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Poverty Eradication Through Millennium Development Goal: A Study in Andhra Pradesh

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ABSTRACT

The Millennium Development Goals are set up by the United Nations were adopted by 189 Countries in the UN Millennium Summit held in September 2000 including our own Country India. The United Nations Development Group in its 2nd Guidance note on country reporting on the Millennium Development Goals provided a framework of 53 indicators which are categorized according to targets. India is one of the Developing countries to achieve the targets of Millennium Development Goals and to give targets for all states of the country.

Andhra Pradesh is one of the States stands in the middle on the performance of a number of MDG goals in the country. Achieving all the MDG set targets in the stipulated time is a challenge and that Andhra Pradesh has to seriously start focusing upon, as the data of delivery draws close. Being on track on a number of indicators, Andhra Pradesh is poised to achieve a large proposition of the MDG'S. To keep track of Andhra Pradesh's status quo on a number of parameters, it is essential to have an idea of the exact targets set for the State. Health is one of the major compound in the MDG's In order to meet MDG's goal MMR and IMR in Andhra Pradesh 2015, the target achieved MMR 134 per 100000 live births were as IMR 46 per 1000 live births. In this context this paper proposed to study the Poverty Eradication through Health, their achievement and challenges of the Millennium Development Goals.

INTRODUCTION

During the last five years a great deal of empirical work Infant Mortality Rate focusing attention on the plight of the poor in the health sector. A group of World Bank staff working on the relationship between health and poverty in 1999 brought out a series of country report. These reports highlighted persistent in equality in health outcomes and system out puts in over 40 low and middle income countries. It is well known that the poor suffer more than the rich in the malteds of mortality, fertility, malnutrition and morbidity. The size of the gap between the rich and the poor in these aspects has drawn the attention of policy makers and development agencies. This is evident in fertility outcomes not only in measures of IMR and under-five mortality but also in measures of malnutrition like stunting and micronutrient deficiencies.

Poverty is mainly a household and community characteristic. The poor suffer most due to poverty owing to less access to education, knowledge and rescores. They are highly susceptible to communicable diseases, which are strongly influenced by cultural factors or strict religious beliefs. The areas of health, population and nutrition to which poor women are most vulnerable require communication strategies to bring about change in them. At the millennium summit of September 2000. The world leaders adopted the UN Millennium declaration. This declaration enables the nations to commit themselves to work for reduction of extreme poverty through a numbers of time-bound targets by 2015. These came to be known as the millennium development goals. These goals tackle the dimensions of income, poverty, hunter disease, shelter sand gender equality, education and environment sustainability.

Objectives:
1. To analyze the date on MMR and IMR in India and Andhra Pradesh.
2. To review the context of Millennium Development Goals India and Andhra Pradesh.

Data Collection:
The data for our study has been drawn from secondary sources such as published and unpublished books, reports, learned papers and interaction with scholars working in the review field. These data have been analyzed and the results tabulated following standard methods. Sample statistical tools like frequencies and percentages have been calculated.

Millennium Development Goals in India:

India is racing against time in order to reach MDGS 4 and 5 by the year 2015. By the same taken the country is interested to bring about reduction in the IMR declining trend 28 and MMR to 109. The MMR declining trend reported for 1997 – 2009 continues futures in a linear fashion in order to achieve the MDG target level of 109, by 2016. This may be perhaps possible owing to the MMR prediction of 17 in 2015. If the declining trend remains exponential, the MMR of the country may perhaps be 159 in 2015. This trend is sure to reach MPG 5 target by 2023 – 2024. It may be pertinent to state in this connection that the MMR target of 109 has already been achieved by 2009 by contain states like Kerala, Tamil Nadu and Maharashtra. If the declining trend continues with the same pair there are fair chances of touching 109 MMR by the state of Andhra Pradesh besides Gujarat and West Bengal. The skilled health personnel have to be saluted for their leading role for improvement in the proportion of deliveries from 33 Per cent in 1992-93 to 76 Per cent in 2009. This achievement may be put on firm footing in the year beyond 2009. Goals, Targets and Indicators of India's MDG frame work including the summary of India's Progress so far achieving the MDG

MDG 4: Child Mortality Reduction
Table-1
Under – Five mortality ratio between 1990 and 2015

Indicator 13 Under – Five mortality rate	SRS Based US MR in India for 2010:59 (66 in Rural areas to and 38 in Urban areas	Reduction in U5MR 42 per thousand live birth by 2015
Indicator 14: Infant Mortality rate	IMR for the country declined by 33 points in the last 20 years with an annual average decline of 1.65 points and six points between 2008 and 2010 IMR being 47.	Improved trend due to sharp fall during 2008-09 IMR likely to be 44 as against the MDG target of 27 in 2015

Indicator 15: One year old children immunized against measles	42.2 Per cent in 1992-93 to 74.1 Per cent in 2009	India expected to cover about 89 Per cent Children aged 12-23 months by 2015 likely short fall of about 11 percentage points
MDG :5 MATERNAL HEALTH **Maternal Mortality ratio between 1990 and 2015**		
Indicator 16: Maternal Mortality Ratio (MMR)	From MMR level of 437 per 100,000 live births in 1990/1991 to Current 212	Required to reduce MMR to 109 per 100,000 live births by 2015. Tends to reach 139 per 100,000 live births by 2015.
Indicator 17: Proportion of births	26 Per cent in 1992-93 to 47 Per cent in 2007-08 Skilled personnel also increased by 19 Per cent	Likely achievement by 2015, 62 Per cent short of targeted universal coverage.

Existing Scenario in Andhra Pradesh:
Millennium Development Goals – AP Targets and Achievements 2010-11

Reforms initiated in the 1990's to a large extent have made a positive impact on Economic development in the state. However it lags behind a several other socio-economic and human develop indicators. AP stands in the middle on the performance of a number of MDG goals in the country. Achieving all the MDG set targets in the stipulated time is a challenge that AP has to seriously start focusing upon. Being on track on a number of indicators. AP is poised to achieve a large proportion of the MDG. To keep track of AP's status quo on a number of Parameters it is essential to have an idea of the enact target set for the state. Taking in to account the base line data figures of the nineties AP MDG targets have been qualified by a number of scholars, Few common arrived targets and the current conditions on a number of parameters is collated to create a more broader and accepted table that contains the recognized MDG targets set for the state and AP's Current position on the different indicators of MDG.

Table-2
MDG's Goals and Achievements in Andhra Pradesh

MDG Goal	Target	Indicators	1993/94	1999/2000	2009/10	Mahendra Dev 1993/2015 (2011)	World Bank 1990/Target 2005	M.L Ferreira 1990/Target 2015 (2003)
Child Mortality Reduction	Two-Thirds between 1990 and 2015	ID:1 Under give mortality rate per 1000 live births.	100.6	91.3	81.97	NA/31	94.2/31.4	91/30.3
		ID:2 Infant Mortality Rate per 1000 live births	73.2	66	46	73.20/48.31	72.8/24.3	70/23.3
Maternal Health Improvement	MMR Reduction three quarter Between 1990 and 2015		197	195.220	134	100.6/76.84	300/75	300/75

Table-3
MMR Decline in Andhra Pradesh and India

State	Changes in MMR between 1997-2001 and 2006-09		% Net contribution of the state to periodic decline in MMR of India between					% state share to total live births during 1997 and 2009	If MMR decline follows & alinear trend		If MMR decline follows on exponential trend	
	% Decline	Annual absolute decline	1997-98 and 1999-01	1999-01 and 2001-03	2001-03 and 2004-06	2004-06 and 2007-09	1997-98 and 2009-09		Expected MMR in 2015 (95% CI)	Year of achievement MDG-5 Target MMR level of 109	Expected MMR in 2015	Year of Achievement MDG. MMR level of 109
Andhra Pradesh	32.0	5.3	-2.8	7.9	7.2	2.5	3.4	7.8	101 (57-144)	2014	115 (83-147)	2017-18
India	46.7	15.5	100.0	100.0	100.0	100.0	100.0	100.0	117 (109-125)	2016	159 (153-166)	2023-24

Table-4
IMR decline in Andhra Pradesh and India

State	Changes in MMR between 1989-91 (1990) and (2009-10) 2010		% Net contribution of the state to periodic decline in MMR of India between					% state share to total live births during 1990-2010	If MMR decline follows & linear trend		If MMR decline follows on exponential trend	
	% Decline	Annual absolute decline	1989-91 and 1995-97	1995-97 and 2000-2002	2000-02 and 2005-07	2005-07 and 2009-10	1989-91 and 2009-10		Expected IMR in 2015	Year of achievement MDG-4 Target IMR level of 28	Expected IMR in 2015	Year of Achievement MDG.4 Target IMR level of 28
Andhra Pradesh	36.4	1.4	8.8	6.4	7.4	6.3	7.5	6.4	45.3 (42.6-48.1)	2031-32	47.1 (41.5-52.7)	2044-45
India	42.1	1.8	100.0	100.0	100.0	100.0	100.0	100.0	41.5 (384-44.7)	2023-24	45.0 (41.0-49.0)	2033-34

MDG: 4 Reduce Child Mortality:

In India, less than five Mortality Rate has declined from an estimated level of 125 per 1000 live births in 1990 to 52 in 2012. Given to reduce USMR to 42 per thousand live births by 2015. India tends to reach 49 by 2015 as per the historical trends, missing the target by 7 percentage points. However considering the continuance of the sharper annual rate of decline witnessed in the recent years. India is likely to achieve the target. India the Infant Mortality Rate (IMR) has reduced by nearly 50 Per cent during 1990-2012 and the present level 42, as per the historical trend. The IMR is likely to reach 40 deaths per 1000 live births, missing the MDG target of

27 with a considerable margin.   However, as IMR is decline at a sharper rate in recent years. The gap between the likely achieving and MDG TARGERT 2015 is set to reduce.

Recommendations and Conclusions:

In Andhra Pradesh Reduce Child Mortality by two-thirds, between 1990 and 2015, under the five mortality rate per 1000 live births 81.7 were achieved in the year 2015 whereas Infant Mortality Rate per 1000 live births 46 were achieved in the year 2015, the maternal mortality ratio per 100000 live births 134 were achieved. The periodic analysis of MMR decline in India during 1997-2009 indicated maximum drop between 2004-2006 and 2007-09 indicate that India's conditional cash transfer scheme Janani Suraksha Yojana (JSY) of NRHM contributes to an increase in institutional deliveries and reduction of about four perinatal and two neo natal deaths per 1000 live births, while having no significant effects on maternal mortality. Since its launch in 2005. NRHM is credited with deploying more than 750000. Accredited Social Health Activists (ASHA'S) as change agents between the women and the Health System, resulting in improved prospects for maternal and new born care as compared to the past.

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