MILLENNIUM DEVELOPMENT GOALS AND NORTH EAST INDIA

Edited by

Harendra Sinha

This book, containing nineteen papers presented in a UGC sponsored national seminar, attempts to examine the status of Millennium Development Goals (MDGs) in North East India. Taking a close at the issues related to MDGs, the contributors discuss at length the challenges and constraints of achieving the target of MDGs in the region with special focus on health goals.

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The Editor

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PREFACE

The Millennium Development Goals (MDGs) are eight international development goals that were officially established following the Millennium Summit of the United Nations in 2000, following the adoption of the United Nations Millennium Declaration. All 193 United Nations member states and at least 23 international organizations have agreed to achieve these goals by the year 2015. The goals are: Eradicating extreme poverty and hunger, achieving universal primary education, promoting gender equality and empowering women, reducing child mortality rates, improving maternal health, combating HIV/AIDS, malaria and other diseases, ensuring environmental sustainability, and developing a global partnership for development. Each of the goals has specific stated targets and dates for achieving those targets. To accelerate progress, the G-8 Finance Ministers agreed in June 2005 to provide enough funds to the World Bank, the International Monetary Fund (IMF), and the African Development Bank (AFDB) to cancel an additional $40 to $55 billion in debt owed by members of the Heavily Indebted Poor Countries (HIPC) to allow impoverished countries to rechannel the resources saved from the forgiven debt to social programmes for improving health and education and for alleviating poverty. The aim of the MDGs is to encourage development by improving social and economic conditions in the world's poorest countries. International development targets were officially established following the Millennium Summit in 2000, where all world leaders in attendance adopted the United Nations Millennium Declaration. The significant aspect about MDG is that development issues are elevated to the highest political level; world leaders with concerted effort have set forth new vision for humanity in order to bridge the existing gulf between the rich and poor through genuine partnership among nations. For developing countries like India, the challenge posed before the nation is to translate its development vision into the nationally owned plans. The North Eastern States of India in particular should benefit from the implementation of the

developmental measures so as to become part and parcel of the fulfilment and achievement of the millennium goals.

Progress towards reaching the goals has been uneven. Some countries, such as Brazil, have achieved many of the goals, while others, such as Benin, are not on track to realize any. The major countries that have been achieving their goals include China (whose poverty population has reduced from 452 million to 278 million). The World Bank estimated that MDG 1A (halving the proportion of people living on less than $1 a day) was achieved in 2008 mainly due to the results from these two countries and East Asia.

The Government of India released a report in June, 2012 claiming that the country is on track to meet the MDG targets by 2015. The report stated that number of people living below poverty line has reduced; child and maternal mortality rates have reduced; Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) has increased rural employment in many States. The government also reported that Sarva Shiksha Abhiyan (SSA), a national policy to universalize primary education, has increased enrolment in schools; the Rajiv Gandhi National Drinking Water Mission and total sanitation campaign address crucial MDGs; HIV rates are low and that deaths due to tuberculosis and malaria show downward trends; in the health sector, the National Rural Health Mission, Reproductive and Child health Programme II, Integrated Child Development services have contributed immensely towards MDGs optimistic report to meet the target by 2015 is hard to share. There is a decline in employment; patriarchy is still firmly established in rural India making gender equality and justice elusive; the number of people suffering from hunger and malnutrition has risen between 2007 and 2009. Goals such as universal primary education, reducing child mortality, and improving maternal health are unlikely to be reached by 2015 deadline; one in four children in developing countries are still underweight. The 2010 target on biodiversity conservation has been missed; the target of having the number of people without access to sanitation cannot be achieved. The country is nowhere near reducing child mortality to the targeted 42 per 1000 live births; and nearly half the under-five year children are malnourished these do not support the claims of hunger reduction. The scenario in the context of the North Eastern States of India, despite the rich natural resources and central assistance, development is still a far cry. Though the magnitude of funding from the Centre is ever increasing, corruption and mismanagement are rampant which is adversely

affecting development. Developmental funds have often been misdirected, misused and siphoned-off by those in authority and anti-developmental elements from various sources. The challenge before the North Eastern States is to materialize the developmental goals in view of the MDG targets within the stipulated period. Deplorable roads and erratic supply of electricity power, poor health facilities, HIV/AIDS, rural poverty, geographical isolation, inadequate infrastructure, absence of indigenous entrepreneurship, non-availability of trained manpower and institutional finance, non-exploitation of natural resources, patriarchy— a barrier towards women empowerment, etc. are some of the major problems in North East India which call for serious attention. Therefore, the major challenge before the nation is to convert its commitments and resources into measurable results for all citizens from all States; and sadly this remains unmet. India with a vast geography and significant variations requires efficient policy formulation, tact and the situation calls for good governance which should act as an effective multiplier to give impetus to meeting MDGs. The rural development programmes initiated so far had very little impact on the people. The major problems of development which makes the region remains backward are due to geographical isolation, inadequate infrastructure, absence of indigenous entrepreneurship, non-availability of trained manpower and institutional finance, non-exploitation of natural resources.

The present volume is an attempt in the aforesaid direction. The edited volume Millennium Development Goals and North East India is a collection of selected papers presented in a UGC Sponsored National Seminar at Government J. Buana College. The papers presented in this volume have covered various dimensions concerning millennium development goals focusing on North East India. A mirror view of what the contributors have discussed and analyzed in their scholarly papers are presented as follows.

India is one of the most diverse country in which the rate of development across the states is diverse. Particularly, the Northeastern part of the country is far behind in development compare to other regions. All the states come under special category and thus, the region is heavily relying on the centre for development. Although the states in the North East has shown remarkable growth in area like literacy and reducing gender parity gap in education. In the case of the target to be achieved under the framework of MDG, the North Eastern states are somewhat more

likely to achieve numbers of target under various indicators. But what is arguable is that though the most of the states may achieve the national target but, in most case they are unlike to meet their own target if measure by MDG standard. Joseph K. Lalfakzuala in the introductory chapter has made an examination on the 8 MDGs with special reference to North Eastern States for measuring progress between 1990 and 2015 and observed that in most of the targets under MDG, the states are fall short of its own target though the small states are far ahead of the national target yet it is critical that they have to campaign for the achievement of its own target and suggested for new initiative to take to convert the goals into rights so that each is responsible for achievement of the MDG targets.

The Millennium Development Goals (MDGs) are very broad and comprehensive, yet specific development goals ever set by the global community. The MDGs as a framework for the development activities have been articulated into over 20 targets and over 60 indicators and are to be achieved by 2015. As a member of the UN, India also adopted 12 targets and 35 indicators for monitoring the MDGs. The framework has been contextualized for India. Recently, Government of India claims that the country is on track to meet the MDG targets by 2015. It is, however, difficult to endorse the government's confidence and optimism. Experts argue that the poverty reduction claims are the result of a sleight of hand, which employs debatable measurements and methods for assessment. The existing rates of malnutrition, affecting half of all children under 5, do not support the claims of hunger reduction. Dr. Ayangbam Shyamkishor explores the challenges of achieving MDGs and argued that the situation of MDGs in the Northeast India is also far from satisfaction. Some of the states of the North Eastern Region of India—Manipur, Nagaland and partly Assam—have lost its direction for development. The focus on these states is either eliminating insurgency or ethnic problem(s) or issue(s) of autonomy of different tribes rather than development. Until and unless, government realized its importance of development by maintaining rule of law, accountability, efficiency and responsible public administration through greater transparency—open and accurate information with sound economic policies, the region is not going to move forward in the right direction in achieving MDGs.

Northeastern part of India is far behind in development compare to other regions. The region is extremely rich in terms of mineral

and natural resources, yet suffers with low economic indicators. The document prepared by the National Institute of Public Finance and Policy for North East Council says the per capita Gross State Domestic Product (GSDP) of Northeast India is 31 per cent less than the national average. To reach all-India level of per capita income in 2020, the North East Vision 2020 Document Paper says that the GSDP of the Northeast region will have to grow at 11.8 per cent annually on an average. In this backdrop, the chapter by Nirmal Sinha and Dr. Dhriti Kanta Rajkumar analyses some of the constraints of development in the region towards achieving the MDG and argued that the situation can be redeemed and MDGs can be achieved if only the causes of economic backwardness are carefully analyzed and removed as quickly as possible through development initiatives and good governance.

The Sixth Schedule Areas of North East India have their own uniqueness in the Indian political system and they are the areas which have been differently administered since the British period. As the ADCs under the Sixth Schedule provision have been facilitated with the power to establish, control and manage primary schools and play an important role in upliftment of educational quality. Dr. J. Doungel through his chapter puts an in depth focus on the pursuance of MDGs in the Sixth Schedule Area of North East India with special reference to the goal in education and found that eight goals will not be achieved in the stipulated time in the area and suggested for adequate funds with proper guidelines and monitoring to the ADCs.

The chapter by F. Lalromawia shows how the reduction in forest cover and erosion of natural resource base of the Northeastern States of India has been directly impacting the livelihood options of the millions of forest dependents, who do not have any other livelihood alternatives in most of the hilly region, endangering environment sustainability towards MDGs. During the past few decades, there has been considerable deterioration in the quality of the environment in the States. The major environmental problems result from population pressure, conversion of forestland into agricultural fields, deforestation, urbanization, mining and industrialization. The increasing anthropogenic stresses may further aggravate the situation in the future. Reasons include shifting cultivation, mining, urbanization and industrialization. He focuses on the issues and challenges in ensuring environment sustainability, the policy measures and implementation and suggested further measures for environmental sustainability in Northeastern States.

Peace and development are virtually indivisible and are like two sides of the same coin. As peace and development are deeply interrelated, no significant development can be expected to take place in any country or its particular area where there is no peace. For long, Mizoram have crawled on the dark years of political turmoil and insurgency problems. With the signing of the Peace Accord, it rises out of decades of stagnancy to become the most peaceful state and serves as a model for the Indian Union, testing the faith of time till at date without any breach. Even though normalcy has been restored and peace spreading its wings, the peaceful atmosphere has not been utilized effectively towards development. The state government has only been able to take steps moderately towards attainment of "Millennium Development Goals". Even the benefits of growth have not trickled down to the people at large. Lalrinkima in his chapter argue that even though the state economy grows steadily, the growth process is unsustainable and the state is featured by a highly inflated service sector, low industrial base and delicate agricultural sector. The state authority need make use of the existing peace and stability to tackle the problems of infrastructure facilities in order to generate growth process that is inclusive and sustainable in the future.

To minimize the gaps in health infrastructure and deficiencies in health care systems mainly in rural India, Government of India has launched National Rural Health Mission (NRHM) Programmes on April 12, 2005 with an objective of providing accessible, affordable and quality health care to all its citizens. In Assam also, the NRHM started its journey along with other states of India. Primarily, ensuring quality health care for all its citizens is the basic job of the concerned state government as the health is a state subject but as because most of the states were finding it difficult to adhere to its constitutional mandate. The chapter by Mr. Biraj Kanti Shome and Dr. Debasish Purkayastha focuses on the performances of the Udharbond Block Primary Health Centre (BPHC), Cachar Assam and also highlighted the role of ASHA in popularizing schemes like Mamoni, Majoni, Routine Immunization Services, Family Planning, etc.

After the intervention of National Rural Health Mission (NRHM) in Assam, a gigantic change has occurred in the health sector particularly in the rural areas of the state. Various programmes have already been launched by NRHM to enhance the status of health for rural people. Mr. Anjan Shee and Dr. Debasish Purkayastha focuses on the performance of Block level Primary Health Centre

of Udharbond Development block and analyses various women oriented schemes and how the pregnant women already availed the benefits of different schemes in this paper.

Goal 4 of the Millennium Development Goals is committed to reduce child mortality by two-thirds, between 1990 and 2015 (Target 4.A). Child mortality is indicated by Under-Five Mortality Rate (U5MR), Infant Mortality Rate (IMR) and Proportion of one-year old children immunized against measles (Indicators 13-15). Mizoram, like any other Indian states, has been very slow at reducing U5MR as per historical trend. Therefore, there is the need for commitment and attention to tackle child mortality more effectively and.efficiently. Lalnundika Hnamte explores the challenges of tackling child mortality in the State of Mizoram and suggested for effective heath care facilities and infrastructure to the rural areas and decreases the gap between the urban and rural areas.

The chapter by Arpita Debnath and Rajiya Sahani is based on primary source of information which attempts to bring the perception and awareness on reproductive health of adolescent in slum-dwellers in Silchar, Assam. They found that majority of girls are aware of the onset of menstruation and friends play an important role in giving the said information. But there are also girls, who don't have knowledge on the same and were scared at the sight of blood for the first time and they suffer from stress. Majority of the mothers did not talk to them on reproductive matters. They suggested for creating awareness and information about each and every aspect of health and other related areas including reproductive health among adolescent girls so that they enjoy good health in the society.

Adolescence is the transitional period between childhood and adulthood. The period of teenage years is also regarded as a gateway to the promotion of health. They constitute large and growing segment of the world's population. In India, adolescent girls (10-19 years) comprise about 22 per cent of women in India. An adolescent belongs to a vital age-group not only because they are "entrant population" to parenthood but also because they are on the threshold between childhood and adulthood. As they cross the threshold they face various physiological, psychological and developmental changes. Lalsangpuii made an attempt to understand the issues and challenges of menstruation and health problems faced by the adolescent tribal girls in Mizoram and suggested some measures from the findings of the study.

Malaria continues to pose a major public health threat in India,

particularly due to Plasmodium falciparum which is prone to complications. In India about 27 per cent population lives in malaria high transmission areas and about 58 per cent in low transmission areas. The most affected states are North East States, Chhattisgarh, Jharkhand, Madhya Pradesh, Orissa, Andhra Pradesh, Maharashtra, Gujarat, Rajasthan, West Bengal and Karnataka. Therefore, Government of India launched number of malaria control programmes for the last 50 years or so. Lalramdinpuii's chapter addresses the policy measures initiated in malaria prone State of Mizoram, highlighted the causes of malaria and suggested some measures for its prevention.

Shamintra Ghosh through his chapter put an interlinked role of child health, poverty and human development. His study has taken the data supplied by National Family Health Survey, NSSO, International Organisations like Oxford Poverty and Human Development Initiative (OPHI), Oxford Department of International Development, etc. on above mentioned issues and endeavours to find out the functional relationship among the variables and concluded that the significance of child health depends to a large extent on the development of human development parameters while there is a positive linkage between both income poverty and Multidimensional Poverty Index with child health issues.

Diabetes is recognized as one of the leading causes of death and disability worldwide, India is in leading position with largest number of Diabetics. The physical, social and economic factors are involved in the occurrence and management of diabetes. As per the surveillance of World Health Organization (WHO), it is expected that approximately 60 million people by the year 2017 and 80 million people by 2030 in India and 366 Million people in the world by 2030 will be affected by Diabetes. Knowledge about Diabetes is a prerequisite for individuals and communities for its prevention and control. Mousumi Sinha carried out a study to assess the knowledge, attitude and practice about diabetes among the diabetic patients in an Ayurveda Research Institute of Northeastern India. She found that respondents did not have adequate knowledge, practice and their attitude was comparatively lenient. Therefore, it is of paramount importance, that people with diabetes should be provided with ongoing high quality need based education.

In developing countries, two decades ago, women entrepreneurship was not even heard of. After the declaration of 1976-1985 as the 'Decade of Women Empowerment' by the United

Nations, there has been a paradigm shift in the policies and the perspective of treating women as a mere beneficiaries to agents of development. After the declaration, treating women as beneficiaries under welfare schemes has been changed and accordingly, women are started to be encouraged for becoming owners of business enterprises. The women entrepreneurs are normally found in micro enterprises in informal sector, whose contribution has been hardly accounted in National Income. The participation of women in SSI sector has been identified in three different roles. Some women were owners of enterprises, some were managers of enterprises and some were employees. With regard to ownership, an SSI or SBE (Small Business Enterprises) managed by one or more women entrepreneurs in proprietary concerns, or in which she/ they individually or jointly have a share capital of not less than 51 per cent as partners/share holders/Directors of Private Limited Company/ Members of Co-operative Society is called a 'Woman enterprise'. In India, women entrepreneurs constituted a rather small proportion of female population. The chapter by C. Vanlalkulhpuia and Dr. E. Nixon Singh analyses the industrial environment in the State of Mizoram especially investment performance and also study the overview of women entrepreneurs and district-wise classification of educational background of women entrepreneurs in the state.

The World Bank emphasized on women empowerment and suggested that empowerment of women should be a key aspect of all social development programmes. So, that the all-round development of women that will ultimately lead to progress in the twenty first century. In connection with this in the era of globalization Non-Governmental Organization (NGOs) plays significant role especially in the advocacy of economic empowerment of women, environment, mobilization of people for participation in development, etc. In view of women empowerment the chapter by Pulak Mili and Dr. Ananta Pegu attempt to highlight the socio-economic empowerment of women weaver's in Majuli of Jorhat, Assam through employment and income generation by Rural Economy Development Society (REDS), and NGO on the basis of both primary and secondary data.

One of the goals of Millennium Development Goals is to eradicate extreme poverty and hunger. The Government of India has set up different Rural Development Programmes for eradicating poverty and helping the poor. Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) is one such

programme aims in enhancing livelihood security of people in rural areas by guaranteeing 100 days of wage employment in a financial year to a rural household whose adult members volunteer to do unskilled manual work. Dr. S. Haukhanlian Mate and Vanrammawii's chapter evaluated the implementation of MGNREGS in Saitual Zone: Thingsulthliah RD Block of Mizoram.

Good governance and sustainable human development are indivisible and developing the capacity for good governance can be-and should be — the primary means to eliminate poverty. Good governance in situations of extreme deprivation may merely imply that state and public institutions are only responsible to the rich and the upper classes and so may be highly oppressive on the poor who are in majority. In democratic set-up, people are expected to participate in the process of governance. For the success of schemes like the MGNREGS needs good governance for delivery of services, participation of people and in promoting transparency and accountability. Marie Zodinpuii in her chapter made an analysis of the importance of good governance in relation to MGNREGS in Mizoram.

In view of the concept of Good Governance highlighted in the opening lines; and also the India's initiatives to attain the good government by pursuing the In the last chapter, Laltleipuia addresses the importance of good governance ensuring responsive, accountable, transparent, decentralized and people-friendly administration. Without the efficient implementation and accomplishment of the tenets of good governance, the Millennium Development Goals could be achieved.

The anthology of the present publication is expected to be a significant contribution to knowledge on the issues related to millennium development goals in North East India. It is expected to be very useful to the common people, policy makers, government officials and non-government organizations. The book may proved to be very helpful to the academicians, students and research scholars in particular as the papers will offer priceless inputs to make more in-depth study of the problems.

HARENDRA SINHA

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Wednesday, 29th May, 2014

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Lunglei, Mizoram

29th May 2014

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ACRONYMS

ADC	Autonomous District Council
AIES	All India Education Survey
ANC	Antenatal Care
AIDS	Acquired Immune Deficiency Syndrome
ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy
BCC	Behaviour Change Communication
BMI	Body Mass Index
BP	Blood Pressure
CHC	Community Health Centre
CBR	Crude Birth Rate
CBTV	Cable Television
CDR	Crude Death Rate
CSO	Central Statistical Organisation
DISE	District Information System on Education
DLHS	District Level Household and Facility Survey
DPT	Diphtheria, Pertussis and Tenanus
FHW	Female Health Worker
GDP	Gross Domestic Production
GER	Gross Enrolment Ratio
HIV	Human Immunodeficiency Virus
ICDS	Integrated Child Development Services
IMR	Infant Mortality Rate
IPHS	Indian Public Health Standards
IUD	Intrauterine Device

JSY	Janani Suraksha Yojana
LEB	Life Expectancy at Birth
LEP	Look East Policy
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MDGs	Millennium Development Goals
MMR	Maternal Mortality Rate
MPW	Multi Purpose Workers
NDG	National Development Goals
NGO	Non-Governmental Organisation
NFHS	National Family and Health Surveys
NSSO	National Sample Survey Organization
NRHM	National Rural Health Mission
NYK	Nehru Yuva Kendra
OBC	Other Backward Class
OPV	Oral Polio Vaccine
OT	Operation Theatre
PHC	Primary Health Centre
RCH	Reproductive and Child Health
REDS	Rural Economy Development Society
RKS	Rogi Kalyan Samiti
RSBY	Rashtriya Swasthya Bima Yojana
RTI	Reproductive Tract Infection
SSA	Sarva Shiksha Abhiyan
SC	Sub-centre
SC	Scheduled Caste
ST	Scheduled Tribe
TB	Tuberculosis
TDS	Total Dissolved Solids
UHC	Urban Health Centre
UNDG	United Nations Development Group
VHSC	Village Health and Sanitation Committee
WHO	World Health Organisation

GLOSSARY

Aam Admi	Common people
Abhiyan	Movement
Anganwadi	'Bourtyard shelter' in Hindi. They were started by the Government of India in 1975 as part of the Integrated Child Development Services programme to combat child hunger and malnutrition. A typical Anganwadi centre also provides basic health care in Indian villages
Ayurveda	A system of traditional medicine native to the Indian subcontinent and a form of alternative medicine
Bharat	India
Bima Yojana	Insurance Policy
Janani	Girl child
Kaacha/Kaatcha House	A *kaatcha* house is made up of mud or hay stack or tin roof
Kalyan	Welfare
Karyakram	Programme
Kendra	Centre
Mahila Mandal	Women's Association
Mela	Means 'gathering' or 'to meet' or a 'fair'
Nirmal	Soft
Panchayat	A local government body
Rashtriya Swasthya	National Health
Rogi	Patient
Samaj	Society

Samiti	Committee/Council
Sampradaya	Community
Siddha	It is one of the oldest traditional medical systems originated Southern India
Shiksha	Education
Suraksha	Protection
Uchhtar	Higher
Unani	It is a form of traditional medicine originated from Greece (Unan), widely practiced in South Asia. It is also known by many different names, Greco-Arabs medicine, Arab medicine, a medicine and Oriental medicine
Yojana	Scheme
Yoga	Commonly known generic term for the physical, mental, and spiritual practices or which originated in ancient India

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1

MILLENNIUM DEVELOPMENT GOALS AND NORTH EAST INDIA

Reality and Challenges

JOSEPH K. LALFAKZUALA

The Millennium Development Goals, derived from the UN Millennium Declaration, since its inception have dominated the global development discourse. The target of eight goals and its associate has significantly influence the shaping of various policy and programme initiatives at the global, national and regional levels to narrow the gap between developed countries and the rest of the world (Mishra, 2004). In India, MDGs has make impact on the framing of national policy making and to some extent that the country's achievement is remarkable within a short period of time (Ram F., S.K. Mohanty; Usha Ram, 2009). On the other end, experts – including policy makers, academicians, NGOs, etc. has analysed and reinforces the disadvantages of the target-oriented framework (Gupta, 2012:8; Antrobus, 2006; NACDOR, 2006). It is, therefore, nevertheless uncritical on the goals, targets and indicators to be achieve and what should be beyond the goals.

It was no doubt India is among the developing countries who embraced the MDG framework in formulation of national programmes and even regionalized certain MDGs in order to achieve the target (Central Statistics Office, 2013; Clements & Clements, 2009). As such, in 2005 National Development Goals (NDGs) were adapted to correspond with the global development targets. National policy taken by India to fulfill MDG includes — the implementation of the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) to increase rural employment, Sarva Shiksha Abhiyan

(SSA) to universalise primary education and the National Rural Health Mission (NRHM) to achieve positive impact on primary and secondary health systems (Gupta, 2012; Chakraborty, 2007; Jacob, 2010). But still one may wonder whether the impressive growth economic liberalization result in social development, particularly among the disadvantaged. This happens to be one of the greatest challenges for one of the fastest growing economy like India whether the goals set to achieve reach the right target. (Dorsey, Gómez, Thiele and Nelson, 2010: 518; Kadrolkar, 2013).

Though MDGs main agenda is to target the nation as a whole but comparatively India is one of the most diverse country in which the rate of development across the states is diverse. Particularly, the northeast parts of the country are far lack behind in development compare to other regions. All the states come under special category and thus, the region is heavily relying on the central for development (Sachdeva, 2000; Debroy, 2014: 78-9). Particularly in the health sector the regions pose greater challenges and, therefore, the greater investment that these states needed (National Health Systems Resource Centre 2008: 4-5). On the other hand, most states in the North East has shown remarkable growth in area like literacy and reducing gender parity gap in education. Except for Assam the northeast states are comparatively small in term of geographical area (except Arunachal Pradesh), population, etc. Thus, in the case of the target to be achieved under the framework of MDG, the North Eastern states are somewhat more likely to achieve numbers of target under various indicators. But what is arguable is that though the most of the states may achieve the national target but, in most case they are unlike to meet their own target if measure by MDG standard. Therefore, it will be necessary to have a brief analysis on the 8 goals (21 targets and 60 indicators) with special reference to North Eastern States for measuring progress between 1990 and 2015, when the goals are expected to be met. (Most of abstract of table will be referring from the Millennium Development Goals: India Country Report 2014.)

Goal 1: Eradicate Extreme Poverty and Hunger –

Millenium Development Goal 1 can be generalized in such a way that between 1990 and 2015 extreme poverty and hunger have to be eradicated by atleast halve. In the case of North Eastern states till now the rate of poverty have been decrease in most of the states. But, the decline in the rate of poverty does not indicate that the states are going to achieve their own target (according to goal 1).

The Table 1.1 (a) shows that most of the states are below the national average except Sikkim which is likely to achieve the target.

Table 1.1 (a): Poverty Head Count Ratio

States	*1990*	*1993-94*	*2004-05*	*2011-12*	*Likely achievement 2015*	*target 2015**
Arunachal Pradesh	63.51	54.5	31.1	34.67	27.72	31.76
Assam	57.92	51.8	34.4	31.98	27.34	28.96
Manipur	75.40	65.1	38.0	36.89	29.93	37.70
Meghalaya	43.57	35.2	16.1	11.87	8.86	21.79
Mizoram	10.99	11.8	15.3	20.04	20.40	5.50
Nagaland	25.50	20.4	9.0	18.88	13.29	12.75
Sikkim	31.99	31.8	31.1	8.19	8.59	16.00
Tripura	31.07	32.9	40.6	14.05	15.96	15.53
All India	**47.80**	**45.3**	**37.2**	**21.9**	**20.74**	**23.90**

Source: Planning Commission (Abstract from various annual reports)
* Target is calculated from the 1990 estimated poverty rate.

Table 1.1 (b): Proportion of Underweight Children (< 3 years)

States	*1990*	*1993-94*	*2004-05*	*2011-12*	*Likely achievement 2015*	*target 2015*
Arunachal Pradesh	28.62	32.1	21.9	29.7	25.50	14.31
Assam	43.48	44.1	35.3	35.8	29.48	21.74
Manipur	19.33	19.1	20.1	19.5	20.03	9.67
Meghalaya	32.02	36.9	28.6	42.9	44.17	16.01
Mizoram	19.27	17.2	19.8	14.2	13.03	9.63
Nagaland	17.36	18.7	18.8	23.7	27.66	8.68
Sikkim	13.67	—	15.5	17.3	20.24	6.84
Tripura	42.67	42.1	37.3	35.2	30.36	21.34
All India	**52.00**	**51.5**	**42.7**	**40.4**	**32.85**	**26.00**

Source: National Family Health Survey (HFHS), Ministry of Health and Family Welfare (MoHFW), Government of India (GoI).

The region has also witnessed a stagnation in reducing hunger, particularly, the proportion of underweight children below three years of age. It seems that not a single in the region are unable to meet the target and this has posed a serious challenge to the government functionaries to take prompt action.

Goal 2: Achieve universal Primary Education

India has made endeavour to meet the target of goal 2. This has been ensured with the enactment of 'Right to Education' by the Parliament of India from April 1, 2010 for free and compulsory education for every child in the age-group 6-14 years. The challenge has been taken in such a way that India is going to achieve the goal 2 by 2015. According to the estimate made by the District Information System on Education (DISE) data shows that the NER in Primary Education has improved from 83 per cent in the year 2000 to over 99.89% in 2010-11 (GoI, 2014: 36).

Table 1.2 (a): Gross Enrolment Ratio (GER) (All Categories) and Net Enrolment Ratio and Survival Rate

States	*Classes I-V (GER)**			*Ratio of enrolment of Grade V to I (NER)***		
	Boys	*Girls*	*Total*	*2009-10*	*2010-11*	*2011-12*
Arunachal Pradesh	184.51	176.92	180.78	41.18	42.52	50.21
Assam	93.08	95.57	94.31	70.57	62.36	63.09
Manipur	195.71	188.36	192.09	56.08	60.52	61.95
Meghalaya	193.66	196.31	194.98	55.08	52.97	45.68
Mizoram	191.73	180.03	185.95	75.66	62.81	64.76
Nagaland	103.73	102.77	103.27	69.53	70.05	74.24
Sikkim	164.42	158.75	161.59	91.54	77.79	—
Tripura	134.91	133.27	134.10	92.65	95.48	93.22
All India	**115.39**	**116.69**	**116.01**	**78.08**	**81.62**	**86.05**

Source: * Ministry of Human Resources Development (MoHRD), GoI.
(GER for Grades I-V unlike NER tends to exceed 100 per cent due to enrolment of children beyond the age-group 6-10 years in the primary level education)
** DISE Flash Statistics 2011-12.

Moreover, as per administrative statistics of the Ministry of Human Resource Development (MHRD) of the Government of India, the GER (Gross Enrolment Ratio) for Grades I-V in India has already overshot the 100 per cent mark and stands at 116 in 2010-12 with 116.7 for girls and 115.4 for boys. The initiatives taken by India has positively impact the North East as most of the states are far ahead of the national average in term of GER (*ibid* 36-7).

The North Eastern states have achieved a remarkable phenomenon not only in term of primary education but literacy among the youth (between 15-24 years old) which is another

indicator of goal 2. Except for Assam, all the states are above the national average. This shows that the North Eastern states has done tremendous work in promoting literacy among the youth though they still need to achieve cent per cent.

Table 1.2 (b): Percentage literates among youth (15-24 year olds)

States	*% literates among youth: Census 2001*			*% literates among youth: NSSO (2007-08)*		
	all	*rural*	*urban*	*all*	*rural*	*urban*
Arunachal Pradesh	70	65	86	84	80	97
Assam	74	71	90	92	92	97
Manipur	84	81	92	94	93	97
Meghalaya	74	69	92	97	96	97
Mizoram	93	88	98	98	97	100
Nagaland	76	73	90	99	100	97
Sikkim	83	83	89	97	97	96
Tripura	84	82	94	92	92	97
All India	**76**	**72**	**87**	**86**	**83**	**93**

Source: Census of India 2001, NSSO 2007-08.

Goal 3: Promote Gender Equality and Empower Women

One can say that goal 3 and goal 2 are closely related because unless through education and positive reservation for women equality is beyond reach for the weaker sections. Under goal 3 the main

Table 1.3 (a): Gender Parity Index for Enrolment in Primary, Secondary and Tertiary Grades (indicator 9)

States	*Primary*		*Secondary*		*Tertiary*	
	2007-08	*2010-11*	*2007-08*	*2010-11*	*2007-08*	*2010-11*
Arunachal Pradesh	0.92	0.96	0.88	0.93	0.75	0.58
Assam	1	1.03	0.88	0.9	0.51	1.01
Manipur	0.97	0.96	0.95	0.96	0.59	0.86
Meghalaya	0.98	1.01	1.1	1.02	0.97	1.29
Mizoram	0.94	0.94	1	1.04	0.99	0.96
Nagaland	1	0.99	1.03	1.08	0.95	0.65
Sikkim	0.98	0.97	1.04	1.12	0.79	0.85
Tripura	0.98	0.99	0.94	1	0.8	0.69
All India	**0.98**	**1.01**	**0.85**	**0.88**	**0.7**	**0.86**

Source: MoHRD Annual Report.

Table 1.3 (b): Ratio of Female: Male literacy rate (15-24 years)

States	*% literates among youth: Census 2001*			*% literates among youth: NSSO (2007-08)*			*Female : Male literacy rate (15-24 years)*	
	all	*m*	*f*	*all*	*m*	*f*	*Census 2001*	*NSSO 2007-08*
Arunachal Pradesh	70	62	78	84	77	90	0.79	0.86
Assam	74	68	79	92	90	94	0.86	0.96
Manipur	84	80	89	94	92	96	0.9	0.96
Meghalaya	74	74	74	97	96	97	1	0.99
Mizoram	93	93	93	98	98	98	1	1
Nagaland	76	73	78	99	98	100	0.94	0.98
Sikkim	83	80	87	97	95	98	0.92	0.97
Tripura	84	79	89	92	90	94	0.89	0.96
All India	**76**	**68**	**84**	**86**	**80**	**91**	**0.81**	**0.88**

Source: Census of India 2001, NSSO 2007-08 (m = male, f = female).

Table 1.4 (a): Trends in under Five Mortality Rate

States	*1990*	*2005*	*2009*	*2010*	*2011*	*2011*	*Likely achievement 2015*	*Target 2015*
Arunachal Pradesh	76	87.7					108	25
Assam	142	85	87	83	78	75	70	47
Manipur	68	41.9	—	—	—	—	32	23
Meghalaya	105	70.5	—	—	—	—	67	35
Mizoram	30	52.9	—	—	—	—	92	10
Nagaland	22	64.7	—	—	—	—	183	7
Sikkim	136	40.1	—	—	—	—	18	45
Tripura	97	59.2	—	—	—	—	34	32
All India	**125**	**74.3**	**64**	**59**	**55**	**52**	**49**	**42**

Source: Office of Registrar General of India, National Family Health Surveys.

Table 1.4 (b): Trends in Infant Mortality Rate

States	*1990*	*2007*	*2009*	*2010*	*2011*	*2012*	*Likely achievement 2015*	*Target 2015*
Arunachal Pradesh	75.3	37	32	31	32	33	27	25
Assam	76	66	61	58	55	55	54	25
Manipur	29.1	12	16	14	11	10	10	10
Meghalaya	54.3	56	59	55	52	49	54	18
Mizoram	—	23	36	37	34	35	—	—
Nagaland	—	21	26	23	21	18	—	—
Sikkim	51.4	34	34	30	26	24	26	17
Tripura	46	39	31	27	29	28	26	15
All India	80	**55**	**50**	**47**	**44**	**42**	**40**	**27**

Source: SRS, Office of Registrar General of India.

target is to eliminate gender disparity in primary and secondary education, and in all levels of education no later than 2015. The north east has an astonishing result at the primary and secondary education, but at the tertiary level, some states are lack behind the national average.

Apart from the education, another indicator — Ratio of literate women to men between 15-24 year old has shown that except for Arunachal Pradesh most of the states in North East are above the national average. This has once again indicator that the states have done phenomenal work to reduce the gender parity among the youth compare to other states.

Goal 4: Reduce Child Mortality

The main target of goal 4 is to reduce child mortality rate by atleast two-third by 2015. This is the goal that the North Eastern States are behind other states and even national level. Among the developing countries, India has been achieved positive result in reducing child mortality rate. It can be seen that — U5MR (Under Five Mortality Rate) (indicator 13) has declined from an estimated level of 125 in 1990 to 52 in 2012 (GoI 2014: 59). Moreover, the country infant mortality (indicator 14) has been reduced from 80 in 1990 to 42 in 2012 which is nearly 50 per cent, a little behind to achieve its target. But in the case of North East most states are unlike to achieve not only their own target but the national target. It can be observed from Table 1.4 (a) that except for Sikkim all the states are unlikely to achieved its target. What becomes a stark reality is that for Mizoram and Nagaland, the U5MR seems to increase rapidly by 2015 while their targets are as low as 10 and 7 respectively.

The same case is also seen in the IMR. Though most of the states are unlikely to achieve its own target, but comparatively they are doing well comparatively to national target. All the states (except Assam and Meghalaya) are likely to achieved national target and Manipur is the only state that will be able to achieve its own target.

Goal 5: Improve Maternal Health

The main target (6) of goal 5 is to reduce the maternal mortality ratio by three quarters, between 1990 and 2015. The indicator (17) is — to improve maternal health in proportion of births attended by skilled health personnel. The institutional deliveries in India increased from 33 per cent in 1992-93 to 72.2 per cent in 2009. In the case of North East, the achievement made by the states is quite diverse. While Sikkim is likely to be among the highest in the country, Nagaland has the lowest deliveries attended by skilled health personnel in India. Apart from Nagaland –

Table 1.5: Percentage of deliveries assisted by a skilled health professional

States	*1992-93*	*1998-99*	*2005-06*	*2007-08*	*2009*	*Likely achievement*	*target 2015**
Arunachal Pradesh	22	31.9	30.2	48.8	71.9	74.85	100
Assam	18	21.4	31	39.9	65.5	71.70	100
Manipur	39.9	53.9	59	55.3	82.7	82.86	100
Meghalaya	37.9	20.6	31.1	28.9	65.2	43.93	100
Mizoram	62.2	67.5	65.4	63.3	85.1	76.68	100
Nagaland	18.9	32.8	24.7	24.7	43.8	38.27	100
Sikkim	—	35.1	53.7	56.7	69.9	92.15	100
Tripura	32.2	47.5	48.8	47.2	83.1	78.80	100
All India	**33**	**42.4**	**46.6**	**52**	**76.2**	**77.29**	100

Source: NFHS, District Level Household Survey (DLHS) 2007-08, Coverage Evaluation Survey (CES) 2009.

Table 1.6 (a): HIV prevalence between 15-49 years of age and among pregnant women aged 15-24 years

	Estimated Adult HIV prevalence (15-49 years of age) (%)*				*HIV prevalence among (%) ** pregnant women aged 15-24 years*		
States	2008	2009	2010	2011	2007	2008	2010-11
Arunachal Pradesh	0.07	0.09	0.11	0.13	0	0.39	0.1
Assam	0.04	0.05	0.06	0.07	0.18	0.09	0.07
Manipur	1.43	1.36	1.29	1.22	0.9	0.38	0.54
Meghalaya	0.08	0.09	0.11	0.13	0	0	0.07
Mizoram	0.77	0.76	0.75	0.74	0.88	0.6	0.64
Nagaland	0.79	0.76	0.74	0.73	1.13	1.35	0.55
Sikkim	0.11	0.12	0.14	0.15	0	0	0.15
Tripura	0.17	0.19	0.22	0.24	0.36	0	0
All India	**0.31**	**0.3**	**0.28**	**0.27**	**0.49**	**0.48**	**0.39**

Source: * HIV Estimation 2012.

** HIV Sentinel Surveillance, Department of Aids Control.

Arunachal Pradesh, Assam, Meghalaya and Mizoram are unlikely to meet to the national target (Apart from GoI 2014 also see, GoI 2011).

Goal 6: Combat HIV/AIDS, Malaria and other Diseases

The rapid spread of HIV and AIDS around the globe poses a serious challenge to the very existence of human being. Among the nations, India has become one of the victims of AIDS and as such the government, civil society, etc. took extreme measures to stop and prevent the spread of the disease. As a result The HIV epidemic in India continues to decline at the national level with an overall reduction in adult HIV prevalence, HIV incidence (new infections) and AIDS related mortality in the country. The adult (15–49 years) HIV prevalence has decreased and the trend of deaths is also showing a steady decline since the roll out of free Anti Retroviral Treatment (ART) programme in India in 2004. But in the case of North East, the national achievement does not seem to have much impact as Manipur, Mizoram and Nagaland are far behind the national average and in fact are among the highest prevalence among adult. In 2011, among the states, Manipur has shown the highest estimated adult HIV prevalence of 1.22 per cent, followed by Andhra Pradesh (0.75%), Mizoram (0.74%), Nagaland (0.73%), Karnataka (0.52%), Goa (0.43%) and Maharashtra (0.42%) (GoI 14: 86). The three states are also higher than the national average in HIV prevalence among pregnant women aged 15-24 years.

Goal 7: Ensure Environmental Sustainability

Goal 7 is the area in which most of the North Eastern states are far ahead of other states including the national average. Among the North Eastern states Assam (35.28%) has the lowest forest covered but it is still far better than the national average (21.05%). Even this goal is not uncritical in the context of northeast because most of forests are open forest. Moreover, the indicator (25) to ensure environmental sustainability is to increase 'Proportion of Land Area Covered by Forest' is needed to pose challenge because of practice of jhum cultivation in most of states and uncontrolled commercialization of forest resources.

Another important indicator — access to improve sources of drinking water is the major areas in which the North East needs major improvement. Though in term of access to drinking water, most of the states are likely better than the national average but in term of sufficiency throughout the year most of the states are behind the national average. Particularly the rural areas are lack behind far more than the urban areas.

Table 1.7 (a): Forest Cover in Northeast states – 2011

(in sq. km)

States	*Geographical Area*	*Forest Cover Area*				*% of Geographical Area*
		Very dense Forest	*Moderate dense Forest*	*Open Forest*	*Total Forest*	
Arunachal Pradesh	83743	20868	31519	15023	67410	80.5
Assam	78438	1444	11404	14825	27673	35.28
Manipur	22327	730	6151	10209	17090	76.54
Meghalaya	22429	433	9775	7067	17275	77.02
Mizoram	21081	134	6086	19117	12897	90.68
Nagaland	16579	1293	4931	7094	13318	80.33
Sikkim	7096	500	2161	698	3359	47.34
Tripura	10486	109	4686	3182	7977	76.07
All India	**3287263**	**83471**	**320736**	**287820**	**692027**	**21.05**

Source: India State of Forest Report 2011, Forest Survey of India.

Table 1.7 (b): Percentage of households with — access to improved sources of drinking water

States	*Percentage of households with (2012)*				*Percentage of households (2012)*			
	access to improved sources of drinking water		*sufficient drinking water throughout the year*		*having drinking water within premises*		*households* who got daily supply of water*	
	Rural	*Urban*	*Rural*	*Urban*	*Rural*	*Urban*	*Rural*	*Urban*
Arunachal Pradesh	96.2	98.4	80.3	78.3	52.3	92.0	79.3	87.3
Assam	85.1	92.8	96.1	94.5	79.1	92.2	90.8	92.3
Manipur	57.0	69.8	75.3	67.2	9.9	47.6	41.8	35.5
Meghalaya	70.4	94.5	73.1	64.0	23.3	67.6	99.9	88.6
Mizoram	86.8	99.1	84.5	89.0	10.8	77.7	54.7	2.1
Nagaland	91.9	90.6	16.1	27.5	29.0	84.1	67.7	33.3
Sikkim	85.2	98.8	73.0	95.1	78.1	94.9	96.1	99.0
Tripura	87.3	99.7	83.4	98.7	38.6	82.1	87.9	99.9
All India	**88.5**	**95.3**	**85.8**	**89.6**	**46.1**	**76.8**	**75.3**	**78.1**

Source: NSSO 2012.

* Only for those households with 'piped water into dwelling/yard/plot' or 'public tap/stand pipe' as source of water."

Goal 8: Develop a global partnership for development

The North East has been view as a corridor for global partnership toward East Asia. The 'look east policy' which was launched was to promote commercial links between North Eastern States and the neighbouring countries to try and break the economic and geographic isolation of this region from the rest of the country. More importantly the Look East Policy (LEP) is a policy initiated by India to accelerate its relation with the ASEAN countries and further towards the east (Faizal 2003). NER Vision 2020 was also initiated by the MoDONER in which one of the

Table 1.8: Telephone per 100 Population — Urban/Rural (Tele-Density) *(percentage)*

States	*Overall*		*Urban*		*rural*	
	as on 30th June-2011	*as on 30th June-2013*	*as on 30th June-2011*	*as on 30th June-2013*	*as on 30th June-2011*	*as on 30th June-2013*
Assam	42.18	47.49	133.91	131.61	25.95	32.1
North East-I	60.57	69.2	140.52	154.84	35.12	41.3
North East-II						
All India	**73.97**	**73.5**	**163.13**	**145.35**	**35.6**	**41.9**

Source: Telecom Regulatory Authority of India (TRAI), 2011 & 2013.

basic component is — "Augmenting infrastructure, including rail, road, inland water and air transportation" and "communication networks including broadband and wireless connectivity, and harnessing of the vast power generation potential, all of which will open up markets for produce from the region, attract private investment, create greater employment opportunities and expand choices for people of the region." (MoDONER and NEC 2008: 3)

According to Telecom Regulatory Authority of India (TRAI), telephone per 100 populations in North East (except Assam) is increase from 60.57 (as on 30th June 2011) to 69.2 (as on 30th June, 2013). The tele-density in the urban areas in North East is 154.84 (as on 30th June, 2013) and in the rural areas are 41.3 (as on 30th June, 2013). While Assam Telephone per 100 Population increases from 42.18 (as on 30th June 2011) to 47.49 (as on 30th June, 2013). The tele-density in the urban and rural Assam are 131.61 and 32.1 respectively (as on 30th June, 2013). In the case of all India, Telephone per 100 Population is 73.5 and the tele-density of urban and rural are 145.35 and 41.9 respectively.

The northeast (apart from Assam) is divided into two zones by

TRAI and the data given was related to zone one of North East – I.

The Road Ahead — Goals to Rights

The above analysis on MDG in the context of North East has reveals that there are parities among the states. What is astonishing is that, in the case of poverty while the national average has been declined, it has actually gone up in the states of Assam, Meghalaya, Manipur, Mizoram and Nagaland (Balchand, 2012). Thus each states needs to take necessary action to reduce the poverty line on one hand, and on the other hand the state has to be vigilant on whether the right methodology is applied in selecting the poor (Gargi, 2011). Another critical area in which the region is behind the national target is on HIV/AIDS prevalence. Manipur, Mizoram and Nagaland have to increase their potential to control and prevent the spread of the disease. For this, not only the government functionaries but the civil society and organisation have to made endless effort for awareness campaign apart from the ongoing campaign and programmes.

Another important area in on the environmental issues as most of the states is rich in forest resources compare to other parts of India. The forest report has shown that the forest covers in all the states (excluding Assam and Sikkim) had shown that it is more than 70 per cent of the total geographical area of the state. But, except for Arunachal Pradesh, most forests are 'open forest' while 'dense forests' are very less. One main reason behind the degradation of dense forest is that most of states are populated with tribal majority which practices *jhum* cultivation (Raman, 2001, Karthik, Veeraswami & Samal, 2009). Moreover, the commercialization of forest resources has also badly effect the forests more so than jhum cultivation if it is not put under control (Karan, 1994). So, if the state does not initiate proper action to counter such practices and activities, the environment sustainability will remain at stake. The state action must be people centric because most of the people (tribal) are heavily depend on the use of forest and their sense of belonging to the forest are strong (Baviskar, 1994; Prabhu, 2005; Guha & Alier, 1998). Thus, environment sustainability is the major area in which the region has to take new initiatives, not only for the state personal gain but it is also a national asset.

On the overall analysis it was observed that in most of the targets under MDG, the states are fall short of its own target. Though one can argue that particularly small states are far ahead of the national target but still it is critical that they have to campaign for the achievement of its own target. It is imminent that to achieve

MDGs only a year remains, which implies that most of states needs to take necessary actions to meet the goals. One main reason that can be attributed to this unlikely achievement is the lack of proper infrastructure and proper implementation. In every programmes and policy – whether it is global, national or regional, the people (the target group) are to be a part of it or else 'doom to fail'. Particularly, even in the states of North East the apparent failure of the MDGs to address the structural causes of poverty and inequality has been a cause for serious concern as the region is heavily depend upon the National Policy and programme. Thus, new initiative has to be taken up to convert the goals into rights so that each is responsible for achievement of the MDG targets. The rights to know, the rights to aware, the right to access and the rights to achieve the goals have to be the new agenda.

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