	16605	23918	12355	728

Source :India State of Forest Report, 2009

* Revised

: The change in the above table refers to change in the area with respect to revised assessment for 2005

Table 25 A: STATE/UT WISE Percentage of FOREST to total geographic area (1995-2007)								
Sl. No.	State/UT	1995	1997	1999	2001	2003	2005	2007
1	2	3	4	5	6	7	8	9
1	Andhra Pradesh	23.17	23.20	23.20	23.20	23.20	23.20	23.20
2	Arunachal Pradesh	61.55	61.55	61.55	61.55	61.55	61.55	61.55
3	Assam	39.15	39.15	39.15	34.45	34.45	34.21	34.21
4	Bihar	16.81**	16.81	16.81	6.45	6.87	6.87	6.87
5	Chhattisgarh				43.85	44.21	44.21	44.21
6	Delhi	2.83	2.83	5.73	5.73	5.73	5.73	5.73
7	Goa	32.93	37.34	37.34	33.07	33.06	33.06	33.06
8	Gujarat	9.89	9.89	9.89	9.69	9.75	9.67	9.66
9	Haryana	3.82	3.78	3.78	3.51	3.52	3.53	3.53
10	Himachal Pradesh	67.52	63.60	63.60	66.52	66.52	66.52	66.52
11	Jammu & Kashmir	9.08	9.08	9.08	9.10	9.10	9.10	9.10
12	Jharkhand				29.61	29.61	29.61	29.61
13	Karnataka	20.15	20.19	20.19	20.19	22.46	19.96	19.96
14	Kerala	28.88	28.87	28.87	28.87	28.99	28.99	28.99
15	Madhya Pradesh	35.07***	34.84	34.84	30.89	30.89	30.72	30.72
16	Maharashtra	20.75	2.08	2.08	20.13	20.13	20.13	20.13
17	Manipur	67.87	67.87	67.87	78.01	78.01	78.01	78.01
18	Meghalaya	42.34	42.34	42.34	42.34	42.34	42.34	42.34
19	Mizoram	75.59	75.59	75.59	75.59	79.30	79.30	79.30
20	Nagaland	52.02	52.05	52.05	52.05	50.05	52.05	55.62
21	Orissa	36.73	36.73	36.73	37.34	37.34	37.34	37.34
22	Punjab	5.64	5.76	5.76	6.07	6.12	6.12	6.07
23	Rajasthan	9.22	9.26	9.26	9.49	9.49	9.49	9.54
24	Sikkim	37.34	37.34	37.34	81.24	82.31	82.31	82.31
25	Tamil Nadu	17.45	17.40	17.40	17.59	17.59	17.59	17.59
26	Tripura	60.00	60.01	60.01	60.01	60.01	60.02	60.02

Table 25 A: STATE/UT WISE Percentage of FOREST to total geographic area (1995-2007)								
Sl. No.	**State/UT**	**1995**	**1997**	**1999**	**2001**	**2003**	**2005**	**2007**
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
27	Uttar Pradesh	17.49^	17.55	17.55	6.98	6.98	6.97	6.88
28	Uttarakhand				64.81	64.81	64.79	64.79
29	West Bengal	13.38	13.38	13.38	13.38	13.38	13.38	13.38
30	Union Territories	78.17	79.22	79.22	78.14	78.18	78.18	78.39
	Total	**23.36**	**23.28**	**23.28**	**23.38**	**23.57**	**23.41**	**23.41**

Source: Compendium of Environment Statistics, 2010

Table 26 A: Details of State wise Protected Areas in India (As on 1-9-2011)									
Sr.no	State	National Park		Wildlife Sanctuaries		Conservation Reserves		Community Reserves	
		Number	Area (sq.km)	Number	Area (sq.km)	Number	Area (sq.km)	Number	Area (sq.km)
1	Andaman and Nicobar Islands	9	1153.94	96	389.39				
2	Andra Pradesh	6	1388.395	21	11618.12	0	0	0	0
3	Bihar	1	335.65	12	2851.68	0	0	0	0
4	Chandigarh	0	0	2	26.009	0	0	0	0
5	Chattisgarh	3	2899.08	11	3583.19	0	0	0	0
6	Dadra Nagar Haveli	0	0	1	92.16	0	0	0	0
7	Damn & Diu	0	0	1	2.18	0	0	0	0
8	Goa	1	107	6	647.91	0	0	0	0
9	Haryana	2	48.25	8	233.21	2	48.72	0	0
10	Gujrat	4	479.67	23	16619.81	1	227	0	0
11	Himachal Pradesh	5	2271.38	32	7745.48	0	0	0	0
12	Jammu & Kashmir	4	616	15	10242.61	34	829.75	0	0
13	Jharkhand	1	226.33	11	1955.81	0	0	0	0
14	Karnataka	5	2472.18	22	4003.431	2	3.79	1	3.12
15	Kerala	6	558.158	16	1822.862			1	1.5
16	Lakshadeep	0	0	1	0.01	0	0	0	0
17	Madhya Pradesh	9	3656.36	25	7158.4	0	0	0	0
18	Maharashtra	6	1273.6	35	14152.69	1	3.49	0	0
19	Orissa	2	990.7	18	6969.15	0	0	0	0
20	Punjab	0	0	12	323.7	1	4.95	2	16.07
21	Pondicherry	0	0	1	3.9	0	0	0	0
22	Rajasthan	5	3947.07	25	5379.26	3	222.27	0	0
23	Tamil nadu	5	307.84	21	3521.95	1	0.03	0	0
24	Uttar Pradesh	1	490	23	5221.88	0	0	0	0

Table 26 A: Details of State wise Protected Areas in India (As on 1-9-2011)									
Sr.no	State	National Park		Wildlife Sanctuaries		Conservation Reserves		Community Reserves	
		Number	Area (sq.km)	Number	Area (sq.km)	Number	Area (sq.km)	Number	Area (sq.km)
25	Uttarakhand	6	4915.44	6	2418.61	2	42.28	0	0
26	West Bengal	5	1693.25	15	1203.28	0	0	0	0
27	Delhi	0	0	1	27.82	0	0	0	0
28	Arunachal Pradesh	2	2290.82	11	7487.75	0	0	0	0
29	Assam	5	1977.79	18	1932.01	0	0	0	0
30	Mizoram	2	150	8	1240.75	0	0	0	0
31	Manipur	1	40	1	184.4	0	0	0	0
32	Tripura	2	36.71	4	566.93	0	0	0	0
33	Meghalaya	2	267.48	3	34.2	0	0	0	0
34	Nagaland	1	202.02	3	20.33	0	0	0	0
35	Sikkim	1	1784	7	399.1	0	0	0	0
	INDIA	**102**	**36579.11**	**515**	**120080**	**47**	**1382.28**	**4**	**20.69**

Source: Ministry of Environment & Forests

Table 27 A: Proportion of Households having Access to improved sources of drinking water and sanitation facility (%)				
State/UT	Sanitation facility		Improved source of drinking water	
	2005-06	2007-08	2005-06	2007-08
1.Andaman & Nicobar Is		68.2		86.5
2.Andhra Pradesh	42.4	38.4	94	91.7
3.Arunachal Pradesh	80.6	88.7	85	92.8
4.Assam	76.4	69.9	72.4	74.9
5.Bihar	25.2	17	96.1	92.5
6.Chandigarh		95.9		100
7.Chhattisgarh	18.7	17.9	77.9	82
8.Dadra & Nagar Haveli		33.7		86.8
9.Daman & Diu		65.4		98.3
10.Delhi	92.4	94.3	92.1	99.7
11.Goa	76	77.3	80.1	86.4
12.Gujarat	54.6	43.5	89.8	89.8
13.Haryana	52.4	56.3	95.6	96
14.Himachal Pradesh	46.4	55.9	88.4	90.3
15.Jammu & Kashmir	61.7	60.2	80.8	75.1
16.Jharkhand	22.6	14.5	57	51.5
17.Karnataka	46.5	37.2	86.2	85.9
18.Kerala	96.1	96.7	69.1	28.8
19.Lakshadweep		98.8		26.5
20.Maharashtra	52.9	47.4	92.7	81.7
21.Madhya Pradesh	27	22.9	74.2	80.8
22.Manipur	95.6	96.3	52.1	33.3
23.Meghalaya	71.3	66.2	63.1	50.1
24.Mizoram	98	98.1	85	80.4

Table 27 A: Proportion of Households having Access to improved sources of drinking water and sanitation facility (%)				
State/UT	**Sanitation facility**		**Improved source of drinking water**	
	2005-06	**2007-08**	**2005-06**	**2007-08**
25.Orissa	85.6	16.9	62.8	76.7
26.Puducherry		73.4		98.2
27.Punjab	70.8	76.3	99.5	99.5
28.Rajasthan	30.8	25.1	81.8	82.8
29.Sikkim	89	91.9	77.6	94.2
30.Tamil Nadu	42.9	39.3	93.5	94.7
31.Tripura	96.7	93.5	76.1	60.4
32.Uttar Pradesh	33.1	26.4	93.7	94.8
33.Uttarakhand	56.8	53.2	87.4	87.7
34.West Bengal	59.6	57.4	93.7	91.2
India	**44.6**	**51**	**87.9**	**84.4**

Source of data: NFHS-III (2005-06) and DLHS-III (2007-08) of MoHFW, Govt. of India

Table 28 A: Percentage of households with access to improved sanitation during 2008-09			
State/U.T./all-India	rural	urban	rural+urban
(1)	(2)	(3)	(4)
Andhra Pradesh	34.2	86.8	50.4
Arunachal Pradesh	40.1	74.0	47.3
Assam	71.7	97.0	74.7
Bihar	16.8	65.2	22.0
Chhattisgarh	15.5	65.5	24.8
Delhi	92.6	96.0	95.7
Goa	63.3	89.0	75.9
Gujarat	32.2	91.0	55.5
Haryana	53.7	86.8	64.0
Himachal Pradesh	51.9	90.2	56.3
Jammu & Kashmir	40.6	79.1	49.4
Jharkhand	14.3	73.7	23.7
Karnataka	23.7	86.4	47.0
Kerala	93.4	97.2	94.5
Madhya Pradesh	13.2	72.6	27.8
Maharashtra	37.9	91.3	61.6
Manipur	74.5	82.7	76.9
Meghalaya	81.8	94.4	84.3
Mizoram	96.4	99.0	97.5
Nagaland	86.4	87.6	86.7
Orissa	9.2	63.5	17.9
Punjab	61.9	91.9	73.6
Rajasthan	17.1	85.1	35.2
Sikkim	97.0	100.0	97.4
Tamil Nadu	25.2	79.9	50.8

Table 28 A: Percentage of households with access to improved sanitation during 2008-09			
State/U.T./all-India	**rural**	**urban**	**rural+urban**
(1)	**(2)**	**(3)**	**(4)**
Tripura	82.1	94.3	84.3
Uttarakhand	44.9	95.5	56.1
Uttar Pradesh	18.5	79.3	31.8
West Bengal	51.7	89.9	61.6
A & N Islands	59.9	93.9	71.0
Chandigarh	90.0	99.4	98.3
Dadra & Nagar Haveli	46.6	93.2	58.0
Daman & Diu	66.3	87.4	73.4
Lakshadweep	100.0	94.7	98.8
Puducherry	34.6	85.7	70.6
all-India	31.9	85.3	47.6

The following latrine types have been considered as improved sanitation, (i) Septic tank/flush, (ii) Pit latrines. These included *public/community* latrine also

Source: NSS 65th round on Housing Condition (Schedule 1.2), NSS Report. 535 (Housing Condition and Amenities in India, 2008-09

Table 29 A: Percentage of households with access to improved sources of drinking water during 2008-09			
State/UT./all-India	**rural**	**urban**	**rural+urban**
(1)	**(2)**	**(3)**	**(4)**
Andhra Pradesh	92.5	89.1	91.5
Arunachal Pradesh	91.7	97.7	93.0
Assam	82.1	92.4	83.3
Bihar	97.3	97.5	97.3
Chhattisgarh	92.2	97.8	93.2
Delhi	80.7	96.7	95.6
Goa	92.0	91.7	91.8
Gujarat	91.4	95.6	93.1
Haryana	97.8	96.6	97.4
Himachal Pradesh	89.2	91.6	89.5
Jammu & Kashmir	82.5	96.6	85.8
Jharkhand	63.4	88.8	67.4
Karnataka	95.1	96.9	95.7
Kerala	69.8	82.3	73.1
Madhya Pradesh	90.3	93.0	91.1
Maharashtra	87.9	93.4	90.3
Manipur	38.9	74.2	49.1
Meghalaya	66.0	97.5	72.2
Mizoram	20.4	74.4	44.4
Nagaland	64.1	65.0	64.4
Orissa	83.3	91.2	84.6
Punjab	99.0	98.9	99.0
Rajasthan	80.1	94.8	84.0
Sikkim	67.4	98.2	72.0
Tamil Nadu	96.8	89.2	93.3

Table 29 A: Percentage of households with access to improved sources of drinking water during 2008-09

State/UT./all-India	rural	urban	rural+urban
(1)	(2)	(3)	(4)
Tripura	76.4	96.9	80.2
Uttarakhand	84.1	100.0	87.5
Uttar Pradesh	96.4	98.4	96.8
West Bengal	94.9	98.0	95.8
A & N Islands	87.4	98.9	91.2
Chandigarh	97.5	100.0	99.7
Dadra & Nagar Haveli	89.8	98.5	91.8
Daman & Diu	100.0	95.2	98.3
Lakshadweep	28.3	41.1	33.5
Puducherry	100.0	96.5	97.6
all-India	90.4	93.9	91.4

The following sources have been considered as improved sources of drinking water: (i) tap, (ii) tube well/hand pump, (iii) protected well, (iv) harvested rainwater

Source: NSS 65th round on Housing Condition (Schedule 1.2), NSS Report. 535 (Housing Condition and Amenities in India, 2008-09

Table 30 A: Telephone per 100 Population - Urban / Rural (Tele- Density) (in %)										
		Overall			Urban			Rural		
Sr.no	Cities/ States	as on March-2010	as on Dec-2010	as on 30th June 2011	as on March-2010	as on Dec-2010	as on 30th June 2011	as on March-2010	as on Dec-2010	as on 30th June 2011
1	Andaman & Nicobar	29.96	41.38		41.84	58.2		22.5	30.64	
2	Andra Pradesh	57.23	70.27	76.38	143.18	171.99	182.34	24.33	31.28	35.53
3	Assam	29.99	35.88	42.18	96.54	114.11	133.91	18.47	22.16	25.95
4	Bihar	37.96	50.07	45.10	206.93	256.45	182.33	18.11	25.81	23.43
5	Chattisgarh	5.74	5.94		17.31	16.83		2.32	2.69	
6	Gujarat	58.46	76.12	84.68	95.82	124.23	138.18	33.52	43.69	48.39
7	Haryana	59.7	77.49	85.33	100.63	136.77	145.57	39.37	47.55	54.57
8	Himachal Pradesh	79.35	104.86	113.05	298.15	388.78	440.51	52.53	69.7	72.23
9	Jammu & Kashmir	49.91	46.62	51.29	113.19	97.46	109.74	26.93	28.02	29.79
10	Jharkhand	5.54	6		16.79	18.12		2.14	2.32	
11	Karnataka	67.81	82.25	90.48	142.62	166.84	183.21	24.08	32.28	35.33
12	Kerala	80.36	96.67	103.79	184.18	228.94	246.04	44.65	51.26	55.01
13	Madhya Pradesh	45.23	57.67	51.02	111.21	138.92	124.57	20.11	26.61	24.38
14	Maharashtra*	50.3	63.88	92.96	85.1	105.78	144.24	32.27	41.9	48.27
15	North -East-I	68.9	80.58		154.96	184.74		41.51	47.16	
16	North -East-II	11.91	14.69	60.57	31.63	38.33	140.52	5.82	7.34	35.12
17	Orissa	39.3	52.31	59.39	133.25	179.24	201.61	20.61	26.8	30.62
18	Punjab	75.44	97.97	108.40	123.57	162.14	177.28	42.51	53.32	59.93
19	Rajasthan	52.76	62.37	67.03	120.89	144.01	153.30	31.42	36.73	39.91
20	Tamil Nadu*	74.31	93.89	110.37	114.94	145.9	158.28	38.05	46.02	51.65
21	Uttaranchal	13.9	15.54		29.37	31.15		7.85	9.37	
22	Uttar Pradesh* -E	38.54	49.9	56.25	109.49	139.28	152.59	18.72	24.8	
23	West Bengal*	34.81	47.84		105.23	141.12		23.32	32.6	
24	Kolkota	120.19	150.74	74.75			162.37			39.91
25	Chennai	149.42	159.8							

Table 30 A: Telephone per 100 Population - Urban / Rural (Tele- Density) (in %)										
		Overall			Urban			Rural		
Sr.no	Cities/ States	as on March-2010	as on Dec-2010	as on 30th June 2011	as on March-2010	as on Dec-2010	as on 30th June 2011	as on March-2010	as on Dec-2010	as on 30th June 2011
26	Delhi	172.49	208.94	236.32						
27	Mumbai	143.71	174.84							
	INDIA	**52.74**	**66.17**	**73.97**	**119.45**	**147.52**	**163.13**	**24.31**	**31.22**	**35.60**

Source: Telecom Regulatory Authority of India (TRAI) *For June 2011, Population projection available for State only.