

“We must work closely together to make this year a year of global action, one that will be remembered as the dawn of a new era of sustainable development.”

Ban-Ki Moon
UN Secretary-General

Millennium Development Goals (MDG) are derived from the United Nations Millennium Declaration signed in September 2000 to commit the UN Member States to achieve the set goals by the year 2015. At the global level, 8 MDGs with 21 targets were formed to speed up efforts to address the most important needs of the world's poor and marginalized communities by 2015. The progress of the State of Telangana in achieving the MDGs has been documented in the report prepared by Centre for Economic and Social Studies entitled, *Status of MDG in Telangana State*, which contains certain recommendations that are outlined in this Chapter along with findings. On completion of target period of MDG i.e., 2015, a new set of goals called ‘Sustainable Development Goals (SDGs)’, were enunciated by the United Nations targets to be achieved by the member countries by 2030.

I. Millennium Development Goals:

Goal 1: Eradicate Extreme Poverty and Hunger

Goal 2: Achieve Universal Primary Education

Goal 3: Promote Gender Equity and Empower Women

Goal 4: Reduce Child Mortality

Goal 5: Improve Maternal Health

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases

Goal 7: Ensure Environmental Sustainability

Goal 8: Develop a Global Partnership for Development

Each goal has specific targets and indicators to monitor progress in a time bound manner so as to reach the goal by 2015. Though there are 21 targets and 60 indicators identified at the global level, a subset of 12 targets and 35 indicators are relevant for India and Telangana State. As the MDG deadline has been completed, it is important to look at the progress of the State in achieving the MDGs.

II. Major Findings

Significant achievements have been made in many of the MDG targets in Telangana State. However, the progress has been uneven across districts and social groups. This has left significant gaps and challenges before us and remind us to focus on vulnerable groups to achieve Sustainable Development Goals (SDGs).

Goal 1: Eradicate Extreme Poverty and Hunger



- The State has been successful in reducing the poverty levels from 44.2 per cent in 1993-94 to 8.8 per cent in 2011-12)
- The poverty gap ratio (PGR) has been declining over the years gradually, implying a reduction in consumption inequalities among the poor
- Addressing malnutrition among children remains a big challenge, which requires top priority to achieve sustainable development goals

The poverty has reduced very rapidly in the State. But it is getting concentrated among SCs and STs. This indicates that the economic instruments of interventions alone may not be adequate enough to address the poverty among these social groups. Some social instruments of interventions are needed. Consumption inequalities have come down. The non-income poverty like malnutrition need to be addressed with a sharp focus.

Goals 2: Achieve Universal Primary Education

- It may take two more years beyond 2015 to achieve 100% Net Enrollment Rate
- The State has achieved universalization of primary education. However there is a need to focus on universalization of secondary education in post -2015 development agenda.



Substantial progress is observed since 1993-94 in all the indicators of goal-2 of MDG though the State is lagging behind in some of the indicators such as primary completion rates and to some extent in net enrolment ratio. However the progress in current attendance ratio and literacy rates of 15-24 years old is satisfactory and the State of Telangana has the potential to achieve the target by 2015. Over the years, governments have initiated several programmes such as: Operation Black Board, Midday Meal Scheme, District Primary Education Programme, Sarva Siksha Abhiyan, National Programme for Elementary Education of Girls at Elementary Level (NPEGEL), Kasturba Gandhi Balika Vidyalaya (KGBV), area intensive programme for educationally backward minorities, modernization of madarasa education, Right to Education (RTE) Act, Mahila Samakhya Scheme, Saakshar Bharat (National

Literacy Mission), and improvement of Urdu education etc., which have all helped in progress towards the goal of Universalisation of Elementary Education (UEE). For instance, compulsory education under RTE puts obligation on the State government to provide and ensure admission, attendance and completion of elementary education by all children in the age group of 6-14 years. Sarva Siksha Abhiyan (SSA), a centrally sponsored scheme, is being implemented in the State since 2001-2002 to attain UEE. Rajiv Vidya Mission is the implementing society for SSA. SSA has been identified as the main vehicle to implement the provisions of the RTE Act. The main objectives of SSA include: enrolment, retention, bridging gender and social category gaps and focus on elementary education with satisfactory quality. The Midday Meal Scheme (MDMS) enhanced enrolment, retention and attendance apart from improving nutritional levels. Reports and studies based on Young Lives longitudinal data confirmed the enhanced enrolment due to MDM Scheme. The National Literacy Mission has been recasted with prime focus on female literacy in order to minimize gender disparities. All these have contributed to substantial progress in enrolment, retention and attendance rates of primary age group children and reducing the gender, socio-economic and regional disparities.

But there are challenges. The serious concern is the quality of education. For instance, Young Lives school based study reveals that there are huge differences in the performance of class-V students in mathematics, and languages between urban and rural, private and government school children. The average score of students of private schools, from the low income households, is significantly higher than that of the students from the government schools in both rural as well as urban areas. Further, almost all categories of schools were not able to fill the sanctioned strength of teachers and the gap between sanctioned strength and current teaching staff is relatively higher for private schools. The average number of required teaching staff is higher than the average number of sanctioned teaching staff in all categories of schools. In addition to Young Lives study ASER reports by Pratham also show that the majority of students in primary classes in rural areas of the State do not have an adequate ability to read, write and solve simple numerical problems. The 12th Five Year Plan document also emphasizes the need for quality education. In this scenario, there is a need for a better school atmosphere in terms of quality infrastructure, suitable training for teachers and effective monitoring both by the government and community to improve the quality of education in post-2015.

The next agenda for post-2015 is universalization of secondary education. Mere primary/middle level education may not be adequate for leading a decent life and in turn for overall development of society.

Universal Access to quality education has to be ensured. There are areas and communities which do not have access to education. For instance, hard to reach areas, inter-State border areas, children with special needs, children from minority communities, tribal community, children on streets, migratory population need to be targeted. SSA has to make additional efforts so that the above mentioned communities take advantage of on-going programmes/schemes and ensure that these categories are enrolled, and complete a full cycle of education.

Studies reveal that schools with pre-primary sections have better enrolment, retention and completion rates. Government has to ensure that the pre-primary sections whether in private or government schools are attached to primary schools, to ensure the enrolment of children in the age groups 3-5 years.

Goal 3: Promote Gender Equity and Empower Women

- Gender parity has been achieved both at primary and secondary levels of education, a significant gap persists among socially disadvantaged groups
- Rural areas are lagging behind in enrollment at the secondary level which needs key focus during post MDG plans

Increased participation of Women in Self Help Groups (SHG), improvement in female literacy rate, reduction in domestic violence on women, skill based job opportunities in the non-farm sector to enable higher incomes would increase the enrolment of girls especially at higher levels of education. More location specific strategies with the help of local Community Based Organizations (CBOs) can be evolved and implemented to reduce violence on women, and to increase their social capital by increasing effective membership in SHGs which may yield positive outcomes in terms of girls' education and also enhance their political space.

The village education committees need to be strengthened with the active involvement of Gram Panchayats to bring girls and boys into schooling through formal and non-formal education systems.

Adolescent Girls need special attention. Programmes like Rajiv Gandhi Scheme for Adolescent (RGSEAG) or also called SABLA has been quite successful in providing nutrition and awareness about physical hygiene. There is a need to upscale such programmes. Mahila pranganam can be made a single window at the district level for delivering services which are spread across different departments to women and children.

Enrollment in secondary and tertiary levels of education is low and the drop-out rate is high in tribal areas. All girls in the age group of 11-16 have to be enrolled in Ashram schools in scheduled areas. An adequate number of ashram schools for girls need to be set up for this purpose.

Literacy programmes like Sakshara Bharathi linked to youth organizations have been successful, and can be replicated in districts and mandals with low literacy rates. The district legal services authority can work towards arresting child marriages. Bala Panchayati also has been successful in preventing child marriages. This strategy can be further strengthened in areas with high prevalence of child marriages. The perception of the government needs to shift from girls as tomorrow's mothers' to 'girls as persons' and design strategies for their multi-dimensional development. Identified hot spots may be prioritized in designing specific programmes.

Girl's education is also affected due to household care activities. Even if enrolled, girls' schools attendance is discontinuous due to household risks like migration, sibling care and covariant risks like natural disasters and livelihood crises. Strategies need to be devised to effectively counter these risks both at the community and household level. Anganwadi centres need to function for eight hours a day to relieve girls from the duty of taking care of younger siblings to ensure their uninterrupted school attendance. Wherever necessary pre-primary and elementary education can be merged for reducing drop-out rates and continued enrolment. Public policy should incentivize girl children's schooling especially during periods of unforeseen shocks in the case of the vulnerable sections. Direct benefit transfer has been found to be useful as it reaches the girls students.



Goal 4: Reduce Child Mortality



- Though significant efforts were made in providing immunization against Measles, full immunization remains a larger concern during the post 2015 agenda
- There is a need to concentrate on reduction of infant mortality rate (IMR) and under 5 mortality rate (U5MR).
- A High incidence of IMR and U5MR has been recorded among the socially vulnerable groups of Scheduled Castes (SCs) and Scheduled Tribes (STs).

Analysis indicates that achieving U5MR target needs greater attention by the State authorities. Acceleration in consumption growth from existing 6 per cent per annum to 10 per cent per annum and reduction in the percentage of currently married women (in the age group of 20-24) married below 18 years of age, would reduce the mortality rates from 28 per cent to 10 per cent at the State level. However, Adilabad and Karimnagar lag behind the target of 2015, with high levels of mortality.

The immunization against measles for one year old children can be achieved in eight districts of Telangana but there is need for substantial improvement in Adilabad and Warangal.

Goal 5: Improve Maternal Health

- At the present rate of decline in Maternal Mortality, the State may take a long time to achieve the expected level of MMR. This is one of the challenging tasks for the post – 2015 agenda
- The State has a successful record in institutional deliveries and antenatal care

Though there has been considerable progress in reducing the maternal mortality ratio it is still a challenging task for the State of Telangana to reach the Millennium Development Goal of MMR. 89.8 per cent of births will be assisted by skilled health personnel in the State by 2015, and Warangal, Mahabubnagar, Rangareddy, Hyderabad, and Karimnagar districts are likely to have 100 percent safe deliveries. Already 92.1 per cent of women are having 3 + Antenatal care (ANC) visits and this is likely to reach 97.5 per cent by 2015. Despite achieving progress in the process indicators, the proportionate decline in MMR is not going to reach the expected level; therefore, the actual challenge arises in identifying the factors beyond the typical process indicators of professional care during pregnancy and childbirth.



In this context, it is essential to understand the framework proposed by experts for understanding the utilization of health care. It emphasizes that utilization of health services by women is largely dependent on factors like need, permission, ability and availability, particularly in the Indian context where the situation is further complicated by self-perception. In the context of maternal health services, women in Telangana have come a long way in perceiving the need for skilled health personnel during delivery. It was found that women in the State believed that it was essential to go to an institution for delivery. However, 'permission' and 'ability' overlap, resulting in the 1st delay. Two percent of the women seem to have no permission and 43.9 percent felt it was too expensive and could not mobilize funds. Studies have also revealed that nearly 50 percent of the deliveries are taking place in private facilities which further supports the 'ability' factor. It was also found that out-of-pocket expenditure deters or delays families from taking a decision to seek skilled/institutional care.

Women often stated that facilities were not available within reach. As many as 12 percent of women had to travel more than 20 kilometers to reach a facility and another 10 percent had to travel 6-10 kilometers. Mean distance to travel from house to a health care facility was 9 km. Hence the issue of 'availability' and the 2nd delay continue to persist unless planning a childbirth is seriously addressed. Also, the need for transportation remains unmet for women in interior villages. On the contrary, even though a majority of pregnant women have ANC, birth preparedness is not addressed seriously. About 32.2 percent of the women, who did not have institutional delivery, did not have enough time to go to a health facility. Special focus is needed to sensitize the family, particularly decision-making members of the family regarding planning the birth. Specific initiatives like Janani Suraksha Yojana (JSY) scheme by the government to promote safe delivery have contributed to a significant increase in ante-natal care and institutional delivery. Such initiatives motivate women to utilize health services, particularly in the poor and average performing districts of the State. Around 60 percent of women were aware of the JSY scheme and 32 percent have received assistance under the scheme. Another scheme which has promoted safe delivery is the role of Accredited Social Health Activists (ASHAs). One-third of the women were accompanied by ASHA to an institution during delivery.

However, after reaching a threshold level i.e., 85 or higher percent of safe deliveries in a district, such schemes do not have any significant influence. Here comes the role of quality of care. Around 11 percent of women were of the view that the quality of care at facilities was poor. Of the women who had an institutional delivery, 2 to 5 percent of the women in different districts had to share a bed during delivery and 4 percent of the women had to lie on the floor due to lack of a bed. Even though the safe motherhood programmes emphasize the importance of post-natal care and recommend a minimum 48 hours of stay in the health-care facility after delivery, the findings reveal that 19 percent of women stayed less than 23 hours after delivery and about 62 percent stayed only for a day. To reduce a higher percentage of maternal deaths during the post-natal period, it is essential to provide cent percent post-partum care to each delivered women and neonate as an immediate initiative to meet the MDG goals. Quality of facilities, availability of health professionals and need for post-natal care require attention. The occurrence of about 15-20 percent of maternal deaths during the transit from home to referral and from referral to higher level facility indicates poor situation assessment and lack of confidence among the health staff or, intentionally referring a patient to a higher facility to avoid the risk of death in their hospital.

Special focus is required on the social determinants of maternal health. The proportion of adolescent marriages and pregnancies in the State is among the highest in the country. Even though the government had started various initiatives to address the needs of adolescents under Reproductive Mother and Child Health (RMCH) and National Rural Health Mission (NRHM) programmes, the efforts have not seen significant outcomes. Recently, the RMCH programme also focused especially on adolescents. The results of this

scheme largely depend on effective implementation. Unless there is a shift of focus from terminal methods to spacing methods and from the perspective of population stabilization to universal access to reproductive health care, a further reduction in maternal mortality and morbidity may not be possible. Focus should be on helping adolescents to postpone pregnancies and encouraging women to space pregnancies. In addition, the unmet need for contraception results in a substantial number of unplanned pregnancies and access to safe abortion services remains inadequate. These are some of the most critical underlying causes of preventable maternal mortality and morbidity.

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases

- Though significant efforts have been made to combat HIV/AIDS, there is a need to aim for universal access to TB and HIV care during the post - 2015 agenda.



Resurgence of malaria in some of the districts is a concern. Lack of data about child incidence, prevention and treatment- seeking behavior is an obstacle for planning and efforts are needed to maintain a good data base.

There is a need to aim for universal access to TB/ HIV care. There may be several reasons for the high mortality among HIV-infected TB patients: these include undiagnosed or late diagnosis of HIV, delayed or missed TB diagnosis among PLHIV, provision of inadequate chemotherapy to drug-resistant TB cases in the context of unavailability of decentralized culture and DST facilities, late presentation by HIV/TB patients (indicated by low CD4 counts at the time of diagnosis), and operational issues like long distances to travel for patients and lack of finances resulting in sub-optimal linkages to centralized ART services.

Focused efforts are needed to improve the knowledge level among the public on both HIV/AIDS and TB. While most people have heard of tuberculosis (65% of women and 77% of men), but even among people who have heard of tuberculosis, only about half of the people (54% of women and 53% of men) correctly say that it spreads through the air when TB patient coughs or sneezes. Others have misconceptions about how tuberculosis spreads.

Goal 7: Ensure Environmental Sustainability

- Nearly fifty percent of the State population is without access to safe drinking water and sanitation which requires greater attention during the post - 2015 agenda. The flagship programme of the State Government “Mission Bhageeratha” is formulated to address the felt needs of the people.
- There is a need to focus on improving forests and biodiversity, apart from sanitation and slum improvement. Telanganaku Haritha Haram and 2BHK Housing Programme of the Government is expected to address the problem.

An assessment of MDG is done at the State and district levels based on the performance of certain indicators pertaining to Goal 7. As far as Target 9 is concerned- that is integrating principles of sustainable development



into nation policies and programmes to reverse the environmental damages, the plan documents and programmes have reflected these to a large extent. Indicators related to waste land, forest, bio-diversity, water, fishery and carbon dioxide emission have been examined to arrive at a conclusion.

An examination of land use pattern and land degradation in the State reveals high anthropogenic pressure on land resources. Nevertheless, it is possible to reverse the trend of a large area of wasteland reported in the early

periods of the last decade. The area under wasteland has come down in the State.

In the case of forest resources, the recorded forest area declined by one per cent of the geographical area, constant throughout the years. There is decline in forest cover and wild life population shows deterioration. Secondly, participatory institutions in forest management like Joint Forest Management (JFM) and community based forest management (CFM) under Forest Rights Act are found to be playing an insignificant role in protecting biodiversity. Therefore, it is important to strengthen the measures at the grass roots level to arrest deforestation and biodiversity loss, and Panchayats (Extension to Scheduled Areas) Act, 1996 (PESA) and Forest Rights Act (FRA) need to be effectively implemented.

The trend of increased exploitation of ground water resources is an important threat to resource sustainability. The State has the potential for investment in inland fisheries Carbon-di-oxide emissions from the use of fossil fuel is found to be increasing at a high rate due to extensive use of coal. The data on drinking water and sanitation show that the State could achieve drinking water coverage in almost all districts, though it lags behind in sanitation coverage in both urban and rural areas. The rate of growth of slum populations has also been very high in the State and improvement of living standards in slums is a challenge to be tackled.

Goal 8: Develop a Global Partnership for Development

The State has made a significant achievement in providing telephones and cellular phone connections to the target population. There is a scope to improve communications further with global partnerships.

Summary

In Telangana, significant achievements have been made in many of the MDG targets such as gender parity, Infant Mortality Ratio (IMR), Combating HIV/AIDS, Malaria & other Diseases, providing Safe drinking Water, Protected area, developing a global partnership for the State development.

Further the State has potential to achieve the targets for the indicators such as Literacy rate between 15-24 years of population, Immunization against measles, Maternal Mortality Rate, Ante natal care- 3+ visits, contraceptive prevalence rate,



However, there is a need to improve on certain indicators such as malnutrition, net enrolment ratio- primary, primary completion rate, U5MR, skilled birth attendance, percentage of adolescent births, girl child marriages, forest areas, satiation and slum improvement etc.

III. Towards Sustainable Development Goals: Agenda for Policy and Action

The performance of the State of Telangana and its 10 constituent districts in achieving the Millennium Development Goals is significant. With more concerted efforts the State can achieve most of the set millennium development goals in the near future. It has to work out a time frame and also evolve an action plan to realize the targets. The quality and equity dimensions need to receive greater thrust.

Telangana has successfully reduced the level of extreme poverty, but it should aim at the eradication of absolute poverty on a sustainable basis i.e. even in years of economic crisis and without much State support. The quality of growth should receive more importance while pursuing economic growth. The high levels of child and adult malnutrition unambiguously point out the failure of the undivided State. Further, it raises two issues. The first one is the weak link between income poverty and nutrition intake. The consumption shifts among the poor towards non-food and non-food grain food items suggest that the State is confronted more by secondary poverty than primary. It also hints at intra-household inequalities in the distribution of food and the vulnerable situation of women and children. Secondly, it suggests that (i) adequate attention should be paid to nutrition education and also that the State has to create a hygienic environment in all habitations to ensure high efficiency in the conversion of food into nutrition. These gaps are well reflected in the high incidence of maternal and child mortalities in the State. (ii) The effective implementation of the National Food Security Act and awareness generation on causes and consequences of under/ malnutrition through community based organizations might help correcting the situations

Concerted efforts are required to achieve the target in primary completion rate. Unless parents are convinced about the quality of education imparted, this problem is likely to continue. There may be a need to examine the feasibility of adopting some of the successful experiments such as, Mahathma Jyoti Rao Govinda Rao Phule model of education in Maharashtra where the convergent efforts of Panchayat, cooperatives and the community have contributed to significant outcomes. Public private partnership models may be tried to achieve the desired results. Introduction of pre-primary sections, recruitment of teachers and capacity building of teachers, incentives for enrolment and regular attendance of girls etc., assume importance in this context.

The State has made good progress in improving gender equality and also empowering women but it has to spend more energy in reaching the ideal situation. Women empowerment indicators have shown a positive relationship with gender development indicators especially in the sphere of education at the secondary level. Assured transport services and posting of qualified teachers would certainly yield positive results. Public policy should incentivize girl children's schooling especially during periods of unforeseen shocks for the vulnerable sections. Direct benefit transfer has been found useful as the benefits reach the girl students. The quality of education should be monitored.

The local Community Based Organisations (CBOs) and NGOs have to be involved in social mobilization, awareness generation and capacity building of women so that they can articulate their needs and make the delivery system accountable to them.

Women workers have evincing interest in shifting to non-agricultural activities but most of these activities do not yield high wages/income. State intervention to regulate market wages and index them to inflation

would be beneficial. The micro-enterprises of women are sensitive to market risks and the State agencies and Rural Self-Employment Training Institutes (RESETIs) have to help them in accessing technologies and building market tie-ups.

The high IMR and U5MR observed in the various districts of the State are due to the poor nutritional status of women (mother) at the time of pregnancy and during the lactation period, the poor hygienic environment and inadequate access to health care services. The low age at marriage of girls and the high number of adolescent births have also contributed to the vulnerable health status of children. IMR is the major factor influencing child mortality and over 50 percent of infant deaths are occurring in the first four weeks after birth (neo-natal mortality). Thus, there is a need to evolve a mechanism to monitor the health status of infants during the first month after delivery with the support of Community Based Organisations (CBOs) to address this. Government has declared 2016 as “the year of new born” to reduce the infant mortality rate. The National Food security Act, gainful employment opportunities for women workers and immunization against diseases hold the promise to improve the scenario in the short run. Nutrition and health education, sensitizing parents about not performing the marriages of their daughters before reaching the legal age, and better access to health care and family planning services would yield good results in the medium term.

The reduction of maternal mortality rates requires a multi-pronged strategy. An increase in per capita consumption expenditure among the bottom income groups and female literacy besides providing assured quality health service in the gram panchayats are critical to the reduction of MMRs. Since the majority of the maternal deaths are occurring at the time of delivery and within 45 days after delivery due to malnutrition and lack of health care facilities, the action plan should address these factors. Mobile health clinics in each Mandal, free transport services to health centers and a greater role for ASHA workers (with better remuneration) can be part of the strategy to achieve this. There is a need to focus on universal access to reproductive health care.

As a part of the health policy and management, maintenance of databases on the incidence of diseases like malaria and TB is crucial for effective intervention. Health education with a focus on the causes, consequences and guidelines in the case of incidence and in particular about TB and HIV/AIDS, especially in the remote areas and for vulnerable groups should receive importance. There is a need to aim at universal access to HIV/AIDS and TB care.

The management of natural resources and preserving and augmentation of bio-diversity are serious challenges the State is confronted with. The increasing demand for forest products with rise in incomes is acting as a constraint in the expansion of forest cover. Population pressure on natural resources, falling water tables and deterioration in water quality pose serious environmental problems and impact the livelihoods of farmers in rain-fed areas. There is need for more pro-active in the implementation of PESA and FRA so that the livelihood security of the forest dwellers and protection of wildlife can be ensured. The Menda Lekha (of Gadchiroli in Maharashtra) type of models may be examined for adoption. The MGNREGS in convergence with forestry schemes can be used to convert waste lands into forest with community participation. To minimize CO₂ emissions, the feasibility of tapping of the vast solar energy potential should be examined. Public private partnership models may be explored in this regard.

ICT use has been very encouraging and it helped even the ordinary people with greater connectivity and in accessing information of market prices, health services, and employment opportunities. Public private partnerships should be further strengthened for the extensive use of new technologies in government systems.

In the State concerted efforts are being made to improve the housing conditions of the slum dwellers. Since urbanization will be taking place at a higher pace and the growth of slum population will be significant, more concerted and convergent initiatives are necessary. There is a need to evolve development strategies to make the small and big towns into growth centers keeping the potentials of resources available in the vicinity.

The foregoing outputs clearly remind the need to focus on thematic area on for effective planning. The United Nations General Assembly adopted a specific post-2015 development agenda: Transforming our world: the 2030 Agenda for Sustainable Development suggesting transformative steps which are urgently needed to shift the world on to a sustainable and resilient path and finally pledge that no one will be left behind.

The 17 Sustainable Development Goals covering 169 targets, which were announced by the UN General Assembly seek to build on the Millennium Development Goals and complete the unfinished tasks. The SDGs seek to realize the human rights of all and to achieve gender equality and empowerment of all women and girls. The goals and targets will stimulate action over the next 15 years in areas of critical importance for human well-being. The Sustainable Development Goals, are as follows:

1. End poverty in all its forms everywhere
2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
3. Ensure healthy lives and promote well-being for all at all ages
4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
5. Achieve gender equality and empower all women and girls
6. Ensure availability and sustainable management of water and sanitation for all
7. Ensure access to affordable, reliable, sustainable and modern energy for all
8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
10. Reduce inequality within and among countries
11. Make cities and human settlements inclusive, safe, resilient and sustainable
12. Ensure sustainable consumption and production patterns
13. Take urgent action to combat climate change and its impacts*
14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
17. Strengthen the means of implementation and revitalize the global partnership for sustainable development

IV. Initiatives of the Government toward Sustainable Developmental Goals

During the last 21 months, the State Government initiated several social development measures that help in achieving the Sustainable Developmental Goals (SDG) and also the priority needs of the people. A few significant initiatives on this front are, Aasara Pensions, Arogya Laxmi, Revamped Food Security scheme, Kalyana Lakshmi/Shaaadi Mubarak, Double-Bed room housing for poor, Mission Bhageeratha, Mission Kakatiya and several other welfare schemes.

Inclusive growth covering the poorest of poor from the most vulnerable and disadvantaged sections of our society is the priority of the Government, in this direction, Government launched Gram Jyothi programme, with an aim to empower and strengthen the gram panchayats for better delivery of services to people. Seven functional committees were constituted in each gram panchayat, which have prepared their respective village development plans through participatory approach. Government is striving to deliver all welfare programmes up to grass root level through a transparent administration and effective governance.

Development of agriculture is a key for inclusive growth and rural poverty alleviation. Government proposes to give renewed focus to irrigation for revival of agriculture growth. Mission Kakatiya is a flagship programme, under which all water bodies are planned to be rejuvenated in a phased manner to increase ayacut area.

As a part of social safety-net strategy, Government has introduced Aasara pension scheme, with a view to ensure secured life with dignity for the poor, covering the vulnerable groups like widows, weavers, toddy tappers, old aged persons and AIDS patients, as well as monthly financial assistance to Beedi workers. Under all these schemes over 35 lakh persons are being benefitted in the State.

Government is providing financial assistance of Rs.51,000/- to the needy SC, ST and Minority communities' unmarried girls under the 'Kalyana Lakshmi' and Shaadi Mubarak scheme, to alleviate financial distress at the time of the marriage. So far over 75,000 brides were benefitted under these schemes.

In order to provide affordable and accessible health care to all citizens, particularly the vulnerable sections, an action plan is prepared for strengthening the existing health care facilities by providing the required manpower, equipment and medicines, so as to restore the faith of the public in the Government hospitals. Apart from this, 'Arogya Lakshmi' is implemented to increase nutritional levels among pregnant and lactating mothers by providing one full hot cooked nutritious meal, with boiled egg and 200 ml milk at all Anganwadi centres.

Government has declared 2016 as "the year of the new born" and has initiated several steps to reduce the Infant Mortality Rate (IMR) in the State. "Mission Indradhanush" was launched to achieve universal immunization. Drawing lessons from other States and Countries, sweeping reforms are proposed to revamp the public health care sector in the State. The existing scheme of 108 is being strengthened by adding more vehicles, with advanced life support equipments and also by integrating it with Police and Transport Departments and Trauma care centres set up on the highways.

'Mission Bhageeratha' was launched to provide tapped water connection to each and every household in the State, by utilizing surface water of perennial rivers and major reservoirs as a raw water source. It aims to supply to every home in Telangana 100 lpcd (litre per capita per day) of treated water in rural areas, 135 lpcd in municipal areas and 150 lpcd in municipal corporation areas. Under this mission, it is targeted to ensure water supply to 6,100 villages and 12 municipalities by December, 2016.

Double Bed room houses are being constructed for all the eligible families, without any contribution from the beneficiary, so as to enable even a poor family to live with dignity and to secure the future of their children. 60,000 houses were sanctioned across the ten districts and it is planned to take up one lakh 2BHK houses in the GHMC area and one lakh houses in other parts of the State during 2016-17.

Concerted efforts are being made to make the State as 'Swachh Telangana'. As a part of this programme, civic amenities worth Rs. 200 crore were sanctioned as per the felt needs of the public and to improve garbage disposal, 2500 auto trolleys and 44 lakh dust bins were distributed in Hyderabad.

Telangana State Skill Development Mission established, to promote skill development among the educated youth, to make them employable in industrial sector.

In order to improve the educational standards of the minority communities, proposed to start 70 new residential schools throughout the State.

One lakh CCTV cameras are being installed to provide high standards of safety in the State capital. ‘SHE teams’ were introduced to prevent harassment of women and eve-teasing in Hyderabad and Cyberabad areas, which helped in reducing the crimes against women.

V. Outlook

The innovative policies and programmes formulated and pursued by the State Government provide the road map to the future and give a clear direction to reorient the priorities to address the felt needs of the people of Telangana. The way forward to achieve ‘Bangaru Telangana’, will depend on the successful implementation of these policies and their effective execution at the grass root level. The successful achievement of Sustainable Development Goals are inherently subsumed in this dream



Mission Bhageeratha