Annex II

Data and Statistical Issues Pertaining to MDGs

Data Availability

Sri lanka's statistical system is reasonably well organised and provides most of the information at regular time periods. Major information producers of statistics related to MDGs are: The Department of Census and Statistics (DCS) - Household Income and Expenditure Survey (HIES), Quarterly Labour Force Survey (QLFS), Census of Population and Housing (CPH), Demographic and Health Survey (DHS), Several branch offices in state institutions. Ministry of Education -School Census (annual). Register General Office (RGO)- Births and Deaths registrations. Ministry of Health - Morbidity and Mortality data. Ministry of Environment, Central Bank of Sri Lanka- Goal 8 data and other household survey data Out of a total of 48 indicators, information can be obtained on 42 indicators. Following 8 indicators are difficult to obtaine.

Indicators that cannot be obtained are:

Indicator 18 - HIV prevalence among 15-24 year old pregnant women. (Health authorities are of the view that since Sri Lanka is a low HIV prevalence country the indicator is not very crucial at this point of time. However this has been brought to the notice of the relevant officials to be included in the future).

Indicator 20 - Number of children orphaned by HIV / AIDS. Same comments apply as for above indicator 18.

Indicator 22 - Proportion of population in malaria risk areas using effective malaria prevention and treatment measures. Since it is a new indicator, the Anti Malaria Campaign does not possess the information. Future programmes will focus in producing this information on a regular basis.

Indicator 27 - GDP per unit of energy use (DCS has been requested to produce the information and the work is in progress).

Indicator 46 - Proportion of population with access to essential drugs.

Indicator 48 - PC users / owners (currently a module has been added to the QLFS of the DCS to provide information).

A full account of data availability for MDG indicators is given in the table below

Main Issues Identified

Availability of data

Primary school enrolment rates obtained through the School Census Numerator and the Population Census denominator generated ratios above 100 which could not be accepted for certain sub-populations. It was pointed out that multiple entries in schools due to high mobility in certain area has affected this. Data gathering for target population at age 5 was also difficult since many parents in rural areas opt to send their children to school rather late than the standard age. As a remedy, the QLFS sample survey of school attendance data was taken and these data proved to be consistent. Also the indicator had to be modified as 'enrolment of children age 6-10'.

Frequency of data availability

Except for the QLFS which is done quarterly, and the HIES which is done every five years. The rest of the survey instruments are not regular. (DHS is an ad-hoc survey, while the Census is conducted every ten years). It is necessary that the frequency and scope of surveys be adjusted to meet MDG needs while exploring the possibility of conducting a Special MDG indicator survey at a regular interval , of course, subject to resource constraints. For example, the poverty indicators, which are based on the HIES is conducted every five years. This would require lesser time lags between the survey - surveys every 3 years would be more appropriate in the context of MDGs. This applies to DHS as well, as this also has a time lag of 5 years.

Level of Disaggregations

Most of the information generated during the last few years especially data gathering through sample surveys are now designed to produce District / Regional level estimates. However, certain data for sub populations -ethnicity and gender is still not published regularly.

QLFS does not publish data by ethnicity though there may be significant differences among the different ethnic groups.

Though gender sensitivity has not been a serious issue in Sri Lanka, gender dis-aggregated information on poverty head count etc. had not been attempted by the DCS. As a remedy, DCS has been requested to provide gender and ethnicity dis-aggregated data when available for internal use by the MDG team.

Sample designs might have to be revisited in trying to obtain disaggregated information as current samples were designed only to provide national level estimates (eg: QLFS).

A special request was made by the MDG Team to the DCS for the following indicators on the basis of sex, sector (urban/ rural) and district level as it was not available under normal reporting survey information - Poverty Gap Ratio, % Share of poorest quintile, % Below minimum energy requirement, % Underweight children, Net Primary enrolment ratio, Students reaching Grade 5, % females not in agriculture. Employment, Condom use rate, Energy use/ GDP, % Solid fuel use, % Access to clean water, % Access to proper sanitation, % Access to secure tenure, Unemployment rate of 15-24 years.

Data for the Conflict affected areas: None of the indicators have a full set of data that covers the North and the East of Sri Lanka. This was the area that was under conflict and some areas are still not cleared and are under LTTE control. Therefore there are practical difficulties in conducting surveys in these areas. Although a cessation of hostilities is in force, conducting proper and scientific data gathering has not taken place.

The census which was due in 1990 (meant to cover the whole country) could not be carried out due to unavoidable political and social reasons. The latest survey on population has not covered the North and the East.

Problems and issues in relation to monitoring MDGs

With regard to extending the MDGs to sub national level and integrating them into a regional planning process it should follow a whole process of localizing and monitoring exercise at regional level. Provision of leadership at the center becomes crucial. Also the sustainability and long term monitoring of MDG processess are of vital importance.

Establishment of sound Institutional arrangements for achieving MDGs needs to be in place. In addition, problems pertaining to data gathering and streamlining the data flow for MDG monitoring needs to be addressed.

Problem of availability of different sources has also become problematic in deciding the authenticated source. For instance,. Morbidity of Malaria, TB etc. varies between direct control unit information, and from published health statistics, which normally concentrate, on indoor and outdoor patients of the public sector hospital output data. Scope and coverage between these sources differ significantly sometimes making it difficult to make correct decisions without proper investigations being carried out.

Role of DCS in Data Gathering

DCS has expressed several concerns regarding the present situation with regard to improving the data collected by the DCS

* Need to strengthen the capacity with regard to data base management

* Establish and improve provincial level data processing capabilities to process survey data in respective provinces for speedy release of survey data.

* Introducing scanning of survey schedules for speedy data entry

* Health statistics data does not include private sector health care and services. There is a need to cover the private health facilities through special surveys. Even morbidity and mortality coverage of private sector health institutions is incomplete.

* Births and deaths statistics of RGOs need to be improved. Maternal deaths constitute of any death occurring within 42 days of child delivery. No tracing of such deaths are possible unless correctly recorded by the registrars. Speedy processing methods are required for a vital statistics registration system.

* Data and estimations for North and East (conflict areas) is a challenge in MDG monitoring. DCS has not been able to cover this area in its surveys

* No proper coordination mechanism is in place for DCS to provide the data regularly with responsibility assigned to them.

The DCS has identified 23 indicators under the MDGs, which could be computed using DCS census and survey data. For these 23 indicators the monitoring environment is as follows:

Elements of monitoring Environment	Assessment
* Data gathering capacities	Strong
* Quality of recent survey information	Strong
* Statistical tracking capacities	Strong
* Statistical analysis capacities	Strong

Selected MDG Indicators by the DCS(23 Indicators)

Goal 1

1. Proportion of population below national poverty line
2. Poverty gap ratio [incidence and depth of poverty]
3. Share of poorest quintile in national consumption
4. Prevalence of underweight children (under five years of age)
5. Proportion of population below minimum level of dietary energy consumption

Goal 2

6. Net enrolment ratio in primary education (6-7 years, 11-14 years)
7. Proportion of pupils starting grade 1 who reach grade 5
8. Literacy rate of 15-24 year olds

Goal 3

9. Ratio of girls to boys in primary, secondary and tertiary education
   Primary 6-11 years
   Junior Secondary 11-14 years
   Senior Secondary 15-19 years
   Tertiary 20-24 years
10. Ratio of literate females to males of 15-24 year olds
11. Share of women in wage employment in the non-agricultural sector

Goal 4

15. Proportion of 1 year old children immunized against measles

Goal 5 Improve Maternal Health

17. Proportion of births attended by skilled 2015, the maternal mortality ratio health personnel

Goal 6

19. Condom use rate of the contraceptive prevalence rate

19 c. Contraceptive prevalence rate

Goal 7

29. Proportion of Population using solid fuels
30. Proportion of population with sustainable access to an improved water source, urban and rural
31. Proportion of urban and rural population with access to improved sanitation
32. Proportion of people with access to secure tenure

Goal 8

45. Unemployment Rate of young people aged 15-24 years, each sex and total
48. Personal computers per 100 population

48b. Internet users per 100 population

Data Sources for MDGs

No.	Indicator	Source	No.	Indicator	Source
1	% below poverty line	DCS-HIES	21	Malaria incidence/10*5	Malaria Campaign
2	Poverty gap ratio	DCS-HIES	21b	Malaria deaths (no.)	Malaria Campaign
3	% of poor 20%	DCS-HIES	22	Malaria treated %	WHO report
4	% und.wt.<5	DCS-DHS	23a	TB incidence/100000	NPTBCCD
5	%below min.energy	DCS	23	TB. Deaths/100000	MoH
6	NER-primary (6-10)	QLFS/DCS	24	TB cured DOTS%	WHO report
7	Gr.5 compln. %	MoE	25	Forest land %	MoEnv.
8	Lit.rate.15-24	DCS	26	Bio diversity %	MoEnv.
9	g/b in education	SC/DTET	27	Energy use/GDP	
10	f/m lit. 15-24	DCS	27A	%solid fuel use	DS94/PHC 2001
11	%f.in non.ag.emp	DCS-QLFS	28	CO2 per capita	MoEnv.
12	% f.in parliament	PAT	29	% water access	DS94/PHC 2001
13	un5.mortality/1000LB	DHS	30	% sanitn.access	DS94/PHC 2001
14	IMR/1000LB	DHS	31	% secure tenure	DS94/PHC 2001
15	%1y.measles.Imm	WHO report	32-44	GOAL 8 STUDY	
16	MMR/1000LB	WHO report	45	unemp.%15-24yrs	DCS-QLFS
17	%births by Skilled		46	%drug access	
18	HIV.15-24.preg.f	WHO report	47	tel.lines/100	DCS/CBSL
19	CPR	DHS	48	internet.email/1000	
20	Orphaned by HIV	WHO report	48a	PCs/1000	

DS94 - Demographic Survey 1994 by DCS
PHC2001 - Population and Housing Census 2001
DTET - Department of Technical Education & Training
MoE - Ministry of Education
MoEvn - Ministry of Environment
MoH - Ministry of Health
DHS - Demographic and Health Survey by DCS
QLFS - Quarterly Labour Force Survey
HIES - Household Income & Expenditure Survey