

Draft

India
Common Country Assessment

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Preface

Conceived as part of the UN reform process, the United Nations Development Assistance Framework (UNDAF) is a strategic framework that enables the UN system to act with a common vision, purpose and approach to accelerate human development. Preparation of the UNDAF in India was validated by the Triennial Comprehensive Policy Review resolution of the General Assembly passed in 1998. The Framework is being developed in collaboration with the Government of India, as a country-led response to human development challenges facing India.

The UNDAF is meant to strengthen the UN development system especially in this era of rapid globalisation. India has often emphasised this point. H.E. Mr. Jaswant Singh, Minister for External Affairs of India, at the 54th Session of the United Nations General Assembly in New York in September 1999 remarked:

“...We believe, therefore, that development should be the cross-cutting theme of the United Nations, and that the multilateral development system, which has been one of its successes, must be strengthened, its focus narrowed to the core challenges of economic growth with social justice, and given the resources it requires to respond to the needs of the developing countries. The international community will find that no investment yields better returns...Therefore, may I urge this Assembly to consider the following areas for action in the opening years of the next decade: An international conference on Financing for Development...Strengthening of the UN development system in this era of globalisation.”

The Common Country Assessment (CCA) is the first step towards developing the UNDAF. It assesses the country's development situation in the context of national development priorities. The CCA offers an opportunity to analyse India's achievements and shortfalls against the

backdrop of national commitments as well as the endorsement of development goals at various global conventions and conferences. While the preparation of the CCA is a core responsibility of the UN Country Team in India, the exercise has been an inclusive process with active participation by Government and non-governmental agencies (NGOs) as well as bilateral and other multilateral agencies. Annex A presents a brief write-up on the CCA.

There are over 18 UN organisations operating in India in close co-operation with Government and in partnership with NGOs, civil society organisations and with bilateral and other multilateral agencies committed to India's development. The CCA reflects a common analysis of trends and priorities, and is intended to serve as a basis for promoting collaborative ways to accelerate human development.

Work on the preparation of India's CCA started in June 1997. Transparency and participation have marked the process of UNDAF in India. Modalities for working together have been discussed in meetings of UN organisation heads and identified UNDAF Focal Points. Inter-Agency Working Groups have been working on themes key to India's development: child labour; common database; disaster management; education; food security and nutrition; gender and development; HIV/AIDS; population and development; and water and environmental sanitation. Meetings of the development community have been held to address major crosscutting issues facing the UN system in India - and globally today. The Government convened a joint inter-Ministerial and UN system meeting in December 1998 which resulted in the identification of key UNDAF- India focus areas. A Future Search Conference in February 1999 around the theme “Beyond the Boundaries: how can the UN system make a difference to India's development future?” was held with a wide circle of stakeholders to narrow the focus of joint UN action. Annex B describes the process of collaboration and consultations that was adopted in the course of preparing the CCA for India.

The close interaction with development partners and within the UN system during the preparation of the CCA and UNDAF has already had several positive outcomes. It has brought the UN organisations closer together, and has enabled the UN system to come up with more coherent and co-ordinated responses to national demands. A recent example of such close collaboration and co-ordination can be seen in the relief efforts that have been mobilised to address the aftermath of the Orissa cyclone. Other examples of collaboration have already been established:

- the Joint UN Education Initiative was developed by the Government with five UN Agencies for a united strategy for Education for All
- the UNAIDS initiative has assisted an inter-agency response to this disease in tandem with the National Aids Control Organization (NACO);
- a consortium of 16 UN organisations have signed-off on a document to help end child labour in India.
- a water quality project has been developed by UN organisations, and the World Bank

- UN Inter-Agency Working Groups (IAWGs) have been expanded to ten (with the addition of the IAWGs on Database and on Decentralisation) to consider approaches to topics of priority concern for co-ordination.

Apart from colleagues in the UN system and in bilateral agencies who have helped shape the thinking reflected in this CCA, special thanks are due to Mr. K.C. Pant, Deputy Chairman of the Planning Commission, who has been very supportive and encouraging of the UNDAF exercise. We have also received valuable support from the Department of Economic Affairs and the Ministry of External Affairs. We are particularly grateful to Prof. S.R. Hashim, Dr. N.C. Saxena, Mr. S.S. Meenakshisundaram, Dr. N.J. Kurian, Dr. Rohini Nayyar, and Dr. Pronob Sen for their sound advice and comments at different stages of the document.

We hope that the CCA is useful to development practitioners in India. We also expect that the UNDAF will in due course institutionalise collaboration and partnerships to further accelerate India's human development.

1. Background

Jawaharlal Nehru in 1947, on being sworn in as India's first Prime Minister, called for the "ending of poverty and ignorance and disease and inequality of opportunity." Every major policy and plan document since then has reiterated this pledge. India's *First Five-Year Plan* (1951-56) stated that "the central objective of planning in India is to raise the standard of living of the people and to open for them opportunities for a richer and more varied life." The document went on to state: "It is no longer possible to think of development as a process merely of

increasing the supply of material goods; it is necessary to ensure that simultaneously a steady advance is made towards the realisation of wider objectives such as full employment and the removal of economic inequalities." The *Eighth Five Year Plan* (1992-97) identified *human development* as the ultimate goal for India, and set out to create jobs, contain population, eradicate illiteracy, universalise elementary education, and provide safe drinking water and primary health care to all. India's *Ninth Five-Year Plan* (1997-2002) describes its focus as "growth with social justice and equity."

Box 1 Objectives of the Ninth Plan 1997-2002

The Ninth Plan recognises the integral link between rapid economic growth and the quality of life of the mass of the people. It also recognises the need to combine high growth policies with the pursuit of our ultimate objective of improving policies which are pro-poor and are aimed at the correction of historical inequalities. Thus the focus of the Ninth Plan can be described as "Growth with Social Justice and Equity". The specific objectives of the Ninth Plan as approved by the National Development Council are as follows :

- Priority to agriculture and rural development with a view to generating adequate productive employment and eradication of poverty;
- Accelerating the growth rate of the economy with stable prices;
- Ensuring food and nutritional security for all, particularly the vulnerable sections of society;
- Providing the basic minimum services of safe drinking water, primary health care facilities, universal primary education, shelter, and connectivity to all in a time bound manner;
- Containing the growth rate of population;
- Ensuring environmental sustainability of the development process through social mobilisation and participation of people at all levels;
- Empowerment of women and socially disadvantaged groups such as Scheduled Castes, Scheduled Tribes and Other Backward Classes and Minorities as agents of socio-economic change and development;
- Promoting and developing people's participatory institutions like Panchayati Raj institutions, co-operatives and self-help groups;
- Strengthening efforts to build self-reliance.

Source: India's Ninth Five Year Plan.

The pledge to eradicate poverty and ensure equality of opportunity to *all* finds further expression in the active role India has played in shaping the agenda of major international conventions and conferences.¹ India has played a significant and substantive role in the debates and discussions leading up to many of the major world conferences and conventions. For instance, the holding in 1968 of UNCTAD II (just after UNCTAD I was held in Geneva) in New Delhi meant a recognition by the international community, especially UNCTAD members, including the Group of 77, of the importance of India's role in the birth of UNCTAD itself. During the "Earth Summit" in Rio (1992), India was one of the key proponents of the opening principle of the Declaration that 'human beings have to be at the centre of concerns for sustainable development'. At the International Conference on Population and Development (ICPD) in Cairo (1994), India strongly advocated the need for a greater emphasis on human development, and for making a causal connection between human development and population stabilisation. At the World Social Summit in Copenhagen (1995), India was instrumental in ensuring that poverty eradication (not 'alleviation') was adopted as one of the goals. At the 4th International Conference on Women in Beijing in 1995, India was pivotal in calling for making the meeting a Conference of "commitments" and was the first to set out its own commitment to specific targets of reduction in gender inequality. The inclusion of the girl child as an area of critical concern in the Platform for Action was at India's urging. A very large contingent of NGOs from India participated at the Beijing Conference to lobby for the inclusion of their views in the Conference. At the Habitat Conference (1996) in Istanbul, India insisted that urban problems should have a human face while addressing social issues of community organisation as well as infrastructure. India has been a tireless advocate of new and additional resources at all levels to meet the major challenges of human development.

¹ A separate annex listing commitments and endorsements made by India to eradicate human poverty at major UN conferences and conventions, is available.

India has so far ratified the following conventions:

- International Covenant on Civil and Political Rights (1966) in 1979
- International Covenant on Economic and Social Rights (1966) in 1979
- International convention on the elimination of all forms of racial discrimination (1966) in 1968
- Convention on the prevention and punishment of the crime of genocide (1948) in 1997
- Convention against torture and other cruel, inhuman or degrading treatment or punishment (1984) in 1993
- Convention on the Elimination of all Forms of Discrimination Against Women – CEDAW (1979) in 1993
- Convention on the Rights of the Child – CRC (1989) in 1992

Ratification of Conventions implies adherence to the principles of non-discrimination, the universality of rights, their indivisibility and interdependence, and the notion of substantive equality – all of which are ideas enshrined in the Constitution of India. For Conventions that have acquired almost universal ratification (like the Convention on the Rights of the Child - CRC), ratification has meant giving legitimacy to universal human rights and norms. Ratification also imposes legally binding obligations on member-states. Reporting is an important part of a country's compliance and member-states are obliged under each Convention to report on the measures that have been adopted by states to give effect to the substantive provisions. It offers an opportunity to review steps towards implementation and harmonising national law and policy with the Convention. *Global conferences* have helped reiterate the need for development to be people-centred, pro-poor, pro-women, pro-nature, participatory and sustainable. They have also helped to establish that respect for human rights and fundamental freedoms are integral to the notion of development and that meeting development challenges requires action at both the national and international level.

Box 2
International Conventions and Conferences:
How have they helped?

What has been the impact of the global conventions and conferences on the development process in India? *First*, ratification of the Conventions and participation in the global conferences have re-affirmed India's commitment to several development principles. These include, for instance, (1) recognising the obligations of the State in setting priorities and ensuring improvements in the quality of people's lives; (2) acknowledging the significance of setting specific targets for achievement of well-defined goals; (3) instituting effective systems of performance monitoring and reporting against goals; (4) adopting a plurality of approaches and promoting effective community participation for the realisation of the goals; and (5) encouraging social mobilisation around the goals as a basis for initiating collective and concerted public action.

Second, many significant shifts in policy thinking and action nationally and globally have resulted from India's participation in the Conventions and Conferences. The International Conference on Population and Development (ICPD) in Cairo (1994) led to re-orienting the national family welfare programme towards a new and more client-based, target free reproductive health paradigm. The Fourth World Conference on Women in Beijing (also in 1995) has given further legitimacy and encouragement to women's empowerment. A Draft National Policy for the Empowerment of Women has been drawn up. A Parliamentary Committee for the Empowerment of Women has been set up.

Third, at another level, reference by the Supreme Court to the Conventions (e.g. CEDAW in the case of Sujata versus State of Rajasthan) has influenced Indian jurisprudence in a far-reaching manner. Impact is being felt on the way issues relating to violence against women, environment, child labour, children's rights and HIV/AIDS are being dealt with.

Fourth, the Conventions are increasingly influencing the content and strategy of development plans and the mandates of major UN organisations and bodies. Discussions around the global commitments have generated considerable public awareness. NGOs in particular have been extremely instrumental in demanding and initiating public action for change.

Given India's strong commitment, nationally as well as globally, to end inequalities and deprivations, what is the state of human development in India today? To what extent has the promise to eliminate the worst forms of human deprivations and inequalities been realised? To what extent has human poverty been eradicated? What are some of the factors that have limited the expansion of human capabilities? What is the resource position of the country? What are the major

economic and political trends that are likely to influence the course of India's development? And finally, what should be the priority areas for a collective UN focus that would enhance the effectiveness of the UN system in India and at the same time, contribute significantly to accelerating human development in the country?

The Sections that follow discuss these questions.

2. The state of human development

India has achieved considerable success along several dimensions of human development over the past 50 years. Distinctly visible are the significant expansion and diversification of production, made possible by the application of modern science and technology and the introduction of modern management. Between 1950-51 and 1997-98, for instance, the index of agricultural production increased nearly four fold, the index of industrial production went up from 7.9 to 137.6, and electricity generation increased from 5.1 billion kWh to 421 billion kWh. Between 1960-98, wheat production went up from 11 million tonnes to 66 million tonnes, and the production of rice increased from 35 million to 82 million tonnes. All this has contributed to a steady and impressive growth in India's GDP². With the exception of 4 years, the country has recorded a positive growth rate in its GDP every year since 1950. Between 1950-51 and 1980-81, over 30 years, India's GDP grew at an annual average rate of 3.6%.

However, after 1981, and particularly after the mid 1980s, India's GDP began to grow much faster. Between 1980-1 and 1990-91, it grew on average by 5.7% per annum. Annual growth in GDP fell sharply to 0.8% in the crisis year of 1991-92, but revived quickly to around 5% per annum in the two subsequent years before reaching a high of 7.7% in each of the three successive years. GDP growth rates fell again to 5% in 1997-98 and improved marginally to 6% in 1998-99.

In the first quarter of 1999-2000, the Indian economy grew by 5.5%, almost one and half times higher than the 3.6% growth that was achieved in the corresponding period a year ago.³ India's growth record in recent years has been particularly impressive given that it has been able to avert the fiscal crisis that many East Asian economies experienced over the past few years. India has been able to record a steady growth in its per capita income as well. Between 1950-81, the annual average rate of per capita income was around 1.2%, but since then, there has been a significant change. Between 1980-91, per capita Net National Product grew on average by 3.1% every year. The financial crisis of the early 1990s saw a slowing down in the growth of per capita income, but there has been a quick recovery. Per capita NNP has grown on average by 5.2% every year between 1993-98.

Achievements have also been recorded in many spheres of social development. Life expectancy at birth has gone up from 32 years at the time of Independence to 61 years in 1998.

India has put in place an extensive system of public health services. Table 1 shows the expansion in health services between 1951-97. Remarkable progress has been achieved in immunising children, and in the control and eradication of guineaworm. Since the 1960s, infant mortality has been halved to 71 deaths per 1000 live births in 1998.

² See Economic Survey (1998-99), Ministry of Finance, Government of India.

³ See the discussion in Ashok Lahiri (1999), "Mid-term Review of the Indian Economy", NIPFP. New Delhi.

Figure 1

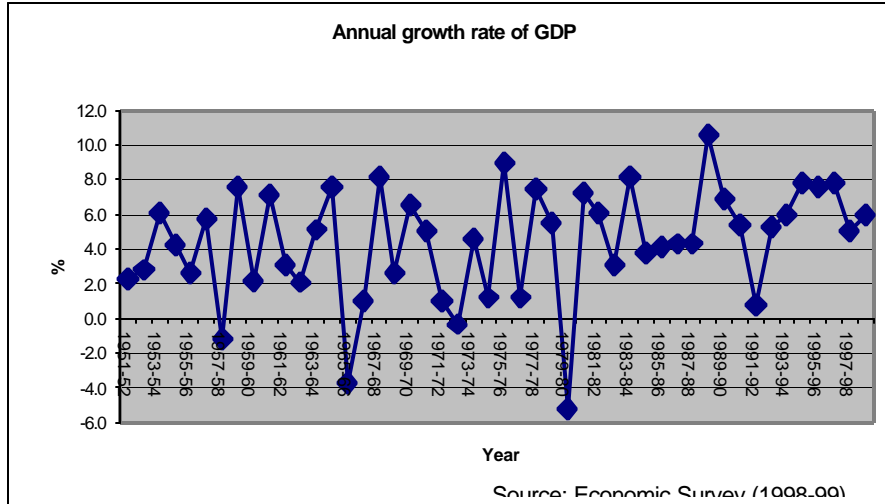


Figure 2

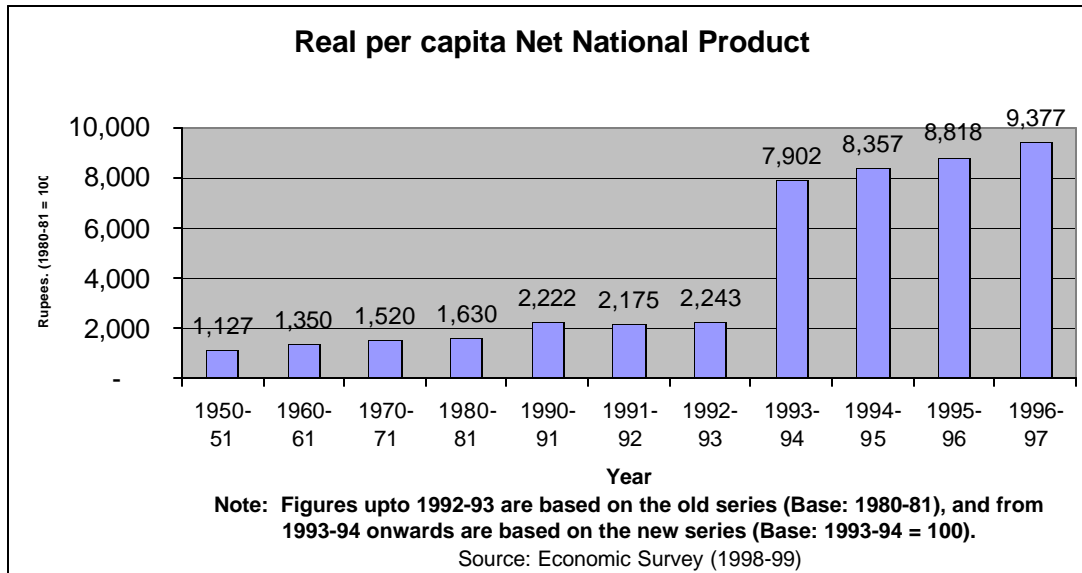


Figure 3

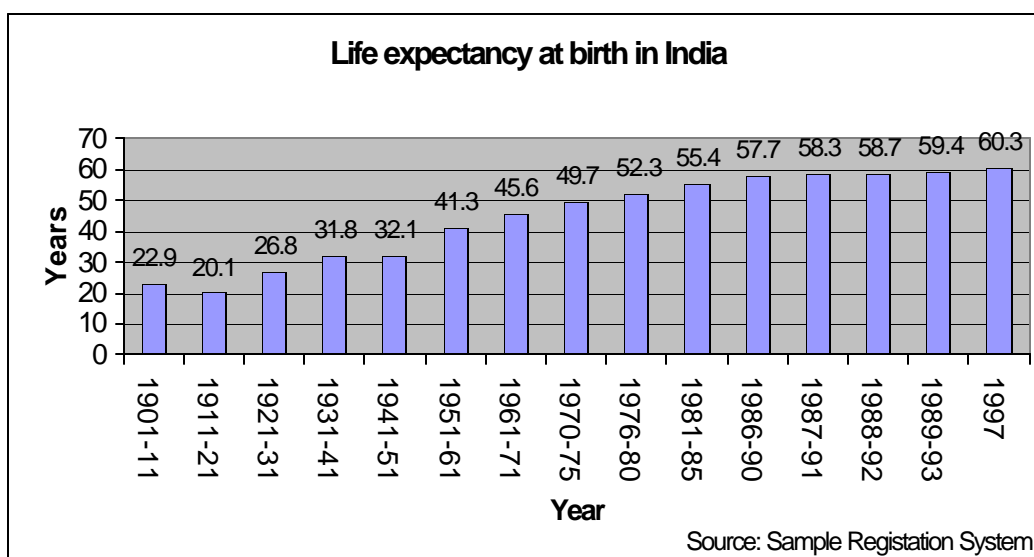
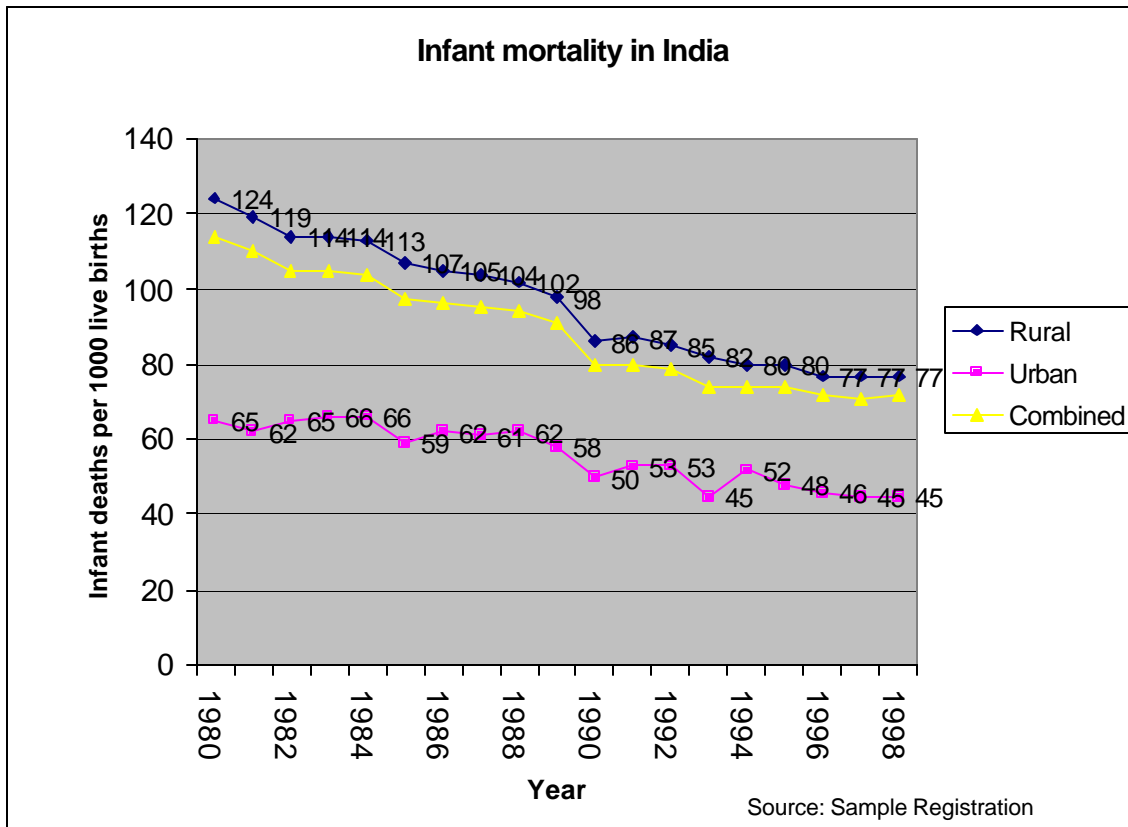


Table 1: Expansion of health services

	1951	1961	1971	1981	1992	1996	1997
Medical colleges	28	60	98	111	146	165	165
Hospitals	2,694	3,094	3,862	6,804	13,692	15,097	
Dispensaries	6,515	9,406	12,180	16,751	27,403	28,225	
Community health centres	-	-	-	217	2,186	2,572	2,628
Primary health centres	725	2,565	5,112	5,740	20,701	21,917	22,446
Sub-centres			28,489	51,405	131,370	134,931	136,379
Hospital beds (all types)	117,178	230,000	348,655	569,495	834,650	870,161	
Doctors	61,840	83,756	151,129	268,712	395,851	375,291	484,401
Dentists	3,290	3,582	5,512	8,648	11,300	23,953	
Nurses	16,550	35,584	80,620	154,280	385,410	565,696	

Source: Ministry of Health and Family Welfare cited in Economic Survey 1998-99

Figure 4



The Infant Mortality Rate is more than an indicator of child mortality. It is a comprehensive development indicator that reflects the quality of life. Trends in IMR show the progress being made in child survival, but many more aspects of life are reflected in the trends. Child survival is directly affected by, for example, the earnings and education of parents, the prevalence of malnutrition and disease, the availability of clean water and safe sanitation, the efficacy of the health services, and above all by the health status and position of women in society.

In the field of education, the literacy rates went up from 18% to 52% between 1951-91. The country has also been able to establish high quality centres of higher learning in medicine, technology, management, and scientific research. India has also established an excellent reputation in the

field of higher education – in medicine, architecture, management, science and technology.

Significant changes have also taken place in other social spheres – with affirmative action for disadvantaged communities, with the weakening of untouchability and caste discrimination, and with women, by and large, enjoying more freedoms than ever before. Equally noteworthy is that India has grown and developed as the world's largest democracy with a vibrant electorate at all levels of society. Citizens enjoy considerable civil and political freedoms. Voter turnout rates remain high, though male turnout rates have exceeded that of women in all Lok Sabha elections.

In recent years, there has also been an increase in aspirants per seat.

Figure 5

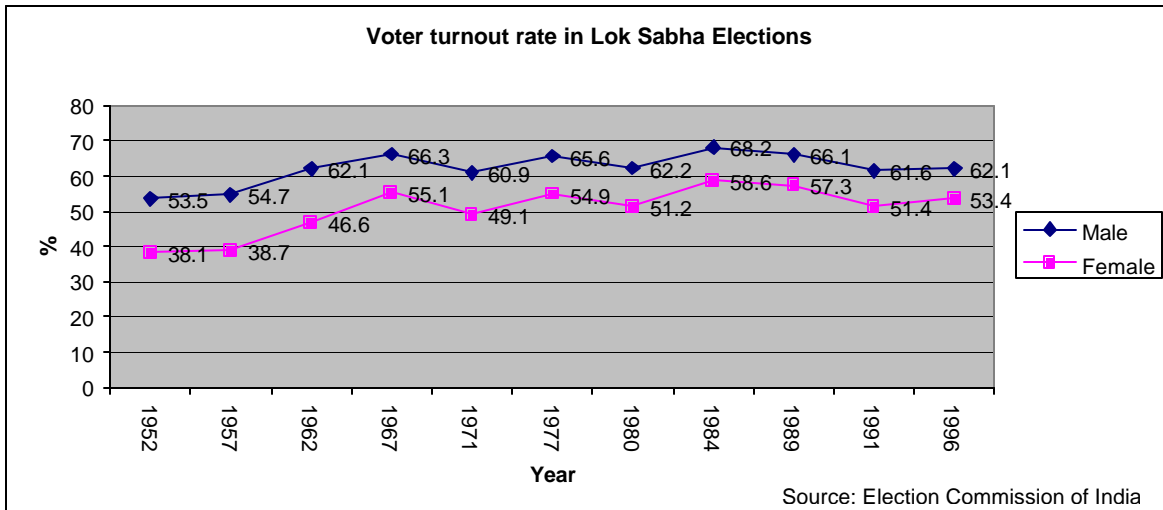
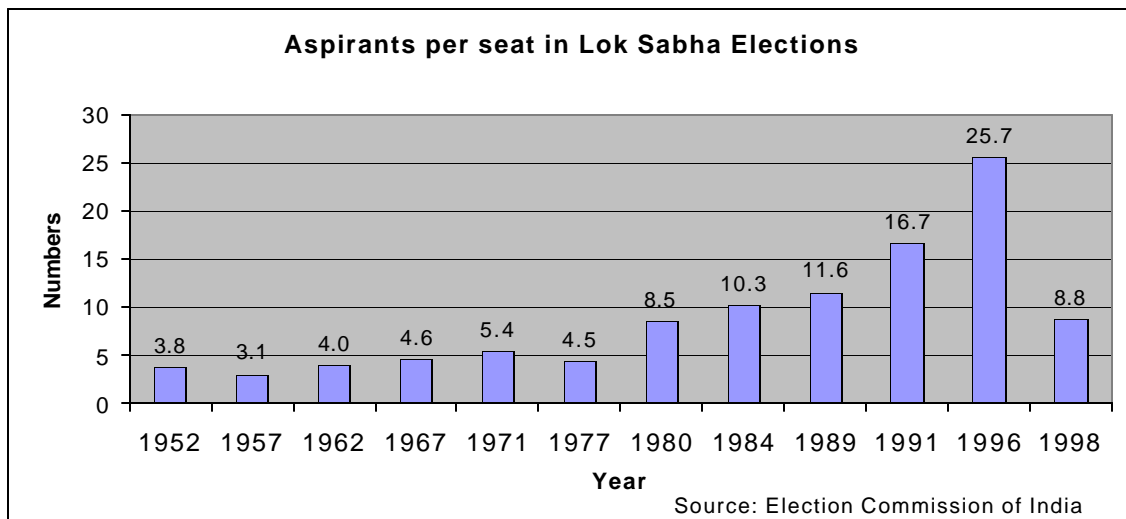


Figure 6



Political participation and democracy have also been strengthened considerably by the 73rd and 74th Constitutional amendments in 1992 that have created new democratic institutions for local governance. By 1999, the Amendments had created 227,698 Gram Panchayats at the village level, 5,906 Panchayat Samitis at the Block level, and 474 Zilla Parishads at the district level. In addition, 3,586 urban local bodies had been created. So far, 2.5 million members have been elected to Gram Panchayats, 129,871 members have been elected at the block level to Panchayat Samitis, and another 12,671 members have been elected at the District level as Zilla Parishad members. The 73rd and 74th Constitutional Amendments ensure reservation of one-third of all seats for women. The impact of this has been quite phenomenal. By 1999, as many as 768,582 women had been elected to Gram Panchayats, and 38,582 women to Panchayat Samitis. Another 4,030 women were elected as Zilla Parishad representatives. For a majority of women, it has been for the first time that they have held elected public offices. In some states,

women have won more than one-third of the seats in Panchayat elections.

Another significant development has been the increasing participation and influence of non-governmental organisations in shaping policy and public action. This is particularly noticeable in the field of environment, child labour, community health, micro-credit, and women's empowerment.

There has also been a qualitative change in the nature of public discourse in India. The media which enjoys considerable freedoms, has been playing an increasingly visible role in drawing attention to human deprivations and neglect.

Despite the many achievements, from a human development perspective, there is still much that needs to be done to end deprivations and ensure equality of opportunities. India's record in eliminating human poverty remains far from satisfactory.

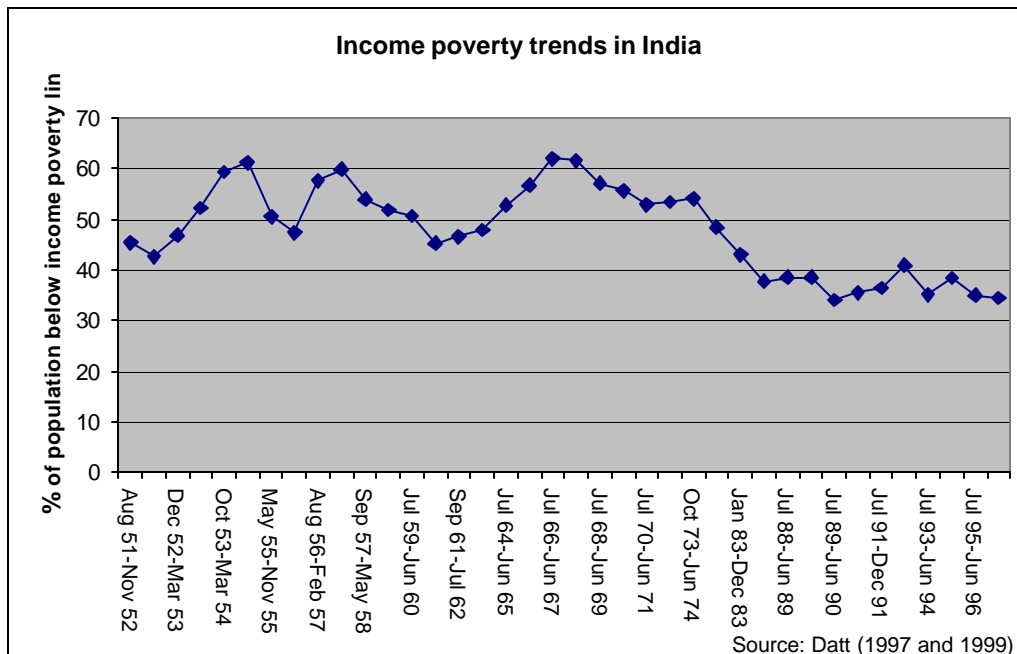
India has a long way to go before ending income poverty. Despite the good growth record, trends have been far from uniform.

Table 2: Representation of women in Panchayats

	% of Women
Karnataka	44
Kerala	38
Manipur	37
West Bengal	35
Maharashtra	33
Rajasthan	32
Uttar Pradesh	26

Source: ISS Data base on Panchayati Raj 1999

Figure 7



Income poverty shows no discernible trend between 1951 and the mid 1970s. But since then, there has been a sharp reduction from about 54% in the mid-1970s to 36% in 1993-94. Despite the decline in poverty rates, some 320 million people remain below the poverty line. Food production has increased and the country has achieved near self-sufficiency in food production. A good system of public distribution and an alert administrative machinery have been able to successfully ward off starvation and famine death. But close to 75 million children under five years of age remain undernourished. Most striking is the deprivation in basic education. More than an estimated 350 million people are illiterate. In 1991, female

illiteracy was around 62% - higher than the average for Sub-Saharan Africa. The persistence of child labour is one of the most unfortunate consequences of failing to make elementary education free and compulsory. India's infant mortality rate of 71 per 1000 live births is significantly higher than the world average of 57 per thousand births. Similarly, its maternal mortality rate of 437 per 100,000 live births (in 1992-93) is also high by international comparisons. The rising number of HIV positive persons, approximately 3.5 million, more than in any other country, is also a cause of concern. The balance sheet of human development shows the major achievements as well as the major challenges confronting India.

Table 3: Balance sheet of human development

Achievements	Shortfalls
Health	
<ul style="list-style-type: none"> Life expectancy at birth has doubled to 61 years between 1950-97. Infant mortality has been halved between 1960-98 to 71 deaths per 1000 live births. Guineaworm has been almost eradicated. Significant gains have been made in the control of communicable diseases, and in the eradication of polio. An extensive public health and medical system has been put in place. 	<ul style="list-style-type: none"> Close to 2 million children annually die before reaching the age of one – and most of these deaths are avoidable. Maternal mortality remains high – 437 deaths per 100,000 live births. Maternal mortality accounts for 20% of the world's deaths from pregnancy and pregnancy related causes. Only 35% of children between 12-23 months were found to be fully immunised in 1992-93. Quality of public health care leaves much to be desired.
Education	
<ul style="list-style-type: none"> Literacy rates have gone up from 18% to 52% between 1951-91. Significant gains have been made in the field of higher education – in medicine, technology, and management. Some 95% of villages have a primary school within walking distance of one kilometre. 	<ul style="list-style-type: none"> Some 69 million children between 6-14 years of age are out of school. Against the Constitutional requirement of ensuring free and compulsory education for 8 years, the average years of schooling is only around 2 years Discrimination on the grounds of caste, class and gender continues to deny children equal access to good quality basic education.
Water and sanitation	
<ul style="list-style-type: none"> Some 90% of urban population have access to safe drinking water. Nearly 87% of rural population has access to safe drinking water 	<ul style="list-style-type: none"> Water contamination by arsenic, flouride and other chemicals pose a serious threat. Indiscriminate drilling has led to rapid depletion of water in many parts. 20% of rural population has access to latrines.
Income poverty	
<ul style="list-style-type: none"> Between 1973-74 and 1993-94, the proportion of <u>rural</u> population below the poverty line has come down from 56.4% to 37.3%. Between 1973-74 and 1993-94, the proportion of <u>urban</u> population below the poverty line fell from 49% to 32.4%. 	<ul style="list-style-type: none"> There were 321 million people below the income poverty line in 1973-74. By 1993-94, the number had come down to 320 million. In 1993-94, there were 244 million people in rural areas below the income poverty line.
Food and nutritional security	
<ul style="list-style-type: none"> The yield per hectare of wheat has gone up from 11 million tonnes to 65.9 million tonnes between 1960-98. Between 1951-98, per capita food availability went up from 395 grams per day to 484 grams. The country has built up a reserve stock of foodgrains – around 20 million tonnes in 1999. 	<ul style="list-style-type: none"> Some 53% of children below the age of five remain moderately and severely malnourished (under-weight) Nearly 75 million children below the age of five are malnourished – the largest number in the world
Gender	
<ul style="list-style-type: none"> Constitutional amendments have ensured that one-third of all seats in local elections are reserved for women. The singulate mean age at marriage for women has gone up from 18.4 years in 1981 to 20 years in 1992-93. Total Fertility Rate has come down from 4.9 in 1982 to 3.4 in 1992-93. 	<ul style="list-style-type: none"> The female-to-male population ratio remains adverse – and has been worsening. Instances of female foeticide and infanticide are regularly reported. Women constitute less than 10% of elected Lok Sabha members. Female illiteracy rates remain unacceptably high.

Four challenges

Of the many features that characterise India's human development, four pose an immediate challenge.

Persistent inequalities

Perhaps the most striking feature of India's development is the persistence of widespread disparities – across states, within states, between rural and urban areas, and across communities.⁴

Inter-state: There are large differentials in the levels of human development across the states. For instance:

- In 1996-97, Bihar had a per capita Net state Domestic Product of Rs. 3,835. In Punjab, it was Rs.18,213 – nearly five times higher.
- In 1991, Kerala reported a literacy rate of 90%. In Bihar and Rajasthan, the literacy rate was around 38.5%.
- In 1993-94, some 12% of Punjab's population lived below the income poverty line. The proportion was 49% in Orissa.
- Between 1989-93, life expectancy at birth in Assam was barely 55 years – 17 years less than in Kerala where it was 72 years.

Many of the inequalities between states are widening – and not narrowing.⁵ Economic liberalisation combined with the pressures of globalisation seems to be exacerbating the inequalities. In the early 1970s, the income differentials between the richest state had a per capita income that was roughly three times that of the poorest states. Today, it is four times. Poorer states, with their problems of limited infrastructure and social development have been less successful in attracting investment, and therefore, been unable to derive full advantage from the liberalisation process. The poorer states are constrained from catching up with other states due to severe fiscal problems.

Social sector expenditure is also higher in the richer states, which may further increase inter-state disparities in development (see Section 3).

There are also large differentials in the levels of achievements within states. Table 4 lists the ten districts with the highest of female illiteracy in India. In 1991, Rajasthan had an average female illiteracy rate of 80%. But in many districts, it was higher than 90%.

Such intra-state differentials have had political repercussions in many regions – Telengana in Andhra Pradesh, western Arunachal Pradesh, lower Assam, Southwestern Bihar, Saurashtra and Kutch in Gujarat. Vidharbha and Marathwada in Maharashtra, Rayalseema and Telengana in Andhra Pradesh, and Northern Karnataka remain relatively backward due to periodic and regular droughts and lack of perennial sources of water supply. Some regions such as the hills of Uttar Pradesh and the desert region of Rajasthan are geographically at a disadvantage.

Rural-urban differentials: Levels of human development are typically higher in urban than in rural areas. For instance:

- In 1998, the infant mortality rate in rural areas was 77 deaths per 1000 live births; it was 45 in urban areas.
- In 1992-93, the total fertility rate was 3.67 in rural areas among women 15-49 years of age. In urban areas, it was 2.7.
- In 1992-93, 56% of rural children were under-weight (moderately and severely malnourished). The proportion was 45% among urban children.

⁴For a more comprehensive discussion, see UNDP, *Diversity and Disparities in Human Development: Key Challenges for India*, 1999.

⁵ See N J Kurian (1998), "Regional Disparities in India", mimeo.

Table 4: Ten districts with the highest female illiteracy rates 1991

Female Illiteracy (%) in 1991		
Barmer	Rajasthan	92.3
Jalor	Rajasthan	92.3
Maharajganj	Uttar Pradesh	89.7
Kishanganj	Bihar	89.6
Bahraich	Uttar Pradesh	89.3
Jaisalmer	Rajasthan	88.7
Jhabua	Madhya Pradesh	88.5
Siddharthnagar	Uttar Pradesh	88.2
Gonda	Madhya Pradesh	87.4
Budaun	Uttar Pradesh	87.2
Koraput	Orissa	86.9
Nagaur	Rajasthan	86.7
Banswara	Rajasthan	86.6

Source: Census of India 1991

The lower levels of human development in rural areas should not come as a surprise. By and large, urban areas have attracted higher levels of investments in physical and social infrastructure than rural areas.

Differentials between communities:

Communities classified as belonging to the Scheduled Castes (constituting 16% of India's population) and those belonging to Schedule Tribes (another 8% of population) find themselves lagging behind most dimensions of human development. For instance:

- In 1992-93, according to the National Family Health Survey, 25% of Scheduled Tribe children and 27% of Scheduled Caste children between 12-23 months were fully immunised. The proportion was 38% among the rest of the population.
- In 1992-93, infant mortality among Scheduled Castes was 81 deaths per 1000 live births. It was 57 among the rest of the population.
- In 1991, only 37% of the Scheduled Caste and 30% of the Scheduled Tribe population was literate as against the national average of 52%.

- In 1991, the literacy rate among female Scheduled Tribe women in Rajasthan was 3%.

Gender inequalities: Women fare much worse than men on practically all indicators of human development. The anti-female bias is also reflected in the systematic denial of opportunities to girls and women vis-à-vis boys and men. To illustrate:

- The male literacy rate in 1991 was 64%. It was only 39% among women. Rajasthan has the highest female-male gap in literacy in the world.
- In 1995-96, some 41% of girls dropped out before completing primary school. The proportion was 38% among boys.
- In 1992-93, 71% of boys under 4 years of age who complained of cough and fast breathing were taken to a health facility or provider. The corresponding proportion among girls was 61% according to the National Family Health Survey.

In many instances, discrimination against women and girls goes unnoticed as patterns of social arrangements often lend legitimacy to such anti-female biases that curb women's freedoms.

Figure 8

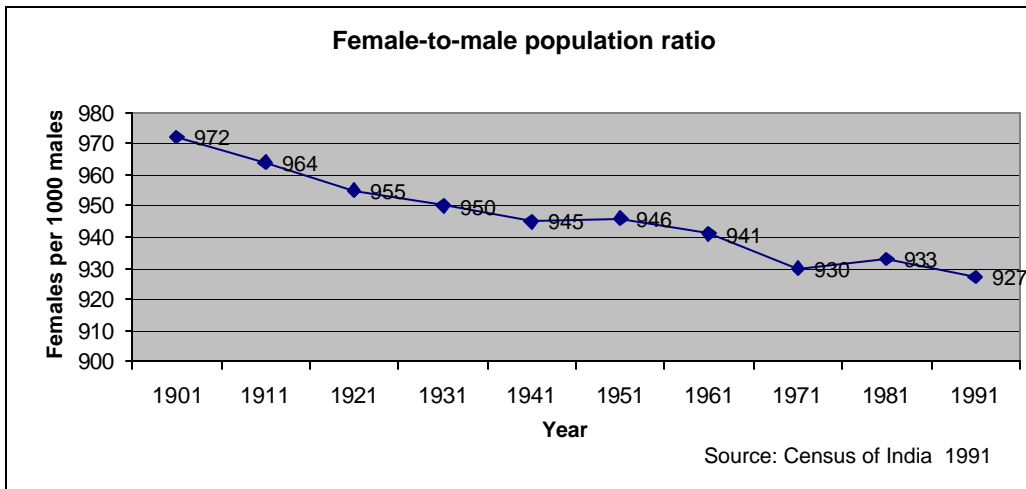


Table 5: Ten districts with the lowest child sex ratio 1991

		Girls per 1000 boys 0-6 age group
Salem	Tamil Nadu	849
Bhind	Madhya Pradesh	850
Jaisalmer	Rajasthan	851
Kaithal	Haryana	854
Jind	Haryana	858
Amritsar	Punjab	861
Faridkot	Punjab	863
Bathinda	Punjab	865
Kurukshetra	Haryana	867
Hissar	Haryana	867

Source: Census of India 1991

A disturbing feature of India's population profile is the adverse female-to-male ratio. In all but a few countries of the world there are typically 1,050 women for every 1000 men. Even though at birth boys outnumber girls by about the same proportion, studies have shown that where men and women have access to equal care, nutrition, health and medical attention, and other opportunities, women, due to their biologically determined stronger constitution, live longer than men, and therefore outnumber them. In India, there were 927 women for every 1000 men in 1991. The situation of fewer women occurs only in societies where women are systematically and specifically discriminated against.

Discrimination is striking among children. The following table lists the ten districts with the worst female-to-male ratios in India.

Discrimination against girls and women is not uniform throughout the country. In Rajasthan, for example, according to the Census of India 1991 there were only 24 literate women for every 100 literate men. On the other hand, in Kerala, there were 92 literate women for every 100 literate men. Interestingly, the anti-female bias has little to do with income levels as well. Punjab and Haryana, two of the richest states report the lowest female-to-male population ratios. Seven out of the 10 districts with the worst female-to-male child population ratios are from Punjab and Haryana.

Women have also not found adequate representation in the Lok Sabha. The number of elected women Lok Sabha members has not exceeded 44 – and that was in 1984. Even though their numbers have increased from 22 in 1952 to 49 in 1999, women account for less than 10% of Lok Sabha seats.

Limited access to basic social services

The shortfalls in human poverty, particularly in health, education and quality of life, reflect to a large extent, the failure on the part of the State to ensure universal access to basic social services. The Government of India is conscious of this deficiency, and has

often reiterated its pledge to ensure universal coverage many times in the past. In 1996, for instance, the Government's Minimum Needs Programme (MNP) was launched with a commitment to ensure universal access to all - to certain Basic Minimum Services (BMS) in a time-bound manner. Under this programme, seven basic services identified for priority attention were:

- 100 per cent coverage of provision of safe drinking water in rural and urban areas;
- 100 per cent coverage of primary health service facilities in rural and urban areas;
- Universalisation of primary education;
- Provision of Public Housing Assistance to all shelterless poor families;
- Extension of Mid-day Meal Programme in primary schools, to all rural blocks and urban slums and disadvantaged sections;
- Provision of connectivity to all unconnected villages and habitations; and
- Streamlining of the Public Distribution System with focus upon the poor.

The results are not uniformly encouraging. On the positive side, we find that, according to Government data:

- Nearly 95% of villages have a primary school within walking distance of one kilometre.
- Close to 90% of the population has access to safe drinking water.
- The Integrated Child Services (ICDS) is "one of the world's largest and unique programmes, which aims at providing an integrated package of health, nutritional and educational services to children below six years, pregnant women and nursing mothers."
- Some 50% of urban households have access to adequate sanitation facilities.
- Government has set up an extensive public health care system serving even remote rural areas.

But, results of the National Family Health Survey, reveal that:

- In 1992-93, 62% of girls between 6-14 years in Bihar were not attending school.
- In 1992-93, only 35% of children 12-23 months were fully immunised in 1992-93. The proportion was 11% in Bihar and 20% in Uttar Pradesh.
- Only 26% of births were delivered in a health facility in 1992-93. The proportion was around 11% in Assam, Uttar Pradesh and Rajasthan.
- Health professionals assisted only 34% of deliveries. The proportion was 17% in Uttar Pradesh.
- 88% of households in Orissa did not have a toilet facility in 1992-93.

Until recently, the Government has taken the role of sole provider of basic services, particularly to the poor, and acted as the custodian of their development. The infrastructure designed and developed to accomplish this includes public schools, tubewells, health posts, subcenters, primary health centres and hospitals, feeding programs and a public distribution system, roads and communication. Inadequate resource allocation to the social sectors, an expanding population, and misuse and wastage of resources have led to inadequate development or to progressive deterioration of many of these facilities and services.

On the supply side, studies regularly report inadequate and often crumbling infrastructure, absent or poorly trained and motivated staff, both front-line and supervisory, shortfalls in supplies, administrative and managerial irregularities, and the virtual absence of customer-orientation and quality consciousness. Staff are poorly motivated to serve in the areas where the need is greatest, as, among other

reasons, they cannot provide the social and educational benefits for their families that they feel is their due. Personal safety and security is often a major problem notably for female workers in the community.

The poor quality of public provisioning is in itself a major factor for the low demand for basic social services. But there are other factors as well. Access remains constrained in many areas by considerations of caste, class and gender. At the same time, many individuals and communities are not fully aware of what services are being offered, when and where. They are also unaware of what *should be* offered. There are very few instances where people have been able to organise themselves to successfully demand better public services. Typically, the poor and marginalised find themselves excluded. There is lack of community organisation and in many instances, scattered settlements make collective action so much more difficult.

Emergencies

India continues to face several emergencies – some loud but many silent – that increase the vulnerability particularly of the poor and disadvantaged communities. In some cases, the record of dealing with such emergencies has been exemplary, whereas in other instances, even the crisis is not adequately recognised.

India has earned widespread recognition for its achievements in coping with major disasters that regularly threaten the sub-continent. It has put into place an effective public distribution system to avert hunger and starvation deaths – the bane of India's past. The country has also set up systems to manage natural disasters that strike with little or no warning (typhoons, floods, earthquakes, etc). The recent Orissa cyclone offers an illustration of collaborative efforts to extend rehabilitation to the victims.

Box 3

**Orissa Cyclone:
The UN response**

A super cyclone with winds reaching a speed of 300 km/h hit the state of Orissa on 29 October 1999. The super cyclone affected 12 million people, damaged 1.7 million houses, destroyed crops on 1.7 million hectares and killed about 9866 people.

The United Nations Disaster Management Team (UNDMT), consisting of FAO, UNDP, UNESCO, UNFPA, UNICEF, ILO, WFP and WHO, convened an emergency meeting on 1 November to discuss the possible involvement of UN Agencies in relief and rehabilitation activities in Orissa. Taking into consideration the mandates of the UN Agencies and comparative advantage in providing assistance at various stages (relief, rehabilitation and reconstruction) specific roles were assigned to each of the Agencies. UNDP has been convening DMT meetings and coordinating the activities of various Agencies and is also the focal point for interaction with the concerned Ministries/Departments of the Government of India. UNICEF has been procuring relief items and is the focal point for interaction with bilateral missions in India. The UNICEF State Office in Orissa has been upgraded into a UN House to facilitate the operations of other Agencies in Orissa. WFP has been procuring relief items and has been nominated as the focal point for interaction with NGOs. WFP has also taken a lead role in implementing the food-for-work programme during the rehabilitation phase.

Specialised agencies such as FAO, WHO, UNESCO, ILO and UNFPA are involved in providing technical expertise in their areas of operations. These agencies are also involved in developing specific rehabilitation strategies, which the UN Family would implement by accelerating the existing programmes, and by augmenting the special resources available for rehabilitation activities.

Source: Disaster Management Team

Box 4

On coping with emergencies: Lessons learned

Lessons from dealing with emergencies converge on the theme of 'preparedness': the need for better early warning systems, prompt and early action by the Government and partners, and devolution of authority to the most decentralised level where action is best initiated. There are, however, additional lessons that can be extracted from India's successful experience of handling 'social emergencies':

- Although many of the emergencies initially appear to be "health" disasters, it proves sub-optimal to base the national response in health departments that often prove too weak administratively to co-opt and co-ordinate the kind of multisectoral interventions that the situations demand.
- Better, more comprehensive and reliable information systems and analyses are needed to anticipate and track the rapid evolution of such epidemics. Surveillance systems, both health and non-health, are still under-resourced and under-funded. They need to be strengthened to provide the necessary information to trigger timely action early enough to prevent the worst effects
- Social emergencies interact with social inequality in a particularly perverse manner. They often primarily affect marginalised groups whose voice in the political process is limited. Efforts are needed to address underlying structural factors and promote empowering processes that allow such voices to be heard.
- To address this new generation of emergencies, there is a need to bring together a different mix of skills and closer interaction between scientists and specialists of different disciplines, policy and decision-makers. There has to be room for much more lateral thinking and openness to new ideas and innovative approaches.
- New concepts and causes of vulnerability need to be recognised and understood. Vulnerability to starvation deaths needs to be monitored in terms of risk of entitlement failures. Vulnerability to HIV/AIDS involves activities that are often stigmatised and calls for a different frame of analysis to deal with and develop strategies of reaching those with the risks of infection. The special vulnerability of women to water crises, and their vulnerability as traditional providers of care in the family (as in the case of HIV) needs to be constantly reviewed. It is often women and children who bear the brunt of changes in the environment, and of discrimination in a context of social stigma surrounding diseases such as HIV/AIDS. They are also more vulnerable to violence and violations of reproductive rights.
- A last important area is the need to find new mechanisms for civil society, Government and their international partners to work together to define and harmonise their responses to emergencies especially in order to ensure sustainability at the local level and create responsive structures.

Lessons from successful experiences of handling such emergencies include the critical importance of maintaining the entitlements and purchasing power of vulnerable groups, especially agricultural labourers, during natural disasters. Large-scale cash-for-work programmes have proved an important part of this success story. They have led to innovative schemes of targeting and mechanisms to stabilise food prices at such times. The free press has also played a significant role in preventing famine and starvation deaths by drawing immediate attention to the calamity and ensuring swift and expeditious interventions.

Despite the many successes, starvation deaths still occur with depressing regularity in disadvantaged pockets of the country. These often take place in the same regions and districts, almost regularly, for instance, in Korepat in Orissa, and Melghat in Maharashtra (paradoxically one of India's richest states). The recurrence of such deaths points to the collapse and failure of other support systems. It also illustrates the acute vulnerability of groups such as tribal communities to loss of traditional rights in forest areas and to the consequences of other major development initiatives. These include, for instance, displacement caused by dams whose social and environmental consequences have a profound impact on the livelihoods of the affected populations.

Epidemics such as tuberculosis, resurgent malaria and the outbreak of plague, drug trafficking and abuse periodically and increasingly overwhelm existing public health and other systems. Unlike natural disasters, such social emergencies are largely predictable. Yet, they still catch society unprepared. For example, malaria has become resurgent since the early 1970s as a result of ignored warning signals that

eradication efforts were not achieving results and were not sustainable. Similarly, the plague epidemic of 1994 was preceded by classic signals of an impending outbreak while the vector found a congenial host in conditions of urban decay and environmental degradation in cities such as Surat in Gujarat. The growing water crisis is another 'predictable' crisis.

The spread of HIV/AIDS is another serious threat to society. Despite clear evidence of HIV infection in the country in the late eighties and early nineties, the epidemic was not given attention or political priority until well into the 1990s. It was met with denial and a belief widely held in policy circles that India was largely protected from HIV by its cultural values. The current response to HIV, though much stronger and more proactive, still suffers from a reluctance of political leaders to see and accept the implications of what epidemiological, social and behavioural research is indicating about the likely spread of the epidemic. HIV is poised to be one of the major social and economic challenges India will face in the first decade of the new century.

The growing problem of drug abuse and drug trafficking in India with its dire consequences on personal and public health, HIV/AIDS, and violence against women and children is another case warranting timely attention. There is no comprehensive survey of the extent, patterns and trends of drug abuse in the country. However, the Ministry of Health and Family Welfare and Ministry of Welfare estimate that there are approximately 3 million drug addicts in India. According to the Ministry of Welfare, nearly 300,000 addicts have reportedly established contact with their drug abuse treatment, rehabilitation and counselling centres.

Box 5
A strategic response to the HIV/AIDS epidemic in India

Now well into its second decade, India's HIV/AIDS epidemic is marked by heterogeneity. It continues to be strongly driven by heterosexual transmission, with HIV infection moving steadily beyond its initial foci among commercial sex workers and their clients into the wider population. At the same time there are important sub-epidemics evolving with potentially explosive spread among groups of injecting drug users, and among Men having Sex with Men. These have an important role in relation to the wider heterosexual epidemic and require careful monitoring.

According to the National AIDS Control Organisation, there are an estimated 3.5 million Indians affected by HIV infections. The level of prevalence, however, varies widely across states. For instance, in the state of Maharashtra, HIV infection has reached 60% among Mumbai's sex workers, 14-60 % in sentinel Sexually Transmitted Diseases clinics and over 2 % among women attending ante-natal clinics. The figures point to the unfolding of a serious epidemic in the state, reaching groups that were previously thought to be largely outside its reach. In Pune, one study amongst women infected by HIV found 90% reporting no other risk factor than being married. In other states such as Tamil Nadu, Andhra Pradesh, Karnataka, Manipur, and Gujarat, are also reporting high levels of infection (between 1-2 % of ante-natal women), reflecting the broadening of the epidemic across the Southern and Western states of India as well as the continued concentration of HIV through Intravenous drug users in the North East.

In other parts of the country, the overall levels of HIV are still low (in some cases close to zero reporting). Nevertheless, high levels of other sexually transmitted disease (STDs) and the evident presence of sexual networks (more extensive than previously thought) suggest there is a potential for low 'concentrated' epidemics to become generalised among all sexually active adults. The challenges that face the national response include the need to rapidly build capacities within states to develop and manage an effective response to the epidemic; to develop and implement quality targeted interventions that address high risk groups and enable safer behaviour; to initiate interventions that address populations like migrant workers, women, young people etc as the epidemic evolves and reaches beyond the traditional groups at high risk; to be able to create an environment free of stigma and discrimination and to address the evolving need of care and support. Phase II of the National AIDS Control Programme addresses these challenges and new partnerships are evolving between the Government of India, Multilateral and bilateral partners, and civil society (including networks of people living with HIV/AIDS). A collaborative framework has been developed to strengthen and promote a broad based and sustainable response to the epidemic.

Source: UNAIDS, New Delhi

Box 6
Drug abuse:
More than 15 million Indians affected

The main drugs of abuse in India are cannabis, heroin and opium for cultural/traditional reasons, easy availability and local cultivation. However, there is reported increase in abuse of prescription drugs such as buprenorphine, morphine, pethedine, norphine, proxyvon, diazepam, nitrazepam and codeine based cough syrups. The majority of addicts are between 15 and 35 years of age, the most productive age group of the country. There is also increasing abuse of drugs and psychotropic substances among out of school children, particularly street children.

Adulterated heroin (smack) is abused in urban areas and small cities in India. This problem is also spreading to the rural areas. The abuse of injectable heroin is particularly widespread in the northeastern states of Manipur, Nagaland and Mizoram. Traditional abuse of opium still continues in the states of Rajasthan, Punjab, Madhya Pradesh, Uttar Pradesh and Gujarat.

With every addict the life of a whole family is affected. If we were to assume that there are at least five members in a family, the lives of nearly 15 million people including women and children would be affected. Every addict spends anywhere between Rs.4,000 to Rs.45,000 annually on their addiction, depending upon the type of drug they are abusing. This leads to drainage of their own and household resources without being supplemented by compensatory economic activity; loss in income due to reduced productivity; disability or incarceration for drug related crime. Additionally, with every attempt at treatment and rehabilitation the family may end up spending anywhere between Rs.2,000 to Rs.20,000 on the treatment of the addict.

Although there are no estimates available on the total volume of drug trafficking, the seizure figures suggest that the problem is serious. Drugs trafficked in the country include heroin, cannabis, opium, cocaine, codeine based cough syrups, methaqualone and acetic anhydride. In 1998, approximately 2,031 kg of opium, 68,209 kg Ganja; 638 kg heroin, and 1 kg of cocaine were among some of the drugs and psychotropic substances seized in the country. There have also been significant seizures of methaqualone by Indian law enforcement agencies. Additionally, 6197 litres of acetic anhydride, a precursor chemical used for manufacturing amphetamines, is also trafficked out of India. What is worrying is that amphetamines have also started entering the country.

Source: UNDCP, New Delhi

Violence against women is another silent emergency that has gone largely unnoticed. Everyday across India, in all states, cities and communities, women are beaten, injured or killed simply because they are women. Like everywhere else, statistical data concerning violence against women is limited in India thus perpetuating the all-round silence that continues to shroud this gross human rights abuse. According to recent micro-level studies, between 22-60% of women in India are affected by violence at some point in their lives. Gender violence affects women of all ages and socio-economic backgrounds and is manifested in

the family, and the community in many different ways, including: domestic violence, sexual assault, dowry violence, emotional abuse, workplace harassment, torture, and political violence. Women are most at risk with men they know. Despite extensive legal provisions and considerable judicial activism, violence in the household continues to be considered a "family matter".

Each year, women are beaten and killed over the customary dowry demanded by their spouses and in-laws. In 1997, 6006 women died in dowry related incidents. While governments, international agencies

and NGOs have introduced a number of violence intervention, prevention and policy initiatives, violence against women in India is consistently increasing. According to the National Crime Records Bureau, in 1997 there were 12.7 crimes against women per 100,000 population reported to the police. However, when estimated with reference to the female population, this rate almost doubles to 26.3 per 100,000 female population. Data shows a persistent increase in gender-based violence in the country. For instance, between 1996 and 1997, reported incidents of rape, kidnapping, dowry deaths, torture, molestation and sexual harassment increased on an average by around 5%. Between 1996 and 1997, the number of girls under the age of ten who were victims of rape increased by an alarming 26.6 %. From 1991 to 1995, torture and dowry deaths reported to the police increased by 71.5%.

Despite the persuasiveness of these statistics and the enormous social and economic costs, gender based violence largely remains unrecognised by statistical systems, national laws, social systems and community infrastructure. There is an immediate need for multi-level strategies and effective implementation of existing legislation.

Trafficking in women and children has emerged as one of the worst and most pervasive forms of human rights violation of women and children in India. India is primarily perceived as a receiving country in the context of cross border trafficking of women and children. However the situation of inter-state trafficking within the country has acquired alarming dimensions in recent years and is estimated to be much larger than cross-border trafficking.

The in-country trafficking in women and children is for the sex trade, domestic labour, hazardous employment and other forms of exploitative labour. While there has not been any substantive research done to quantify the extent of inter-state trafficking, a report by the Central Social Welfare Board in 1990, covering 6 metropolitan cities estimated that:

- 25,000 children are engaged in prostitution in the major metropolitan cities of Bangalore, Delhi, Hyderabad and Mumbai.
- 40% of the Commercial Sex Workers enter the trade before the age of 18 years.
- 400,000 minors between the age of 10-16 years are in the sex trade.

According to this study the numbers of women engaged in prostitution in some of the metropolitan cities are: Calcutta (six red-light areas) - 7,880; Delhi (red-light area and other prone areas)- 20,000; Hyderabad (nine areas) - 2,570. Of all women involved in the sex trade in the red light areas, some 94 % are of Indian origin and remaining 6% are from Nepal and Bangladesh.

Inter-state trafficking has created receiving and procuring sites within the country. While traditionally metropolitan cities like Mumbai, Delhi and Calcutta were clearly identified as receiving sites both for cross-border and for inter-state trafficking, of late this definitive demarcation has changed. NGOs and other organisations working on the issue point out that semi-urban areas and smaller cities like Aurangabad, Sangli, Ahmedabad, and Puri are emerging as new receiving sites. The procurement areas in turn are shifting too, based on the social and economic vulnerability of the region.

The CSWB study classified the places of origin in terms of extent or magnitude of supply to various flesh trade markets into high, low, nominal and zero supply zones. Put together the supply from within the country works out to almost 83%. The identified high supply zone areas include: Andhra Pradesh, Karnataka, West Bengal, Maharashtra, and Tamil Nadu.

It is critical to keep in mind the complexity of dealing with the problem of trafficking. Trafficking is perpetuated by a multiple set of circumstances related to, women's low social status, disparities faced by women in the labour market and asymmetries in inter-state development (economic, social and political). There are also large information gaps at the lower end of the community that contribute to effectively combating trafficking. The following have been

identified as some of the push and pull factors that facilitate trafficking in women and children:

- poverty and lack of food security aggravated further by droughts and floods.
- inadequate educational and employment opportunity.
- low social status of women perpetuating violence against women both in private and public spheres.
- increased commodification of women and media portrayal perpetuating sexual stereotypes.

These have been further reinforced due to inadequacies in enforcement. There is also a general attitude, which continues to criminalise the victim more than the perpetrator of this appalling human rights violation.

While the Government of India has formulated a 'National Plan of Action' to combat trafficking, there is a critical need to institute processes and establish platforms that would facilitate the process of building commitment and zeal at multiple levels amongst a variety of state and non-state stakeholders.

Caring for the environment

Environmental degradation associated with economic development and population growth is one of the principal problems facing India today. As long as human activity continues at a level above the regenerative capacity of the natural environment, the result is a decline in the quality of life. The degradation of natural resources, or loss in the quality of the environment imposes a burden on present and future generations. The statistics paint a challenging scenario. India has 18% of the world population, 15% of the world's livestock but only 2% of the world's geographical area, 1% of the world's

forest area; 0.5% of the world's pasture lands; and 0.08 ha per capita availability of forest as opposed to the world average of 0.8 ha. Forestland constitutes 28 % of landmass with 72% non-forest. And of the non-forest wasteland 78% is water eroded, 14 % wind eroded and 8% saline alkalite.

Ignoring environmental issues can have serious repercussions on productivity, health, livelihoods, and the overall quality of life. Increasing deforestation, industrialisation, urbanisation, transportation and input-intensive agriculture are imposing severe pressures on the environment. The main environmental problems in India relate to air and water pollution, degradation of common property resources, threat to biological diversity, solid waste disposal and sanitation. India has demonstrated a willingness to tackle these issues through the legislative process and through support of research, environmental education and training, and information schemes. The Government of India participated in the conventions on implementing the Rio Agreement and the AGENDA-21 Montreal Protocol, and in the Commission on Sustainable Development and the Global Environment Facility. India is also party to the United Nations Framework Convention on Climate Change (UNFCCC), the Convention on Biological-Diversity (CBD), the Basle Convention on the Control of Transboundary Movement Of Hazardous Wastes and their disposal, and the Montreal Protocol on controlling substances that deplete the ozone layer. In addition, India has initiated environmental mitigation projects with the World Bank (World Bank assisted Industrial Pollution Prevention Project), the Canadian Government (Indo-Canada Environment Facility) and UNDP (Modern Forest Control Method in India). The UN system has also supported a number of other environment projects such as the WFP Forest Tribal Development Project.

Particularly noteworthy in recent years has been the impressive role played by non-governmental organisations to protect and nurture the environment. There is a noticeable increase in the activism of voluntary agencies, an explosion of public interest litigation, and the active interest shown by the courts to redress the

situation, to improve the effectiveness of the implementation of existing laws as well as to introduce new legislation. Even greater social mobilisation and participation of people at all levels is needed to ensure environmental sustainability.

3. Resource environment

The achievements and shortfalls in India's human development are intimately related to the country's resources.

Public spending has played an important role in India's poverty reduction. The marked decline in income poverty from the mid 1970s to the end of the 1980s was a period when public expenditures rose sharply. Between 1976-90, real per capita development expenditure increased at an annual rate of 6%⁶. It was also a period that coincided with an increased political commitment to poverty eradication, and the introduction of several new anti-poverty programmes. Nationalised banks were required to assign 40% of their lending to priority sectors – small farmers, small businesses and artisans. New employment-creation and asset generation programmes were introduced. The period also witnessed a substantial increase in rural non-agricultural employment, and real wages went up sharply.

Government expenditures appear to have strong "trickle down" characteristics, much more distinctly than income growth. Practically all states that have succeeded in reducing income poverty have made sizeable investments in poverty alleviation programmes. The size of government spending matters, and so does the efficiency of spending. It cannot be denied that leakage, wastage, corruption and inefficiency greatly reduce the impact on poverty reduction. The enormous scope that exists for improving the efficiency of public spending shows the potential that exists for rapidly reducing human poverty with significant improvements in the implementation and management of development programmes.

Some recent trends in public spending are however disturbing⁷. Between 1990-91 and 1996-97, the Central government expenditure as a percentage of GDP at current market prices went down from

18.1% to 14.3%. During this period, however, central government expenditure on social sectors (comprising education, health and family welfare, water supply, sanitation, housing, social welfare, nutrition, rural employment and minimum basic services) as a ratio to total expenditure increased from 7.7% to 10.5%. Real development expenditure per capita by the States went up from Rs.207 in 1980-81 to Rs.367 in 1995-96. However, what is worrisome is that during this period, development expenditure as a multiple of non-development expenditures fell from 3.2 in 1980-81 to 2.1 in 1995-96.

The state of public finance in India, despite the accelerating growth, low inflation and reasonable foreign exchange reserves situation, remains a source of concern. India's fiscal deficit is among the highest in the world - between 5-6% of GDP. The combined deficit of the Central and State governments, after declining from 9.2% in 1990-91 to 6.8% in 1993-94 rose to 8.5% in 1998-99.

There has also been a corresponding weakening of state fiscal performance in the 1990s. The states adjusted only marginally to the crisis of 1991, almost exclusively by cutting capital expenditures and human development spending between 1991-92 and 1993-94. For instance, total expenditure of the central and state governments on social services and rural development declined from 9.1 percent of GDP in 1989-90 to 8.7 percent in 1994-95⁸.

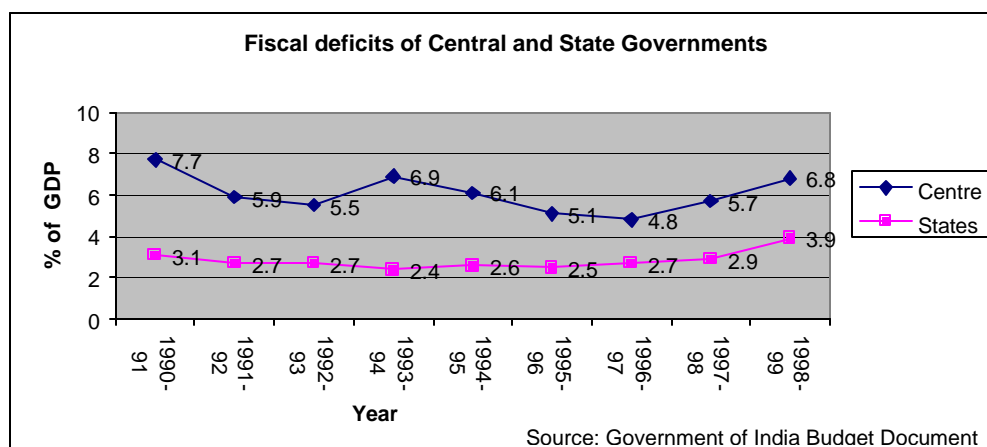
The poor and other socially disadvantaged groups are worst affected by such cuts. The combined deficit of the States has also gone up from 3.2% to 3.6% between 1991-99. In 1998-99, the States' budget deficit worsened below the level of 1990-91, and is likely to continue to deteriorate in 1999-2000. Between 1993-94 and 1997-98, the fiscal deficit rose in Uttar Pradesh from 4.5% of state GDP to 8.6%; in Bihar from 4% to 6.2%; in Orissa from 5.7% to 6.3%.

⁶ See Abhijit Sen (1996), "Economic reform, Employment and Poverty: Trends and Options", Economic and Political Weekly, Bombay.

⁷ See Kurian (1998)

⁸ UNDP, *India: The Road to Human Development*, India Development Forum, 1997 p.18.

Figure 9



		Fiscal deficit as % of State GDP			Debt as % of State GDP		
		1980-81 base			1980-81 base		
		1991	1998	Difference	1991	1998	Difference
1	Gujarat	6.4	3.3	-3.1	22.3	17.9	-4.4
2	Punjab	6.6	4.3	-2.3	36.3	32.5	-3.8
3	Maharashtra	2.5	2.4	-0.1	15.5	13.3	-2.2
4	Haryana	2.8	2.7	-0.1	20.7	19.8	-0.9
5	Karnataka	2.4	2.4	0.0	19.9	20.1	0.2
6	Tamil Nadu	3.6	3.3	-0.3	17.6	18.8	1.2
7	Madhya Pradesh	3.3	3.2	-0.1	21.4	22.6	1.2
8	Orissa	5.7	6.3	0.6	41.6	43.0	1.4
9	Andhra Pradesh	2.8	3.0	0.2	19.5	21.5	2.0
10	West Bengal	4.7	5.6	0.9	22.6	25.1	2.5
11	Kerala	5.7	7.3	1.6	31.5	34.8	3.3
12	Rajasthan	2.6	4.9	2.3	27.7	31.9	4.2
13	Uttar Pradesh	4.5	8.6	4.1	25.6	30.9	5.3
14	Bihar	4.0	6.2	2.2	34.9	42.0	7.1

Source: Government of India Budget Documents

The large and growing fiscal deficit is imposing several pressures on the patterns of public spending.

- The stock of debt has been growing and with it the interest burden. Total interest payments in 1991-92 were Rs. 265.96 billion – 53% of net tax revenue. In 1999-2000, it is estimated that the total interest payment will be Rs. 880 billion – 67% of net tax revenue. Growing interest payments are crowding out development expenditures both at the Centre and in the States.
- As a result of the deficits, poorer states have become highly indebted. Between 1991 and 1998, the debt-to-state GDP ratio went up in Uttar Pradesh from 26% to 31%, in Bihar from 35% to 42%, and in Orissa from 41% to 43%. The debt-to-State GDP ratio between 1991 – 1997 improved only for 4 states: Maharashtra, Punjab, Haryana and Gujarat. Per capita debt between 1991-98, however has gone up in all 14 states: from a low of 6% in Punjab to over 40% in West Bengal, Tamil Nadu and Kerala.
- Traditionally, the Centre's deficit has been much more than that of the States. In 1994-95, for instance, the Centre's deficit was 6% of GDP whereas it was only 2.8% for the States. However, there are signs that the States are catching up with the Centre particularly with the implementation of the Fifth Pay Commission's awards.
- The fiscal squeeze almost immediately threatens capital spending and in social sector expenditures. Public expenditure on education, for instance, came down from 3.7% of GNP in 1986-87 to 3.2% in 1995-96.

Part of the fiscal crisis has been triggered off by the poor growth performance of some of the states. Between 1991-92 and 1996-97, for instance, the average growth in per capita income of 14 of India's most populous states was 4.4% per annum. It ranged from 8.6% in Gujarat, 7.4% in Maharashtra and 5.2% in Tamil Nadu to 1.8% in Uttar Pradesh and 1.2% in Orissa. Bihar experienced a negative growth rate during this period of – 0.7% per annum.

Links between income levels and human development are not obvious, just as the

links between growth and human development are not automatic. For example, 51% of Maharashtra's rural population lived below the income poverty line in 1993-94 even though the State is among the richest in India. Similarly, the anti-female bias is most pronounced in Punjab and Haryana – two of the richest states in India. On the other hand, Kerala with a relatively low per capita income reports levels of literacy and life expectancy that far exceed the levels achieved by the richest states. Similarly, problems of environmental pollution, congestion, crime and violence against women are not correlated to income levels in any predictable manner. At the same time, advances in the overall growth rate have not significantly improved the levels of social development or reduced the incidence of poverty and unemployment. The benefits of growth have not been equitably distributed nor has adequate effort been made to ensure that it results in balanced development.

External assistance

According to the 1999 Human Development Report, net official development assistance (ODA) received by India amounted to 0.4% of the country's GNP. This was less than half the average for developing countries (0.9% of combined GNP), and lower than the average for Latin America and the Caribbean (0.5%). In 1997, per capita net ODA to India amounted to US\$ 1.9 – significantly lower than the average of US\$9 for all developing countries – and US\$ 33.5 for Sub-Saharan Africa. According to the 1999 Human Development Report, Singapore, Hong Kong, Brunei Darussalam, Kuwait, Venezuela, Mexico, Saudi Arabia, China, and Myanmar were the only countries that received lower per capita ODA than India. Figure 10 shows that the utilisation of external assistance stood at 2.7 billion US\$ in 1980-81, peaked to US \$ 3.8 billion in 1993-94 and has since shown a declining trend. Funding from bilateral sources accounted for 34% of the total external assistance received by India in 1997-98. The share of Multilateral Assistance has slightly increased since 1980, from 60% in 1980-81 to 66% in 1997-98.

Figure 10: Trend in Utilisation of External Assistance to India, 1980-1998 (in millions of US dollars)⁹

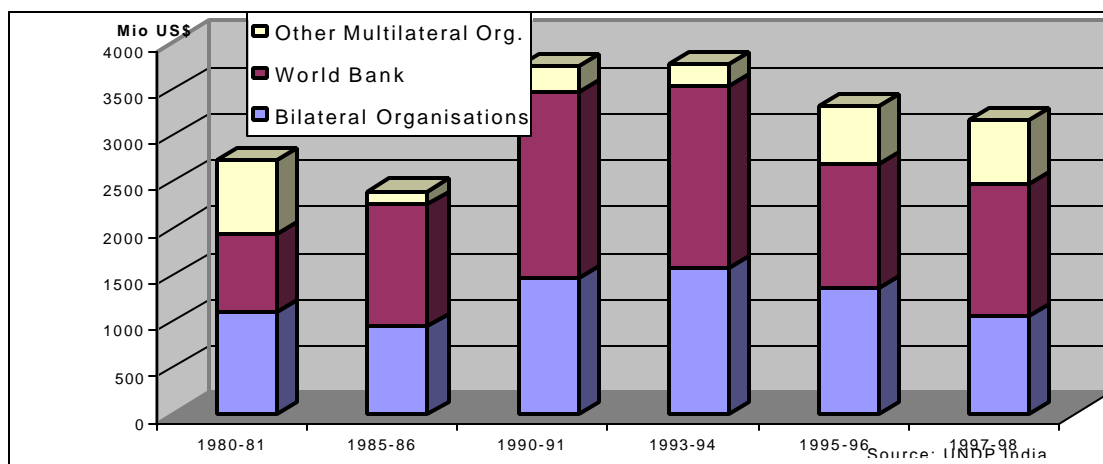


Table 7: Official Development Assistance (ODA) by type in 1995 (latest year available)

ODA by type	US Dollars (Millions)	Percentage
Investment Project Assistance	496.1	20.4
Technical Cooperation	1217.7	50.1
Programme/budgetary aid or balance-of-payments support	74.1	3.1
Food Aid ¹⁰	30.0	1.2
Emergency and relief assistance/humanitarian assistance ¹¹	4.7	0.2
<i>Non-specified</i>	606.6	25.0
Total	2429.1	100

Source: UNDP India

⁹ Utilisation of External Assistance refers to the share of Authorised External Assistance that has been disbursed and consequently figures in Government accounts.

¹⁰ For development purposes only.

¹¹ Including food aid for humanitarian/emergency purposes.

The negative trend in external assistance in India observed since 1993 has been exacerbated since the nuclear explosion carried out in May 1998. Many international development agencies have held back from committing new funds. This has to be seen in the context of an increased reliance of Indian states on direct international resources for creation of additional development capacity (illustrated by the fact that many state governments have established an institutionalised Project Management Unit fully dedicated to externally assisted projects). The increased demand for external assistance is particularly strong for the social sectors given the trend in state governments to find ways of maintaining or even increasing allocations to the social sectors. Organisations such as the World Bank are increasingly extending financial support to the social sectors – areas that were traditionally supported by the UN system, such as reproductive health, rural women's development, primary education and disaster relief. Several bilateral partners have also, as a reaction to the May 1998 events, shifted their programme focus to basic human needs, although the definition of basic human needs is kept rather open. This move too has helped channel additional resources to the social sectors. Most recent data available for 1995 on the allocations of ODA are presented in Table 7.

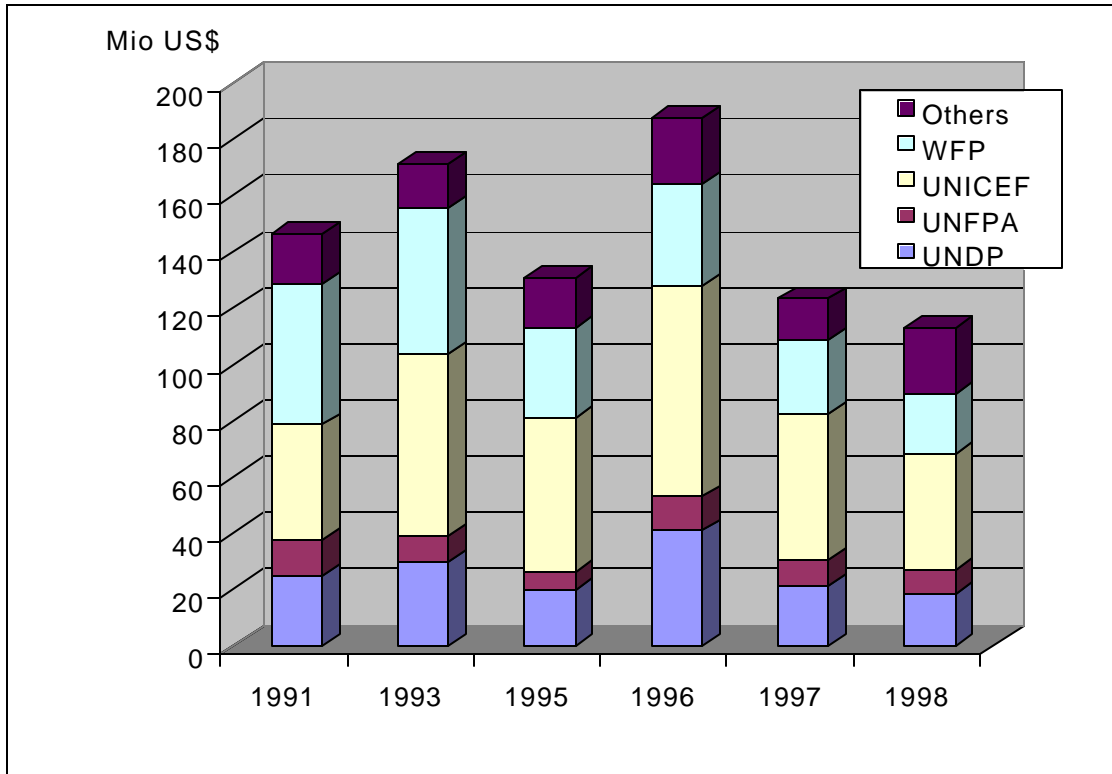
Of total external assistance utilised in 1997-98, loans accounted for 92.2%, and grants for 7.8%. These figures however underestimate the grant component, as technical assistance, which is directly administered by the Development Partner Organisations, is not reflected. This is also the reason for the lack of data on UN

assistance in these calculations. In a survey conducted by UNDP in 1995, the UN system (excluding Bretton Woods Institutions) accounted for 6% of total development assistance to India. The survey revealed the following composition: bilateral agencies (61%), the World Bank (31%), the UN System (6%), other multilateral agencies (1%) and international NGOs (1%).

Another striking feature of India's development financing, distinct from that of many other developing countries, is the low reliance on external debt – though it has been rising in recent years. External debt as a proportion of GNP rose from 19% of GNP in 1985 to 25% in 1997. But even at 25%, it was less than the average of 36% for developing countries – and much lower than the average of 24% for Latin America and the Caribbean.

There is no clear trend emerging in UN System Development Assistance in the 1990s (see Figure 11). From a total of US\$150 million in 1991, total UN Development Assistance (excluding Bretton Woods Institutions) went up to US\$188 million in 1996, and then fell to US\$113 million in 1998. Part of the reason for the decline of funding of most UN organisations in the last two years can be attributed to the fact that major programmes such as UNDP, UNFPA and WFP embarked on a new programming cycle in 1997 or 1998. As is well known, programmes are usually formulated in the beginning of cycles and delivery tends to speed up after the first stage. If the Bretton Woods Institutions are excluded, the largest source for UN Development Assistance to India is UNICEF, followed by WFP, UNDP, UNFPA and WHO.

Figure 11: UN System Development Assistance (disbursements, in millions of US dollars)



Source: UNDP India

The UN system (in particular organisations such as UNFPA, UNICEF and WFP) has consciously chosen to work more strategically with state governments. In addition, the UN system has also resolved to focus increasingly on states and regions with low levels of human development. These states run the risk of losing the benefits of development assistance, as external funding to them bears relatively high risks due to a perception of an unstable environment and weak programme implementation capacity.

This problem seems to be increasingly acknowledged by other development partners as well, such as the World Bank which is considering Orissa and Uttar Pradesh as focus states because of the concentration of poverty in those states. This is quite a recent phenomenon as earlier the Bank preferred to deal with states that had a record of good governance and were committed to fiscal reforms.

4. Significant trends and strategic considerations

The economic reforms initiated by the government in mid-1991 were an attempt to restore macro economic stability and counter the balance of payments crisis. They were also intended to improve the scope for renewed development and long term growth. The policy decisions to open up the economy, embark on financial sector reforms and reduce the role of the public sector have yielded positive results with a rise in the growth rate from 5.8 percent in the Seventh Plan (1985 to 1990) to 6.8 percent in the Eighth Plan period. Future trends in growth and human development will be shaped by influences within India as well as many that are external.

Significant trends

As India prepares to enter the 21st century, several major trends are likely to shape the future course of India's human development. Among the most significant ones are the following:

Demographic changes

The advances made in health, and more specifically in the provisioning of reproductive health care, have enabled India to lower its fertility rate from 4.9 in 1982 to 3.4 in 1992-93. Kerala, Punjab and Tamil Nadu have already reduced their fertility rates to less than 2. But in many of the other states, fertility rates remain high. According to the 1992-93 National Family Health Survey, the total fertility rate exceeded 4.4 in Madhya Pradesh, Rajasthan, Bihar and Uttar Pradesh. In Uttar Pradesh, the total fertility rate was 5.2. However, India's population, estimated to be around 1 billion today, is expected to cross 1.25 billion by 2016.

There is an urgent need to stabilise India's population. Experiences within India as well as from abroad point to several measures that need to be taken. These include, for instance:

- universalising elementary education
- strengthening the position of women in society
- improving women's access to good quality reproductive health care
- improving the contraceptive mix and choices
- reducing infant mortality

In addition, increasing the age at marriage, delaying the birth of the first child, and spacing out child births also help to lower fertility and maternal mortality.

The key to population stabilisation lies in greater women's empowerment. This will come about only if women enjoy greater freedoms – economic, social and political. There is strong evidence to suggest that increased participation of women in the workforce greatly reduces fertility rates. Similarly, greater marital freedoms, especially decisions relating to the age at marriage, are an important factor. In 1992-93, the mean age at marriage was as low as 18.4 years in Haryana and Rajasthan, whereas it was 22 years in Kerala and 25 years in Manipur.

Intervening effectively to stabilise population has an added benefit. These very interventions will further accelerate economic growth, promote human security and reduce inequalities. The age composition of the country's population is also expected to change in the coming years.

Figure 12

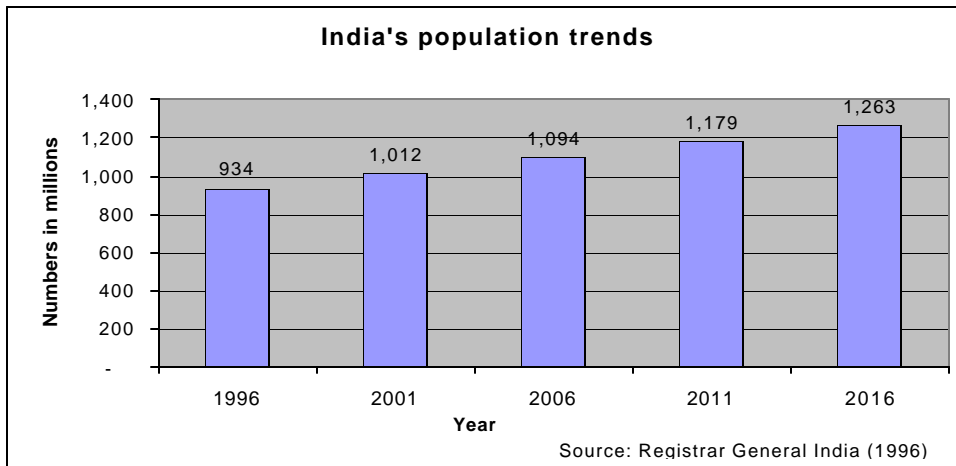


Table 8: Age composition of India's population

	1991	1996	2005	2011	2016
0-14	37.7	37.8	30.6	28.5	27.7
15-59	55.7	55.6	62.0	63.4	63.3
60 plus	6.6	6.6	7.4	8.1	9.0

Source: Registrar General India (1996)

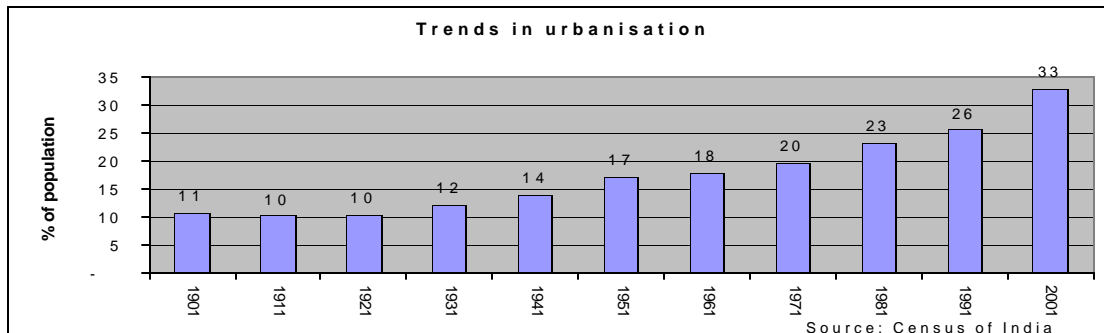
Today, close to 38% of the population is below 14 years of age. By 2016, this proportion is expected to drop to 28%. However, the proportion of population in the reproductive age group between 15-49 years is expected to go up, as is the proportion of the aged – from 6.6% to 9%.

The rural-urban mix of population is also expected to change significantly in the years to come. India so far has remained predominantly rural until now, with close to three-quarters of the total population living in some 600,000 villages. In 1991, only around 26% of the population lived in urban areas. In large cities, 35-40% of the

population lives in slums. In 1996, the total slum population was well over 50 million. The largest numbers of urban poor live in Maharashtra (7.9 million), Uttar Pradesh (5.8 million), West Bengal (5.2 million), Andhra Pradesh (4.3 million) and Tamil Nadu (3.6 million). Of the country's slum population, 69% is concentrated in 300 medium sized cities, while less than 30% reside in the remaining 3,300 urban centres.

The National Institute of Urban Affairs estimates that, if the present rate of urbanisation continues, by the year 2021, 50 per cent of India's population will be urban dwellers.

Figure 13



Urban poverty is pervasive. Some 10% of all urban households lack access to water supply, and 60% of urban households have no access to proper sanitation. In slums, an estimated 40% of the population does not have access to safe drinking water, and 90% has no access to proper sanitation. It has also been estimated that 68% of the urban poor are women. Another invisible group is children. Infant mortality rates are considerably higher – often twice as high – in the slums as compared to non-slum areas.

Globalisation

The trends posed by globalisation and liberalisation afford new opportunities for combining policy and public action to realise the basic objectives of equitable growth, social justice and people's empowerment.

However, globalisation and liberalisation also pose threats and risks. The country cannot be completely insulated from external shocks and crises. Easier access to international capital brings with it the potential danger of volatility of these flows and the risk of plunging the economy into an East Asian type of crisis. Consciousness of this risk has led India to the adoption of a cautious approach to liberalisation in the financial sector, following a conservative policy towards build-up of short-term debt and bringing in capital account convertibility.

New trading opportunities are accompanied by the problems of operating in the increasingly complex international trading system. The GATT provided the framework

for a succession of negotiating rounds between its members, contributing to the steady liberalisation and expansion of trade through market opening and improvements to the disciplines accepted by governments in their regulation of international trade. The rules of the multilateral trading system were originally designed to deal with traded products, the main principle underlying the GATT being non-discrimination. This has two main components: non-discrimination between supplier countries (Most-Favoured-Nation or MFN-Treatment) and non-discrimination between imported and domestically produced products (National Treatment).

Beyond the fundamental obligations of non-discrimination, the GATT also includes provisions for prohibition of the use of quantitative restrictions on imports and exports. This is consistent with the general objective that protection of domestic industry should be achieved in a transparent and predictable manner through import tariffs, rather than the use of more opaque, non-tariff instruments such as quotas or other import restrictions.

Successive GATT negotiating rounds have tackled the various ways in which non-tariff measures have been used to undermine market access. These trading systems and the rules of WTO on areas of agriculture, trading, intellectual property rights along with the dynamics of existing trading blocs, by hampering access to markets can have potentially adverse effects on India's development.

Box 7
India and the WTO

India is one of the 23 original members of the General Agreements on Tariffs and Trade (GATT), the predecessor of the World Trade Organization (WTO) which came into force in 1948. By the end of 1994, 128 governments had become Contracting Parties to it, accounting for about 90% of world trade. Three rounds of trade liberalisation, i.e. the Kennedy Round, the Tokyo Round and the Uruguay Round took place under the aegis of GATT. In all these rounds which lasted for four, six and eight years respectively, India has been an active participant frequently providing leadership to the group of developing countries.

From 1 January 1995, the GATT's role of cornerstone of an open international trading system and forum for multilateral negotiation has been assumed by the new WTO, whose creation was negotiated during the Uruguay Round of multilateral trade negotiations (1986-94). The WTO serves as the umbrella international institution for the operation of GATT rules, as updated and extended during the Uruguay Round, and of new international rules on trade in services and trade-related aspects of intellectual property rights. India strenuously opposed both these agreements for inclusion in the WTO.

The New round of trade negotiations was to be launched at Seattle where trade ministers from the member countries met yet again in the third ministerial conference of the WTO. At the Seattle meeting, India was strongly opposed to the inclusion of non-trade issues like labour and environmental standards. Since the finalisation of the Uruguay Round, WTO issues have acquired greater importance in the Indian context. Though India has a small share, around (0.6%) of global trade, the ambit of WTO has extended far beyond mere trade in goods and now influences several aspects of the economy, such as the protection of traditional knowledge, banking and insurance sectors and all other service sectors, the innovative capacity of the Indian economy, small and medium enterprises and almost all other sectors of the Indian economy.

The Ministry of Commerce has constituted a trade advisory Committee which comprises of government officials from all other concerned ministries such as agriculture, industry, science and technology, private sector, NGOs, academia, and other stakeholders. The task of the trade advisory Committee is to advise the government on important WTO issues. Interestingly, this group also consists of several former negotiators who played a key role in the Tokyo and Uruguay rounds of negotiations. UN agencies such as UNCTAD assist the government in conducting empirical studies, which can help the process of policy formation with respect to WTO issues.

Source: UNCTAD, New Delhi

Globalisation and liberalisation in several ways are also increasingly affecting the position of women. As primary care givers, cuts in social sector spending as a result of fiscal reforms, increases the burden of care on women. Changes in the use of local resources for exports threaten traditional livelihoods. Shifts in the use of land from food crops (which would include own consumption) to cash crops increases the burden of women's responsibility for family food security. Also, a majority of women are employed in the informal sector and in small-scale industries. With deregulation and reduction in import controls, the survival of these sectors is increasingly under threat. Above all, the gender gap in education, literacy, health and skills affects women's work force participation and their integration into the global economy.

Risks and threats associated with globalisation are not however, reasons to reverse the reform process. Instead, further reforms aimed at increasing the access of the poor to development and in countering the imbalances in obtaining the benefits of globalisation are required.

In effect, globalisation and liberalisation policies must be carefully managed to derive the maximum benefit from these processes, while correcting the imbalances, between states, regions and communities that arise from these processes.

Decentralisation

The process of decentralisation begun in India in 1992 has now assumed its own momentum. The rationale for decentralisation is based on the understanding that local problems need local solutions that are best evolved locally – and not centrally. Decentralisation provides the means by which the goals of human development can be attained. People's participation and accountability of public authorities to local communities are the best means of ensuring the success of development programmes. Social mobilisation and community participation are necessary to bring about changes in social attitudes and behaviour, particularly regarding gender. Decentralisation is also an effective mechanism for closer links

between costs, revenue and social sector service delivery, and also to overcome the problem of mismatch between local needs and centrally provided services. However, a greater role for the states in social development needs to be accompanied by extensive fiscal reforms. The increased reliance on Gram Panchayats for development activities envisaged in the 1999 Union Budget also requires effective steps to improve the management and financial capacity of these institutions.

Capacity building of local institutions is also particularly significant in the context of reservation of seats for women in local governance bodies. A greater role for women in decision-making processes will improve the management of social infrastructure, especially in education and health. This is essential, as shortage of skills required to deal with the changing global environment is a prime cause of poverty and unemployment. Furthermore, the gender gap in the globalisation process needs to be addressed through greater investment in education, health and skills enhancement of women. However, given the existing order of gender inequality, women's empowerment must also be acknowledged as an end in itself.

Participation

Human development indicators cannot improve merely through administrative decentralisation or increased investment. It requires active people's participation in decision making and the setting of priorities. At the same time, significant changes are needed in people's social attitudes and behavioural responses without losing cultural sensitivity. In order to achieve these objectives, there are few alternatives to social mobilisation, community participation and initiatives that emerge at the grassroots.

The role of volunteers is vital for social mobilisation. In areas such as literacy, immunisation, and protection of the environment, volunteers have come to play a key role in taking forward the initiatives and activities of NGOs, civic organisations and welfare groups. In this process the role of women is critical.

The process of empowerment of women at the political level has already begun, but it needs to be carried forward into social and economic spheres as well. Special emphasis should be placed on ensuring that control of social infrastructure, particularly in health and education, in the public domain is vested in women and women's organisations.

A principal objective of the Ninth Plan is to ensure sustainability of the development process through mobilisation and participation of people at all levels. The emphasis of the Ninth Plan is based on the belief that the principal task of planning in a federal structure is to evolve a shared vision and commitment to national objectives and to development strategy. The Ninth Plan, for instance, lays greater stress on reorienting environmental policies rather than on direct intervention so as to induce the various economic agents to function in a manner consistent with national environmental objectives. Environmental protection must be harmonised with the need to achieve sustainable development. The enabling conditions that harmonise economic growth, sustainability, participation and environmental conservation have been initiated through legislation and the introduction of various schemes. The emphasis of these initiatives has been on the following elements:

- Empowering people through Information generation, dissemination and access;
- Evolving market based economic instruments as alternatives to the command and control form of environmental regulation;
- Evolving the rights for common property resources;
- Ensuring scientific and technological inputs;
- Participation of people (particularly women) in the management and sharing of natural resources through Joint Forest Management;
- Involvement of NGOs for awareness building and as an interface between the forest department and the people;

- Integrated development of villages in and around forests.

The process of social mobilisation and development of peoples' initiatives cannot be achieved without the active support and involvement of the political system at all levels. The Panchayati Raj Institutions (PRIs or local governance institutions) in rural areas and Nagar Palikas (urban local governance institutions) in urban areas will have to be directly involved in the development process. People's involvement via their elected representatives will be realised through genuine democratic decentralisation. Other forms of peoples' participation also need to be strengthened. From the early days of planning, co-operatives have been perceived as the most important form of peoples' institution for promotion of equity, social justice and economic development. Every effort must be made to make the co-operatives work, including liberation from tight bureaucratic control. Self-Help Groups, Associations of Workers or Small Producers, etc., are other forms of institutions, which, if encouraged, would contribute to a greater voice of people in local decision making. It will be important for Government to seek active partnership with the voluntary sector in organising and promoting these institutions.

There is much to learn from experience within India. Successes have generally come about where different models of participation by people's institutions suited to local conditions are adopted. There is evidence that voluntary organisations, co-operatives, government agencies and even the corporate sector have successfully designed and implemented rural development programmes and have contributed towards improving access to public services through people's participation. These success stories have however tended to be localised. They need to be multiplied and replicated on a wider scale.

Strategic considerations:

Several considerations are likely to influence the path and priorities of human development selected by India. Some of the

strategic considerations are discussed below.

The context of South Asia and beyond

India's performance assumes great significance if cognisance is taken of its position in South Asia and globally, both geographically and in terms of the implications of its development process. India's vast size and tremendous development potential make it, along with China, the possible hub of economic activity and development not only in the immediate region but also for the world economy. The fact that India contains the largest number of people living in absolute poverty in the world presents no doubt a major challenge, but it also represents a unique opportunity for demonstrating the efficacy of the new strategy for international development co-operation.

SAARC envisages not only economic co-operation among its member countries, but also co-operation in a wide range of fields, including social development and poverty alleviation. Strengthening economic co-operation between the SAARC countries will go a long way towards realising the benefits that can potentially accrue through this channel. In its immediate region, India's importance lies both in its being the only country to have common borders with most of the member countries of the South Asian Association for Regional Co-operation (SAARC). As a result, the benefits that can arise from increased trade in traditional goods between India and the neighbouring countries of South Asia can be considerably higher in terms of spread effects among the poor of the region than trade which takes place between the South Asian countries and the rest of the world.

Successful development intervention in India, particularly in improving the standards of living of the poor, can lead to strong cross-border linkages due to similarities in cultural attributes and consumption patterns with its neighbouring countries. India's socio-cultural diversity increases the potential for replication elsewhere. Conversely, successful experiments in other South Asian countries may be easier to transplant at least to specific parts of India.

At a wider level, much of the benefits that can accrue to South Asia through the Indian development process also apply to a number of countries of South East Asia, and perhaps to West Asia and East Africa as well, particularly those which are relatively poor. Although in recent years there has been some dilution of the historical relations that existed between India and these countries, the areas for potential co-operation are substantial. Formalisation of such linkage at present is constrained by the absence of comprehensive co-operation agreements that are present in SAARC, but this should not present an insuperable problem once the recognition of the potential benefits comes into existence.

The challenge of inequality

The Ninth Plan seeks to address the twin challenges of inequality and participation through a focus on "justice and social equity" that seeks to address imbalances between social groups. Such a focus also raises the issue of culture in the context of development, using culturally sensitive human development to help address the economic and social disparities. Further, it identifies where the felt needs and grievances of the poorest of the poor (e.g. women, rural landless labourers, marginal farmers, migrant workers, ethnic and religious minorities) are voiced and acted upon.

The Ninth Plan views the role of the nation and private sector as complementary and equally essential. Private sector activity needs functioning markets and hence the emphasis on economic liberalisation and decontrol mentioned above. However, while market forces are extremely important, there are many circumstances in which markets may not exist or, even if they do, may not work efficiently and effectively. There are also conditions under which unbridled operation of market forces may give rise to outcomes, which may be deleterious when seen in a broader national and social perspective.

There are aspects of growth that can be labour displacing and impoverishing. These arise essentially out of unequal initial endowments of physical resources, human

capital, technology and information. These unequal endowments prevent segments of the society, particularly women and other socially and economically disadvantaged groups including the Scheduled Castes, Scheduled Tribes, Minorities, and Other Backward Classes from taking advantage of the opportunities that become available or from protecting their interests in an adequate manner. Many of these disadvantages have their roots in historical circumstances and are perpetuated through social and political factors.

Market forces left to themselves may not correct these disparities, and indeed may accentuate them since there would very likely be a tendency to exploit the weak and the disadvantaged by economic alignments of the socially and politically advantaged. In some cases, the severely marginalised may have no marketable skills (especially with the rapid rise of computer and technology use) and are too poor to participate as consumers. Public action will be necessary to reduce and eventually eliminate these schisms through a focus on removal of the initial handicaps and stringent protection of the rights of the disadvantaged.

Empowerment of the historically disadvantaged will require more than provision of the basic capabilities for integrating them into the growth process. Appropriate institutional structures will need to be created and encouraged in order to allow full play to their productive and entrepreneurial energies.

The objective conditions of the Indian economy are such that the vast majority of the populace will continue, by necessity, to be engaged in self-employment or casual employment for the foreseeable future. Thus any effort at raising the growth rate of the economy through increases in productivity and entrepreneurial dynamism would need to look beyond the usual forms of organising production. In order for such activities to be viable and remunerative in a market framework, alternative forms of organisation will have to be recognised and nurtured.

Revitalisation of the co-operative sector and other forms of economic association of

people are of great significance in this context. Co-operatives have played an important role in development and promotion of equity and social justice. Although some have grown into substantial size, there continue to be policy and procedural limits on their growth and diversification. There is a need to de-bureaucratise and de-politicise the operation of this sector and to enable it to access resources from other sources on its own strength.

Beyond economic reforms

Renewed effort to introduce the second phase of economic reforms is necessary. Less controls and greater competition have enabled markets to grow and open up several new opportunities for the private sector. However, economic reforms alone are not sufficient. To begin with, strengthening of economic reforms must be accompanied by similar reforms in the social sector. Technology, information, and the rapid acquisition of skills are increasingly becoming prerequisites for economic success within the parameters of globalisation, making the development of human capabilities an imperative for sustained economic growth and human development. Extension of social services is a precondition for achieving rates of growth of 7-8% per annum, which serves as a vehicle for reduction of poverty and improvements in human development. Although India has made considerable progress in education, health and other social sectors, social development is still inadequate, particularly in rural areas. Significant levels of infrastructure investment and institutional reforms are required to improve accountability, and access to and quality of service. The Government has repeatedly affirmed that India's structural adjustment programmes should have a human face. Hence, it must reorient its role in the economic reform process for a more rapid and equitable distribution of social opportunities.

Institutional reforms are vital for an equitable expansion of economic and social opportunities. The process of change will require a major political commitment to provide the necessary political space and a

policy framework for a sensitive support mechanism. Among other things, this will call for:

- simplification of ground rules that would facilitate participation of grassroots level organisations in the development process,
- steps to bring about flexibility and dynamism among the providers of public services
- orientation of the judicial system for speedy disposal of disputes and sensitisation to the needs of the poor and disadvantaged (taking into account the ratified global Conventions).

Sustenance of this process and its eventual take-over by the people would also need further institutional reforms to ensure information exchange, conflict resolution, joint action, strategic planning and public awareness and education. Only through more transparent and open processes that give people access to information can a healthy system of democratic local governance be put in place.

At the same time, legislative reviews and legal action will be required in a large number of areas to facilitate and promote human development.

Box 8

The Right to Information: People's Initiative Gathers Momentum

The most effective systemic check on corruption would be where the citizen has the right to take initiative to seek information from the state, to enforce transparency and accountability. Therefore demystification of rules and procedures, complete transparency and pro-active dissemination of this relevant information amongst the client public is potentially a very strong safeguard against corruption.

It is in this context that the movement for right to information is so important. The movement gained strength initially through the experiment in public hearings of the NGO Mazdoor Kisan Shakti Sangathan in Rajasthan, which despite its local character had countrywide reverberations. The mode of public hearings initiated by Mazdoor Kisan Shakti Sangathan, commenced with the premise of the fundamental right of people to information, about all actions and decisions of the state apparatus. In the specific context of development and relief public works with which Mazdoor Kisan Shakti Sangathan had been deeply involved for so many years, this right to information translates itself into a demand that copies of all muster rolls, bills and vouchers related to public works are made available to the people, for a public audit. These are then read out and explained to the people, in open public hearings. The people thus have gained unprecedented access to information about, for instance, the names of workers listed in the muster rolls, the amounts of money stated to have been paid to them, the details of various materials claimed to have been used in the construction, and so on. It is not as if they were unaware in the past that muster rolls are forged, that records are fudged, that materials are misappropriated, and so on. But these were general fears and doubts, and in the absence of access to hard facts and evidence, they were unable to take any action. The public hearings dramatically changed this, and ordinary people spoke out fearlessly and gave convincing evidence against corruption, and public officials were invited to defend themselves.

The implementation of this right to information with the active support of the state government, was commenced for the first time in the country in Bilaspur Division of Madhya Pradesh. Subsequently, state governments in Madhya Pradesh, Goa and Kerala have been pro-active in operationalising the right to Information in their respective states.

A number of leading intellectuals, including those at senior levels of the bureaucracy, press and public life, have supported the movement for the right to information, and called for legislation at the national level which guarantees such a right to every citizen.

5. Focus areas for joint UN action

The Ninth Plan recognises the need to accelerate economic growth and simultaneously eliminate human poverty. The proposed economic reform measures seek to strengthen India's ability to tap new market opportunities, increase its international competitiveness, and promote employment. The Plan also recognises that in order for this to happen, it is equally important to enhance people's capabilities more directly and eliminate human poverty. Accordingly, priority has been given, among other things, to improving the health status of people, promoting universal basic education, ensuring adequate provisioning of basic social services and ensuring that the most deprived in society get to enjoy a decent standard of living. The Ninth Plan document also outlines sectoral priorities and strategies.

Each of the UN organisations with a base in India and many others work in close partnership with the Government of India to mutually agree upon areas of co-operation on human development issues. Experiences gained and lessons learned are shared regularly to improve the quality of programming, to become more efficient and to enhance outcomes. In addition, however, it is increasingly felt that there ought to be a few critical areas that become the *collective focus* of the entire UN system – both to increase the collective efficiency of UN operations, and also to further strengthen programming for human development - within the overall framework provided by the Ninth Plan.

UNDAF priority areas

Clearly many areas qualify for such collective attention, but it was felt that narrowing the focus to a few issues would be far more constructive than paying diffused attention to a large number of issues. The areas for joint UN action would need to be relevant to India as well as to the region.

It is quite obvious that the central position of India in the South Asian landmass makes it

critical for effective intervention in a number of areas of health care and disease control and in environmental protection. Although the UN system has for quite some time had programmes in the health related and environmental fields in most of the South Asian countries, especially for control of infectious diseases, the level of co-operation at the inter-country level has been weak and less than adequate. In these areas, and in other similar fields, the effectiveness of UN system programmes can be considerably enhanced if it operates not only through the national governments but also through the aegis of SAARC. This would require new operational methodologies to be worked out by the UN system for greater regional co-ordination.

A series of steps were taken by the UN Country Team to identify the priority areas, keeping in mind the challenges that the country faces and the opportunities that exist for the UN system to make a meaningful contribution. Discussions were held with a wide cross-section of development partners and professionals, scholars, politicians, policymakers, activists and representatives of civil society. In addition, the UN system held an Inter-Ministerial Meeting in December 1998, a Future Search Conference around the theme "*Beyond the boundaries: how can the UN system make a difference to India's development future?*" in February 1999, and a Interaction in April 1999 with Ms. Gertrude Mongella to review India's challenges in the context of the Beijing plus 5 situation. At the end, with Government's guidance two areas emerged as being the most critical for a collective UN focus: (1) promoting gender equality, and (2) strengthening decentralisation.

Promoting gender equality

There was unanimous agreement at the Inter-ministerial Meeting that persistent gender inequalities are among the most serious forms of social injustice. Denial of equal opportunities for women is typically different from other forms of inequality as

very often existing patterns of social arrangements that nurture anti-female bias and discrimination against young girls and women are often not viewed as being unjust. To that extent, many forms of gender inequality appear legitimate when in fact they are not so. In many instances, greater equity in achievements may be noticed, but gender inequality persists.

At the same time, investing in enhancing women's capabilities, promoting opportunities for women – economic, social and political - and reducing gender inequality have enormous instrumental significance. These are direct means of empowering women, of enabling them to make informed choices, and of increasing participation in decision making both within the family and at the community, state and national level. Increased participation by better-educated and healthy women is also a very powerful way of improving productivity and maximising market opportunities. It is also a way of preventing widening disparities from reducing the potential benefits of globalisation and liberalisation.

Eliminating gender inequalities is not an easy challenge. It calls for sensitive programming. But it also requires collective action at a different level – to highlight and recognise many silent forms of discrimination against women, to expose hidden biases, to initiate a broader public discussion and debate, to design new and innovative approaches, and ultimately to help change mindsets and societal values. A preliminary brainstorming between representatives of Government, bilateral agencies, NGOs, independent scholars, and the UN system pointed to several issues that need to be addressed collectively. These included, for instance, the need to:

- expand economic opportunities for women
- strengthen the role of women in governance
- address the much-neglected area of violence against women and children
- effect changes in mindsets that perpetuate anti-female biases
- demand better gender-disaggregated data for monitoring progress, and

concentrate particularly on expanding opportunities for the girl child in the most disadvantaged communities.

It is in these areas that the UN system can combine to make a valuable contribution – by bringing Government, civil society organisations, and people together.

Strengthening decentralisation

The justification for a collective focus on decentralisation is equally obvious. A striking feature of India's development over the past 50 years has been the strong Constitutional and political commitment to eradicate human poverty. An equally striking feature, however, has been the failure to do so. Some of this can be attributed to faulty policies and misplaced priorities. But a large part of the failure reflects serious problems with the implementation and administration of development programmes. Problems of inefficiency, wastage, poor quality, inadequate coverage, unequal access, and absence of cost-consciousness can be found in almost every sector. At a broader level, it reflects a failure of governance. There cannot be sustainable human development without good people centred governance.

Once again, it is strongly believed that the key lies in greater and more effective decentralisation. For instance, the 73rd and 74th Constitutional amendments for institutionalising a system of democratic local governance are based on the strong belief that greater people's participation in public decision making is essential for accelerating human development. This requires social mobilisation, improved access to information, and greater sensitivity among development administrators. It also requires that the poor and disadvantaged groups have a voice and say in the setting of priorities and in the design of programmes. People's movements, mobilised communities and their alliances are the forums of expression through which the voice of the least advantaged are heard. Elected officials of local bodies need to be better informed, better aware of their rights and responsibilities, and more capable of taking decisions. At the same time, it is

essential to set up proper systems of monitoring, reporting, accountability, transparency and efficiency in use of resources. Reducing gender inequalities is also a way of improving participation and strengthening decentralisation. Increased involvement of women is likely to reduce anti-female biases often inherent in the allocation of resources and priorities.

Discussions with a wide cross-section of experts point to many areas that are a common concern to UN agencies and the Government. These include, for instance, making the local governance bodies more representative, more effective, and more equity-oriented. Local area planning

systems need to be developed that reflect the demands and priorities of the community, especially of the poor. Community monitoring systems are needed to ensure that resources meant for development are used effectively and efficiently. The solution to many of these issues lies in developing closer partnerships between government functionaries, the community, NGOs and other groups active at the grassroots level. The UN system can collectively forge such a coalition, enable exchange of experiences, and advocate changes in administration and programme implementation that have a direct positive bearing on the lives of people.

Annex A:

What is the CCA?

The Purpose:

The Common Country Assessment (CCA) for India will seek to identify, assess and analyse the current major trends in development within the country and articulate the key development challenges that India faces in the immediate future and into the next millennium. These will be looked at from both sectoral and crosscutting perspectives and within the context of recent UN Conferences and Conventions. The CCA will serve as a basis for further in-depth sectoral analysis for the different UN organisation mandate areas.

The Process:

The process will be as participatory as possible, involving the various stakeholders of the UN system in India (i.e. Government, resident and non-resident UN organisations, the donor community and civil society). A "Future Search Conference" is planned to bring the stakeholders together to identify the key trends and development challenges and suggest common ground for UN/Government (and stakeholder) action.

The Document:

Thereafter, a Common Country Assessment document will be developed from the interactions at the "Future Search Conference" and other assessment and analytical inputs from UN organisations, the Government, donor partners and civil society. The document will serve as the basis for the development of the UN Development Assistance Framework (UNDAF) for India and will be widely distributed to the UN's development partners.

Annex B:

How the CCA was prepared

June 1997	CCA/UNDAF India is put on the agenda
October 1997	Task Force is set up to facilitate the CCA/UNDAF process
December 1997	India is selected as one of the eighteen UNDAF Pilot Phase Countries. Suggested work plan is approved by Heads of Agencies.
January 1998	Work plan for the CCA/UNDAF process developed by the UNDAF Task Force and approved by the UN Country Team. The plan was revised as the process evolved and new opportunities for interaction arose. UNDAF Task Force Focal Points appointed/nominated. Assessment of the development situation in India begins.
February 1998	Individual interviews with UN Country Team heads conducted by UNDAF Task Force Members. Interviews were fed into a matrix highlighting important key development issues for India as seen from different agency perspectives. The interviews helped foster ownership of the CCA/UNDAF exercise.
March 1998	One-day Workshop on <i>Development Challenges</i> . The workshop sought to get the views of a mix of different level UN programme staff on the implications of UN reform, and to provide a forum for staff to voice their hopes and fears about the changes to be brought about by the CCA/UNDAF exercise. The participants examined India's development challenges sector-wise: Basic Education, Health, Food Security and Nutrition, Environment and Water, Employment, and HIV/AIDS.
May 1998	UNDAF Focal Points for UN organisations nominated.
June 1998	One-day workshop on CCA. The workshop involved Heads and Deputies of UN organisations in India. The workshop sought to examine India's development challenges through crosscutting perspectives of Basic Social Services, Decentralisation, Gender, Human Rights, Partnerships, Poverty and Sustainability. The participatory 'small group' and 'market stalls' methodology used succeeded in the objective of UNDAF teambuilding and ownership.
July 1998	UN Development System Interaction with Parliamentarians' Forum for Human Development. Formal presentation of the UN development system in India and short presentations by UN system development organisations in India on their mandates and activities. Discussions followed.
August 1998	Briefing of Bilateral Donors, Civil Society Representatives, and Private Sector Partners on CCA/UNDAF. UNDAF Assessment Mission from UN Development Group Office. The mission sought to evaluate the design and management of the UNDAF process in India and to suggest possible improvements. Interactions with the Planning Commission, civil society (including the private sector), and several donors.
October 1998	UN Day. Market stall Interaction and feedback from constituents and partners of inter-agency initiatives already undertaken or being formulated around the emerging crosscutting themes.

December 1998	Inter-Ministerial Meeting convened by the Ministry of Finance brought together UN organisations and their nodal ministry counterparts around the table to discuss the issues and the possible role of the UN in tackling them. Discussion paper on the crosscutting issues based on the feedback received was prepared prior to the meeting.
January 1999	Consultations with the existing Inter Agency Working Groups (IAWGs) undertaken to extract lessons learned and to determine how best the IAWGs can contribute to and advance the UNDAF process.
February 1999	Future Search Workshop, "How can the UN system best support India's development future?" UN system stakeholder/partners (resident UN organisations, non-resident UN organisations, government, donors and civil society organisations) used 'Future Search Methodology' to examine trends affecting India's development and marked those that were considered most important. Further discussions took place around the role the UN could play and the actions the UN could assist the country with, to ensure progress on selected development issues. Two focus areas (gender and decentralisation) for collaborative UN efforts in the next few years were agreed upon for UNDAF-India 1999-2003.
March 1999	Drafting of CCA (and UNDAF) Outline(s) by the UNDAF Drafting Group/UNDAF Task Force in informal consultation with the Planning Commission, (selected line ministries), selected donor and civil society partners.
August 1999	Task Force interaction with Nitin Desai, on UNDAF themes. Task Force interaction with Nobel Laureate Amartya Sen on UNDAF themes.
October 1999	Interactive exhibition for UN Day 1999, to present the two focus areas of UNDAF – Gender and Decentralisation, and receive feedback from guests.
November 1999	Multi-Bilateral Coordination meeting. Task Force interaction with Dr Richard Jolly, Under Secretary General and Special Adviser on Human Development Report, on UNDAF themes.
December 1999	Presentation of the UNDAF draft document to the Secretary, Planning Commission.
January 2000	Presentation on UNDAF-India by the UN Country Team with Secretary, Planning Commission to the Joint Executive Boards of UNDP/UNFPA and UNICEF with participation from WFP in New York.
March 2000	Presentation of the UNDAF document to Planning Commission for formal Government agreement.

Annex C

UN Organisations in India

UN organisations and agencies operate in partnership with the Government of India and civil society organisations. UN system organisations undertake different functions (e.g. funding, programming and technical assistance) in their provision of development assistance to India. In addition, within India, certain organisations enjoy considerable autonomy to take decisions locally, whereas others must revert to their headquarters for most decisions. The diversity of working arrangements and official mandates within the UN system has resulted in considerable diversity in structures, partnerships, and administrative procedures among UN organisations.

APCTT	<p>Asian and Pacific Centre for Transfer of Technology (APCTT) is a UN regional institution of the Economic and Social Commission for Asia and the Pacific (ESCAP). Their mandate is to assist members and associate members of ESCAP through strengthening their capabilities to develop, transfer, adapt, and apply technology; to improve the terms of transfer of technology; and to identify and promote the development and transfer of technologies. The focus is on environmentally sound technologies for sustainable development.</p> <p>Activity Areas: Technology Management Capacity Building, especially to small and medium size enterprises; Women entrepreneurship development; Environmental management information.</p>
FAO	<p>The Food and Agriculture Organization (FAO) was founded in October 1945 with a mandate to raise levels of nutrition and standards of living, to improve agricultural productivity, and to better the condition of rural populations. Today, FAO is the largest autonomous agency within the United Nations system with 180 member nations plus the EC (Member Organisation) and more than 4300 staff members around the world.</p> <p>Since its inception, FAO has worked to alleviate poverty and hunger by promoting agricultural development, improved nutrition and pursuit of food security – the access of all people at all times to the food they need for an active and healthy life. The Organisation offers direct development assistance, collects, analyses and disseminates information, provides policy and planning advice to governments and acts as an international forum for debate on food and agriculture issues.</p> <p>FAO is active in land and water development, plant and animal production, forestry, fisheries, economic and social policy, investment, nutrition, food standards and commodities and trade. It also plays a major role in dealing with food and agricultural emergencies.</p> <p>A specific priority of the Organisation is encouraging sustainable agriculture and rural development, a long term strategy for the conservation and management of natural resources. It aims to meet the needs of present and future generations through programmes that do not degrade the environment and are technically appropriate, economically viable and socially acceptable.</p>

ILO	<p>The International Labour Organization's (ILO) main purpose is to protect the interests of workers world-wide and to further the cause of social justice. The ILO has a unique tripartite structure, with representatives of its constituents (governments, workers, and employers) having an equal voice in its running.</p> <p>Activity Areas: Policy and programme formulation; Creation of International Labour Standards with follow-up procedures; Carrying out of technical co-operation activities in close partnership with its constituents, to help Member States comply with the principles and Conventions of the ILO; Participation in training, education, research, and publishing activities involving labour matters.</p>
IMF	<p>The International Monetary Fund is an intergovernmental organization created to promote international monetary co-operation and exchange stability. The IMF's main activities include comprehensive analysis of the general economic situation and the policy strategy of its members; financial assistance to members with balance of payments difficulties in support of policies of adjustment and reform; and technical assistance in several broad areas including the design and implementation of fiscal and monetary policy, institution building, collection and refinement of statistical data, and training of member country officials.</p> <p>India has not been a frequent user of IMF resources. Nevertheless, IMF credit has been instrumental in helping India respond to balance of payments problems on two occasions. In 1981-82, India borrowed SDR 3.9 billion from the IMF, the largest arrangement in IMF history at the time, and in 1991-93, it borrowed a total of SDR 3.6 billion under various IMF financing facilities. In addition, IMF has provided India with technical assistance in a number of areas including the development of the government securities market, foreign exchange market reform, public expenditure management, tax and customs administration, and strengthening of statistical systems. IMF has also provided training to Indian officials in national accounts, tax administration, balance of payments compilation, monetary policy, and other areas.</p>
UNAIDS	<p>The Joint United Nations Programme on HIV/AIDS (UNAIDS), is a cosponsored programme of 7 UN agencies (UNICEF, UNDP, UNFPA, UNESCO, UNDCP, WHO and the World Bank). In India, UNIFEM and ILO have also been actively involved in the collaborative effort. The agencies work together through a UN Theme Group on HIV/AIDS.</p> <p>Activity Areas: The theme group has developed an integrated action plan in support of Phase II of the Government of India's National AIDS Control Programme. The plan provides a range of financial and technical support to India's response to HIV/AIDS. Additionally, UNAIDS provides strategic planning support at the national and state level. Technical resource groups have been established to support the states and to build long term capacity in the country to respond to the epidemic.</p> <p>Apart from support to build technical and programme partnerships with multilateral and bilateral development organisations and international NGOs, UNAIDS facilitates the sharing of regional best practices and lessons through its co-sponsors and the UNAIDS Secretariat in Geneva, to develop an effective and comprehensive response to HIV/AIDS. UNAIDS also helps build national commitment for addressing the HIV/AIDS epidemic and provides information and guidance to a range of partners including Government departments and civil society (including people living with HIV/AIDS).</p>

UNCTAD	<p>The United Nations Conference on Trade and Development (UNCTAD) is the principal organ of the United Nations General Assembly in the field of trade and development. Its main goals are to maximise the trade, investment, and development opportunities of developing countries, to help them face challenges arising from globalisation and integrate them into the world economy on an equitable basis.</p> <p>Activity Areas: Research and policy analysis, facilitation of intergovernmental deliberations, and technical co-operation activities. Activities on trade, environment, and development involve providing technical assistance to the government on these issues as well as specific technical assistance geared to the special needs of the Ministry of Commerce, Government of India.</p>
UNDCP	<p>The United Nations International Drug Control Programme (UNDCP) works to tackle the global drug problem and its consequences.</p> <p>Activity Areas: Alerting the world to threats posed by drug abuse to individuals, families, communities and institutions; Building and supporting local, national, and international partnership to address drug issues; Promoting and enhancing efforts to reduce drug abuse, particularly among the young and vulnerable; Strengthening international action against drug production, trafficking and drug-related crime; Providing information, analysis, and expertise on drug issues; Ensuring adequate supplies of controlled drugs for medical and scientific purposes.</p>
UNDP	<p>The United Nations Development Programme (UNDP) helps to build capacities for sustainable human development. The UNDP mission statement emphasises that, as part of the United Nations, UNDP upholds the vision of the United Nations Charter. UNDP is committed, therefore, to contributing through its work in development co-operation to United Nations system partnerships aimed at furthering the four basic aims of the United Nations organisation; peace and security; humanitarian assistance; development operations; and economic and social affairs.</p>
UNDP-World Bank WSP-SA	<p>UNDP-World Bank Water and Sanitation Program – South Asia (WSP-SA) assists governments and external support agencies in improving sector policies and strategies. In India WSP is supporting stakeholder consultations to support the development of effective sector policies.</p> <p>With its overall objective of promoting demand-based, sustainable services for the poor and its strategic focus on rural water and sanitation services and urban environmental sanitation, WSP-SA explores five major themes: rural water supply and sanitation, urban environmental sanitation, participation and gender, and private-sector participation for ensuring service-delivery to the poor. To do this, WSP-SA supports the development and application of appropriate policies and strategies, to learn and apply lessons by participating in planning, supervising and monitoring programs and projects, and exchanging experience among key partners and stakeholders.</p>

UNESCO	<p>United Nations Educational, Scientific and Cultural Organization (UNESCO) carries out programmes in the fields of Education, Sciences - Natural and Human, Culture and Communication. UNESCO works in close co-operation with the Government and other donors, who provide funds for the relevant activities, UNESCO's co-operation is mainly technical in nature.</p> <p>Activity areas: Education: education for all, basic education and literacy, technical and vocational education , special needs education, gender education, street children, teacher education and distance education, HIV/AIDS, peace education; Science: Basic, engineering and earth sciences, ecology and hydrology; Culture: safeguarding cultural heritage, promoting artistic creation and stressing the role of culture in development; Communication: developing communication infrastructure and human resource, promoting informatics for development.</p>
UNFPA	<p>The United Nations Population Fund (UNFPA) is guided by and promotes the Programme of Action of the International Conference on Population and Development. UNFPA is committed to reproductive rights, gender equality and male responsibility and to the autonomy and empowerment of women everywhere. UNFPA extends assistance to developing countries, to address population and reproductive health issues. It believes in safeguarding and promoting the well-being of children, especially the girl child, which are development goals in themselves.</p> <p>UNFPA's assistance to India is provided in three core areas: (1) reproductive health; (2) population and development strategies; and (3) advocacy.</p>
UNHCR	<p>The United Nations High Commissioner for Refugees (UNHCR) presence in India is to provide international protection, and where appropriate, assistance to refugees; assist refugees to find durable solutions; encourage the Government of India to develop a legal framework for refugee protection, and promote the dissemination of refugee law among academic and research institutions, governmental bodies and non-governmental organisations.</p> <p>The government of India has allowed UNHCR to exercise its mandate for protection and assistance despite the absence of a legal regime. India is not a signatory to the 1951 Refugee Convention or its protocol of 1967 and it has no specific national legislation for the protection of refugees. Nonetheless, India has hosted and settled some of the largest refugee influxes in this century.</p>
UNICEF	<p>The United Nations Children's Fund (UNICEF) was created to provide emergency relief for children devastated by World War II. Along with relief items, UNICEF highlighted that the needs of children are above politics. That mandate is today the guiding principle of UNICEF. UNICEF supports countries to meet the basic needs of children in health care, improved nutrition, education, safe water and sanitation. UNICEF promotes in particular the concerns of the girl child. Since the Convention on the rights of the Child was adopted, UNICEF has motivated governments to adopt a rights-based approach to programmes. In India, the overall objective for the UNICEF supported programme under the current Master Plan of Operations agreed with Government of India is to 'reach the unreached' with quality services in all sectors. The India country programme is UNICEF's largest operation in the world. It has four strategic elements: Partnerships, Decentralisation, Gender Equality and Convergent Community Action. The programme gives special attention to the north east of India and urban areas.</p>

<p>UNIDO</p>	<p>United Nations Industrial Development Organization (UNIDO) helps developing countries and transition economies to pursue sustainable industrial development. It provides solutions to today's industrial problems by offering a package of integrated services addressing three concerns: (1) competitive economy; (2) sound environment; (3) productive employment at the policy, institutional and enterprise level.</p> <p>UNIDO is divided into three divisions: (1) Investment Promotion and institutional Capacity-Building; (2) Sectoral Support and Environmental Sustainability; and (3) Field Operations and Administration and the office of the Director General.</p>
<p>UNIFEM (regional organisa- tion)</p>	<p>The United Nations Development Fund for Women (UNIFEM) serves as a bridge between global policy makers and grassroots women in the developing world. UNIFEM supports efforts of women in the developing world to achieve their objective for economic, political and social development, and aid them in their quest for equal human rights.</p> <p>Activity Areas:</p> <ol style="list-style-type: none"> 1. Economic Security: strengthening women's economic capacity as entrepreneurs and producers, especially in the context of the new trade agendas and the emergence of new technologies. 2. Governance: engendering governance and leadership that will increase women's participation in the decision-making process that shape their lives and that will be responsive, in terms of livelihoods, to the needs and realities of women and their communities. 3. Human Rights: promoting the realisation of women's rights and the elimination of all forms of violence against women to facilitate women's full participation in the societies.
<p>UNV</p>	<p>United Nations Volunteers (UNV) is a subsidiary organ of the UN set up by the General Assembly to be an operational programme in development co-operation. UNV promotes volunteer contributions to development, especially with a community focus, and seeks to influence policy for sustainable results.</p> <p>UNV's mandate is to encourage, promote and support volunteerism in every sphere, in support of collective efforts for a better society. The principle of mutual aid is the foundation of the volunteer ethic. Each year, UNV identifies and places up to 4000 professionals in developmental and humanitarian programmes; at least 74% are citizens of the developing world.</p>
<p>WFP</p>	<p>The World Food Programme (WFP) works to: (1) combat malnutrition and invest in human resources; (2) help improve immediate food security for selected target groups with their participation; (3) maximise the participation of women groups in WFP projects; (4) advocate Joint Forest Management; and (5) help strengthen distribution channels for locally produced food-grains.</p> <p>Activity Areas in India:</p> <p>Rural development through irrigation and settlement;</p> <p>WFP supports Integrated Child Development Services activities in five states, which provides integrated social services, including basic health, education and nutrition to poor women and children through village centres;</p> <p>In the Tribal Development through Forestry Activities, WFP works in close collaboration with the forest departments in five states providing daily food rations at concessional rates to forest dependent daily wage workers engaged in forest activities and their families.</p>

<p>WHO</p>	<p>The World Health Organisation's (WHO) objective is the attainment by all peoples of the highest possible level of health.</p> <p>WHO directs and co-ordinates international health work; promotes technical co-operation; assists Governments in strengthening health services; furnishes appropriate technical assistance and, in emergencies, necessary aid; stimulates and advances work on the prevention and control of epidemic, endemic, and other diseases; establishes and stimulates the establishment of international standards for biological, pharmaceutical and similar products, and to standardise diagnostic procedures.</p> <p>WHO also proposes conventions, agreements, regulations, and makes recommendations about international nomenclature of diseases, causes of death, and public health practices. It develops, establishes and promotes international standards concerning foods and biological, pharmaceutical, and similar substances.</p>
<p>World Bank</p>	<p>The World Bank is the world's largest source of development assistance, providing nearly \$30 billion in loans annually to its client countries. The World Bank group today consists of five closely associated institutions: the International Bank for Reconstruction & Development (IBRD), which provides loans and development assistance to middle-income countries and credit-worthy poorer countries, the International Development Association (IDA), which provides interest-free loans and other services to the poorest countries, the International Finance Corporation (IFC), which promotes growth by financing private sector investments and providing technical assistance and advice to governments and businesses, the Multilateral Investment Guarantee Agency (MIGA), which helps encourage foreign investment in developing countries by providing guarantees to foreign investors against loss caused by non-commercial risks, and the International Centre for Settlement of Investment Disputes (ICSID), which provides facilities for the settlement of investment disputes between foreign investors and their host countries.</p> <p>Activities Areas in India include: Health programs on nutrition, disease control, population and reproductive health, and HIV/AIDS; Education programs; Energy sector programs; Rural development programs: Water and Work for India's Poor; Sodic Lands Reclamation; Rural Water Supply; Medicinal Plants; India's Watersheds; Rejuvenating India's Decimated Forests; and Biodiversity through Ecodevelopment.</p>

UN organisations and programmes in India	Official Government of India Nodal Ministry
Resident Co-ordinator System	Ministry of External Affairs
APCTT (ESCAP)	Ministry of Science and Technology
FAO	Ministry of Agriculture
ILO	Ministry of Labour
UNAIDS	Ministry of Health and Family Welfare, National AIDS Control Organisation (NACO)
UNCHS (Urban Management Programme)	Ministry of Urban Management
UNCTAD	Ministry of Commerce
UNDCP	Ministry of Social Justice and Empowerment
UNDP	Ministry of Finance (Department of Economic Affairs)
UNDP/World Bank Water and Sanitation Programme/RWSG-SA	Ministry of Rural Areas and Employment, Rajiv Gandhi Drinking Water Mission
UNESCO	Ministry of Human Resources Development, Department of Education/Department of Culture
UNFPA	Ministry of Health and Family Welfare, Department of Family Welfare
UNHCR	Ministry of External Affairs
UNIC	Ministry of External Affairs
UNICEF	Ministry of Human Resources Development, Department of Women and Child Development
UNIDO	Ministry of Industry
UNIFEM	Not Applicable
UNV	Ministry of Youth Affairs and Sports
WFP	Ministry of Agriculture
WHO	Ministry of Health and Family Welfare, Department of Health
IFC	Ministry of Finance
IMF	Ministry of Finance
World Bank	Ministry of Finance
UNDAF	Planning Commission