

Chapter 9

Sustainable Development Goal (SDG) - 3

The Sustainable Development Goals - 2030 Agenda was adopted by United Nations General Assembly in September 2015 to set out a vision of a world free of poverty, hunger, disease and want to be achieved by 2030. There are 17 SDGs (SDG - 1 to SDG -17) and 169 targets under these 17 SDGs. India is committed to the 2030 Agenda and SDGs have been taken as the key contours of envisioning development up to the local level.

In India, National Institution for Transforming India (NITI) *Aayog* is responsible for overall coordination of the SDGs and the Ministry of Statistics and Programme Implementation (MoSPI) is responsible for the formulation of the National Indicator Framework (NIF) to monitor the SDGs.

The State Government had launched Haryana Vision 2030¹ in June 2017 and had established (August 2018) the Sustainable Development Goals Coordination Centre (SDGCC) under Swarna Jayanti Haryana Institute for Fiscal Management (SJHIFM) as a part of the Finance & Planning Department in collaboration with the United Nations Development Programme (UNDP). SDGCC is meant to work as a resource and knowledge hub, a think tank and a monitoring post for the Government of Haryana. It was aimed to facilitate the planning and implementation process of the Haryana Vision 2030 in the State.

The health and well-being of all, at every stage of life, has been taken in Sustainable Development Goal -3 (SDG-3). The Goal addresses all major health priorities, including reproductive, maternal and child health; communicable, non-communicable and environmental diseases; universal health coverage; and access to safe, effective, quality and affordable medicines and vaccines. Under SDG-3, a total of 13 targets have been fixed to be accomplished by 2030 as given in **Table 9.1**.

¹ Vision 2030 for Haryana envisage Haryana as a vibrant, dynamic and resurgent unit of federal India. A State where farms overflow with produce; the wheels of industry grind uninterrupted; none feels deprived; people have a sense of fulfilment, the youth sense of pride, and women enjoy not only safety, security and equal opportunities but also feel empowered. '*Antyodaya*', minimum government and maximum governance, and making the State a better place to live in.

Table 9.1: Brief description of targets fixed under SDG-3

Sl. No.	Target no.	Brief description of targets to be achieved by 2030
1	3.1	To reduce the global maternal mortality ratio to less than 70 per 1,00,000 live births.
2	3.2	To end preventable deaths of new borns and children under 5 years of age, aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.
3	3.3	To end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.
4	3.4	To reduce by one-third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.
5	3.5	To strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.
6	3.6	By 2020, to halve the number of global deaths and injuries from road traffic accidents.
7	3.7	To ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.
8	3.8	To achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.
9	3.9	To substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.
10	3.a	To strengthen the implementation of the World Health Organisation Framework Convention on Tobacco Control in all countries.
11	3.b	To support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines.
12	3.c	To substantially increase health financing and the recruitment, development, training and retention of the health workforce.
13	3.d	To strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

9.1 Planning and mapping of budget for SDG-3

9.1.1 Non-preparation of Strategic plan and Action plan for SDGs

The State Government and UNDP entered into a Memorandum of Agreement (MoA) in August 2018 for ensuring achievement of targets set in Haryana SDG Vision 2030 with an estimated cost of ₹ 25.61 crore for a period of three years, against which an amount of ₹ 5 crore had been released to UNDP during November 2018 to July 2021. It was agreed to deliver 7 years \emptyset Strategic Plan and 3 years \emptyset Action Plan along with generating SDG awareness among all stakeholders, SDG localisation at district and gram panchayat level, developing sophisticated technology based tools to monitor SDGs and collecting data.

During 2018-21, SDGCC with the help of UNDP had formulated SDG Budget Allocation Reports, Output-Outcome Framework Reports, Best Case Practice Booklets, SDG-Non-Governmental Organisation Alignment Report, SDG-Corporate Social Responsibility Alignment Report, SDG-University Alignment Report, District SDG Profile booklets, consultation meetings and workshops for generation of awareness. However, no action had been taken for formulation of strategic plan and action plans.

SDGCC replied (June 2023) that they are remained committed to ensure that each Government Department can articulate their strategic plans. The reply is not tenable as it was responsibility of SDGCC to formulate seven years \emptyset strategic plan and three years \emptyset action plan with the help of UNDP.

9.1.2 Budgeting for Sustainable Development Goals focusing SDG-3

Budgets provide a concrete measure of real commitment to the goals, while expenditure against the budget shows whether Government had followed the plan or not. There are several ways in which SDGs are being integrated in budgeting i.e. (i) mapping of budget allocations against SDGs; (ii) including a narrative in the budget document to broadly explain how the budget corresponds to SDGs; (iii) using SDG achievements to evaluate budget outcomes; and (iv) resorting to SDGs as a tool to rationalise resource allocation and decide financing priorities.

The State Government had adopted ‘mapping of budget allocations against SDGs’ and mapped the existing programmes/schemes with relevant SDGs in the State Budgets for the financial years 2018-19 to 2022-23. Further, Outcome-Output Framework Reports from 2019-20 onwards were formulated, which serve as a guide for each department to achieve the desired goals by using the SDG framework and enabling informed decisions about resource allocations.

Scrutiny of records focusing on SDG-3 revealed the following shortcomings:

- (i) In the State budget documents and budget allocation reports of SDGCC for the years 2018-19 and 2019-20, the existing schemes were linked with 15 Goals (except SDG-14 and 17) and allocations were indicated Goal-wise. The allocation was not given target-wise i.e. the whole amount allocated under SDG-3 was meant for all the 13 targets collectively. In absence of target-wise allocation, it was not possible to assess impact of allocation i.e. which targets were given more attention.

SDGCC replied (June 2023) that the impact is measured at the ‘SDG’ level because many targets are contributing towards a particular SDG. The reply is not tenable as the targets are the sub-set of an SDG and in absence of target-wise planning and allocation, the impact of allocation for a particular target cannot be assessed.

The details of allocations, departments and programmes/schemes mapped under SDG-3 for the period 2018-21 are mentioned in **Table 9.2**.

Table 9.2: Budget, Expenditure and programmes/schemes mapped for SDG-3

Particulars	2018-19	2019-20	2020-21	2021-22	2022-23
No. of Departments mapped	12	16	12	12	10
No. of Programmes/Schemes mapped	88	88	90	86	137
Budget Estimate (₹ in crore)	2,894.65	3,150.67	3,337.37	3,494.18	8,047.54
Actual Expenditure (₹ in crore)	2,326.08	2,633.73	5,468.38	4,814.23	Not available

Source: SDG Budget Allocation Reports

- (ii) Scrutiny of the SDG Budget Allocation Reports and the Budget documents revealed that the Government had mapped the programmes/schemes to more than one SDG, according to the nature and alignment of the programme/scheme objectives with the different SDGs. Further, the budget allocations under these programmes/schemes were made equally for various mapped SDGs. For example, as per Budget Document 2019-20, an amount of ₹ 8 crore was allocated for a programme under Ayush Department, which was aligned against three SDGs (3, 5 and 10) equally i.e. ₹ 2.67 crore for each SDG.
- (iii) The actual expenditure incurred under the various aligned SDGs cannot be assessed in a particular programme/scheme. For instance, the amount actually incurred for the individual SDG-3, SDG-5 and SDG-10 out of the total expenditure of ₹ 8 crore under the programme/scheme under Ayush Department cannot be assessed.

SDGCC replied (June 2023) that due to non-establishment of any mechanism, 'equal weightage approach' was followed. The appropriate mechanism was yet to be established (June 2023). The reply is reflective of the failure on the part of SDGCC as the responsibility of mapping the budget allocation was with SDGCC.

- (iv) Budget Allocation Reports of SDGCC do not reveal quantum-wise expenditure on individual programme/schemes of a department for the correspondingly mapped SDG. Instead, it gives the consolidated expenditure of a department under the mapped SDG. For example, against the budget estimate of ₹ 49.85 crore for eight programmes/schemes of AYUSH Department in SDG Budget Allocation Report 2019-20, actual expenditure was ₹ 67.16 crore.

Thus, documents formulated by SDGCC did not provide information about the target-wise expenditure incurred, to enable the Government to measure the progress under a particular target under SDG-3.

9.2 Formulation of State Indicator Framework and District Indicator Framework

To monitor and measure the progress of SDGs, State Government had to formulate State Indicator Framework (SIF) and District Indicator Framework (DIF) in consultation with the National Institution for Transforming India (NITI) Aayog. The State Governments have been given flexibility to develop their own indicators taking into consideration local priorities to monitor SDGs and NIF will serve as a basis.

There are 28 Global Indicators and 41 National Indicators for measuring progress in all the 13 targets under SDG-3. In Haryana, State Indicator Framework (SIF 1.0) was formulated in August 2021 wherein the State had adopted 39 national indicators for 12 targets².

In addition, 21 Haryana Specific Indicators were formulated for six targets (3.1, 3.2, 3.3, 3.4, 3.7 and 3.c). 18 district indicators for 5 targets (3.1, 3.2, 3.3, 3.7 and 3.8) were also formulated which was published³ in 2020-21.

9.3 Performance of Indicators for SDG-3

The State Government had published the first Haryana Sustainable Development Goals Index Report for the year 2020-21 capturing achievements against 10 NIF indicators as given in **Table 9.3** covering 8 targets (out of 13) of SDG-3.

Table 9.3: Description of indicators under SDG-3

Sl. No.	Indicator	Name of Indicators	Brief description of indicators
1	3.1.1	Maternal mortality rate	The proportion of maternal deaths per 1,00,000 live births per annum.
2	3.2.1	Under 5 mortality rate	The proportion of deaths of children before reaching the age of five years per 1,000 live births.
3	3.2.3	Percentage of fully immunised children	The percentage of children aged 12-23 months who had received all the basic vaccinations for BCG, Measles and three doses of Pentavalent vaccine.
4	3.3.1	HIV incidence per 1,000 uninfected population	The number of people newly infected with HIV in the reporting period per 1,000 uninfected population.
5	3.3.2	Notification of cases of Tuberculosis per one lakh population	The estimated number of new and relapse TB cases (all forms of TB, including cases in people living with HIV) arising in a given year, expressed as a rate per 1,00,000 population.
6	3.4.2	Suicide rate	The number of suicides reported per 1,00,000 population during reference year.
7	3.6.1	Death rate due to road traffic accidents	The number of persons died due to road accidents calculated as rate per 1,00,000 population during reference year.
8	3.7.3	Percentage of institutional deliveries	The percentage of deliveries conducted in a health facility during the period of one year or five years.
9	3.8.2 ⁴	Monthly per capita out of pocket expenditure on health	Monthly per capita out of pocket expenditure on health as a share of monthly per capita consumption expenditure.
10	3.c.1	Availability of physicians, nurses and midwives	The number of physicians, nurses and midwives per 10,000 population.

Source: SDG National Indicator Framework Baseline Report 2015-16

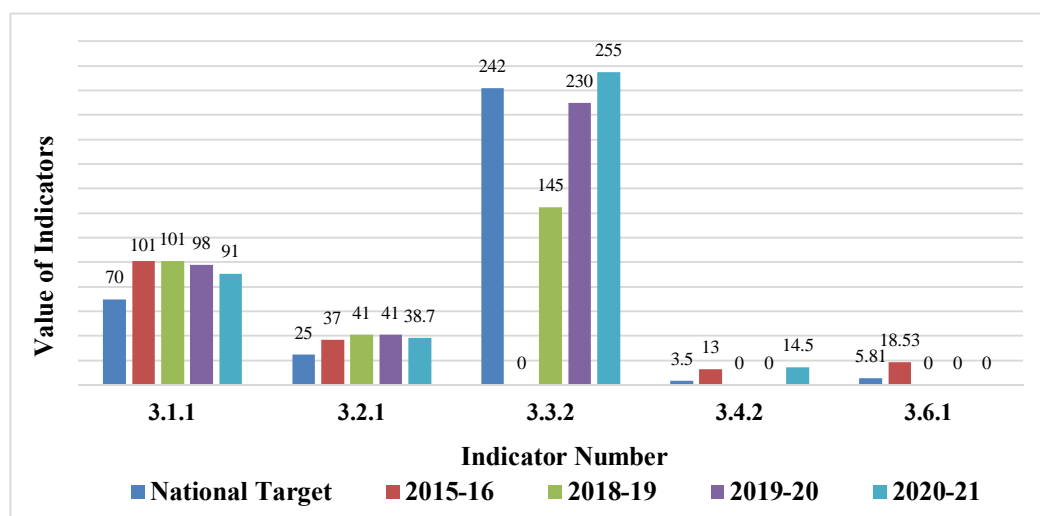
A comparative analysis of 10 indicators (**Appendix 9.1**) was done by Audit based on SDG India Index for 2018-21, SDG National Indicators Framework Baseline Report 2015-16 issued by Ministry of Statistics and Programme Implementation and National Family Health Survey-5, 2019-21. The comparative improvement/decline of performance of indicators are presented in the following graphs.

² No indicator fixed for the 13th target being national level indicator i.e. 3.d. - Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

³ Haryana Provisional District Sustainable Development Goals Index 2020-21.

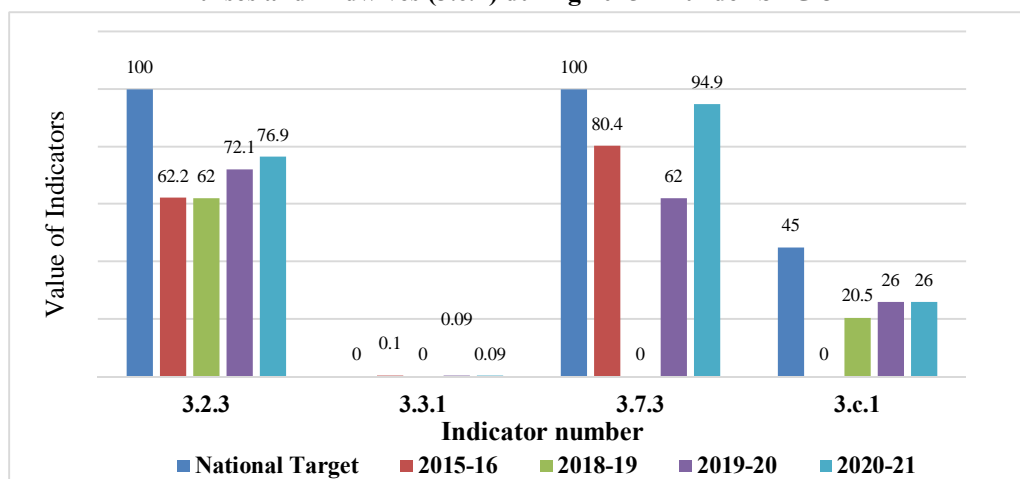
⁴ Analysis of this indicator has not been done here due to data available only for one-year (2020-21) i.e. no year-wise progressive data is available.

Chart 9.1: Maternal Mortality Rate (3.1.1), Under 5 mortality rate (3.2.1), TB cases per lakh (3.3.2), Suicide Rate (3.4.2) and Death Rate due to Accidents (3.6.1) during 2015-21



Source: SDG India Index for 2018-21, SDG National Indicators Framework Baseline Report 2015-16 issued by Ministry of Statistics and Programme Implementation and National Family Health Survey-5, 2019-21

Chart 9.2: Percentage of immunised children (3.2.3), HIV incidence per 1,000 uninfected population (3.3.1), Percentage of institutional deliveries (3.7.3), Availability of physicians, nurses and midwives (3.c.1) during 2015-21 under SDG-3



Source: SDG India Index for 2018-21, SDG National Indicators Framework Baseline Report 2015-16 issued by Ministry of Statistics and Programme Implementation and National Family Health Survey-5, 2019-21

Four indicators showing unsatisfactory performance are discussed below:

- i. Indicator 3.2.1 -Under 5 mortality rate per 1,000 live birthsø showed upward movement from 37 in 2015-16 to 41 in 2018-20 and ultimately 38.7 in 2021 whereas the national target for this indicator is fixed at 25.
- ii. Indicator 3.4.2 -Suicide Rate per 1,00,000 populationø showed upward movement from 13 in 2015-16 to 14.5 in 2020-21 i.e., it was more than four times than the national target of 3.5.
- iii. Indicator 3.c.1 -Total physicians, nurses and midwives per 10,000 populationø showed upward movement from 20.5 in 2018-19 to 26 in

2019-20 and continued to be 26 in 2020-21 whereas the national target is fixed at 45.

- iv. Indicator 3.6.1 'Death Rate Due to Road Traffic Accidents (per 1,00,000 population)' is 18.53 for 2015-16 whereas the national target for the same is 5.81.

Thus, it is evident that performance on these four indicators meant for evaluating progress of SDG-3 was not satisfactory with reference to national targets.

SDGCC replied (June 2023) that to address the negative trend of indicators, various concerned departments such as the Department of Health and Family Welfare, Road and Traffic Department, Public Works Department are working.

9.3.1 Analysis of expenditure made for SDG-3 during 2018-21

Analysis of budget allocations and expenditure for SDG-3 (*Appendix 9.2 and 9.3*) during 2018-21 revealed that there was increase in expenditure on health services whereas the indicators for SDG-3 do not present a satisfactory picture as discussed above.

SDGCC replied (August 2023) that they are only aligning the budget of departments and departmental activities are performed by the Health and Family Welfare Department itself. The reply affirms the audit comment that activities which were required to be undertaken by SDGCC for suggesting corrective measures were not undertaken by them.

Thus, there is a requirement for identifying reasons behind and exploring remedies for suggesting corrective measures to the departments concerned by SDGCC.

9.4 Intervention and coordination

India presented its second Voluntary National Review (VNR) in July 2020 to United Nations' High-Level Political Forum (HLPF)⁵. The title of the presentation, 'Decade of Action: Taking SDGs from Global to Local' was meant to make compliance of the commitments towards involvement of multi-stakeholders and localising the SDGs. The second VNR provides for 8 steps (mentioned below) towards SDGs localisation at sub-national level i.e. at State/UT level in India.

⁵ As a signatory to the 2030 Agenda for Sustainable Development, India is committed to participating in the international review of the progress of SDGs on a regular basis. The foremost platform for international follow-up and review of the 2030 Agenda is the United Nations' HLPF, which has been meeting annually since 2016 under the auspices of the UN Economic and Social Council (ECOSOC).

In the HLPF, UN member countries present their Voluntary National Review (VNR) on the implementation of SDGs. The VNRs serve as a basis for the international review of the progress on the SDGs.



Scrutiny of records (2018-21) of SDGCC/SJHIFM about efforts made for localisation of SDGs and achievement thereof and shortcomings noticed by Audit are mentioned below:

Step 1-Sensitisation i.e. SDGs related awareness generation of leadership:

- SDGCC did not reach out to Local Government constituted under 73rd and 74th Constitutional amendment Acts. Records of the SDGCC also did not reveal that sensitisation efforts were made for the benefit of functionaries at district, block and village levels of the State Government.
- Activities were not organised for encouraging participation of stakeholders like NGOs, Educational institutions, Business organisations etc. in the SDGs mission of Haryana.
- SDG First networking platform was launched (November 2019) by the SDGCC for online consultation with Industry Associations/NGOs in Haryana to deliberate on development issues. However, only two events (Universal Healthcare in November 2019 and December 2019) were organised on this platform during 2018-21.

Step 2-State and District Indicator Frameworks (SIF and DIF): SIF and DIF have been framed as discussed in **Paragraph 9.2.**

Step 3-Improve data ecosystem: In the State, 21 Haryana Specific Indicators were developed, but these were not published in Haryana SDG Index Report 2020-21. Instead only 10 NIF indicators had been published, which had the

same data sources⁶ as of India SDG Index Report 2020-21. Thus, the Haryana SDG Index Report is a replication of India SDG Index Report 2020-21.

Step 4-Building partnerships: The State had entered into partnership with UNDP for developing dashboard and technical support.

Step 5-SDG Coordination Centre: SDG Coordination Centre was established in August 2018. However, the SDGCC is not functioning at its full strength, as proposed at the time of establishment of the centre. It was proposed that the SDGCC will have Project Management Unit having 7 personnel on UNDP roll, recruited and guided by UNDP, while funded by SJHIFM and Project Implementing Unit (PIU) having 27 personnel on SJHIFM roll. There was provision of 6 Divisional Coordinators and 6 Divisional Data Operators under PIU for monitoring and evaluation purpose. In reality, the SDGCC worked with 5 personnel (on average) under PMU during 2018-22. PIU did not become functional as of April 2022. Reasons for not functioning at its full strength and non-functioning of PIU were not recorded in the files of the SDGCC.

Moreover, Divisional Level SDG Coordination Committee headed by Commissioner and District Level SDG Coordination Committee headed by District Magistrate were proposed to be constituted during establishment of the SDGCC. No such committee was constituted till completion of audit.

The SDGCC while accepting the facts, intimated (June 2023) that due to unforeseen circumstances and logistical constraints, the recruitment process could not be completed. Further, it was also intimated that the draft guidelines regarding establishment of District SDG Cell is under consideration.

Step 6- Operationalise Dashboard: Development of SDG Dashboard is still under process (June 2023).

Step 7-Review mechanisms: It was proposed during the establishment of SDGCC that SDG Mission Committee (SDGMC) headed by Chief Minister and State Level Coordination Committee (SLCC) headed by Chief Secretary were to be constituted. SDGMC was to meet every six months while SLCC was to meet every three months to review the progress made for SDGs.

However, no such review committee was constituted except for constitution of a Project Steering Committee (PSC) jointly co-chaired by Finance and Planning Secretary, Government of Haryana and UNDP for periodic review of project activities (the project of establishment of SDGCC).

As per records of the SDGCC, the PSC met only four times (two times in 2019 and two times in 2020) during the period August 2018 to April 2022.

⁶ Health Management Information System and National Family Health Survey of Ministry of Health and Family Welfare, Civil Registration System & Sample Registration System of Ministry of Home Affairs, GoI, etc.

Step 8-Ranking of districts: The SDGCC formulated Haryana Provisional SDG District Index 2021 for achieving the SDGs. The first edition of this Index was based on 15 SDGs (out of 17), 49 targets (out of 169) and 95 indicators with ranking of the districts based on their performance across 15 SDGs.

SDGCC replied (June 2023) that they are working on activities such as sensitisation of departmental officials, building of mechanism for institutionalising the output-outcome framework report, SDG budget allocation reports, documentation of best practices, SDG district profiles, etc.

Thus, it is evident from the above that the eight steps process to be adopted for localisation of the SDGs in the states, was not effectively executed in the State of Haryana. Further, the SDGs could not reach effectively to the lower strata of the State Government as well as local Government even after a lapse of more than six years out of the total 15 years period for the implementation of the SDGs.

9.5 Conclusion

The State adopted 39 NIF indicators which covered 12 targets in its State Indicator Framework (SIF). The State was able to publish only 10 Indicators covering 8 targets (out of 13) even after lapse of six years out of 15 years' timeframe for achievement of SDG. SDGCC had not formulated 7 years' strategic plan and 3 years' action plan for implementation of SDGs. Budget was not allocated target-wise, in absence of which, it is not possible to assess impact of allocation on a particular target. Performance in four indicators of SDG-3 was not satisfactory with reference to national targets. Eight steps process to be adopted for localisation of the SDGs in the State was not executed effectively.

9.6 Recommendations

- 1. The State Government may take steps to adopt more indicators in Haryana SDG Index Report to present a comprehensive picture for measuring and monitoring the performance of the State in achievement of SDG.**
- 2. Comprehensive strategic plan and action plan with well-defined milestones for measuring and monitoring implementation, should be formulated after due consultations.**
- 3. Reports prepared by the SDGCC should have information on target-wise actual spending showing performance against the planned budget expenditure thereby assisting in judicious and adequate resource allocations.**

4. **SDGs Dashboard should be operational and SDG Mission Committee (SDGMC) as well as State Level Coordination Committee (SLCC) should be constituted for ensuring availability of data and creation of a continuous monitoring and reporting framework.**
5. **Achievement in respect of SDG-3 is not satisfactory despite increase in expenditure for SDG-3. The SDGCC should analyse the reasons and suggest corrective measures.**
6. **Initiatives for enhancing public awareness and sensitisation about SDGs must be stepped up so that the process of implementation becomes participatory and inclusive.**



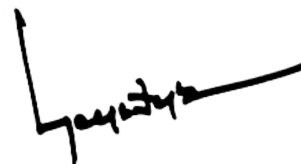
Chandigarh

Dated: 29 August 2024

(SHAIENDRA VIKRAM SINGH)

Principal Accountant General (Audit), Haryana

Countersigned



New Delhi

Dated: 9 September 2024

(GIRISH CHANDRA MURMU)

Comptroller and Auditor General of India