

MILLENNIUM DEVELOPMENT GOALS AND MUSLIMS

A STATUS REPORT

Tehreek-E-Pasmanda Muslim Samaj (TPMS)

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United Nations
Millennium Development Goals

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The United Nations Millennium Campaign is pleased to introduce the “*Millennium Development Goals and Muslims: A status Report*” prepared by Tehreek-e-Pasmanda Muslim Samaj (TPMS) in collaboration with the National Conference of Dalit Organization (NACDOR). The report aims to highlight issues around achieving Millennium Development Goals for the Muslim community in India.

The Millennium Development Goals (MDGs) outlines key development priorities, which were

adopted by 189 political leaders at the UN Millennium Summit in 2000. Given India’s massive share of the world’s poorest population, the achievement of the MDGs will largely depend on India’s progress in poverty reduction. In India the concentration of poverty is in particular a region, northern and eastern States, social groups such as NT/DNTs, STs, SCs and Muslim community and among them women and children from these social groups.

The Report on Social Economic and Educational Status of the Muslim Community in India,

A Status Report

which was launched by the Prime Minister's High Level Committee, acknowledged that the Muslim community makes up a relatively large portion of the population in extremely deprived and impoverished States of India. Hence, there is a need for specific policy and programme interventions that target the Muslim community to accelerate their progress towards eradication of poverty and the achievement of MDGs.

The Millennium Development Goals and Muslim: A Status Report attempts to raise public awareness of the MDGs. Essentially, it provides an alternative and independent civil society perspective on the status of MDGs and the Muslim population, who continue to live under extreme poverty and face a number of challenges to attain the MDGs. The report draws a clear connection between poverty and social discrimination and exclusion. Through community-based and people's organizations, the Muslim community can raise their collective voices to call for the government's commitments to the achievement of the MDGs.

The United Nations Millennium Campaign is an inter agency initiative of the United Nations that supports citizen's efforts to hold their governments to account for the achievement of the MDGs. In partnership with civil society, parliamentarians, youth, media and local authorities, the United Nations Millennium Campaign has continued to strengthen national efforts towards achieving the MDGs. In this regards, the MDGs is a vital step towards the realization of economic, social and cultural human rights for the marginalized and disadvantaged population.

TPMS and NACDOR are engaged to improve the social economic development of the Muslim community and to achieve their constitutional rights. In doing so, TPMS is emerging as a prominent voice of the Muslims in Wada Na Todo Abhiyan, a major anti-poverty campaign in India. I hope that the report will be an effective advocacy tool for the people at the grassroots level as well as contribute to the meaningful achievement of the MDGs with particular attention to the fight against poverty for the Muslims in India.

Minar Pimple

Deputy Director (Asia)
UN Millennium Campaign
Bangkok, Thailand

Contents

Foreword.....	3
The Millennium Development Goals	5
The Millennium Development Goals and India	13
Muslims of India: A Demographic Profile	17
MDGs: The Status of Muslims	25
MDGs for Muslims: Towards a Comprehensive Strategy	45
Annexures	
I. Values of the MDG Indicators for India	49
II. Millennium Development Goals (MDGs): India Country Report, 2005	51
III. National Commission for Minorities: Statutory Recommendations.....	55

List of Tables

Table 1	Trends in Share of Muslim Population, India, 1961–2001	20
Table 2	Age Sex Distribution of All Population and Muslim Population, India, 2001	21
Table 3	State-wise Age Distribution of Muslim Population, 2006	22
Table 4	Education, Employment and Economic Status of Muslim OBCs	23
Table 5	State-wise Population of ST Muslims (Census 1991).....	25
Table 6	Workers Population Ratio (WPR), 2004–2005	28
Table 7	Unemployment Rate, All Age Groups, Daily Status	28
Table 8	State-wise Urban Poverty 2004–05	29
Table 9	State-wise Rural Poverty 2004–05	29
Table 10	Age Specific Worker Population Ratio 2004–05	31
Table 11	Literates as Proportion of Population by Age Group 2004–05.....	32
Table 12	State-wise Literacy levels, 2001	32
Table 13	Proportion of Children aged 6–14 Years Enrolled in 2004–05.....	34
Table 14	State-wise Trends in Sex Ratio of Muslims, 1961–2001	36
Table 15	Access of Muslim Women to Micro-credit.....	37
Table 16	Women’s Freedom of Movement, NFHS-III, 2005–06	38
Table 17	Infant and Child Mortality, NFHS-II, 1998–99.....	39
Table 18	Early Childhood Mortality among Muslim Children, NFHS-III.....	39
Table 19	Vaccinations among Muslim Children, NFHS-III, 2005–06.....	39
Table 20	Prevalence of Anemia in Muslim Children	39
Table 21	Total Fertility Rate (TFR) in India and among Muslims, NFHS-III, 2005–06.....	40
Table 22	Antenatal Care among Muslim Women, NFHS-III, 2005–06.....	40
Table 23	HIV Prevalence among Muslims, NFHS-III	42
Table 24	Health Problems among Muslims, NFHS-III.....	42
Table 25	Knowledge about AIDS	42
Table 26	Contraceptive Prevalence Rate NFHS-II, 1998–99	42
Table 27	Current use of Contraception among Muslims (modern method)	43
Table 28	Current use of Contraception among Muslims (traditional method)	43
Table 29	Need for Family Planning among Married Muslim Women, NFHS-III	43
Table 30	Number of Villages without Basic Facilities, 2001	44



The MDGs are still achievable if we act now. This will require inclusive sound governance, increased public investment economic growth, enhanced productive capacity, and the creation of decent work.

Ban Ki-moon

Secretary-General, United Nations
From Foreword to MDG Report 2007, UN.



UN Millennium Campaign

The UN Millennium Campaign was established by UN Secretary General in 2002. The Campaign supports citizens' efforts to hold their governments to account for the achievement of the Millennium Development Goals. The Millennium Development Goals were adopted by 189 world leaders from the north and south, as part of the Millennium Declaration which was signed in 2000. These leaders agreed to achieve the Goals by 2015. Our premise is simple, we are the first generation that can end poverty and we refuse to miss this opportunity.

Website: www.endpoverty2015.org



Oxfam is a development, relief, and campaigning organization that works with others to overcome poverty and suffering around the world.

Website: www.oxfam.org.uk



National Conference of Dalit Organizations (NACDOR)

National Conference of Dalit Organizations (NACDOR) is a growing movement/confederation of grass-root Dalits organizations. Strongly committed to Dalits and their cause, it works towards increasing participation of Dalits and marginalized through various enabling strategies, programmes and processes such as advocacy, lobbying, networking, sensitising, exhibitions, publications, issue based workshops, debates, seminars, conferences, group meetings, public meetings involving grass root organizations, communities and their leaders. It collaborates with broader 'secular, democratic, progressive, egalitarian' movements without losing its 'Dalit perspective'. NACDOR is the founder of World Dignity Forum and an active promoter and supporter of World Social Forum in India. As a core member of Wada Na Todo Campaign (Indian version of Keep Your Promise Campaign), it lead 'Dalit Voice' of Wada Na Todo Campaign.

Website: www.nacdor.org

Foreword

*M*illennium Development Goals (MDGs) are the goals that have been adopted by 189 nations and signed by 147 countries. Adjudged as progressive and responsible to the needs of people all over the world, they provide a common platform of action for realizing the social, economic, political, cultural and ecological Rights for all. These goals compel the nations to have politics for the poor, marginalized sections across the world. Studies have shown the need to have special provisions for the Muslims, Dalits and Adivasis in the Indian context while acknowledging the concern of inclusion and empowerment as the cross-cutting concern. They form the core around which networks are joining hands to make the government accountable, responsive and to make the world participate actively.

The report of the Prime Ministers High Level Committee on 'Social, Economic and Educational Status of Muslims popularly known as the Justice Sachar Committee Report has created great hope among the Muslims who have been calling for representation and a proportionate share in the benefits of development while seeking protection of the constitutionally guaranteed rights. Based on the recommendations, the Prime Minister's revised 15-point programme has been drafted for the welfare of the Minorities including the objectives of enhancing opportunities for education, ensuring an equitable share in economic activities and employment, improving the conditions of living of the minorities and pre-

vention and control of communal disharmony and violence.

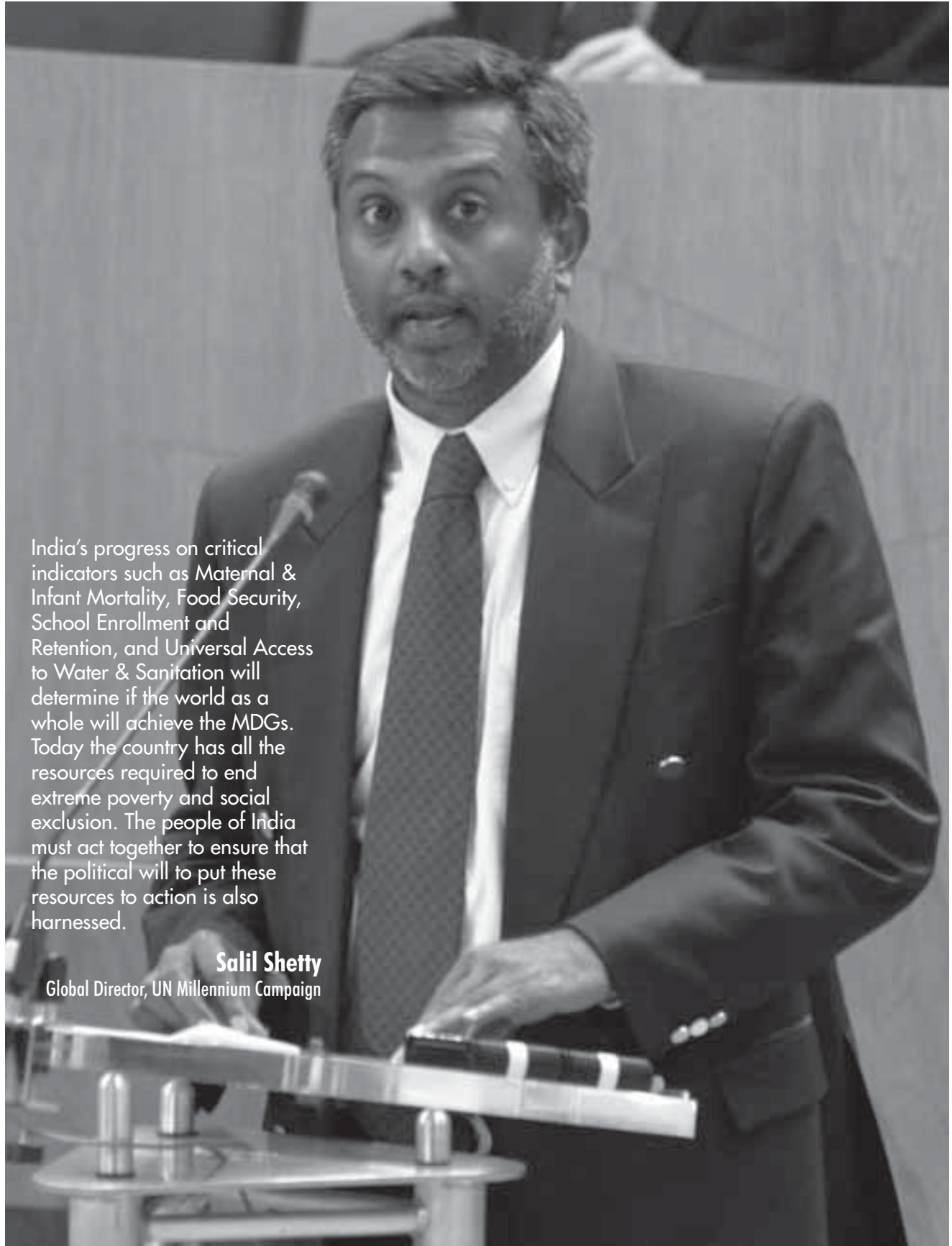
Tehreek-e-Pasmanda Muslims Samaj in collaboration with Social Development Foundation and National Conference of Dalit Organizations with the support of United Nations Millennium Campaign considered it necessary to bring out a report on the status of Muslims for addressing the critical information gaps and an assessment of the progress of Muslims with reference to the Millennium Development Goals. Such an exercise would serve as a beneficial prerequisite with reference to the status of Muslims on MDGs and would hopefully generate more active efforts at all levels towards a realization of its objectives.

Considering the above, the report will focus on progress of the Muslims with reference to MDGs. It is based on the learning of the meetings that have been organized to create awareness and action by the various stakeholders to realize the goals. An attempt has been made to collect all the relevant data generated by the government agencies, civil society organizations, individual works by researchers and institutions associated with Muslims. The analytical core of the report is defined with the search of the reasons for the situation of Muslims and prescriptions for the improvement of their living conditions.

Wajida Tabassum

Managing Director

Tehreek-E-Pasmanda Muslim Samaj (TPMS)



India's progress on critical indicators such as Maternal & Infant Mortality, Food Security, School Enrollment and Retention, and Universal Access to Water & Sanitation will determine if the world as a whole will achieve the MDGs. Today the country has all the resources required to end extreme poverty and social exclusion. The people of India must act together to ensure that the political will to put these resources to action is also harnessed.

Salil Shetty

Global Director, UN Millennium Campaign

1

The Millennium Development Goals

In September 2000 the world's leaders gathered at the UN Millennium Summit to commit their nations to strengthening global efforts for peace, human rights, democracy, strong governance, environmental sustainability and poverty eradication, and to promoting principles of human dignity, equality and equity.¹ The resulting Millennium Declaration, adopted by 189 countries, includes urgent, collective commitments to overcome the poverty that still grips most of the world's people. At the 2000 summit the UN General Assembly also asked the UN Secretary-General to prepare a road map for achieving the Declaration's commitments resulting in the Millennium Development Goals, made up of 8 Goals, 18 targets and 48 indicators. The goals are unique in their ambition, concreteness and scope. They are also unique in their explicit recognition that the Goals for eradicating poverty can be achieved only through stronger partnerships among development actors and through increased action by rich countries expanding trade, relieving debt, transferring technology and providing aid. The Goals and their promotion of human development share a common motivation and reflect a vital commitment to promoting human well-being that entails dignity, freedom and equality for all people. These goals are benchmarks of progress towards the vision of the

Millennium Declaration guided by basic values of freedom, equality, solidarity, tolerance, respect for nature and shared responsibilities. These values have much in common with the concept of human development. They mirror the fundamental motivation for human rights.

As the decade of the Twenty-first century unfolds, the goals gain centre stage in the developmental debate of the United Nations, governments and International Development agencies. The formulation of the MDGs has been contested and they have invited quite a few critical comments in recent years. They have been criticized for sidelining the critical and important issues of human rights and for ignoring iniquitous international economic structure which is antagonistic to the achievement of the MDGs themselves. These goals have been the subject of a serious debate, relating to the very relevance and significance of the MDGs. On the positive side, the MDGs have been portrayed as a development manifesto for ordinary citizens around the world: time bound measurable issues that can be easily understood and more importantly with adequate data the goals seek to hold their governments and the international community accountable for their achievement. There are eight Millennium Development Goals (MDGs), addressing the world's main development challenges, to be achieved by 2015. The MDGs are drawn from the actions and targets contained in the

1. Human Development Report 2003, UNDP

Millennium Declaration. The Millennium Development Goals:²

1. Synthesize in a single package, many of the most important commitments made in the 1990s;
2. Recognize the interdependence between growth, poverty reduction and sustainable development;
3. Acknowledge that development rests on the foundation of democratic governance, the rule of law, respect for human rights, peace and security;
4. Are based on time-bound and measurable targets accompanied by indicators for monitoring progress; and
5. Bring together, in the eight Goals, the responsibilities of developing countries with those of developed countries.

Goals, Targets and Indicators

The 8 MDGs break down into 18 quantifiable targets that are measured by 48 indicators:

GOAL 1 Eradicate Extreme Poverty and Hunger

TARGET 1 Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.

Indicator 1: Proportion of population below \$ 1 purchasing power parity (PPP) per day poverty head ratio (percentage of population below the national poverty line).

Indicator 2: Poverty Gap Ratio.



Indicator 3: Share of poorest quintile in national consumption

TARGET 2 Halve between 1990 and 2015, the proportion of people who suffer from hunger.

Indicator 4: Prevalence of underweight children under five years of age.

Indicator 5: Proportion of population below minimum level of dietary energy consumption.

Progress: Global Poverty rates are falling, led by Asia.

But millions more of people have sunk deep into poverty in sub-Saharan Africa, where the poor are getting poorer. Progress has been made against hunger, but slow growth of agricultural output and expanding populations have led to setbacks in some regions. Since 1990, millions more of people are chronically hungry in sub-Saharan Africa and in Southern Asia, where half the children under age 5 are malnourished.

GOAL 2 Achieve Universal Primary Education

TARGET 3 Ensure that, by 2015 children everywhere, boys and girls alike will be able to complete a full course of primary school.

Indicator 6: Net enrolment ratio in primary education.

Indicator 7: Proportion of pupils starting grade 1 who reach grade?

2. Millennium Development Goals, UNDP.



Indicator 8: Literacy rate of 15–24 year olds.

Progress: Five developing regions are approaching universal enrolment. But in sub-Saharan Africa less than two thirds of children are enrolled in primary school. Other regions, including Southern Asia and Oceania, also have a long way to go. In these regions and elsewhere, increased enrolment must be accompanied by efforts to ensure that all children remain in school and receive a high-quality education.

GOAL 3 Promote Gender Equality and Women’s Empowerment

TARGET 4 Eliminate Gender disparity in Primary and Secondary education, preferably 2015, and in all levels of education no later than 2015.



Indicator 9: Ratio of girls to boys in primary, secondary and tertiary education.

Indicator 10: Ratio of literate women to men, 15–24 year olds.

Indicator 11: Share of women in wage employment in the non-agricultural sector.

Indicator 12: Proportion of seats held by women in national Parliament.

Progress: The gender is closing – albeit slowly – in primary school enrolment in the developing world, this is a the first step towards easing long-standing inequalities between women and men. In almost all developing regions, women represent a smaller share of wage earners than men and are often relegated to insecure and poorly paid jobs. Though progress is being made, women still lack equal representation at the highest levels of government, holding only 16 per cent of parliamentary seats worldwide.

GOAL 4 Reduce the Under-5 Mortality Rate by Two-third between 1990 and 2015

Indicator 13: Under five mortality rate

Indicator 14: Infant mortality rate



Millennium Development Goals and Muslims



Indicator 15: Proportion of 1-year old children immunized against measles.

Progress: Death rates in children under age 5 are dropping. But not fast enough. Eleven million children a year – 30,000 a day – die from preventable or treatable causes. Expanding existing processes that promote simple and low-cost solutions could save most of these lives.

GOAL 5 Improve Maternal Health

TARGET 6 Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.

Indicator 16: Maternal mortality ratio (MMR).

Indicator 17: Proportion of births attended by skilled health personnel.



Progress: More than half a million women die each year during pregnancy or childbirth. Twenty times that number suffer serious injury or disability. Some progress has been made in reducing maternal deaths in developing regions. But not in the countries where giving birth is most risky.

GOAL 6 Combat HIV/AIDS, Malaria and Other Diseases

TARGET 7 Have halted by 2015 and begun to reverse the spread of HIV/AIDS.

Indicator 18: HIV prevalence among pregnant women aged 15–24 years.

Indicator 19: Condom use rate of the contraceptive prevalence rate.

Indicator 20: Condom use at last high-risk-sex.

Indicator 21: Contraceptive Prevalence Rate.

Indicator 22: Ratio of school attendance of orphans to school attendance of non-orphan aged 10–14 years.

TARGET 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.

Indicator 21: Prevalence and death rates associated with malaria.

Indicator 22: Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures.

Indicator 23: Prevalence and Death Rates Associated with Tuberculosis.



Indicator 24: Proportion of Tuberculosis Cases detected and cured under directly observed treatment short course (DOTS).

Progress: AIDS has become the leading cause of premature death in sub-Saharan Africa and the fourth largest killer worldwide. In the European countries of the Commonwealth of Independent States (CIS) and parts of Asia, HIV is spreading at an alarming rate. Though new drug treatments prolong life. There is no cure for AIDS. And prevention efforts must be intensified in every region of the world if the target is to be reached. Malaria and Tuberculosis together kill nearly as many people each year as AIDS. And represent a severe drain on national economies. Ninety per cent of malaria deaths occur in sub-Saharan Africa, where prevention and treatment efforts are being scaled up. Tuberculosis is on the rise, partly as a result of HIV/AIDS, though a new international protocol to detect and treat the disease is showing promise.

GOAL 7 Ensure Environmental Sustainability

TARGET 9 Integrate the principle of sustainable development into country policies and programmes and reverse the loss of environment resources.



Indicator 25: Proportion of land area covered by forest.

Indicator 26: Ratio of area protected to maintain biological diversity to surface area.

Indicator 27: Energy use (kg oil equivalent) per \$ 1 GDP (PPP).

Indicator 28: Carbon dioxide emissions per capita and consumption of ozone depleting chlorofluorocarbons (CFCs) (ODP Tons).

Indicator 29: Proportion of population using solid fuels.

TARGET 10 Halve, by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation.

Indicator 30: Proportion of population with sustainable access to an improved water source – urban and rural.

Indicator 31: Proportion of population with access to improved sanitation – urban and rural.

TARGET 11 By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.

Indicator 32: Proportion of households with access to secure tenure.

Progress: Most countries have committed to the principle of sustainable development. But this has not resulted in sufficient progress to reverse the loss of the world's environmental resources. Achieving the goal will require greater attention to the plight of the poor, whose day-to-day subsistence is often directly linked to the natural resource around them, and an unprecedented level of global cooperation. Action to prevent further deterioration of the ozone layer shows that progress is possible. Access to safe drinking water has increased, but half the developing world still lacks toilets or other forms of basic sanitation. Nearly 1 billion people live in urban slums because the growth of the urban population is outpacing improvements in housing and the availability of productive jobs.

GOAL 8 Develop Further an Open, Rule Based, Predictable, Non-Discriminatory Trading and Financial System

TARGET 13 Address the special needs of the least developed countries official development assistance (ODA).

Indicator 33: Net official development assistance, total and to the least development countries, as percentage of OECD/DAC.



Indicator 34: Proportion of total bilateral, sector-allocable ODA of OCED /DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation).

Indicator 35: Proportion of bilateral official development assistance of OECD/DAC donors.

Indicator 36: ODA received in landlocked developing countries as a proportion of their gross national income.

TARGET 14 Address the special needs of landlocked developing countries and small Island developing states.

Indicator 37: ODA received in small Island developing states as a proportion of their gross national income.

TARGET 15 Deal comprehensively with the development problems of developing countries through national and international measure in order to make development sustainable in the long term market access.

Indicator 38: Proportion of total developed country imports (by value and excluding arms) from developing



countries and least developed countries, admitted free of duty.

Indicator 39: Average tariffs imposed by developed countries on agricultural products and textile and clothing from developing countries.

Indicator 40: Agricultural support estimate for OCED countries as a percentage of their gross domestic product.

Indicator 41: Proportion of ODA provided to help build trade capacity and development sustainability.

Indicator 42: Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative).

Indicator 43: Debt relief committed under HIPC Initiative.

Indicator 44: Debt service as a percentage of exports of goods and services.

TARGET 16 In cooperation with developing countries, develop and implement strategies for decent and productive work for youth.

Indicator 45: Unemployment rate of young people aged 15–24 years, each sex and total.

TARGET 17 In cooperation with pharmaceutical companies, provide access to affordable essentials in developing countries.

Indicator 46: Proportion of population with access to affordable essential drugs on a sustainable basis.

TARGET 18 In cooperation with the private sector make available the benefits of new technologies, especially information and communications.

Indicator 47: Telephone lines and cellular subscribers per 100 population.

Indicator 48: Personal computers in use per 100 population/Internet users per 100 populations.

Progress: The Millennium Declaration represents a global social compact: developing countries will do more to ensure their own development, and developed countries will support them in these areas, has already begun to yield results. But developed countries have fallen short of targets they have set for themselves. To achieve the Millennium Development Goals, increased aid and development relief must be accompanied by further opening of trade, accelerated transfer of technology and improved employment opportunities for the growing ranks of young people in the developing world.





2

The Millennium Development Goals and India

The Millennium Declaration signed by the Government of India in September 2000 reaffirmed its commitment to the right to development, peace, security and gender equality, to the eradication of many dimensions of poverty and to overall sustainable development. The head of the

country at the General Assembly of the United Nations pledged to adopt new measures and join efforts in the fight against poverty, illiteracy, hunger, lack of education, gender inequality, infant and maternal mortality, disease and environmental degradation.



Millennium Development Goals and Muslims

MDGs	Monitorable targets for the Tenth Plan and beyond	Progress towards achieving MDGs
Goal 1: Eradicate Extreme Poverty and Hunger	<p>Reduction of Poverty Ratio by 5 percentage points by 2007 and by 15 percentage points by 2012.</p> <ol style="list-style-type: none"> 1. Providing gainful and high quality employment at least to addition to the labour force over the Tenth Plan period. 	<p>To achieve MDG1 India must reduce by 2015 the proportion of people below the poverty line from nearly 37.5 percent in 1990 to about 18.75 percent. As on 1999–2000, the poverty head count ratio was 26.1 percent with poverty gap ratio of 5.2 percent, share of poorest quintile in national consumption was 10.1 percent for the rural sector and 7.9 percent for the urban sector and the prevalence of under weight children of the order of 47 percent.</p>
Goal 2: Achieve Universal Primary Education	<ol style="list-style-type: none"> 1. All children in school by 2003; 2. All children to complete 5 years of schooling by 2007. 	<p>To achieve MDG 2, India must increase the primary school enrolment rate to 100 percent and wipe out the dropouts by 2015 against a 41.96 percentage in 1991–1992 The drop out rate for primary education during 2002–03 was 34.89 percent. The gross enrolment ratio in the primary education has tended to remain near 100 percent for boys and recorded an increase of nearly 20 percentage points in the ten years period from 1992–93 to 2002–03 for girls (93 percent). The literacy rate (7 years and above) has also increased from 52.2 percent in 1991 to 64.84 percent in 2000–01.</p>
Goal 3: Promote Gender Equality and Empower Women	<ol style="list-style-type: none"> 1. Reduction in gender gaps in literacy and wage rates by at least 50 percentage points by 2007; 2. Reduction in decadal rate of population growth between 2001 and 2011 to 16.2 percent; 3. Increase in literacy rates to the level of 75 percent within the Plan period. 	<p>To ensure gender parity in education levels under MDG 3, India will have to promote female participation at all levels to reach a female:male proportion of equal level by 2015. The female:male proportion in respect of primary education was 71:1000 in 1990–91, which increased to 78:100 in 200–01. During the same period, the proportion has increased from 49:100 to 63:100 in the case of secondary education.</p>
Goal 4: Reduce Child Mortality	<p>Reduction of Infant mortality ratio to 45 per 1000 live births by 2007 and to 28 by 2012.</p>	<p>MDG 4 indicates that the under five mortality rate (U5MR) must be reduced from 125 deaths per thousand live births in 1988–92 to 41 in 2015. The value of U5MR has decreased during the period 1982–2002 to 98 thousand live births. The infant mortality rate has also come down from 80 per thousand live births in 1990 to 60 per thousand in 2003 and the proportion of 1-year-old children immunized against measles has increased from 42.2 percent in 1992–93 to 59.0 percent in 1992–93.</p>

Contd on next page...

MDGs	Monitorable targets for the Tenth Plan and beyond	Progress towards achieving MDGs
Goal 5: Improve Maternal Health	Reduction of maternal Mortality Ratio to 2 per 1000 lives births by 2007 and 1 by 2012.	To achieve MDG 5, India must reduce maternal mortality (MMR) from 437 deaths per 100,000 live births in 1991 to 109 by 2015. The value of MMR for 1998 is 407. The proportion of births attended by skilled health personnel is continuously increasing (from 25.5 percent in 1992–93 to 39.8 percent in 2002–03), thereby reducing the chances of occurrence of maternal deaths.
Goal 6: Combat HIV/AIDS, Malaria and Other Diseases		Though India has a low prevalence of HIV among pregnant women as compared to other developing countries, yet the prevalence rate has increased from 0.74 per thousand pregnant women in 2002 to 0.866 in 2003. This increasing trend needs to be reversed to achieve MDG 6. The prevalence and death rates associated with malaria are continuously coming down. The death rate associated with TB has come down from 56 deaths per 100,000 populations in 1990 to 33 per 100,000 populations in 2003. The proportion of TB patients successfully treated has also risen from 81 percent in 1996 to 86 percent in 2003.
Goal 7: Ensure Environmental Sustainability	<ol style="list-style-type: none"> 1. Increase in forest and tree cover to 25 percent by 2007 and 33 percent by 2012; 2. All Villages to have sustained access to potable drinking water within the plan period; 3. Cleaning of all major polluted rivers by 2007 and other notified stretches by 2012. 	For achieving MDG 7, There is an increasing trend of total land area covered under different forests (20.64% as per 2003 assessment) due to government's persistent efforts to preserve the natural resources. The reserved and protected forests together account for 19 percent of the total land area to maintain biological diversity. The energy use has declined consistently from about 36 kilogram oil equivalent in 1991–92 to about 33 kilogram oil equivalent in 2003–04 to produce GDP worth Rs. 1000. The proportion of population without sustainable access to safe drinking water and sanitation is to be halved by 2015 and India is on track to achieve this target.
Goal 8: Develop a Global Partnership for Development		With regard to MDG 8, the overall tele-density has increased from 0.67 percent in 1991 to 10.87 percent in November 2005. Use of personal computers has also increased from 5.4 million PCs in 2001 to 14.5 million in 2005 and there were 5.6 million internet subscribers as on June 2005 (2.3 internet users and 0.5 internet subscribers per 100 population).



3.

Muslims of India: A Demographic Profile

*M*uslims constitute the second largest religious group in India and the largest religious minority. The 2001 Census enumerated India's Muslim population at over 138 million which is exceeded only by Indonesia's and close to the Muslim population of Pakistan and Bangladesh. The Muslim population growth rate has been close to 30 percent in each of the four intercensal decades since 1961 with the latest decade showing a fall to a level just below the national average of 2.1 percent (Table 1). The spatial distribution is uneven

with the majority of Muslims residing in West Bengal, Bihar, Maharashtra, and Uttar Pradesh. They show a relatively younger population. The share of the elderly is not high and therefore old age dependency is quite low (Table 2). The Muslims show a better sex ratio compared with the general population. They have the highest child sex ratio of any social group in India. The Muslim population is predominantly rural but the level of urbanization is higher than the population as a whole. Life expectancy is higher than average by a year (Table 3).



TABLE 1 Trends in Share of Muslim Population, India, 1961–2001

India/State	Percent Muslim Population					Muslim Population (in millions)	Total Population (in millions)
	Years						
	1961	1971	1981	1991	2001	2001	2001
India	10.7	11.2	11.7	12.6	13.4	138.19	1028.61
West Bengal	20.0	20.5	21.5	23.6	25.2	20.24	80.18
Kerala	17.9	19.5	21.3	23.3	24.7	7.86	31.84
Uttar Pradesh incl. Uttarakhand	14.6	15.5	15.9	17.3	18.2	31.75	174.69
Bihar incl. Jharkhand	12.5	13.5	14.1	14.8	15.9	17.45	109.94
Assam	24.7	24.6	N.A	28.4	30.9	8.24	26.66
Jammu & Kashmir	68.3	65.9	64.2	N.A	67.0	6.79	10.14
Karnataka	9.9	10.6	11.1	11.6	12.2	6.46	52.85
Delhi	5.8	6.5	7.7	9.4	11.7	1.62	13.85
Maharashtra	7.7	8.4	9.2	9.7	10.6	10.27	96.88
Andhra Pradesh	7.5	8.1	8.5	8.9	9.2	6.99	76.21
Gujarat	8.5	8.4	8.5	8.7	9.1	4.59	50.67
Rajasthan	6.5	6.9	7.3	8.0	8.5	4.79	56.51
Madhya Pradesh incl. Chhattisgarh	4.1	4.4	4.8	5.0	5.2	4.25	81.18
Tamil Nadu	4.6	5.1	5.2	5.5	5.6	3.47	62.41
Orissa	1.2	1.5	1.6	1.8	2.1	0.76	36.80
Punjab incl. Haryana Chandigarh	2.0	2.2	2.3	2.7	3.5	1.64	46.40
Uttar Pradesh	*	*	*	17.7	18.5	30.74	166.20
Uttarakhand	*	*	*	10.0	11.9	1.01	8.49
Bihar	*	14.5	15.1	15.7	16.5	13.72	83.00
Jharkhand	*	10.3	11.3	12.2	13.8	3.73	26.95
Madhya Pradesh	*	5.5	5.9	6.1	6.4	3.84	60.35
Chhattisgarh	*	1.4	1.7	1.7	2.0	0.41	20.83
Punjab	0.8	0.8	1.0	1.2	1.6	0.38	24.36
Haryana	3.8	0.4	4.1	4.6	5.8	1.22	21.14

Source: PMHLC Report, 2006.

TABLE 2 Age Sex Distribution of All Populations and Muslim Population, India, 2001

Age Group	All Population		Muslims	
	Male	Female	Male	Female
0-4	10.7	10.7	12.4	12.7
5-9	12.5	12.4	12.4	14.7
10-14	12.3	11.9	14.7	13.7
15-19	10.1	9.3	14.0	10.1
20-24	8.7	8.8	10.8	8.6
25-29	7.8	8.4	8.7	7.8
30-34	7.0	7.4	7.2	6.7
35-39	6.8	7.0	6.3	6.3
40-44	5.6	5.2	6.1	4.5
45-49	4.7	4.5	4.9	3.8
50-54	3.7	3.4	3.9	2.7
55-59	2.6	2.8	3.1	2.3
60-64	2.6	2.8	2.0	2.2
65+	4.5	5.0	2.1	3.8
Age not stated	0.3	0.2	0.3	0.2
Total	100.0	100.0	100.0	100.0

Source: PMHLC Report, 2006.



TABLE 3 State-Wise Age Distribution of Muslim Population, 2006

India / State	Muslims			
	0–14	15–59	60+	Age not stated
India	41.1	52.9	5.8	0.2
West Bengal	42.1	52.7	5.0	0.1
Kerala	33.4	59.5	7.0	0.1
Uttar Pradesh	44.9	49.0	5.7	0.4
Bihar	45.7	48.3	5.7	0.2
Assam	44.7	50.0	5.2	0.1
Jammu & Kashmir	38.0	55.3	6.2	0.5
Jharkhand	45.2	49.6	5.1	0.1
Karnataka	37.5	56.7	5.8	0.1
Uttarakhand	45.3	49.8	4.9	0.1
Delhi	39.8	57.0	3.1	0.2
Maharashtra	36.9	56.4	6.6	0.1
Andhra Pradesh	35.8	58.1	5.9	0.2
Gujarat	35.3	58.5	6.1	0.1
Rajasthan	44.0	50.2	5.4	0.4
Madhya Pradesh	39.8	53.8	6.1	0.3
Haryana	49.3	44.8	5.3	0.6
Tamil Nadu	29.6	62.7	6.9	0.7
Orissa	38.9	54.7	6.3	0.2
Chhattisgarh	35.3	58.5	6.1	0.1
Punjab	36.2	57.1	6.4	0.4

Source: PMHLC Report, 2006.

Muslims in India in terms of their social structure, consist of three groups:

1. *Ashraf* (origins in foreign lands such as Arabia, Persia, and high caste converts).
2. *Ajlaf* (middle class converts whose occupations are ritually clean).
3. *Arzal* (converts from untouchable castes like *Bhangil*/Scavenger, *mehtar*/Sweeper).

Muslim OBCs constitute 40.7 percent of the total Muslim population. Muslims in India are not a monolith as suggested by various indicators of human development. The Muslim community as a whole is lagging behind Hindu OBCs. The conditions of Muslim OBCs are worse than those of Muslims in the general population. The low representation of Muslim OBCs suggests that the benefits of entitlements meant

for backward classes are yet to reach them. A much smaller share of Muslims belong to the high income category. The economic and educa-

tional status of Muslim OBCs is summarized in Table 4. The Muslim ST population is 0.6 per cent of the total Muslim Population (Table 5).

TABLE 4 Education, Employment and Economic Status of Muslim OBCs

Group	Indicator	How Muslims-OBCs fare with respect to:	
		Hindu – OBCs	Muslims-General
Education	Never attending children	Substantially higher proportion of M-OBC children do not attend school	No major difference between M-General and M-OBCs.
	Literacy	Literacy levels of M-OBCs is substantially lower than H-OBCs	M-OBCs lag behind M-General
	School Education	Deprivation level among M-OBCs is substantially higher than among H-OBCs	No significant difference between Muslims-OBCs and Muslims—General
	Higher Education	While attainment levels are low among both SRCs, M-OBCs have substantially lower achievements than H-OBCs	Muslims –General better than M-OBC in terms of graduate attainment
Employment Status	Work participation Ratio (WPRs) and Unemployment Rates (URs)	Lower WPRs among M-OBCs than among H-OBCs, especially for women. URs higher among M-OBCs than H-OBCs	Difference in WPRs marginal URs higher among M-OBCs than M-General
	Presence in formal sector	Presence of M-OBCs is much less than H-OBCs	Presence of M-Gen higher than M-OBC particularly among males and urban workers.
	Location of work	Male M-OBCs have higher concentration in employer’s enterprises than of M-OBCs Higher proportion of H-OBCs work in own dwelling. Female M-OBC workers are more in own dwellings than H-OBCs	Male M-OBCs are concentrated in employer’s enterprise. Female M-OBC workers are more in own dwelling than M-General
	Earning level	Wages are the same M-OBCs receive lower salaries than H-OBC.	Wages are similar Salaries of M-OBCs lower than M-General
	Central Employment	Both SRCs under-represented M-OBCs are more deprived than H-OBCs	Both SRCs under-represented No clear pattern
	State Employment	Both under-represented M-OBCs better-off than H-OBCs	Both under-represented No clear pattern

Contd on next page...

Millennium Development Goals and Muslims

Group	Indicator	How Muslims-OBCs fare with respect to:	
		Hindu –OBCs	Muslims-General
	University Employment	H-OBCs adequately represented in teaching posts; but under-represented in non-teaching posts. M-OBCs worse off than H-OBCs	Marginal difference in representation levels
Economic Status	Poverty	M-OBCs are significantly poorer than H-OBCs	Marginal difference in incidence of poverty.
	Expenditure levels	Higher for H-OBCs than M-OBCs in urban areas Not much difference in rural areas	Significantly lower for M-OBCs as compared to M-General in urban areas in rural areas, difference are marginal
	Inequality	Inequality levels higher among M-OBCs than H-OBCs in both rural and urban areas	Marginally higher among M-OBCs than M-General particularly in rural areas.
	Land holding	Land holding of M-OBCs is almost one third that of H-OBCs	Marginal difference between land owned by M-OBCs and M-General

Source: PMHLC report, 2006.



TABLE 5 State-wise Population of ST Muslims (Census 1991)

State /Union Territory	Scheduled Tribes Muslims		
	Actual Population	% to total ST Population	% to total Muslim Population
India	170428	0.25	0.16
Andaman and Nicobar	760	2.84	3.55
Andhra Pradesh	1526	0.04	0.02
Arunachal Pradesh	154	0.03	1.29
Assam	920	0.18	0.01
Bihar	11881	0.05	0.11
Daman & Nagar Haveli	55	1.05	1.64
Daman & Diu	123	1.06	1.35
Goa	4	0.14	0.006
Gujarat	8894	7.00	0.24
Himachal Pradesh	15291	0.03	17.15
Karnataka	488	0.07	0.009
Kerala	230	99.74	0.003
Lakshwadweep	48040	0.03	98.51
Madhya Pradesh	5380	0.83	0.18
Maharashtra	60478	0.05	0.79
Manipur	370	0.11	0.27
Meghalaya	1627	0.05	2.64
Mizoram	336	0.06	7.40
Nagaland	642	0.02	3.11
Orissa	1609	0.06	0.27
Rajasthan	3157	0.02	0.08
Sikkim	28	0.03	0.72
Tamil Nadu	672	0.12	0.02
Tripura	473	0.06	0.24
Uttar Pradesh	1821	0.63	0.007
West Bengal	5469	0.14	0.03

Source: PMHLC Report.

Millennium Development Goals and Muslims

Summing up, Muslims constitute a young and growing population. Population is predominantly rural though a high level of urbanization is also marked. There is a high incidence of poverty and unemployment in the community. They are marginally better than average in most health indicators. A

growing prevalence and demand for family planning is observed. Literacy levels are below national average. A dismal pattern is reproduced at the level of housing marked by high and growing ghettoization. There is systemic exclusion and under-representation of Muslims in government jobs and politics.





MDGs: The Status of Muslims

Using data from PMHLC, the following section presents the status of Muslims with reference to the MDGs. Collating the facts in different reports and correlating them with the major goals and targets is indeed revealing as to how far, even after more than 50 years of planning, the socioeconomic status of Muslims has significantly lagged behind that of other socio-religious communities vis-à-vis the MDGs. As the situation stands it is unlikely that more than one or two of these goals will be met by 2015.

MDG 1: Eradicate Extreme Poverty and Hunger

Poverty is not only a matter of income but also of the failure to achieve basic capabilities and forms of social inclusion, along with other social, economic, cultural, political and security problems as mentioned by poor people themselves.³ The All India head count ratios (HCR) and the place of residence according to the PMHLC report suggests that 22.7 percent of India's population was poor in 2004–05, i.e., over 251 million people spread across India. The target to reduce poverty (HCR) by half as part of MDG 1 by 2015 seems difficult.

HCR of Muslims is considerably higher than the State average in Orissa, Madhya Pradesh, Chhat-

tisgarh, Uttar Pradesh, West Bengal, Jharkhand, Rajasthan, Maharashtra, Karnataka and Andhra Pradesh. At the national level, poverty among the Muslims is lower than that of SC & STs but considerably higher than OBCs and Hindus. Forty-three percent of the Muslims live below the official poverty line. Incidence of poverty in the urban areas for Muslims with HCR of 38.4 percent is the highest followed closely by 36.4 percent for SC/STs. Urban poverty is found to be most pervasive among Muslims. Incidence of poverty is highest among the Muslims residing in the smaller towns with populations below 50,000. In rural areas, poverty levels among Muslims are higher than that of SC/ST in some areas. However, in most States other than West Bengal and Assam, the poverty level is higher among Muslims in the urban areas than in rural areas. The level of urban poverty is marginally higher than rural poverty with high levels in Orissa, Madhya Pradesh, Chhattisgarh and Bihar (Table 8). Even in rural areas poverty levels are high. In most States urban poverty is high compared to rural poverty (Table 9).

Muslims are less likely to use the public distribution system for food (22%). Muslim men's work participation rate (48%) is low. Muslims are mainly landless even in rural areas. Poor Muslims consume only 75 percent of the poverty line expenditure on an average. 94.9 percent Muslims in rural areas do not receive free food grains. Only 3.2 percent of the Muslims get subsidized loans. Only 1.9 percent of

³ See end page.

the community benefit from the Antodaya Anna Yojana Scheme. Evidence shows that Muslim children are at slightly higher risk of malnutrition than other children. However they are less likely to be underweight or stunted than SC/ST children. In North and East India the rate of low birth weight babies among Muslims increased sharply between 1992–93 and 1998–99 with Muslims performing worse than the all group average. Worker population ratios are marginally low in rural and urban areas with lower participation of women in economic activity (Table 6). The daily status unemployment rates are not higher than 11 percent (Table 7). A counterpart of the Muslim's social status is his/her employment status. Nearly half of the Muslim men between the ages 25 and 45 are self-employed. Only 18 percent are in regular employment. Muslim under-representation in government jobs is distressingly stark. Data compiled by the Sachar Committee from 12 States shows that they hold a tiny 5.7 percent of governmental jobs. In States with a high Muslim population (Uttar Pradesh, Bihar and West Bengal) this ratio is less than a third of their population. These figures point to the under-representation and systemic exclusion of Muslims. The under-representation of Muslims in legislatures is equally disconcerting. It is important to ensure representative justice in government participation, as its absence is one of the factors for the backwardness of Muslims in several spheres.

The daily status employment rates are slightly higher for all Muslims than for all Hindus. Unemployment rates among Muslims are lower than SC/STs but higher than Hindu upper castes. They are also higher than Hindu OBCs except in urban areas. Sixty-one percent of the total Muslim workforce are self-employed compared to 55 percent Hindu workers. Among women the share is high (73%). Muslims

are less engaged in agriculture as compared to non-agricultural activity. 64 percent OBC Muslims are self-employed as compared with general Muslims (59%). Given higher Muslims participation in self-employment, availability of credit presumably is more critical. As employees Muslims generally work as casual labourers. Like SC/STs, participation of Muslim workers in salaried jobs (public-private) is a low. There is low share of Muslims in the government/public sector.

TABLE 6 Workers Population Ratio (WPR), 2004–2005

Group	Urban	Rural	Male	Female	Total
Muslims	51.1	57	84.6	25.2	54.9
All	52.7	68.9	84.6	43.6	64.4

Source: PMHLC Report, 2006.

TABLE 7 Unemployment Rate, All Age Groups, Daily Status

Group	Muslims	India
Urban	8.1	8.3
Rural	8.4	8.2
Male	8.1	7.8
Female	9.2	9.2

Source: PMHLC Report, 2006.



TABLE 8 State-wise Urban Poverty, 2004–05

States – Urban	India	Muslims
Total	22.8	38.4
West Bengal	12	27
Kerala	18	24
Uttar Pradesh	31	44
Bihar	36	45
Assam	3	5
Jammu & Kashmir	9	12
Jharkhand	18	32
Karnataka	30	45
Uttarakhand	15	24
Delhi	12	22
Maharashtra	26	49
Andhra Pradesh	26	35
Gujarat	11	24
Rajasthan	29	41
Madhya Pradesh	41	58
Haryana	5	6
Tamil Nadu	18	18
Orissa	43	48
Himachal Pradesh	2	1
Chhattisgarh	38	61
Punjab	1	0
All Other States	5	9

Source: PMHLC Report, 2006.

TABLE 9 State-wise Rural Poverty, 2004–05

States – Rural	All	Muslims
Total	22.7	26.9
West Bengal	25	33
Kerala	9	11
Uttar Pradesh	28	33
Bihar	35	38
Assam	18	27
Jammu & Kashmir	3	4
Jharkhand	38	36
Karnataka	14	18
Uttarakhand	11	8
Delhi	-	-
Maharashtra	23	21
Andhra Pradesh	8	7
Gujarat	14	7
Rajasthan	16	11
Madhya Pradesh	30	25
Haryana	9	24
Tamil Nadu	17	10
Orissa	41	22
Himachal Pradesh	8	4
Chhattisgarh	33	40
Punjab	6	4
All Other States	12	22

Source: PMHLC Report, 2006.

Muslim workers are engaged more in self employed manufacturing and trade related activities. Their participation in regular salaried jobs is much less than workers of other groups. High proportions are found in the informal sector and the job conditions are less conducive than those of other groups. Educated Muslims benefit from better incomes. Improvements in employment conditions of Muslims would involve a sharper focus on skill development and flow of credit in sectors where workers are concentrated and which have been more growth-oriented in recent years. Since a large section of Muslim workers are engaged in self-employment, skill development and credit related initiatives need to be tailored for such groups. Displacement from traditional occupations has contributed to Muslims being deprived of their

means of livelihood and has led to economic backwardness.

Work Population Rates for Muslims are significantly lower than for other communities in rural areas but only marginally lower in urban areas. The low aggregate work participation ratios for Muslims are essentially due to much lower participation in economic activity by women in the community. Work participation in economic activity by women is much lower than even that for women belonging to upper caste Hindu households where there are constraints on women working. On an average the work participation ratio (WPR) among Muslim women is only about 25 percent. The lower participation of women (29%) in rural areas is because Muslim households (hence women) are less likely to be engaged in agriculture. Age specific WPRs show that participation rates are lower for Muslims in almost all age groups (Table 10)



TABLE 10 Age Specific Worker Population Ratio, 2004–05

Age	All	All Muslims	Muslims OBCs	Muslims General
Total				
15–19	36.8	35.2	34.3	35.8
20–29	63.0	54.4	51.9	56.0
30–39	75.0	63.4	63.3	63.5
40–49	76.4	64.8	65.2	64.6
50–59	70.2	61.1	60.4	61.6
60–64	52.5	48.4	47.6	48.9
15–64	64.4	54.9	53.9	55.6
Urban				
15–19	24.1	31.4	32.0	30.9
20–29	51.7	52.4	52.2	52.6
30–39	64.5	60.7	59.9	61.2
40–49	65.0	60.6	58.6	61.8
50–59	58.0	55.3	55.5	55.1
60–64	30.9	38.0	41.9	35.4
15–64	52.7	51.1	50.6	51.4
Rural				
15–19	41.5	37.3	35.6	38.4
20–29	67.5	55.6	51.7	58.0
30–39	79.0	64.7	64.8	64.7
40–49	80.9	67.0	68.5	66.0
50–59	74.7	64.1	62.9	64.8
60–64	59.3	53.7	50.5	55.9
15–64	68.9	57.0	55.6	57.8
Male				
15–19	45.3	51.8	50.7	52.4
20–29	86.9	88.2	87.1	88.9
30–39	98.2	97.9	96.8	98.5
40–49	98.0	96.9	95.4	97.8
50–59	93.2	92.6	90.4	93.9
60–64	73.7	75.5	72.1	77.3
15–64	84.7	84.6	83.0	85.5
Female				
15–19	26.8	17.3	17.3	17.4
20–29	39.3	21.1	21.1	21.1
30–39	53.1	31.8	34.9	29.7
40–49	52.9	30.5	34.6	27.7
50–59	45.9	28.0	29.4	27.0
60–64	32.5	22.8	29.6	17.2
15–64	43.6	25.2	26.9	24.0

Source: PMHLC Report, 2006.

MDG 2: Achieve Universal Primary Education

The MDG on education can be seen as the central pillar on which all the others rest. The literacy rate (LR) among the Muslims in 2001 was 59.1 percent far below the national average of 65.1 percent. In many States literacy among the Muslims is higher than that of SCs and STs. Muslim women with a literacy level of 50 percent have been able to keep pace with the other of communities. Table 11 shows age specific literacy rates computed from NSS 61st round data (2004–05).

TABLE 11 Literates as Proportion of Population by Age Group, 2004–05

Age Group	Muslims
6–13 Year	74.6
14–15 Years	79.5
16–17 Years	75.5
18–22 Years	70.5
23 Years & above	46.1
Total	59.9

Source: PMHLC Report, 2006



TABLE 12 State-wise Literacy Levels, 2001

State	Total	
	All	Muslims
India (13.4)	64.8	59.1
West Bengal (25.2)	68.6	57.5
Kerala (24.7)	90.9	89.4
Uttar Pradesh (18.5)	56.3	47.8
Bihar (16.5)	47.0	42.0
Assam (30.9)	63.3	48.4
Jammu & Kashmir (67.0)	55.5	47.3
Jharkhand (13.8)	53.6	55.6
Karnataka (12.2)	66.6	70.1
Uttarakhand (11.9)	71.6	51.1
Delhi (11.7)	81.7	66.6
Maharashtra (10.6)	76.9	78.1
Andhra Pradesh (9.2)	60.5	68.0
Gujarat (9.1)	69.1	73.5
Rajasthan (8.5)	60.4	56.6
Madhya Pradesh (6.4)	63.7	70.3
Haryana (5.8)	67.9	40.0
Tamil Nadu (5.6)	73.5	82.9
Orissa (2.1)	63.1	71.3
Himachal Pradesh (2.0)	76.5	57.5
Chhattisgarh (2.0)	64.7	82.5
Punjab (1.6)	69.7	51.2

Note: Figures in parenthesis are percent share of the Muslim population.

Source: PMHLC Report, 2006.

The enrolments rates (ER) and mean years of schooling (MYS) are more significant for the MDGs as through ensuring compulsory primary education for children, there is a commitment to eliminating the number of illiterates by 2015.

Mean years of schooling: The MYS of Muslim children are only 83 percent that of the MYS of all children and the disparity is highest for rural boys closely followed by rural girls. The MYS for Muslim children is the lowest at about 3 years 4 months characterized more in the States of Uttar Pradesh and West Bengal.

Enrolment: Increase in enrolment is highest among SC/ST (95%) followed by Muslims (65%) while the share of dropouts and children who have never attended schools is still higher among Muslims than most other religious communities. Enrolment rates have risen significantly in recent years. Differences in parental education were more important in explaining inter-community differences than other variables. There is low enrolment and retention of girls. 54.6 percent Muslims in villages and 60 percent in urban areas have never attended school compared with the national average of 40.8 percent in rural areas and 19.9 percent in urban areas respectively. A State-wise analysis reveals reasonably high enrolment rates among Muslim children in most States with Kerala, Karnataka, Delhi and Maharashtra showing enrolment above the State average (Table 13). Enrolment of urban Muslim boys in school is 10 percent lesser than that of SC/STs. For rural girls, the gap is smaller (4%). The literacy rate among Muslims is 59 percent (below the national average of 65%). Half of rural Muslim children are illiterate compared with a third of urban Muslim children. One-eighth of Muslim children aged between 6–13 years do not attend school. About 65 percent of Muslim children in the 6–10 years age group are enrolled. Less than one-sixth of the rural Muslim children enrolled in primary school make it to high school. For urban children the high school enrolment ratio is 28 percent. An abysmal 1.3 percent of

Muslim men in rural areas and even lower 0.3 percent of women reach the graduate level. One reason for the widening difference in enrolment between Muslims and the general population is the low importance attributed to education by the parents leading to serious social backwardness that needs to be jointly addressed by the community leaders and the government. Economic constraints account for a proportion of Muslims not sending their children to school.

Once children complete primary education, the proportion of children completing middle school is the same 65 percent for Muslims, SC/STs. About 50 percent of Muslims and SC/ST children who have completed middle school are likely to complete secondary school as well. Completion of primary education seems to be the one of the major hurdles for school education. Three percent of Muslim children in the school-going age group go to Madarasas. Both Muslims and other children mostly attend the inexpensive government or government-aided schools and one-third attend private schools. There are high dropout rates among Muslim students. Educational backwardness due to poverty forces children to drop out after the first few classes especially Muslim girls. The poor quality of teaching, learning, absentee teachers necessitates private tutors that the parents cannot afford. Children work in *karkhanas* (workshops) as domestic help or look after siblings while mothers go to work the Incidence of child labour is higher among Muslims compared with other religious community.

Educational attainment worsens as one moves from lower to higher levels of school education, which can be seen at both middle and primary levels, as well as place of residence and gender-wise. The gap between Muslims and advantaged sections has

widened since Independence and particularly since the 1980s which shows that they have not reaped the benefits of planning and have gradually slipped further behind other communities. Regular school education is preferred by Muslims also. A section of Muslims prefer education through the English medium while some would like the medium of instruction to be Urdu. The access to Government Schools for Muslim children is limited. The Problem of non-availability of schools within easy reach for girls at lower levels of education, absence of girls' hostel, absence of female teachers and non-availability of scholarships, as they move up the educational ladder are problems faced. However, Muslims are overcoming barriers like parental illiteracy and other socio-economic constraints.



TABLE 1 Proportion of Children Aged 6–14 Years Enrolled in 2004–05

States	Total	Muslims
All India	85.3	81.8
West Bengal	85.7	82.8
Kerala	98.4	99.0
Uttar Pradesh	82.2	69.4
Bihar	70.9	65.8
Assam	90.9	87.0
Jammu & Kashmir	91.8	90.6
Jharkhand	79.4	69.2
Karnataka	88.3	90.7
Uttarakhand	90.4	61.4
Delhi	94.1	95.1
Maharashtra	90.2	91.0
Andhra Pradesh	86.5	82.4
Gujarat	84.8	78.9
Rajasthan	81.1	77.1
Madhya Pradesh	88.5	88.0
Haryana	88.8	59.7
Tamil Nadu	96.3	98.5
Orissa	82.6	90.6
Himachal Pradesh	97.3	73.7
Chhattisgarh	84.7	97.9
Punjab	90.2	89.0

Source: PMHLC Report, 2006.

MDG 3: Promote Gender Equality and Empower Women

Discrimination against women has a dire effect on development, whichever way one looks at it. Most of the poor people in the world are women and their children. The exclusion of women

from education and from opportunities to contribute equally with men in public life has severe social and economic consequences in gender relations.

Besides other aspects of a Muslim woman's life, the rules of marriage, right to divorce and maintenance are benchmarks of a gender just existence for women. Traditionally, the only safe space is within the boundaries of home and community. However many Muslim women emphasize that given appropriate opportunities for work and education they will be able to 'handle' all these issues. Sixty percent of women are married by the age of 17 years. Low socio-economic status and a low level of educational achievement is consistent with early marriage for Muslim girls. Women are mostly self-employed in home based work due to discrimination in low income, poor work conditions, absence of toilet and crèche facilities, and lack of social security benefits like health insurance and the absence of bargaining power. They are caught in the vicious cycle of poverty, lack of education and technical skills leading to low skilled low income work leading back to poverty.

Muslim women have lower educational attainments than men and the women of other communities. Around 60 percent of Muslim women are illiterate. While the school enrolment rate for Muslim girls is 40.66 percent, less than 17 percent of Muslim women enrolled in schools complete 8 years of schooling. Cultural factors restrict their mobility which in turn restricts their employment opportunities and wages. There is active discrimination in giving Muslim women credit facilities. Increasing ghettoization of poor Muslims leads to section of home-based female workers. Muslim women have a minimal participation in government, micro finance programmes and *Panchayati Raj* institutions. Efforts to increase their participation are required. The Muslim population shows a better sex ratio compared with the general population (Table 14). The largest ever survey of Indian Muslim women (2004) demonstrates that neither cultural restrictions nor religion influences the status of women. Community specific disadvantages arise out of poverty. The status of Muslim women is determined by social and economic class, urban and rural residence and regional location. The sex-ratio among Muslims is significantly less biased against women.



TABLE 14 State-wise Trends in Sex Ratio of Muslims, 1961–2001

India /State	1961	1971	1981	1991	2001	2001 (ages only) 0–6
Muslims						
India	935	922	937	930	936	950
West Bengal	888	903	925	923	933	968
Kerala	1032	1009	1036	1048	1082	959
Uttar Pradesh (incl. Uttarakhand)	922	878	903	897	916	935
Bihar incl. Jharkhand	1031	982	979	938	942	961
Assam	885	918	N.A	938	938	971
Jammu & Kashmir	864	872	882	N.A	927	980
Karnataka	950	935	953	952	957	950
Delhi	719	765	774	798	782	925
Maharashtra	883	885	908	903	889	940
Andhra Pradesh	969	964	961	958	961	959
Gujarat	955	946	957	947	937	913
Rajasthan	905	922	935	921	929	925
Madhya Pradesh incl. Chhattisgarh	907	913	929	924	931	942
Tamil Nadu	1022	994	1005	999	1020	957
Orissa	1008	968	949	938	948	965
Punjab incl. Haryana Chandigarh	807	867	862	857	846	893
Uttar Pradesh	*	*	*	899	918	935
Uttarakhand	*	*	*	844	875	915
Bihar	*	992	987	942	943	958
Jharkhand	*	941	946	922	939	971
Madhya Pradesh	*	910	928	924	929	941
Chhattisgarh	*	947	937	923	943	954
Punjab	*	853	853	824	793	879
Haryana	*	874	870	872	870	875

Source: PMHLC Report, 2006.

However, there is a strong desire for education among Muslim women and girls. Current research indicates that poverty and financial constraints prevent Muslims girls from accessing modern secular education. Urdu education is seen by some as more culturally appropriate and the preferred choice for girls. However many women are in favour of regular English medium schools for Muslims girls. The health of Muslim women is directly linked to poverty and the absence of basic services like clean drinking water and sanitation, leading to malnutrition, anemia a variety of diseases and poor life expectancy. Health services for women living in Muslims localities are worse than for women from other religious communities. The hesitation of Muslim women to access public health facilities leads to exploitation by private doctors. NFHS-II data indicates that Muslims have the highest child sex ratio (CSR) of any social group in India. Work participation rate (14%) is low among Muslim women compared to other groups. Among employed women, the largest proportion is in wage worker/employee category followed by self-employed women.

60 percent of the women are self employed with few in formal sector.

Poor Muslim women lack awareness and access to government schemes. They face discrimination in getting loans from Jawahar Rozgar Yojana for BPL beneficiaries, loans for housing and in procuring widows' pensions. They are not able to avail of reservation benefits available to OBCs, as the officials do not issue the requisite caste certificates. Many eligible Muslim OBCs were not included in the official list, which results in the denial of several benefits to the community. Many Muslim women face ill treatment at the hands of authorities when they apply to new ration cards. They are unable to avail of free uniforms in schools or college scholarships for want of appropriate caste and income certificates. Increasing ghettoization results in the absence of social services which impacts women the most as they are hesitant to venture beyond the confines of 'safe neighborhoods' to access these facilities elsewhere. Muslim women have almost no presence in decision-making positions from Gram Panchayat to the Parliament. They also fail to find a place in minority welfare institutions.

TABLE 15 Access of Muslim Women to Micro-credit

Women's access to money and credit, NFHS-III, 2005–06				
% of women with access to money, who know of a micro credit programme and who have ever taken a loan from a micro credit programme, 2005–06				
Women's access to money		Women's knowledge and use of micro credit programmes		
% who have money which they can decide how to use	% who have a bank or savings a/c which they themselves use	% who know of micro credit programme	% who have taken a loan from a micro-credit programme	Number of women
42.4	10.5	30.6	1.8	16,936

TABLE 16 Women’s Freedom of Movement, NFHS-III, 2005–06

% of women allowed to go alone to specific places & % who are not allowed to go at all					
Percentage women allowed to go alone to the				% not allowed to go to any of the 3 places	Number of women
Market	Health facility	Places outside the village	All three places		
40.5	40.1	29.9	25.5	5.5	16,936

MDG 4: Reduce Child Mortality

Mortality rate reduction in infants and children is one of the highest public health priorities in India and one of the most important MDG as children are the most important assets of a nation. Surveys and indirect census based estimates show that infant and child mortality among Muslims is slightly lower than average. Infant Mortality Rate (IMR) and under-5 Mortality Rate (U5MR) are lower for Muslims than the Hindus and hence



also lower than the national average. Childhood mortality among Muslims is lower compared to Hindus. Muslims have the second lowest infant and under-5 mortality rate of any religious community in India. Muslims not only have among the lowest IMR and U5MR in India, they also have some of the largest declines in IMR and U5MR of any social group during the 1990s. It is due to better infant feeding and childcare practices among Muslims. Muslims have an advantage over others in IMR and U5MR but suffer a disadvantage in child nutrition rates. Efforts are needed to improve child health. The incongruence is difficult to understand as most factors that are associated with low rates of IMR and child mortality are also typically associated with low rates of child malnutrition. According to NFHS-2, 40.4 percent of children in the age group 12–23 months received measles vaccination Muslim children are less likely to be vaccinated. The infant and child mortality rates are summarized in Table 15.

Lower IMR than other communities shows that Muslims have far less “daughter aversion” than Hindus. Muslims are less likely to vaccinate their children (40%) Infant and child mortality among Muslims is lower than the average due to high urbanization and better infant feeding and child care practices.

TABLE 17 Infant and Child Mortality, NFHS-II, 1998–99

Group	Neonatal Mortality	Post neonatal Mortality	Infant Mortality	Child Mortality	Under-5 Mortality
Urban	25.9	14.0	39.8	18.8	57.9
Total (Urban)	33.5	15.8	49.2	17.0	65.4
Rural	43.6	23.8	67.5	28.6	94.1
Total (Rural)	47.7	25.3	73.0	30.6	101.4

TABLE 18 Early Childhood Mortality among Muslim Children, NFHS-III

Neonatal	Post neonatal	Infant	Child	Under five
34.1	18.2	52.4	18.5	70.0

TABLE 19 Vaccinations among Muslim Children, NFHS-III, 2005–06

% of children aged 12–23 months with specific vaccination, 2005–06											
BCG	DPT			Polio			Measles	Basic vaccines	No vaccine	No. of children	
	1	2	3	At birth	1	2					3
69.7	67	58.3	47.8	45	90	84.5	77	49.6	36.3	7.3	1,814

TABLE 20 Prevalence of Anemia in Muslim Children

% of children age 6–59 months classified as having anemia, NFHS-III, 2005–06				
Anemia status by hemoglobin level				
Mild	Moderate	Severe	Any Anemia	No. of women
38.3	15.1	1.3	54.7	15,340

MDG 5: Improve Maternal Health

The average maternal mortality ratio at the national level is 540 deaths per 100,000 live births (NFHS-II). NFHS-I corresponding figure was 424 deaths per 100,000 live births suggesting an increase. Rural maternal mortality rate (MMR) is much higher than urban MMR. Hence there is

the urgency to ensure that all pregnant women receive adequate antenatal care during pregnancy and that deliveries take place under hygienic conditions with the assistance of trained medical practitioners. Estimates of maternal mortality show lower than average MMR among Muslims. Muslim women have a slim advantage over the average in survival. There has been a large decline



in fertility in all religious groups including Muslims. The Total Fertility Rate for Muslims is higher than average by 0.7 to 1 point as seen from NFHS-I, NFHS-II and census estimates. Other measures of fertility also show high values for Muslims. The crude birth rate (CBR) estimated from census figures is also higher among Muslims. However recent studies show a moderate fertility.

It varies among Muslims according to the socio-economic characteristics and the level of individuals. Data shows that Muslims do not have a lower age at marriage than the average. Fertility due to the proportion of women married in reproductive ages is relatively high because widow remarriage is widely prevalent among Muslims but to a lesser degree than the average.

TABLE 21 Total Fertility Rate (TFR) in India and among Muslims, NFHS-III, 2005–06

	TFR	Mean no. of children ever born to women age 40–49 years
Muslims	3.09	4.60
India	2.68	4.00

TABLE 22 Antenatal Care among Muslim Women, NFHS-III, 2005–06

% distribution of Muslim women with recent live birth by antenatal care									
Doctor	ANM/ nurse/ midwife/ LHV	Other health personnel	Dai/TBA	Anganwadi/ ICDS worker	Other	No one	Missing	Total	No.
48.2	21.3	2.2	0.7	0.5	0.2	26.8	0.1	100	6,486

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

Contraceptive Prevalence Rate among Muslims is 40 percent. Population control programmes and knowledge of contraceptive practices does not reach Muslim women effectively. High rates of fertility among Muslims are due to lack of information and non-availability of affordable health care facilities. Women do not go to health centre which lack lady doctors. Primary health facilities are available only at long distances. Islamic religious affiliation is negatively associated with HIV seropositivity.⁴ Muslims exhibit the lowest HIV prevalence overall (Table 23). Of a sample of 11, 190 women surveyed by NFHS-II, 35.4 percent women had heard about AIDS. Use of contraception is widely prevalent but to a lesser degree than average. Use of contraception is widely prevalent among Muslims but to a lesser degree than average. Reversible methods are used more commonly by Muslims. 'Unmet need' for contraception is high among Muslims. They do not shun family planning however prevalence of the practice is lower than in other groups. One third of Muslim couples were reported to be using some contraception. There is demand for fertility regulation and for modern contraception among Muslims. Population growth has slowed down as fertility has declined showing that demographic transition has been established and in the future, growth is bound to be slower and reach replacement level. Couples take decisions on fertility in their own interest. In contraceptive prevalence rate, there is a gap of 10 percent points between Muslims and average. Sterilization is less popular among Muslims. There is evidence of a large demand for reversible methods. There is general acceptance of fer-

⁴ Gray, Peter B. 'HIV and Islam : Is HIV Prevalence Lower among Muslims?', *Social Science and Medicine*, 2004.

tility regulation and contraception services are sought and utilized. While religion is an important element in determining the lifestyles of sizable segments of Muslims, its impact on regulating fertility is not strong. Contraceptive prevalence rate (CPR) has been increasing in recent years measuring 40 percent (over 20 million Muslims couples currently use modern contraception practices and this number will grow if quality and choice based reproductive health care services are made accessible to Muslims). However the relatively higher incidence of poverty and the widening gaps in literacy especially among women at young ages impedes the increase. Addressing the health needs of the urban poor would alleviate the conditions of poor Muslims.

Health conditions of Muslims are directly linked to poverty, the absence of basic services like clean drinking water and sanitation leading to malnutrition, anemia, a variety of diseases and poor life expectancy. In conflict prone areas there is alarming evidence of a host of psychosocial problems including stress, depression and post-traumatic disorders among women. Muslim women prefer local health care providers from their own community particularly for gynaecological problems even though they may not be as qualified. NFHS-I and II pooled data show that life expectancy for Muslims is higher than average by a year.



TABLE 23 HIV Prevalence among Muslims, NFHS-III

Percentage HIV positive women and men age 15–49 who were tested					
Women		Men		Total	
% HIV+	No.	% HIV+	No.	%HIV+	No.
0.06	7,285	0.21	5,626	0.1	12,912

TABLE 24 Health Problems among Muslims, NFHS-III

No. of women and men aged 15–49 per 100,000 with disorders, 2005–06							
No. of women per 100,000 with				No. of men per 100,000 with			
Diabetes	Asthma	Goitre	Total	Diabetes	Asthma	Goitre	Total
1,037	2,024	1,090	16,936	1,237	2,218	481	8,747

TABLE 25 Knowledge about AIDS

Source of knowledge about AIDS	Percentage
Radio	37.2
Television	75
Cinema	4.9
News Paper, Magazine	23.5
Poster, Hoarding	8.4
Health Worker	2.9
Adult Education Programme	0.7
Friend, Relative	30
School Teacher	1.1
Other Sources	3.1

Source: NFHS-II, 1998–99.



TABLE 26 Contraceptive Prevalence Rate, NFHS-II, 1998–99

(Percent of couples of Reproductive Age Practicing Contraception)		
India State	Group	
	Muslims	All
India	37	48
Andhra Pradesh	47	60
Assam	34	43
Bihar incl. Jharkhand	9	25
Gujarat	58	59
Haryana	-	64
Jammu & Kashmir	46	49
Karnataka	44	58
Kerala	48	64
Madhya Pradesh incl. Chhattisgarh	46	44
Maharashtra	49	61
Punjab	-	67
Rajasthan	25	40
Tamil Nadu	49	52
Uttar Pradesh incl. Uttarakhand	21	28
West Bengal	56	67

Source: PMHLC Report, 2006.

TABLE 27 Current use of Contraception among Muslims (modern method)

% distribution of currently married women by contraceptive method used, NFHS-III							
Any method	Any Modern method	Modern method					
		Female sterilization	Male sterilization	Pill	IUD	Injectibles	Condom/ Nirodh
45.7	36.4	21.3	0.6	5.7	1.8	0.3	6.8

TABLE 28 Current use of Contraception among Muslims (traditional method)

% distribution of currently married women by contraceptive method used, NFHS-III					
Any traditional method	Traditional Method			Not currently using	Number of women 100%
	Rhythm	Withdrawal	Folk Method		
9.3	5.6	3.4	0.3	54.3	12,288

TABLE 29 Need for Family Planning among Married Muslim Women, NFHS-III

Unmet need for family planning			Met need for family planning			Total demand for family planning		
For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total
8.6	10.2	18.8	6.8	38.9	45.7	15.4	49.2	64.6

MDG 7: Ensure Environmental Sustainability

A dismal pattern is produced at the level of housing marked by high and growing ghettoization and unemployment. Poor Muslims live in hovels without electricity. Only 19 percent have piped water supply. The poor quality of drinking water and sanitation in Muslim localities is a grave concern. Absence of proper civic amenities and infrastructure facilities is marked. Poor roads and lack of proper transport, sanitation, water, electricity and public health facilities pervade Muslim localities. 60.2 percent of Muslims do

not have any land in rural areas compared to the national average of 43 percent. Only 2.1 percent Muslim farmers have tractors. Just 1 percent own hand pumps. No *anganwadis* ration shops and government schools are found in Muslim localities. Low participation of Muslims in local self-government bodies resulted in development benefits failing to reach Muslims. There is clear and significant inverse association between the proportion of the Muslim population and the availability of educational infrastructure in small villages. Villages with a concentration of Muslims are not well served with *pucca* approach roads and local bus stops.

The concentration of Muslims in States lacking infrastructure facilities implies that a large proportion of the community is without access to basic services. In both urban and rural areas, the proportion of Muslim households living in *pucca* house is lower than the total population. Muslims are better off compared to OBCs and SC/STs though the proportion of Muslims in pucca houses is lower than those of Hindus in both areas. Overall the access of Muslims to toilet facilities is low but better than that of both SC/STs and OBCs. Almost half of the Muslim households in India lack access to toilets. Access is low but better than those of SC/STs and OBCs probably because of greater concern among Muslims for privacy especially among women. The absence of facilities among Muslims in villages is summarized in Table 19.

Muslims, like SC/STs, live in large numbers in villages that are least electrified. They have the least access to piped potable water. Compared to all other groups, Muslim households have reported poor use of clean fuel. Disparity is wide in urban areas. The non-use of modern fuels such as LPG, electricity or kerosene for cooking increases as the share of the Muslim population and village size increases. Muslim population seems to be close to average in terms of housing structure and better placed in terms of toilet facilities but ranks poorly in water availability, electrification and cooking fuel facilities. Compared to Muslims majority areas, the areas inhabited by fewer Muslims have better roads, sewage, drainage and water supply facilities.

About a one-third of small villages with a high concentration of Muslims do not have any educational

TABLE 30 Number of Villages without Basic Facilities, 2001

Facilities	Small (Less than 1000 Population)			Medium (1000–2000 Population)			Large (More than 2000 Population)		
	With Muslim Population Share of								
	< 9%	10–39%	40% +	< 9%	10–39%	40% +	< 9%	10–39%	40% +
All India									
Education	44,542	4,676	4,240	3,667	1,186	1,078	906	423	382
Medical	1,93,640	13,051	11,193	56,813	9,435	7,130	18,181	6,191	4,680
Post	1,68,088	11,670	11,013	43,838	7,959	7,111	11,194	4,398	4,448
Bus Stop	1,72,048	12,410	10,547	53,199	10,336	7,898	22,519	8,859	6,717
Approach Road	1,33,063	8,496	7,910	34,124	5,749	4,970	10,627	3,644	3,502
Total Vill.	2,42,549	16,525	13,840	1,03,175	15,648	11,149	68,537	18,895	11,763
% of All Population	87.7	6.8	5.5	23.2	2.6	74.2	26.7	3.3	70.0
% of Muslim Population	8.8	23.3	67.9	13.8	7.4	78.9	14.9	8.2	76.8

Source: PMHLC Report, 2006.

institutions. There is scarcity of medical facilities in larger villages with a substantial Muslim population. About 40 percent of large villages with a substantial Muslim concentration do not have any medical facilities. Muslims are concentrated in locations with poor infrastructural facilities. This affects their access to basic services like education, health, and transport facilities. Muslims are at par with SC/STs and OBCs with respect to house structure (*pucca* or not) and slightly better placed regarding toilet facilities. The availability of piped water, electricity and modern fuel (LPG/Electricity) is lower among Muslims. Their position is poorer than Hindus in general for all these parameters.

MDG 8: Develop a Global Partnership for Development

The question of what long-term vision underpins the agenda of the MDGs is crucial. The answer will invest these quantitative, numerical targets with qualitative content and also determine how they are achieved. If the MDGs are about achieving the global common good, should they not drive the macro-economic agenda rather than being an instrument to achieve it? Some religious groups say that it makes no sense to set goals to eradicate poverty and ensure health, education and environmental conservation for all within a macro-economic framework that hinders their fulfillment.

Development levels should be judged by the extent to which the last person is included. It is vitally important that influential leaders should speak out for changes, without which the MDGs are unlikely to be achieved. For practical collaboration on the goals, the development agencies must turn to religious organizations working with the poor.

Development agencies should bear in mind that, although they can contribute to processes involving long-lasting change, they cannot control them. Time-bound targets are a partial means to a longer-term end. An open and respectful exchange of ideals could make a significant contribution not only to achieving the MDGs but also to incorporating them into a vision of development that could lead to greater well being for everyone. Development agencies need to combine experiential knowledge with rational, technical knowledge to guide their work. The Jubilee 2000 campaign for the cancellation of the debt of the most highly indebted poor countries showed how powerful religious communities could be when they unite around a cause. Many of these programmes may be small but there is no reason why the values of compassion, justice, wisdom, restraint, service and solidarity on which they are based should not be promoted.⁵

Since Independence, India has achieved significant growth and development. However the Muslims, the largest minority community constituting 13.4 percent of the population are severely lagging behind in terms of most of the human development indicators. The use of PCs has increased from 5.4 million in 2001 to 14.5 million in 2005. Despite every 35th person in India using Internet, only 200 people subscribe to it. The government vision is to use it as a tool for raising the living standards of the common man and enriching his life towards this end. An ambitious programme of PC and Internet connectivity in rural and urban areas has been taken up as part of the National Telecom Policy. The National Policy of the government

5 Tyndale, Wendy, *Religions and the Millennium Development Goals: Whose agenda?* Conference on Religion and Development, November 3, 2004, The Hague.

Millennium Development Goals and Muslims

recognizes the potential of e-governance not only to improve governance but also to facilitate people's access to government services. However a huge gap still exists between the development assistance required to meet the MDGs and what the developed countries have pledged so far. Unfortunately there is no substantive data available but looking at the socio-economic profile of Muslims it can be

presumed that the accessibility level of IT among Muslims is extremely low both in rural and urban areas. A large number of Muslim villages in States like West Bengal, Uttar Pradesh, Bihar, Assam, Jammu & Kashmir and Jharkhand lack even Post and Telegraph facilities. Lack of communication obstructs artisans and craftsmen from obtaining inputs and marketing products.





MDGs for Muslims: Towards a Comprehensive Strategy

*A*s we saw earlier, poor Muslims suffer grave deprivation in social opportunity because of lack of access to education, health care and other public services and employment. They are even more disadvantaged than SC/STs. Praful Bidwai, noted columnist, describes the status of the Muslims as an inconvenient truth that stares us all in the face. The ignoring of these facts is an act of 'monumental hypocrisy'.

The present unacceptable situation cries for rectification. Further exclusion and alienation of Muslims simply cannot be afforded. The problem of exclusion needs other forms of affirmative action such as recruitment to sensitive positions in police, military, and intelligence agencies not through quotas, but as special focused measures to be repeated until Muslim representation reaches an acceptable level. We must move toward a proportional representation based electoral system. The most under privileged and OBCs among Muslims must be given a share in the overall Dalit and OBCs job and education quotas. Fifteen percent of all plan expenditure must be set aside for the religious minorities which constitute 18.4 percent of the population. The MHRD is keeping a record of enrolment of Muslims in schools and has sanctioned 7,000 primary and upper primary schools in minority dominated districts during 2006–07 and 32,250 centres under the Education Guarantee Scheme.

The recommendations of the Sachar Committee constituted in 2005 have generated widespread response and there are calls from across the country for implementing them. It shows that Muslims are much behind others in several indicators and parameters. On examining the status of Muslims vis-à-vis the MDGs the following issues emerge:-

1. Poverty.
2. Unemployment.
3. Child Labour.
4. Malnutrition among children.
5. Lack of skill development and credit facilities.
6. Low work participation rate among women.
7. Gender inequality and discrimination.
8. Low participation in government and public sector.
9. Lack of education facilities in Urdu.
10. Need for literacy programmes among Muslims.
11. Non-availability of basic amenities.
12. Unmet need for contraception.
13. Low participation in health programmes.
14. Recommendations of minority commission waiting to be implemented.
15. Low outreach of telecom and IT facilities.



Policy initiatives to ameliorate the above anomalies are urgently required. The UPA Government of India has launched a 15-point programme for social, economic and educational upliftment of the Minorities modified as per recommendations of the PMHLC.⁶ The programme is being implemented and aims for:

- A. Enhancing opportunities for education.
- B. Ensuring equitable share in economic activities and employment.
- C. Improving the conditions of living of the minorities.
- D. Prevention and control of communal disharmony and violence.

It is hoped that proper implementation of these schemes will help in realizing the MDGs. Wada Na Todo (WNTA) is a national campaign for realizing the MDGs for the marginalized. International organizations such as Action Aid have expressed special interest in ensuring inclusion of SC/STs and minorities and have brought out a 'National Study on the Socio-Economic Condition of Muslims'.

6. The 15-point programme for minorities.

There exists a sort of convergence of strategies and efforts for realizing the MDGs. There is the evidence of the strong preparedness by the community based organizations and networks that have not only welcomed the recommendations of the Sachar committee, but framed programmes at the national, state, block and village level for realizing them. There exists a strong desire within the community to work towards the goals. It has become increasingly clear that government agencies on their own do not have the means to bring about the poverty reduction and improvement in living standards. There has thus been a concerted move to build up partnerships with the private sector, academics, NGOs and also within the religious world. Collaboration of development agencies with religious bodies will be a way of making their agendas more effective at grass roots level with a particular focus on the MDGs.⁷

Civil society groups have an essential role as watchdogs, monitoring those responsible for delivering results and shaping democratic debates on economic and social policies in poor communities. Thus social mobilization around the Millennium Development Goals can help nurture and consolidate democratic processes, with the voices of ordinary people influencing policy making. Though civil society groups have started to engage with the Goals, many are unaware or suspicious of them. The Muslim community has grouped together and formed various civil society organizations to perform various functions for the community and the nation and is doing yeoman service. However a host of problems and issues impede the perfor-

7. Tyndale, Wendy, *Religions and the Millennium Development Goals: Whose agenda?* Conference on Religion and Development, November 3, 2004, The Hague.

mance of these organizations. The mind-set has to change to contemporary competitiveness. The community has to become competitive and come out of ghettos and participate. The state should help the Muslim poor. Reciprocity in attitudes and behavior among Muslims will strengthen the process of economic rehabilitation.⁸

Studies should be conducted to substantiate the living conditions of Muslims in India. These should be followed up with advocacy, campaigns, networking, lobbying and reservation for the minority community. Need is felt of greater linkages between Muslims NGOs which should also collaborate and team up with other civil society organizations to achieve the goals. Muslims have better sex ratio. It is 988 females per 1000 males which is much above than the national average of 933 females per 1000 males. Also, infant mortality rate is lowest amongst Muslims. These positive demographic aspects about the Muslim community need to be highlighted and be used as references for other communities to learn from.

Government needs to divert its resources for facilitating Muslim children's enrolment and sustenance in schools as the dropout rate is very high. Civil society is called upon to work towards bettering education amongst Muslims. There is a need to link education to employment. The focus, therefore, has to be on the skill development of Muslims. Civil society organizations should not only read the Sachar Report in its entirety but they should go beyond it. They should collect more data on the Muslim community. The RTI Act can be used to gather information on the community. Silence about discrimination within the Muslim

community must be broken. Civil society organizations need to look within themselves. In recruiting people, preference should be given to the marginalized communities like Dalits, Adivasis, and Muslims and particularly to women from these communities. NGOs working towards the upliftment of Muslims should join hands in the common agenda of ameliorating backwardness in the community vis-à-vis the MDGs.

Feedback from the Conference held on 'MDGs and Muslims'

There are very few civil society organizations like Tehreek-e-Pasmanda Muslim Samaj. On the lines of NACDOR, Muslims should form a Muslims civil society. Studies and independent data should be generated. There should be organizations with a human-Rights approach toward the MDGs. Organizations should work at grassroots levels to mobilize the Muslim poor. Awareness towards health care, education needs to be built up in the community. Awareness should be built up from the mohalla level up to the national level. A committee should be formed to lobby with the government on issues relating to public services like health, education. There should be a revolution based on the findings.



8. Kamath, M.V. 'The Sachar Report and All That', *News Today*, 2007.

Millennium Development Goals and Muslims



Muslims of North India are worse off than their southern counterparts. The MDGs goals are a pledge that the government has taken to reduce poverty, under-5 mortality and lack of clean water supply, sanitation, dignity, land, self-respect for all. TPMS should take the lead in mobilizing the Muslim community. Efforts should be made for the next seven and half years to achieve the goals by 2015. The Muslim community needs to organize itself to achieve the goals. Pamphlets should be printed at

block and district level to document progress. Computers should be provided at the Panchayat level. Government should be morally persuaded so that the Sachar recommendations are implemented at the grassroots level. WNTA monitors the promises made by the government from time to time at the district level. Now that the agenda of Muslims has been included in their agenda, action should be taken on the issues of implementation of findings. Action plans to reduce unemployment and poverty should be drawn up. Women members should be included in the committee formed, which was missing in the Sachar committee. Government must be asked to implement the 15-point programme. Educated Muslims should work for their poor counterparts. Committee should be formed to look into the implementation of the 15-point programme. Mainstream education is a must. Work should focus on 100 percent achievement of MDGs. The need is to integrate grassroots level work being done into the work at the national level. Block level committees should be formed. Seminars should be held and committees should be formed to address the situations of Indian Muslims. A National level committee should be formed to focus on the MDGs. Why is there a delay in the implementation of the 15-Point Programme? Progress committee should be formed at block, district, State and national level. Considering acceptance of the Sachar committee findings, action should be initiated. Campaigns should be initiated at national and district levels about policy, advocacy. It is necessary to meet the Prime Minister. There is a need to rise above religion and address the issues of backwardness. Muslims women should be empowered. The Muslims civil society should work in tandem with other civil society organizations.

Values of the MDG Indicators for India

S.No.	Indicator	Year	Value	MDG Target
1.	Proportion of Population Below poverty line (%)	1990	37.5	18.75
		1999–2000	26.1	
2.	Undernourished people as % of total population	1990	62.2	31.1
		1999–2000	53	
3.	Proportion of under-nourished children	1990	54.8	27.4
		1998	47	
4.	Literacy rate of 15–24 year olds	1990	64.3	100
		2001	73.3	
5.	Ratio of girls to boys in Primary Education	1990–91	0.71	1
		2000–01	0.78	
6.	Ratio of girls to boys in Secondary Education	1990–91	0.49	1
		2000–01	0.63	
7.	Under-5 mortality rate (per 1000 live births)	1988–92	125	47
		1998–02	98	
8.	Infant Mortality Rate (per 1000 live births)	1990	80	27
		2003	60	
9.	Maternal Mortality Rate(per100,000 live births)	1991	437	109
		1998	407	
10.	Population with sustainable access to an Improved water source, rural (%)	1991	55.5	80.5
		2005	90	
11.	Population with sustainable access to an Improved water source, urban (%)	1991	81.3	94
		2001	82.2	
12.	Population with sustainable access to 1994 sanitation urban (%)	1991	47	72
		2001	63	
13.	Population with access to sanitation rural (%)	1991	9.48	72
		2005	32.3	
14.	Mortality due to malaria per 100,000	1994	0.13	–
		2004	0.09	
15.	Mortality due to TB per 100,000	1999	56	–
		2003	33	
16.	Mortality due to HIV/AIDS	2000	471	–
		2004	1114	



Millennium Development Goals (MDGs) India Country Report, 2005

Shri G.K Vasan, Minister of State (independent charge), Minister of Statistics and Programme Implementation, released the first *Millennium Development Goals: India Country Report* for the year 2005 on February 13, 2006. The Millennium Declaration adopted by the General Assembly of the United Nations in September 2000 reaffirmed its commitment to the right to development, peace, security and gender equality, to the eradication of many dimensions of poverty and to overall sustainable development. These are intended for the Member Countries to talk of education, gender inequality, infant and maternal mortality, and disease and environment degradation.

This First Country Report on the Millennium Development Goals (MDGs) captures India's achievements, targets and reveals that there have been substantial improvements in the lives of people of the country over the years. This has been possible due to the planned implementation of programmes despite the enormous and complex problems and diversities of our nation. The Central and State governments have set up goals more ambitious than the MDGs. With the well thought out planning, comprehensive development strategies devised in the national policy, and matching implementation process, it is hoped that India will be able to meet the challenges and achieve all the MDG targets much earlier than the targeted dates.

India's position with reference to the various Goals is given below:

1. To achieve the Goal of eradicating extreme poverty and hunger, India must reduce by 2015 the proportion of people below the poverty line from nearly 37.5 percent in 1990 to about 18.75 percent. As on 1999–2000, the poverty headcount ratio is 26.1 percent with poverty gap ratio of 5.2 percent, the share of poorest quintile in national consumption is 10.1 percent for the rural sector and 7.9 percent for the urban sector and the prevalence of underweight children is of the order of 47 percent. The National Rural Employment Act is a positive step to reduce the poverty ratio further.
2. To achieve universal primary education under Goal-2, India should increase the primary school enrolment rate to 100 percent and wipe out the dropouts by 2015 against 41.96 percent in 1991/92. The dropout rate for primary education during 2002–03 was 34.89 percent. The gross enrolment ratio in primary education has tended to remain near 100 percent for boys and recorded an increase of nearly 20 percentage points in the 10-year period from 1992–93 to 2002–03 for girls (93 percent). The literacy rate (7 years and above) has

- also increased from 52.2 percent in 1992–93 to 65.4 percent in 2000–01.
3. To ensure gender parity in education levels in Goal 3, India will have to promote female participation at all levels to reach a female:male proportion of equal level by 2015. The female:male proportion in respect of Primary Education was 71:100 in 1990–91 which increased to 78:100 in 2000–01. During the same period, the proportion increased from 49:100 to 63:100 in the case of Secondary Education.
 4. Goal 4 aims at reducing under five mortality rate (U5MR) from 125 deaths per thousand live births in 1988–92 to 42 in 2015. The U5MR has decreased during the period 1998–2002 to 98 per thousand live births. The infant mortality rate (IMR) has also come down from 80 per thousand live births in 1990 to 60 per thousand in 2003 and the proportion of 1-year old children immunized against measles increased from 42.2 percent in 1992–93 to 58.5 percent in 2002–03.
 5. To achieve Goal-5, India should reduce maternal mortality (MMR) from 437 deaths per 100,000 live births in 1991 to 109 by 2015. The value of MMR for 1998 was 407. The proportion of births attended by skilled health personnel has been continuously increasing, (from 25.5 percent in 1992–93 to 39.8 percent in 2002–03) thereby reducing the chances of occurrence of maternal deaths.
 6. In so far as Goal-6 is concerned, though India has a low prevalence of HIV among pregnant women as compared to other developing countries, yet the prevalence rate has increased from 0.74 per thousand pregnant women in 2002 to 0.86 in 2003. This increasing trend needs to be reversed to achieve MDG 6. The prevalence and death rates associated with malaria are consistently coming down. The death rate associated with TB has come down from 67 deaths per 100,000 population in 1990 to 33 per 100,000 population in 2003. The proportion of TB patients successfully treated has also risen from 81 percent in 1996 to 86 percent in 2003.
 7. Goal-7 aims at ensuring environmental sustainability. As per the assessment made in 2003, the total land area covered under different forests has been 20.64 percent due to government's persistent efforts to preserve the natural resources. The reserved and protected forests together account for 19 percent of the total land area to maintain biological diversity. The energy use has declined consistently from about 36 kilogram oil equivalent in 1991–92 to about 32 kilogram oil equivalent in 2003–04 to produce GDP worth Rs. 1000. The proportion of population without sustainable access to safe drinking water and sanitation is to be halved by 2015 and India is on track to achieve this target.
 8. Goal-8 is regarding the developing global partnership for development. It is basically meant for the Developed Countries to provide development assistance to developing countries... The Government of India holds

the following views regarding the role of the developed countries in achieving this goal:

- The financial support needed to achieve the targets under this Goal had been estimated for the least developed land locked and small countries by a high-level panel on Financing for Development at an additional amount of US \$ 50 billion which would be required for this purpose every year till 2015.
- However, a huge gap still exists for those countries between the development assistance required to meet the MDGs and what has been pledged by the developed countries so far.
- Recent months have seen new commitments toward reaching the internationally accepted 0.7 percent of Gross

National Income (GNI) target. We have reminded that these potential increases still leave development assistance by donor countries as a group well short of 0.7 percent.

- It is also a matter of satisfaction that actual disbursements of ODA, in recent years, have shown a welcome reversal of the declining trend that lasted for almost a decade since the early 1990s. In this regard, it is important to realize that unless aid commitments translate into actual delivery, securing MDGs will remain elusive goals. We do hope that all the developed countries would scale up the ODA to realize the goals reaffirmed at the Monterrey Consensus.
- It has also been our consistent position that additional resources for implementing



the development agenda should be channelized through the existing multi-lateral agencies. Moreover, allocations must be based on pre-defined and transparent criteria. Our own development experience clearly indicates that, ultimately, it is the availability of untied additional resources for use in accordance with national development strategies, which is most beneficial for recipient countries.

- To deal with the problems of debt, the Heavily Indebted Poor Countries (HIPC) Initiative was launched by the World Bank and IMF and endorsed by 180 governments. In regard to the HIPC Initiative, India is of the view that the Initiative should be met by additional funding from the developed countries and the flow of concessional assistance to other countries should not be reduced. India also opposes the concept of “equitable burden sharing” since some of the non-Paris Club creditor countries are themselves poor countries.
 - We have supported the G8 initiative on irrevocable debt cancellation for the HIPC countries which has now been adopted by IMF and the World Bank as the Multilateral Debt Relief Initiative (MDRI). We have always
- been supportive of all efforts being extended to the low-income countries (LICs), including those in Africa, where debt burdens are serious threats to attainment of the MDGs.
- With regard to one of the targets of the Goal 8, i.e., in cooperation with the private sector, make available the benefits of new technologies, especially information and communications, India has made substantial progress in recent years. The overall tele-density has remarkably increased from 0.67 percent in 1991 to 9.4 percent in June 2005. Use of Personal Computers has also increased from 5.4 million PCs in 2001 to 14.5 million in 2005 and there are 5.3 million internet subscribers as on March 2005 (2.3 internet users per 100 populations and 0.5 per 100 internet subscribers).
10. The National Employment Guarantee Act, Sarva Shiksha Abhiyaan, Total Literacy Campaign of the National Literacy Mission, 73rd and 74th Constitutional Amendments providing reservation for women, commitment for women empowerment in the NCMP, National Health Mission, Total Sanitation Campaign and Bharat Nirman are some of the important steps taken by the government which will help in achieving the Millennium Development Goals.

1. *Ministry of Statistics and Programme Implementation Government of India* dated the 13th February 2006 Press Note—3/ 2006

National Commission for Minorities Statutory Recommendations

The National Commission for Minorities has a statutory responsibility, under section 9(1) (g) of the National Commission for Minorities Act 1992, to evaluate the progress of minorities and to suggest measures to be taken by the government in respect of any minority community. Based on the Sachar committee findings the following Statutory Recommendations are made to be given the highest priority for the upliftment of Muslims:

1. Emphasis on providing a minimum level of school education by the state is necessary. Regular affordable school education that is available to any other child in India should be made available to Muslims in all localities. Primary education in the mother tongue is equally important.
2. Access to government schools for Muslims children is limited. This is particularly so in regard to girls for whom the non-availability of schools within easy reach hampers access to education at the primary level.
3. More schools for girls should be set up in localities of Muslims concentration, particularly for the 9–12 standards. This would facilitate higher participation of girls in school education. Induction of more female teachers, provision of hostels for girls and transport facilities would be helpful.
4. Institution of more scholarships for professional and technical courses would encourage students to avail of a greater measure of opportunities in higher education.
5. Skill development initiatives for those who have not completed school education may also be particularly relevant for some sections of Muslim given their occupational structure. The pre-entry qualifications for admission to ITI courses should be reduced to class VIII. The scope of ITI courses should be extended to focus on emerging market needs. The eligibility for such programmers should also be extended to Madarsa educated children.
6. Specific programmes for self-employed or home-based workers to provide skill credit, technology and market support in backward districts are needed. These programmes should effectively combine modern managerial, technical, design and artisan skills to create effective intervention strategies.
7. ITIs, polytechnics and other institutions which provide skill training to non-matriculantes need to be located in backward and minority concentration districts.
8. Alternative mechanisms, including but not confined to micro financing bodies, should

- be identified and charged with the task of providing institutional support like market linkage, skill upgradation and funding of trades being run by Muslim artisans.
9. The Small Industrial Development Bank of India (SIDBI) should set aside a dedicated fund for training for minorities under its entrepreneurial development programme.
 10. Imparting skills both to those who have completed school education, and those who have dropped out of school but have completed middle education, needs to be reassessed. Most existing technical training programmes require higher secondary education. Given the school completion rates of Muslims and the significant need for skill upgradation, provision of certain types of skill training after middle education may be useful.
 11. Given the precarious conditions of self-employed persons in the informal sector, especially the home-based workers, it is desirable to have a mandated social security system for such workers. Since the government is already in the process of drafting a scheme to cover the unorganized workers, an early implementation would benefit a large section of the Muslims population along with helping the larger segment of the informal sector workforce.
 13. Non-availability of banking facilities should be addressed on a priority basis by providing incentives to banks to open more branches in backward districts.
 14. To empower Muslims economically, it is necessary to ensure a smooth flow of credit/micro credit and priority sector advances. Steps should be taken to specifically direct credit, create awareness of various credit schemes, organize entrepreneurial development programmes, and bring transparency in reporting of information about provision of banking services.
 15. A policy to enhance the participation of minorities in the micro-credit schemes of NABARD should be laid down. This should spell out the intervention required by NABARD and could be a mix of target and incentive schemes to enhance the participation of Muslims in micro-credit.
 16. The practice of identifying 'negative geographical zones' where bank credit and other facilities are not easily provided needs to be reviewed to enable people to benefit fully from banking facilities in the light of the government's socio-economic objective of inclusion.
 17. Public investments in infrastructure in Muslim concentration areas are urgently required to promote socio-economic development and access to public services.
 18. A focus on backward districts and clusters where special artisan groups exist will ensure a sharp reduction in disparities of access and attainment.
 19. The Central Government should introduce a few schemes with large outlays for welfare of minorities with an equitable provision for Muslims.
 20. A periodic monitoring and assessment of welfare and development programmes, and the extent to which the benefits accrue to

Muslims, is imperative. The monitoring mechanism should be multi-level and should have a civil society component. This would enhance public confidence.

21. It would be desirable to have experts drawn from the Muslim community on relevant interview panels and boards. This practice is already in vogue in the case of SCs/STs.
22. The earlier government instructions about the inclusion of minority community member in selection committees/boards have either not been implemented or implemented

inadequately. There is therefore an imperative need to reinforce these instructions and introduce a punitive clause for non-compliance.

23. Measures like undertaking a visible recruitment process in areas and districts with a high percentage of Muslims, job advertisements in Urdu and vernacular newspapers and other media, or simple messages like “women, minority, and backward class candidates are encouraged to apply,” should be undertaken to promote participation in public employment.



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A STATUS REPORT



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