Are Sustainable Development Goals Furthering the Agenda of Gender Equality? Review of the Progress in India

By
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CommonHealth

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asian-pacific resource & research
centre for women

ICPD+30: INDIA'S COUNTRY MONITORING REPORT

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BACKGROUND OF THE PUBLICATION

The year 2024 holds a significant milestone – the 30th anniversary of the International Conference on Population and Development (ICPD). This landmark event is a commemoration and an opportunity to review progress in and gaps of the ICPD+30. The UN General Assembly Sessions in September 2024 (UNGA, 2022) will be a platform for this review. The 57th Commission on Population and Development (CPD) session in 2024, as called by the UNFPA, will be dedicated to a discussion of ICPD+30 and has already initiated the process of generating evidence on it.

Within this global context, the Asian Pacific Resource and Research Centre for Women (ARROW), a regional women's rights organisation in Malaysia, has embarked on a collaborative journey. Together with its national partners, it has diligently generated evidence on progress and gaps in the sexual and reproductive health and rights (SRHR) situation in 17 countries. This report on India's country monitoring is a testament to the collective study conducted by ARROW's partners in these countries. The research was aimed at monitoring progress and the gaps in the Indian government commitment to the ICPD PoA, with a specific focus on the SRHR of young people and adults.

This research, the outcome of diligent effort by CommonHealth in India, a multi-state coalition of organisations and individuals, holds immense significance. It was prepared for advocacy at the 2023 Asia Pacific Population Conference (APPC) at the regional level, during the 2024 global review process at the Commission on Population and Development (CPD), and through national-level advocacy with different stakeholders. "ICPD+30: India's Country Monitoring Report" is not just a document but a beacon of hope, guiding us towards a future where SRHRs are universally respected and protected. The objectives of the research were:

- To document progress, gaps, and challenges in implementing the ICPD Programme of Action at the national level;

- To generate evidence on key SRHR issues identified, particularly on young people's sexuality and maternal healthcare, including abortion, to inform national-level advocacy on universal access to SRHR; and

- To generate evidence on key SRHR issues relating to marginalised women and girls.

The following three publications were produced under the ICPD+30: India's Country Monitoring Research:

1. "Review of National Policies and Programmes, and Synthesis of Literature on Sexual and Reproductive Health in India (1995-2022)";

2. "Sexual and Reproductive Health, Rights and Justice of Structurally Excluded Women and Girls in India"; and

3. "Are Sustainable Development Goals Furthering the Agenda of Gender Equality? Review of the Progress in India."

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LIST OF ACRONYMS AND ABBREVIATIONS

ANC	–	Antenatal Care
EM 2023	–	Equal Measures 2023
GII	–	Gender Inequality Index
HIV	–	Human Immunodeficiency Virus
ICPD	–	International Conference on Population and Development (ICPD)
ICPD+30	–	International Conference on Population and Development after 30 years
IIPS	–	International Institute of Population Sciences
LFPR	–	Labour Force Participation Rate
LGBTQIA	–	Lesbian, Gay, Transgender, Queer, Intersex and Asexual
MMR	–	Maternal Mortality Ratio
MPCE	–	Monthly per capita consumer expenditure
NFHS	–	National Family Health Survey
NGO	–	Non–governmental Organisation
NITI Aayog	–	National Institution for Transforming India
SDGs	–	Sustainable Development Goals
SRS	–	Sample Registration System
SSSG	–	SDGs Strategy Support Group
U5MR	–	Under-5 mortality rate
UNFPA	–	United Nations Fund for Population Activities
UNGA	–	United Nations General Assembly
UNICEF	–	United Nations International Children's Emergency Fund
VNRs	–	Voluntary National Reports
WHO	–	World Health Organisation

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Introduction

Background

The ICPD and SDG agendas have commonalities in their principles of universality, non-discrimination, and a rights-based approach. Gender equality and women empowerment from the SDGs agenda also align with the ICPD POA. ICPD+30 celebrates '*human-centred sustainable development*' (UNFPA). As a part of the ICPD+30 monitoring report for India, SAHAJ[1], one of the CommonHealth partners, undertook an overview of progress on the SDGs in India with a focus on SDG 3 – Good Health and Well-being and SDG 5 – Gender Equality. The tagline for the SDGs is 'Leave No One Behind.' Localising SDGs is used as a strategy by the Government of India for the effective implementation of these Goals at all levels of decentralised planning, as part of the efforts towards 'Leaving No One Behind' while achieving SDG targets.

Since 2017, through its community-level work with its partners, SAHAJ has been contributing towards achieving selected targets from the SDG 3 (Good Health and Well-being) and SDG 5 (Gender Equality) in selected states in India and at the national level. We have been working with civil society organisations, networks, and coalitions in Assam and Gujarat on specific targets from SDG 3 and SDG 5. The work aims at 'localising SDGs with a gender perspective.'

This chapter begins with a section delineating the progress of India and its states in achieving the SDGs. The subsequent section focuses on localising SDGs and

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1   SAHAJ (Society for Health Alternatives), registered in 1984, envisions a society with social justice, peace, and equal opportunities. We focus on children, adolescents, and women in two specific sectors - health and education. We strive to make a practical difference in the lives of marginalized women and girls through direct action in the communities and through action research and policy dialogues. SAHAJ believes in developing programs based on the expressed needs of the communities and being led by the communities. We collaborate with like-minded organizations to form coalitions for a more significant impact at the state and national levels.

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SAHAJ's efforts of localisation and 'linking local with global,' using the example of the maternal health (one of the critical targets under SDG 3) situation in Assam (one of India's north-eastern states with a high Maternal Mortality Ratio).

SDGs and gender equality – the need for monitoring

Sustainable Development Goal 5 is dedicated to achieving gender equality and empowering all women and girls. Gender equality is also cross-cutting across all other goals. Women and girls constitute half of the global population. Discrimination against them is deeply rooted in societies across the world. It is evident in modern-day societies through cultural practices like child and early marriages and violence against women in the public and private spheres. Some gender minority groups have recently started getting official recognition through legal rights. For example, the Transgender Persons (Protection and Rights) Act of 2019 prevents discrimination against non-binary persons. It addresses their constitutional rights, recognition of their gender identity, and non-discrimination across institutional spaces including family and the workplace (Bhattacharya, Ghosh & Purkayastha 2022). A step towards inclusion of non-binary persons in the official data is the mandate to include 'other' as an option in gender-related data. The social and economic inequities they face are documented globally through their networks and by organizations working for their rights. The 'Leave No One Behind' tagline encompasses moving towards equitable access, opportunities, and rights for all these groups, which is crucial to furthering the SDGs' agenda globally.

'Systematic mainstreaming of gender equality' has been emphasized by UN agencies and other groups, such as Equal Measures 2030, since the beginning of the SDG agenda. The report on 'Why Gender Equality Matters Across all SDGs' by UN Women summarises the importance of the gender equality agenda in the SDGs framework as

> "Gender equality is central to the SDGs, and if it is not achieved, the implementation of all the goals will be compromised." (UN Women, 2018)

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2.

Progress of India and its states in achieving the SDGs

India is measuring its progress towards achieving the SDGs using the SDG India Index developed by NITI Aayog.[2] Periodic voluntary national reports (VNRs) by countries at the United Nations General Assembly (UNGA) also help track their progress. Other indices also highlight India's progress in achieving the goals or some of aspects of these. The section below gives the details.

Measurement indices

Gender Inequality Index (GII): India's rank in the latest Gender Inequality Index[3] (GII) (2021) is 122 (among 170 countries), with an index value of 0.490. India has performed better than the regional average for South Asia (0.508), but worse than the world average (0.465).

EM2030's SDG Gender Index: According to the SDG Gender Index developed by Equal Measures 2030, India has demonstrated rapid progress between 2015 and 2020 and is among the 15 fastest-moving countries towards achieving gender equality-related targets. The index, however, scores India in the 'Poor' category and states that the country needs to make extra efforts to achieve the gender equality-related targets within the SDGs timeframe. India's global rank according to this Index is 91 (out of 144 countries), and it ranks 18 (among 26 countries) in Asia and the Pacific. The disturbing finding from the index is:

> "If the current trends continue, a girl born in 2020 will not in her lifetime see that all women in India have access to at least some secondary education."

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2   NITI Aayog, a public policy think tank of the Government of India, established to achieve the Sustainable Development Goals (SDGs), has developed the SDG India Index to 'provide a holistic view on the social, economic and environmental status of the country and its States' within the SDGs framework.

3   The Gender Inequality Index (GII) was developed by the United Nations Development Programme (UNDP). It provides insights into gender disparities in health, empowerment, and the labor market. Unlike the human development index (HDI), however, higher values in the GII indicate lower levels of achievement. The GII uses five gender indicators – the Maternal Mortality Ratio (MMR) - SDG 3.1, Adolescent birth rate - SDG 3.7, Percentage share of women in seats in the parliament - SDG 5.5, Population with at least some secondary education - SDG 4.4, and the Labour force participation rate - SDG 8.5.

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SDG India Index*:*

The first NITI Aayog report using the SDG India Index was published in 2018. Since then, NITI Aayog has published two more rounds of the index, the latest of which, Index 3.0 (2020-21), considers the COVID-19 pandemic situation and aims to 'build back together.' The report on Index 3.0 delineates different multi-stakeholder partnership models and the advantages of collaborative frameworks during the 'decade of action.' The global SDG agenda of 'Leaving No One Behind' is incorporated through partnerships. The report also delves into the progress of India and its states on select national-level SDG indicators. Possible Index Score range from 0 to 100.

For this report, we take a closer look at SDG 3 - Good Health and Well Being and SDG 5 - Gender Equality indicators from the NITI Aayog report to map progress by India and the states on women's health issues from a gender perspective.

Progress and current status

SDG 3: Good Health and Well-Being

The SDG India Index 3.0 uses the following ten indicators to map progress on SDG 3:

- Maternal mortality ratio (MMR)
- Under-5 mortality rate (U5MR)
- Full immunization rate for children 9-11 months
- Total case notification rate for tuberculosis
- HIV incidence
- Suicide rate
- Death rate due to road traffic accidents
- Proportion of institutional deliveries
- Proportion of out-of-pocket expenditure on health in monthly per capita consumer expenditure (MPCE)
- Total number of physicians, nurses, and midwives

The report categorises these scores into four groups: Aspirants (Index Score 0-49), Performers (Index Score 50-64), Front Runners (Index Score 65-99), and Achievers (Index Score 100).

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The performance of India and the states for SDG 3 in the SDG India Index 3.0 (2020-21) is depicted in Table 1.

Table 1: Performance of India and select states for SDG 3 in the SDG India Index 3.0 (2020-21)

India (Index Score) average for SDG 3	74 (2020-21) 61 (2019)
Top-performing states (2020-21)	Gujarat (86)
	Maharashtra (83)
	Tamil Nadu (81)
Lowest-performing states (2020-21)	Assam (59)
	Uttar Pradesh and Chhattisgarh (60)
	Nagaland (61)

The year 2020-21 was highly challenging for the health sector and its workforce worldwide. Considering this, India's overall improvement by 13 points for SDG Goal 3 is commendable.

For SDG 3, the Index Scores for the states range between 59 and 90. Between the second (2019-20) and the third round (2020-21) of the SDG India Index, four states (Assam, Bihar, Uttar Pradesh, and Nagaland) moved from the aspirant category (Index Score 0-49) to the performer category (Index Score 50-64). Of the 28 states, 21 belong to the Front Runner category (Index Score 65-99), and the remaining 7 belong to the Performer category (Index Score 50-64).

Gujarat, with an Index Score of 86 for SDG 3 (67 in 2019-20), has risen from the 8th to the top position, whereas Kerala (72) has dropped to the 14th (from the top rank with an Index Score of 82 in 2019-20) among all the states. Kerala has already achieved the set targets for the MMR, U5MR, and health workforce, and is very close to achieving the targets for HIV Incidence and Institutional deliveries. However, due to the introduction of three new indicators, its score has fallen considerably; its suicide rate is 24.3 per 1 lakh population as compared to Gujarat (11.2) and India (10.4); out-of-pocket expenditure on health as a share of monthly per capita consumer expenditure (MPCE) is 17 (9.5 for Gujarat and 13 for India) and its death rate from road traffic accidents is higher (12.42) than the all-India average (11.56).

India's overall performance and the top performing and lowest performing states on selected SDG 3 indicators (as per the SDG India Index) are listed in Table 2, which also shows the interstate variation for each indicator.

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Table 2: India's overall performance and the top-performing and lowest-performing states on selected SDG 3 indicators as per the SDG India Index 3.0 (2020-21)

Indicator	India Score	Top-performing state	Lowest-performing state
Maternal mortality ratio	113*	Kerala (43)	Assam (215)
Under-5 mortality rate	36	Kerala (10)	Madhya Pradesh (56)
Full immunization rate for children 9-11 months	91	Maharashtra (100)	Nagaland (54)
Total case notification rate for tuberculosis	177	Haryana (255)	Tripura (70)
HIV incidence	0.05	Kerala, Karnataka and Himachal Pradesh (0.02)	Mizoram (1.18)
Suicide rate	10.4	Bihar (0.5)	Sikkim (33.1)
Death rate from road traffic accidents	11.56	Nagaland (1.02)	Goa (19.38)
Proportion of institutional deliveries	94.4	Goa, Karnataka, Kerala, Tamil Nadu and Telangana (99.9)	Meghalaya (60.4)
Proportion of out-of-pocket expenditure on health	13	Chhattisgarh (6.60)	Arunachal Pradesh and Kerala (17.00)
Total number of physicians, nurses, and midwives	37	Kerala (115)	Nagaland (1)

*- The recent value for the MMR from SRS (2018-20) is 97, but we have considered the SRS 2016-18 value in this table, as the SDG India Index 3.0 (2020-21) has considered the same value.

Though five states have already achieved the target for MMR (70/1,00,000 live births), the national average remains at 113. Assam (215) had the highest MMR among the states. The proportion of institutional deliveries has shown a steep increase across the country from 54.7 (in 2019-20) to 94.4 (in 2020-21). The health workforce indicator (total number of physicians, nurses, and midwives per 10,000 population) has dropped by one point from 38 to 37. The newly included indicator for deaths due to road traffic accidents (11.56 per 1,00,000 population) indicates the need for more safety regulations and adherence to the rules to halve the proportion by 2030 (a target of 5.81 per 1,00,000 population). The need for treatment of mental health issues and awareness and promotion of mental health is underlined by the indicator on the suicide rate (10.4 per 1,00,000 population).

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SDG 5: Achieve gender equality and empower all women and girls

Gender equality is a cross-cutting issue across the goals. Gender-sensitive development strategies, equal rights, access to economic resources, and ownership and control over land and other forms of property, inheritance, natural resources, and financial resources are integral to the SDG 1 targets. Access to sexual and reproductive health and rights for all women and girls is part of SDG 3. In addition, SDG 5 targets dealing with gender-related issues of violence, trafficking, sexual exploitation, and under-representation in leadership and decision-making positions.

SDG India Index 3.0 (2020-21) has the following nine indicators for SDG 5 (gender equality):

- Sex ratio at birth
- The ratio of female to male average wage/ salary earnings
- Rate of crimes against women
- Proportion of women who have experienced physical violence from a husband or his relatives
- Percentage of female to male labour force participation rate (LFPR)
- Women's share of total seats in the state legislative assembly
- Proportion of women in managerial positions
- Demand for family planning satisfied by modern methods among currently married women
- Proportion of female-operated operational land holdings

Since the first SDG India Index (2018-19), India and the states have needed to catch up on this goal compared to most other goals. Their performance on gender equality in the SDG India Index 3.0 (2020-21) is depicted in Table 3.

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Table 3: Performance of India and select states for SDG 5 in the SDG India Index 3.0 (2020-21)

India (Index Score) average for SDG 5	48 (2020-21) 42 (2019)
Top-performing states (2020-21)	Chhattisgarh (64)
	Kerala (63)
	Himachal Pradesh (62)
Lowest-performing states (2020-21)	Assam (25)
	Arunachal Pradesh (37)
	Tripura and Rajasthan (39)

Assam displays the lowest performance on all nine indicators. Table 4 shows India's performance and the top and worst performers among the states for each of the nine indicators (as per the SDG India Index 2020-21).

Table 4: India's overall performance and the top-performing and lowest-performing states on selected SDG 5 indicators as per the SDG India Index 3.0 (2020-21)

Indicator	India Score	Top Performing State	Lowest Performing State
Sex ratio at birth	899*	Kerala (957)	Uttarakhand (840)
Ratio of female to male average wage/ salary earnings	0.74	Uttar Pradesh (0.94)	West Bengal and Assam (0.53)
Rate of crimes against women	62.4	Nagaland (4.1)	Assam (177.8)
Proportion of women who have experienced physical violence by husbands or his relatives	19.54	Nagaland (0)	Assam (70.73)
Ratio of women elected to the state legislative assembly	8.46	Chhattisgarh (14.44 per cent)	Mizoram and Nagaland (0)
Percentage of female to male labour force participation rate (LFPR)	0.33	Himachal Pradesh (0.8)	Bihar (0.06)
Proportion of women in managerial positions	190	Chhattisgarh (250)	Meghalaya (111)
Demand for family planning satisfied by modern methods among currently married women	72	Andhra Pradesh (93.6)	Manipur (23.6 percent)
Proportion of female-operated operational land holdings	13.96	Meghalaya (34.32)	Punjab (1.55)

*The recent value for sex ratio at birth from SRS 2017-19 is 904, but we have considered the SRS 2016-18 value in this table as the SDG India Index 3.0 (2020-21) has considered the same value.

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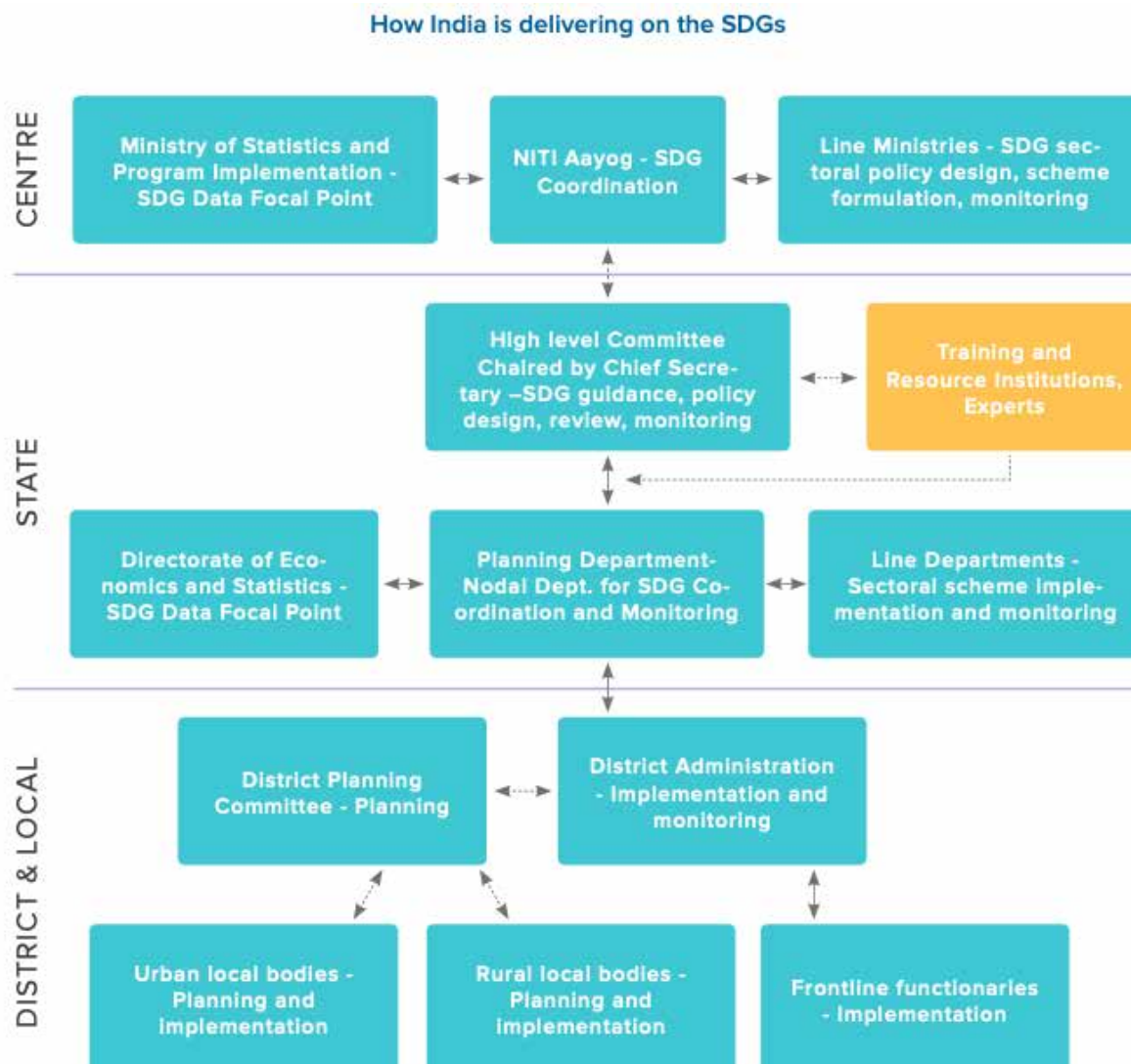
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Localising SDGs – A Case Study of Assam

Localising SDGs is "the process of defining, implementing and monitoring strategies at the local level for achieving global, national and subnational sustainable development targets. It involves various concrete mechanisms, tools, innovations, platforms, and processes to effectively translate the development agenda into results at the local level" (Taskforce, G., 2016).

NITI Aayog recognised the need for localisation in the early years of the implementations of the SDGs, and contextualised localisation within the official setup phase-wise. 'Localisation' is defined as recognising different contexts within the country, and relating local and subnational processes to measure and monitor the progress of SDGs at the national level.

> *"Localisation relates both to how local and sub-national governments can support the achievement of the SDGs through bottom-up action as well as how the SDGs can provide a framework for local development policy."*
> (India, N. A. U., 2019)

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Figure 1 shows the NITI Aayog framework.

Figure 1: NITI Aayog framework for localising SDGs

Reference: Localising SDGs: Early lessons from India 2019 (https://sdghelpdesk.unescap.org/sites/default/files/2019-12/LSDGs_July_8_Web.pdf)

Although working at different levels, from the local and district levels to the national level, this framework considers only the official structures in the implementation process. Each state has developed its own model for localising SDGs. Many have prepared vision documents and established a state monitoring framework. In Maharashtra, the SDGs framework has been taken to the village level by integrating it with local self-governance planning.[4] While Assam has aligned its budgets with the SDGs, Gujarat has prepared a state-level roadmap to the SDGs and a role matrix with defined roles and responsibilities for various stakeholders (India N. A. U., 2019).

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4   https://planning.up.nic.in/Go/SDG/SDGL/SDGs%20in%20Maharashtra-Integrated.pdf

For localising SDGs with a focus on SDGs 3 and 5 in two states (Gujarat and Assam), SAHAJ considered the readiness of the system to incorporate the SDG framework, the health systems settings, the structure of SDG planning and implementation in the state, and most importantly, local-level partners working on the ground on these issues. Here, we have seen that the involvement of civil society organisations in state-level decision-making processes significantly impacts the actual implementation of schemes aimed towards achieving the SDGs. With this understanding, SAHAJ started a process of localising the SDGs.

Localising the SDGs for SAHAJ in the present context meant:

- enabling local communities to monitor the implementation of schemes and programs floated for achieving the SDGs;

- helping CSOs document their work with local and marginalised groups in ways that can generate evidence for the SDGs commitment to 'Leave No One Behind'; and

- facilitating/enabling/strengthening local organisations to become part of district-level and state-level fora and ensuring that the voices of marginalised groups are heard, and their issues are included in planning at all levels.

Our localisation concept thus goes beyond the official definition, as it incorporates community members' awareness of linkages between the local and global processes through training modules and awareness material in local languages; through district, sub-national, and national-level linking processes; and involvement and monitoring of official SDGs-related local processes by community members. In addition, the SDG agenda of 'Leaving No One Behind' is incomplete without considering the most marginalised groups. SAHAJ believes that groups such as LGBTQIA+ and persons with disabilities are often left out of the development processes; these groups are given due attention in SAHAJ's 'localizing SDGs' processes.

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SDGs in Assam – gaps between planning and implementation

Assam is a state in the north-eastern region of India. With a rich history of multi-ethnic, multilingual, and indigenous populations nestled in a diverse natural landscape, Assam is also exposed to the torrential flooding of the Brahmaputra River during the monsoons. It is an agrarian state with a predominantly rural population.
Assam has historically been one of the underdeveloped states in the country. High maternal mortality, poor health outcomes, especially for those residing in its many private tea estates (Medhi et al. 2006; Rajbangshi & Nambiar 2020), and inter-community conflict as well as political conflict (Goswami 2001), are some critical concerns for Assam.

It was one of the first states to adopt the SDGs framework and integrate it with the state-level planning processes 9it has adopted an SDG -oriented outcome budget since 2017-18) and also the first state to establish a state SDG Cell and put out a vision document, *Assam Agenda 2030: Strategies and Actions for Achieving SDGs*. The state prepared a seven-year strategy plan and three-year action plan to achieve the targets under the SDGs, and used cross-sectoral synergies and goal-wise and department-wise clustering to reach the SDG targets. The SDG Cell has identified 59 core indicators for monitoring SDGs, constituted a semi-formal body called the SDGs Strategy Support Group (SSSG), and prepared state- and district-level indicator frameworks (India N. A. U., 2019).

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Assam in the SDG India Index

Despite early efforts by its government to achieve the SDGs, Assam still needs to improve its performance on most of the SDG indicators. Figure 2 shows its performance on the various rounds of the SDG India Index.

Figure 2: Trends in SDG India Index (during three round s between 2018-2021) for Assam for overall SDG Score, Goal with Highest Progress (SDG7) and Goal with Lowest Progress (SDG 5)
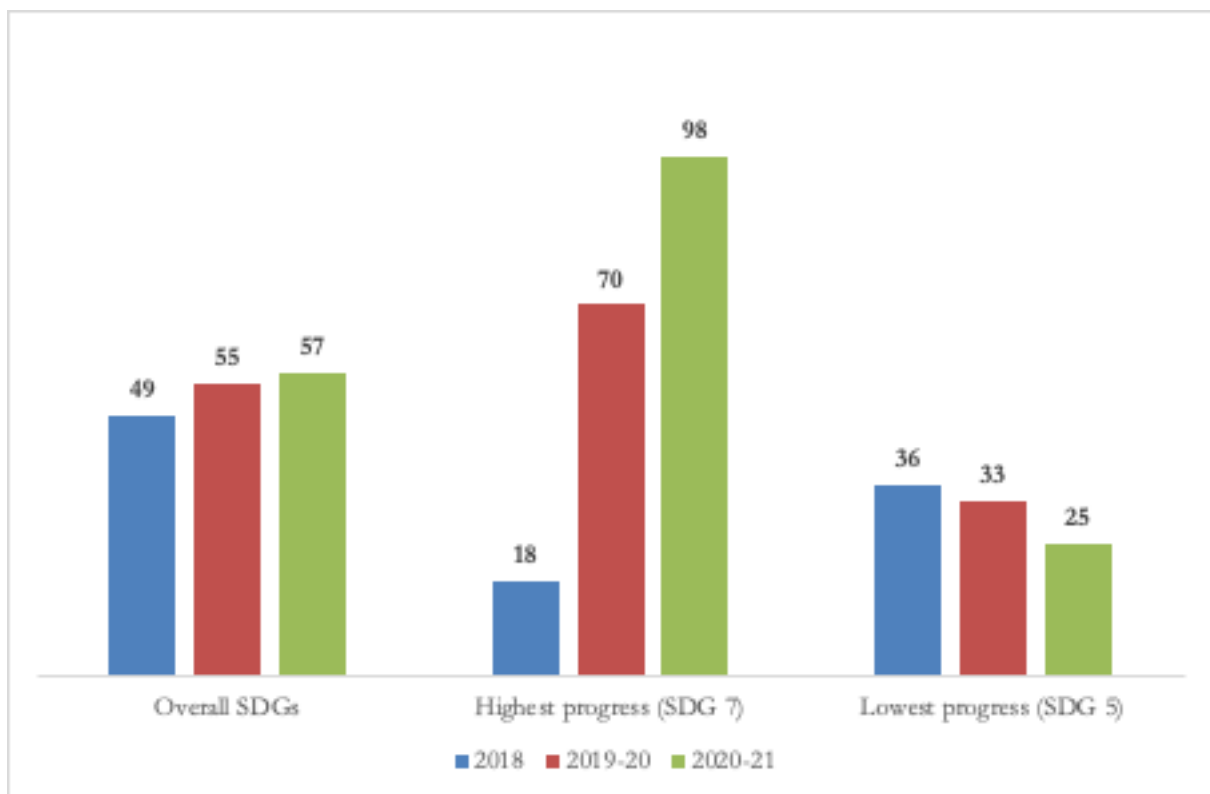
Sources: SDG India Index and Dashboard: Partnerships in the decade of action (2020-21), SDG India Index and Dashboard (2019-20), SDG India Index: Baseline report (2018)

In the SDG India Index (2020-21), Assam moved up from an overall SDG score of 55 in 2019-20 to 57. Over the years, the state has shown the highest progress on SDG 7 (Affordable and Clean Energy). For SDG 5 (Gender Equality), however, it has regressed over the years.

In the latest Index, Assam has remained at the last position (28th) among the states for its progress on SDG 5, in which it has been the worst performer on all nine indicators.

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The SDG 5 indicators that have shown a significant decrease between the 2019-20 and 2020-21 Indices for Assam include: The ratio of female to male average wage/salary against earnings received among regular wage/salaried employees (0.74 to 0.53); and the rate of crimes against women per 1,00,000 female population (from 143.6 to 177.8).

The state's SDG 3 (Good Health and Well-Being) index score rose from 44 (Aspirant category) to 59 (Performer category), but despite this, its rank has fallen from 24 (among 28 states) to 28 for SDG 3. It has performed worse than the national average for all goals except SDG 7 (Affordable and Clean Energy) and SDG 15 (Life on Land).

In the most recent North-eastern Region District SDG Index Baseline Report (2021-22) published by NITI Aayog, Assam's performance on SDG targets, even among the north-eastern states, could be more encouraging. Overall, the state ranks fifth among the eight north-eastern states on district-wise performance. Among its districts, Kamrup Metropolitan (Guwahati) has performed the best (ranked 18th), and Dima Hasao has performed the worst (ranked 84th) on this index, among the 103 districts in the eight north-eastern states.

These statistics shows that even with huge efforts at the state level since the Sustainable Development Agenda was announced in 2015, Assam still has a long way to go to achieve the SDGs at the state level.
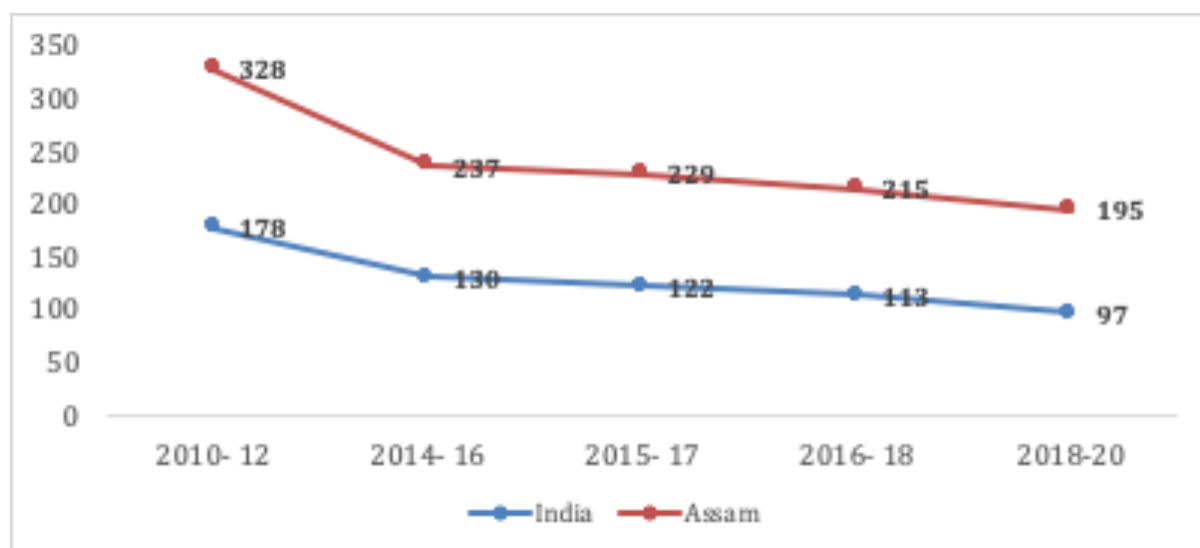
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Maternal mortality ratio – a concern for Assam

Among all the Indian states, Assam has the highest maternal mortality ratio (MMR) (195 per 100,000 live births) (SRS, 2022). Globally, one of the critical approaches to reducing maternal mortality is the early identification of high-risk pregnancies (WHO, 2016). In 2019-20, Assam reported 1,009 maternal deaths and projected 1.65 lakh cases of high-risk pregnancies, of which only 49,994 (7.36 per cent) were identified as high-risk by the public health system. With only 64 per cent of women reporting ANC (ante-natal care) registration during their first trimesters, timely identification and treatment of high-risk cases remain a challenge for the state (IIPS and ICF, 2021)

The state has shown a decrease in its MMR over the years, but its ratio is still lower than that required to achieve the SDG target (70 per 100000 live births). Figure 3 shows the MMR trend for the state compared to the national average over the last decade.

Figure 3: Trends in the MMR for Assam and India, 2010-12 to 2018-20

Source: Special bulletin on maternal mortality in India (2010-12 to 2018-20)

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The major direct causes of maternal deaths are severe bleeding, infections, high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications from delivery, and unsafe abortions. Access to antenatal care (ANC), skilled and prompt delivery care, and support and care after childbirth are crucial for preventing maternal deaths (UNICEF)

Early registration of a pregnancy, regular ANC visits during the pregnancy, and institutional delivery assisted by skilled health personnel are some critical factors that contribute to a positive pregnancy experience (WHO, 2016). Only half the women receiving four or more antenatal check-ups during their pregnancy (as recommended by the WHO), and first-trimester registration, as reported by them, is around 64 per cent. Demographic characteristics like age at the time of pregnancy, educational levels, and birth order considerably affect access to antenatal and delivery care services.

The differences in access to these services across demographic characteristics within the state are notable. Potential high-risk women, for example, older women (in the age group 35-49 years) or women with higher birth order (four or more), have reduced access to both antenatal and delivery care services. Table 5 shows the difference in the share of women across these social groups receiving select ANC and delivery care services.

Table 5: Select ANC and Delivery-related Indicators in Assam by Background Characteristics (per cent) (NFHS-5, 2019-21)

	First-trimester Registration to Total ANC Registration	Women (15 49) who Received Four or More Antenatal Visits	Institutional Births	Births Attended by Skilled Health Personnel
Age at birth				
<20 years	64.4	49.2	83.4	86.0
20-34 years	64.1	51.4	84.9	86.7
35-49 years	58.4	44.8	73.4	77.9
Residence				
Urban	72.7	62.6	93.5	94.9
Rural	62.7	49.2	82.9	85.1

	First-trimester Registration to Total ANC Registration	Women (15 49) who Received Four or More Antenatal Visits	Institutional Births	Births Attended by Skilled Health Personnel
Birth order				
1	68.1	56.6	90.1	91.1
2-3	62.3	48.6	83.1	85.7
Four or more	54.1	36.8	63.6	67.2
Years of schooling				
No schooling	52.8	37.6	68.1	72.3
<5 years completed	60.8	46.8	76.6	80.0
5-9 years completed	63.7	49.8	84.9	86.8
10-11 years completed	70.8	58.0	94.7	94.8
>12 years completed	71.6	63.1	96.7	97.3
Total	**63.8**	**50.7**	**84.1**	**86.1**

Source: NFHS-5, 2019-21

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6
CONCLUSION AND RECOMMENDATIONS

Although India is progressing towards achieving the SDG targets, it has a long way to go to achieve the tagline of 'leave no one behind.' Data from indices and reports analysed in this chapter shows that some social groups – developed states, urban populations, and the more educated – have either achieved or are on the way to achieving these targets in the near future. At the same time, social groups historically left behind in the development agenda – the poorly resourced or remote states, rural populations, and the less educated – will not be able to achieve the targets in the stipulated timeline.

The changes in the methodology, such as the selection of different indicators for each round of the SDG India Index by NITI Aayog, have been crucial parameters in ranking the states, and dramatically moved the states up and down in the rankings.

The policies, programmes, and schemes of India's government are now in line with the SDG's agenda (refer to the annexure). State governments have also included the SDGs agenda in their planning and are trying to bring the 'global to the local' through 'localising' efforts. However, the definition of 'localising' being used is limited to developing monitoring frameworks and interlinking departments for implementing the schemes and programmes. This definition is also unilateral: it does not consider bringing local experiences to the global level.

SAHAJ has been working at the grassroots level towards gender equality within the SDGs framework and is looking at a more encompassing definition of localising SDGs to link 'the local processes with the global agenda'. Its work with local organisations in Assam to reduce maternal mortality through community engagement and social accountability has shown positive results in select areas. We must remember that social change is a slow process, and any small change in the community's behaviour needs hand-holding, continuous engagement, and monitoring to sustain the effects. The community's acceptance and engagement with the SDGs agenda will result in sustained effects of the policies and programmes.

The Indian government has taken positive steps towards implementing the SDGs agenda through localising SDGs. The definition of 'localising' can be broadened for meaningful, people-centric, sustainable development with community engagement, local to-national approach and concentrated efforts for inclusion of the marginalised persons, including women and other vulnerable gender groups.

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Annexure: 1.
Linkages Between the SDGs and Government Policies, Programs, and Interventions

Name of the Policies, programs, and schemes	Details	Critique
SDG 3		
Ayushman Bharat Yojana	1. Provision of comprehensive primary healthcare free of cost through health and wellness centres 2. Pradhan Mantri Jan Arogya Yojana (PM-JAY) covers up to INR 5 lakh per family per year for secondary and tertiary care hospitalisation. PM-JAY targets the poor and vulnerable groups to 'leave no one behind.'	The strengthening of current public health infrastructure is not mentioned. It might take a back seat with PM-JAY being introduced in empanelled private health facilities. While discussing including the most vulnerable sections of society, all organised sector workers are excluded from the scheme. The organised sector workers not covered under other health insurance are left out.
Pradhan Mantri Jan Aushadhi Pariyojana	Supply of quality medicines at affordable prices	Implementation-related issues. Logistics of providing medicines to all stores across the country.
Mental Healthcare Act, 2017	Provision of mental healthcare services for persons with mental illnesses	Inadequate medical infrastructure to provide the added services according to the Act. The lack of awareness about mental illnesses in the country has not been considered.

Name of the Policies, programs, and schemes	Details	Critique
SDG 5		
Mission Shakti	Strengthening interventions for women's safety, security, and empowerment through local self-help groups (SHGs)	The sustainability and quality of operations of the SHGs. There is a need for market linkages for the sustainability of such initiatives at the local level.
Pradhan Mantri Matru Vandana Yojana (PMMVY)	Payment of maternity benefits of INR 5,000 into a beneficiary's account through the direct benefit transfer (DBT) mode	Lack of interest from the beneficiaries Tedious application process, with various documents that need to be submitted
Pradhan Mantri Mahila Shakti Kendra (PMMSK) Scheme	Empowerment of rural women through community participation	
Swadhar Greh Scheme	Rehabilitation of women in difficult circumstances	
Gender Budgeting mechanism	To review the programmes of ministries/ departments from a gender perspective and present information on allocations for women and girls	

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About ARROW

Asian-Pacific Resource and Research Centre for Women -ARROW is a regional and non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Since it was established in 1993, it has been working to advance women's health, affirmative sexuality and rights, and to empower women through information and knowledge, evidence generation, advocacy, capacity building, partnership building and organisational development.

About CommonHealth

CommonHealth - Coalition for Reproductive Health and Safe Abortion, constituted in 2006, is a rights-based, multi-state coalition of organisations and individuals that advocates for increased access to sexual and reproductive health care and services to improve health conditions of women and marginalized communities in India. Within sexual and reproductive health and rights, CommonHealth concentrates its efforts largely on maternal health and safe abortion. The coalition draws its membership from diverse disciplines, thematic areas and geographies within the country.