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ATTAINING THE MILLENNIUM DEVELOPMENT GOALS IN SOUTH ASIA

Abstract

The paper articulates progress of indicator-wise achievements of targets of the MDGs in South Asian countries and finds that the countries of the region will not be able to attain all the goals and targets. We find several challenges towards attaining MDGs like nexus among growth, poverty and inequality; right balance between pragmatism and ambition in formulating development strategies; curbing all-pervasive corruption; good governance; and effective public-private partnership. Finally we suggest, among others, establishing civic network for monitoring MDGs in the region and documenting people's collective and creative initiatives for wider replication.

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I. INTRODUCTION

The member states of the United Nations issued the Millennium Declaration at the Millennium Summit in September 2000 where they committed themselves to achieve a series of targets within eight goals, most of which to be attained by 2015. Collectively the Goals have already become familiar as the Millennium Development Goals (MDGs), representing a framework for achieving human and social development around the world, although the Goals are particularly significant for developing countries. The prime responsibility for achieving the Goals, however, lies with individual countries. Success would depend preliminary on national commitment and quality and vision of national decision and secondarily, on regional and international partnerships and changes in global economy and system. More importantly, effective participation of the citizens particularly the deprived ones, who have been designated as the prime beneficiaries of these goals, if materialised, will be the critical factor in the process of MDGisation of the local, national and regional development processes. It is, nevertheless, not without significance to argue that the goals are not merely a set of targets, rather they represent a firm commitment to a broader and more inclusive process of development.

South Asia is a region of the world's one-fifth population, about half of whom live under poverty line. Notwithstanding recent impressive achievements in socio-economic development the region still bears with widespread illiteracy, gender inequality and disempowerment of women, high child and maternal mortality and ill-health, threats of HIV/AIDS, malaria and other diseases, and environmental degradation and hazards. Most of the countries of the region are still dependent on external assistance, foreign direct investment (FDI), and different forms of cooperation. Apparently, South Asian leaders have at long last realised that fighting poverty should be the number one agenda for the region. At least that is what appeared to have transpired at the recently concluded 13th SAARC Summit in Dhaka. They also felt that South Asia should ideally try set South Asian Development Goals (SDGs) with an ultimate objective of regionalise and domesticise MDGs. And for that matter they have also

asked the Independent South Asian Commission on Poverty Alleviation (ISACPA) to provide a well-designed plan of action.

This is in such a broad context the present paper tries capturing the achievements and challenges of MDGs in South Asia. The following sections of the paper deal with indicator-wise progress and challenges, and provide suggestive options so as to escape hindrances towards making poverty history in the region.

II. PROGRESS TOWARDS ATTAINMENT

The countries of South Asia have made some notable progress towards achieving the MDGs. Much of this success has been due to strong positive economic growth along with sound economic management and conducive social policies. Some of the countries have taken care to invest in the education and skills of their people to enable them to take advantage of new employment opportunities. They have also made the kinds of investment in health and nutrition that have contributed to significant reductions in child and maternal mortality and helped fight communicable diseases. In addition, they have also been making greater efforts to empower women and promote environmental sustainability. The complementary role of non-governmental actors in promoting these desirable social development goals also deserves to be highlighted in this context.

GOAL 1: *Eradicate extreme poverty and hunger*

The first goal is to ensure that everyone has the basic resources they need, with sufficient income to meet their daily requirements and access to the quality and quantity of food that will enable them to lead normal, active and healthy lives. The countries of the region have already taken strides to attain the first Goal.

Despite all efforts, nevertheless, progress has been much slower, except in India and Bangladesh, where the 1990s witnessed a significant reduction in poverty. There have also been variations over time in the speed of poverty reduction. Growth has so far been fairly successful in most of the countries in the region, spreading the benefits across most of the population. There is, however, the caveat regarding the distribution of benefits of future growth, whether growth would be

pro-poor or be 'rich-captured'. Events at the regional and international levels, the speed and direction of globalisation and the effectiveness of international partnerships, including the availability of official development assistance would also strongly influence prospects for growth and poverty reduction.

Table 1.1

Progress has been much more modest in the area of hunger in the region, which can be perceived by the proportion of children with low weight for their age. In South Asia up to half of the children are underweight despite having no absolute shortage of food for the majority of households, and certainly not for the small amounts that young children consume. This has been perhaps due to lack of attention to right to food of women and children and/or intra-household mal-distribution of food. Poor sanitation also plays an important role as ill-fed children are less able to absorb essential nutrients. Nutritional status of mothers is another major factor as some of the patterns for future child growth are set even in the womb; malnourished women are more likely to produce low birth-weight babies. But more important is the quality of care that mothers are able to give their children, particularly during the first two years of life when children are at risk not just of gaining insufficient weight but also of becoming stunted, having a low height for their age. This loss can never be recovered; stunted children become stunted adults.¹

¹ Malnutrition leads to huge present and future costs to economic activities as well as progress. First, it reduces a child's resistance to the common childhood diseases such as acute respiratory infections, diarrhea, and measles and even death. Most children who survive early malnutrition would never reach their full potential, growing up stunted and with reduced physical and mental capacity. This adds to the cost of health services and lowers national productivity. According to the endogenous growth theory, education and training plays crucial role in accelerating economic growth. But malnourished children cannot be made good labour force through education and training due to their poor absorption capacity. Therefore growth would be decelerated. For example, for Pakistan, malnutrition is thought to cost around three per cent of its GDP.

Goal 1: Eradicate extreme poverty and hunger

Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

	Indicator 4		Indicator 5	
	% of children under-five underweight		Proportion of population below minimum level of dietary energy consumption (%)	
	1990-96	1995-2003	1991	2000-01
Afghanistan	..	48	63	70 (99)
Bangladesh	67	48	35	30
Bhutan	38	19	..	..
India	53	47	25	21
Maldives	..	30	..	..
Nepal	49	48	19	17
Pakistan	38	38	25	20
Sri Lanka	38	29	29	22

Source: UNICEF, *State of the World's Children 1997*; UNDP (2005).

GOAL 2: Achieve universal primary education

It cannot be over-emphasised that the key to future national prosperity is to have a healthy and educated workforce and for this the most basic requirement is to have all children enrolled in primary school. Assessing progress for the region as a whole is difficult since no enrolment data are available for some of the larger countries. For most of the rest of the region, however, the enrolment data suggest that progress has been slowed down.

The situation in the early 1990s suggests that here too completion rates are only between 50 and 60 per cent. In some cases this is surprising. In Nepal, for example, data suggest that there has been only a small increase in both enrolment and completion, even though expenditure on education has increased and sufficient schools are

available. This is perhaps an extraordinary situation prevailing in rural Nepal.

The quality of education also varies according to the location since the better schools are typically in the urban areas and in the more affluent neighborhoods from which children from poor families are usually excluded. In future more efforts would be needed to boost the

Table 2.3

quality of education for children in remote rural areas. Developments in communications technology should open up more opportunities for doing this more effectively, though this will also demand significant investment in the related infrastructure.

GOAL 3: *Promote gender equality and empower women*

This Goal places high importance on women's rights and gender equality. In terms of ratio of girls to boys in different levels of education, there have been progresses at all levels. Notwithstanding significant gender disparity in primary education in Bhutan, India, Nepal and Pakistan and moderate disparity in other countries in late 1990s, Nepal is perhaps demonstrating the highest efforts with success in closing this gap, which is evident in speed of removal; the ratio was 0.56 in 1990 and 0.81 in 2002/3. Nevertheless, Afghanistan is the country with the highest disparity, and Bangladesh is the lowest.

In contrast, no gender disparity in secondary education has been observed in late 1990s and 2002/3 in Bangladesh, Maldives, and Sri Lanka, and the other countries exhibit significant gap. However, gender disparity is acute in tertiary education of all the countries in the region.

Achieving parity in education is, however, dependent on gender equality. Discrimination against women is deeply embedded in many societies in South Asia. The most direct denial of right to girls is perhaps in those areas where there is still "son-preference" and household make differential investment for boys and girls particularly regarding education and health care. But almost all countries display a number of gender discrimination, typically stereotyping girls into traditionally feminine roles. These attitudes are, however, gradually changing — increasing number of women is now visible in off-farm wage employment. The proportion of women in this type of

employment has generally been increasing. By late 1990s it reached 16 and 49 per cents in India and Sri Lanka respectively. But women's participation in national decision making, measured by proportion of seats held by women in national parliament, is quite unsatisfactory in all the countries of South Asia. However, some gains have been made in the local government bodies (*e.g.*, India, Bangladesh) where reservations have been made.

Table 3.4

Table 3.4

GOAL 4: Reduce child mortality

Thousands of children in the region are still dying mainly from diseases or from combined impact of malnutrition and preventable diseases (e.g., acute respiratory infections, diarrhea, measles, and malaria). Of course, some of the impressive successes have taken place in Bangladesh, Nepal and Bhutan, which managed to halve their child mortality rates during 1990s. Despite all the difficult circumstances Sri Lanka succeeded in reducing the rate to 19 deaths per thousand live births. These have been due to a general socio-economic progress and a range of health interventions like immunisation and oral rehydration therapy. However, vaccination against measles is still low — for example, only 50 and 61 per cents in Afghanistan and Pakistan respectively.

Goal 4: Reduce child mortality

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

	Indicator 13		Indicator 14		Indicator 15	
	Under-five mortality rate (per thousand live births)		Infant mortality rate (per thousand live births)		Proportion of 1-year-old children immunised against measles (%)	
	1990	2003	1990	2003	1990	2003
Afghanistan	260	257	167	165 (01)	20	50
Bangladesh	144	69	96	46	65	77
Bhutan	166	85	107	70	93	88
India	123	87	84	63	56	67
Maldives	115	72	80	55	89	96
Nepal	145	82	100	61	57	75

Pakistan	128	98	96	74	50	61
Sri Lanka	23	15	20	13	80	99

Source: Ibid.

GOAL 5: Improve maternal health

One of the major symptoms of discrimination against women is a high rate of maternal mortality, which has been widespread in all the South Asian countries except Sri Lanka. Majority of maternal deaths are related to complications in pregnancy due to lack of adequate health infrastructure, but pregnant mothers can also die in other reasons like malaria, anemia, tuberculosis, heart diseases, and abortions by unskilled health personnel. However, it is seen that the countries with the highest levels of maternal mortality have the lowest use of contraception.

Goal 5: Improve maternal health

Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

	Indicator 16		Indicator 17	
	Maternal mortality ratio (per 100,000 live births)		Proportion of birth attended by skilled health personnel (%)	
	1995	1995	Early 1990s	1995-2003
Afghanistan	820	..	..	..
Bangladesh	600	9.5 (94)	14.9 (94)	14
Bhutan	500	14.9 (94)	34.2 (93)	24
India	440	34.2 (93)	90.0 (94)	43
Maldives	390	90.0 (94)	7.4 (91)	70
Nepal	830	7.4 (91)	..	11
Pakistan	200	..	94.1 (93)	23
Sri Lanka	60	94.1 (93)	..	97

Source: United Nations (2003), op cit; World Bank (2005a); UNDP (2005).

GOAL 6: Combat HIV/AIDS, malaria, and other diseases

Over the last two decades or so HIV/AIDS has been spreading inexorably all over the world. South Asia is in a serious threat — apparently time bomb of HIV/AIDS has been ticking every moment in the region. In India, prevalence of 0.6 per cent or about 4 million is present among cross-section of people. This has also wide regional

implications particularly where the national borders are aperture and people move in and out for livelihoods. Moreover, level of women trafficking across the region is very high indicating yet another source of concern for spread of HIV/AIDS. If one country in South Asia is badly affected by HIV/AIDS, alarm bell should be rung throughout the region for taking necessary combating measures.

Table 6. 7

In this region, some of the highest infection rates are found among drug users, sex workers and men who have sex with men. The disease can spread rapidly into the rest of the population from these vulnerable groups. Although HIV/AIDS can attack anyone, young people are at particular risk. More than half of HIV infections in the region have been in people less than 25 years old. More than half of young people also have serious misconceptions about HIV/AIDS, one of the most common being that one can tell just by looking at someone if they are infected or not. The primary weapon against HIV/AIDS is frank and accurate public information, particularly for young people who need to be made aware of the dangers. In addition to information, the youth also need services, such as voluntary counseling and testing for identification and enhancing their determination to fight HIV/AIDS. These services need to be welcoming and accessible, as well as affordable and confidential. While the primary responsibility lies with the Government, many NGOs and religious leaders are also playing an important part.

Beside AIDS, malaria is a more familiar fever which has been one of the most life-threatening diseases all over the developing world. Countries most seriously affected include Sri Lanka, Bhutan and Afghanistan. It is a matter of great concern that malaria has become resistant to one drug after another and insecticides have become less effective at controlling mosquitoes. The WHO strategy is referred to as comprehensive direct observation treatment (DOTS) combining five elements such as political commitment, microscopy services, drug supplies, surveillance and monitoring systems and the use of highly efficacious regimes with direct observation of treatment.

Yet one more deadly infectious disease threatening the region is the severe acute respiratory syndrome (SARS), which would have a very adverse impact on the region's economic performance with

consequential effects on several of the MDGs. The same is true for avian influenza (bird flue), the impact of which is yet to be understood in the region. If spotted, this will certainly have serious implication on South Asian economy where poultry industry has been impacting positively on poverty reduction.

Strong political commitment and full and active participation of civil society and the private sector are needed so as to effectively combat HIV/AIDS and other diseases. At the same time efforts should be made to improve the level of quality education and political advocacy, along with community mobilisation for social development.

GOAL 7: Ensure environmental sustainability

One of the most complex and important tasks for the future of the world is to protect and sustain the natural environment. Although industrial development in this region has brought many benefits, it has also put the environment under increasing strain. Deforestation and pollution from industry, agriculture, domestic fuel wood, and human waste are creating increasingly hazardous living conditions. Many countries in the region have been losing their forest cover for decades and it is only recently that they have been trying to halt or even reverse the process. Bhutan, for example, two thirds of which is forested, has been making determined efforts to protect its natural environment. But the losses continue in Nepal, Pakistan and Sri Lanka.

Goal 7: Ensure environmental sustainability

Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Table 6. 8

	Indicator 25		Indicator 26	Indicator 27	
	Proportion of land area covered by forest (%)		Protected land area as % of total land area	Energy use (kg of oil equivalent) per \$1,000 GDP (PPP)	
	1990	2000	1997	1990	2000
Afghanistan	2.1	2.1	0.00	..	..
Bangladesh	9.0	10.2	0.01	117	93
Bhutan	64.2	64.2	0.21	..	..
India	21.4	21.6	0.04	319	296

Maldives	3.3	3.3	..	..	..
Nepal	32.7	27.3	0.09	380	286
Pakistan	3.6	3.1	0.05	289	241
Sri Lanka	35.4	30.0	0.13	159	123

Source: United Nations (2003) and UNDP (2005).

Goal 7: Ensure environmental sustainability

Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

	Indicator 28			
	Carbon dioxide (CO ₂) emissions, metric tons of CO ₂ per capita		Ozone-depleting CFCs consumption in ODP tons	
	1990	2002	1990	2000
Afghanistan	0	0	..	..
Bangladesh	0	0	195	805
Bhutan	0	1	..	..
India	1	2	4501 (92)	5,614
Maldives	1	1	4	1 (99)
Nepal	0	0	20	25 (99)
Pakistan	1	1	751	1,422 (99)
Sri Lanka	0	1	209	220

Source: United Nations (2003); UNDP (2005); World Bank (2005a).

Although many people suffer from air pollution, the most severe problems are in the rural areas, where millions of people lack water from protected sources. For South Asia, urban water supply coverage is more than 90 per cent but rural coverage is only about 65 per cent on average. The worst situation perhaps exists in Afghanistan. There has been some progress in India, Pakistan, Nepal and Sri Lanka, but overall it seems that the countries in the region would not attain this target. The water supplies in rural Bangladesh, though not bad in quantitative terms, have recently been marred by arsenic contamination.

Effective sanitation coverage is even lower than water supplies. For South Asia as a whole, on average it was about 85 per cent in 2000 in urban and 30 per cent in rural areas. The lack of effective sanitation is particularly serious for the millions of slum dwellers crowded in

mega cities of, e.g., Bangladesh and India. Despite some improvements coverage has been very low in Bhutan and Afghanistan. The situation is gradually improving in Bangladesh, thanks to an innovative approach involving civil society organisations, particularly NGOs.

Goal 7: Ensure environmental sustainability

Target 10: Halve by 2015 the proportion of people without sustainable access to safe drinking water

	Indicator 30			
	Urban water supply coverage (%)		Rural water supply coverage (%)	
	1990	2000	1990	2000
Afghanistan	..	19	..	11
Bangladesh	99	99	93	97
Bhutan	..	86	..	60
India	88	95	61	79
Maldives	..	100	..	100
Nepal	93	94	64	87
Pakistan	96	95	77	87
Sri Lanka	91	98	62	70

Source: United Nations (2003).

Goal 7: Ensure environmental sustainability

Target 11: By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers

	Indicator 31	
	Urban sanitation coverage (%)	
	1990	2000
Afghanistan	..	25
Bangladesh	78	82
Bhutan	..	65
India	58	73
Maldives	..	100
Nepal	68	75
Pakistan	78	94
Sri Lanka	93	91

Source: WHO and UNICEF (2000), *Global Water Supply and Sanitation Assessment 2000*.

GOAL 8: *Develop a global partnership for development*

A core principle of the UN Millennium Declaration is that human development is a shared responsibility. The Declaration resolves, therefore, to develop strong partnerships to promote a more open and equitable system of international finance and trade, to increase development assistance and to enhance international commitment to good governance, development and poverty reduction. The Declaration also gives special attention to the LDCs and developing countries. Indeed, the real value of the MDGs is that they can help to focus national attention and change national decisions in the areas of increasing opportunities and equity, engagement and energy, and human capabilities and creativity. This can only happen when a country's political leadership, institutions and stakeholders are fully committed to the MDGs. International partners can support and enhance that commitment, but they cannot substitute for it. The important partner is therefore the individual country, its Government, NGOs or other civil society organisations. The international partners may be other countries in the region, along with international organisations, development banks, regional organisations, business and trade groups and organisations, new global and regional funds (*e.g.*, SAARC development fund), bilateral development partners, private foundations and NGOs. Through a series of partnerships, all can contribute towards expansion of new knowledge and ideas along with new technologies and new resources, which again should be shared by the poor. The expansion of mobile phone services into the rural and semi-urban areas of South Asia have given a significant boost to connectivity with a huge spin offs for enhanced trade and services. The poor too have been getting a share of these newly created services. The partnership mode has been working here too (*e.g.*, Grameen Phone).

Goal 8: Develop a global partnership for development

Target 15: Deal comprehensively with the debt problem of developing countries through national and international measures in order to make debt sustainable in the long term

	Indicator 44	
	Debt service as % of exports of goods and services, and net income from the abroad	
	1990	2003
Afghanistan	..	..
Bangladesh	34.8	8.3
Bhutan	5.3	4.7
India	29.3	18.1
Maldives	4.0	3.5
Nepal	15.2	10.0
Pakistan	22.9	16.8
Sri Lanka	14.8	7.8

Source: UNDP (2005).

The countries except India accumulated high levels of debt and therefore, making substantial debt-service payment, limiting their capacity to invest in human development to attain MDGs. They, in the beginning of the new millennium endeavoured in preparing poverty reduction strategy papers (PRSPs) in order to get debt-relief. However, most of the countries of the region have now been receiving lower ODA compared to that of 1990 due mainly to reduced global flow of ODA. Countries except Pakistan have been able to substantially reduce proportion of debt service.

Youth unemployment in the region is one of the highest of the world, both for male and female, which is one of the main reasons of slow rate of poverty reduction. This is the highest in Sri Lanka, which is currently reducing the rate substantially. But the scenario is deteriorating in an accelerated pace in Pakistan.

Goal 8: Develop a global partnership for development

Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developed countries

	Indicator 46	
	Access to essential drugs % of population	
	1990	1997
Afghanistan	<50	<50
Bangladesh	50-80	50-80
Bhutan	50-80	50-80
India	50-80	50-80
Maldives	50-80	50-80
Nepal	<50	<50
Pakistan	50-80	50-80
Sri Lanka	80-95	80-95

Source: United Nations (2003), op cit.

Even then, at least one fifth of the population in most of the countries does not have access to affordable essential drugs. In Afghanistan and Nepal in situation is more acute, where less than half of the population has that access.

As already indicated, and cellular phone (also mainline phone) users has been increasing in the region day by day. At the same time personal computer and Internet users are also raising. This has particularly significant bearing for the region in the present globalised world when knowledge-based economy and digital divide has been expanding rapidly all around. However, Maldives has achieved the most notable progress in all these areas. However, Afghanistan is still

Table. 8.16

lagging behind due to all the understandable circumstances prevailing there.

Table 8.18

III. CHALLENGES AHEAD

The information on different targets and indicators suggest that many of the MDGs, particularly Goals 1, 2, 6 and 7 are not achievable for the countries of South Asia within the given timeline. However, although it is possible for some countries to achieve most of the Goals, for example, Sri Lanka, Maldives, and Bangladesh), countries like Bhutan and Afghanistan will surely miss most of the targets if the current trend of attainment continues. There is number of challenges to attain targets of MDGs.

3.1 *Growth-poverty-inequality triangle*

Notwithstanding quite satisfactory economic growth performance of countries in the region, ranging on average from 3.7 to 6.7 per cent during the last ten years, the rate of reduction in poverty has been dismal. Perhaps, non-participatory growth has become good instrument for increasing inequality and bad means of poverty reduction. It should not be denied that performance in poverty reduction is mainly an outcome of huge investment in social sector, particularly in health, education and nutrition, not merely high economic growth in most of the countries amidst bad governance, political unrest, natural disasters, etc. Even then, for example, about half of the population in Bangladesh and India are moderately and one-fourth is highly food insecure. Despite so-called “floods of development” in Bangladesh over the years, *monga* (near famine) is still a recurrent phenomenon in northern districts of Bangladesh in the middle of self-sufficiency in food production. Therefore growth is not enough for sustainable poverty reduction especially when equitable distribution of fruits of growth is a real challenge. The fruits of growth, however, have to be ‘pro-poor’ in contrast to ‘rich-captured’. The rich too have a vested interest in poverty reduction. Not only will the overall market for the goods and services they produce expand in poverty-free South Asia, the region will also become a better place to live with lesser frequency of uprising of the extremist forces.

3.2 Finding the right balance

One of the major challenges for realising MDGs for countries of South Asia lies in finding the right balance between growth and welfare objectives, role of state and non-state actors in development interventions, and market and non-market measures in facing challenges of globalisation-led inequalities and asymmetries. Data suggest that poverty is so pervasive in South Asia that hundreds of thousands of wish list may not exhaust the poverty reduction agenda. Therefore on the eve of the new millennium the countries of the region have to formulate their poverty reduction and development strategies comprising the right balance between pragmatism and ambition.

3.3 Curbing corruption

Corruption is all-pervasive in South Asian countries.² It is more in upstream than downstream, distorting fundamental decisions about development priorities, prices and projects often favouring those who offer the highest rent-seeking potential. The gains from corruption are, of course, smuggled out to safe heavens abroad, and corrupt people are promoted. However, despite having high demand for corruption-free society from the end of millions of ordinary people and their organisations, international agencies and donors, corruption has been steadily increasing, which demonstrate lack of strong political will of the ruling parties or governments against it.³ Corruption has been eating up fruits of development, making anti-poverty strides harder.

3.4 Implementing poverty reduction strategies

Most of the countries of South Asia introduced PRSPs incorporating most of the targets of MDGs, but the real challenge lies in implementation of the strategies. It is increasingly perceived that

² For example, according to World Bank (2000), Bangladesh could add up to about 3 per cent to the annual GDP and reduce poverty by 25 per cent if it could reduce corruption to the countries with the highest reputation. See, for details, World Bank (ibid.), *Poverty Reduction and the World Bank Progress*. India and Pakistan too have similar evidences.

³ For example, recently an independent anti-corruption commission has been established in Bangladesh mainly as an outcome of donor pressure, which is alleged to be ineffectively functioning.

successful implementation of any nationally owned strategies need wide participation and continuous monitoring of ordinary people and civil society at micro, meso and macro levels. For this there should be proper and adequate institutional framework, which is currently absent in South Asian countries.

3.5 Transparency and accountability

Accountability and transparency of government bodies and elected functionaries have been generally weak and ineffective in South Asian countries. This is particularly true for the countries with weak democratic traditions, absence of political loyalty and illegitimate favours. The office of ombudsman does not exist in most of the countries in the region notwithstanding pressure from human right groups and donors. Internal and external audits are present in all countries but degree of their effectiveness is generally low due to absence of good governance. However, some local government institutions are demonstrating high level of transparency and accountability in budgeting and development processes in some countries (*e.g.*, Sirajganj Project in Bangladesh, gender budgeting and report card in India), but these are very few ones amid enormous worst practices, and central governments are not learning lessons from these successful innovative initiatives. Lack of transparency and accountability has been encouraging corruption and bad governance and ultimately weakening institutions and its capability of formulating and implementing development strategies and programmes towards attaining MDGs.⁴

3.6 Public-private partnership

Social safety nets and services to the poor and marginalised groups (*e.g.*, women, children, elderly, physically challenged, etc.) are traditionally provided in the South Asian countries. Although public sector has responsibilities in these areas, private sector (comprising both for-profit and not-for-profit organisations) too have important roles to play in partnership with the government given that they already have demonstrated effectiveness in alternative service delivery

⁴ Donors, particularly World Bank and IMF have long been persistently pressing for making procurement in Bangladesh. In the recent PRSP implementation forum it came out almost as a prerequisite for getting subsequent installment of loan.

mechanism (*e.g.*, in Bangladesh IGVGD, a public-private partnership being implemented by BRAC, the largest national NGO, has been successfully contributing to sustainable poverty reduction). Although there is some successful public-NGO partnership based poverty alleviation and environment management programmes operating in South Asian countries, public-corporate partnership in these areas have not yet successfully emerged as such although giant corporate houses have been increasingly emerging in the region.

IV. CONCLUSION AND RECOMMENDATIONS

There are both challenges and opportunities in realising MDGs within the given timeline. Operationalising pro-poor growth⁵ may have positive impact on poverty and inequality in the region. At the same time good governance has to be the topmost agenda of every government in the region so as to reduce substantial transaction cost of poverty alleviation programmes to the poor and marginalised groups. However, there have been substantial investments in the social sector, particularly in health, education and nutrition, in all the countries in the region, but the quality of investments and their returns has been generally low. Therefore quality-maximisation rather than investment-maximisation should be the main thrust of developmental policies of the governments.

Private for-profit sector has important role to play in disseminating HIV/AIDS related information to the age-related target groups, particularly the youth, and investing at micro level in fighting environmental threats like arsenic contamination in Bangladesh. Pharmaceutical companies of Bangladesh can endeavour investments to substantially enhance access to affordable essential drugs in countries like Nepal and Afghanistan where this problem is acute among South Asian nations.

People's monitoring of the MDGs in South Asia would be particularly instrumental in attaining MDGs in the region. Micro, meso and macro level citizens' committees should be formed in monitoring indicator-wise progress of the MDGs. But this requires

⁵ Not in the World Bank's sense per se. Rather it means making developmental arrangements to arrest alarmingly increasing inequality, and direct higher proportionate positive and lower proportionate negative growths to the poor.

nation- and region-wide strong network of civil society organisations. However, few civil society organisations⁶ has been supporting few local government institutions (LGIs) based MDG monitoring initiatives, where Union Parishad and municipality leaders and ordinary citizens together demonstrating interesting results in their localities. This type of initiative may be widely replicated all over Bangladesh and in South Asian countries. There may be may be an independent coordinating organisation in civic monitoring of MDGs in the region.

People's collective and creative initiatives, thanks to facilitation by many committed non-profit social entrepreneurs of the region, also need to be recognised. There are many best practices in the field of poverty reduction. The SAARC Summit also felt quite strongly that these be documented and adequate lessons be mainstreamed in the national and regional development policies. However, there is definitely a deficiency in information regarding these success stories. They need to be documented and a strong database should be created without delay.

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