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ACHIEVEMENTS OF MILLENNIUM DEVELOPMENT GOALS (MDGS) IN SOUTH ASIAN ASSOCIATION OF REGIONAL CORPORATIONS (SAARC) COUNTRIES: A CASE OF NEPAL

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A B S T R A C T

South Asian Association of Regional Cooperative (SAARC) countries have achieved considerable progress in socio-economic indicators like poverty reduction, educational attainment and improved health facilities. The progress, however, is not uniform across the countries. The aim of this paper is to assess the progress made by SAARC with regard to selected Millennium Development Goals (MDGs) and its achievement and gap in Nepal. The paper shows; i) Status of SAARC countries with respect to selected MDGs, ii) Achievements of MDGs in the case of Nepal and iii) the gaps to achieving the targets. The paper shows that the most SAARC countries including Nepal have performed poorly with MDGs. It is therefore concluded that there is need to prioritize to meet all goals in post MDGs for Nepal.

Keywords: SAARC, MDG, Post-MDG, socio-economic.

INTRODUCTION

The Millennium Development Goals (MDGs) have eight goals to be achieved by 2015 that respond to the world's main development challenges. The MDGs are drawn from the actions and targets contained in the Millennium Declaration that was adopted by 189 nations-and signed by 147 heads of state and governments during the UN Millennium Summit in September 2000.

These goals promote basic human rights and focus the world community's attention on achieving significant and measurable improvements in people's lives. The specific objectives of the MDGs are to: reduce extreme poverty and hunger; achieve universal primary education; promote gender equality and empower women; reduce child mortality; improve maternal health; combat HIV/AIDS, malaria and other diseases; ensure environmental sustainability; and, promote global partnership for development. These goals are further split into 21 targets, measurable via 60 indicators. The first seven goals are mutually reinforcing and are related to reducing poverty in all its forms. The last goal – global partnerships for development – is about the means to achieve first seven goals in resources deficit countries.

Among eight goals, 50% goals are directly related to health and education only and rests of major goals are also indirectly related to health and education. Therefore, health and education are being the major goals of MDGs, which are two main pillars of human capital in the economy. The education and health sectors are the prime factors needed to develop human resource development from the beginning to end of life and shows the socio-economic development of the country.

Frederick Harbison and Charles A. Myers (1964) referred to five main ways of developing human resources, such as *formal education, on the job training, self-development, improvement in health and improvement in nutrition*. The first three are the direct ways whereas the last two are indirect ways for the human resource development. In addition, *health and education are the two cornerstones of human capital* in the economic terms. If it has included the income to measure changing life style and health and education, the measurement of human development is possible by Human Development Index (HDI).

This study focuses on the first two factors related to HRD, i.e. education and health, which are the prime

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factors needed to develop human resources from the beginning to end of life (Wilson, 1999).

Therefore, this paper has included HDI value and its rank, which is measurable with education, health and income components. Nepal's HDI value for 2012 is 0.463 and categorized in the low human development and positioned at 157 out of 187 countries and territories (HDR, 2012).

The aim of this paper is to assess the status of SAARC countries with regard to selected variables of MDGs in Nepal. The paper focuses on the following sections: i) Status of SAARC countries respect to selected variables related to MDGs, ii) Achievements of MDGs of SAAAC countries and case of Nepal.

METHODS AND MATERIALS

This article is descriptive analysis, which is about the achievements of MDGs in SAARC countries and case study in Nepal. The information is collected from various secondary sources like, CBS, UNDPs publications and others. The status of achievements of MDG in SAARC countries is analyzed in socio-economic status of SAARC countries.

The progress of MDG in Nepal presents in achievements of MDG in Nepal. In addition, the achievements have been present through Human Development Index (HDI) and its value, because it comprises three main components like. education (means years of schooling and expected years of schooling), health (life expectancy at birth) and living standard (GNI per capita), which represents about seven goals out of eight goals. Thus, high value of HDI outcome may leads to development of a country related to almost all goals and targets of MDGs. Since there is lack of means of mechanism to measure the achievement of MDG directly, this paper has analyzed through HDI value as an assessing progress related to MDGs to selected SAARC and other countries. Finally it has incorporated the post-MDG International Development Goals.

RESULTS AND DISCUSSION

This section contains with method used by HDI as a development indicator of the countries. Between 1980 and 2012, Nepal's HDI value increased from 0.234 to 0.463, an increase of 98 percent or average annual increase of about 2.2 percent. Between 1980 and 2012, Nepal's life expectancy at birth increased by 20.9 years, mean years of schooling increased by 2.6 years and expected years of schooling increased by 4.4 years. Nepal's Gross National Income (GNI) per capita increased by about 101 percent between 1980 and 2012 (Table 1).

Table 1: Nepal's HDI trends based on consistent time series data, new component indicators and new methodology.

Year	Life Expectancy at Birth	Expected years of schooling	Mean years of schooling	GNI per capita (2005 PPP$)	HDI Valus
1980	48.2	4.5	0.6	0,566	0.234
1985	51.1	5.5	1.2	0,633	0.285
1990	54.0	7.4	2.0	0,706	0.341
1995	57.5	8.0	2.2	0,811	0.370
2000	61.6	8.8	2.4	0,902	0.401
2005	65.6	8.9	2.7	0,960	0.429
2010	68.5	8.9	3.2	1,090	0.458
2011	68.8	8.9	3.2	1,105	0.460
2012	69.1	8.9	3.2	1,137	0.463

Source: UNDP, 2013.

This section presents the socio-economics status of SAARC countries, which includes demographic, economic, health and education characteristics. In addition, it also discusses the development of SAARC countries through HDI value as mentioned in methods and materials.

Socio-Economic Status of SAARC Countries: This section presents the demographic, education and health characteristics of the SAARC countries. The SAARC comprises eight member states (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri-Lanka).Afghanistan joined SAARC countries during the 14 SAARC Summit held in New Delhi in 2007. UNDP (2007/2008) highlights some information about Afghanistan recently, which indicates the very poor situation compared to other SAARC countries. As a consequences, HDI is only 0.374, which is the lowest among all SAARC countries (Table 2).

Table 2: Trends of Human Development Index in SAARC Region and Other Countries, 1975-2012.

SAARC Countries	Human Development Index							Rank of
	1975	1980	1985	1990	1995	2000	2012	2012
Afghanistan	-	-	-	-	-	-	0.374	Low
Bangladesh	0.345	0.364	0.389	0.419	0.452	0.506	0.515	Low
Bhutan	-	-	-	-	-	-	0.538	Medium
India	0.412	0438	0.476	0.513	0.546	0.577	0.554	Medium
Maldives	-	-	-	-	-	-	0.688	Low
Nepal	0.296	0.333	0.376	0.423	0.466	0.499	0.463	Low
Pakistan	0.363	0.386	0.419	0.462	0.492	-	0.515	Low
Sri Lanka	0.607	0.649	0.681	0.705	0.727	-	0.715	High

Source: UNDP (2005), UNDP (2013), *Human Development Report*.

Demographic Status: The demographic and socio-economic characteristics of the SAARC countries show that India has one of the highest populations among the SAARC countries. The rate of growth of population varies across SAARC countries, for example 0.9 and 1.6 percent per annum respectively in Sri Lanka and India (Table 3). For the case of Nepal, Bhutan, the Maldives the population growth rate is less than 2 while for Pakistan it is 2 percent per annum.

Table 3: Demographic Parameters Related to Fertility in SAARC and Other countries, 2002-2015.

SAARC Region and other Countries	Total Population (million)		Annual population growth rate	Crude Birth Rate per 1000 population	Urban Population	TFR per woman	Sex Ratio (No. of males per 100 females)	Population Density per Km Square
	2010	2015	2010	2010	2010	2010	2010	2010
Afghanistan	25.9	-	2.03	-	23.30	-	104.70	37.50
Bangladesh	148.7	168.2	1.10	20.30	28.10	2.20	103.00	1033.00
Bhutan	0.7	2.7	1.70	20.40	34.70	2.40	109.10	18.80
India	1210.2	1260.4	1.60	22.10	31.20	2.50	94.00	382.00
Maldives	0.3	0.4	1.69	22.00	35.00	2.10	103.00	1053.00
Nepal	26.6	32.7	1.40	24.30	17.00	2.60	94.00	180.90
Pakistan	177.1	193.4	2.05	27.50	36.86	3.50	107.10	222.00
Sri Lanka	20.8	22.3	0.90	18.20	14.30	2.30	98	318.00

Source: CBS (2012), SAARC in Figures.

Economic Characteristics.

Table 4: Economic Status of SAARC Countries.

Description/ Country	Afghanistan	Bangladesh	Bhutan	India	Maldives	Nepal	Pakistan	Sri Lanka
Population below national poverty line (%)	42.0	40.0	-	37.2	15.0	25.2	22.3	22.7
population below $1.25 (PPP) a day	-	49.6	26.2	-	8.0	55.1	21.0	14.0
Gini-coefficient	-	0.310	0.352	-	0.370	0.328	0.312	0.411
Labour Force Participation Rate (%)	54.2	58.5	67.4	59.6	53.8	83.4	45.7	48.6
Unemployment rate (%)	7.0	4.2	3.1	2.6	11.7	2.1	6.0	4.9
Employment in agriculture (%)	69.6	48.1	60.2	53.2	4.2	73.9	45.1	32.5

Source: CBS (2012), SAARC in Figures.

Maldives has the highest life expectancy, but it has second highest in HDI rank (Table 2). However Sri Lanka has the second highest life expectancy at birth, but with highest HDI and highest GDP per capita and lower mortality pattern in the SAARC countries (Table 2 and Table 4). For example, the HDI is also highest (0.715) in Sri Lanka compared to other SAARC countries (Table 2). But, Nepal has lowest GDP per capita among SAARC countries, in addition, less development of socio economic characteristics. The high quality of life with higher life expectancy at birth and higher GDP per capita income show high HDI and vice versa.

Health Status:

Since mortality is one the major goals of MDGs, this sections includes the status of mortality and presents various health indicators like Crude Death Rate (CDR), Infant Mortality Rate (IMR), Under-five Mortality (U5M), Maternal Mortality Ratio (MMR). All these mortality linkages with Gross domestic Product (GDP) as well (Table 5).

Table 5: Pattern of Mortality and Economic Status in SAARC Countries.

SAARC Countries	Life expectancy at birth (Years)		CDR per 1000 population	IMR /1000 live birth (2009)	U5M/ 1000 live birth (2009)	MMR/ 100,000 live births (2008)	GDP Per Capita (PPP US$) (2003)
	Males	Females					
Afghanistan	-	-	-	134.0	199.0	1400.0	
Bangladesh	67.40	68.30	6.10	41.0	52.0	340.0	1,700
Bhutan	64.10	67.80	6.90	40.1	61.5	200.0	-
India	62.60	64.20	7.20	47.0	59.0	212.0	2,670
Maldives	72.60	74.40	3.00	11.0	13.0	112.0	-
Nepal	63.60	64.50	8.30	46.0	54.0	281.0	1,370
Pakistan	63.90	65.80	7.30	70.5	-	260.0	1,940
Sri Lanka	71.20	77.40	6.60	13.0	16.0	39.0	3,570

Source: CBS (2012), SAARC in Figures.

Table 6: Child and Maternal Health Care in SAARC Countries.

SAARC Countries	Under Weight Children Under Five years (%)	Children under 1 year old immunized against measles (%)	DPT3 immunization (%)	Antenatal care coverage at least four visits (%)	Birth attended by skilled health personnel (%)
Afghanistan	39.3	76.0	83.0	-	24.0
Bangladesh	46.3	89.0	94.0	21.0	24.0
Bhutan	18.7	98.0	96.0	62.5	69.5
India	42.5	69.6	55.3	37.0	52.6
Maldives	30.4	97.0	96.0	85.0	98.0
Nepal	28.8	88.0	91.3	50.1	36.0
Pakistan	-	82.0	85.0	28.0	43.0
Sri Lanka	29.4	96.0	97.0	93.0	99.0

Source: CBS (2012), SAARC in Figures.

Table 6 shows the status of child and maternal health care, here again Maldives and Sri-Lanka has better position than others. Table 7 presents the health services by various health indicators, Maldives seems much better than other countries.

Regarding the contraceptive and HIV/AIDS, the contraceptive prevalence rate of women 15-49 years is the highest in Sri Lanka (68%), followed by India, Bangladesh, Maldives, Nepal and others. HIV prevalence rate among the 15-49 year old is highest in Nepal followed by India, Bhutan and others. However, the HIV/AIDS is highest in Nepal among 15-24 years old females, however for males, it is highest in India and followed by Nepal.

It is questionable that since correct knowledge of HIV/AIDS is almost highest in Nepal, however HIV prevalence rate is also highest. (Table 8).

Table 7: Health Indicators in SAARC Countries.

Health Indicators	Afghanistan	Bangladesh	Bhutan	India	Maldives	Nepal	Pakistan	Sri Lanka
Doctors (physicians) per 10,000 Population	2	3	3	-	16	2	8	5
Hospital Bed for 10,000 Population	5	4	17	-	23	-	6	31
Total Health Expenditure as % GDP	7.40	3.40	5.50	4.10	8.00	5.80	0.27	4.00

Source: CBS (2012), SAARC in Figures.

Table 8: Contraceptive and HIV/AIDS.

Health Indicators	Afghanistan	Bangladesh	Bhutan	India	Maldives	Nepal	Pakistan	Sri Lanka
Contraceptive prevalence rate 15-49 years female (%)	23.0	56.0	-	56.3	35.0	49.7	27.0	68.0
HIV prevalence rate (% of 15-49 years old)	-	0.10	0.20	0.30	0.01	0.40	0.10	0.10
Comprehensive correct knowledge of HIV/AIDS (% of 15-24 years old females)	-	16.0	-	17.3	-	20.7	-	-
Comprehensive correct knowledge of HIV/AIDS (% of 15-24 year old males)	-	18.0	-	33.0	-	29.5	-	-

Source: CBS (2012), SAARC in Figures.

The public expenditure on health also varies across countries in the region. The population per doctor as an indicator of health sector indicates that Nepal and Afghanistan has one doctor is available for 5,000 people; Maldives has four doctors per 5,000 people. In addition, public expenditure allocation to the health sector is highest in Maldives (which is 8 percent of the GDP), making it the highest per capita expenditure on health among the SAARC countries, followed by Afghanistan, Nepal and so on.

Educational Status: In addition, Maldives and Sri Lanka have the best performance not only in the demographic characteristics but also in education sector. The adult literacy rate is highest in Maldives, followed by Sri Lanka. Thus, Maldives is the most leading country in the SAARC countries in the education sector. Both the adult and literacy rates are highest. The enrollment rate in the primary and secondary levels is also higher in the Maldives as compared to Sri Lanka. The teacher-pupil ratio is also better, which is 1:23. The public expenditure on education is also high in the Maldives, which was 8.1 percent in 2008, 6.4 percent during 1993-96 (Human Development Center, 2000). The adult literacy rate is 97 percent for both males and females in Maldives; it indicates that there is no gender discrimination. However, Sri Lanka has achieved the highest HDI among the SAARC countries in 2012 (0.715). But, no information was available for public expenditure by education sector in Sri Lanka. Other SAARC countries including Nepal have shown low public expenditure on higher level of education compared to Pakistan and Bangladesh (Table 9).

Khan (2007) has indicated that almost all human development indicators like health, education, drinking water, sanitation and other infrastructure services are weak in South Asian countries. As a consequences the Human Development Index (HDI), Human Poverty Index (HPI), Gender Development Index (GDI), Gender Empowerment Index (GEM) show a weak ranking for the SAARC region as a whole, except Sri Lanka and Maldives.

Khan (2007) has also pointed out that significant increases in public investment are required to develop human resource in the South Asian countries to become

competitive globally. The SAARC countries have the same trend and pattern of spending on education and health sectors. Maldives spent almost the same in the health and education sectors. In fact, expenditure on social sector development in South Asian countries is less than 5.0 percent of the GDP. Sri-Lanka has the best health services and followed by Maldives, Bhutan and others follow. However, it is also not sufficient.

Table 9: Education Profile and its Trend of SAARC Countries, 1970-2008.

Health Indicators	Afghanistan	Bangladesh	Bhutan	India	Maldives	Nepal	Pakistan	Sri Lanka
Adult literacy Rate (% ages 15+)								
1970 [1]		24	-	34	91	13	21	77
1997 [1]		39	44	54	96	38	41	91
2003[2]		41.1	-	61.0	97.2	48.6	48.7	90.4
2008[3]	-	55.9	52.8	66.0	95.8	56.9	55.0	90.6
Primary Enrolment ratio (%)								
1970 (Gross) [1]		54	-	73	-	26	40	99
1990/91 (Net) [2]		71	-	-	87	85	35	90
2002/03 (Net) [2]		84	-	87	92	71	59	105
2008[3]	77.2	85.5	95.0	98.3	95.5	95.1	56.0	99.5
Survival rate to last grade of primary education (%)	-	66.6	94.0	78.0	116.0	82.8	49.0	88.7
Literacy rate (6 years and over) (%)	-	-	-		93.8	60.9	-	-
Public expenditure on education								
1960 (as % of GNP) [1]		0.6	-	2.3	-	0.4	1.1	3.8
1993-96 (as % of GNP) [2]		2.9	-	3.4	6.4	3.1	3.0	3.4
2000-2002 (as % of GDP) [2]		2.4	5.2	4.1	-	3.4	1.8	-
2008[3]	-	2.4	4.8	3.1	8.1	3.8	1.8	-

Source: 1. HDR in South Asia, 2000, 2. HDR- 2005, 3. CBS (2012), SAARC in Figures.

Assessing progress relative to selected SAARC and other countries: Long-term progress can be usefully assessed relative to other countries both in terms of geographical location and HDI value. For instance, during the period between 1980 and 2012 Nepal, Afghanistan and Bangladesh experienced different degrees of progress toward increasing their HDIs.

Table 10: Achievements of socio-economic indicators of selected SAARC Countries.

Countries	HDI Value	HDI Rank	Life expectancy at birth	Expected Years of Schooling	Mean Years of Schooling	GNI Per Capita (PPP $)
Nepal	0.463	157	69.1	8.9	3.2	1,137
Sri Lanka	0.715	92	75.1	12.7	9.3	5,170
Afghanistan	0.374	175	49.1	8.1	3.1	1,000
South Asia	0.558	—	66.2	10.2	4.7	3,343
Low HDI	0.466	—	59.1	8.5	4.2	1,633

Source: UNDP, 2013.

Table 10 shows that Nepal's HDI is 0.463, which is below the average of 0.466 for countries in the low human development group and below the average of 0.558 for countries in South Asia.

From South Asia, countries which are close to Nepal in 2012 HDI rank and population size are Sri Lanka and Afghanistan, which have HDIs ranked 92 and 175 respectively.

Table 11: Nepal's HDI for 2012 relative to selected countries and groups.

Country	HDI value	Overall Loss (%)	Loss due to inequality in life expectancy at birth (%)	Loss due to inequality in education (%)	Loss due to inequality in income (%)
Nepal	0.304	34.2	19.5	43.6	37.4
Sri Lanka	0.607	15.1	9.4	14.6	20.8
South Asia	0.395	29.1	27.0	42.0	15.9
Low HDI	0.310	33.5	35.7	38.7	25.6

Source: UNDP, 2013.

However, Table 11 focuses the value is discounted for inequality, the HDI falls to 0.304, a loss of 34.2 percent due to inequality in the distribution of the dimension indices. Sri Lanka shows losses due to inequality of 15.1 percent. The average loss due to inequality for low HDI countries is 33.5 percent and for South Asia it is 29.1 percent.

Table 12 shows that Nepal has a Gender Inequality Index (GII) value of 0.485, ranking it 102 out of 148 countries in the 2012 index. In Nepal, 33.2 percent of parliamentary seats are held by women, and 17.9 percent of adult women have reached a secondary or higher level of education compared to 39.9 percent of their male counterparts. For every 100,000 live births, 170 women die from pregnancy related causes; and the adolescent fertility rate is 86.2 births per 1000 live births. Female participation in the labour market is 80.4 percent compared to 87.6 for men. Sri Lanka and Afghanistan are ranked at 75 and 147 respectively on this index, however Nepal is 102 ranks.

Table 12: Nepal's GII for 2012 relative to selected countries and groups.

Country	GII Value	GII Rank	Maternal mortality ratio	Adolescent fertility rate	Female seats in parliament (%)	Population with at least secondary education (%)		Labour force participation rate (%)	
						Male	Female	Male	Female
Nepal	0.485	102	170	86.2	33.2	17.9	39.9	80.4	87.6
Sri Lanka	0.402	75	35	22.1	5.8	72.6	75.5	34.7	76.3
South Asia	0.568	—	203	66.9	18.5	28.3	49.7	31.3	81.0
Low HDI	0.578	—	405	86.0	19.2	18.0	32.0	56.4	79.9

Source: UNDP, 2013.

Achievements of MDG: A Case of Nepal: Nepal is one of the 189 countries committed to the MDGs, a pledge renewed in its current Three Year Plan (2010 -2013). The Millennium Development Goals Needs Assessment Report for Nepal 2010 is a joint initiative taken by the government of Nepal and UNDP to estimate the resources needed and identify gaps for achieving Nepal's MDG targets within 2011 and 2015. The report says that if the government is able to manage resources and build institutional and policy capacity for implementation of strategic interventions, most of the MDG targets can be met by 2015. The targets for full employment and climate change require strategic and accelerated efforts to be on track requiring a joint effort from the government and development partners.

A comparison between projected cost and projected available financial resources shows that there are serious funding gaps in all years between 2011 and 2015. The funding gap for 2011 is NRs 40.7 billion, for 2012 is NRs. 58.4 billion, for 2013 is NRs. 87.5 billion, for 2014 is NRs.132.9 billion and for 2015 is NRs. 131.9 billion.

Achievements of selected MDGs against the targets in Nepal.

Goals	Indicators	Achievements 2010	Target for 2015
MDG 1	Proportion of population living on less than US$ 1 per day (PPP) (%)	19.7	17
	Proportion of population below national poverty line (%)	25.4	21
	Proportion of employed people living on less than US$ 1 per day (PPP) (%)	22.0	17
	Proportion of population below minimum level of dietary energy consumption (%)	36.1	25
	Proportion of underweight children aged 6-59 months > -2 SD (%)	36.4	29
	Proportion of stunted children aged 6-59 months > -2 SD (%)	46.8	30
MDG 2	Net enrolment rate in primary education (%)	93.7	100
	Survival rate to Grade 5 (%)	77.9	100
	Literacy rate for 15-24 years old (%)	86.5	100
MDG 3	Ratio of girls to boys at primary level	1	1
	Ratio of girls to boys at secondary level	0.93	1
	Ratio of women to men at tertiary level	0.63	1
	Ratio of literate women to men aged 15-24 years	0.83	1
MDG 4	Proportion of one-year-old children immunized against measles (%)	85.6	>90
	Under-five mortality rate (per 1,000 live births)	50	54 (38*)
	Infant mortality rate (per 1,000 live births)	41	34 (32*)
MDG 5	Maternal mortality ratio (per 100,000 live births)	229	213 (134*)
	Proportion of births attended by skilled birth attendant (%)	29	60
MDG 6	HIV Prevalence among population aged 15-49 years (%)	0.49	0.35
	Clinical malaria incidence (per 1,000 population)	5.7	3.8
	Prevalence rate associated with TB (per 100,000 population)	244	210
	Death rate associated with TB (per 100,000 population)	22	20

While some targets have already been met, others related to employment, survival rate to Grade 5, ratio of girls to boys at tertiary levels of education and of literate women to men aged 15-24 years, percentage of births attended by a skilled birth attendant and universal access to reproductive health, and environment will be difficult to meet.

The data from MDG Progress Report for Nepal 2010, prepared in partnership between the Government of Nepal and the UN Country Team, indicate that potentially Nepal will be able to achieve most of its MDG targets by 2015, except for the full employment and climate change. Despite the decade-long conflict and political instability, the progress has been remarkable in a number of areas. For example, People living below the national poverty line has gone down to 25.4 percent, net enrollment rate has increased to 93.7 percent, gender parity has been achieved in enrolment for primary education, under five mortality reduced to 50 per 1000 live births and maternal mortality per 100,000 live births has reduced by half in ten year time. Moreover, Nepal has succeeded to stop the spread of HIV/AIDS.

While the progress is not sufficient to meet the targets on hunger, achieving universal primary education, eliminating gender disparity in secondary education and tertiary level of education, achieving universal access to treatment for HIV/AIDS for all those who need it, Nepal, however, is likely to achieve 2015 targets in these areas too with some additional efforts.

The 2010 Report thus strongly recommends addressing the issue of disparity and inequality and suggests for a greater focus on reviving agriculture with investments in rural infrastructure addressing the issue of food security, create a better environment for private-sector investment, reduce trade imbalances with major trading partners, and better utilization of foreign aid.

Upon the request of the government of Nepal, the UN country team helped prepare and finalize the Approach Paper of the Three year Plan (2010/2011-2012/2013). UNDP provided additional technical support in drafting and finalizing the full plan document for MDG. While MDG progress report provided a comprehensive picture

towards achieving MDGs which severed as a baseline for this plan, MDG needs assessment exercise that took place under the leadership of the National Planning Commission and with the involvement of all development ministries helped to identify concrete strategies and resources needed to achieve MDGs by 2015. Policies and strategies suggested in the MDG needs assessment report are included in Three Year Plan. In order to ensure that MDGs are also integrating in programing and budgeting mechanism, government of Nepal has included "the achievement of MDGs" as one of the project prioritization criteria in the budget preparation process.

Gaps of MDGs and its targets in Nepal:

- Eradication of extreme poverty, Nepal is far away with this goal. The level of poverty remains same is about 25% of total population.
- Regarding universal primary education, Nepal may or may not achieve this goal 2, however, this will be the first goal to achieve compared to others. This is a necessary but not sufficient condition for the development of the country. In Nepal, joining school is one major problem and continuing school is another major problem for both son and daughter. In addition, girl child are more victims in education sector also. The issue of dropout rate for girl child is higher than boy child.
- The gender gap is still behind due to lack of implementation of related policies as a result the progress of gender gap is widen in Nepal.
- Targets set for the reduction of infant mortality seems appreciable in Nepal. However Nepal still has a long away to go in order to achieve the goals according to Nepal Demographic and Health Survey, 2011.
- With regard to reducing maternal mortality, modest improvement has been registered. Delivery is occurring without trained doctors and delivery at home is still being practiced. Other areas of under achievement are; lack of female education, unmet contraceptive prevalence rate, son preference society and social norms, Other factors that equally play a role in reducing maternal mortality include; technical issues like availability and accessibility of health services and its practices.
- The countdown country profile presents in one place the best and latest evidence to enable an assessment of progress in improving reproductive, maternal, newborn, and child health (RMNCH) and achieving MDGs 4 and 5. According to the Nepal Demographic and Health Survey (2006), Nepal has shown exemplary reduction in mortality rates for infants and children under five – which have come down from 79 to 48 deaths per 1,000 live births, and from 118 to 61 deaths per 1,000 births, respectively, in the past decade. In Nepal, newborns are dying mostly due to hypothermia, asphyxia, complications due to low birth weight, and infection in the first week of life. It is said that by addressing these four conditions, newborn lives can be saved by 67 per cent.
- Similarly combating HIV/AIDS, malaria and other diseases also not successfully controlled yet.
- Goals related ensuring environmental sustainability is one of the areas of highest under achievement. Actually, environment related programs like, save forest, drinking water supply, sanitation, increasing population in urban areas and others did not link with MDGs.
- Goal 8 the strengthening of a global partnership for development remains the weakest link in the implementation of the MDGs.

Post-MDG International Development Goals

- It is questions and debate that MDGs are going to continue beyond 2015 or not, there are gaps to meet with almost goals and targets. Therefore the Southern Voice of Post-MDG International Development Goals (Southern Voice) is a network of 48 think tanks from South Asia, Africa and Latin America that has identified a unique space and scope for itself to contribute to this post MDG dialogue (Southern Voice Occasional Paper, 2013).
- The southern voice has focused on five main themes concerning the ongoing discussions on the post-2015 development agenda, namely 1) Framework Issues, 2) Reflections on the Unfinished Agenda, 3) Issues for the future, 4) Partnership and Resource Mobilization, and 5) The Ongoing Consultations and the Southern Voice.

RECOMMENDATIONS

This article recommended introducing the post-MDGs and focusing on following goals;

- Reduction in poverty and reduction of vulnerability of the poor.

- Reduction of hunger and malnutrition.
- Improving the quality of education.
- Improve the quality of health care services.
- Generation of more employment opportunities.
- Reduction of gender violence.
- Fragile states in conflict.
- Innovation in science and technology.
- Development challenges emanating from climate change.
- Participation, representation, transparency and accountability.
- Sufficient allocation of budget.

CONCLUSION

The status of SAARC Countries and achievements of MDGs including Nepal is not sufficient, besides in Maldives and Sri-Lanka. Therefore, it has to continue with revised goals to achieve in post-MDGs. Nepal's achievement of MDGS has big gap between goals and targets, therefore it is not satisfactory. Therefore, it can be concluded in overall all SAARC countries have not achieved the target of MDGs. Thus, it concludes that poor status of most of SAARC countries including Nepal indicates that MDGs have not been fulfilled in all countries. However, it has to be achieved for the country in future. This article concludes with some important recommendations to fulfill the remaining parts (or components) of MDGs and suggestions to prioritize areas to meet all goals in post MDGs for Nepal.

ACKNOWDELGEMENT

This article has been prepared due to completion of MDGs soon by purposed time (1990-2015), and this is major time to identify about left over goals and targets and what could be next, which are being major issue and concerned to all development workers. Therefore I would like to acknowledge the MDG programmer to continue the uncompleted MDGs or which are unmet demand of targets and objectives. In addition, it has to add more as requirements and experiences of MDG's implementation.

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