Economic and social causes for a late development: India vs. Ethiopia

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Abstract: Awareness on the characteristics of a country is often a preliminary requirement for the full understanding of the feasible solutions to its lack of development. The aim of this paper is to study, to analyse and to identify the multiple reasons for a lack of development in two very different areas of the world: Tamil Nadu, in India and Ethiopia, in Africa. The study tries to imagine the best ways to start a development process by the transferring of funds and skills to the deprived areas, with the crucial aim to provide policy indications to those countries that want to undertake the same process. Defining a model of integrated and sustainable development for disadvantaged areas could allow the entire population to experiment better conditions from a social, cultural and economic point of view.

Keywords: development; growth; policies; India; Ethiopia; virtuous cycle; vicious cycle; sustainable development state.


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1 Introduction

What does a country need for its own development? Which elements are absolutely unavoidable to allow a country’s balanced and sustainable development?

With this paper, we want to prove that a good strategy for a country’s development should add to the three dimensions of the poverty eradication strategy (health, education and living standard) also quality and persistence, and that this strategy can be achieved through the knowledge about how and when solving the health, education and living standard issues of the country. Whatever could be the development program of a country, it should not exclude any of these five factors, if we embrace a sustainable and steady development perspective.

As most of the literature shows, social and economic factors are the main reasons of development (or lack of development) of a country: the scarcity of education, the absence of basic health standards, a low income population are the reasons of a vicious cycle of poverty that can be stopped by facing the poverty dimensions in a long term perspective.

The desire of filling the gap with the advanced countries makes the less developed countries rush in a development path that is often hasty and not really linked to the specific potentialities of the country in the long term.

Economic and social development, that is the basis of a sustainable development, must be founded on the culture of a country, its traditions, its religion, using these characteristics in order to find a very peculiar development path (and should just the emulation of the development path that has been followed by the advanced countries).

2 Tools for the analysis of development: HDI and MPI

2.1 Human development index (HDI)

Development of a country has been measured for a long time only by GDP and GDP growth. Nevertheless, in many cases, GDP growth has not resulted in socioeconomic development. This is why, in the last decades, more emphasis has been laid on a wider approach to development that also includes some basic social development factors. The human development index (HDI).

To assess the development of a country, the HDI uses three dimensions of human development: health, education, economic development, that are measured by life expectancy rate at birth, a basic literacy among the population and GDP per capita PPP. Even if HDI is a very useful tool in order to understand the development path of a country as a whole, it still does not give information on some important issues such as inequalities, poverty or empowerment.
2.2 Multidimensional poverty index (MPI)

Literature shows that poverty and inequalities tend to increase in the first stages of a country’s economic development (Anand and Kanbur, 1993; Kuznets, 1955; Persson and Tabellini, 1994).

MPI measures both incidence of deprivation and its intensity. Incidence is the percentage of people who are disadvantaged, while intensity is the average share of dimensions in which disadvantaged people are deprived.

The MPI is based on three dimensions: education, health and living standards. Education is measured by two indicators: years of schooling and school attendance. From the years of schooling point of view, a family is deprived when none of the household members has completed five years of schooling. School attendance measures the number of school-aged children not attending school in years 1 to 8.

Health is measured by two indicators: child mortality and nutrition. A family is deprived if any child has died and if any of the family members is malnourished. Finally, living standards are measured by six indicators: electricity, drinking water, sanitation, flooring, cooking fuel and assets.

3 Development of India (Tamil Nadu) and Ethiopia

Then, who is poor?

We can define as multi-dimensionally poor a person, if he or she is deprived in one third or more of weighted indicators. In this paper, we want to compare India and Ethiopia. We chose these countries on the basis of their profound economic and social differences. Indeed, they belong to two different continents, Asia and Africa, whose economy, history and culture diverge: India is defined as a developing country (from a ‘pure’ growth point of view, it is a developed country, since it ranks tenth in the World Bank 2013 GDP ranking), while Ethiopia is still undergoing an early development process (it ranks 84th); India is the second most populous country in the world, with more than 1.2 billion inhabitants (Tamil Nadu is populated by 72 millions inhabitants), while Ethiopia is populated by 92 millions inhabitants (and ranks 13th on a global basis). Anyway, we shall see that, in different times, they are acting similarly. In order to analyse these countries in detail and with the aim of comparing them, we used HDI and MPI.

3.1 HDI India – Ethiopia

United Nations Human Development Report 2014 shows that India is a medium human development country, since it ranks 135th, while Ethiopia still is a low human development country and ranks 173rd.

India’s HDI value in 2013 is 0.586 (slightly growing on the previous year), life expectancy is 66.4 and GDP per capita PPP is five times more than Ethiopia. Ethiopia’s HDI value is 0.435 (even in this case, showing a scarce growth on 2012) and life expectancy is 63.6.

Furthermore, even if mean years of schooling in India are very low (4.4), in Ethiopia they are even lower (2.4).
<table>
<thead>
<tr>
<th>HDI rank</th>
<th>Country</th>
<th>HDI value, 2013</th>
<th>Life expectancy at birth (years), 2013</th>
<th>Mean years of schooling (years), 2012</th>
<th>Expected years of schooling (years), 2012</th>
<th>Gross national income (GNI) per capita (2011 PPP $), 2013</th>
<th>HDI value, 2012</th>
<th>Change in rank, 2012–2013</th>
<th>Level of human development</th>
</tr>
</thead>
<tbody>
<tr>
<td>135</td>
<td>India</td>
<td>0.586</td>
<td>66.4</td>
<td>4.4</td>
<td>11.7</td>
<td>5.15</td>
<td>0.583</td>
<td>0</td>
<td>Medium h.d</td>
</tr>
<tr>
<td>173</td>
<td>Ethiopia</td>
<td>0.435</td>
<td>63.6</td>
<td>2.4</td>
<td>8.5</td>
<td>1.303</td>
<td>0.429</td>
<td>0</td>
<td>Low h.d</td>
</tr>
</tbody>
</table>

*Source: UNDP Data*
Looking at the last decades, we may see that India started to grow during the 1980s and that its growth has been stable and continuous, except for a slowdown from 2011 to 2013. Even Ethiopia has steadily grown on an average rate of 3.35%. From 2000 to 2013 Ethiopia shows a higher growth with respect to India and from 2008 to 2013 it gained two positions in the HDI global ranking.

Table 2 HDI growth in India and Ethiopia, 1980–2013

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<tbody>
<tr>
<td>135</td>
<td>India</td>
<td>135</td>
<td>1</td>
<td>1.58</td>
<td>1.15</td>
<td>1.49</td>
</tr>
<tr>
<td>173</td>
<td>Ethiopia</td>
<td>173</td>
<td>2</td>
<td>...</td>
<td>...</td>
<td>3.35</td>
</tr>
</tbody>
</table>

Source: UNPN Data
The UNDP 2011 inequality-adjusted HDI shows that HDI value is quite homogeneous among Indian states. The maximum gap is between Kerala with 0.625 and Orissa with 0.442.

We similarly compared HDI values among the Ethiopian regions. In Ethiopia HDI values are generally lower, with the exception of the Addis Ababa area (UNDP, 2015). Medium HDI values in India are balanced between higher values in the urban areas and lower values in the rural areas. HDI values for both countries are lower than the global average.

While data in the Human Development Report 2014 are referred to 2013, MPI uses 2011 data for Ethiopia and 2005/6 data for India, which are the latest available data.

3.2 MPI India – Ethiopia

MPI in India is quite low: poor population is over 50%, 28.6% of population is in severe poverty conditions and 28.5% is destitute (destitute people are poor people who are also deprived in at least one-third of the indicators of MPI and who are living in a situation in which poorness is combined with the lack of some basic services and issues, like water or basic health services).

One of the main issues with MPI, as far as with HDI, is related to the use of average values, since, as we said before, the literature on development shows that, particularly during the first stages of the development of a country, inequality tends to grow, as it happens, for example, between rural and urban areas (Figure 3).

Figure 3 MPI poor and deprived population in urban and rural areas – Ethiopia and India (see online version for colours)

Source: OPHI Data
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>2005/2006</td>
<td>0.282</td>
<td>55.3</td>
<td>0.283</td>
<td>53.7</td>
<td>631,999</td>
<td>51.1</td>
<td>13.2</td>
<td>27.8</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>2011 D</td>
<td>0.537</td>
<td>88.2</td>
<td>0.564</td>
<td>87.3</td>
<td>78,887</td>
<td>60.9</td>
<td>6.7</td>
<td>67.0</td>
</tr>
</tbody>
</table>

Source: UNPN Data
<table>
<thead>
<tr>
<th>Region</th>
<th>MPI ((H \times A))</th>
<th>(H) (incidence)</th>
<th>(A) (intensity)</th>
<th>Vulnerable to poverty (k = 20%–33.3%)</th>
<th>In severe</th>
<th>Destitute poverty</th>
<th>Inequality among the MPI poor</th>
<th>Population share</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>0.283</td>
<td>53.7%</td>
<td>52.7%</td>
<td>16.4%</td>
<td>28.6%</td>
<td>28.5%</td>
<td>0.234</td>
<td>100%</td>
</tr>
<tr>
<td>Urban</td>
<td>0.116</td>
<td>24.6%</td>
<td>47.2%</td>
<td>16.5%</td>
<td>9.6%</td>
<td>-</td>
<td>-</td>
<td>30.6%</td>
</tr>
<tr>
<td>Rural</td>
<td>0.367</td>
<td>66.6%</td>
<td>53.6%</td>
<td>16.4%</td>
<td>36.9%</td>
<td>-</td>
<td>-</td>
<td>69.4%</td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>0.130</td>
<td>30.9%</td>
<td>42.7%</td>
<td>20.2%</td>
<td>8.7%</td>
<td>-</td>
<td>0.091</td>
<td>5.05</td>
</tr>
</tbody>
</table>

Source: UNPN Data
<table>
<thead>
<tr>
<th>Region</th>
<th>MPI (H x A)</th>
<th>H (incidence)</th>
<th>A (intensity)</th>
<th>Vulnerable to poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>0.564</td>
<td>87.2%</td>
<td>64.6%</td>
<td>6.8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>51.8%</td>
<td>35.3%</td>
<td>20%–33.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>23.5%</td>
<td>17.9%</td>
<td>3%</td>
</tr>
<tr>
<td>Urban</td>
<td>0.23</td>
<td>46.4%</td>
<td>49.5%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Rural</td>
<td>0.657</td>
<td>96.3%</td>
<td>66.2%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Addis Ababa</td>
<td>0.085</td>
<td>20.0%</td>
<td>28.7%</td>
<td>17.9%</td>
</tr>
<tr>
<td>Afar</td>
<td>0.663</td>
<td>90.9%</td>
<td>72.9%</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Source: UNDP Data
But MPI national value can also be disaggregated by sub-national regions. If we consider both at the Indian data and at the Ethiopian ones, MPI in rural areas is predictably lower than MPI in urban areas.

4 Development projects in India and Ethiopia

Data on MPI and HDI highlight (Table 1) the need for both India and Ethiopia to increase their human development on each of the three following dimensions: income, education and health and to try and reduce the gap between urban and rural areas, especially in Ethiopia.

Many projects have been undertaken by the UN, the World Bank, as well as many NGOs, in order to help rural areas developing. Indeed, national governments often act with the main objective of pushing economic growth, particularly focusing on business, industry, employment rather than allowing a social, human and sustainable development, even if most of the literature shows that economic development is not sustainable in the long term if it is not supported by a general development strategy (Castelló-Climent and Domenéch, 2008).

Table 6 MPI dimensions in India and Ethiopia

<table>
<thead>
<tr>
<th>Country</th>
<th>MPI: year/survey</th>
<th>Contribution of education to overall poverty</th>
<th>Contribution of health to overall poverty</th>
<th>Contribution of living standards to overall poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>India</td>
<td>2005/2006</td>
<td>22.7</td>
<td>32.5</td>
<td>44.8</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>2011 D</td>
<td>27.4</td>
<td>25.2</td>
<td>47.4</td>
</tr>
</tbody>
</table>

Source: UNPN Data

Indeed, economic growth is stronger and steadier when it is correlated with a good approach to other dimensions as health and education.

4.1 Economic development

In emerging countries like India, there often are two faces of economic development: industrial and technological growth in the urban areas and mere surviving in the rural areas. A more comprehensive approach to development in the long term should be based on a homogeneous growth and the diffusion of the same capabilities to the entire population and this aim can be achieved by allowing a medium class to grow.

Figure 4 Trends in income inequality (Gini coefficient) in urban and rural areas – Ethiopia (see online version for colours)
MPI can surely be a good index for measuring the living standards of a country, while checking the development of the country as a whole.

### Table 7 Poverty trends in Ethiopia

<table>
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</thead>
<tbody>
<tr>
<td>Per capita income (US$)</td>
<td>171</td>
<td>387</td>
<td>510</td>
<td>550</td>
</tr>
<tr>
<td>Poverty headcount %</td>
<td>38.7</td>
<td>29.6</td>
<td>27.8</td>
<td>26</td>
</tr>
<tr>
<td>Food poverty</td>
<td>38</td>
<td>33.6</td>
<td>32.7</td>
<td>31.8</td>
</tr>
</tbody>
</table>

As for the sub-index on the income dimension, as many as ten out of the 19 major states perform as good as or better than the nation as a whole, that is 0.465.

Ethiopia is one of the poorest countries in the world; according to the last human development report, it ranks 173rd on 187 countries. Lack of an adequate nutrition affects most of population, that lives with about 1$ a day. Furthermore, the country suffers from famine and drought, both factors that determine a high mortality rate, as well as internal migrations.

Despite that, between 2004/05 and 2010/11, income inequality measured by the Gini coefficient slightly declined from 0.3 in 2004/05 to 0.298 in 2010/11. In the same period, inequality in urban areas declined from 0.44 to 0.37, while rural inequality remained stable, at about 0.26. Yet, poverty severity has increased in recent years, indicating the worsening of inequality among the poor.

Even if, during the last years, inequalities between rural and urban areas in Ethiopia have decreased, inequality is still higher in urban areas than in rural areas. While in 2010/11 the headcount poverty rate fell in rural areas from 39.3% in 2004/05 to 30.4%, in urban areas it decreased from 35.1% to 25.7%.

India and Ethiopia really do need a drive to development and both governments are committed to the growth of their countries. The Indian government has set up many programs aimed to support the industrial and business development of the country, while Ethiopian government invested 142 billions in the last 16 years for the construction of the roads, for the creations of new employment opportunities, but also for the agricultural development of the country, while even supporting the economic growth. As it often happens during the first stages of development of a country, the focus is on economic growth rather than on social and human development, since it is widely believed that economic growth will automatically lead to better living conditions for the whole population.

Undoubtedly, industrial growth means higher employment rates and higher living standards. Despite that, even if in the last 12 years in Tamil Nadu GPD grew by 106%, many rural areas still do not have electricity, water or sanitation. CAE (Centro Aiuti per l’Etiopia) helps rising living standards in Ethiopia through a project called ‘water for life’. In Ethiopia, half of population has the access to drinking water (with one of the highest rates all over Africa). In many rural areas, 46% of the health diseases of population are due to the use of dirty drinking water. Moreover, water is not easily accessible and its procurement is commended to women and little girls, who are then forced not to attend the school.

So to provide easy and free access to water, CAE constructs new wells and reactivates the old ones and also gives population power generators, pumps, pipes, water tanks and fountains.
Living standards of the population then rise by using external capitals, external knowledge and national manpower.

4.2 Health

Health is a fundamental issue for the development of a country.

With 17% of the world’s population, India accounts for 20% of the diseases on a global basis, for 20% of maternal mortality and for 25% of child mortality under five years. Among equally developed countries in the same area, health indicators in India are much worse and even higher inequalities may be seen within the country.

Mortality rate under five among children whose mothers are uneducated is twice the rate of mortality among children whose mothers had a basic education.

In India there also are deep geographic inequalities among states: in Kerala life expectation is 74 years, in Madhya Pradesh it is 58 years; vaccination rate is higher in urban areas (58%) than in rural areas (39%); only 39.7% of women delivers in an hospital; only 10% of population has an health insurance and health services are commonly paid out-of-pocket.

World Health Organization set the medical standards that require 25.4 health workers each 10,000 inhabitants; in India there are 11.9 health workers each 10,000 inhabitants and there are huge differences among states and between urban and rural areas.

Indian government tried to intervene, especially in the rural areas, by training women from 25 to 45 who received at last eight years of education. Each of them serves as a community health worker by providing basic health services to about 1,000 people.

Yearly health expenses per person in Ethiopia amounts to 5.6$, that is 1/6 of the minimum health expense recommended by the World Health Organization for the developing countries.

Health indicators in Ethiopia are among the worst in Africa (newborn mortality rate is 6.8% and mortality rate for children under five is 10.6%). Only 17% of women delivers in an hospital (African percentage is 46%). Ethiopian Demographic and Health Survey (EDHS) highlights that very few women are assisted during the delivery by health professionals. Customer satisfaction rate for health services is the lowest in the world (19%) (United Nations, 2011), even if the diffusion of health services generally improved thanks to the Health Sector Development Program started in 1998. Since then, there have been many improvements (for example, vaccination rate increased); nevertheless, health system as a whole is still very weak.

The conditions of the health system both in India and in Ethiopia make the role of individuals and associations fundamental, particularly for the most deprived people like women and children.

Terre des Hommes CORE Trust and Centro Aiuti per l’Etiopia have many projects that help supporting the governmental health system.

Terre des Hommes CORE Trust launched in 1994 the South Special Medical Programme which is focused on children who suffer from chronic and congenital diseases. Since then, 350 children have benefitted under this program by receiving life saving medical and/or surgical treatment. In addition, 400 children have been rehabilitated with orthopaedic corrective surgeries. Tamil Nadu’s Government is also taking steps: it launched the government insurance scheme that is a special program aimed to support surgical expenses up to a certain limit. One of the peculiarities of this TDH CORE Core program, as well as many initiatives and the mission itself of this
Economic and social causes for a late development: India vs. Ethiopia

NGO, it that it is not intended to substitute government, but rather it aims to strengthen its initiatives, by extending support to children who require major treatments or intervening in those cases where the treatment is not covered by the government insurance scheme.

THD CORE supports pregnant women since the very first months of pregnancy and, after the delivery, it hosts undesired children, as well as HIV positive orphan children and pure orphan children and it has also implemented many projects to help disabled children, as we shall see later on in this paper.

Centro Aiuti per l’Ethiopia’s approach is very similar, supporting government in many social dimensions. CAE has many health projects, like the delivering in a hospital project, the hope trips projects, the gimbi goiter surgery project, the medical care projects, the women support project and the soddo hospital project.

Some of these projects are particularly aimed to reduce the maternal mortality rate and the newborn mortality rate, as well as the neonatal health complications. The delivering in a hospital project is based on financial help to the public hospital in Gimbi so that deprived pregnant women can deliver their babies in a hospital. Thanks to the soddo hospital project, a new building has been constructed where pregnant women and newborn babies can receive adequate healthcare.

The remaining projects are focused on enhancing the chances for the poorest population to access to health services. Finally, the hope trips project intends to bring both adults and children outside the country to receive healthcare in the Italian hospitals.

4.3 Education

Development differentials arise from many different dimensions that are not only economic dimensions. Education of human resources and their management is a fundamental tool of development. Data show that both India and Ethiopia lack a wide education strategy and that territorial inequalities in education are still evident between rural and urban areas and between male and female.

In India, the Ministry of Human Resource Development and its Department of School Education and Literacy is starting to improve education in rural areas, by building new schools and paying adequate salaries to the teachers, but corruption affecting the country makes these initiatives often worthless, since teachers do not go to the forest schools and children cannot undergo an adequate education process.

Indeed, education index in Tamil Nadu grew by 44% during the last 12 years, but its average value is still 4.79 years. Even though Indian government is committed in improving the education system, its strategy is not perfectly working and this makes individuals and associations essential for implementing education programs. Education for disabled children is also a big issue: public schools are very crowded and disabled children cannot receive a proper education. Furthermore, religious and cultural beliefs make disabled children’s access to education even more difficult.

Some of the TDH CORE programs are focused on education in rural areas and education for disabled children. These programs cover a range of activities: among the others, training for the teachers, the creation of special schools for disabled children, training activities for the mothers of the disabled children, transportation for children to the special TDH schools and back to their homes.

All the children that are hosted in the 27 TDH CORE homes are provided with a school transportation program. In tribal areas, TDH CORE is starting an education program for teachers that will support government teachers and that will substitute them
when they will not go to school, in order to allow children to be educated. Like the community health workers in Ethiopia, these community education workers would be the key figures for education in the tribal villages around Thiruvannamalai.

In Ethiopia Government started trying to improve the quality of education through the school improvement program launched under the general education quality improvement program (GEQUIP). This program intends to improve students’ performances by creating conducive school environment, improving the school facilities, using tutorial classes and so on.

Furthermore, Ethiopian government’s particular efforts have been towards universal primary education and net enrolments in primary school have almost tripled since 1994. Nowadays, gross enrolment rates in primary school are very high: 98.2% for boys and 92.4% for girls. Secondary school enrolment has risen too, but it is still lower, especially in rural areas and among the poorest groups: secondary schools enrolment rates are 40% for boys and 37% for girls. The decrease of the gender gap only started in the last five years.

The rapid expansion in the access to education is a necessary but not a sufficient condition for development. Many factors come into play in this: quality of education, employment opportunities, and the environment where productive development may be created and expanded.

Literacy rate in Ethiopia is better than the average of African countries, but it still remains at a very low level. Primary school is free, but it is not compulsory, so the decisions about children’s education are completely left to the families, that often prefer children to come and help in their working activities.

So, even if Ethiopian government seems to be aware of the importance of education in the development process of the country, times for implementing its programs (also due to the bureaucracy) are often too slow and this requires some kind of support.

CAE promotes education and professional training by providing scholarships for brilliant but needy students and financial support to eight schools that are attended by around 5,000 children in Meki (Oromia) and by constructing a new early childhood and primary school for about 800 children in Adama.

Both TDH CORE and CAE created some professional training centers, like the Paul Institute in Thiruvannamalai (where TDH CORE provides training for becoming teachers, electricians and plumbers), as well as the Mugi Professional School, managed by CAE, that basically is a carpenters and blacksmiths training centre.

5 Sustainable development state

A Developmental State is one with sufficient organisation and power to achieve its developmental goals, the ability to provide consistent economic guidance and rational and efficient organisation and the power to back up its long-range economic policies. In this sense, it can even be viewed as a model of development that nonetheless differs from a minimalist state or other species of interventionist state such as the regulatory state and the welfare state. In the literature, it is also contrasted with weak states (that bow to the pressure mounted on them by the business or political elite) or predatory states (that tends to be extractive and exploitative of public resources for private purposes). \textit{This requires the state to have the capacity to control domestic in sighting and build consensus among}
the populace on the national developmental agenda by drawing attention to the long-term benefits to all.

Nowadays, the achievement of economic development alone is no longer sufficient. To follow a sustainable and balanced development path, it is necessary that all virtuous circle factors – living standards, health, education, quality and persistence – coexist in the development strategy. The lack of just one of these factors, as it is shown by the history, causes the circle to become vicious, ignoring the problems more than solving them.

The development model to which a state must necessarily aim is, therefore, a complex, complete, balanced and sustainable development model.

Policy measures and the institutional framework have been among the main reasons for the achievement of economic growth and the rapid expansion of basic infrastructure and human services that occurred in Ethiopia in the past decade and in India in the past 20 years. Both governments, indeed, have given high priority to achieving specific goals that directly promote human development and inclusive growth; they also enhanced primary health and education access and services, gender equality, job creation and the provision of basic economic and social infrastructure, such as electricity, roads, telecommunications and drinkable water. Furthermore, governments have been investing in economic and social infrastructure, streamlining the public service, revamping the tax collection system, and supporting small and medium enterprises.

All of these policy and institutional frameworks determined very small gains in terms of the HDI rank: Ethiopia gained one position and India gained two positions. Surely, both countries need more time. Development policies require long time perspectives and the growth of both countries definitely is an encouraging factor. It is also a matter of priorities: economic growth must be accompanied by a wider development strategy based on education, health and capabilities. In order to support governments in this development strategy, civil society can play a fundamental role, as we saw in both countries we analysed.

Under this point of view, Indian case is very symbolic. Tamil Nadu’s GDP grew by 106% in the last 12 years. Yet, there still are many cases of female infanticide, marriage between adult men and little girls, and children (mostly girls) that are sexually abused.

Even though the Declaration of the Children’s Rights was signed in 1998, in India TDH CORE still has to launch sensitisation campaigns to raise the awareness of the population about sexual abuses on children. One of the main activities of this NGO is taking care of the mothers during the pregnancy in order to convince them not to kill their newborn babies in case they are a girl. These data point out that India’s human development is affected not only by economic factors, but even (in some cases, mostly) by social and cultural factors.

Ethiopia’s case is very different. Here there is a lack of economic growth (in 2013, the country ranked 173 over 187 countries for GDP) and therefore many issues related to the survival of the population.

In both countries, the right to health and the right to education (that are among the fundamental and inalienable rights of the person enshrined in the Universal Declaration of Human Rights of the ONU) are not guaranteed both for children and for adults.

All this shows, therefore, that the ‘development state’, as Johnson intended as a state of economic development, not only exists in theory, but that it also is the main expression of developing countries’ governments, while the ‘sustainable development state’, that is a human development state, still needs to be theoretically defined and has to find an adequate application in the poorest countries.
6 Conclusions

As most of the literature, we are also convinced that economic and social growth must be founded on the culture of a country, its traditions, its religion, yet never forgetting to link these characteristics of the country to the perspectives of the internationally globalised markets.

A growth strategy should be the key element of the development process of the country.

Each development path should be based on an adequate definition of the general and the specific objectives of the process, on the required skills and knowledge, on the key figures that should be involved. Definition of priorities in the development process should also not be affected by some politic issues related to the need of each party to show their results in a forcedly short time.

With this paper we intend to single out some key factors that could support the development strategy that could combine politic needs with population needs. A sustainable development model whose effects could also be seen in the short run needs to be based on the involvement of civil society – local community, associations, foundations, national and international NGOs – who are already working in the country.

Social, human and economic growth may arise from the involvement of civil society, particularly in the most marginalised areas of the country, since one of the main issues in the analysed countries is related to the lack of professionals. It is our belief that if local communities could work jointly with international professionals, development process strategy could definitely be more complete.

Civil society (and this is also what happens with TDH CORE and CAE) should not take the place of governments, but it should support governments so that national policies may also reach the most far areas, by combining a traditional, top-down approach to development to a new, bottom-up one. This way, the local manpower, that represents the link to the country’s traditions and peculiarities, could be trained to manage international tools for development and countries could surely benefit from a local workforce with higher capabilities and the knowledge on international tools.

As many studies on the development of deprived areas highlight (Brons et al., 2005), lack of development should be explained and faced by linking structural causes to temporary causes. Territorial inequalities are determined by resources, human factors, beliefs, religion and these are the issues that many governments may find harder to be managed, since they arise from local culture and traditions, while it might be easier to manage economic variables. If in the planning of a development process governments were able to include individuals from civil society, represented in different ways, and foreign capital and innovative knowledge to the start-up phase, they would be able to achieve at the same time results in the short term without losing sight of the cultural and social elements that are necessary for the creation of the sustainable development state.
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References


Notes

1 Unfortunately the MPI for India is based on the year 2005/2006 and for Ethiopia to 2011. We decided to consider these data because they are, however, able to give us some interesting insights.