ABSTRACT

In 2000, world leaders came forward with the Millennium Development Goals (MDGs) in order to address some of the biggest challenges being faced by humanity. The eight goals (including twenty one targets and sixty indicators) were seen as being realistic and achievable. With the year 1990 as the baseline, the aim was to realize these goals by 2015. Sikkim is one of the fastest developing states in India today. While there is considerable progress in the economic field, the present paper seeks to trace the success or failure of MDGs in Sikkim, to verify whether such progress has led to overall development as envisioned by the document.

Keywords: Millennium Development Goals

INTRODUCTION

The Millennium Declaration signed sixteen years ago by 189 countries was a concerted effort to improve the overall development parameters the world over. It was a document which highlighted the collective concerns of the world leaders about the social, physical and economic threats prevalent in every society. The declaration covered eight broad areas which were assigned as goals:

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, Malaria and Tuberculosis
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop global partnership for development

The UN Development Assistance Framework and the Government of India’s Five Year Plans provide the necessary support and guidance for achieving these objectives in India. Considering its sheer size, the country has successfully achieved some targets however there have been some less than desirable progress in a few areas. India has positively eradicated polio; seen an increase in literacy rates and gender parity in primary schools (UNICEF). At the same time, slow improvements in areas of provision for good quality primary health care and nutrition services have also been recorded (Kuppusamy & Rajarathinam, 2015).
RESEARCH OBJECTIVES

As the 2015 deadline has long been surpassed, there is a knowledge gap in terms of exploring whether the targets listed under the MDGs have been successfully achieved in the tiny Himalayan state. The common assumption is that Sikkim would have performed fairly well as it is one of the fastest developing states in the country. In the absence of any prior exclusive work, the core objective of this study is to review the status of MDGs in Sikkim. Data for the same has been collected from the MDGs India Country Reports and local authorities.

SIKKIM and the MDGs

Sikkim joined the Indian Union as its 22nd state in April 1975. The Sikkimese society is a blend of various communities and sub-groups. At 6.10 lakhs, it is the smallest state in India in terms of population (Census 2011). Post-merger, the end of monarchy and an onset of democracy have resulted in steady growth in socio-economic fields. In terms of the MDGs, Sikkim is one of the better performing states. It achieved 100 per cent sanitation in 2008, making it the first ‘nirmal state’ in the country to be free of open defecation. In 2011-12, the Poverty Gap Ratio (PGR) in Sikkim was one of the lowest in India. Similarly, the prevalence of underage children below the age of 3 years was second lowest in Sikkim (MDGs ICR, 2015). In the next section, each of the eight goals under the MDGs has been discussed separately to get a clear idea about progress in every area.

Goal 1: Eradicate extreme poverty and hunger

The poverty line is defined in terms of per capita consumption expenditure on a monthly basis and can be also converted into a corresponding consumer budget per month. India has successfully halved the percentage of people below national poverty line from 47.8 per cent in 1990 to 21.9 per cent in 2011-12, well ahead of its deadline (MDGs ICR, 2015). The steepest decline in poverty ratio has been recorded in Sikkim from 30.9 per cent in 2009-10 to 8.2 per cent in 2011-12 (Planning Commission. 2012). In terms of the Poverty Gap Ratio (PGR), the urban PGR was the lowest in Sikkim while the rural PGR was second lowest in the country after Goa. In 2006, the Department of Statistics, Monitoring and Evaluation (DESME) reported the poverty ratio of the state at 20 per cent (DESME, 2006). This figure has more than halved in the decade following it. The visible improvement in the quality of life of the people in the state can be understood while looking at the rural and urban Sikkimese population living below poverty line (BPL). The figures stood at 9.85 per cent and 3.66 per cent, respectively. The national average for the same stood at 25.7 per cent and 13.7 per cent rural and urban BPL population, respectively (Voice of Sikkim, 2013).

In terms of malnutrition, in 2005-06, Sikkim recorded 19.7 per cent children below 5 years as underweight against a national figure of 42.5 per cent. The prevalence of underweight children below the age of 3 years is currently lowest in Mizoram (14.2 per cent) followed by Sikkim (17.3 per cent) (MDGs ICR, 2015). These figures are well under the national target of 26 per cent.

Goal 2: Achieve universal primary education

Nationally, the Net Enrolment Rate (NER) in primary education is higher for girls (89.2 per cent) than for boys (87.2 per cent). In Sikkim, the NER in primary education stood at 83.54 per cent for 2013-14 (DISE, 2014). The youth literacy rate stands at 94.2 per cent, placing the state ninth in the overall standings (Office of the Registrar General of India, 2011). The literacy rate in Sikkim has shown great improvement from 68.8 per cent in 2001 to 82.2 per cent in 2011. East district had the highest number of literates with 84.7 per cent, followed by South district (82.1 per cent), West district (78.7 per cent) and North district (77.4 per cent) (Census 2011). Gender-wise, males were ahead with 87.3 per cent literates as against 76.4 per cent for females (Census 2011). This trend could reverse by the next census as more girls have been enrolled in primary classes from 2005 onwards. A similar trend can be seen in the middle and secondary level as well. Post 2007, more girls have been enrolled at every level of school education in comparison to their male counterparts (HRDD).
India has consistently registered a declining child mortality rate over the last two decades. The Under Five Mortality Ratio (U5MR) is expected to reach 48 deaths per 1000 live births in 2015, narrowly missing the target of 42 deaths per 1000 live births. The National Family Health Survey-4 (NFHS-4), 2015-16 records the U5MR for Sikkim at 32 deaths per 1000 live births which means that the state has achieved the national target for 2015 (NFHS-4, 2015-16). Unfortunately, the same cannot be said about the Infant Mortality Rate (IMR). NFHS-4 records an IMR of 29 infant deaths per 1000 live births for Sikkim. This is narrowly short of the expected target of 27 infant deaths per 1000 live births projected for 2015. Overall immunization has improved from 47.4 per cent to 83 per cent (NFHS-1&4, 1997-98 & 2015-16). 93.3 per cent children aged 12-23 months have been immunised against measles, 98.9 per cent and 93 per cent children under the same age group have been given BCG and DPT vaccines, respectively. 87.7 per cent children between 12-23 months have received doses of polio vaccines, respectively. 87.7 per cent children under the same age group have been given BCG and DPT vaccines, respectively. 87.7 per cent children between 12-23 months have received doses of polio vaccines, respectively.

**Table 1**: District/Gender-wise enrolment of students in State government schools, 2005-12

<table>
<thead>
<tr>
<th>Year</th>
<th>East</th>
<th>West</th>
<th>North</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>2005</td>
<td>14246</td>
<td>14590</td>
<td>9582</td>
<td>9815</td>
</tr>
<tr>
<td>2006</td>
<td>12345</td>
<td>13558</td>
<td>8980</td>
<td>9150</td>
</tr>
<tr>
<td>2007</td>
<td>12578</td>
<td>12805</td>
<td>8558</td>
<td>8715</td>
</tr>
<tr>
<td>2008</td>
<td>12087</td>
<td>12271</td>
<td>8208</td>
<td>8474</td>
</tr>
<tr>
<td>2009</td>
<td>11918</td>
<td>12027</td>
<td>8088</td>
<td>8351</td>
</tr>
<tr>
<td>2010</td>
<td>13140</td>
<td>13492</td>
<td>9404</td>
<td>9449</td>
</tr>
<tr>
<td>2011</td>
<td>11800</td>
<td>11933</td>
<td>8281</td>
<td>8185</td>
</tr>
<tr>
<td>2012*</td>
<td>10519</td>
<td>10838</td>
<td>7401</td>
<td>7276</td>
</tr>
</tbody>
</table>

* Student enrolment report received until 30th September, 2012

Source: Directorate of School Education, HRDD, Government of Sikkim

**Goal 3: Promote gender equality and empower women**

The Gender Parity Score (GPS) of Sikkim paints a positive picture by featuring among the top five best performing states in the country. It falls behind the states of Mizoram, Meghalaya and Kerala with a score of 0.64 along with Goa (The Indian Express, 2015). However, these scores are comparable with countries such as China and Indonesia, meaning that we still have a long way to go in terms of achieving gender equality.

In Sikkim, society does not forbid women from economic participation. Infact women are active contributors in all sectors. In addition to agriculture, women are equally engaged in trade, business as well as the service industry. The Work Participation Rate (WPR) of Sikkim stood at 50.5 per cent in 2011. This is an increase from Census 2001 figures which recorded a WPR of 48.7 per cent and was already higher than the national average of 39.1 per cent. DESME (2006) reports that 32.6 per cent of the total working population comprises of women (DESME, 2006). While the male WPR is 47 per cent, it is expectedly much higher than the female WPR of 24.7 per cent. Rural women are fully engaged in agricultural activities including small farm agriculture, gathering, poultry farming, livestock, food processing, trading, animal husbandry etc. The exemplary work done by the Rural Management and Development Department (RMDD) in the implementation of Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) in the state has been recognised at the national level. Against the binding 33 per cent, as mandated by the MGNREG Act, 2005, women participation in employment increased significantly from 38 per cent (2008-09) to 59 per cent (2011-12). This means that an additional Rs. 13 crore was paid as wages to women workers (RMDD). In terms of political representation, the state government has increased the reservation quota for women in Panchayati Raj Institutions (PRIs) from 33 per cent (as mandated by the Constitution of India) to 50 per cent in the year 2012 but we are yet to see more women leaders elected to the state legislative assembly.

**Goal 4: Reduce child mortality**

India has consistently registered a declining child mortality rate over the last two decades. The Under Five Mortality Ratio (U5MR) is expected to reach 48 deaths per 1000 live births in 2015, narrowly missing the target of 42 deaths per 1000 live births. The National Family Health Survey-4 (NFHS-4), 2015-16 records the U5MR for Sikkim at 32 deaths per 1000 live births which means that the state has achieved the national target for 2015 (NFHS-4, 2015-16). Unfortunately, the same cannot be said about the Infant Mortality Rate (IMR). NFHS-4 records an IMR of 29 infant deaths per 1000 live births for Sikkim. This is narrowly short of the expected target of 27 infant deaths per 1000 live births projected for 2015. Overall immunization has improved from 47.4 per cent to 83 per cent (NFHS-1&4, 1997-98 & 2015-16). 93.3 per cent children aged 12-23 months have been immunised against measles, 98.9 per cent and 93 per cent children under the same age group have been given BCG and DPT vaccines, respectively. 87.7 per cent children between 12-23 months have received doses of polio vaccines, respectively.
vaccine. Similarly, 84.1 per cent children between 12-23 months have been given Hepatitis B vaccine. The majority of these vaccinations were availed in public health facilities (94.1 per cent) as opposed to private health centres (5.9 per cent) thus highlighting the important role of the state machinery in universal immunisation and coverage (NFHS-4, 2015-16).

**Goal 5: Improve maternal health**

In India, the Maternal Mortality Ratio (MMR) has been on the decline over the years. Even though there has been a 50 per cent reduction in MMR in the last two decades, the country is still short of reducing the MMR to 109 by 2015. In 2011-13, the MMR was 167 per 100,000 live births, likely to reach a figure of 140 such deaths by 2015 (MDGs ICR, 2015). As the state does not record 100,000 live births every year, MMR in Sikkim is calculated in absolute numbers. The presence of a skilled health professional during child birth is crucial for the survival of both mother and child. The number of institutional births in Sikkim was a healthy 94.7 per cent in 2015-16, with rural and urban areas reporting 95.3 per cent and 94.4 per cent institutional births, respectively. Home deliveries under the care of a skilled health professional stood at 2.5 per cent and 2.4 per cent for rural and urban areas, respectively. These figures draw attention to a positive attitude regarding maternal health among the local populace.

**Goal 6: Combat HIV/AIDS, Malaria and other diseases**

The overall prevalence of adult HIV among 15-49 years age group has steadily declined in India, from 0.41 per cent in 2001 to 0.27 per cent in 2011 (MDGs ICR, 2015). In total, there has been a 57 per cent reduction in estimated annual new HIV infections among the adult population between 2000 and 2011. Because of its small population, Sikkim does not have a high adult HIV prevalence. The figures stood at 0.05 (2006), 0.05 (2007), 0.06 (2007) and 0.06 (2010) (NACO). Meanwhile the national average was 0.36, 0.34, 0.32 and 0.31 for the same time period. Sex is the main route of transmission of HIV/AIDS (87 per cent) followed by injecting drug use (7 per cent) (HC, HS & FW Dept., 2011-12).

**Table 2: District-wise prevalence of HIV, 1995-2012**

<table>
<thead>
<tr>
<th>District</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>97</td>
<td>67</td>
<td>164</td>
</tr>
<tr>
<td>West</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>North</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>South</td>
<td>18</td>
<td>9</td>
<td>27</td>
</tr>
<tr>
<td>Others</td>
<td>29</td>
<td>9</td>
<td>38</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>152</strong></td>
<td><strong>88</strong></td>
<td><strong>240</strong></td>
</tr>
</tbody>
</table>

Source: Annual Report, HC, HS & FW Department, Govt. of Sikkim, 2011-12

In 2015, Dr. Uttam Pradhan, Project Director, SSACS, revealed that there were 361 HIV AIDS infected persons in Sikkim (North East Live, 2015). Females (218 patients) outnumbered males (143 patients) for the first time. Although the Sikkim State AIDS Control Society (SSACS) is doing its bit in spreading awareness about the disease, there seems to be a large gap in information. 25.5 per cent women had comprehensive knowledge about HIV AIDS against 36.1 per cent men (NFHS-4, 2015-16).

Sikkim has rarely reported a malaria epidemic. The share of deaths due to malaria is negligible. The state recorded zero deaths from malaria in 2006, 2007, 2008 and 2010. In 2009, the incidence rate was 0.63 per cent (MoHFW). In 2011, the prevalence rate of malaria was 0.27 per cent per 1000 population with 51 cases being reported. There were 77 cases of malaria in 2012 and 39 such cases recorded in 2013 and 2014 ((National Vector Born Diseases Control Programme, 2014-15). No deaths were recorded during this period.

Tuberculosis (TB) is a common health problem in India. Between 1990 and 2013, the prevalence and mortality rate of this disease has fallen by 55 per cent (Kuppusamy & Rajarathinam, 2015). In Sikkim,
2,187 cases of tuberculosis were detected in 1997 (Tiwari & Pradhan, 2008). With the creation of a State TB Cell in 1998, an authentic database for the detection of new cases and treatment activities was finally set up. 993 patients were registered for treatment in 2002. This figure almost doubled in 2008 with 1,641 newly detected cases (Tiwari & Pradhan, 2008). In recent years, the rise in the number of Multi Drug Resistant Tuberculosis (MDR-TB) cases is a cause of worry for the health authorities. In 2013, around 11 per cent of the TB cases reported were of the MDR-TB type (The Hindu, 2016). When compared with the lowly 2 per cent occurrence in the rest of India, this is a disturbing figure. Thus, the state needs to amend present efforts by concentrating on quality treatment and services which have a wider reach. Patients should have access to a friendly environment. Such can be achieved if social mobilization activities are also given priority, thereby creating a demand for services.

**Goal 7: Ensure environmental sustainability**

An improved forest cover and protected area indicates a sustainable environment and rich biodiversity. Sikkim has registered an increase of approximately 4 per cent in its green cover, from 43.95 per cent in 1993 to 47.34 per cent in 2013 (The Times of India, 2013). The total forest cover is 47.3 per cent of the state geographical area which is more than double that of the national average at 21 per cent. The Khangchendzonga National Park (1,784 sq. km.) also known as the Khangchendzonga Biosphere Reserve has recently been recognized in July, 2016 as a World Heritage Site on ‘mixed’ criteria. The state also boasts of seven wildlife sanctuaries (399.1 sq. km.) within its geographical area (India State Forest Report, 2011).

As mentioned earlier, Sikkim is the first state to receive the Nirmal Gram Puraskar, established in 2005, which is given for achieving a 100 per cent open defecation free environment. This makes it the first ‘Nirmal’ state of the country.

**Table 3: Total Sanitation Campaign in Sikkim**

<table>
<thead>
<tr>
<th>Key performance indicators</th>
<th>Data source</th>
<th>Before (%)</th>
<th>After (%)</th>
<th>National level (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toilet within the house</td>
<td>Census of India</td>
<td>36.3 (2001)</td>
<td>87.2 (2011)</td>
<td>47 (2011)</td>
</tr>
<tr>
<td>Water supply</td>
<td>Census of India</td>
<td>70.3 (2001)</td>
<td>85.3 (2011)</td>
<td>43.5 (2011)</td>
</tr>
</tbody>
</table>

The proportion of households having access to improved sources of drinking water for Sikkim stood at 77.6 per cent in 2005-06 which has increased to 94.2 per cent in 2007-08. By any standards, this is a remarkable achievement especially taking note of the national figure which has reduced from 87.9 per cent in 2005-06 to 84.4 per cent in 2007-08 (NFHS-3, 2005-06).

**Goal 8: Develop a global partnership for development**

As of July 2014, the Indian telecom network is the second largest in the world after China. The number of telephone subscribers in India has increased to 946.4 million (MDGs ICR, 2015). The overall tele-density in India is 76 per cent. In all the states, tele-density has crossed 100 in urban areas but there is scope for improvement in rural areas. Sikkim has one of the highest number of telephone subscribers in the country. With respect to internet subscribers, 9.4 per cent households have a computer in the house but only 3.1 per cent of total households have internet access in India (Census 2011). This includes both broadband and low-speed connections. For Sikkim, 11.5 per cent of the same have a computer in the house. Out of these, 3.3 per cent have an internet connection while 8.2 per cent have no internet connectivity (Census 2011). Poor internet connectivity has been a recurring problem for the Sikkimese people who do have access to this service. There has been severe lack of manpower, backup provisions, spare parts and other problems undermining the reliability and efficiency of the telecom network. In present times, with most of the systems being run online, there is
a need to have reliable and good connectivity services so as to maintain a good functioning of the system.

Sikkim is among the five best performing states in poverty reduction in the country. Details of this reduction have already been discussed under Goal 1. In 1994-95, Sikkim had a lowly Gross State Domestic Product (GSDP) growth rate at 0.8 per cent. In 2012-13, the state had the second highest per capita GDP of Rs. 142,625/- after Goa (Sikkim Now! 2012). While a high growth rate is good for financial stability in terms of generating revenue receipts for the government, the same has not been the case. In 1998-99, the overall debt-to-GDP ratio for Sikkim already exceeded 60 per cent (Twelfth Finance Commission, 2007). In 2012, this figure stood at 82.2 per cent, only behind Mizoram with 98.1 per cent (Economic Times, 2012). Thus, there is an urgent need to relook the investments and expenditures by the state government to create a more economically viable environment and employment opportunities.

CONCLUSION

To summarise, Sikkim has performed reasonably well in terms of achieving most of the targets set under the MDGs, especially with respect to primary enrolment, child immunization and sustainable development. The economic, health, educational, gender and social parameters reveal that the state government has been successful in delivering positive results in a systematic and pragmatic manner. At the same time, it is important to address the challenges of stemming the spread of TB in the state. The connectivity services also need to be improved upon. As we have long surpassed the MDG target year, efforts must now focus on consolidating and sustaining the progress which has been achieved in the last two decades.

Glossary

1. The Poverty Gap Ratio (PGR) indicates the depth of poverty. It is the gap by which mean consumption of the poor below poverty line falls short of the poverty line.
2. The Net Enrolment Ratio (NER) is the ratio of the number of children of official primary school age who are enrolled in primary education to the total population of children of official primary school age, expressed as a percentage.
3. Gender Parity Score is the socio-economic index used to measure the relative access to education, opportunities, political participation, physical and security and autonomy of males and females.
4. Work Participation Rate (WPR) refers to the number of people who are either employed or actively looking for work.
5. Under Five Mortality Ratio (U5MR) is defined as the deaths of infants of age less than five years per thousand live births.
6. Infant Mortality Rate (IMR) is defined as the number of deaths in children under one year of age per thousand live births.
7. Maternal Mortality Ratio is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births.
8. Tele-density is the number of telephones per 100 population.

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