

## UNDERSTANDING DEVELOPMENT

### Introduction

Development broadly indicates progress in terms of well-being and related multi-dimensional aspects of life in the context of an individual. Such progress may be subjective based on perception of the person as to what is important in his or life to be achieved. It is related to the current socio-economic and cultural context of the person and its history and therefore, varies widely. So, there has to be some physical parameters related to well-being of the person, which may be measured objectively. The same objectivity applies to development in terms of changes to be achieved when that relates to the entire population in a community or a wider region like a province or a country. The state has the responsibility to take up strategy for appropriate interventions and implement the same for resulting necessary changes over a timeframe keeping in mind whose development gets priority and the related goals. Overall development in the context of a province or a country is the aggregate of progress made in respect of the entire population. Needs, aspiration and participation of the people is important in achieving the desired tangible and intangible changes which enhances well-being. For those who are deprived and are under subjugation their participation and internalization of the social and economic context leading to their continuing subjugation is very crucial. Thus development is also the process by which people internalizes the socio-economic context in which they are immersed and their empowerment to come out of their current status and enhancing their well-being. In the context of a country development is to be measured and judged based on some objective indicators which reflect the overall well-being of the entire population. Earlier, development was used to be measured by economic growth only but experience has shown that economic growth alone does not lead to satisfying the basic needs of all the people. Large percentage of people may remain immersed in poverty and related deprivation in a country with high economic growth and high average per capita income. Thus comes the issue of equity and inclusive growth which raises the question - development for whom? In that case it should be decided as to what indicators should be appropriate and measured at the macro-level to assess development, which satisfies minimum level of well-being for the entire population. It is beyond any debate that minimum level of achievement in terms of satisfaction of basic needs and functionality to have existence in the society with dignity for individual human being should be the most important objective and the problems and aspirations of those who are yet to reach some normative level should be at the centre of all issues related to development. Apart from the ultimate goal the process of development is also quite important which determines the sustainability, freedom of individual choice, quality of participation of the people as well as inclusiveness related to development. So, empowerment of the people to be able to participate in their own development becomes very important. Thus the process is about making them the subject of development instead of the object of development and making them the prime mover of their own development with appropriate support and facilitation by the state. This is an important issue to be addressed in poverty reduction strategy. Such strategy, apart from the issue of participation, should also take care of the capability of the individual to participate in various social and economic processes for economic gain as well as social inclusiveness, which is greatly facilitated by education and skill based functionality and the ability to leave a healthy life by avoiding preventable illness. There should be a minimum level of development in all those dimensions to live a meaningful and satisfactory life. However, individual choice and context varies widely and it is not possible to ensure development of every one exactly equal in all dimensions. In that case one should know how to compare development and well-being of two individuals and to what extent inequality between them will be tolerated as fair so that

macro-level interventions for development can ensure that there is minimum level of well-being for every individual and there is growing equity in the society. One should understand the nature of interventions which promote well-being and equity and what are the factors which act as barriers to achieving desired goals for appropriately addressing those issues.

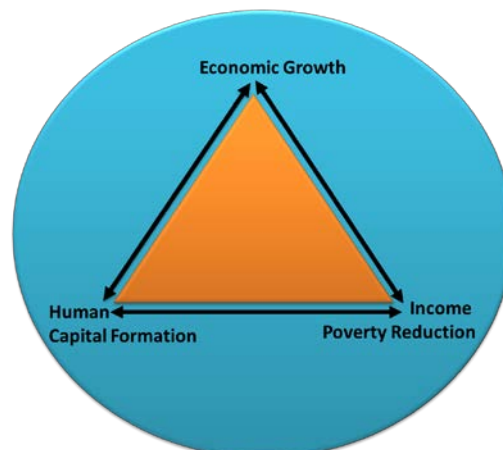
### **Concept of Justice, Inequality & Well-being**

Equality among human beings is difficult to achieve because there are wide biological diversities, variations of personal traits as well as difference in economic and cultural context among individuals. At the same time there must be certain threshold level of well-beings, measured in different dimensions relevant for life, which is an important goal of development by itself. What differences between human beings will be tolerated as fair has been proposed by different theories of justice. Each theory identifies a space having multiple dimensions for comparing two individuals. Equality in one dimension may lead to inequality in another dimension and, therefore, the theories also suggest how achievements in different dimensions should be combined to enable comparison and different theories set different criteria on which equality has to be judged. The entitlement theory suggests a set of rights which everyone should hold. The Rawlsian approach demands maximization of liberties and right to have some minimum quantity of primary goods by every individual. Primary goods are those which every person will need for a good living such as food intake, income & wealth, freedom to choose one's occupation, minimum level of education, health etc. The Rawlsian theory demands equal liberty for everyone to have the primary goods. However, it places the rights of having those goods before the goods itself. The Utilitarian view has a different approach and it judges quality of human life by the extent of satisfaction of needs perceived by the people themselves. The main problem in this approach is that one may feel satisfied with even what does not satisfy any normative basis of human functioning. In reality, false consciousness developed due to cultural conditioning and economic deprivation often lead to such situation. Amartya Sen proposes the capability theory of justice in which people are judged in terms of their freedom to achieve capability for beings and doings rather than in terms of primary goods or any other aspect. As per Sen, the most inclusive or general capability would be the capability to function well. He also distinguishes between well-being and agency dimension of every individual in guiding their functioning. Nussbaum proposes a slightly different view. She emphasizes on internal capability of everyone to be nurtured and developed to reach one's full potential and lists some set of basic functioning, a threshold level of which will be reached by everyone. Capability is concerned with the potential for achieving a set of functioning i.e., of beings and doings, as per one's own choice. The goal for human development in the capability approach is to widen the capability set so that people have a wider freedom to choose. A just social arrangement should provide scope to every individual to achieve the capability for reaching some threshold level of functioning. Although different theory of justice compares equality of individuals on different selected space, a few things are common. First of all, any difference between individuals has to be tolerated only based on some objective criteria which are fair and everyone is to get opportunity to reach some minimum threshold level of functioning for ensuring a minimum level of well-being. That will require both economic developments for meeting the basic physical needs as well as acquiring ability to live a healthy life and function well. Also, lack of economic development, poor health and low educational attainment hang together causing poverty and existence of poverty reinforces the negative loop of continuation of poor health & educational attainment and low income in a vicious trap. Development is about breaking the vicious cycle for ensuring minimum level of well-being for all. One should, in this context understand how well-being can be measured and inter-relations among economic

growth and human development in terms of attainment of good health and education, which are the most important determinants of human development.

### **Measuring Wellbeing: Concept of Human Development**

In order to ensure a minimum level of well-being it is necessary to be able to know and measure the same. In view of the fact that human well-being should be based on progress on multiple dimensions the same has to be measured based on a composite index. Also, what is most important is that the well-being, so measured, should reflect the capability and functioning of the human being to live a satisfactory life. The same is very complex and there will be no end to what parameters will be considered to measure well-being in this framework. It is also clear that mere income or consumption cannot reflect the actual well-being because capability & functioning is not entirely dependent on income. This is best understood by the fact that many of the human development parameters which are valued by all with little debate like life expectancy, to live life free from avoidable diseases, attainment of knowledge and skill to have more options in life and livelihood (which is related to educational attainment) are not strictly related to economic growth or per capita income when achievements of various countries are compared. In fact, income earned should be utilized to improve the quality of life through acquiring capability and functioning judged by how well the person is living. The leading welfare economists agreed to rely on a simple index based on combination of (i) current and prospective real income (inclusive of certain non-marketed goods and services), (ii) current and future status of health, and (iii) educational attainments to measure the well-being. Health and education seem to be an embodiment of positive freedoms, along with income contributing to the enjoyment of these freedoms. The reason for mixing them up is that a person's real income measures the extent to which consumption goods like food and clothing, shelter and general amenities are obtainable from the market. But primary health care and education do not fall in this category. Private markets do not provide an ideal resource allocation mechanism for their supply. Markets for these goods need to be allied to an explicit support by the state in a way that assures citizens of their supply. It is well known that involvement of the government in the provisions of primary health care and education varies enormously across poor countries. For this reason it is possible for people to enjoy a higher disposable income in one country and yet to suffer from worse health care and education facilities relative to other countries. Real income, health and educational indices capture in their various stages a number of constituents of a person's well being as well as status of poverty in absence of all those. Thus, if development is to be aimed at achieving a minimum level of capability and functioning for all; the same has to be achieved by not only augmenting income but also through improved health and education status. At the macro-level economic growth, human development and poverty reduction are closely inter-related with each other as shown in the diagram below (IHDR 2010-11).



Improvement in one of these reinforces the other through a two-way feedback loop at the macro level. Investment in education and health outcome enhances human functioning leading to reduction of poverty which in its turn leads to further economic growth. Low productivity and low income lead to poor living conditions, malnutrition, higher exposure to diseases and more morbidity as a result of all those. Frequent and prolonged illness may compel distress sale of assets and indebtedness. Productivity and income are further reduced in case of illness of the wage earner. The poor individuals; because of low nutritional status, hazardous living and poor working conditions, inability to afford treatment or to adequately treat illness face more ill-health related shocks triggering a vicious cycle.

### Human Development Index as a Measure of Well-being

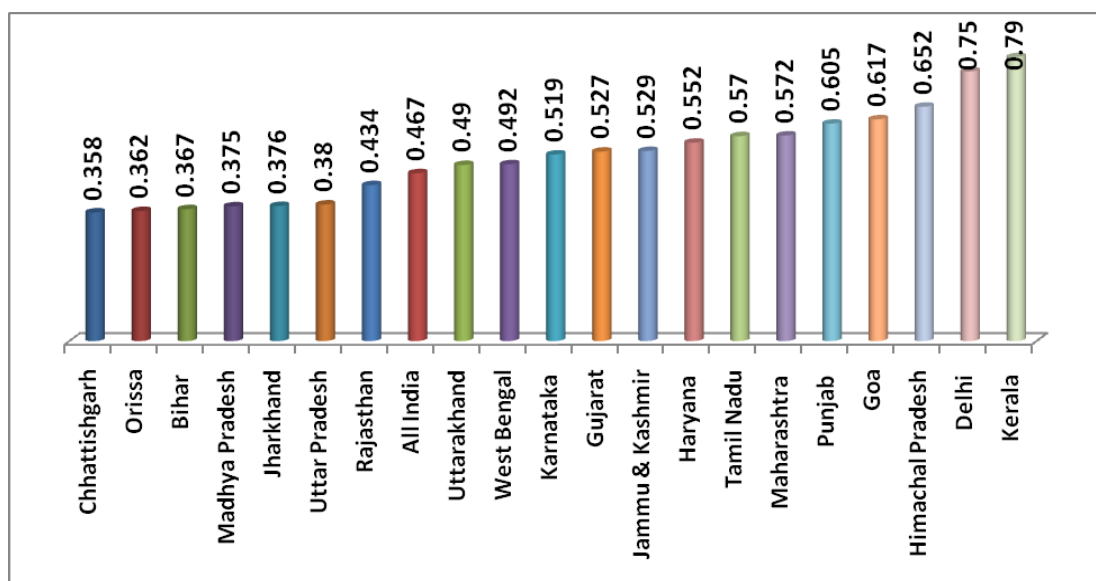
Human Development Index (HDI) is now used worldwide to measure well-being and to compare the relative status among the countries. The HDI combines three dimensions of well-being as explained above, namely:

- A long and healthy life: measured by Life expectancy at birth
- Educational attainment: measured by Mean and Expected years of schooling
- A decent standard of living: measured by GDP per capita at purchasing power parity

HDI of different countries are measured by the above three parameters and based on the combined score the countries are classified as "very high human development", "high human development", "medium human development", and "low human development" countries based. As per Human Development Report, 2011 published by the UNDP, Norway has the highest HDI of 0.943. India is a country with medium HDI and the same was 0.547 in the year 2011 which went up by 0.005 from that of the previous year. The country ranks 134 out of 185 countries, which have been ranked in the year 2011.

State wise HDIs are worked out from time to time and the latest report published in the year 2011 is based on data for the period 2007-08. The bar graph below shows the HDI of different states. It reflects that there is a wide disparity in well-being among the states. The HDI is as low as 0.358 in Chhattisgarh and as high as 0.790 in Kerala and West Bengal is in between at 0.5.

**Human Development Index 2007-08**

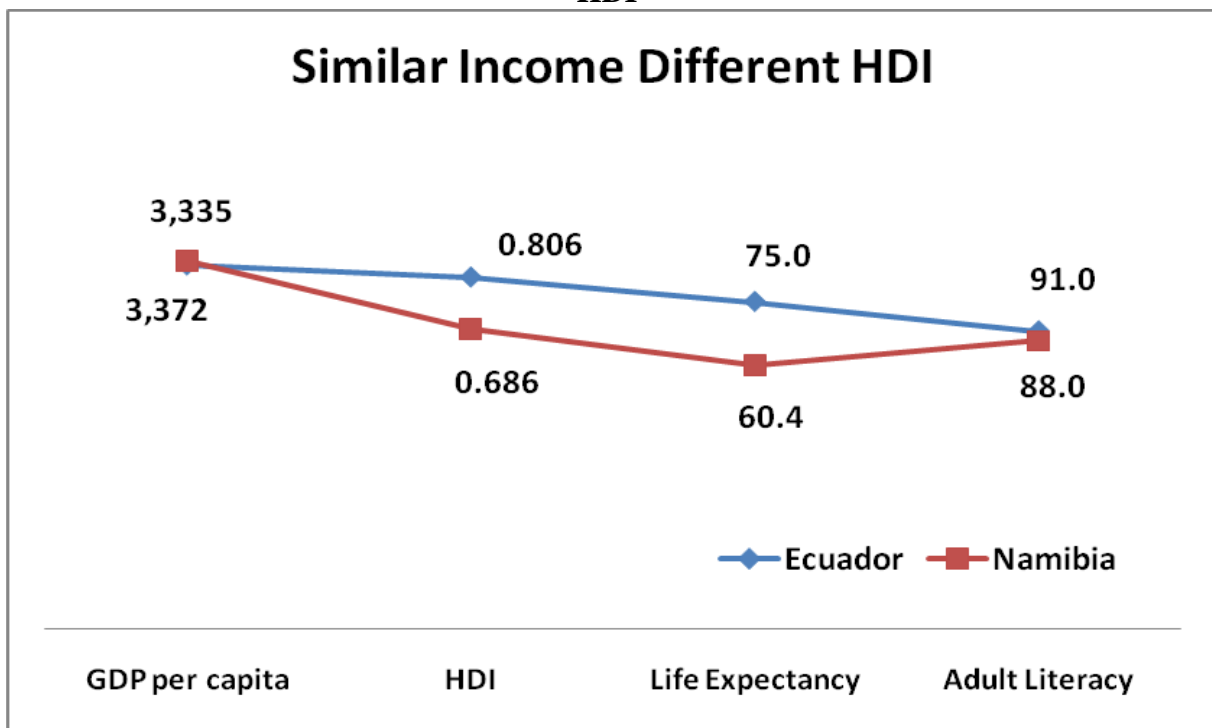


## Economic Growth & Human Development

The ultimate goal of development is to improve the quality of life. An improved quality of life in the poor countries generally calls for higher income – not as ends in themselves but as a means for acquiring human well-being. However, development requires other things as well, such as higher standards of health and nutrition, better education, more equality of opportunity, political freedom, personal security, community participation and guaranteed human rights. No doubt, economic growth fulfils the necessary condition for human development. However, if the distribution of income is unequal and if social expenditures are low or distributed unevenly, quality of life of the poor may not improve much, despite rapid growth of gross national product (GNP). There is no automatic mechanism linking economic growth and human development together. Some developing countries have been very successful in managing growth to improve human conditions, others less so. That is due to the difference in the process through which growth translates, or fails to translate, into human development under differential developmental conditions.

Human development is the end and economic growth a means. So, the purpose of growth should be to enrich people's lives. But far too often it does not happen as desired. The recent decades have shown all too clearly that there is no automatic link between growth and human development and even when links are established, they may gradually be eroded-unless regularly fortified by skilful and intelligent policy management. Countries with different economic status may have similar level of human development and there are cases where the reverse is also true. For example, Ecuador and Namibia have similar GDP per capita but a different HDI and life expectancy in Ecuador is 75 years compared with 60.4 years in Namibia, as shown in the Graph below.

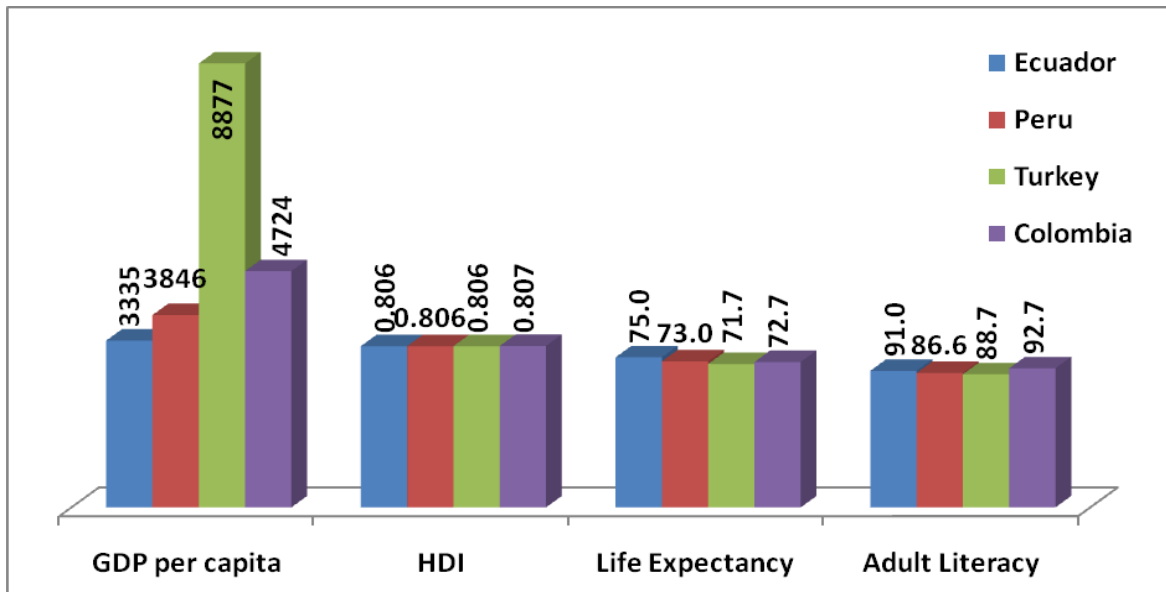
**Similar Income Different  
HDI**



Source: Human Development Report 2009

On the other hand Ecuador, Tunisia, China and Sri Lanka have different per capita income but have similar Human Development Index as shown below.

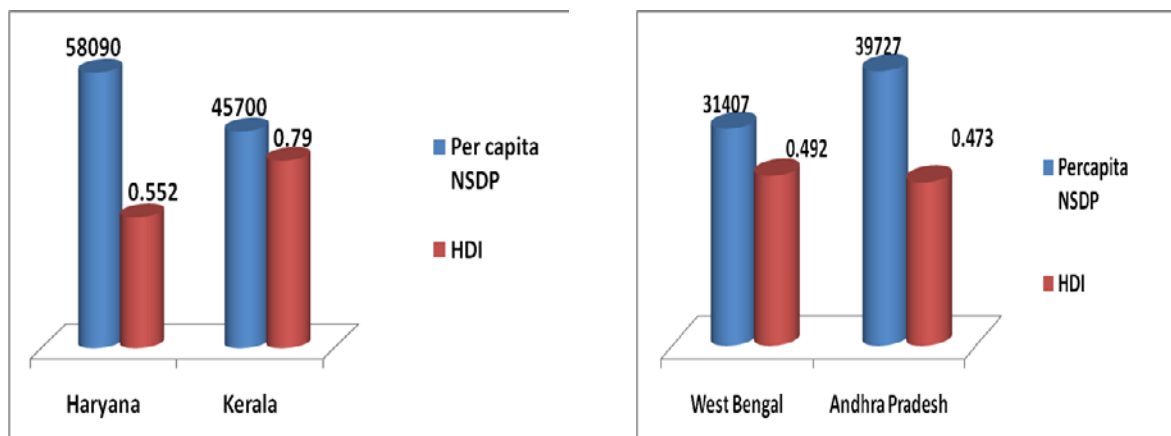
**Graph 2: Different Income Similar HDI**



Source: Human Development Report 2009

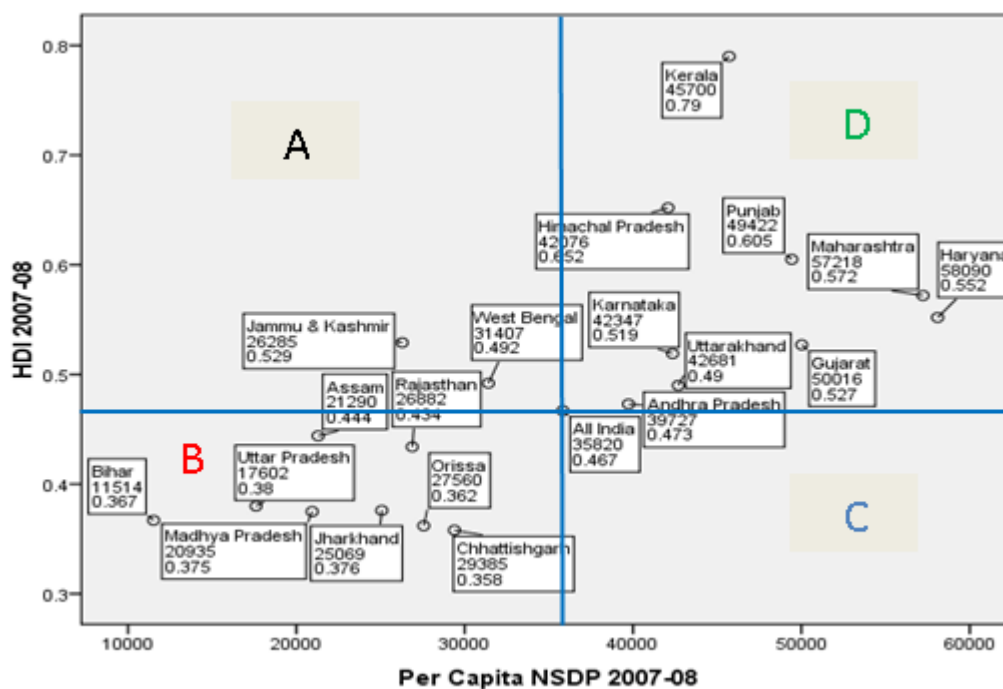
India has prepared its last Human Development Report in 2011, which again proves that higher per capita income does not result in higher human development. For example, per capita income (in 2007-08) in Haryana was 27% higher than the per capita income of Kerala but Kerala had higher HDI. Similar comparison may be made between Andhra Pradesh and West Bengal. Per capita NSDP in Andhra Pradesh was considerably higher than that of West Bengal in 2007-08. But the level of living of the people of West Bengal is better than the people in Andhra Pradesh which is reflected in higher HDI for West Bengal. The difference in the said two cases is illustrated in the graph below.

**Per capita NSDP and HDI – Haryana and Kerala - West Bengal and Andhra Pradesh**



One of the objects of development is to translate the economic development in to improved well-being measured through HDI. However, difference in policy, quality of implementation and the local context has led to different ability of the states to translate economic development in to human development. The difference can be appreciated from the scattered plot below, which presents the per capita NSDP and the HDI of different states.

**Graph 6: Relationship between per Capita NSDP and HDI**



Category A states on the said graph indicates HDI above country average but per capita NSDP is below the country average. States under Group ‘A’ have performed better in achieving human development in comparison to their performance in per capita NSDP. Jammu & Kashmir and West Bengal are in this group. Category ‘B’ indicates the States whose performance both in Human Development & Per capita NSDP are below the country average. The States in this group are in vicious cycle. Low Human Development tends to lead to poor income growth performance. This works as an obstacle in achieving human development and so on. Category ‘C’ shows the states whose per capita income is above the country average but Human Development is below the country average. In India, there is no State in this group. Group ‘D’ depicts those states where both Human Development and per capita NSDP are above the country average. Here, virtuous cycle is operating. Both Human Development and per capita NSDP are reinforcing each other for further improvement. The lesson is that with even the current level of economic growth the states may search for policy alternatives for accelerating human development.

**Understanding Poverty & Strategy for its Reduction**

Poverty is generally perceived as lack of income and assets for meeting the minimum needs for a decent living and the same leads to many other forms of deprivations related to human well-being, essential for a meaningful life. Poverty deprives one from adequate food and nutrition, proper shelter, education, treatment during illness and similar essential material needs. Apart from material deprivation poverty leads to failure in participating in various

social, cultural and economic activities and the poor have very little strength to mitigate the risk to any vulnerability, which affects them materially as well as morally. People living in poverty have lack of capacity to work for their own welfare and very often they have to compromise their dignity. The poor have limited options and they feel excluded and all those drive them to a state of despair. There is no unique standard of what the minimum will be in respect of any one of the various dimensions of poverty, which can be measured. Also, poverty is perceived and measured in different countries in different ways depending on the social and economic development of the country as mentioned below.

- ❖ ***Income perspective:*** A person is poor if and only if, her income level is below the defined poverty line. Many countries have adopted income poverty lines to monitor progress in reducing poverty incidence.
- ❖ ***Basic needs perspective:*** Poverty is deprivation of material requirements for minimally acceptable fulfillment of human needs, including food. This concept of deprivation goes well beyond the lack of private income: it includes the need for basic health and education and essential services that have to be provided by the community to prevent people from falling into poverty. It also recognizes need for employment and participation.
- ❖ ***Capability perspective:*** Poverty represents the absence of some basic capabilities to function – a person lacking the opportunity to achieve some minimally acceptable levels of these functioning. The functioning relevant to this analysis can vary from physical ones such as being well nourished, being adequately clothed and sheltered and avoiding preventable morbidity, to more complex social achievements such as partaking in the life of the community, education and skill etc.
- ❖ ***Poverty in the human development approach*** draws on each of these perspectives, but draws particularly on the capability perspective. It focuses not just on poverty of income but on poverty from a human development perspective - on poverty as a denial of choices and opportunities for living a tolerable life.

There is urgent need to eradicate poverty and the same is feasible. Almost all countries committed themselves to this goal at the World Summit for Social Development in 1995 and the same is one of the important Millennium Development Goals (MDG).

### **Poverty in India**

The number of people below the poverty line (BPL) is determined at the national and the state level by the Planning Commission. This is done on the basis of a large sample survey of Consumer Expenditure carried out by the National Sample Survey Organisation (NSSO) after an interval of 5 years approximately. The latest poverty ratios released by the Planning Commission, based on the 61<sup>st</sup> Round of NSSO of 2004-05, estimate that 28.3 per cent households in the rural areas were living below the poverty line. Table 1 shows the percentage of population below poverty line by states 2004-05.

It will appear from the table that poverty in all the states have been declining due to various government interventions including programmes targeted towards the poor. However, absolute number of poor in different states including West Bengal has been very high. For West Bengal it works out that there were close to 2.4 crore poor people in the state during the year 2004-05.

**Table 1: Incidence of Poverty in Different States as per NSSO Survey**

States	Rural				All (Rural + Urban)			
	1983	93-94	04-05 PC	04-05 Tendulkar	1983	93-94	04-05 PC	04-05 Tendulkar
A.P	27.31	16.64	10.85	32.3	29.75	22.30	14.80	29.9
Assam	41.92	44.43	23.05	36.4	40.03	40.46	20.46	34.4
Bihar	64.89	57.24	43.06	55.7	62.71	54.50	41.53	54.4
Gujarat	27.92	22.44	19.76	39.1	31.11	24.92	16.75	31.8
Haryana	21.77	26.62	13.41	24.8	22.59	24.26	13.92	24.1
H.P	17.77	29.27	12.50	25.0	17.63	27.37	11.61	22.9
J & K	25.23	19.73	4.81	14.1	23.57	16.75	4.81	13.2
Karnataka	37.51	30.24	23.73	37.5	39.08	33.25	27.15	33.4
Kerala	38.46	26.49	12.27	20.2	39.81	26.22	14.48	19.7
M.P	48.21	40.43	38.17	53.6	49.23	42.30	37.21	48.6
Maharashtra	45.04	37.66	30.36	47.9	43.13	36.50	29.95	38.1
Orissa	67.52	50.11	47.76	60.8	65.31	48.85	47.07	57.2
Punjab	14.3	13.72	9.55	22.1	16.88	13.14	8.12	20.9
Rajasthan	37.72	26.89	18.91	35.8	37.95	27.96	21.48	34.4
Tamil Nadu	56.22	32.99	22.96	37.5	53.48	35.20	28.31	28.9
Uttar Pradesh	46.38	42.33	34.06	42.7	46.94	41.08	33.25	40.9
West Bengal	61.56	37.35	28.49	38.2	53.60	33.45	25.67	34.3
All India	45.76	37.26	29.18	41.8	44.93	36.02	28.27	37.2

Bihar, Madhya Pradesh and Uttar Pradesh include the reorganized states of Jharkhand, Chhattisgarh and Uttaranchal respectively. PC indicates initial estimate of the Planning Commission, which was revised later by the Committee headed by Prof. Tendulkar.

However, there has been widespread criticism on the poverty estimate of the country; particularly for the rural areas and it has been contested that actual poverty will be much higher than estimated. The Planning Commission set up an Expert Group under the chairmanship of Prof Tendulkar to work out the methodology for estimation of poverty. The Expert Group submitted its report in November 2009 and recommended for moving away from the calorie norms. They reworked the poverty line for the country as well as every state keeping the urban head count ratio intact for the country, which drew less controversy and adjusted the same for within - state urban - relative to rural and urban state - relative to all India price differential. The rural poverty ratio based on 2004-05 NSSO data for the country as per the new methodology works out to 41.8% as compared to 50.1% worked out using the same methodology for the year 1993-94. In case of West Bengal the revised figures are 38.2% and 42.5% respectively. The poverty line, as per new estimate, for rural areas of West Bengal for the year 2004-05 works out to be Rs 445.38 per capita per month as compared to Rs 381.18 worked out earlier using the calorie based norms adopted earlier. There is a strong resentment in the civil society against such low level of poverty line and percentage of people who have difficulty in living and require targeted support from the state is estimated to be much higher.

### **Hunger, Food Security and Nutrition**

Despite rapid economic growth in the last two decades India is likely to slip behind the MDG target of cutting the proportion of hungry people by half. Per capita availability as well as consumption of food grains in India has declined since 1996; the percentage of underweight children has remained stagnant between 1998 and 2006 and the calorie consumption of the

bottom half of the population has been consistently going down since 1987. In short, all indicators point to the hard fact that endemic hunger continues to afflict a large proportion of Indian population.

Hunger in simple terms is the desire to consume food. However due to continued inadequacy in diet human body gets used to having less food than necessary for healthy development, and after a while the body does not even demand more food. In such cases hunger is not expressed, though lower intake of essential calories, proteins, fats, and micro-nutrients would result in under-development of the human brain and body. Thus objective indicators such as calorie consumption, body mass index (BMI), proportion of malnourished children, and child mortality capture hunger more scientifically than the subjective articulation by individuals. State Hunger Index has been calculated as a simple average of the prevalence of calorie under nourishment, proportion of underweight among children and under-five mortality rate and its variation across the states is shown below.

#### **State Hunger Index across States of India**

State	Prevalence of calorie under nourishment (%)	Proportion of underweight among children < 5 years (%)	Under-five mortality rate (deaths per hundred)	India State Hunger Index Score	India State Hunger Index rank
Punjab	11.1	24.6	5.2	13.63	1
Kerala	28.6	22.7	1.6	17.63	2
A.P	19.6	32.7	6.3	19.53	3
Assam	14.6	36.4	8.5	19.83	4
Haryana	15.1	39.7	5.2	20.00	5
Tamil Nadu	29.1	30.0	3.5	20.87	6
Rajasthan	14.0	40.4	8.5	20.97	7
West Bengal	18.5	38.5	5.9	20.97	8
Uttar Pradesh	14.5	42.3	9.6	22.13	9
Maharashtra	27.0	36.7	4.7	22.80	10
Karnataka	28.1	37.6	5.5	23.73	11
Orissa	21.4	40.9	9.1	23.80	12
Gujarat	23.3	44.7	6.1	24.70	13
Chhattisgarh	23.3	47.6	9.0	26.63	14
Bihar	17.3	56.1	8.5	27.3	15
Jharkhand	19.6	57.1	9.3	28.67	16
M.P	23.4	59.8	9.4	30.87	17
India	20.0	42.5	7.4	23.3	

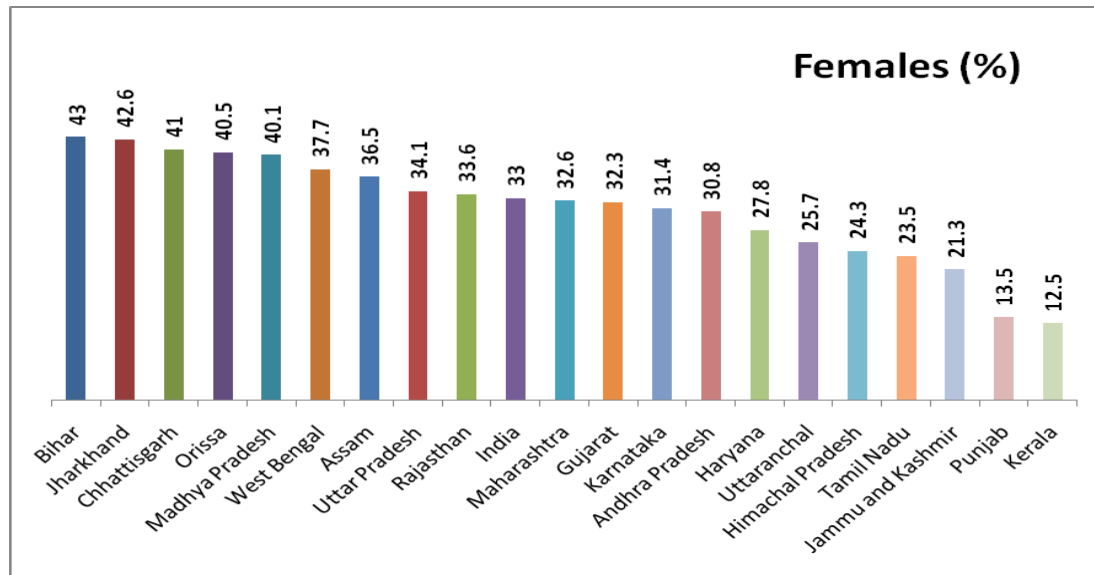
#### **Malnutrition – a Major Public Health Problem**

India has the highest incidence of malnutrition of children in the entire world and malnutrition of both child and the adult is a major and persisting public health problem in the country. Adequate nutrition of children, particularly up to first two years of live is very critical since more than 90% of the human brain is developed within that period and malnutrition during that period will lead to impairment of cognitive development, intelligence, strength, energy and productivity, all of which have serious adverse implication in future. Child malnutrition is the biggest contributor of child death and in India and around 2.4 million children below five years die every year. A team of expert has analysed the possible way out to save the children and breastfeeding was identified as the single most effective preventive intervention, which could prevent 13 to 16 per cent of all childhood

deaths in India. Adequate complementary feeding between 6 to 24 months could prevent an additional 6 per cent of all such deaths (Gupta and Rohde, EPW, Dec 4, 2004). However, as per last NFHS (National Family Health Survey) conducted during the year 2005-06 only 58.6% infants in the age group 0-5 years were exclusively breastfed in West Bengal. Thus even a low cost solution could not be implemented because of lack of seriousness in addressing the issue and failure of the extension mechanism. Malnutrition starts right at the embryo stage due to poor health and early age of delivery of the mother and around one fifth of the children of West Bengal are born underweight. Those who are born underweight starts with a low growth path making it very difficult to catch up and other infants, who are not born underweight, may also face worsening of their level of nutrition due to several reasons like failure to be breast fed exclusively, lack of proper child care, inappropriate feeding practice and lack of personal hygiene & poor sanitary condition in the household leading to repeated incidence of diarrhea etc. Malnutrition in children is measured by different ratios like weight by age (under weight), weight by height (wasting) and height by age (stunting). Stunting is a permanent debility and cannot be corrected by subsequent care and extra food intake. The first two years of life is a critical period in the growth and development of children but nutritional deficiencies generally worsen during that period and by the age of five years 43.5% of the children are malnourished out of which 17% are severely malnourished (Article by Amartya Sen & Dreze in Outlook on Nov. 14). As per NFHS 3 survey percentage of children who were stunted, wasted and underweight in West Bengal were 41.8%, 19.2% and 40.4% respectively and the same is marginally better than the country average. In response to this pattern found in earlier NFHS surveys as well, the Government of India reoriented its Integrated Child Development Services (ICDS) programme, expanding the programme from its almost exclusive focus on children age 3-6 years to include younger children. However, as mentioned before maximum damage takes place during the first two years after birth and subsequent improvement through take away ration or feeding children in ICDS centre or through Mid Day Meal programme cannot reverse the damages suffered in the first two years and the same can be improved by better care of the children at home with better awareness, providing basic amenities like safe water and sanitation and eradication of poverty. The other concern related to nutrition is that the improvement has been very slow in the recent past, which calls for adopting appropriate strategy to expedite the improvement. Improving nutritional status of adolescent girls, increasing the education level of women, increasing their age at marriage and that at first birth of child as well as improving awareness can improve intergeneration transmission of malnutrition.

Incidence of malnutrition among Indian adult is also a matter of serious concern. The same is assessed by the Body Mass Index (BMI), which is defined as weight in kilograms divided by height in meters squared. A cut-off point of 18.5 is used to define thinness or acute under-nutrition and a BMI of 25 or above indicates overweight or obesity. A BMI of 17.0-18.4 refers to mildly thin and <17.0, refers to moderately/severely thin. A BMI of over 30.0 refers to obesity, which is also a problem for one section of the population increasing their vulnerability to certain types of diseases. As on 2005-06 as much as 28.1% of male and 33% of female had low BMI in the country. Low BMI of female not only endangers the individual life but is also a cause for inter-generation transfer of malnutrition. The state wise distribution of percentage of female with low BMI (excluding women who were pregnant at the time of the survey and women who gave birth during the two months preceding the survey) is shown in the bar graphs below. It will be seen that West Bengal had higher incidence of female malnutrition with 37.7% of them having low BMI.

### Female with low Body Mass Index (BMI)-2005-06

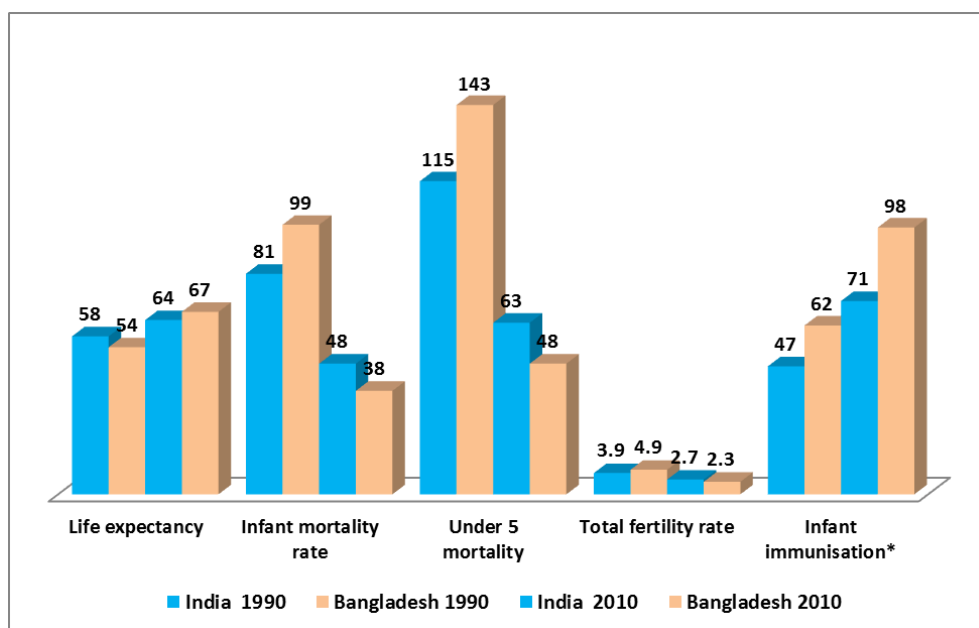


### Public Health

One of the most fundamental requirements of life is to live well, i.e. to live a long and healthy life. The same is measured by the life expectancy at birth, which is much lower in India than many of the countries with comparative economic development. Amartya Sen and Dreze have shown that life expectancy at birth in India has not improved during the period 1990 to 2010 at par with even the neighbouring countries and the same stands at 64 years (up from 58 years during 1990), which is the lowest even within south Asia. In Sri Lanka, which has a good public health system the life expectancy improved from 68 years during 1990 to 73 years during 2010. There are other important health indicators also which reflect the status of health of any country. In respect of those also the status of India has not improved at par with even our neighbouring countries although all such countries except Sri Lanka have poor health indicators as compared to other countries of the world. Health indicators of Kerala are comparable with many advanced countries which proves that with appropriate policy interventions it is possible to improve the public health scenario in other states as well. IMR, MMR and Under 5 mortality rates are three important public health indicators which are to be reduced as per the MDG. The IMR for the year 2009 for India, West Bengal and Kerala were 50, 33 and 12 respectively while the target to be achieved by the year 2015 under MDG is 28. In respect of Under 5 mortality rate the corresponding figures for India, West Bengal and Kerala were 64, 40, 14 and the target for MDG is 42. The MMR (related to the period 2007-09) for India, West Bengal and Kerala were 212, 145 and 81 respectively and the target to be achieved by the year 2015 under MDG is 109. Total Fertility Rate in India has declined from 3.9 to 2.7 during the period 1990 to 2010 while in Bangladesh the corresponding rates were 4.5 and 2.3 indicating that Bangladesh has been able to progress faster than India in this respect. In fact in respect of all the health indicators mentioned above except MMR Bangladesh has overtaken India by the year 2010 while in all the indicators the country was trailing behind India in 1990. It may be mentioned that per capita income of Bangladesh was 60% higher in India compared to Bangladesh in 1990 and the same was 98% higher in 2010 (Sec & Dreze, 2011). India has adequate resources to immunize all the children yet in 2008

while 98% of infants were immunized against measles in Bangladesh the corresponding figure for India was an appalling 71% and thereby leaving a large number of infants, mostly from the poorer households, exposed to measles. India is also one of the few countries from where polio could not be eradicated and the last case was detected in West Bengal during early 2011. Change of status of health indicators of India and Bangladesh during the period 1990 to 2010 is shown in the bar graph below which highlights how India has trailed behind a poorer neighbour like Bangladesh.

### Comparative Status of Health Indicators of India and Bangladesh



Morbidity pattern of India is still dominated by diseases which are preventable though incidence of lifestyle diseases like diabetes, Cardio-Vascular diseases and cancer are increasing fast. Although India accounts for 16.5% of the global population, the country contributes to a fifth of the world's share of diseases; a third of the diarrhoeal diseases, TB, respiratory, and other infections and parasitic infestations, peri-natal conditions; a quarter of maternal ill health; a fifth of nutritional deficiencies, diabetes, Cardio Vascular Diseases, and second largest number of HIV/AIDS cases after South Africa. Improvement of health requires more public spending. Yet, India is one of the five countries in the world where public spending is lesser than 0.9% of GDP and one of the fifteen where households account for more than 80% of total health spending. The need to increase public spending on health is well recognized. The Common Minimum Programme of the current Government has committed itself to raise public health spending to 2%-3% of GDP. Such an increase would be required for strengthening the regulatory aspects of governance, expanding the scope and institutional capacity for intensive health education and dissemination of public information, disease surveillance and research. In addition, there is need to strengthen delivery of health services, decentralize systems for monitoring and oversight by involving local governments and establishing systems for ensuring accountability and providing fiduciary risk protection.

### Educational Attainment & Human Functioning

Correlation of education with most of the social and economic development is well understood in general. Status of education is related to nature of employment and income.

Those who are illiterate or have very limited level of literacy have very little scope to get employment in the organized sector. Education status is an important determinant of the nature of employment and earning of even those who are employed as casual or regular employee in the unorganized sector. For example, the mean year of schooling of those who were in regular unorganized employment was 6.7 years (as NSS 61<sup>st</sup> round 2004-05) as compared to mean year of schooling of 3.5 years for the casual unorganized workers. Compared to that the mean year of schooling of employees in the organized sector was 9.0 years during that period. In respect of those who are self employed their ability to earn and utilize the available opportunities is strongly determined by their educational level. Therefore, eradication of poverty will have strong correlation with the education level. The table below shows the percentage distribution of rural women workers by poverty and their education status (taken from article by Nisha Srivastava, Ravi Srivastava on “Women, Work, and Employment Outcomes in Rural India” published in EPW, July 10, 2010).

**Table 4: % Distribution of Women Workers by Poverty & Education Status (2004-2005)**

Education status	Extremely Poor	Poor	Marginal	Vulnerable	Middle income	Higher Income	All
Illiterate	81.2	77.5	71.7	62.9	47.5	24.8	64.5
Primary and below	13.7	15.6	17.7	21.5	23.3	22.6	19.7
Middle level	3.9	4.8	7.6	9.9	14.0	16.6	9.2
Above secondary X but below graduate	1.2	1.9	2.7	5.2	12.8	23.5	5.7
Graduate and above	0.0	0.1	0.2	0.5	2.4	12.5	0.9
Total	100	100	100	100	100	100	100

It is obvious from the table that the level of education of the workers has strong association with their income and even middle level of education makes a big difference. The same article also mentions that “One of the major attributes of women engaged in agriculture is their low level of educational attainment. With the ongoing commercialization of agriculture, crop diversification, introduction of new technologies and the imperative for better information processing, education has to be reckoned as a key input in any attempt at overall development and modernisation of agriculture. However, the grim picture is that about 86% of female agricultural labourers and 74% of female farmers are either illiterate or have education below the primary level. Shocking as it may seem, the average education of a female agricultural labourer was less than one year in 2004-05.” That for male worker during the same period was merely 2.4 years. Compared to those, mean year of schooling of rural non-agricultural workers, who generally earn more than agricultural workers, was 4.6 years. So, it is apparent that for economic prosperity as well as reduction of inequality educational attainment of every one, not merely in terms of literacy, but in terms of depth of literacy measured through mean year of schooling will be very crucial.

Apart from employment and income, the level of education is one important determinant of maintaining good health and avoiding undesirable burden of disease in general

and burden of bearing children by the women, which have very important consequences in well-being of the individual and the family. People with lower level of education, which is also associated with poverty, fails to access services available or to take precautionary measures due to lack of awareness. NFHS has brought out those features to highlight educational attainment in improving public health. For example, as per NFHS 3 conducted during 2005-06, total fertility rate was 3.07 for illiterate women; 2.43 for those with education below 5 years, 1.92 for women with schooling between 5 to 9 years and only 1.36 for those women who had at least 10 years of schooling. Mean number of children ever born to women aged 40-49 years were 4.4 (2.13); 3.6 (1.73); 2.9 (1.58) and 1.6 (1.22) for the said education categories respectively. The figure in the bracket shows the desired number of children in that category and it is clear that women with lower level of education had to bear higher burden of children as well as higher share of undesired pregnancies. Many of them had to bear child in their teen age. Percentage of girls in the age group 15-19 years who were found to have begun child bearing were 44.1% for those with no education; 29.3% for those with education below 5 years; 23.4% for those with education between 5 to 9 years and only 6.1% for those having at least 10 years of schooling. Thus, level of education has great bearing on population control as well as burden of women in bearing child. Access to various health services such as Antenatal Check Up, Immunization etc also has strong relationship with the status of education. The table below shows how access to different such services vary with level of education of the mother. The table below shows clearly the difference in level of awareness about ORS for tackling diarrhea, which is very common.

**Access to Health Related Services to Groups with Different Educational Status**

Mother's education - No of years completed	Percentage who had three or more ANC visits	Percentage with an ANC visit in the first trimester of pregnancy	Percentage who know about ORS packets	Measles vaccination	All basic vaccinations	No vaccinations at all
Nil	43.4	25.2	69.8	64.3	52.7	8.9
<5 years	61.9	28.2	71.5	72.7	68.2	6.7
5-9 years	74.1	45.8	79.0	85.2	74.6	3.5
10 or more	91.5	78.1	95.4	84.6	70.9	0.0

Source: NFHS 3 conducted during 2005-06

Difference in awareness and access to services has obvious impact on the health outcome. The table below shows the difference in mortality of children of varying age groups with educational status of the mother and the mortality rate reduces substantially with increase in literacy level of mothers.

**Infant and Child Mortality of Groups having Different Level of Education of Mothers**

Education level of mothers	Neonatal mortality	Post neonatal mortality	Infant mortality	Child mortality	Under-five mortality
No education	41.9	16.9	58.9	22.6	80.1
<10 years	36.3	12.1	48.4	5.2	53.3
10 yrs or more	25.6	6.5	32.1	0.5	32.6

Source: NFHS 3 - conducted during 2005-06

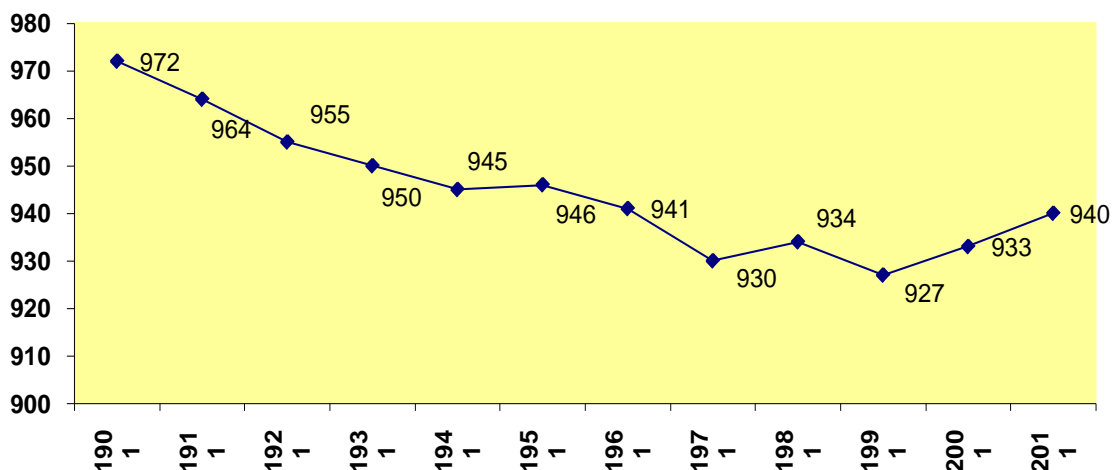
The above analysis provides for a strong case of strengthening the education system in general and elementary education in particular, in terms of both universal coverage and ensuring proper quality of education to the citizen. Access to education is particularly important for inclusiveness because it increases income opportunities in future, and it is more important to know the learning outcome, which ultimately determines functionality. The Annual Status of Education Report (ASER) shows that very poor educational attainment even for those who are passing out of primary school. The latest report of 2010 shows that 46% of the children of the country will be completing primary education without being able to read fluently. What is particularly worrisome is that these surveys show only a small improvement between 2007 and 2010, too small to be of any comfort. Therefore, both universalisation of elementary education and quality of education are critically important for development in our country.

### Gender and Development

Gender differentiates the roles and responsibilities between men and women and is socially constructed. Women have remained subjugated by various social and cultural processes leading to their deprivation as a group in almost all the aspects of development. Women take care of the unpaid household reproductive work which enables the men to participate in various activities in the society outside home. However, in the process the women have remained confined at home and have been deprived to function optimally and reaching their full potential in performing social and economic activities. According to an estimate made by women activists the women consisting of about half of the world population produces two thirds of the world's wealth but enjoys only one third of it. If we consider India separately the picture will be worse. Everyday experience shows that at times of familial distress, natural calamity, economic crisis and shortage of food etc. the burden falls much more heavily on the womenfolk than on men. They have limited option and they have remained far behind men in terms of their income, education, nutrition, health, acquiring higher skill for professional development, receiving due wage at par with men for performing the same job, owning wealth and participation in various social and political processes. Development programmes have generally bypassed the women since those have not been sensitive enough to meet their need through appropriate interventions till almost the 1980s. However, such interventions have not been adequate to bridge the gender gap in development as fast as that should have been. Deprivation of women in many dimensions mentioned before is reflected very clearly in the adverse sex ratio, indicating inadequate care for their living. As per the 2011 census, there are only 940 female per 1000 male in India. This is reflected in the bar graph below.

**Sex Ratio in India – Variation over the Years**

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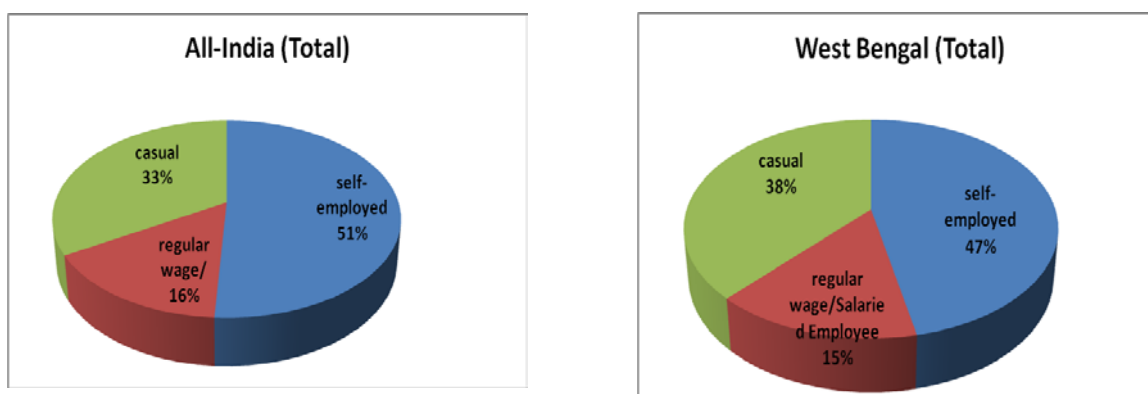


Contemporary development concern has a special niche for an overt gender orientation. By adopting a gender sensitive approach to service delivery and mainstreaming gender considerations into programmes and projects from the outset, the public services can play a significant role in improving the lives of women and girls in all spheres of life. Mainstreaming gender involves ensuring that all political, economic and social decisions and actions are critically analyzed for their differentiated impact on women, men, girls and boys and remedying any impact that would perpetuate gender inequality. This analysis needs to be an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes to ensure that women, men, girls and boys benefit equally. Mainstreaming gender ensures a comprehensive approach to transforming gender relations in the workplace, the community and the home, with the ultimate goal of achieving gender equality. The same also enhances our country's compliance with developmental, transformational and policy obligations, as well as enhancing personal and organizational growth, by fostering effective use of human capital.

### Issues Related to Employment

Providing gainful employment to every adult citizen for their livelihood is an important goal of development. Percentage of people fully employed, under-employed and unemployed is an important indicator of development. It is also important to understand various aspects of employment such as job security, working environment, earning, required skill, labour productivity, compliance to labour laws etc for knowing the quality of employment. Employed persons are categorized into three broad activity groups according to their status of employment. These are i) self employed, ii) regular wage/ salaried employed and iii) casual labours. Figure below illustrates percentage share of different broad status of employment in total workforce in India and West Bengal. At the all India level self employment had the dominant share (51 percent) followed by casual labourer (33 percent) and regular wage/ salaried employee (16 percent). In West Bengal also self employment had the dominant share (47 percent) followed by casual labour (38 percent) and regular wage/ salaried employee (15 percent). Those are presented in pie charts below for better appreciation.

**Percentage Share of different broad status of employment in total workforce.**

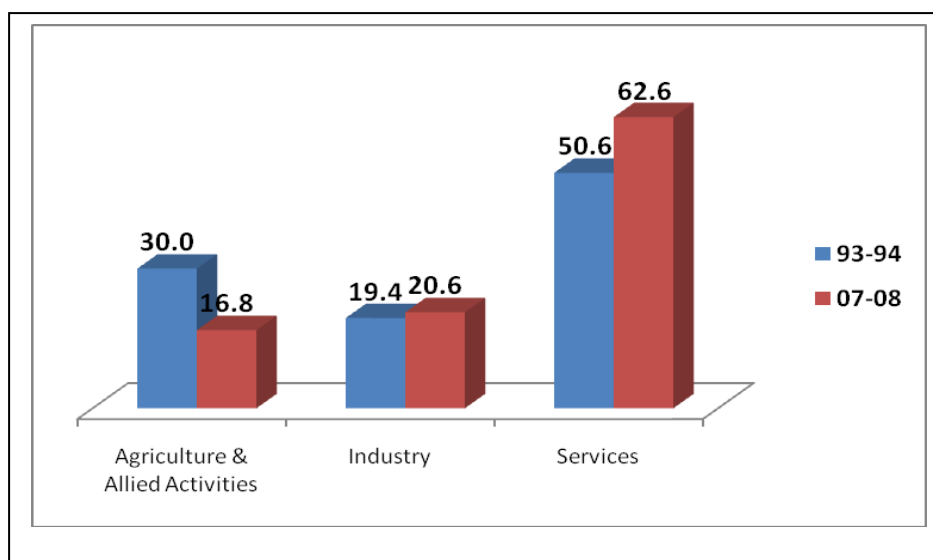


One important challenge in development is to create job to absorb all those who are entering the working age group. Economic growth without creating proportionate employment worsens the employment scenario, which is exactly what is happening now in the country. Also, there has been growing casualization of employment and the unorganized sector; which

does not provide security, proper working condition and wage is growing faster. In fact at present around 11% of the employees in this country are in organized sector and the remaining 89% face various problems and generally not adequately remunerated. Welfare of the unorganized labourer through public interventions has, therefore, become an important issue in the country and the present scenario is quite unsatisfactory. Inability of the organized sector to absorb more labour is resulting in growing sector for self employment, many of whom face various types of problems like access to credit, acquiring required skill and uncertainty and seasonality of income.

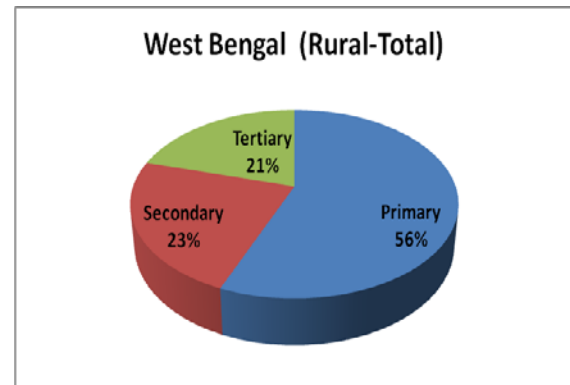
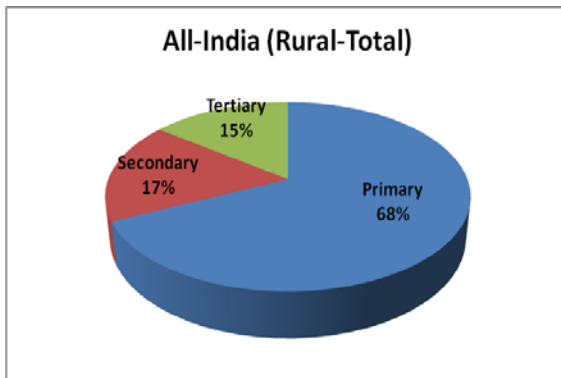
With development of the economy there is transition from primary to secondary and tertiary sectors, which is also happening in the country but the primary sector is still quite crowded and too many people are competing for too little work leading to underemployment. Also, contribution in the economy (share of NSDP) by this sector has much lesser share in comparison to the number of people employed in this sector indicating much lower remuneration to those engaged in this sector (say the income of agricultural labourer or even a small farmer). Many people, particularly in the rural area have no options but to join the primary sector and those who have skill and other capabilities are migrating out to other sectors leaving behind mostly the women and those with less capability to work as agricultural labourer or in other activities requiring little skill. Education and skill upgradation can expedite such transition. Pie chart below shows the sectoral composition of NSDP during 1993-94 and 2007-08. Share of agriculture and allied activities has reduced significantly during this period from 30.0 percent to 16.8 percent.

**Sectoral Composition of Net State Domestic Product (NSDP)**



On the other hand dependence of the workforce on agriculture and allied activities (primary sector) has still remained very high. At the end of 2007-08 as high as 83.5% of rural female and 66.5% of rural male were dependent on primary sector. Corresponding figures for secondary and tertiary sector were 9.7% and 16.2% for female and male in secondary sector and 6.8% and 17.3% for female and male in tertiary sector, which also reflect the plight of the women workforce. Share of total employment in rural areas is shown below sector-wise for India and West Bengal.

**Sector wise employment status-Rural-2009-10**



### **Sustainable Development and Protecting the Environment**

Growing population and economic growth is causing over exploitation of natural resources such as water, soil, forests etc. and leading to degradation of environment and destruction of natural habitat. Industrialization and intensification of agriculture for meeting needs for consumption as well as growing want of the affluent section is causing irreversible damage to the environment and development is becoming unsustainable. That is also leading to declining biodiversity and making many species extinct. In respect of crop production use of chemical fertilizer and pesticide is having harmful impact on health. Similarly, excessive use of water leading to water mining has severe adverse consequences and is becoming a big threat to human survival, particularly for the poor who are affected the most due to environmental degradation. The problem of environmental pollution on account of releasing industrial wastes is also becoming serious health hazard. There is growing urbanization along with industrialization and inadequate provisioning of basic amenities as well as people migrating to urban areas and settling in already overcrowded slums with little or no civic amenities is making people vulnerable to diseases and various sufferings. Private gain through processes, which is dangerous from environmental point of view and affects everyone, is a common thing in developing countries with poor regulation and governance. Environmental aspect of development and its sustainability is, therefore, a very serious issue. Therefore, along with economic growth and human development, protection of environment for sustainability is also a critical issue in development requiring due priority and urgent attention.

### **Disaster Risk Reduction**

Various human interventions having adverse impact on the environment including climate change and global warming, taking up activities which may directly lead to disaster as well as natural causes are leading to more frequent occurrence of disasters. Both the number of occurrences of disasters and the number of people affected has been increasing steadily in the recent past. Also, there is steady growth of the people and physical assets at risk of disaster. Many of the fruits of development are getting lost because of such incidents causing irreparable loss to the society. There is growing effort to mitigate the disaster related losses and reduction of risks appropriately before occurrence of the incident instead of taking actions through relief and rescue operations after the disaster strikes. That requires advance planning and interventions from the community to the country level to develop resilience to disaster. However, investment for disaster mitigation is to be made today to derive benefit as and when the disaster strikes, which is unknown. That requires the disaster risk reduction as a mainstream component of development and is crucial for countries which are highly prone to various types of disaster, natural or man made.

## **Human Rights and Human Development**

Human rights and human development share a common vision and a common purpose – to secure the freedom, well-being and dignity of all people everywhere. The major aspects of human rights are:

- Freedom from discrimination – by gender, race, ethnicity, national origin or religion.
- Freedom from reasonable want – to enjoy a decent standard of living
- Freedom to develop and realize one's human potential.
- Freedom from fear – of threats to personal security, from torture, arbitrary arrest and other violent acts.
- Freedom from injustice and violations of the rule of law.
- Freedom of speech and to participate in decision-making and form associations.
- Freedom for decent work – without exploitation.

Human Development Report 2000 highlights seven key features needed for a broader approach to securing human rights.

1. Every country needs to strengthen its social arrangements for securing human freedoms – with norms, institutions, legal framework and an enabling economic environment. Legislation alone is not enough.
2. The fulfillment of all human rights requires democracy that is inclusive – protecting the rights of minorities, providing separation of powers and ensuring public accountability. Elections alone are not enough.
3. Poverty eradication is not only a development goal – it is a central challenge for human rights in the 21<sup>st</sup> century.
4. Human rights – in an integrated world – require global justice. The state-centred model of accountability must be extended to the obligations of non-state actors and to the state's obligations beyond national borders.
5. Information and statistics is a powerful tool for creating a culture of accountability and for realizing human rights. Activists, lawyers, statisticians and development specialists need to work together with communities. The goal: to generate information and evidence that can break down barriers of disbelief and mobilize changes in policy and behavior.
6. Achieving all rights for all people in all countries in the 21<sup>st</sup> century will require action and commitment from the major groups in every society – NGOs, media and business, local as well as national government, parliamentarians and other opinion leaders.
7. Human rights and human development cannot be realized universally without stronger international action, especially to support disadvantaged people and countries and to offset growing global inequalities and marginalization.

Against the backdrop mentioned above the country as well as the state has a long way to go for ensuring basic human right to the people, particularly the economically and socially disadvantaged section of the community in receiving rights conferred under the law. All the wings of the state for enforcing law and justice have to improve functioning for protecting rights of the citizen, which facilitates human development.

## **Issues of Convergence in Development**

Convergence is a critical means to ensure optimal use of resources for development. It guarantees greater effectiveness of resources and results. It is the responsibility of the government to create the environment for convergence in development activities. In the

system of administration, the traditional approach has been to divide the administrative work into various departments and to erect a vertical departmental hierarchy consisting of departmental officers at various tiers, starting with the state and ending at various lower levels with the division, district or block constituting the intermediate tiers, as the case may be. Thus, departmentalism has been a deeply entrenched feature of Indian administration. The evolution of administrative organization in post-independent India strengthened departmentalism in the system of administration because of predilection of each political executive heading a department to expand his powerbase by strengthening his department's structure in terms of multiple layers as a manifestation of power in administration. Each "function" or subject matter must have its hierarchy of departmental structure. The other basic factor, 'area', is submerged in the departmental set up because it exists at all levels and for all areas. Thus, of the two fundamental factors, function and area, the latter remains squarely subordinated to the former, that is the subject matter, according to which separate departments are organized. One of the basic problems of management in government is that of balancing the two fundamental factors, 'function' and 'area', in devising and designing the administrative organizations.

However, the departmental system of Indian administration, traditionally and progressively strengthened through the years, is not always adequate to achieve the desired results. Time and again, it has been found that the various departments work in isolation so that for achieving results their work has to be integrated and coordinated for bringing about rural development or development of infrastructure and there are some basic reasons for doing so. First, the problems and facets of social and economic life of the community cannot be compartmentalized. They have impact on each other. Thus, increased agricultural production requires irrigation and credit, but irrigation is looked after by one department and credit by another. Therefore, the programme of agriculture development cannot be tackled by the agriculture department alone but has to be coordinated with many other departments. Such convergence has to be developed right from the planning process. The Expert Group on Decentralized Planning set up by the Planning Commission has, in this respect has recommended that - "As now practiced, the concept of district planning is considerably diluted by the fact that most departmental schemes envisage in their guidelines, separate and self-contained 'planning' processes. One way of curbing this tendency is to ensure that the word "plan" is used restrictively, to mean only that "plan" that is prepared at the level of each local government. Sectoral planning efforts ought to be termed as "programmes". Thus a "Plan" would be a composite whole which consists of several programmes in a mutually interdependent way." A strong system of local governance with clearly defined functions and required capability can promote convergence substantially.

Considerable resources are available to the States/districts under various schemes. Establishing convergence and synergy among various development programmes through proper linkages in the processes of planning, budgeting, implementation and monitoring would maximize economic, ecological and social benefits from existing investment and infrastructure under various programmes/schemes. On the other hand, implementation of the programmes in a compartmentalized manner runs the risks of duplication of efforts and sub-optimal output leading to wastage of scarce resources. Ultimately, this kind of stand-offish posture adversely affects the clients or beneficiaries.

Convergence can have different modes. From a programmatic perspective, convergence can be utilized to maximize achievement of targets. For example, if resources available under National Rural Employment Guarantee Scheme (NREGS) are combined with

those under Rashtriya Krishi Vikas Yojana (RKVY), the development of watersheds could be accelerated. In this way, pooling of resources available under different schemes and functioning of different implementing agencies in tandem would maximize achievements with the available resources and efforts. This can be ensured at the planning stage itself. Another way of synergizing efforts could be to assess the progress and plans under various schemes and then plan suitable interventions to exploit the potential created or the emerging opportunities. For example, creation of water harvesting structures creates a potential for increasing productivity through irrigation which can be leveraged by supplying appropriate inputs. There has been increasing recognition over the years of the need for water conservation and water management. Consequently, there have been a number of schemes initiated by different departments, which have water conservation and water management as their critical components. There is a need, therefore, for convergence of related activities under these schemes, especially at the district and sub-district level, to optimize their benefits. These schemes are: National Afforestation Programme of Ministry of Environment & Forests; National Project for Repair, Restoration and Renovation of Water Bodies of Ministry of Water Resources; Watershed Development Programme (River Valley Project and Flood Prone Programme, NWDPR) of Department of Agriculture & Cooperation; National Rural Employment Guarantee Scheme; Integrated Wasteland Development Programme of Ministry of Rural Development; Backward Regions Grant Fund (BRGF) of Ministry of Panchayati Raj. Implementing all those independent of each other will not ensure optimal use of resources and, therefore, convergence of all such schemes is a logical step.

The mechanism by which convergence can be achieved depends on administrative structure. For convergence at the policy level bodies like Planning Commission and State Planning Board may ensure convergence and that may be supplemented by more dialogue and interaction of the various departments working in related areas. AT the field level the main mechanism for convergence is the planning process at the grass root level. Promotion of capacities of local bodies and proper functioning of the District Planning Committee can improve convergence. However, for success of the same the convergence should be also at the community level through participation of the people in the bottom up planning process and their involvement in monitoring to as well.

### **Millennium Development Goal and Current Status**

In September 2000, the member States in the United Nations unanimously adopted the Millennium Declaration in the meeting of the General Assembly. The Millennium Development Goals (MDG) commit the international community to an expanded vision of development, one that vigorously promotes human development as the key to sustaining social and economic progress in all countries, and recognizes the importance of creating a global partnership for development. The goals have been commonly accepted as a framework for measuring development progress. Following are the eight millennium development goals, which are to be achieved by 2015:

- ❖ 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 other diseases
- ❖ Goal 7 – Ensure environment sustainability
- ❖ Goal 8 – Develop a global partnership for development

### India's Position with Reference to MDGs

Of the 60 indicators for the 8 goals and 21 targets, 35 indicators are found relevant to India. The target in respect of some of the more important indicators are mentioned in the table below.

**MDGs in India-Target Value**

Indicator	Year	Value	MDG Target value
Proportion of population below poverty line (%)	1990	37.5	18.75
Undernourished people as % of total population	1990	62.2	31.1
Proportion of under-nourished children	1990	54.8	27.4
Literacy rate of 15-24 years olds	1990	64.3	100
Ratio of girls to boys in primary education	1990-91	0.71	1
Ratio of girls to boys in secondary education	1990-91	0.49	1
Under five mortality rate (per 1000 live births)	1988-92	125	41
Infant Mortality rate (per 1000 live births)	1990	80	27
Maternal mortality rate (per 100,000 live births)	1991	437	109
Population with sustainable access to an improved water source, rural (%)	1991	55.54	80.5
Population with sustainable access to an improved water source, urban (%)	1991	81.38	94
Population with access to sanitation urban (%)	1991	47	72
Population with access to sanitation rural (%)	1991	9.48	72
Deaths due to malaria per 100,000	1994	0.13	-
Deaths due to TB per 100,000	1999	56	-
Deaths due to HIV/ AIDS	2000	471	-

While India has been moderately successful in reducing poverty, the same cannot be said for combating hunger. India is on-track or even ahead of targets on nearly all indicators related to universalisation of primary education. India missed the 2005 deadline of eliminating gender disparity in primary and secondary education. With respect to 2015, existing trend suggests that India is moderately or almost nearly on track. However, achieving quality of education through appropriate learning outcome is a big problem. Under 5 mortality Rate (U5MR) reduced from 125 per thousand live births in 1990 to 74.6 per thousand live births in 2005-06 and is expected to reach a level of 70 by 2015 as against a target of 42 per thousand live births by 2015. Accelerating reduction in the incidence of neo-natal deaths (66% of IMR in 2007) alone can contribute substantially towards achieving U5MR and IMR targets. India is slow or off-track on improving maternal health.

### Development and Participation

The narratives above highlight the necessary outcome of development to enhance well-being of the people and the interventions necessary towards those. It is equally important as to how the actual interventions are planned and implemented and particularly how those people, whose well-being are being sought for, get associated with both planning and implementation of the interventions. In fact, development may also be seen as a process by which people participate and learn to take charge of their needs and aspirations and enhancing their well-being through their own actions. The role of the government is to enhance the process through appropriate facilitation and resource support. Higher level of participation of the people concerned in planning and implementation of their developmental enhances the progress and make the outcome sustainable. In many cases development has bypassed

sections of people because of their inability to participate in the process of development. Such people need to internalize the issues, the socio-economic context leading to their deprivation and they are to be empowered to articulate their views, get organized and negotiate for their development and take collective actions for their well-being including deriving due benefit out of the existing government programmes. The government should, not only deploy adequate resources in developmental interventions for reaching desired outcome but will also require to ensure supremacy of the people in deciding their course of development with as much flexibility as possible within the broad goals set for the developmental outcome. Thus, government has to make necessary changes so that the implementing machineries become a facilitator instead of becoming a controller of development. A strong system of local governance and active civil society organization enhances the scope of participation of the people, particularly those who are marginalized and have low voice in reaching the decision making bodies.

### **Governance and Development**

All the issues related to development such as setting goals, planning and implementation of various interventions and involving the people are closely linked with the governance of the country or the state as the case may be. Quality of governance determines the efficiency and effectiveness of all developmental interventions and in achieving desirable outcomes. Therefore, improving governance is crucial for enhancing well-being of the people, which is the ultimate objective of development. On the other hand improved well-being through higher capability and functioning of the people promotes good governance by enhancing their capacity in being engaged with the governance function as citizen. That also helps in strengthening the civil society and augmenting the social capital which reinforce in improving governance further. Understanding governance and ways for improving the same is, therefore, very important and has been discussed in another paper.