

MDGs-STRENGTHENING HRD IN INDIA: A GRAPHICAL REPRESENTATION

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ABSTRACT

As a consequence of the favourable policy and institutional environment in the country, India became well placed on the track with regard to achievement of the Millennium Development Goals (MDGs). Yet the challenges for Human Development remain formidable. While the creation of Britton Wood Agreement, the World Bank paved the way to cater the varied economic and developmental needs of each of the country more specially the weaker ones. However, with the shift of emphasis from growth and development to human resource development, especially India's and its human development has been mixed in the last decade. A high and sustainable rate of economic growth in the post reform period has reduced the number of people below the poverty line. Literacy rates have not only continued their trend rise but there has been a decline in the absolute number of illiterates for the first time. Any progress made by India in reaching the Millennium Development Goals will take a large part of humanity closer to reaching them. India has made some progress in covering the distance, more in some areas than in others. A lot more, however, remains to be done.

Keywords: MDGs, World Bank, HRD, India

INTRODUCTION:

At the signboard of the World Bank's Headquarter in Washington reads "*Our Dream is a World without Poverty*". The World Bank is seen as the beacon of development a lender, of last resort and a saviour of poor countries. It is supposed to combine the hard nose of a banker with the human face of a development agency. It is perceived to be more intellectual than UNDP agencies and less harsh than the IMF in administering bitter pills through conditionality's. It has tried to differentiate itself as a development bank lending to poor countries that are denied access to market financing and to social projects that do not command the interest of private investors. In its 50- year of partnership with India, the Bank concentrated on the growth objective in the first phase, subscribing to the theory that developments would automatically twilled down out of growth. It has started initiatives on the main plank of poverty alleviation only recently. However, the World Bank formulated a near 20-20 vision for the year 2010 and has drawn up the targets for India such as reducing poverty to 15 percent, halving the proportion of malnourished children, putting in place a reliable disease surveillance system, increasing contraceptive prevalence to more than 60% of eligible couples; and reducing the population growth the rate to 1.2% (from 1.9%). Even on the objective of growth, where the Bank concentrated its lending in the first phase, the investment resulted in less growth than in other countries, notably China, because about 40% of capital stock was under government ownership with poor productivity. The Bank lent and still goes exclusively to the government appears to be a critical constraint particularly in India where government's capital productivity is lower than in other LDC's.

India has improved the well being of its people. Since the year 1970's, country economic growth has risen, poverty has declined, and social indicators have improved. The average life expectancy at birth has increased from 49 which years to the current 63 years in the year 2003. Interestingly there was dramatic reduction since 1950 in infant mortality from 150 to current average of 68 per thousand live births. Since post independence more than half of the country population was living in poverty, if we compare in the 1990s witnessed high levels of poverty reduction and important achievements in literacy with enrolment of primary school age children from 70% in 1992 to more than 80% at the end of the decade gross enrolment ratio in 2005. India today has more than 100 million children aged 6 to 10 attending primary school, making it the World's second largest system after China. While these improvements shows achievements in a challenging environment. India's social indicators remain weak by most measures of human development. However, there is little room for being complacent and more challenges are yet to be addressed.

ROLE OF THE WORLD BANK IN HRD IN INDIA:

The process of globalization is gaining momentum. The classical wisdom of Maximum Social Welfare is reviving. It is increasingly being realized that growth in income and wealth is necessary but not a sufficient condition to maximize human welfare. Thus the process of development in any society should ideally be viewed and assessed in terms of what the society can do for the average individuals and enabling process of masses in contributing positively to the development of society. The decade of 1990s saw a visible shift in the focus of development planning from mere expansion of production and distribution of goods and services and the consequent growth of per capita income to the planning for enhancement of social welfare covering masses and reducing disparity. It is now being realized that human development is a much wider connotation then just rise and fall of income levels. It is about quality of life, the level of human well being, availability and access of basic social services and the address of macro policies towards the poor masses.

The initiation of developmental process across the nation and consequent emergence newer issues is a powerful reminder that the expansion of output and wealth is only a means and not the end itself. All economic efforts need to culminate into optimization of human welfare. Hence, human development is an integral part of the developmental process of any nation. Without human development and welfare no development can be rated as complete and justified. It is a positive change towards enlarging the choices of the people. The choices may be infinite and ever changing yet three essential needs are aspired by one and all, at every level of development. These include health and longevity of life, to acquire knowledge and to have access to resources required for a decent standard of living. Denied of these essentials, other opportunities go into veins. The notion of human welfare includes not only the increasing production and consumption of goods and services but also their equitable and just distribution. The macro level efforts primarily need to target the deprived sections, more specially those living below the normative minimal poverty line and are unable to lead productive and socially meaningful life. Such conceptualization of human welfare encompasses individual attainments in the area of longevity, health and education along with a conducive social and physical environment. A specific focus on these aspects of development is necessary as experience shows that economic prosperity measure in terms of per capita income does not always ensure enrichment in quality of life reflected in broader dimensions of well-

being that are desirable in themselves. Hence, they are socially valued. They are also desirable because of their instrumental value in sustaining the development process and enlarging available opportunities and choices of people. While equality in development outcomes may not be feasible goal of equity and social justice, such an approach to human well-being emphasizes equality in opportunities for all in the process of development. However, human development has two sides. The formation of human capabilities and enabling people to make use of their acquired capabilities. If the scales of human development do not finally balance the two sides, considerable human frustration may result.

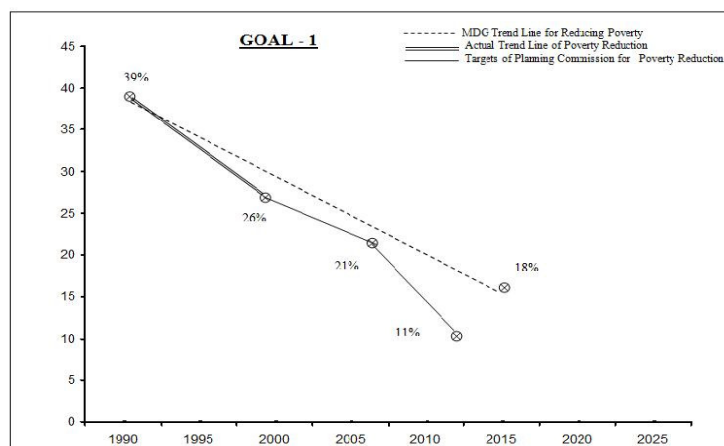
India has shown substantial improvement in the fields of education and health. Nonetheless, indicators continue to suggest low levels of literacy and school enrolments, high levels of infant mortality, maternal mortality and malnutrition. Despite mounting of food grains with government agencies, food and nutrition security at the household level continues to be a major problem for a substantial section of population. Moreover, within India, inter-state and intra-state disparities are still large. The poor, rural women, disabled persons and people belonging to scheduled castes and scheduled tribes continue to stand out as the most vulnerable sections of society.

For over two decades the United Nation through its human development report and advocacy at various platforms has been in forefront of an effort to generate awareness in the contemporary development discourse the policy focus on the broader attributes of human well being. The World Bank has also intensified its effort in this direction across the world. The UNDP's Human Development Report has also endeavoured to put together indicators and various composite indices to evaluate development process in terms of available means or inputs. These indicators are treated as the tools for guiding national public policies and programs towards the developmental goals of the nations and at the same time provide criterion to evaluate the process of social change. It may be pointed out that India along with its neighbor countries has a considerable similarity in terms of being lower in Human Development Index ranking in the word order.

TOWARDS THE MILLENNIUM DEVELOPMENT GOALS:

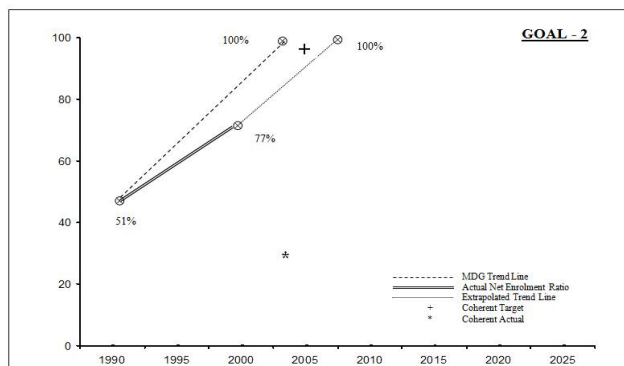
World Bank assists by comprising the Millennium Development Goals (MDGs) against the actual performances since 1990s and national targets by planning commission, government of India. Graph -I while pertains to the goal of reducing poverty in India depicts the MDG trend line between 1990 to 2015. The goal aims to reduce poverty from 39% in 1990 to 18% in 2015. The actual performance of on account of poverty reduction is much stronger when compare to the MDG trend line. Even the target set by planning commission for poverty reduction is more ambitious than the banks role. Given the 8% plus growth rate and trend line extrapolation shows that in all likely hoods India would be able to beat not only the World Bank targets but also the national targets in near future. India is making substantial efforts for universalisation of primary and upper primary education.

GRAPH-1: ERADICATE EXTREME POVERTY AND HUNGER



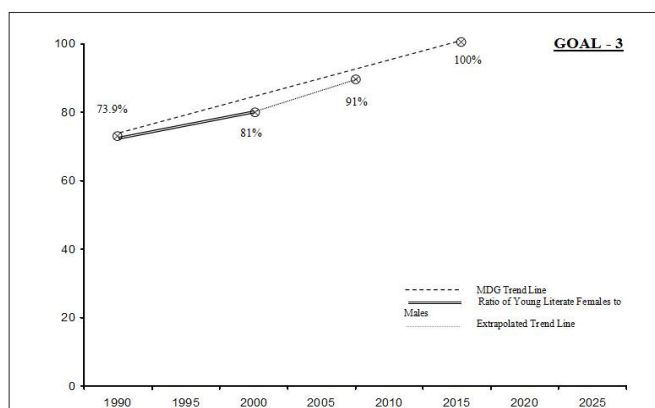
The World Bank has most recently started making significant contribution in the area of education. The Bank has supported the biggest education programme in the world namely Uttar Pradesh Basic Education Project (UPBEP) and District Primary Education Programme (DPEP). Yet the targets set by the World Bank as MDGs seem to be a distant dream. In the given Graph -2 the extrapolated actual trend line even missed the National target of achieving 100 % net enrolment ratio.

GRAPH-2: ACHIEVE UNIVERSAL PRIMARY EDUCATION



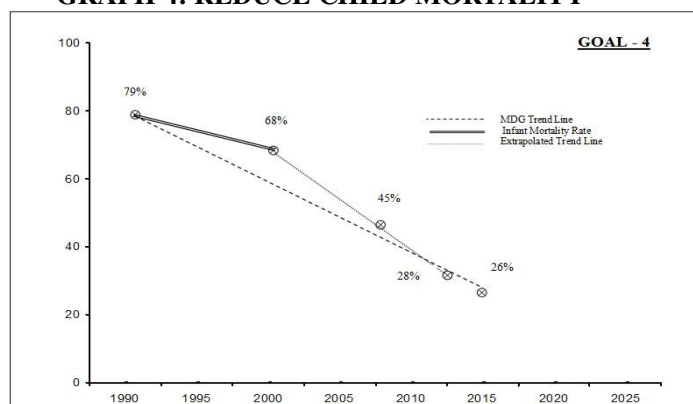
Given the poor quality of education, family oriented issues like poverty, sibling care, house hold work and ill health etc. has made the coherent target the mammoth job and the actual coherent remains miserably poor. Thus the World Bank needs to intensify its efforts in the area of education in terms of investment as well as advocacy.

GRAPH-3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN



MDGs Goal 3 –relates to ratio of young literate females to males. The progress on this account is likely to influence gender discrimination. Once again it appears that social rigidity prevails, over wisdom. Even in today modern world the ratio of young literate to male remains as low as 81%. Once again it reflected in Graph –3. That given the current pace of growth on this account, we are likely to miss even the national targets. This is also the area requiring intensive efforts in terms of advocacy, awareness and other programmes to achieve the set targets.

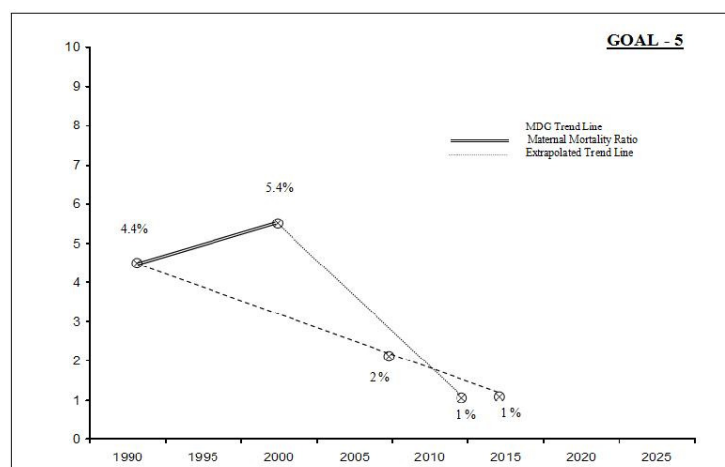
GRAPH-4: REDUCE CHILD MORTALITY



Goal 4 deals with infant mortality rate in 1990 the infant mortality rate per 1000 was high as 79. This a major indicator for poor health conditions in India. The MDG gives a call to bring it to as low as 26 infant mortality

per 1000 by the year 2015. The national target is a little more ambitious and aims to bring it down to 28 infant mortality rate per 1000, a target below the MDG trend line however if the trend line of actual performance during the last decade is extrapolated at the same pace, the situation seems to be given. Thus if the World Bank and government is serious about reducing the IMR as per said targets, the need intensify their efforts in educating the young mothers and also in providing adequate health facility. Despite the modern health facilities and the pinnacle of health services, the maternal mortality ratio per 1000 is 4.4 in 1990; the World Bank has targeted to bring it down to one maternal mortality per 1000 by 2015. Indian policy makers are even more ambitious and targeted/mortality per 1000 by 2015. On the contrary the actual performance on this account is negative i.e. maternal mortality per 1000 has increased from 4.4 in 1990 to 5.4 in 2000. This calls for more aggressive strategies on this front. Education awareness availability of preventive medicines and vaccines and also the curative clinical facilities are required if we are necessary to achieve the target.

GRAPH-5: IMPROVE MATERNAL HEALTH



Goal 6 relates to combating to AIDS, malaria etc. Though no specific data are available on this account yet we are far from the MDG of Zero level of new infections by 2007. This also calls for sensitization and curative modes.

Goal 7 though directly deals with HRD, but still important to influence general health. The growth in terms of forest areas is negligible increasing by only 0.2 % during the last decade. The targets are ambitious if we are really wanted to reverse the loss of environmental resources in the next decade. The World Bank should extent it's helping hand on this account as well. India being a huge country requires investment and help bigger volume. Therefore it is also desirable that the bank seriously concentrates on its last and eight MDG of goal partnership for development. To garner resources in larger volumes to make substantial impact in social sector in India's global partnership for development appears to be only viable strategy with the World Bank.

SUGGESTIONS AND RECOMMENDATIONS:

1. The government and the World Bank should together chalk out a strategy to evolve an effective public distribution system for cost effective immunization and availability of basic life saving drugs at effort able prices. At higher prices, the availability of clinical facilities will still lead to denial of access for poor masses of health care facilities.
2. Despite the best of relations between the World Bank and India, the role of the World Bank in developing India's human resource had been at the best limited and of recent origin. Considering the geographic spread and its diverse requirements, the Bank needs to step up its investment in health sector in India. It is understandable that the World Bank cannot meet India's total health requirements but shall at least invest enough to meet software need of the programmes that provide training, creating awareness and sensitization to make the system demand driven and also advocate on behalf of community for more rationalized and comprehensive national health care policy.
3. Quality even today is an elusive concept for Indian education system. Many researches clearly show that dropout is consequent to the poor quality of education being given to the child. After spending 5-8 precious year of childhood, our education system at the best help him/her to become literate while comprehension and development of psychomotor domain is nowhere in sight. This calls for improvement in pedagogic interventions. Having deep understanding and experience, the Word Bank

- should help the policy makers and educationists of India on this account to achieve the MDGs target.
4. Sensitization of gender issue is also a major challenge. Neglect of girl child and over emphasis on the birth of male child is not only creating disproportionate ratio between the two but also lead to neglect of girl child leading to under nutrition /malnutrition, ill health, early marriage, early motherhood, ignored motherhood and much more complexities of this kind. Therefore, gender issue need to be focused while creating a comprehensive health care policy.
 5. Indian education system is rusted due to corruption and wastage. The funds allocated for school development and for other purposes of the kind, find way to the pockets of individuals. Schools have also been politicized. The teachers of the schools have strong liaison with the politicians. These factors put together derailed the total educational management system. The system is ailing with non accountability. The World Bank may attempt, to help in better management and may motivate the policy makers to establish clear-cut accountability and responsibility of each individual working in the system.
 6. The World Bank may also endeavour to extend its efforts and share expertise with the private sectors and NGOs. There are large numbers of non government school that are also the part of the process of Human Resource Development. Therefore Bank should workout the strategy to help these institutions to build up further and provide quality education so to nurture balanced and multifaceted competent individuals. Such individuals shall indispensably be able to put India on the newer trajectory of growth and development in the long run.

CONCLUSION:

In India the World Bank has primarily invested in infrastructural activities. Its involvement in the area of human resource development is of much recent origin. The World Bank had been instrumental in advocating and providing technical assistance in building the reform agenda of India. It is significant to point out that when the net transfers from all sources from the world have taken a substantial dip during early 1990s, actual restructuring phase of India, the net transfers from the World Bank remain consistent. The consistency and flow of funds from the World Bank was a great help to the nation and was good enough for confidence building. The World Bank had also been cheaper source of financing for India. The Bank has not only addressed the economic issues and fund raising for India but has also joined hands in combating more pertinent issues like corruption, environmental issues, social issues and HIV /AIDS control. For the last five years the bank has started taking interest in HRD related issues namely health and education. India had been able to beat the Millennium Development Goals (MDGs) on economic front as the reported fall in the percent population of poor people has actually reduced faster than given targets. However, on rest of the seven MDGs account the progress is not commensurate to the desired targets. Thus the World Bank steps up its efforts if the MDGs are to be achieved.

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Annexure-1: Global Millennium Development Goals with Target

MDG 1: Eradicate Extreme Poverty and Hunger
Target 1a: Reduce by half the proportion of people living on less than one dollar day
1.1: Proportion of population below \$1 (PPP) per day
1.2: Poverty gap ratio
1.3: Share of poorest quintile in national consumption
Target 1b: Achieve full and productive employment and decent work for all, including women and young people
1.4: Growth rate of GDP per person employed
1.5: Employment-to-population ratio
1.6: Proportion of employed people living below \$1 (PPP) per day
1.7: Proportion of own-account and contributing family workers in total employment
Target 1c: Reduce by half, between 1990 and 2015, the proportion of people who suffer from hunger
1.8: Prevalence of underweight children under five years of age
1.9: Proportion of population below minimum level of dietary energy consumption
MDG 2: Achieve Universal Primary Education
Target 2a: Ensure that, by 2015, all boys and girls will be able to complete a full course of primary schooling
2.1: Net enrolment ratio in primary education
2.2: Proportion of pupils starting grade 1 who reach last grade of primary
2.3: Literacy rate of 15-24 year-olds, women and men
MDG 3: Promote Gender Equality and Empower Women
Target 3a: Eliminate gender disparity in primary and secondary education, preferably by 2005, and at all levels of education by 2015
3.1: Ratios of girls to boys in primary, secondary and tertiary education
3.2: Share of women in wage employment in the non-agricultural sector
3.3: Proportion of seats held by women in national parliament
MDG 4: Reduce Child Mortality
Target 4a: Reduce by two thirds, between 1990 and 2015, the mortality rate among children under five
4.1: Under-five mortality rate
4.2: Infant mortality rate
4.3: Proportion of 1 year-old children immunised against measles
MDG 5: Improve Maternal Health
Target 5a: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
5.1: Maternal mortality ratio
5.2: Proportion of births attended by skilled health personnel
Target 5b: Achieve, by 2015, universal access to reproductive health
5.3: Contraceptive prevalence rate
5.4: Adolescent birth rate
5.5: Antenatal care coverage (at least one visit and at least four visits)
MDG 6: Combat HIV/AIDS, Malaria and Other Diseases
Target 6a: Have halted by 2015 and begun to reverse the spread of HIV/AIDS
6.1: HIV prevalence among population aged 15-24 years
6.2: Condom use at last high-risk sex

6.3: Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
6.4: Ratio of school attendance of orphans to school attendance of non orphans aged 10-14 years
Target 6b: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6c: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
6.6: Incidence and death rates associated with malaria
6.7: Proportion of children under five sleeping under insecticide-treated bed nets
6.8: Proportion of children under five with fever who are treated with appropriate anti-malarial drugs
6.9: Incidence, prevalence and death rates associated with tuberculosis
6.10: Proportion of tuberculosis cases detected and cured under directly observed treatment short course
MDG 7: Ensure Environmental Sustainability
Target 7a: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
7.1: Proportion of land area covered by forest
7.2: CO2 emissions, total, per capita and per \$1 GDP (PPP)
7.3: Consumption of ozone-depleting substances
7.4: Proportion of fish stocks within safe biological limits
7.5: Proportion of total water resources used
7.6: Proportion of terrestrial and marine areas protected
7.7: Proportion of species threatened with extinction
Target 7b: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss
Target 7c: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
7.8: Proportion of population using an improved drinking water source
7.9: Proportion of population using an improved sanitation facility
7d: Achieve significant improvement in lives of at least 100 million slum dwellers, by 2020
7.10: Proportion of urban population living in slums
MDG 8: Develop a Global Partnership for Development
Target 8a: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system
Official Development Assistance (ODA) – 8.1 to 8.5
8.1: Net ODA, total and to the least developed countries, as percentage of OECD/ Dacono's ' gross national income
8.2: Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)
8.3: Proportion of bilateral official development assistance of OECD/DAC donors that is untied
8.4: ODA received in landlocked developing countries as a proportion of their gross national incomes
8.5: ODA received in small island developing States as a proportion of their gross national incomes
Market Access- 8.6 to 8.9
8.6: Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty
8.7: Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries
8.8: Agricultural support estimate for OECD countries as a percentage of their gross domestic product
8.9: Proportion of ODA provided to help build trade capacity
Debt Sustainability- 8.10 to 8.12
8.10: Total number of countries that have reached their HIPC cession points and number that have reached their HIPC completion points (cumulative)
8.11: Debt relief committed under HIP and MDRI Initiatives
8.12: Debt service as a percentage of exports of goods and services
Target 8b: Address the special needs of the least developed countries
Target 8c: Address the special needs of landlocked developing countries and small island developing

States
Target 8d: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term
Target 8e: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
8.13: Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8f: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications
8.14: Telephone lines per 100 population
8.15: Cellular subscribers per 100 population
8.16: Internet users per 100 population

Source: UNDP Report -Beyond the Midpoint: Achieving the Millennium Development Goals, January 2010. pp 132-134.

Annexure-2: Country Five Year Plans

Tenth Five Year Plan (2002-2007)
Attain 8% GDP growth per year
Reduction of poverty ratio by 5 percentage points by 2007
Providing gainful and high-quality employment at least to the addition to the labour force.
All children in India in school by 2003; all children to complete 5 years of schooling by 2007.
Reduction in gender gaps in literacy and wage rates by at least 50% by 2007;*Reduction in the decadal rate of population growth between 2001 and 2011 to 16.2%
Increase in Literacy Rates to 75 per cent within the Tenth Plan period (2002 - 2007)
Eleventh Five-Year Plan (2007–2012)
EDUCATION
Reduce dropout rates of children from elementary school from 52.2% in 2003-04 to 20% by 2011-12
Develop minimum standards of educational attainment in elementary school, and by regular testing monitor effectiveness of education to ensure quality
Increase literacy rate for persons of age 7 years or above to 85%
Lower gender gap in literacy to 10 percentage point
Increase the percentage of each cohort going to higher education from the present 10% to 15% by the end of the plan
HEALTH
Reduce infant mortality rate to 28 and maternal mortality ratio to 1 per 1000 live births
Reduce Total Fertility Rate to 2.1
Provide clean drinking water for all by 2009 and ensure that there are no slip-backs
Reduce malnutrition among children of age group 0-3 to half its present level
Reduce anaemia among women and girls by 50% by the end of the plan

Source: http://en.wikipedia.org/wiki/Five-Year_Plans_of_India#Tenth_Five-Year_Plan
