

Millennium Development Goals Country Report

2008/09



Sri Lanka



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2008/09



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Sri Lanka

The Cover Story



“Eight petals of the MDG logo

Represents our nation’s

Commitment, responsibility

And the Passion in

Materializing the MDG Goals

Through dedication and

The Commitment of the

“Mahinda Chinthana”

Idirbhakṣma to our future

Generation to a more secure,

Prosperous one nation

And a brighter world for all”

Contents

List of Tables, Figures and Boxes	vi
Acronyms and Abbreviations	viii
Message from His Excellency the President of Sri Lanka	x
Message from the United Nations Resident Coordinator - Sri Lanka	xii
Foreword	xiii
Preface	xiv
Acknowledgements	xv
Executive Summary	1
Can Sri Lanka Meet the MDGs?	8
Progress on MDG Indicators in Sri Lanka	9
1. Introduction	10
2. MDG #1: Eradicate Extreme Poverty and Hunger	15
3. MDG #2: Achieve Universal Primary Education	41
4. MDG #3: Promote Gender Equality and Empower Women	51
5. MDG #4: Reduce Child Mortality	61
6. MDG #5: Improve Maternal Health	71
7. MDG #6: Combat HIV/AIDS, Malaria and Other Diseases	83
8. MDG #7: Ensure Environmental Sustainability	97
9. MDG #8: Partnership for Development	111
References	121
Annex 1: Revised MDG Monitoring Framework including New Targets and Indicators	122
Annex 2: Issues in Data Analysis	125
Annex 3: Regional Disparities in Key MDG Indicators	126
Annex 4: Tables Related to Goal 8 in Chapter 9	135
Summary Statistics on the MDG Indicators	140
Glossary of Indicators	145

List of Tables, Figures and Boxes

Tables

Table 2.1	: Poverty Headcount Ratio by Sector, Province and District	18
Table 2.2	: Share of GDP by Province, 1996-2006	21
Table 2.3	: Poverty Gap Index by Sector and Province, 1990/91 - 2006/07	22
Table 2.4	: Income Distribution by Sector and Province, 2006/7	23
Table 2.5	: Changing Shares of GDP (%) across Provinces, 1996-2006	25
Table 2.6	: Labour Force Participation of People Aged 10 Years and above	27
Table 2.7	: Contribution to GDP and Employment Distribution across Sectors	28
Table 2.8	: Unemployment Rate of 15-24 Year Olds by Sex by Sector	29
Table 2.9	: Unemployment Rate of 15-24 Year Olds by Province, 1993-2006	30
Table 2.10	: Percentage of Underweight Children under 5 years by Sector	31
Table 2.11	: Nutritional Status of Children (Excluding Northern Province), 2006/07	32
Table 2.12	: Child Nutrition and Health Status, by Wealth Quintiles and by Sector, 2000 and 2006/07	33
Table 2.13	: Nutritional Status of Children under 5 years by Mother's Educational Level	33
Table 2.14	: Percentage of Underweight Children in the Northern and Eastern Provinces	34
Table 2.15	: Dietary Energy Consumption by Sector, 2006/07	35
Table 3.1	: Primary School Enrolment by Sector	43
Table 3.2	: Primary School Enrolment by Province and Sex	43
Table 3.3	: Proportion of Pupils Starting Grade 1 who Reach Grade 5 by Sex	44
Table 3.4	: Percentage of Students Scoring more than Fifty per cent in Grade 4	45
Table 3.5	: Literacy Rate of 15-24 Years Olds by Sex and Sectors – 2006/07	46
Table 4.1	: Ratio of Girls to Boys in Primary, Secondary and Tertiary Education	53
Table 4.2	: Gender Parity in Education by Sectors, 1996 and 2006	54
Table 4.3	: Share of Women in Wage Employment in the Non-Agricultural Sector by Province and Sector	54
Table 4.4	: Share of Women in Wage Employment in the Non-Agricultural Sector by District	55
Table 4.5	: Members Elected for Provincial Councils – 2004	56
Table 8.1	: Biodiversity and Protected Areas in Sri Lanka, 2003	101
Table 8.2	: Proportion of Households with Sustainable Access to Improved Drinking Water source in Northern and Eastern Provinces, 2004	103
Table 8.3	: Proportion of Households with Sustainable Access to Improved Sanitation in Northern and Eastern Provinces, 2004	104
Table 9.1	: Use of Personal Computers and Internet	120

Figures

Figure 2.1	: Poverty Headcount Index by District – 1990/91, 1995/96, 2002 and 2006/07	19
Figure 2.2	: Poverty Declines with Rise in Per Capita GDP	20
Figure 2.3	: Poverty Headcount Ratio by Sector, 1991/2-2006/7	21
Figure 2.4	: Contribution to Population and to Poverty by Province, 2006/7	22
Figure 2.5	: Share of GDP by Major Sectors	25
Figure 2.6	: Unemployment Rate (for persons 10 years and above) by Sex, 1993 – 2006	28
Figure 2.7	: Unemployment Rate by Level of Education and Sex, 2006	29

Figure 3.1	: Reasons for not Attending School, by Sector	44
Figure 5.1	: Infant Mortality Rate by Province of Registration, 1993-2003	64
Figure 5.2	: Variation in IMR, 1990-2005	65
Figure 5.3	: Infant and Child Mortality Rates by Mother's Age	66
Figure 5.4	: Mother's Educational Level and Child Mortality, 2000	66
Figure 5.5	: Measles Immunization Coverage (%) by District	67
Figure 6.1	: Maternal Mortality Ratio, 1991-2002	74
Figure 6.2	: Maternal Mortality Ratio by Sector	74
Figure 6.3	: Major Causes of Maternal Deaths (%) – 2001	75
Figure 6.4	: Maternal Care at Delivery by Category of Health Personnel	76
Figure 7.1	: HIV/AIDS Cases by Province, 2006	86
Figure 7.2	: Mode of Transmission of HIV Infection	87
Figure 7.3	: Malaria Positives per 1000 Population and Deaths, 1990-2006	89
Figure 7.4	: Malaria Positives by Province, 2004-05	89
Figure 7.5	: Trend in Hospitalization and Deaths due to TB, 1990-2006	91
Figure 8.1	: Consumption of Ozone Depleting CFCs Gases, 1990-2005	100
Figure 8.2	: Distance to the Improved Water Source, by Sector (2006/07)	102
Figure 8.3	: Variation in Household Access to Improved Drinking Water Source across Provinces	103
Figure 9.1	: Total ODA (bilateral and multilateral) as Percentage of GNI	114
Figure 9.2	: Net ODA from OECD/DAC Countries, 1997- 2006	114
Figure 9.3	: Bilateral ODA from DAC countries for social services as percentage of total ODA	115
Figure 9.4	: Average tariffs imposed by developed countries by type of product, 2006	116
Figure 9.5	: Proportion of Total Imports by Developed Countries from Sri Lanka	117
Figure 9.6	: Declining Aid for Agriculture	118
Figure 9.7	: External Debt Services as a Percentage of Exports of Goods and Services	119

Boxes

Box 2.1	: Malnutrition Impedes Achievement of other MDGs	31
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Acronyms and Abbreviations

ANC	Antenatal Care
CBN	Cost of Basic Needs
CBOs	Community Based Organizations
CCPI	Colombo Consumer Price Index
CDD	Community Driven Development
CDIAC	Carbon Dioxide Information Analyse Centre
CEA	Central Environmental Authority
CEB	Ceylon Electricity Board
CFCs	Chloro-Fluoro Carbons
CLS	Computer Literacy Survey
CO ₂	Carbon Dioxide
CSO	Civil Society Organizations
CTC	Carbon Tetra Chloride
DCS	Department of Census and Statistics
DE	Department of Examinations
DER	Department of External Resources
DHS	Demographic and Health Surveys
DOTS	Directly Observed Treatment Short Course
DPDHS	Deputy Provincial Director of Health Services
DS	Divisional Secretary
EPI	Expanded Program on Immunization
FFPO	Flora and Fauna Protection Ordinance
FHB	Family Health Bureau
FSW	Female Sex Workers
GCE-O/L	General Certificate of Education – Ordinary Level
GCE-A/L	General Certificate of Education–Advanced Level
GDI	Gender Development Index
GDP	Gross Domestic Product
GEM	Gender Empowerment Measure
GIS	Geographic Information System
GNI	Gross National Income
GSP	Generalized System of Preferences
HCI	Headcount Index
HCFC	Hydro Chloro-Fluoro Carbons
HDI	Human Development Index
HIES	Household Income and Expenditure Survey
HIPC	Heavily Indebted Poor Countries
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
IDP	Internally Displaced Persons
IDU	Injecting Drug Users
ILO	International Labour Organization
IMF	International Monetary Fund
IMR	Infant Mortality Rate
LFSES	Labour Force and Socio Economic Survey
MARP	Most at Risk Population
MC	Municipal Councils
MCH	Maternal and Child Health

MDGs	Millennium Development Goals
MMR	Maternal Mortality Ratio
MOH	Medical Officer of Health
MRI	Medical Research Institute
MSM	Men having Sex with Men
MTCT	Mother to Child Transmission
NCED	National Council for Economic Development
NMCP	National Malaria Control Programme
NNMR	Neo-Natal Mortality Rate
NSACP	National STD/AIDS Control Programme
NWSDB	National Water Supply and Drainage Board
ODP	Ozone Depleting Potential
ODA	Official Development Assistance
OECD/DAC	Organisation for Economic Co-operation and Development/ Development Assistance Committee
PCs	Personal Computers
PGI	Poverty Gap Index
PHI	Public Health Inspectors
PHM	Public Health Midwife
PLWHA	People Living With HIV/AIDS
PPP	Purchasing Power Parity
QLFS	Quarterly Labour Force Survey
RDA	Road Development Authority
RGD	Registrar General's Department
SNR	Strict Nature Reserves
SLT	Sri Lanka Telecom
STD	Sexually Transmitted Disease
TEVT	Technical Education and Vocational Training Facilities
UCs	Urban Council
UGC	University Grants Commission
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
USA	United State of America
VDPs	Village Development Plans
WHO	World Health Organization
WTO	World Trade Organization

Message from His Excellency the President of Sri Lanka



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இலங்கை சனாதிபதி
President of Sri Lanka

Message

I am pleased to note that Sri Lanka has already achieved the Millennium Development Goals (MDGs) at national level and is well on track to achieve the other goals through the *Mahinda Chintana* - Vision Ahead.

The overall success in the pursuit of the MDGs at national level is not as evident in some provincial and district levels. My government has therefore, given the highest priority to implement programmes during the past four years in order to resolve these issues. I note with satisfaction the results of such activities demonstrated in the progress of the rural economy.

Sri Lanka stands out in its achievements in education. The present trend with regard to Universal Primary Education, demonstrates that the goals have been met before the target of 2015. The Gender Parity at primary and secondary levels in education has reached 100% while at secondary level expected targets have exceeded. In addition to the MDGs, the goal with regard to computer literacy can also be achieved by 2015.

With great progress in maternal health, Sri Lanka is on track in achieving the MDG on child mortality within the required period. Our goal, through the *Mahinda Chinata* – Vision Ahead, is to improve the conditions of health to a level where child mortality is at zero rate.

The record of success achieved with access to safe drinking water has reached 95% of the population in urban areas and 85% in the rural areas. Similarly, we take pride that considering the progress made so far on poverty reduction, extreme poverty will be reduced by half at national level by 2015.

It is significant that these achievements were possible amidst a battle against the world's most ruthless terrorist organization through a period of 30 years. Today, the forces of terror that have stood in the way of Sri Lanka's progress and social achievement have been successfully defeated. During the last 5 years, Sri Lanka's per capita income has risen to USD 2000 from USD 1000. We have entered an economic programme whereby the per capita income will be increased to USD 4000 within the



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Democratic Socialist Republic of Sri Lanka

next 5 years. Our aim is to provide every family a house with electricity, safe drinking water, access to roads and connectivity to a communication system. To make these achievements more meaningful to the public the aim of the *Mahinda Chintana* – Vision Ahead is to improve infrastructure incorporating ports, airports, roads, irrigation, as well as developing access to communication systems and safe drinking water, expansion of education and health services and entering an eco-friendly green development through which Sri Lanka is elevated as the Wonder of Asia. In this context, there is great optimism towards achieving the MDGs within the stipulated period.

I congratulate the Ministry of Finance and Planning for the compilation of a comprehensive and informative MDG Country Report 2008/09 and look forward to continued assistance from the Ministry in achieving MDGs in the coming years.



Mahinda Rajapaksa

June 15, 2010



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Democratic Socialist Republic of Sri Lanka



Message from the United Nations Resident Coordinator - Sri Lanka

It's now nine years since the world leaders took stock of the challenges to humanity in the new millennium and signed the Millennium Declaration, committing the World Leaders to achieve certain targets called Millennium Development Goals (MDG's), by the year 2015. Now half way through this time horizon, it is an appropriate time for Sri Lanka to publish its second MDG Country Report in the year 2009/2010.

Sri Lanka is a unique country in its approach to human development. This uniqueness is captured well in this report. Despite a low GDP per capita indicator, Sri Lanka is in the forefront, already having achieved several of the MDG's specially related to health and education. In the beginning of July 2009, Sri Lanka made its National Voluntary Presentation (NVP) to ECOSOC's High Level Segment in Geneva, reporting the progress of achieving MDG's. This presentation prompted many questions from the floor on Sri Lanka's accomplishments and challenges. The questions highlighted that while there are real accomplishments there remain also many challenges, especially those related to regional imbalances.

With Sri Lanka now at peace, there is a unique and important opportunity to focus more on the MDG's especially on localizing more. While Sri Lanka's accomplishments at the national level are impressive and admirable, there remain real and deep inequalities which mean for many, in many places the MDGs can serve as inspirations for improvements. This is true in places in central and southern Sri Lanka especially in districts such as Nuwara Eliya, Badulla, and Ratnapura. The MDG indicators in the areas affected by conflict also are far from satisfactory, but there is now a real chance that they can be clear targets that help the hundreds of thousands of people in the northern and eastern provinces to return to normal lives. In addition the recent international economic crisis had its implication on the MDGs everywhere including Sri Lanka. Here too the MDGs provide a good framework for the Sri Lankan government to respond.

Sri Lanka's commitment to achieve MDG's is at the highest level. The "Mahinda Chinthana; 10 year development framework" has clearly specified Government's commitment for the achievement of MDGs for all people in the entire country. Government in its budget preparation has called to relate the MDG key performance indicators of ministries to the budgetary process. Few countries have taken this important step – but is an important one, if the development progress which the MDGs reflect is to continue, also in the right direction. The MDGs if applied as they are in Sri Lanka, gives the opportunity for the Government and for the society to find ways to enjoy equitably, the fruits of economic growth and of development. They can also be an important navigation tool on Sri Lanka's journey of peace and reconciliation. The United Nations System in Sri Lanka supports whole heartedly the ways in which Sri Lanka is applying the MDGs to further improve the lives of all Sri Lankans.

A handwritten signature in black ink, appearing to be 'Neil Buhne'.

Neil Buhne
United Nations Resident Coordinator

Foreword

The first 'Millennium Development Goals (MDG) Country Report' for Sri Lanka was published in 2005, by the National Council for Economic Development (NCED) of Sri Lanka and was sponsored by the United Nations Development Programme (UNDP), Colombo, Sri Lanka.

This Progress Report on MDG's, gives the current status of MDG indicators.

Sri Lanka has achieved a considerable success with respect to a range of social indicators that comprise the MDGs and is on track in achieving the MDG targets for most of the remaining social indicators by 2015.

Inadequate infrastructure facilities, which had been one of the main factors for the under performance in some of the indicators, in less developed regions, is now being attended to, by the Government under the rural development and poverty alleviation initiative where positive results have demonstrated with MDG indicators.

Service delivery systems and other necessary facilities, especially in less developed regions are also being improved, so that the people living in all the regions of the country will be able to enjoy the benefits of growth and have equal access to available facilities and services. This still translates the country to achieve MDG Goals at Provincial and District levels more effectively.

The Government has embarked on a infrastructure development phase to improve the enabling environment for rapid development. The country has seen a rise in per-capita income to US\$2000 over last 5 years. The National goal is to raise it over US\$4000 over next five years while ensuring access to electricity, drinking water, roads, quality education, health and such other basic needs to all households.

I wish to thank all those who contributed in preparing this report.

P. B. Jayasundera
Secretary to the Treasury and
Secretary, Ministry of Finance and Planning

Preface

This is the second Country Report on Millenium Development Goals (MDGs) for Sri Lanka, which gives the progress of MDGs in Sri Lanka, since 1990. The first Country Report was released in 2005, which created an awareness on MDGs and promoted a dialogue among the policy makers, planners and other stakeholders.

The preparation of this report was entrusted to the Institute of Policy Studies of Sri Lanka (IPS) by the National Council for Economic Development (NCED) and was sponsored by the United Nations Development Programme (UNDP), Country Office. The IPS team prepared the report based mainly on the findings of the latest national surveys conducted by the Department of Census and Statistics (DCS) and from regular data collection exercises of the DCS and its branch offices in key Ministries, Government Departments and other Institutions.

The timing of this Country Report was prudent, because the results of three major surveys conducted by the DCS, namely the Household Income and Expenditure Survey-2006/07, Demographic and Health Survey-2006/07, and the Special MDG Indicator Survey-2006/07, were published during the course of preparation of this report. Together, these sources provided a very rich database, giving a valuable opportunity to analyze the issues related to MDGs by province, district, sector, age group, and gender.

Sri Lanka is well on track in achieving most of the MDGs targets by 2015, at the national level. However, there are still some regional disparities, which need attention of the relevant authorities. In-depth analysis based on disaggregated data helped to identify areas that require increased attention from policy makers, planners, and international partners, to accelerate the progress towards achieving the MDG targets, in all the regions of the country, by 2015.

As Sri Lanka has either achieved or is on track, with respect to most of the MDG targets at the National Level, the country should now consider MDG-plus goals at the national level. It is also necessary to move from the national level to MDG localization at provincial and district level. As this report provides indicators down to district level pertaining to most of the indicators, it is hoped that the report will be useful to policy makers, regional planners, and other stakeholders in taking appropriate decisions and action to reduce the regional disparities, so that the people living in all regions of the country will be able to enjoy the benefits of growth and have equal access to both economic and social infrastructure, as well as the available services.

The IPS is grateful to Mrs. Suranjana Vidyaratne, Director General, DCS and her team for giving access to the latest national surveys conducted by the DCS as mentioned above. The Institute is also grateful for the support extended to prepare this report by the officials of the Ministry of Health Care and Nutrition and the Ministry of Finance and Planning. The preparation of this report would not have been possible if not for the continuous support extended by Professor W.D.Lakshman, Economic Adviser, Ministry of Finance and Planning, Dr. D.S.Jayaweera and Chanaka Gunathunga of the NCED and Dr. Fredrick Abeyratne and Dr. Saurab Sinha of the UNDP.

My special thanks goes to our team of researchers at the IPS who prepared this report, namely, Wimal Nanayakkara, G. D. Dayaratne, Sunimalee Madurawala, Roshini Jayaweera and Nethmini Perera, and the support services team, namely, Asuntha Paul and Charmaine Wijesinghe. I also wish to thank Mr. D. Amarasinghe, Consultant, Ministry of Finance and Planning, for his contribution in preparing the section on MDG 8.

I would like to extend my sincere appreciation to NCED and the Country Office of the UNDP, for entrusting the task of preparing the report to the IPS.

Saman Kelegama
Executive Director
Institute of Policy Studies of Sri Lanka

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This report could not have been prepared without the contribution of many individuals and various organizations. A number of ministries, line agencies and private sector stakeholders were consulted during the preparation of the report and they provided invaluable advice, information and material. Broader consultation process of non-government stakeholders was practiced as it is our practice to continue with such consultation.

Contributors

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I wish to thank Dr. Saman Kelegama, Executive Director of the Institute of Policy Studies of Sri Lanka (IPS), for undertaking the important task of preparing this report, Mr. A.G.Wimal Nanayakkara, Consultant, IPS and the former Director General of Census and Statistics, and Mr.G.D.Dayaratne, Consultant and Manager, Health Policy Programme, IPS, who prepared this report, with the valuable assistance of Miss. Roshini Jayaweera and Miss. Sunimalee Madurawala, Research Officers, IPS and Mr. D.Amarasinghe, Consultant, Ministry of Finance and Planning, who assisted in preparing the section on Goal 8. The report was edited by Dr. Saurabh Sinha, UNDP consultant, to convert it to a format which is usually used internationally, for MDG progress reports.

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Government Consultations

The report benefited greatly from the intellectual advice and guidance of the MDG Cluster, which is under the NCED. The MDG Cluster included Mr. D. Dissanayake, former Secretary, Ministry of Public Administration and Home Affairs, Mr. Nimal Bandara, former Secretary, Ministry of Education, Dr. H. A. P. Kahandaliyanage, former Secretary, Ministry of Health Care and Nutrition, Dr. Palitha Mahipala, former Director General, Ministry of Health Care and Nutrition, Mr. Ashoka Peries, former Secretary, Ministry of Indigenous Medicine, Dr. T. B.

Palitha Kohona, former Secretary, Ministry of Foreign Affairs, Mrs. S. Amerasekera, former Secretary, Ministry of Agriculture, Mr. W. K. K. Kumarasiri, former Secretary, Ministry of Land & Irrigation, Mr. M. A. R. D. Jayathilake, former Secretary, Ministry of Environment & Natural Resources, Mr. J. R. W. Dissanayake, former Secretary, Ministry of Nation Building and Estates Infrastructure Development, Mr. P. Koddithuwakku, former Secretary, Ministry of Religious Affairs and Moral Upliftment, Dr. U. Vidanapatirana, former Secretary, Ministry of Internal Administration, Ms. H. M. Karunaratne, former Secretary, Ministry of National Heritage, Mr. J. Abeywickrama, former Secretary, Ministry of Plantations Industries, Mr. W. T. P. Collure, former Secretary, Ministry of Ports and Aviation, Mr. S. Ameraskera, former Secretary, Ministry of Highways and Road Development, Mr. A. H. Gamlath, former Secretary, Ministry of Youth Empowerment, Mr. W. A. Piyasena, former Secretary, Ministry of Post and Telecommunication, Mr. U. A. Seneviratne, former Secretary, Ministry of Community Development and Social Inequality Eradication, Mr. S. Liyanage, former Secretary, Ministry of Water Supply and Drainage, Ms. Dhara Wijethilake, former Secretary, Ministry of Planning and Implementation, Mr. S. Liyanage, former Secretary, Ministry of Export Promotion and International Trade.

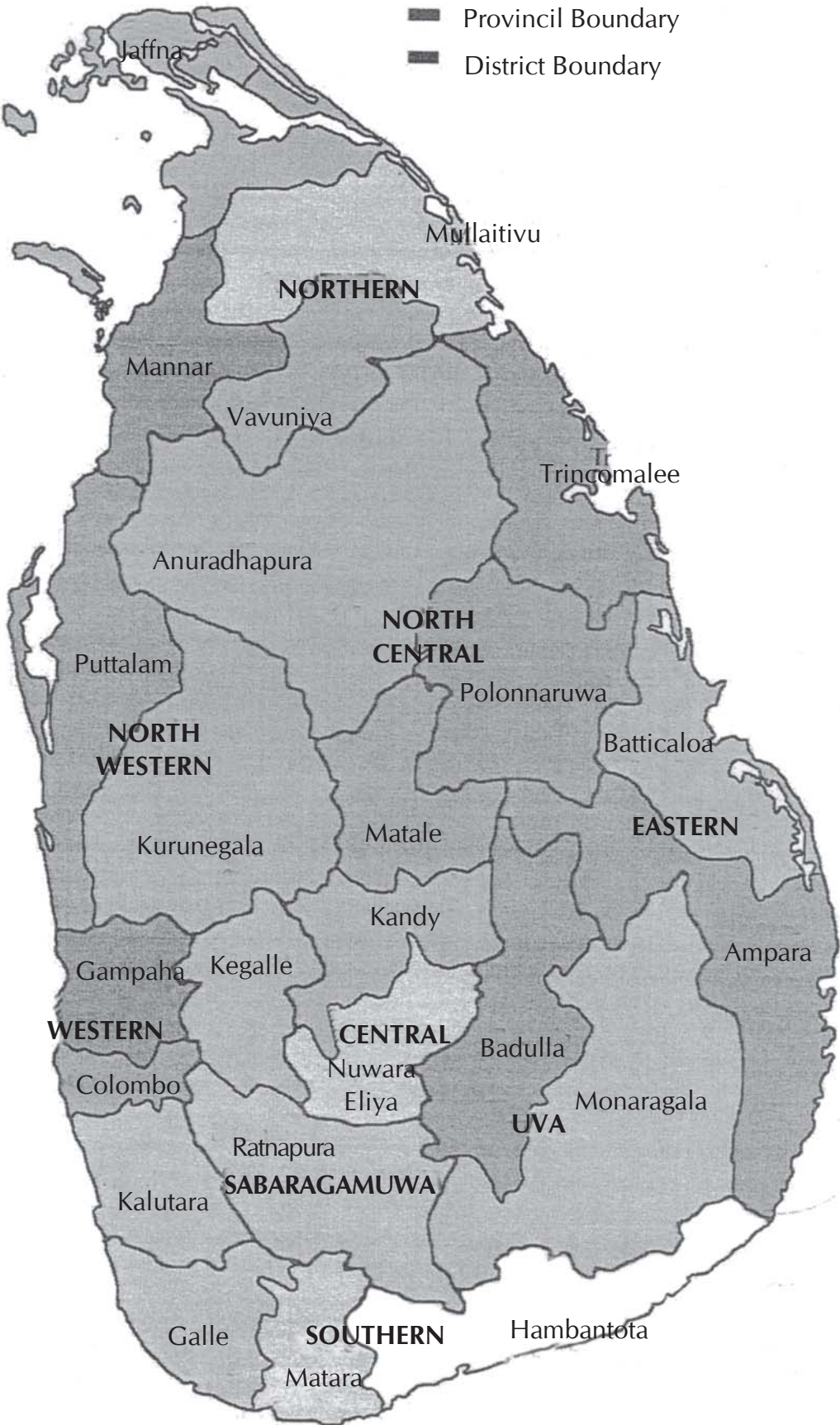
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The Country Team

This report is a result of hard work and dedication of the country team. A special note of appreciation goes Mr. Nishan Silva, Ms. Uresha Walpitagama, Mr. Chamatha Abeysinghe, Mrs. Bimaka Perera, Mrs. Y. K. Bimali, Mr. Harinath Mahathanthrige, and the staff of NCED for their valuable contribution in the preparation of this report. The support extended by Mr. Chanaka Gunathunga, National Coordinating and Communication Officer, MDG's of UNDP, who represented the UN in the country team is also appreciated.

D. S. Jayaweera
Executive Director / National Programme Director
National Council for Economic Development

Sri Lanka Map of Provinces and Districts



Executive Summary

This is the second Millennium Development Goals (MDG) Country Report for Sri Lanka, which reviews the progress on MDGs in Sri Lanka, since 1990, at national level, as well as at sector and regional levels. The first Millennium Development Goals (MDG) Country Report for Sri Lanka, released in 2005, played a very important role in creating awareness on MDGs and promoted a dialogue among policy makers, planners and other stakeholders.

The timing of the second MDG Country Report is particularly important as more recent data are now available on all indicators as the results of three major surveys conducted by the Department of Census and Statistics (DCS), namely, the Household Income and Expenditure Survey (2006/07), the Demographic and Health Survey (2006/07) and the Special MDG Indicator Survey (2006/07), were published during the course of preparation of this report. In 2007 the midpoint was reached between the adoption of the Millennium Declaration and the 2015 target date, and it is useful to review progress at the halfway stage and plan for the remaining period. The Country Report provides MDG indicators not only at the national level, but also at the sector and regional levels, wherever possible, highlighting the regional disparities. It will help Sri Lanka and its development partners take stock and review progress during the 2000-07 period so as to identify areas where additional effort is needed to implement the *Mahinda Chintana*, the government's ten-year development framework and meet the remaining MDG targets by 2015.

During the period 1991-2008, economic growth in Sri Lanka has ranged around 4 to 7 percent. Economic growth is an important prerequisite for poverty reduction, and the analysis conducted in the context of this second MDG Country Report clearly shows that poverty rates are declining. Overall, Sri Lanka has achieved considerable success with respect to a range of social indicators that comprise the MDGs and is on track to achieving the MDG targets for most of the remaining social indicators. Although many indicators show encouraging trends at national level, still there are regional disparities which need the attention of policy makers and planners. Inadequate infrastructure and weakness of service delivery systems are the main factors behind these disparities

Rapid reduction in poverty achieved since 1991/92 points toward the Government's increasing capability to improve the lives of the Sri Lankan people in a single lifetime. The challenges for continued poverty reduction in Sri Lanka, however, are to sustain the level of economic growth achieved over the previous decade while enhancing equitable distribution across provinces and districts and extend development beyond the Western province. At the halfway stage of the Millennium Declaration, Sri Lanka is at an encouraging stage where it is looking to achieve all the MDG targets by 2015. The second MDG Country Report clearly shows that the country's next attempt should be to move from the national-level to MDG localization at provincial and district levels, giving special attention to geographically-isolated and deprived regions.

MDG #1 – Eradicate Extreme Poverty and Hunger

Poverty in Sri Lanka declined from 26 per cent in 1990/91 to 15 per cent in 2006/07 and the country is on course to attain the MDG target of halving poverty by 2015, though there are considerable regional disparities across districts and sectors. Urban and rural poverty have declined significantly, but poverty in the estates has risen and is now more than twice the national average. Poverty has declined in all districts except in Nuwara Eliya and Monaragala where the Poverty Head Count Index (HCI) is more than double the national average. Ratnapura, Badulla and Kegalle also lag behind with HCI above 24 per cent. The poor are getting less poor on average as indicated by the declining Poverty Gap Index, yet the rising Gini coefficient of per capita expenditure

and the declining share of the poorest quintile in national consumption point towards an overall increase in inequality during 1990/91-2006/07. Thus, both vertical and horizontal inequality is of concern.

The indicator on the proportion of children underweight is on track in all three sectors (Urban, Rural and Estate), and there is a marked improvement even in the estate sector. Mother's education status is a key determinant of malnutrition, as her ability to choose the correct food and assess the needs of the children is enhanced by her level of education. The proportion of people consuming less than the minimum level of dietary energy has remained largely unchanged since 1990/91. This is puzzling since Sri Lanka has implemented targeted programs for the past 20 years. On average, the poor consume far fewer calories than the non-poor; and the urban poor are the worst off. This may be due to underestimate of intake of calories, due to under-reporting of the amount of food consumed, especially the prepared food purchased and consumed. This needs the attention of the Department of Census and Statistics, when surveys are conducted.

Following widespread conviction that poverty can be reduced only if people have a decent and productive job, a new target on employment was added under MDG 1 in 2006: *Reaching full and productive employment and decent work for all, including women and young people*. As this is a new indicator, it is necessary to create awareness among the users, before it can be used to monitor progress. The overall unemployment rate has declined from 15.9 per cent in 1990 to 5.2 per cent in 2008. The unemployment rate for both males and females show a similar downward trend, though the rate for females is always more than twice the rate for males during this period. There is a need to increase employment opportunities for women, especially those living in less developed areas.

Meeting the targets: ***Sri Lanka could do better in achieving the targets under Goal 1 if, both social and economic infrastructure facilities improved further in the less developed regions; suitable strategies are developed to adequately spread the growth outside the Western Province so as to reduce regional disparities; targeting in welfare programmes is improved further; and suitable strategies are developed to reduce inequality.*** Continued poverty reduction in Sri Lanka also needs a strong focus on sustainable agriculture, rural employment and income generation, as well as promotion of alternative livelihoods and development of rural infrastructure.

Mahinda Chintana (2006-16) has developed a three-pronged approach to stimulate economic growth and ensure it trickles down equitably. The strategy focuses on more equitable growth and argues for a more prominent role for the state in economic development by improving service delivery. At the same time, the new strategy proposes to promote private sector development, and expand the role of public-private partnerships (PPPs), especially in lagging regions, and focus on infrastructure development to accelerate growth and narrow regional disparities.

Poverty reduction is a necessary, but not a sufficient, condition to meet the targets on reducing hunger and malnutrition. The strategy to reduce child malnutrition includes (i) poverty reduction programs; (ii) direct food consumption based measures to ensure adequate nutrition intake among households and individuals; (iii) measures to address specific nutrition problems; and (iv) health interventions.

MDG #2 – Achieve Universal Primary Education

Sri Lanka's success in providing near-universal access to primary education is well-known internationally. It has almost achieved the universal primary education target with net enrolment rate reaching 97.5 per cent in 2006 for both males and females, and at this rate is likely to achieve the MDG target well before 2015.

The proportion of pupils starting Grade 1 who reach Grade 5 has increased to almost 100 per cent in 2006/07. This achievement is universal, including in the estate sector and the Eastern province, which is remarkable.

Literacy level of 15-24 year olds in all regions has also increased during 2003-2006/07 and has crossed 95 per cent across all sectors and for both males and females, and making further progress towards 100 per cent is likely to be slow. As Sri Lanka has done well in providing universal access to basic education, now the focus should be on improving the quality of education.

Meeting the targets: Sri Lanka is well on track in achieving universal primary education. **What is now important is to focus on improving the quality of education and improving education outcomes, particularly in the remote areas and in the districts in the Northern and Eastern provinces, which had been affected for more than 20 years due to terrorist activities.**

MDG #3 – Promote Gender Equality and Empower Women

Empowering women includes ensuring that women and girls enjoy a set of basic human capabilities, as measured by indicators on education, health, and nutrition; have equal opportunities to use or apply their basic capabilities, including in non-agricultural wage employment and political representation; and have reduced vulnerability to violence and abuse.

Sri Lanka has almost reached gender parity in primary education with the ‘ratio of girls to boys in primary education’ reaching 99 per cent in 2006. In secondary and tertiary education, the proportion of girls to boys exceeds 100 per cent. There has been only a marginal increase in the share of women in wage employment in the non-agricultural sector from 30.8 per cent in 1993 to 32.2 per cent in 2006. The rate of unemployment for women is twice the rate for men and for educated women, the rate is around three times the rate for men.

The picture is different, however, with women’s political representation. The proportion of women members in the National Parliament has increased from 3 per cent in 1947 to only 5.8 per cent at present. As the representation of women in the state legislature is very low, there is a need to encourage more women representation in the political system in Sri Lanka.

Meeting the targets: **Strategies need to be developed to increase employment opportunities for women with secondary and higher levels of education in all districts.** Better working conditions and protection are needed for women working in the Free Trade Zone, Middle East and in the plantation sector. As the representation of women in the political system is still very low it may be necessary to encourage the political parties to field more women candidates at elections.

MDG #4 – Reduce Child Mortality

Sri Lanka has been extraordinarily successful in reducing child mortality over the last half century. **At its current level of 11.3 infant deaths per 1,000 live births, the IMR is lower than that achieved by countries considerably wealthier than Sri Lanka.** There have been similar sharp reductions in the under-5 mortality rate and **the MDG child mortality targets are well within reach.**

In spite of the overall reduction, there are regional disparities in mortality rates across the country. While infant mortality rates declined in seven provinces during 1991-2003, they increased in Eastern and North Central provinces during this period largely because of increases in Batticaloa and Polonnaruwa Districts. The IMR in the North Central Province is almost twice the national average.

The rate of reduction of infant mortality rate has slowed down in recent years and additional efforts will be required to achieve the MDG target of 5.9 deaths per 1,000 live births by 2015 via reductions in neonatal

mortality. There is a positive correlation between infant deaths and mother's age, birth spacing, and her educational attainment. The age of the mother could have an influence on neo-natal mortality, as older the mother the higher the probability of her being anaemic, or suffering from such diseases as diabetes, heart disease, etc. Such conditions could have an influence on the health of the unborn. Sri Lanka's success in reducing child mortality is matched by progress in immunization of 1-year-old children against measles and several other communicable diseases. There is near-universal immunisation coverage, with ninety seven per cent of the children aged 12-23 months, fully vaccinated with BCG, measles and three doses of DPT and Polio.

Meeting the targets: ***Future reductions in infant mortality in Sri Lanka will be driven largely by reductions in neonatal mortality, which is considerably more difficult and expensive to attain.*** Most children's deaths are a result of neonatal causes and communicable diseases, in particular malaria, acute respiratory infections, diarrhoea and epidemics such as dengue fever or meningitis, which are not fully covered under vaccinations programmes at present. Data suggest that disparities that exist in child health indicators according to geographic location may be due inadequacy of required health facilities or distance to the available facilities, especially for those living in less developed regions. These are particularly wide across districts and such areas require special targeting.

MDG #5 – Improve Maternal Health

Sri Lanka has achieved considerable success in reducing Maternal Mortality Ratio (MMR) consistently since the 1940s. MMR is 14 deaths per 100,000 live births in 2003 based on Registrar General's Department estimate. However, the Family Health Bureau (FHB) of the Ministry of Health has estimated the MMR as 39.3 per 100,000 live births in 2006, based on a special study. Either way, the level is the lowest in South Asia. ***With near-universal access to health care, and 98 percent institutional deliveries, the country is on-track to meet the MDG on improving maternal health.***

Acknowledging that to reduce maternal mortality further, women need access to broader reproductive health services, skilled assistance at birth, and access to emergency obstetric and neo-natal care for management of complications, universal access to reproductive health was added as a target with four indicators for the MDG framework by an international expert panel in 2006.

Universal access to reproductive health is measured by indicators on access and usage of contraception, antenatal care and adolescent fertility. Although progress has been significant in improving antenatal coverage, Contraceptive prevalence rate increased only slightly from 66 percent to 68 percent during 1995-2006. The proportion of women attended by a health professional during child birth increased from 94.1 percent in 1993 to 98.6 percent in 2006/07 and the percentage increased with their level of education of the mother.

Meeting the targets: Long-term efforts are needed to strengthen capacities for comprehensive routine reporting of births and deaths. There is an urgent need to strengthen this skills base for all aspects of the health information system. Preventing maternal mortality is one of the central goals of maternal and child health services. ***It is necessary to improve service delivery for pregnant mothers, especially those in remote villages, plantations, and in the Northern and Eastern provinces, in order to improve their health and well-being.***

MDG #6 – Combat HIV/AIDS, Malaria and Other Diseases

Sri Lanka is experiencing signs of a low-level truncated HIV/AIDS epidemic, concentrated among sex workers, men who have sex with men, and drug users in potential high transmittance settings. Still it remains as ***one of the few countries in the region with a low-level HIV epidemic.***

Up to now, a cumulative total of 1,029 persons have been detected with HIV infection, though because of the stigma attached to the disease, the number can be higher than reported. A total of 266 AIDS cases have been detected in the country. There has been a steady increase in the number of reported cases over the years, in part due to the increase in HIV testing facilities. Until December 2007, 172 persons had reportedly died of AIDS.

More than 60 per cent of the reported HIV infections in 2006 were in the Western province. Apart from the urban areas in Central and North-western Provinces, the Northern and Eastern Provinces fall into high risk areas. Only about one-third of the population aged 15-24 years possess comprehensive knowledge about HIV infection. Galle District has the highest percentage (42.6%) of knowledgeable youth while Nuwara Eliya District the lowest (28.2%).

Even though the spread of the malaria occurs mainly in the dry zone of Sri Lanka, the situation is improving significantly. The use of the bed-nets is widespread, with an average of 62 percent of children below five years of age claiming to sleep under a bed-net. However, there are considerable district-wise disparities in the use of bed-nets. Though there has been a significant decline in the incidence of Tuberculosis (TB) over the years, **Sri Lanka may have to launch special programmes to achieve the target of halving the incidence and death rate due to tuberculosis.** The overall incidence rate of TB was 42 per 100,000 population in 2006 and is much higher in Kandy, Vavuniya, Colombo and Kalutara districts.

Meeting the targets: **The Government has developed a national multi-sectoral strategy to combat HIV/AIDS, and the majority of sectors have progressed satisfactorily.** Still, the stigma related to HIV/AIDS needs to be tackled. **Malaria control efforts in Sri Lanka are decentralized and early detection and prompt treatment has become the mainstay of disease control. The DOTS has been successfully implemented to reduce morbidity and mortality from Tuberculosis.** More awareness campaigns are needed to reduce the spread of these diseases.

MDG #7 – Ensure Environmental Sustainability

Over the years, there has been a noticeable deterioration of environmental quality in Sri Lanka. The forest cover has continued to decline steadily and in 2005 it covered less than 30 per cent of the total land area. Districts in the Wanni area still have more than two-third of their land covered by forests. The per capita carbon dioxide emissions per year has increased from 0.20 MT to 0.64 MT between 1990 and 2005.

Sri Lanka has introduced many rules and regulations to reduce the use of green house gases. CFC consumption which had risen to 521 MT in 1995 from 210 MT in 1990, has gradually declined to 62 MT by 2007. Sri Lanka has been identified as one of the countries that are on track to achieve goals set by the Montreal Protocol to protect the Ozone layer. Now, required legislation is in place and a Vehicle Emission Test (VET) certificate should be produced to the licensing authority to obtain the annual revenue licence for vehicles.

The special characteristic of Sri Lanka's biodiversity is the remarkably high proportion of endemic species among its flora and fauna. There is an encouraging increase in the proportion of the protected areas due to the government's initiatives. The ratio of the area protected to maintain biological diversity to surface area has increased from 15.5 in 1990 to 17.2 in 2005.

Nearly 85 percent of households have sustainable access to improved drinking water in 2006/07 compared to 68 percent in 1990. There is considerable variation across sectors and more than 95 percent urban households have access to an improved water source. In rural areas this drops to 85 percent, whereas in the Estate sector less than three in five households have similar access. There has been an increase in piped-water recipients though protected wells remain the most popular improved drinking water source. **According to the surveys**

conducted by DCS, while more than 90 per cent of urban and rural residents have access to the drinking water source, either within premises or within 200m of the dwelling, only 85 per cent of residents in the Estate sector have similar access. For 4 per cent of the rural residents and 11 per cent of the residents of the Estate sector, the source of drinking water is more than 1 km away.

Sri Lanka has recorded substantial improvements in sanitary conditions in all districts within the past decade and has already achieved the MDG target on access to improved sanitation. In 1990, only 69 per cent of the households had access to improved sanitation. By 2006/07, close to 94 per cent households overall had access to improved sanitation.

It is estimated that overall, 15 per cent of the Sri Lankan population lives in urban areas (areas under Municipal Councils and Urban Councils), and about 5 per cent of the urban dwellers live in slums or shanties. In the densely populated Colombo District, 8 per cent of the urban residents are poorly housed, though there is a dearth of reliable and accurate information on slum dwellers in the country.

Meeting the targets: The government of Sri Lanka has taken a number of positive steps to ensure environmental sustainability. The development framework, ***Mahinda Chintana, has outlined the government's resolve to ensure environmental sustainability by focussing on sustainable management of forest resources for protection of the environment and biodiversity.*** It has planned an investment of Rs. 10.5 billion and set a target of increasing the forest cover to 33 per cent of land area by 2016.

The Convention on Biological Diversity was ratified in March 1994 and the Biodiversity Conservation Action Plan was adopted in 1998. *Mahinda Chintana* pays special attention on biodiversity conservation and plans to increase the number of protected areas in the country.

The Estate sector needs special attention regarding safe drinking water, as nearly 40 per cent of the households do not have sustainable access to safe drinking water (in 2006/07). It may also be necessary to study the situation in the districts in the Northern Province and the Trincomalee District in the Eastern Province, as national surveys could not cover these districts due to unfavourable ground conditions. *Mahinda Chintana* targets to increase overall access to improved water supply facilities to provide sufficient supply of water and to improve the quality of water to required standards.

MDG #8 – Develop a Global Partnership for Development

A number of developed countries have imposed harsh tariffs on goods from Sri Lanka thereby adversely affecting the growth of a non-discriminatory trading system. ***Sri Lanka's export share to developed countries reduced from 91.7 per cent in 1992 to 68.7 per cent in 2006 even though developed countries continued to be the major export destinations for Sri Lankan goods.*** Garment exports continue to constitute above 40 per cent of total exports of the country. In recent years, the structure of the ranking order of the countries in respect of external trade has changed significantly and countries like India, Iran, Malaysia etc., have now become prominent trading partners.

The amount of foreign financing annually committed to Sri Lanka by development partners since 2004 has exceeded US\$ one billion in support of post-tsunami rehabilitation and reconstruction as well as in support of new development initiatives of the government under the *Mahinda Chintana*. The total annual foreign financing commitment reached US\$ 2069 million in 2008 compared to US\$ 899 million in 2002, also with an increase of export credits. Sri Lanka has succeeded in mobilizing a larger volume of bilateral assistance in difficult times with continued assistance from non-traditional and some traditional development partners. In 2008, the most prominent bilateral aid was mobilized from Japan, Iran and India.

In Sri Lanka there has been an absolute decline in the allocation of aid for agriculture from US \$146 million in 1992 to US \$113 million in 2005 even as total Official Development Assistance (ODA) (multi- and bi-lateral) almost doubled in this period. The share of the total ODA to build trade capacity in the country is insignificant and has changed little during 1990-2005. This clearly shows that the direct allocation for the Trade sector is minimal (less than 01 per cent of the ODA) and that there is a declining trend in allocation for the agriculture sector as well, from the total ODA granted for Sri Lanka. These are the two important sub sectors of the economy which need to have more attention, in respect of these ODA allocations and also to have faster growth in the economy.

The amount of ODA received by Sri Lanka as a percentage of GNI declined from 5 per cent in 1992 to 3 per cent in 2005, even though aid per capita increased from US \$24 to US \$36 during this period. ODA from DAC countries for social services is always (except in 2004) lower than 20 per cent of total ODA, even though the country's allocation for social services always exceeds 20 per cent in the national budget.

External debt servicing as a percentage of total exports of goods and services was 17.8 per cent in 1990. It has declined to 15.0 per cent in 2008. For 2005 it was as low as 7.9 per cent, mainly due to debt relief granted after the Tsunami. Accordingly, the debt service ratio as a percentage to the total export earnings from merchandise and services is showing a favourable trend for this particular reference period and the situation after the Tsunami in 2005 is an exception.

There has been a rapid increase in access to telecommunication services in Sri Lanka since 1999. There are 5.4 million mobile phone subscribers at present, which is nearly 47 times the number in 1997. The percentage of households with personal computers has more than doubled from 3.8 per cent in 2004 to 8.2 per cent in 2006/07. The disparity between the urban sector and the other sectors is significant. While 17.8 per cent of the urban households own a computer, only 6.9 per cent and 1.1 per cent own computers in the rural and estate sectors respectively.

Can Sri Lanka Meet the MDGs? 2008

TARGET	Off track	On track	No target	Data gaps	Already achieved	COMMENTS
Goal 1: Eradicate Extreme Poverty and Hunger						The poverty target will be met, but increasing poverty in the estate sector needs urgent policy attention. The slow decline in child malnutrition threatens the achievement of other MDG targets. Little increase in employment-to-population ratio. But targets for indicators on decent work need to be set.
Reduce extreme poverty by half						
Achieve full and productive employment and decent work for all						
Reduce hunger by half						Net enrolment rates and the primary completion rate are on track. Literacy rate of 15-24 year olds has increased little since 2001.
Goal 2: Achieve Universal Primary Education						
Universal primary schooling						Gender disparity in education has been eliminated at all levels of education. Women's participation in the political process has shown little improvement.
Goal 3: Promote Gender Equality and Women's Empowerment						
Eliminate gender disparity in all levels of education						Child mortality rates have declined appreciably in Sri Lanka.
Goal 4: Reduce Child Mortality						
Reduce mortality of under-5-year-olds by two-thirds						Maternal mortality rates have declined appreciably in Sri Lanka though there is considerable diversity across districts. Women's access to reproductive health in the estate sector and in conflict-affected areas need to be improved.
Goal 5: Improve Maternal Health						
Reduce maternal mortality by three-quarters						
Universal access to reproductive health						Sri Lanka remains a low-prevalence but high-risk country for HIV/AIDS but no targets have been set. Malaria is among the top three causes of morbidity and mortality, but good progress was made. Tuberculosis control is off-track for halving prevalence and reverse the spread of malaria 2015
Goal 6: Combat HIV/AIDS, malaria and other diseases						
Halt and reverse the spread of HIV/AIDS						
Achieve universal access to HIV/AIDS treatment for those in need						Forests are declining at a rapid pace, but the target for arresting biodiversity loss has been achieved already. Targets for access to reduce rate of biodiversity loss, drinking water and sanitation have already been met.
Halt and reverse the spread of malaria						
Halt and reverse the spread of TB						
Goal 7: Ensure Environmental Sustainability						
Reverse loss of environmental resources						
Reduce rate of biodiversity loss						
Halve proportion without improved drinking water in rural and urban areas						
Halve proportion without sanitation in rural and urban areas						

Progress on MDG Indicators in Sri Lanka

Indicator	Progress Satisfactory; Will Meet Target	Progress Satisfactory; Will Not Meet Target	Progress Slow; Will Not Meet Target	No Target or Target Under Consideration
MDG 1: Eradicate extreme poverty and hunger				
1.1 Proportion of population below poverty line (%)				
1.2 Poverty-gap ratio				
1.3 Share of poorest quintile in national consumption				
1.4 Growth rate of GDP per person employed				
1.5 Employment-to-population ratio				
1.7 Proportion of own account and contributing family workers in total employment				
1.8 Prevalence of underweight children under-five years of age				
1.9 Proportion of population below minimum level of dietary energy				
MDG 2: Achieve universal primary education				
2.1 Net enrolment rate in primary school				
2.2 Proportion of pupils starting grade 1 who reach grade 5				
2.3 Literacy rate in the age-group of 15-24 years				
MDG 3: Promote gender equality and empower women				
3.1 Number of girls per 100 boys enrolled in school				
3.2 Share of women in wage employment in the non-agricultural sector (%)				
3.3 Proportion of seats held by women in National Parliament				
MDG 4: Reduce child mortality				
4.1 Under-5 Mortality Rate				
4.2 Infant Mortality Rate (IMR)				
4.3 Proportion of 1 year-old children immunised against measles				
MDG 5: Improve maternal health				
5.1 Maternal Mortality Ratio (MMR)				
5.2 Proportion of births attended by skilled birth personnel				
5.3 Contraceptive prevalence rate				
5.4 Age-specific fertility rate				
5.5 Antenatal care coverage				
MDG 6: Combat HIV/AIDS, malaria and other diseases				
6.6 Death rates associated with malaria (per 100,000 population)				
6.6 A Morbidity rate due to malaria (confirmed cases per year per 1000)				
6.7 Proportion of children under-5 sleeping under bed-nets				
6.8 Prevalence and death rates associated with TB (per 100,000)				
6.9 Proportion of TB cases under DOTS* detected and cured				
MDG 7: Ensure environmental sustainability				
7.1 Proportion of land area covered by forest				
7.2 CO ₂ emissions and consumption of ozone-depleting substances				
7.5 Proportion of total water resources used (%)				
7.7 Proportion of species threatened with extinction (%)				
7.8 Proportion of population using an improved drinking water source (%)				
7.9 Proportion of population using an improved sanitation facility (%)				

INTRODUCTION

1. Background

Sri Lanka has achieved three decades of sustained growth, averaging 4.9 per cent annually during this period. Economic growth accelerated to 7.7 per cent in 2006 and the growth momentum was sustained in 2007. The gradual recovery from the tsunami, coupled with substantial inflow of foreign remittances and increased affordability of services have all contributed to a robust economy. In conjunction with modest population growth, this has resulted in a doubling of per capita incomes over the past three decades to over US \$1600 in 2007. Over the years, the structure of the Sri Lankan economy has gradually shifted in its sectoral composition of GDP while in 1990 agriculture contributed about one-fourth of the GDP. By 2007 its contribution had declined to 12 per cent. This decline is mainly due to increased contribution from the services sector which is the dominant sector of the economy. The contribution from the industry sector increased only marginally in this period.

Sri Lanka has long been extolled in the development economics literature as a model low-income country – one that has achieved extraordinary success in attaining high levels of male and female literacy, school enrolments, and health outcomes despite low levels of per capita income. Only a handful of developing countries, such as China, Vietnam, Cuba and Costa Rica, can list as many achievements as Sri Lanka on the social front. Indeed, data from the UNDP's global *Human Development Report 2004* suggests that Sri Lanka has one of the highest ranks of all the countries in Asia when its performance on the human development index is compared relative to its performance on GDP per capita.

The government's development framework ("*Mahinda Chintana: Idiri Dakma*" – Vision for a New Sri Lanka) aims at accelerating growth, with particular emphasis on equitable development, recognising that there has been a perpetuation of income disparities both among income earners and across geographic regions. It focuses on three main areas: (i) achieving more equitable development through accelerated rural development; (ii) accelerating growth through increased investment in infrastructure; and (iii) strengthening public service delivery.

By including the MDGs in the *Mahinda Chintana* which extends from 2006 to 2016, the Government has accorded a high priority to achieving them and shown its determination to maintain rapid economic growth to improve the living conditions of its people and meet the MDGs by 2015.

2. What are the MDGs?

Building on the outcomes of various world summits and global conferences during the 1990s, the Millennium Declaration sets a series of specific goals for the global community to meet by 2015. It was signed by the largest gathering of world leaders, at the United Nations in September 2000. The Government of Sri Lanka endorsed the Declaration and agreed to a set of time-bound and measurable Millennium Development Goals (MDGs) and targets, to be achieved by 2015, for combating poverty, hunger, disease, illiteracy, environmental degradation and discrimination against women.

The MDGs offer a guide for planning and implementing a broad range of development efforts. In particular, the MDGs (i) set a powerful agenda for developing countries and the international community; (ii) provide a global benchmark for eradicating poverty; and (iii) set standards for monitoring progress toward achieving the benchmarks. The MDGs offer an opportunity to build alliances that cut across sectors and issues, and create an opportunity for people at national and local levels alike to connect with a larger global movement.

3. Reporting on MDGs

The main purpose of an MDG Country Report is to help engage political leaders and decision makers, and to mobilize civil society, communities, the public, people's representatives and the media for achieving the development goals. It is a tool for awareness raising, advocacy, alliance building and renewal of political commitments at the country level. An MDG Country Report primarily addresses a national audience in an effort to locate the global goals and targets to the national context and make a real difference in terms of domestic policy reforms, planning and budgeting.

The MDG Country Report also is useful for strengthening the national capacity for monitoring and reporting on goals and targets and for generating a "can-do" atmosphere so that policy makers and other stakeholders are encouraged to adopt a comprehensive and harmonious development approach. Triggering action for accelerating progress toward achieving the MDGs is the ultimate objective of the MDG Country Report.

The first MDG Country Report for Sri Lanka, in 2004, played an important role in tracking progress on the MDGs. Relying on the existing database, the Report set baselines and targets for different indicators. Even though it was performing well on many indicators, the Report showed that the country faced considerable obstacles and challenges in achieving the MDGs.

The timing of the second MDG Country Report is particularly important as more recent data are now available on all indicators as the results of three major surveys conducted by the Department of Census and Statistics (DCS), namely, the Household Income and Expenditure Survey (2006/07), the Demographic and Health Survey (2006/07) and the Special MDG Indicator Survey (2006/07), were published during the course of preparation of this report. Together, these sources provide a very rich database, that can be used to analyze issues by province, district, location, age group, or gender. In-depth analysis based on disaggregated data will help identify areas that require increased attention from policy makers and international partners to accelerate progress toward achieving all the MDG targets by 2015.

In 2007 the midpoint was reached between the adoption of the Millennium Declaration and the 2015 target date, and it is useful to review progress at the halfway stage and plan for the remaining period. The Country Report provides MDG indicators not only at the national level, but also at the sector and regional levels, wherever possible, highlighting the regional disparities. It will help Sri Lanka and its development partners take stock and review progress during the 2000-07 period so as to identify areas where additional effort is needed to implement the *Mahinda Chintana*, the government's ten-year development framework and meet the remaining MDG targets by 2015.

3.1 New elements in the second MDG Country Report 2008/2009

The report has a number of new features. It reports on progress on the different MDG indicators not only at the national level, but also at regional and sector levels wherever possible. The report is specifically focused on regional disparities by sector (urban, rural and estate), and by region (province and districts). Wherever possible an attempt has been made to focus on the Estate sector, as most of the MDG indicators in this sector are still not on target or the progress has been slow.

At the global level, a Technical Working Group coordinated by the United Nations Department of Economic and Social Affairs is responsible for the MDG monitoring framework. In September 2007, this Technical Working Group presented a revised MDG monitoring framework that included new targets and corresponding indicators (Annex 1). Four new targets were included, some indicators were deleted or added, and the language has been modified for technical reasons, so that the data can be more clearly reflected. Wherever possible the Country Report reviews achievements on the revised set of targets and indicators.

The new targets are:

Goal 1: Eradicate extreme poverty and hunger

Achieve full and productive employment and decent work for all, including women and young people

Goal 5: Improve maternal health

Achieve, by 2015, universal access to reproductive health

Goal 6: Combat HIV/AIDS, malaria and other diseases

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Goal 7: Ensure environmental sustainability

Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Four indicators were identified as not feasible as it was not possible to obtain information for them through surveys/censuses or from administrative data sources. These are:

1. HIV prevalence among (15-24) year old pregnant women.
2. Condom use at last high-risk sex.
3. Ratio of school attendance of orphans to school attendance of non-orphans aged (10-14) years.
4. Proportion of population with access to affordable essential drugs on a sustainable basis.

3.2 Preparation of the MDG Country Report 2008/2009

The Second Country Report on Millennium Development Goals – 2008/09, was prepared by the Institute of Policy Studies of Sri Lanka (IPS) in collaboration with the National Council for Economic Development (NCED) and the United Nations Development Programme (UNDP). The IPS team prepared the report based mainly on the findings of three major surveys conducted by the Department of Census and Statistics (DCS), in 2006/07 as mentioned in paragraph 10 above and the data generated through regular data collection exercises of the DCS and its branch offices in key Ministries, Departments and other government institutions. The Special MDG Indicator Survey-2006/07, conducted by DCS, with the aim of bridging the data gaps, was very useful, as it provided the latest position pertaining to some of the indicators, for which the required data was not available from any other source. The report was edited by a UNDP consultant, to convert it to a format which is usually used internationally, for MDG Country Reports. Various issues and constraints in data analysis are discussed in Annex 2.

MDG#1:

ERADICATE EXTREME POVERTY AND HUNGER



Chapter 2

MDG#1: ERADICATE EXTREME POVERTY AND HUNGER

Can Sri Lanka meet the targets for eradicating extreme poverty and hunger?

Target No.	Target	Will the target be met?
1A	Halve, between 1990 and 2015, the proportion of people whose income is less than the national poverty line	<i>On-track</i>
1B	Achieve full and productive employment and decent work for all, including women and young people	<i>Lack of Data</i>
1C	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	
	<i>Assessment Scale</i>	<i>Satisfactory Progress</i> <i>On-track</i> <i>Off-track</i> <i>Satisfactory Progress</i> <i>Lack of Data</i>

SUMMARY

Reducing poverty and alleviating deprivation have been at the heart of Sri Lankan public policy over several decades. From 26.1 per cent in 1990/1, the proportion of people living below the national poverty line has declined to 15.2 per cent in 2006/7. Overall, and on current trends, the MDG target of halving poverty is likely to be achieved much ahead of 2015.

However, there are considerable regional disparities which need to be addressed. The incidence of poverty has declined in all districts except in Nuwara Eliya and Moneragala where the poverty Headcount Index (HCI) is more than double the national average. Ratnapura, Badulla and Kegalle also lag behind with HCI above 24 per cent.

Poverty has also declined significantly in the urban and rural sectors, but has risen by more than 55 percentage points in 1990/91-2006/07 in the estate sector. Poverty in the estates seems to be due to stagnation rather than a drastic fall in welfare.

Rising inequality is a cause for concern for Sri Lanka. The Gini coefficient of per capita consumption is 0.40 in 2006/07 and the share of the poorest quintile in national consumption has slipped from 8.9 per cent in 1990/91 to 7.1 per cent in 2006/07. This trend is common across both the urban and rural sectors, but while there is much higher poverty in the estates, it is much more evenly distributed.

Sri Lanka could do better in achieving the targets under Goal 1 if, both social and economic infrastructure facilities improved further in the less developed regions; suitable strategies are developed to adequately spread the growth outside the Western Province so as to reduce regional disparities; targeting in welfare programmes is improved further; and suitable strategies are developed to reduce inequality.

The indicator on the proportion of children underweight is on track in all three sectors (Urban, Rural and Estate) and there has been a marked improvement in the estate sector. Even though the target is likely to be met, more than one-fifth of children under 5 years in Sri Lanka are still underweight.

Mother's education status is a key determinant of malnutrition. Common correlates of malnutrition are availability and utilization of health facilities, female literacy, good hygiene practices and health knowledge, and insufficient access to food.

The proportion of people consuming less than the minimum level of dietary energy has remained largely unchanged since 1990/91. This phenomenon is puzzling, since Sri Lanka has implemented targeted programs for the past 20 years. On average, the poor consume far fewer calories than the non-poor; the urban poor are the worst off. This may be an underestimate of intake of calories, due to under-reporting of the amount of food consumed, especially the prepared food purchased and consumed. This needs the attention of the Department of Census and Statistics.

Meeting the Targets

The government's main challenges are to extend the fruits of growth to beyond the Western and Southern provinces, and improve targeting of the welfare programmes. The government's strategy to reduce child malnutrition includes (i) poverty reduction programs; (ii) direct food consumption based measures to ensure adequate nutrition intake among households and individuals; (iii) measures to address specific nutrition problems; and (iv) health interventions.

The government's Development Framework - *Mahinda Chintana Idiri Dakma* - has developed a strategy to stimulate economic growth and ensure it trickles down equitably. The strategy focuses on more equitable growth and argues for a more prominent role for the state in economic development by improving service delivery. At the same time, the new strategy proposes to promote private sector development, and expand the role of public-private partnerships (PPPs), especially in lagging regions, and focus on infrastructure development to accelerate growth and narrow regional disparities.

Eradicate Extreme Poverty and Hunger (Goal 1)

Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1 a day¹

Indicator	1990/1	1995/6	2002	2006/7	2015 Target
Proportion of people living below the national poverty line	26.1	28.8	22.7	15.2	13.1
Poverty gap ratio (incidence x depth of poverty)	5.6	6.6	5.1	3.1	2.8
Share of poorest quintile in national consumption (%)	8.9	N.A.	7.0	7.1	No target

Note: N.A. - Not available.

Sources: Department of Census and Statistics, HIES, various years.

Reducing poverty and alleviating deprivation have been at the heart of Sri Lankan public policy over several decades. The country has made considerable progress in poverty reduction over the long-term, with income levels and living standards continuing to improve substantially since independence in 1948. Until 2002 consumption poverty reduction in Sri Lanka was both gradual over time and varied across provinces and sectors. Since then poverty has been cut by a third, though its performance remains as varied as before.

From a baseline figure of 26.1 per cent in 1990/1, the proportion of people living below the poverty line rose to 29 per cent in 1995/96 and then declined sharply to 23 per cent in 2002 and to 15 per cent in 2006/7. Overall, and on current trends, the MDG target of halving poverty is likely to be achieved much ahead of 2015.² The conflict-affected North and East are excluded from these estimates since consumption data from the HIES, the official source for poverty measurement essential to measure poverty, is not available for these provinces.

There are considerable variations in poverty across provinces, districts and sectors

Provincial Variations: Inter-province variations in poverty levels are large (Table 2.1). In the two poorest provinces, Uva and Sabaragamuwa, the incidence of poverty is 27 per cent and 24 per cent, respectively. The poverty level in the Western Province, in contrast, is only 8 per cent. Also, inter-province differences in poverty have grown over time. Western and Southern provinces have witnessed sharp declines in poverty since 1990/91 and have achieved the MDG target of halving poverty by 2006/7. The rate of decline has been the sharpest in the Southern Province which reduced poverty by half in five years from 2002-2006/7.

District Variations: There are also substantial variations in poverty within provinces. Poverty ranges from 33 per cent in the Moneragala and Nuwara Eliya districts to only about 5 per cent in the Colombo District (Table 2.1). Nuwara Eliya is the only district to have witnessed an increase in poverty between 1991/92-2006/07. There are large intra-provincial disparities in poverty among the three districts in the prosperous Western Province with the proportion of population living below the poverty line varying from 13 per cent in the largely agricultural Kalutara district to 9 per cent and 5 per cent respectively in the more economically-advanced Gampaha and Colombo districts. In the Central Province, too, there is considerable district-level variation in poverty, with poverty in Nuwara Eliya district being twice that in the Kandy district. These variations are depicted in Figure 2.1.

¹ National poverty line based on per capita monthly expenditure to meet food and non-food needs, is used to monitor country poverty trends.

² The Household Income and Expenditure Surveys (HIES) 1990/91, 1995/96, 2002 and 2006/7, on which the poverty numbers are based, were conducted in seven of the eight provinces in the country. The surveys could not be conducted in the Northern and Eastern Provinces, which have been previously conflict-affected for over 20 years. As such, the poverty rates above do not include these provinces.

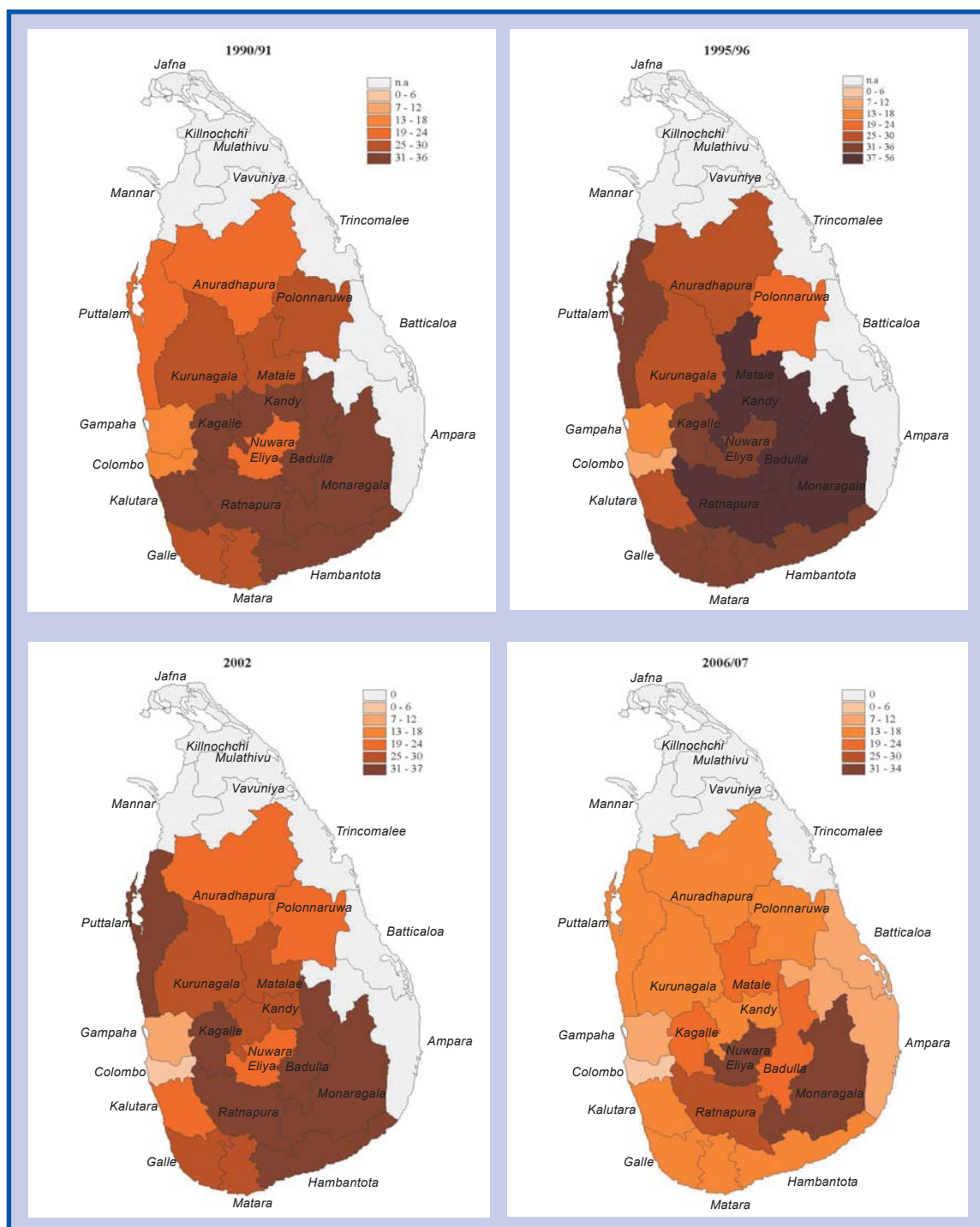
Table 2.1: Poverty Headcount Ratio by Sector, Province and District

Sector, Province and District (1)	Population estimate, '000 (2006) (2)	Population as % of total population (3)	Poverty Headcount Ratio				Poor as % of total poor (in 2006/7) (8)
			1991/2 (4)	1995/6 (5)	2002 (6)	2006/7 (7)	
Sector							
Urban	24671	14.6	16.3	14.0	7.9	6.7	6.6
Rural	135481	80.0	29.4	30.9	24.7	15.7	82.2
Estate	9141	5.4	20.5	38.4	30.0	32.0	11.3
Province/District							
Western		28.40	19	17	11	8.2	15.19
Colombo	2421	12.17	16	12	6	5.4	4.33
Gampaha	2125	10.69	15	14	11	8.7	6.12
Kalutara	1102	5.54	32	30	20	13.0	4.74
Central		12.91	30	34	24	22.3	18.82
Kandy	1361	6.84	36	37	25	17.0	7.65
Matale	471	2.37	29	42	30	18.9	2.95
Nuwara Eliya	735	3.70	20	32	23	33.8	8.22
Southern		12.02	29	32	28	13.8	10.92
Galle	1040	5.23	30	32	26	13.7	4.71
Matara	804	4.04	29	35	28	14.7	3.91
Hambantota	547	2.75	32	31	32	12.7	2.30
Northern		5.75	-	-	-	-	-
Jaffna	595	2.99	-	-	-	-	-
Mannar	100	0.50	-	-	-	-	-
Vavuniya	164	0.82	-	-	-	-	-
Mulaithivu	145	0.73	-	-	-	-	-
Kilinochchi	142	0.71	-	-	-	-	-
Eastern		7.94	-	-	-	10.82	4.23
Batticaloa	556	2.80	-	-	-	10.7	1.97
Ampara	627	3.15	-	-	-	10.9	2.26
Trincomalee	395	1.99	-	-	-	-	-
North-Western		11.35	26	27	27	14.6	10.93
Kurunegala	1511	7.60	27	26	25	15.4	7.70
Puttalam	745	3.75	22	31	31	13.1	3.23
North-Central		5.90	24	25	21	14.2	5.51
Anuradhapura	791	3.98	24	27	20	14.9	3.90
Polonnaruwa	382	1.92	25	20	24	12.7	1.61
Uva		6.32	32	47	37	27.0	11.17
Badulla	837	4.21	31	41	37	23.7	6.56
Moneragala	420	2.11	34	56	37	33.2	4.61
Sabaragamuwa		9.41	31	42	33	24.2	15.0
Ratnapura	1073	5.40	31	46	34	26.6	9.44
Kegalle	797	4.01	31	36	33	21.1	5.56
SRI LANKA	19886	100	26.1	28.8	22.7	15.2	100.0

Note: 1 – Population for 2001.
2 – Excludes Trincomalee.

Source: Population data from DCS, "Brief Analysis of Population and Housing Characteristics" Household Income and Expenditure Surveys-1990/91, 1995/96, 2002 and 2006/07.

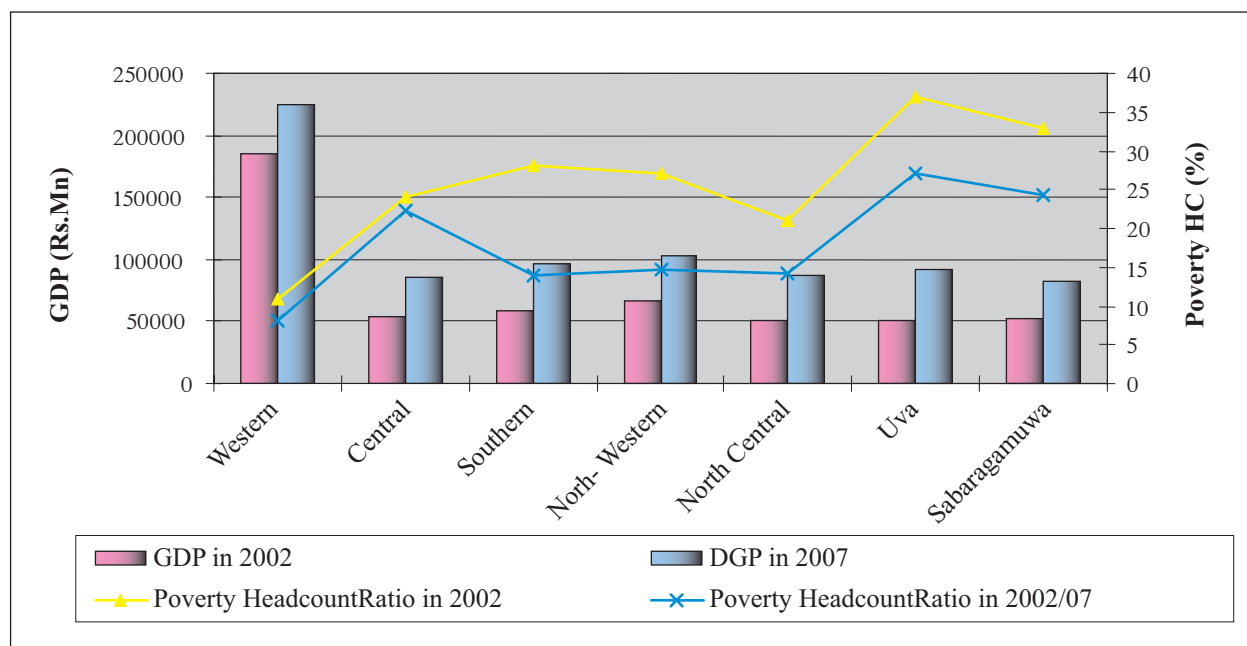
Figure 2.1: Poverty Headcount Index by District – 1990/91, 1995/96, 2002 and 2006/07



Source: Prepared by Institute of Policy Studies, Sri Lanka based on Household Income and Expenditure Surveys - 1990/91, 1995/96, 2002 and 2006/07, Department of Census and Statistics.

Across sectors: Urban poverty declined by nearly 60 percentage points in the period 1990/01 to 2006/07 and the MDG target has already been met. This could be attributed to high economic growth in the Western Province, in which around 60 per cent of the urban population of Sri Lanka live. Most of the major economic activities are largely concentrated in the Western Province and even though the trickle down of benefits to other provinces is gradually improving, the benefits of the economic growth are still largely confined to this province. The GDP per capita of the Western Province is more than twice that of all the other provinces (Figure 2.2).

Figure 2.2: Poverty Declines with Rise in Per Capita GDP



Source: Compiled using data from Table 2.1

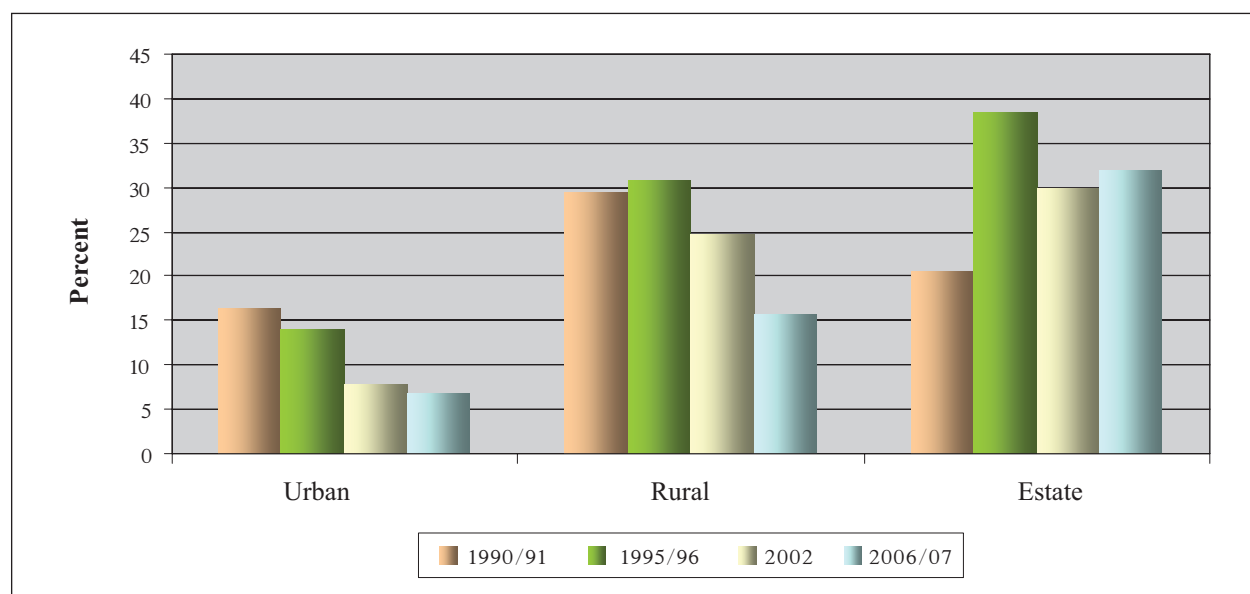
The rural sector, with 80 per cent of the total population, is also on track to meeting the MDG target. The reduction in poverty during the 12 year period from 1990/91 to 2002 had been very slow (only 4.7 percentage points). However, during the 4 year period from 2002, poverty in the rural sector declined at the rate of almost 10 per cent per year. This remarkable improvement can be attributed to improvement in agriculture, and various rural development and infrastructure development programmes aimed at improving urban-rural connectivity and access to basic needs such as health, education, marketing and banking. Excluding the largely urbanised Western Province, the GDP per capita across all other provinces grew, on average, by nearly two-thirds during 2002-2006/7.

This pattern of poverty across sectors, where agricultural areas exhibit substantially higher levels of poverty than areas which depend mainly on industry and services, is evident in virtually every country in the world. A diversified range of economic activities and more profitable economic opportunities available in cities and towns are manifested in lower poverty rates in urban areas.

Poverty in the estates is 7 percentage points higher than the national average

Contrary to the general trend of steadily declining poverty, the estate sector which comprises the plantations in the central highlands and surrounding areas and with around 5.5 per cent of the total population, witnessed an increase in poverty from 20.5 per cent in 1990/91 to 32 per cent in 2006/07 (Figure 2.3). The poverty situation in the estates seems to arise from stagnation, rather than a drastic fall in welfare. More than 40 per cent of estate households rely solely on estate wages for earned income. Some may not have full month's work thus reducing the income earned. Higher poverty among estate households is associated also with the remoteness or lack of usable year round roads linking the estate to the nearest town. Nearly 42 per cent of estate households cannot use the road to the nearest town at all times of year (World Bank, 2007).³

³ These results are from a comprehensive Estate Household Survey and qualitative study conducted to examine the determinants of estate poverty in depth and discern patterns among types of estates by size, location, type of crop (tea or rubber), and management (regional plantation company, privately owned and state owned). An Asset Index (AI) score was used as a proxy for household wealth.

Figure 2.3: Poverty Headcount Ratio by Sector, 1990/91-2006/07

Source: Compiled using data from Table 2.1.

With 28 per cent of the total population, the Western Province contributes 50 per cent to the GDP and 15 per cent to poverty

The growing urban-rural gap is largely due to concentrated economic growth in the urbanized Western Province. GDP grew by an average of 6.2 per cent annually during 1997–2003 in the Western Province, and by only 2.3 per cent in the remaining provinces.⁴ Western Province's share in national GDP increased from 40 per cent in 1990 to more than 50 per cent in 2006, while that of Uva and Sabaragamuwa fell from 16 to 11 per cent (Table 2.2).

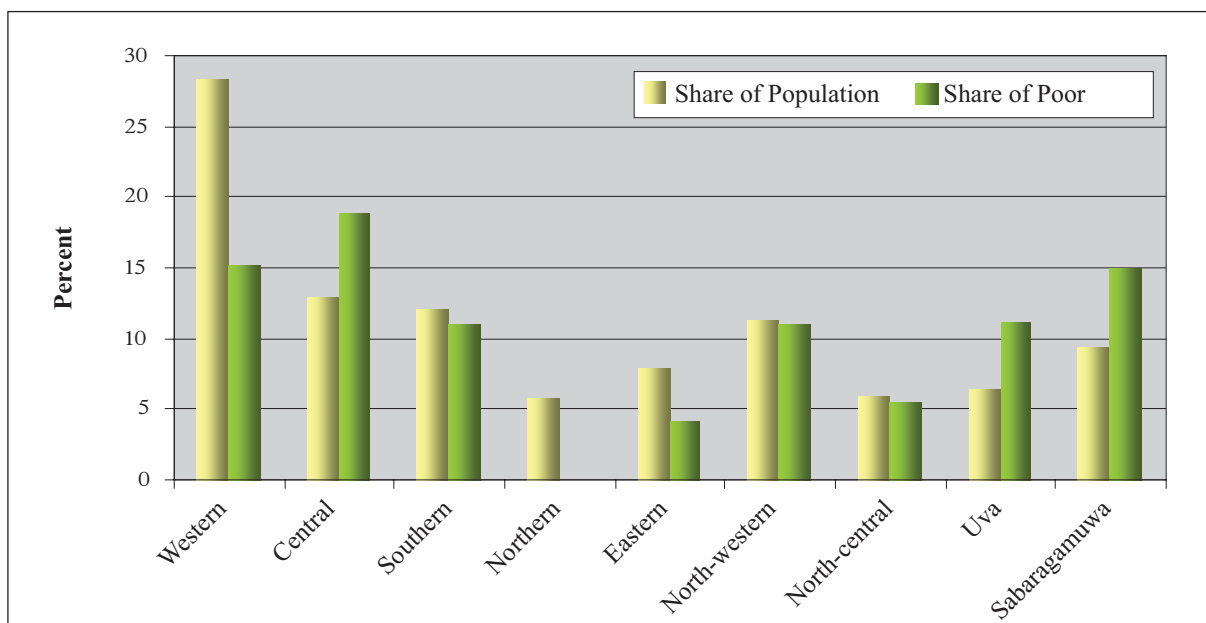
While only about 8 per cent are below the poverty line in the Western Province, the province contributes more than 15 per cent to the country's poverty, second only to the Central Province (Col. 8, (Col. 3, Table 2.1) and contributes 34 per cent to the total poverty in the country (Figure 2.4). This suggests that even though the Western and Central provinces attract many migrants in search of employment opportunities, not all are able to cross the poverty line.

Table 2.2: Share of GDP by Province, 1996-2006

Province	1990	1995	2000	2005
Western	40.2	42.3	49.6	50.8
Central	12.1	11.7	9.4	8.4
Northern	4.4	3.1	2.2	3.1
Eastern	4.2	4.6	4.5	4.8
Southern	9.5	9.5	9.4	8.9
North-Western	11.1	9.6	10.4	8.9
North-Central	4.8	6.3	3.9	4.3
Uva	8.1	7.7	3.9	4.4
Sabaragamuwa	8.1	7.7	6.7	6.3
Sri Lanka	100	100	100	100

Source: Central Bank (2007).

⁴ Excluding the North and the East.

Figure 2.4: Contribution to Population and to Poverty by Province, 2006/07

Note: * No poverty data available for 2006/7 for the Northern Province.
 ** The poverty data for the Eastern province excludes Trincomalee.
 Source: Compiled using data from Table 2.1.

Regional disparities in poverty become even more pronounced when the other poverty measure, such as the depth of poverty, is examined. Depth of poverty (or, poverty gap), measures the financial resources (shortfall) needed by a poor person to move out of poverty. It is the shortfall or gap between the total consumption value of a poor person and the poverty line. Overall, the Poverty Gap Index (PGI) declined by 44.6 percentage points, and across all provinces, between 1990/91 and 2006/07 (Table 2.3). In the urban and rural sectors, PGI reduced much more sharply by 65 and 49 per cent respectively. In the estate sector the PGI almost doubled from 3.3 to 6.2 during this period, suggesting that the average poor person in the estate sector is much worse off in 2006/07 than he/she was in 1990/91.

Table 2.3: Poverty Gap Index by Sector and Province, 1990/91 - 2006/07

	1990/91	1995/96	2002	2006/07
Sri Lanka	5.6	6.6	5.1	3.1
Sector				
Urban	3.7	2.9	1.7	1.3
Rural	6.3	7.2	5.6	3.2
Estate	3.3	7.9	6.0	6.2
Province				
Western	4.1	3.3	2.2	1.5
Central	6.7	8.9	5.1	4.6
Northern				
Eastern				2.1
Southern	6.3	7.4	6.5	2.6
North-Western	5.3	5.3	6.0	2.9
North-Central	4.3	4.7	4.3	2.8
Uva	6.8	12.6	8.9	6.3
Sabaragamuwa	7.0	10.3	7.5	4.9

Source: Household Income and Expenditure Surveys (Various), Department of Census and Statistics.

Persisting inequality is a cause for concern

The varied pace of poverty reduction in Sri Lanka is also linked to rising inequality among income groups. Average per capita consumption during 1990/91-2002 grew by 50 per cent for the richest consumption quintile but by only 2 per cent for the poorest quintile (World Bank, 2007). The Gini coefficient of per capita consumption in Sri Lanka⁵ increased at an annual rate of 2 per cent during this period, much higher than for East Asian competitor countries with the exception of China.

The disparities in income/consumption across different sectors and provinces in 2006/07 are depicted in Table 2.4. The Gini coefficient of per capita consumption in Sri Lanka is 0.40 with the urban and the rural sector Ginis being on either side of this figure. The consumption Gini for the estate sector is more than a third lower than the national average.

The share of poorest quintile (20 per cent) in national consumption has declined from 8.9 per cent in 1990 to 7.1 per cent in 2006/07 which further confirms Sri Lanka's rising inequality trend. Again, the estate sector is relatively better off on this indicator as the bottom quintile has a 10.5 per cent share in total consumption. So while there is much higher poverty in the estate sector, it is much more evenly distributed.

Table 2.4: Income Distribution by Sector and Province, 2006/7			
	Gini coefficient of per capita expenditure	Share of the poorest 20 per cent of total expenditure (%)	Ratio of richest 20 per cent over the poorest 20 per cent
Sector			
Urban	0.43	6.5	7.7
Rural	0.38	7.3	6.3
Estate	0.26	10.5	3.5
Province			
Western	0.41	6.7	7.2
Central	0.38	7.6	6.2
Northern			
Eastern	0.33	8.6	4.9
Southern	0.37	7.5	6.0
North-Western	0.36	7.8	5.7
North-Central	0.40	6.9	6.8
Uva	0.35	8.2	5.4
Sabaragamuwa	0.34	8.6	5.0
SRI LANKA	0.40	7.1	6.7

Source: Household Income and Expenditure Survey (2006/07), Department of Census and Statistics.

⁵ Higher Gini indicates higher inequality.

Key Challenges

Although the incidence of poverty has reduced in all the districts, except in Nuwara Eliya, there are significant regional disparities as highlighted previously. Sri Lanka is faced with five key challenges in ensuring that the MDG target of reducing poverty by half is widely shared across all provinces, sectors, and social groups:

Persisting inequality and inadequate growth outside the Western Province

Reducing the widening gaps in income and poverty between the Western Province and the rest of the country is a serious challenge. In 2006/07, the Western Province accounted for less than 30 per cent of the country's population but contributed one-half of its GDP; as a result, poverty incidence in the Western Province was 8 per cent compared to the national average of 15 per cent. A higher trajectory for growth and poverty reduction in Sri Lanka would thus require improving growth prospects outside the Western Province. This would help address the problem of persisting income inequality, whereby the income share of the richest 10 per cent is nearly 40 per cent of the total household income, while the share of the poorest 10 per cent throughout the period from 1990 to 2006/07, was less than 2 per cent.

Inadequate infrastructure facilities outside the Western Province

Although the road density at the aggregate level (0.19 km per sq. km in 2006/07) is high compared to many other developing countries in the region, most of the roads in the rural and estate areas have not been properly maintained and therefore accessibility is very low, especially during the rainy seasons. Nationally, more than 80 per cent of households had access to electricity in 2006/07. But there are disparities at the sectoral level. While nearly 85 per cent of the households in this country have access to safe drinking water, there are certain areas in the country, especially in the Dry Zone, where inadequacy of safe drinking water is still a major problem. In the estate sector only around 58 per cent of the households have access to safe drinking water. The country has now harnessed almost all the available hydro-electricity capacity and alternative energy sources such as mini hydro, solar etc. will need to be developed. This is also necessary since the national grid will not be able to access all the areas.

Inadequate development of the agricultural sector

The majority of the people in rural Sri Lanka depend on agriculture and related activities, and development of the agricultural sector is central to reduction of poverty and inequality in the country. Even though its share of the GDP has declined from 24 per cent in 1990 to 12 per cent in 2006/07 (Figure 2.5), it is the predominant contributor to the economy in all except the Western Province (Table 2.5). Some of the problems faced by those engaged in agriculture include:

- Fragmentation of agricultural land
- Inadequate advisory and extension services
- Low agricultural productivity
- Inadequate marketing facilities
- Inadequate credit facilities to farmers
- Inadequate water resources, especially in the Dry Zone
- Vulnerability to natural disasters such as floods, droughts, etc., resulting in a sharp increase in poverty in such situations

There is a marked reduction in the research capacity and investment into research and extension, with a disconnection between research and extension (national vs. provincial), which needs serious attention and policy directives.

Weak targeting in welfare programmes

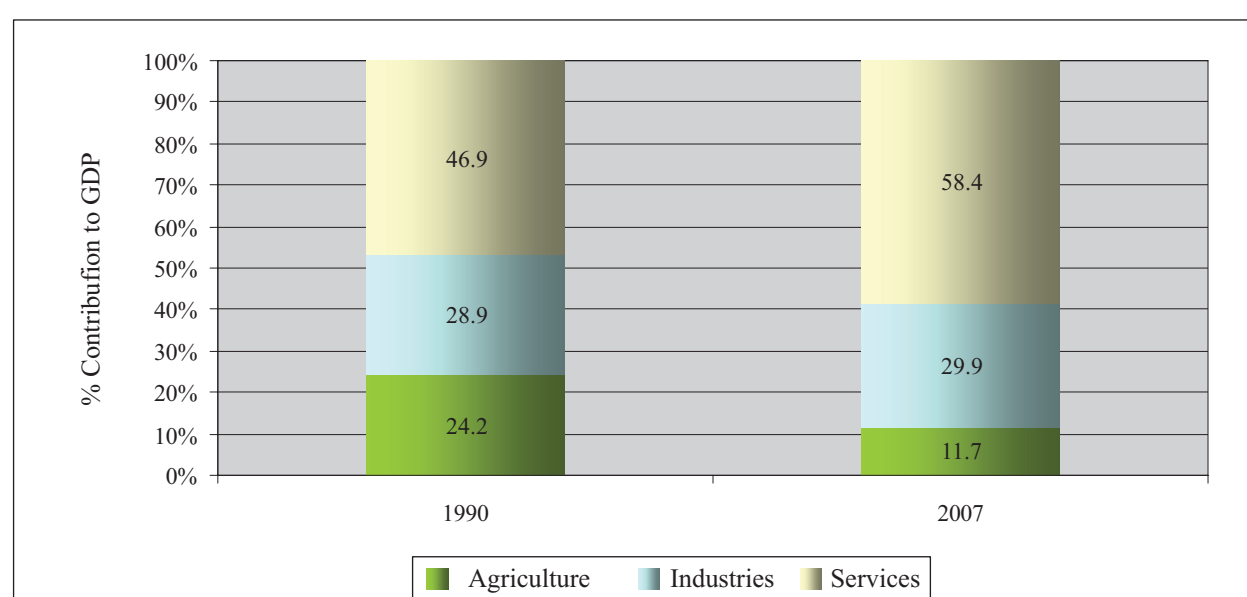
'Samurdhi' is the country's largest social welfare programme which adopts both short-term strategies (reducing vulnerability of the poor) and long-term strategies (assisting them to move out of poverty). At present, the

programme covers around 1.6 million households in the country. Proper identification of the poor is one of the most difficult parts in any such programme. Surveys conducted by the DCS show that some of the most deserving households which are in poverty, are not receiving the welfare benefits, while those in the higher income groups are receiving such benefits. Proper targeting of the destitute poor needs top priority in any poverty alleviation programme. The recently adopted participatory approach in targeting the poor, allows the community to identify the eligible households more accurately.

Inadequate employment opportunities in less developed regions

Inadequacy of employment opportunities is a major problem facing most of the youth in the less developed regions. The spread of education among women has not led to a corresponding increase in their employment opportunities. The unemployment rate for educated women is twice that for educated men.

Figure 2.5: Share of GDP by Major Sectors



Source: Department of Census and Statistics.

Table 2.5: Changing Shares of GDP (%) across Provinces, 1996-2006

	1996			2001			2006		
	Agri	Industry	Service	Agri	Industry	Service	Agri	Industry	Service
Western	11	54	53	12	59	57	9	59	58
Central	15	7	9	16	6	8	17	7	7
Northern	2	1	3	2	1	3	5	1	3
Eastern	7	4	4	9	5	4	7	5	4
Southern	15	6	8	17	6	9	16	8	8
North-Western	17	12	8	15	13	8	15	10	8
North-Central	10	2	4	8	1	3	9	2	4
Uva	12	2	4	12	2	3	12	3	3
Sabaragamuwa	11	13	6	9	7	5	11	6	5
Sri Lanka	100	100	100	100	100	100	100	100	100

Source: Central Bank (2007).

Government strategies to reduce poverty

Like many other countries, the Government of Sri Lanka has a number of social assistance and poverty alleviation programs. But as highlighted in the previous section, the government's main challenges are to extend the fruits of growth to beyond the Western and Southern provinces, and improve targeting of the Samurdhi programme, the largest social welfare programme in Sri Lanka on which the government spends about one per cent of the GDP. The Samurdhi programme covered around 1.6 million households in the country even though the existing poverty rate is around 15 per cent. To improve its targeting, the programme was streamlined in 2007 with a total allocation of Rs. 9600 million, and a new selection procedure named "Janasabha" was introduced whereby only the deserving beneficiaries were selected for relief on the recommendation of the village representatives. The new selection procedure has reduced the coverage to an estimated 33 per cent of the population indicating the need for still better targeting. Still what is more important is that instead of being hand-outs, these grants should be directly linked to income-generating activities.

The Samurdhi Authority of Sri Lanka has launched several programmes for community development and capacity building. The "Jathika Saviya Gam Pubudu Livelihood Programme" and the "Jathika Saviya Gama Neguma Awareness Programme" focus on rural development to upgrade the living standards of the poor and infrastructure development at the village level. A total of Rs. 1127 million was allocated for Economic Infrastructure and Rural Development Programme in 2007 (Central Bank, 2007). It is envisaged that the implementation of 'Randora' projects will create direct and indirect income generating opportunities and enable Sri Lanka to fully comply with the MDGs by 2015.

Target 1B: Achieve full and productive employment and decent work for all, including women and young people⁶

Indicator	2003	2005	2007	2015
Growth rate of GDP per person employed	9.9 (5.9)*	15.9 (6.2)	22.9 (6.8)	Under consideration
Employment-to-population ratio	N.A.	N.A.	N.A.	Under consideration
Proportion of employed people living below US\$1 (PPP) per day	N.A.	N.A.	N.A.	Not applicable
Proportion of own account and contributing family workers in total employment			40.7**	Under consideration

Note: * Figures in parentheses are calculated using GDP at constant (2002) prices.

** This figure consists of 30.4% of own account workers and 10.3% of unpaid family workers.

N.A. - Not Available.

Source: Labour Force Surveys, various years.

Inclusion of new indicators: At the global level, a technical working group coordinated by the United Nations Department of Economic and Social Affairs is responsible for the MDG monitoring framework. In September 2007, this technical working group presented a revised MDG monitoring framework that included new targets and corresponding indicators. Following widespread conviction that poverty can only be reduced if people have a decent and productive job, a new global target was added under MDG 1 in 2007: *Reaching full and productive employment and decent work for all, including women and young people*. Such a complex concept is not easily captured in a set of indicators that should fulfil strict criteria. The indicators in the chart above can be used to assess progress in the context of MDG 1 and can be used to make a detailed labour market analysis to help identify key labour market challenges.

⁶ The target on employment and decent work was included at the 2005 Millennium Summit.

Data constraints: As these indicators have been added only recently, little data is collected specifically to track progress on them. For instance, no data is available to assess the proportion of employed people living below the poverty line. The Government may decide to collect the required data, and set baselines and targets, so that these indicators are tracked for the remaining period up to 2015. The subsequent sections present the data on key indicators that are currently being tracked by the Government and are relevant to meeting the MDG target.

Employment-to-Population Ratio

The employment-to-population ratio is the proportion of a country's working-age population that is employed. A high ratio means that a large proportion of a country's population is employed, while a low ratio means that a large share of the population is not involved directly in market-related activities, because they are either unemployed or, more likely, out of the labour force altogether. The employment-to-population ratio provides information on the ability of an economy to create employment; for many countries, the indicator often provides more insights than the unemployment rate.

Although a high overall ratio is typically considered positive, the indicator alone is not sufficient to assess the levels of decent work or decent work deficit. As this indicator has been introduced only recently, the Quarterly Labour Force Surveys conducted by the DCS, do not provide the required data to compile the ratio at present. Another issue to be considered, is whether to use population '10 years and above' or '15 years and above' as the working age population. Using the former will give an under-estimate for the ratio, as only 0.3 to 0.5 per cent of the employed population is in the age group 10 to 14 years and therefore could be misleading. In addition, since the data did not cover the districts in Northern and Eastern provinces until recently, the ratio may also be under-estimated.

The labour force participation rate, which is the ratio of the labour force to the total population aged 10 years and above, has declined marginally from 52 per cent in 1990 to 50 per cent in 2007 (Table 2.6). Much of the decline seems to be arising from the decline in female participation in the labour force during this period.

	1990		2002		2007		
	Total	Total	Urban	Rural	Total	Urban	Rural
Female	37.0	33.6	N.A.	N.A.	33.4	N.A.	N.A.
Male	67.6	67.9	N.A.	N.A.	67.8	N.A.	N.A.
Total	51.9	50.3	46.0	50.9	49.8	45.0	50.4

Source: Central Bank (2007).

Agriculture continues to provide employment to nearly a third of the workforce

Even though agriculture contributed 12 per cent to the GDP in 2007, it employed 31 per cent of the workforce (Table 2.7) and thus remains critical to the Sri Lankan economy. Because of data constraints the figures for employment across sectors and over time are not strictly comparable. Still, the important role of agriculture in providing employment to nearly a third of the rural workforce is not in doubt, and attempts at further cutting poverty will require strengthening of the agriculture sector. Given that the agriculture sector has been growing only around 2-3 per cent over last decade or so, the importance to increasing labour productivity is crucial, especially because there is an out-migration of labour from the agriculture sector.

Table 2.7: Contribution to GDP and Employment Distribution across Sectors

Sector	Contribution to GDP		Employment Distribution across Sectors (%)					
	1990	2007	1992#			2007#		
			Male	Female	Total	Male	Female	Total
Agriculture	24.2	11.7	-	-	42.2	28.4	36.8	31.3
Industry	28.9	29.9	-	-	20.1	26.4	27.1	26.6
Services	46.9	58.4	-	-	37.7	45.7	36.1	42.1
Total	100.0	100.0	-	-	100.0	100.0	100.0	100.0

Note: # Excluding Northern and Eastern provinces.

* Including all districts.

Source: Labour Force Surveys, various years.

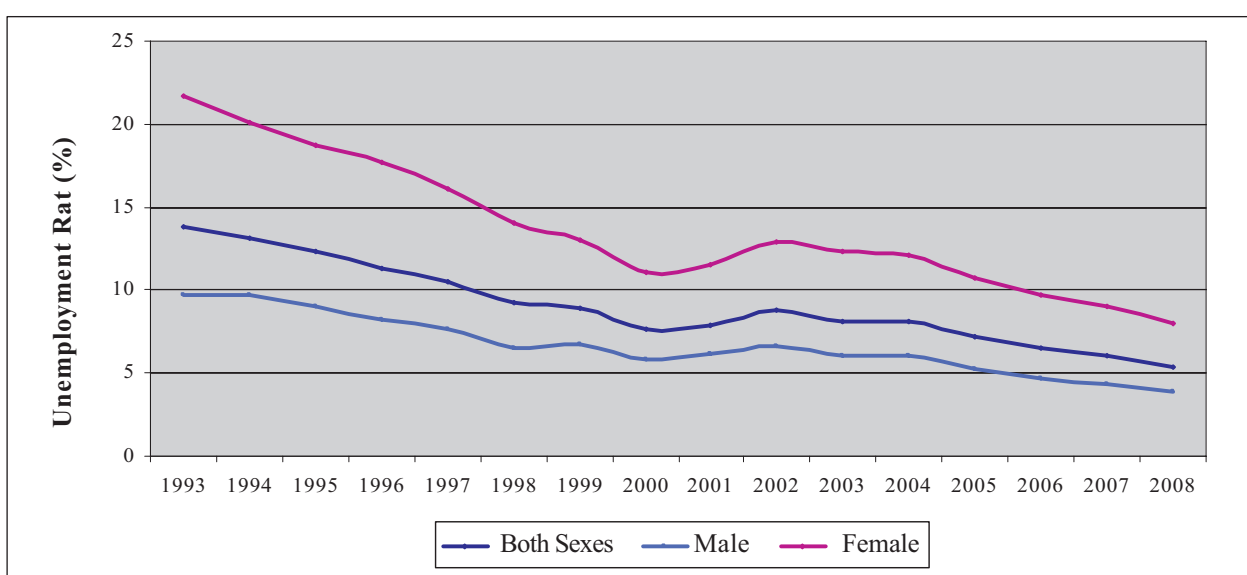
Overall unemployment rate has declined sharply though twice as many women are unemployed as men

The overall unemployment rate has been declining from 15.9 per cent in 1990 to 5.2 per cent in 2008, although there had been a slight increase in 2002 (Figure 2.6). The unemployment rates for both males and females show a similar downward trend, though the rate for females is always more than twice the rate for males during the above period. Possible reasons for comparatively higher rate of female unemployment may include:

- Inadequate employment opportunities for women living in less developed areas, especially for the educated women in rural areas.
- Inability of women with very young children to leave their children and be away from their families for long periods for employment elsewhere.
- Unavailability of jobs that cater to the demands of females (e.g. part-time work, jobs with flexible working hours, etc.) or the available jobs not being up to their expectation, especially in the case of educated women.
- Reluctance of some women, especially the educated, to work in the private sector or in the informal sector.

Some of the above reasons may be related to voluntary unemployment. However, if suitable employment opportunities are available, especially in the less developed areas, the unemployment rate for women may reduce further.

Figure 2.6: Unemployment Rate (for persons 10 years and above) by Sex, 1993 - 2008



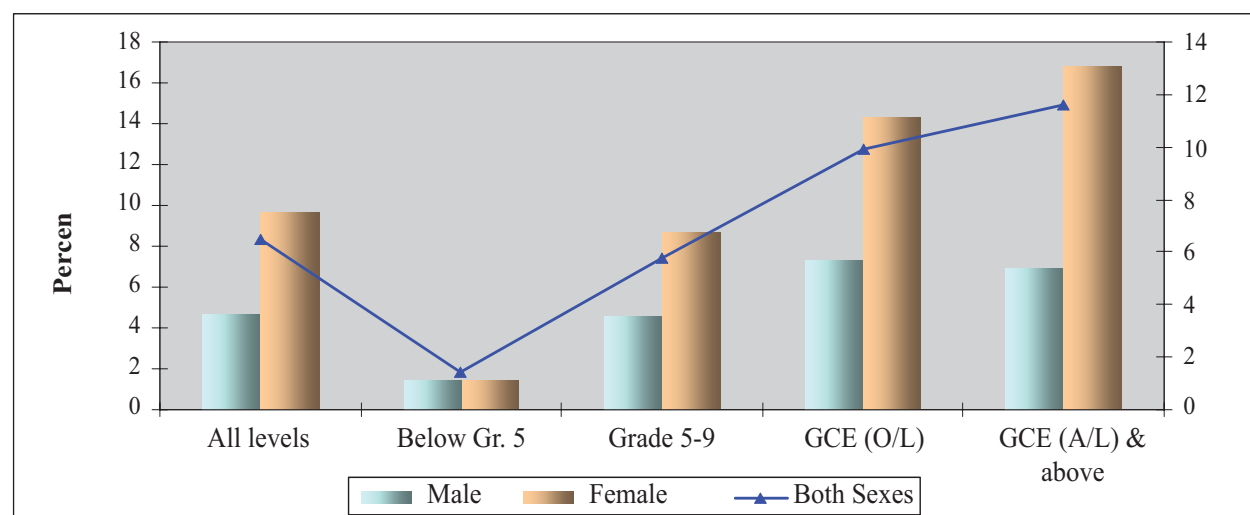
Source: Quarterly Labour Force Surveys – 1993 to 2006, Department of Census and Statistics.

Employment opportunities for rural women who have studied beyond Grade 5 are inadequate

The unemployment rate for those who have studied up to Grade 5 exhibits no gender bias. However, the unemployment rate for females with GCE (O/L) is twice the rate for males in the same category. The rate for females with GCE (A/L) or above is even higher (Figure 2.7). Thus, even though the ratio of girls to boys in secondary and tertiary education is more than 100 per cent, the employment opportunities for educated females are still inadequate. It is necessary to develop strategies to create more employment opportunities in all regions of the country to absorb the increasing numbers of educated women.

Overall unemployment rate for youth aged 15 to 24 years has declined from 34.9 per cent in 1993 to 21.6 per cent in 2006 (Table 2.8), which is a 38 per cent reduction during this period. For males the rate declined from 29.9 per cent to 17.5 per cent, while for females from 42.2 per cent to 28.2 per cent. The Figure 2.7 shows that employment opportunities for women with higher levels of education are inadequate.

Figure 2.7: Unemployment Rate by Level of Education and Sex, 2006



Source: Labour Force Survey (2006), Department of Census and Statistics.

Table 2.8: Unemployment Rate of 15-24 year olds by Sex by Sector

Sector	1993			2006		
	Total	Male	Female	Total	Male	Female
Urban	29.7	25.7	36.5	16.4	14.2	19.9
Rural	43.9	41.7	46.9	22.7	18.0	30.4
Estate	33.8	28.2	41.7	17.3	16.7	17.9
Sri Lanka	34.9	29.9	42.2	21.2*	17.1*	28.2*

Note: * These figures are from DCS (2009).

Source: Quarterly Labour Force Surveys (various years), Department of Census and Statistics.

There are very high regional disparities in unemployment (Table 2.9) with the Southern Province having the highest unemployment rate for the 15-24 year age group in 2006 (30.3 per cent). The unemployment rate for females in the Southern Province changed little during 1993 to 2006 and remains above 40 per cent.

Table 2.9: Unemployment Rate of 15-24 year olds by Province, 1993-2006

Province	1993			2006		
	Total	Male	Female	Total	Male	Female
Western	39.4	36.5	43.5	17.6	15.5	20.8
Central	36.4	24.6	52.5	22.2	18.9	27.1
Southern	42.0	41.7	42.6	30.3	23.9	40.3
North Western	27.7	20.1	39.4	19.2	14.8	26.9
North Central	20.3	14.7	29.9	18.6	12.6	29.4
Uva	22.6	18.4	28.7	23.6	18.8	31.0
Sabaragamuwa	39.3	36.2	43.1	23.9	18.3	33.5
Sri Lanka	34.9	29.9	42.2	21.6	17.5	28.2

Source: Quarterly Labour Force Surveys (various years), Department of Census and Statistics

Target 1C: Halve, between 1990 and 2015, the Proportion of People who Suffer from Hunger

Indicator	1993	2000	2006/7	2015 Target
Prevalence of underweight children under age 5 (%)	38	29	26.9 (21.9)*	19
Proportion of population below minimum level of	50.9 (1990/1)	51.3 (2002)	50.7	25

Note: These figures (based on NCHS/CDC/WHO Child Growth Standards, which is comparable with 1993 and 2000 figures) do not include data from Northern and Eastern provinces: * Figure based on WHO Child Growth Standard, which is not comparable with the figure of 1993 and 2000.

Source: Demographic and Health Surveys, various years.
Household Income and Expenditure Surveys, various years.

Hunger, which is measured using the indicators on the prevalence of underweight children under age 5, and the proportion of population below minimum level of dietary energy, is not always captured fully by the data on poverty. Underweight, along with stunting and wasting, is a sign of protein energy malnutrition.⁷ Low birth weight is a proxy for intrauterine growth retardation and indicates that newborns have not attained their full growth potential. Prolonged or severe nutrient depletion eventually leads to stunting, a retardation of height or linear skeletal growth (unusually low height-for-age measures). Wasting is usually the result of a short-term and acute food shortfall (low weight-for-height measures).

Child malnutrition produces a wide and diverse range of adverse economic and social consequences. It substantially raises the risk of infant and child deaths, and increases vulnerability to a variety of diseases in later life. In addition, malnutrition impairs cognitive ability, decreases school performance, and lowers labour productivity and lifetime earnings. It also affects the likelihood of achieving the other MDGs (Box 2.1). Combating child malnutrition is of central importance to the future economic and social welfare of countries.

Child Malnutrition Patterns and Trends

Child malnutrition in Sri Lanka, although much lower than that in its South Asian neighbours, has not fallen significantly and is three times higher than in other middle-income countries. This phenomenon is puzzling, since Sri Lanka has implemented targeted programs for the past 20 years. Nearly one in five children aged 3-5 months is underweight, and more than one in ten children in this age group suffers chronic or acute malnutrition, manifested in high rates of stunting and wasting.

⁷ As in the literature, a child is considered underweight when his or her weight-for-age is more than two standard deviations below the NCHS/WHO reference weight. A child is stunted when his or her height-for-age is more than two standard deviations below the NCHS/WHO reference. Severe underweight and stunting occur when the relevant nutrition indicator is more than three standard deviations below the NCHS/WHO reference.

Overall, the level of child malnutrition has been declining over time. The prevalence of moderately or severely underweight children fell from 38 per cent in 1993 to 29 per cent in 2000 and is down to 26.9 per cent in 2006/07 (Table 2.10). On present trend, the MDG target of halving the proportion of underweight children by 2015 is likely to be achieved. A smaller, (but still unacceptably high), proportion of children in this age group suffers from stunting and wasting. The proportion of stunted children declined from 24 per cent in 1993 to 13 per cent in 2006/07.⁸

Child malnutrition indicators exhibit considerable regional variations

The percentage of underweight children is highest in the estate sector with 36.3 per cent children underweight, followed by the rural sector, where about 27.1 per cent of children are underweight (close to the national average), and the urban sector with around 21.8 per cent children are underweight (Table 2.10). A similar pattern can be observed for stunting, with considerably higher rates in estate areas, followed by the rural and urban sectors. While the incidence of underweight and stunting has declined substantially over time in all areas, the decrease has been greatest in the urban sector, followed by the rural and estate sectors.

Box 2.1: Malnutrition Impedes Achievement of other MDGs

Hungry children start school later, if at all, drop out sooner and earn less, stalling progress toward universal primary and secondary education (MDG #2).

Poor nutrition for women is one of the most damaging outcomes of gender inequality. It undermines women's health, stunts their opportunities for education and employment and impedes progress toward gender equality and empowerment of women (MDG #3).

As the underlying cause of more than half of all child deaths, hunger and malnutrition are the greatest obstacles to reducing child mortality (MDG #4).

Hunger and malnutrition increase both the incidence and the fatality rate of conditions that cause most maternal deaths during pregnancy and childbirth (MDG #5).

Malnutrition may increase the risk of HIV transmission, malaria, and other diseases. compromise the effectiveness of antiretroviral therapy, and hasten the onset of full-blown AIDS and premature death. It increases the chances of tuberculosis infection resulting in disease, and also reduces malarial survival rates.

FAO, The State of Food Insecurity in the World 2005.

Table 2.10: Percentage of Underweight Children under 5 years by Sector

	1993	2000	2006/07
Sri Lanka	38	29	26.9
Urban	31	20	21.8
Rural	38	31	27.1
Estate	52	44	36.3

Note: The above figures (based on NCHS/CDC/WHO Child Growth Standards, which is comparable with 1993 and 2000 figures), exclude Northern and Eastern Provinces. Information for these Provinces available for 2001 and 2004 is given below.

Source: Demographic and Health Surveys –1993, 2000 and 2006/07.

⁸ The prevalence of wasting, however, declined only marginally over the same time period, from 16 per cent in 1993 to 14 per cent in 2006/07.

Provincial Variation: Child malnutrition rates are high in North-Western, North-Central, Sabaragamuwa, Uva and Central provinces. Uva and North-Central provinces have one-fourth to one-third of children underweight (Table 2.11). The Eastern Province also has around one third of the children underweight, though only 69 per cent of the selected sample households were surveyed in Trincomalee district. Badulla in Uva Province and Trincomalee in Eastern Province are the worst off with an unacceptably high proportion of children suffering from chronic and acute malnutrition. In terms of economic zones, these high malnutrition provinces consist of estate areas, rain fed dry zone and irrigated dry zone areas, and the coastal lowlands. They tend to be the poorer districts, with fewer economic opportunities. The Western Province, with its more advanced economy based on industries and services, has the lowest poverty rate and exhibits the lowest level of child malnutrition. Hence, variation in child malnutrition rates across regions also reflects regional variation in poverty rates.

Disparities in malnutrition by wealth

Low birth weight is more prevalent among poor and estate households. Nearly 23 per cent of babies born to mothers in the poorest income quintile were low in birth weight. Mothers living in the estates had the highest per cent of low birth-weight babies. 23.0 per cent of pre-school children from the poorest income quintile and 33.8 per cent of estate children are stunted, whereas only 5.3 per cent of children from the richest income quintile are stunted (Table 2.12).

Table 2.11: Nutritional Status of Children (Excluding Northern Province), 2006/07

	Height-for-age (Stunted)	Weight-for-height (Wasted)	Weight-for-age (Underweight)
Western			
Colombo	6.2	13.1	18.9
Gampaha	5.9	8.3	16.9
Kalutara	11.0	11.9	22.6
Central			
Kandy	13.2	15.8	28.8
Matale	16.7	11.0	28.3
Nuwara Eliya	32.2	11.2	30.4
Southern			
Galle	10.7	12.6	30.2
Matara	9.9	18.2	28.6
Hambantota	17.2	19.6	31.5
Eastern			
Batticaloa	21.4	19.5	32.9
Ampara	10.3	17.8	29.1
Trincomalee*	25.7	28.2	35.4
North-Western			
Kurunegala	12.4	13.8	27.8
Puttalam	11.2	11.4	26.1
North-Central			
Anuradhapura	10.4	15.1	29.9
Polonnaruwa	7.1	18.0	31.3
Uva			
Badulla	27.5	15.9	41.1
Moneragala	17.9	16.8	32.1
Sabaragamuwa			
Ratnapura	16.5	13.0	30.0
Kegalle	12.1	14.7	28.7
Sri Lanka	12.9	14.1	26.9

Note: * Only 69 per cent of the selected sample households were surveyed in the Trincomalee district

Source: Demographic and Health Survey 2006/07, DCS (Figures based on NCHS/CDC/WHO Child Growth Standards).

Table 2.12: Child nutrition and Health Status, by Wealth Quintiles and by Sector, 2000 and 2006/07

By wealth quintiles	Per cent children with low birth weight (<2.5 kg)		Per cent children stunted (low height for age)		Per cent children wasted (low weight for height)		Per cent children underweight (low weight for age)	
	2000	2006/07	2000	2006/07	2000	2006/07	2000	2006/07
Poorest	24.7	22.6	29.0	23.0	20.1	16.4	47.4	36.4
Richest	9.2	11.0	3.5	5.3	5.9	10.2	11.1	15.0
By sector								
Urban	13.7	12.8	7.8	9.5	8.6	13.6	19.4	21.8
Rural	17.3	16.4	12.8	11.9	15.9	14.4	30.8	27.1
Estate	30.0	31.0	33.8	33.8	11.8	12.0	44.1	36.3
Population Average	17.4	16.6	13.5	12.9	14.0	14.1	29.4	26.9

Source: World Bank (2007), using DHS (2000).

Wasting is more prevalent among children in poor households, but not any higher for estate children than for rural children. The percentage of children who are underweight or have low weight for their age reflects a combination of children suffering from both chronic and acute nutritional depletion, and the prevalence of being underweight is high among poor and estate children. However, malnourished children are not confined to poor families, and the phenomenon has been linked to cultural factors that, for example, do not encourage breastfeeding.⁹ Given that malnutrition contributes to the poverty trap by itself, interventions that reduce malnutrition even at the current income levels need to be considered.

Mother's educational status is a key determinant of malnutrition

Common correlates of malnutrition are availability and utilization of health facilities, female literacy, good hygiene practices and health knowledge, and insufficient access to food. Given that Sri Lanka fares quite well on the first two correlates, the best explanations for the relatively high prevalence of malnutrition and communicable diseases among the poor are insufficient access to food and exposure to unsafe sanitary conditions.

Mother's educational status is an important factor in explaining the nutritional status of children as her ability to choose the correct food and the needs of the children is enhanced by her education. The underweight rate among children whose mothers have no formal schooling is as high as 48 per cent, while the corresponding rate among children whose mothers have completed their higher education is 25 per cent (Table 2.13). The differences in severe malnutrition rates are even more striking with unschooled mothers facing severe underweight rates among their children that are more than 10 times as large as those observed among children whose mothers have completed higher education.

Table 2.13: Nutritional Status of Children under 5 years by Mother's Educational Level

Mother's Education Level	Stunted (Height for Age)		Wasted (Weight for Age)		Underweight (Weight for Height)	
	1993	2000	1993	2000	1993	2000
No Education	46	36	17	18	54	48
Primary	34	24	19	16	48	41
Secondary	23	13	17	15	39	32
Higher	13	8	11	15	25	25
All Levels	24	14	16	14	38	29

Source: Demographic and Health Surveys – 1993 and 2000, Department of Census and Statistics.

⁹ United Nations, 2007, United Nations Development Assistance Framework: Sri Lanka, Colombo.

The positive association between maternal schooling and child malnutrition can be attributed to such factors as superior knowledge and practices concerning childcare, feeding practices, environmental health, and household hygiene. Mothers schooling can also proxy for higher socio-economic well-being of households over and above the effect of per capita consumption expenditure. Overall, the findings confirm the results documented in the development literature across a large number of countries that investment in girls' education is one of the best long-term, inter-generational interventions to combat child malnutrition.

Malnutrition in the North and the East

Two separate surveys were carried out by the DCS and UNICEF in 2001 and in 2004 for the Northern and Eastern provinces as there was no information pertaining to these regions. Prevalence of underweight children (under 5 years) was extremely high (46.2 per cent) in these provinces with similar rates for both urban and rural areas (Table 2.14). However, by 2004 the situation had improved and the levels have declined to 26.3 per cent in the urban sector and to 38.7 per cent in the rural areas in these provinces.

	2001	2004
Urban	47.1	26.3
Rural	46.0	38.7
Both Sectors	46.2	36.0

Source: Demographic and Health Survey (Northern and Eastern Provinces 2001). Survey of Child Health and Welfare in selected Northern and Eastern Districts(2004) -Department of Census and Statistics and UNICEF.

Only half of the Sri Lankan population consumes the required daily dietary energy and this proportion has changed little since 1990/91

The proportion of population consuming, on average, less than the daily required minimum level of dietary energy has stayed above 50 per cent since 1990/91 which is an anomaly since poverty has declined by almost half during this period. According to the latest survey conducted by DCS, 65 per cent of urban dwellers consume less than the minimum requirement norm of 2030 kcal per person (Col. 5, Table 2.15). But less than 7 per cent of urban households are poor (Col. 6, Table 2.15). However, there is remarkable convergence in the estate sector where similar proportions of people who consume less than the minimum daily dietary energy requirement are also classified as poor. Further analysis has shown that more than 70 per cent have received at least 90 per cent of the daily requirement of dietary energy and more than 80 per cent have received at least 80 per cent of the requirement of energy (Nanayakkara, 1994). This shows that the majority of the people are within reach of energy adequacy.

One of the reasons for the inconsistency between the poverty headcount ratio and the dietary energy consumption is the consideration of both food and non-food expenditure when computing the value of official poverty line on which the HCL is determined. Also, some of the food items for which household consumption data are not collected in the survey due to difficulties in obtaining the quantities are excluded from the calculation of dietary energy intake. There may also be an underestimate of intake of calories, due to under-reporting of the amount of food consumed, especially the prepared food purchased and consumed. This needs the attention of the Department of Census and Statistics. As such, suitable methodology is needed to make an appropriate adjustment to the daily dietary energy consumption to rectify this situation. If all food items could be accurately quantified, the population below the minimum requirement of dietary energy consumption may be much less than the reported 50 per cent.

On average, the poor consume far fewer calories than the non-poor; the urban poor are the worst off

The poor in Sri Lanka, on average, consume nearly 23 per cent fewer calories than the non-poor. The difference in calorie intake between the poor and non-poor is much sharper in the urban sector. The average daily calorie intake of the urban poor is 35 per cent less than the national minimum norm of 2030 calories.

Sector	Daily average dietary energy consumption per person (kcal)			Proportion of persons whose energy consumption is less than 2030 kcal	Poverty headcount ratio
	Both poor and non-poor	Poverty status Non-poor	Poor		
(1)	(2)	(3)	(4)	(5)	(6)
Sri Lanka	2118	2194	1696	50.7	15.2
Urban	1906	1949	1316	65.0	6.7
Rural	2138	2222	1686	49.2	15.7
Estate	2420	2626	1984	32.7	32.0

Source: Household Income and Expenditure Survey, 2006/07.

Policies and Programmes to Decrease Child Malnutrition

At the individual level, inadequate food intake and diseases represent immediate causes of malnutrition. At community level, food insecurity, inadequate care practices and poor environmental health are underlying causes. Because of the complexity of factors and issues, and the growing challenges linked to malnutrition in Sri Lanka, policies and strategies that address malnutrition at the sub-national level are required.

Current interventions to address malnutrition appear to have been successful in reducing chronic malnutrition among children, but not in reducing acute, short-term under-nutrition, and/or the prevalence of low birth weight among infants. More needs to be done to convince mothers, especially in the estates and among poor households, to boil water properly to make it safe for drinking, and to improve access to piped drinking water, and closed wells and toilets with a view to reducing the incidence of gastrointestinal diseases. The government's overarching policy framework to reduce child malnutrition covers four broad strategies.

Direct food consumption based measures to ensure adequate nutrition intake among households and individuals: The main intervention in this strategy has been the provision of food assistance to populations affected by the secessionist conflict in the North-Eastern Province, including displaced persons. The value of food assistance under this program ranges between Rs. 336 for families consisting of one individual to Rs. 1260 for families of five persons. This food assistance program is a hunger and malnutrition mitigation measure in the conflict-affected areas. A second major intervention is the *Thripasha* (triple nutrient) program. This is a pre-cooked cereal based food designed to supplement energy, protein and micronutrients among nutritionally vulnerable women and children. *Thripasha* is given to pregnant and lactating women during the first 6 months and infants between 6-11 months of age. In addition, it is given to children between 12-60 months who are malnourished. A third important intervention is a school-feeding program under which poor children are given a hot meal in school. The twin objectives of the school meal are to attract poor children to attend school and to provide these children with adequate nutrition to stay in school and do well in school work.

Poverty reduction programmes: The chief government poverty reduction initiative is the *Samurdhi* programme which reaches nearly 1.6 million households covering almost the entire country. Under *Samurdhi*, the government provides an income supplement of between Rs. 500-1,000 depending on family size and

household poverty level, which can be used to purchase food items, such as grains, cereals and legumes. In addition, the *Samurdhi* programme has officers trained in maternal and child nutrition and infant care who work with target groups such as pregnant women, lactating mothers and under-nourished children to help improve nutrition levels. In addition, numerous NGOs engage in poverty reduction activities, including nutrition awareness programs. Donors such as UNICEF and WFP work through such NGOs.

Measures to address specific nutrition problems: These include: campaigns to promote breastfeeding, awareness creation of the nutritional benefits of breastfeeding and to promote correct complementary feeding practices, (ii) a salt iodization program to combat iron deficiency disorders, including the prevalence of goitre and thyroid deficiencies; and (iii) a program to fortify wheat flour with iron to combat problems of iron deficiency anaemia.

Health interventions: An integrated package of maternal and child health services to address child malnutrition and promote child growth has been designed by the government. Interventions include family planning to space and limit children, antenatal care to ensure foetal growth and well-being, breastfeeding, promoting appropriate weaning, growth monitoring, immunization programs, prevention of infections such as water-borne diseases, worm infestation and respiratory illnesses, use of oral rehydration solutions for children suffering from diarrhoea, and food supplementation.

These policies and programmes to reduce child malnutrition are complemented by health and nutrition education. The Ministry of Health provides a range of health and nutrition education services. In terms of maternal education, activities exist to promote adequate food consumption and health care of pregnant and lactating mothers. Exclusive breastfeeding is encouraged for 6 months and growth monitoring promoted. Nutrition education is carried out by health workers at the central, provincial and divisional levels. The school curriculum also contains material on nutrition, including hygienic food preparation, nutritious feeding habits, safe sanitary habits and consumption of clean drinking water. In addition, universities offer courses in nutrition.

Meeting the MDG on Poverty, Employment and Hunger

Poverty is multi-dimensional; therefore, poverty reduction efforts must be multi-targeted. Policies have to straddle different disciplines and must include economic, social, political and institutional instruments. The institutional environment in which the poor derive their livelihoods, and the socio-political factors that restrict their access to resources, can influence the relationship between economic growth and the level and extent of poverty. Rural livelihoods in Sri Lanka depend mostly on farming, and rural poverty incidence is strongly correlated with geography and the natural environment, which determine agricultural production conditions.

Agriculture employs 31 per cent of the workforce while contributing only 12 per cent to the GDP. It remains the single largest source of employment in rural areas, and agricultural development can create large numbers of jobs in Sri Lanka. However, the level of diversification of rural household incomes remains low, and the ability to generate cash income from wage sources is limited. Although in general the requirements for rural growth are well-known – physical infrastructure, functioning economic institutions, a conducive investment climate, demand in urban areas – getting these in place in particular cases has often proved less than straightforward. Opportunities to generate cash incomes are closely related to proximity to urban areas.

The new target of creating employment is inextricably bound up with the challenge of meeting the first MDG of reducing poverty by half and the proportion of people who suffer from hunger. Following widespread conviction that poverty can be reduced only if people have a decent and productive job, a new target on employment was added under MDG 1 in 2006: *Reaching full and productive employment and decent work*

for all, including women and young people. As this is a new indicator, it is necessary to create awareness among the users, before it can be used to monitor progress. The overall unemployment rate has declined from 15.9 per cent in 1990 to 5.2 per cent in 2008. The unemployment rate for both males and females show a similar downward trend, though the rate for females is always more than twice the rate for males during this period. There is a need to increase employment opportunities for women, especially those living in less developed areas.

In addition, persisting inequality in the last few decade remains a cause for concern among policy makers. Persisting inequality can seriously threaten the gains in poverty reduction achieved in recent years. Inequality strikes at the core of inclusive, sustainable human development. The notion of equity is complementary to the pursuit of long-term prosperity. Institutions and policies that promote a level playing field - where all members of society have similar chances to become socially active, politically influential and economically productive - contribute to sustainable growth and development. Greater equity is doubly good for poverty reduction, through potential beneficial effects on aggregate long-run development as well as through greater opportunities for poorer groups within society.

The Government presented to Parliament a draft discussion paper of its 10-Year Development Framework in November 2006. Also called the *Mahinda Chintana*, the Development Framework (2006-16) has developed a three-pronged approach to stimulate economic growth and ensure it trickles down equitably.

The strategy focuses on more equitable growth, which the Government feels was neglected in earlier growth strategies, and argues for a more prominent role for the state in economic development. It has ruled out further privatization of SOEs, adopting instead a policy of reforming these institutions to improve service delivery. At the same time, the new strategy proposes to promote private sector development, and expand the role of public-private partnerships (PPPs), especially in lagging regions.

The *Mahinda Chintana* focuses on infrastructure development to accelerate growth and narrow regional disparities. *Randora*, the Government's infrastructure investment plan, looks at major power, highway, and port and airport development projects while *Gama Neguma* and *Maga Neguma* look at rural infrastructure development. These programs are expected to improve connectivity of rural areas to urban areas and the global economy, seen as a key factor in revitalizing the rural economy. The framework aims to improve international competitiveness by creating a vibrant industry sector and technological innovation. It plans to facilitate private investment in new industrial zones and to upgrade public service delivery. The framework emphasizes the development of small and medium-sized enterprises (SMEs), microenterprises, and the self-employed. It also looks at promoting global integration by strengthening bilateral and regional trade and investment relationships.

Economic growth will be fuelled mainly by significantly higher public and private investment than in the past. By 2011, investment is expected to increase to 34 per cent of GDP from the current 28 per cent, reduce the fiscal deficit to 4.8 per cent of GDP from the current 7.7 per cent, and raise annual GDP growth to 8.7 per cent. The *Mahinda Chintana* sets its ambitious annual sector growth targets at 4"5 per cent in agriculture, 7.5"10.5 per cent in industry, and 8"11.5 per cent in services during 2007"2016. This accelerated growth is expected to raise Sri Lanka's per capita GDP to US \$3,960 by 2016, firm up Sri Lanka's middle-income status, and enable the country to meet the MDGs.

Sri Lanka has considerable potential for agricultural intensification through catching up technologically, achieving higher farm yields, and improving incentives for diversification and regional specialization. So, while economic growth is essential, it is not sufficient. To continue to achieve significant reductions in poverty, a strong focus will be needed on agriculture and rural employment generation, and on promoting alternative livelihoods and development of rural infrastructure.

MDG#2:

ACHIEVE UNIVERSAL PRIMARY EDUCATION



2

**ACHIEVE UNIVERSAL
PRIMARY EDUCATION**

Chapter 3

MDG#2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Can Sri Lanka meet the targets for achieving universal primary education?

Target No.	Target	Will the target be met?
2A.	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full primary education	<i>On-track</i>
	<i>Assessment Scale</i>	<i>On-track</i> <i>Off-track</i> <i>Satisfactory</i> <i>Progress</i> <i>Lack of Data</i>

Summary

With a 97.5 per cent primary enrolment rate, Sri Lanka has achieved near-universal primary school enrolment which varies little across province or gender.

The proportion of pupils starting Grade 1 who reach Grade 5 has increased to almost 100 per cent in 2006/07. This achievement is universal, including the estate sector and the Eastern Province, which is remarkable.

As Sri Lanka has done well in providing universal access to basic education, now the focus should be on improving the quality of education.

Literacy level of 15-24 year olds in all regions has also increased during 2003-2006/07; it has crossed 95 per cent across all sectors and for both males and females, and further progress towards 100 per cent will be naturally slow.

Meeting the targets

Sri Lanka is well on-track to achieving the MDG targets for universal primary education.

Improving the quality of educational and improving educational outcomes in the remote areas and in the districts in the Northern and Eastern provinces, which had been affected for more than 20 years due to conflict, pose a challenge to further improvement of Sri Lanka's remarkable achievements in primary education.

Achieving Universal Primary Education (Goal 2)

Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full primary education

Indicator	1990/1	1996	2002	2006/7	2015 Target
Net enrolment rate in primary school	88.0	95.7	96.3	97.5	100
Proportion of pupils starting grade 1 who reach grade 5	64.1*		95.6	99.6	100
Literacy rate in the age group 15-24		92.7 (1994)	95.6 (2001)	95.8	100

Note: * The figure is for 1991 from DCS (2009).

Sources: Sri Lanka Labour Force Surveys, various years; Special Survey on MDGs, 2006/07.

Sri Lanka has achieved near-universal primary school enrolment with little disparity across province or gender

Sri Lanka's achievements in education are remarkable compared to many other developing countries. The overall net enrolment rate at the primary level was above 85 per cent even in 1990 and the country has almost achieved the target of universal primary education with a net enrolment rate of 97.5 per cent in 2006/07 (Table 3.1). There is little variation across province or gender (Table 3.2) even though the estate sector lags behind with the enrolment rate 94.8 per cent compared to the urban and rural sectors. If present trends are maintained uninterrupted, Sri Lanka is on track to achieve the MDG of universal primary education well before 2015.

Table 3.1: Primary School Enrolment by Sector

	1996	2002	2006/07
Sri Lanka	95.7	96.3	97.5
Urban	N.A.	N.A.	98.0
Rural	N.A.	N.A.	97.5
Estate	N.A.	N.A.	94.8

Note: N.A. Not Available.

Sources: Sri Lanka Labour Force Surveys, various years; Special Survey on MDGs, 2006/07.

Table 3.2: Primary School Enrolment by Province and Sex

Province	Male		Female	
	1996	2006/07	1996	2006/07
Sri Lanka	95.6	97.5	95.7	97.4
Western	96.2	96.4	95.8	97.4
Central	92.5	98.5	94.7	97.6
Southern	96.1	97.7	95.9	97.6
Northern	N.A.	N.A.	N.A.	N.A.
Eastern	N.A.	99.3	N.A.	98.6
North Western	98.8	97.3	99.1	98.3
North Central	98.7	96.6	93.9	95.6
Uva	95.1	98.1	95.5	96.8
Sabaragamuwa	93.8	97.5	94.1	96.9

Note: N.A. Not Available.

Sources: Sri Lanka Labour Force Surveys, various years; Special Survey on MDGs, 2006/07

The proportion of pupils starting Grade 1 who reach Grade 5 has increased to almost 100 per cent in 2006/07 (Table 3.3). In 1990 only 68.1 per cent of the children reached Grade 5 which increased to 95.6 per cent by 2002 and has almost reached the MDG target of 100 per cent in 2006/07. This achievement is universal, including the estate sector and the Eastern Province, which is remarkable. Reliable information on the Northern Province is not available. The Compulsory Education Act of 1998, which made it compulsory for the children aged 5-14 years to attend school and the efforts taken to improve the facilities in rural areas, including introduction of Navodaya Schools may have positively contributed to this achievement.

	1990	2002	2006/07
Overall	68.1	95.6	99.6
Male	64.1	94.7	99.3
Female	72.6	96.5	99.8

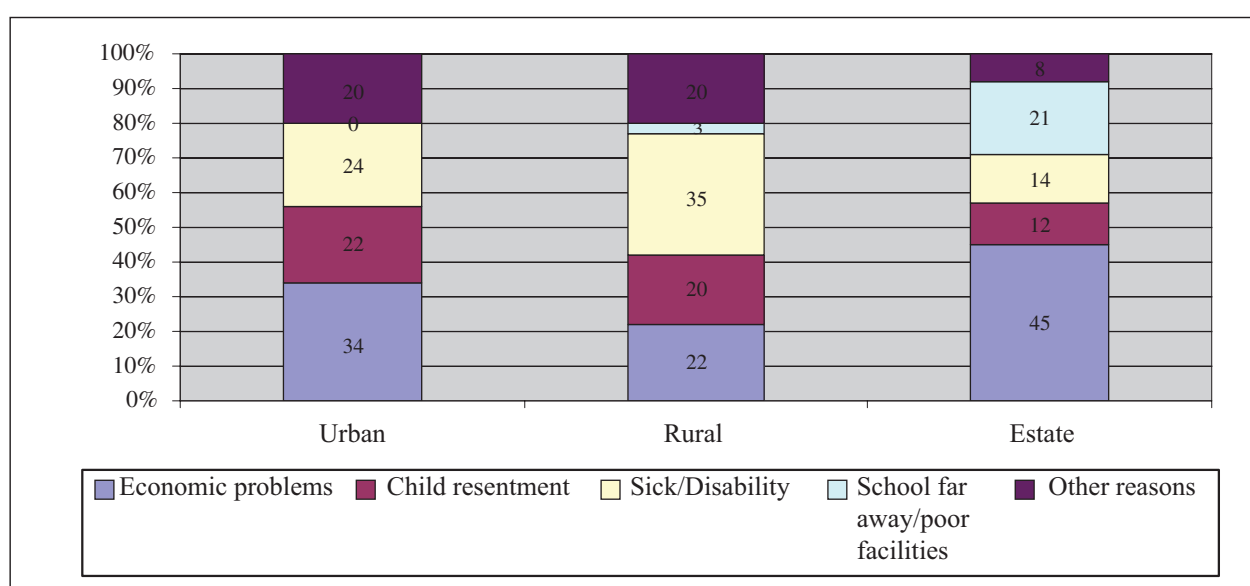
Source: Annual School Census and Special Survey on Millennium Development Goals (2006/07), Department of Census and Statistics.

The high net primary school attendance and completion rates and near gender parity in enrolments can be attributed to a number of factors, including strong household demand for schooling and progressive government policies. Strong household demand is reflected in the primary school attendance rates by consumption quintile; these data show that 95% of children from poor households and the lowest quintile attend school (World Bank, 2005). There is also little variation in primary school attendance among consumption groups and among boys and girls within consumption groups.

Reasons for not attending primary school differ by sector

Sectoral disparities are discernible for non-attendance of a primary school. While economic factors are the main reason in the urban and estate sectors, ill health appears to be the major constraint among rural children which prevents them from attending school. Nearly one in five children in the estate sector does not attend school because of the distance of the school from the residence (Figure 3.1).

Figure 3.1: Reasons for not Attending School, by Sector



Source: DCS (2009).

Quality of education

Though Sri Lanka has done well in providing universal access to basic education, the students of Grade 4 exhibit a weak grasp over English, Mathematics, and local languages. These core skills are essential for higher education and securing employment and may explain the sharp decline in enrolment rates at secondary and tertiary levels.

At the national level, the proportion of children scoring over fifty per cent for the first language (Sinhala and Tamil) has increased from 67 per cent in 2003 to 79 per cent in 2007. The proportion of children scoring over fifty in Mathematics, during the same period rose from 65 to 80 per cent and the proportion achieving similar scores for English increased from 31 to 49 per cent. These increases in cognitive achievement scores in first language, Mathematics and English are observed in all provinces and reflect the improvement in equality of education. This could be attributed, at least partly to, the education policy initiatives of the late 1990s and thereafter. However, even in 2007, only four provinces perform better than the national average in the first language and Mathematics and only three do so in English (Table 3.4).

These regional variations in learning outcomes arise from differences in the quality of education available in different districts, as well as from differences in the economic levels of the provinces. Although learning outcomes have been rising over time, the wide regional variations highlight the important policy challenges for improving the quality of education, especially among the poorer and the conflict-affected provinces.

There is evidence that the quality of education may be poorer in non-urban schools. Since the current inequities in education are likely to worsen poverty traps at the household and regional level, there is a need to focus on improving education for the underprivileged, particularly in remote areas and the estate sector where the challenges are most severe.

Province	First Language (Sinhala and Tamil)		Mathematics		English	
	2003	2007	2003	2007	2003	2007
	Sri Lanka	67	79	65	80	31
Western	80	87	79	88	53	68
Central	66	77	62	78	31	46
Northern	69	76	70	75	29	40
Eastern	58	72	51	72	22	45
Southern	71	82	70	83	31	55
North Western	73	84	72	84	32	54
North Central	55	82	51	83	22	44
Uva	62	75	61	76	27	40
Sabaragamuwa	69	79	67	82	34	47

Source: National Assessment of Learning Outcomes, National Education Research and Evaluation Centre, University of Colombo quoted in Aturupane (2008).

Literacy level of 15-24 year olds has increased only slowly

The overall literacy rate in Sri Lanka was 91.5 per cent in 2006 and the rates for males and females were 93.2 per cent and 89.9 per cent respectively. The literacy rates for males and females aged 15-24 years have exceeded 95 per cent. However, any further improvement in the rate will naturally be slow. One reason for the overall rate to remain static is the relatively low literacy levels in the estate sector (Table 3.5).

The literacy level of 15-24 year olds in all regions increased gradually during 2003-2006/07 as the level reaches 100 per cent. However, with the achievement of universal primary education, this situation could change, when the younger cohorts move to this age group. The literacy rate is lowest for persons aged 15 to 24 years, in Ratnapura (91.6 per cent) and Puttalam (92.7 per cent) districts. The other districts with low literacy levels for this age group are Nuwara Eliya, Matara, Batticaloa, Ampara and Badulla. In districts with low literacy rates, males show a lower rate than the females.

	Overall	Male	Female
Sri Lanka	95.8	94.8	96.6
Urban	95.7	95.3	96.1
Rural	96.6	95.7	97.4
Estate	83.9	80.6	86.4

Source: Sri Lanka Labour Force Surveys, various years; Special Survey on MDGs, 2006/07.

Key Challenges

In spite of the high net primary school attendance and completion rates, the Sri Lankan education system faces two major challenges. First, the proportion of children aged 6-10 who do not attend school and those who do not complete primary school have been fairly constant over the last decade. As in other countries, the Sri Lankan government strategy is to attract these children into special and non-formal education programs. Second, the overall quality of education and delivery mechanisms of educational welfare programmes remains poor. Improving school quality has become the central focus of government policy. Here schooling quality is defined broadly to include: enhancing learning outcomes, orienting the education system to the world of work, and promoting civic values and good citizenship.

Improvements in education quality outcomes, such as cognitive achievements in a variety of subjects, at the primary education level and performance at public examinations during the secondary education cycle have come about as a result of the implementation of educational reforms¹⁰ which commenced in 1999. Some of the other challenges are:

- Inadequate education facilities in isolated and conflict-affected areas is one of the major problems for children living in such regions.
- Inadequate educational facilities for disabled children, especially in less developed regions.
- Although the school text books are provided free to all students, there are delays in distributing them to schools especially those in the less-developed regions.
- Teaching of key subjects like the first language (Sinhala and Tamil), Mathematics and English, needs further attention, especially in the rural and the estate sectors, as well as in the conflict-affected areas.
- Unequal distribution of teachers among different regions of the country is one of the major problems which affects education of children in the less developed and poorer regions.
- Teacher absenteeism is also a significant issue affecting many schools in Sri Lanka, especially those in difficult areas.

Meeting the MDG for Universal Primary Education

Broadening educational opportunities and improving the national education system has been given utmost importance and highest priority in Sri Lanka. Education acts as the gateway to opportunities and one of most important factors supporting economic growth. Education also helps the poor to get out of poverty, by laying a

¹⁰ As recommended by the National Education Commission in 1997.

strong foundation for poverty reduction through empowerment, human development, social development and good governance.

The Government of Sri Lanka has several policy initiatives to promote primary school attendance and completion. These include the establishment of a complete network of tuition-free public schools which provide access to primary schooling for all children within 3 kilometres of their homes, free school uniforms and subsidized transport to attract children to school, and enrolment drives at grade 1 to draw out-of-school 6 year olds into the school system. The following steps will further extend the benefits of near universal primary education to all regions and sections of society:

- 'Navodaya' school development programme needs to be further improved and developed so that every DS Division has at least one school with all the necessary facilities (including computer and internet facilities, and facilities for education in the science stream up to Grade 13) and adequate number of qualified, skilled and motivated teachers.
- Special attention should be given to reach out to drop-outs, especially in isolated areas.
- Schools in the North and East need special attention in terms of restoration of physical infrastructure and provision of adequately qualified teachers.
- Particular effort should be made to include children with disabilities, the destitute and abandoned, working and street children into the education system.
- The learning achievements of students need to be improved further. Mastering of basic language and numerical skills need to be improved further at primary level, as well as secondary levels.
- Printing and distribution of school text books need to be made more efficient. The delays in delivering the books to schools need to be rectified in all regions, especially those in the remote rural areas and the estate areas.
- Shortage of teachers in Science, Mathematics, English etc., should be minimized, especially in the less developed regions.
- Unequal distribution of teachers among different regions need to be minimized.
- Teacher absenteeism needs to be minimized.
- Road network and transport facilities in the remote areas need to be improved further so that children in such areas will have access to schools with better facilities.
- An up-to-date database to provide detailed information on every school in the country need to be developed and maintained. The information collected in the School Census (conducted by the statistics unit of the Ministry of Education) could be used for this purpose. The location of each school by type of school on an electronic map would be extremely useful to education planners and policy makers.

MDG#3:

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN



**PROMOTE GENDER
EQUALITY AND
EMPOWER WOMEN**

Chapter 4

MDG#3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Can Sri Lanka Meet the Targets for Promoting Gender Equality and Empowering Women?

Target No.	Target	Will the target be met?
3A.	Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	On-track
	<i>Assessment Scale</i>	<i>On-track</i> <i>Off-track</i> <i>Satisfactory Progress</i> <i>Lack of Data</i>

Summary

Sri Lanka has almost reached gender parity in primary education with the 'ratio of girls to boys in primary education' reaching 99 percent in 2006. In secondary and tertiary education, the proportion of girls to boys exceeds 100 percent.

There has been only a marginal increase in the share of women in wage employment in the non-agricultural sector from 30.8 percent in 1993 to 32.2 percent in 2006.

The rate of unemployment for women is twice the rate for men. For educated women, the rate is around three times the rate for men.

The proportion of female members in the National Parliament has increased from 3 percent in 1947 to only 5.8 percent at present. As the representation of women in the state legislature is very low, there is a need to encourage more women representation in the political system in Sri Lanka.

Meeting the targets

Strategies need to be developed to increase employment opportunities for women with secondary and higher levels of education, in all districts, to reduce the persistently high level of unemployment among women.

There is a need to ensure better working conditions and protection for women working in the Free Trade Zone, Middle East and in the plantation sector.

More women need to be encouraged for political representation in the Parliament, Provincial Councils and Local Bodies. It may be necessary to educate the electorate and create awareness about these issues. It may also be necessary to consider reserving a suitable proportion of seats for women in the Parliament and the Provincial Councils and Local Bodies. Gender issues may not be adequately voiced due to poor representation of women in such bodies.

Promote Gender Equality and Empower Women (Goal 3)

Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

	1991	1995	2002	2006	2015 Target
Ratio of girls to boys (number of girls per 100 boys) enrolled in					
- Primary		94.2	94.6	99.0	100
- Lower secondary		91.2	94.8	105.7	100
- Upper secondary		107.7	101.8		100
- Tertiary		75.4	113.8	N.A.	100
Ratio of literate women to men, 15-24 years old	Dropped following the global recommendations				
Share of women in wage employment in the non-agricultural sector (%)		30.8 (1993)	32.8 (2001)	32.2 (2007)	No target
Proportion of seats held by women in national Parliament		5.8 (1989/94)	4.2 (2000/04)	5.8 (2004/07)	No target

Source: DCS (2009).

Sri Lanka has almost reached gender parity in primary education with the ratio of girls to boys in primary education reaching 99 per cent in 2006. In the case of secondary and tertiary education, the ratio has already gone beyond the desired target of 100, showing that girls are more likely to attend secondary and tertiary education than boys (Table 4.1).

Level	Ratio of Girls to Boys (%)		
	1996	2002	2006/07
Primary	94.2	94.6	99.0
Junior Secondary	91.2	94.8	105.7
Senior Secondary	107.7	101.8	
Tertiary	75.4	113.8	-

Source: DCS (2009).

In the rural and estate sectors, the ratio of girls to boys in primary education has either reached or exceeded the desired target of 100 (Table 4.2). In the urban sector, while the ratio has reached almost 100 per cent for secondary education, there is a decline in the ratio for primary education. As the overall ratio for primary education has reached almost 100 per cent, this indicates that more boys from rural areas are attending the schools in the urban areas, while the girls tend to attend schools closer to where they live. It is possible that male children are less likely to attend school at secondary and tertiary levels as they join the labour market at an early age.

Table 4.2: Gender Parity in Education by Sectors, 1996 and 2006

Sector	1996			2006	
	Primary	Secondary Junior	Secondary Senior	Primary	Secondary
Sri Lanka	94.2	91.2	107.7	99.0	105.7
Urban	103.3	94.0	96.9	85.4	99.5
Rural	92.7	90.8	109.7	101.5	106.3
Estate	na	na	na	99.8	114.6

Source: DCS (2009).

The proportion of women enrolled as students at the universities is increasing steadily, since the inception of university education in Sri Lanka in 1942. By 1973, women comprised 40.6 per cent of the total enrolment in the universities. In 2001, the proportion increased to 51.7 per cent (UGC, 2002). This trend is now similar to that in secondary and tertiary education, showing that more girls are likely to continue to enrol for higher studies than boys.

A marginal increase in the share of women in wage employment

At the national level the share of women in wage employment in the non-agricultural sector has changed very little during the period from 1993 to 2006. Only the North Western Province has shown a significant increase in the share from 27.6 to 36.7 per cent during this period (Table 4.3). However, the share of women in wage employment in the non-agricultural sector declined by almost a third in the Estate sector during this period.

Table 4.3: Share of Women in Wage Employment in the Non-Agricultural Sector by Province and Sector

Province/Sector	1993	2001	2006
Sri Lanka	30.8	32.8	32.2
Urban	31.0	33.7	33.9
Rural	30.3	32.6	32.2
Estate	30.9	30.5	20.3
Western	30.8	34.6	33.1
Central	29.9	30.6	29.3
Southern	35.0	32.9	30.6
Northern	-	-	-
Eastern	-	-	-
North Western	27.6	31.1	36.7
North Central	39.3	26.7	31.1
Uva	27.2	29.4	28.8
Sabaragamuwa	29.2	31.8	29.5

Source: Census of Population and Housing – 2001 and Quarterly Labour Force Survey - Department of Census and Statistics.

Women perform numerous roles both at home and within the community that are unpaid and time-consuming. Thus, this figure must be interpreted carefully. In addition, the indicator measures only the presence or absence of work - not the quality. Whether increases in the number of women in non-agricultural waged employment is truly representative of a movement toward gender equality or empowerment of women is questionable, given the frequently poor conditions and low wages paid.

The rate of unemployment for women is twice the rate for men. For educated women, the rate is around three times the rate for men. While a large number of them are engaged in professional jobs, as administrators, doctors, lawyers, teachers etc., majority of the women, especially from lower income groups are engaged in specific sectors. For example, in the garment industry, more than 90 per cent are women, and of the Middle East migrant workers, more than 70 per cent are women. In the plantation sector more than 60 per cent workers are women. All these sectors bring in the much needed foreign exchange to the country. In addition to this, nearly 22 per cent of the employed women work as 'Unpaid family workers'.

Women employees in industry and service-related activities constitute less than one third of the total wage earners in the non-agricultural sector, and this has been the prevailing situation since the 1990s. The urban sector provides relatively higher opportunities for women and is closely followed by the rural sector. The proportion of women employees in non-agricultural work has recorded a sharp drop in the estate sector during the first half of the 1990 decade, but has continued to show signs of recovery over the years, even though the sectoral gap is still noticeable.

The situation is the same in almost all the districts, except in Kurunegala, where the share has increased from 28.6 per cent in 1993 to 39.1 per cent in 2006 and in Puttalam, where the percentage has increased by 5.7 percentage points (Table 4.4). Colombo, Gampaha, Matale and Kegalle also show marginal increases in the shares of women in wage employment in the non-agricultural sector. In the other districts, the share has either declined or remained the same during the above period.

District	Year		
	1996	2001	2006
Colombo	31.9	33.6	34.5
Gampaha	29.7	36.6	32.6
Kalutara	30.1	32.0	30.5
Kandy	30.7	29.4	30.4
Matale	23.7	29.9	26.0
Nuwara Eliya	32.3	35.4	28.3
Galle	29.3	32.2	29.8
Matara	41.2	33.1	29.1
Hambantota	47.5	34.7	34.4
Ampara	-	18.6	-
Kurunegala	28.6	32.1	39.1
Puttalam	25.8	29.0	31.5
Anuradhapura	41.4	27.1	30.7
Polonnaruwa	33.9	25.7	31.8
Badulla	26.7	30.0	29.8
Moneragala	28.7	28.0	27.1
Ratnapura	30.9	30.2	26.8
Kegalle	27.5	33.3	32.0

Source: Census of Population and Housing – 2001 and Quarterly Labour Force Survey – Department of Census and Statistics.

The full spectrum of non-agricultural wage employment needs to be considered, since some firms offer better social and legal protection than others. Migration has been an option for many Sri Lankan men and women, but one associated with increasing vulnerabilities, particularly for women and children. Suitable strategies need to be developed to increase the share of women in wage employment in the non-agricultural sector, as the educated women entering the labour market in Sri Lanka is increasing each year.

Women hold less than 6 per cent of the seats in the National Parliament

The proportion of female members in the National Parliament has increased from 3 per cent in 1947 to only 5.8 per cent in 2007. The percentage of seats held by women has fluctuated between 1.9 and 6.5 per cent. Sri Lanka produced the first woman Prime Minister in the world who served as Prime Minister for 18 years and the first Executive President who governed the country for 11 years (1994-2005). Yet, the representation of women in the state legislature is very low and reserving a suitable percentage of seats in the Parliament, Provincial Councils and Local Authorities for women may encourage women to join the political system.

Women's representation in the Provincial Councils and the Local Authorities also shows a similar trend (Table 4.5). In the provincial set-up, there has been a marginal rise in women representation since the early 1990s. Only in three provincial councils, namely Central, North Western and Western, women constitute over 5 per cent of members. Women representation in local government authorities is still worse, with the percentage of women members in Municipal Councils, Urban Councils and Pradeshiya Sabhas at 3 per cent, 3.4 per cent and 1.6 per cent respectively in 2006. There is a need to encourage more women representation in the political system in Sri Lanka.

Province	Men	Women	Total	% of Women
Western	98	6	104	5.8
Central	53	5	58	8.6
Southern	54	1	55	1.8
North Western	48	4	52	7.7
North Central	32	1	33	3.0
Uva	33	1	34	2.9
Sabaragamuwa	43	1	44	2.3
Total	361	19	380	5.0

Source: Ministry of Local Government and Provincial Councils.

Key Challenges

Ensuring gender equality through gender empowerment programmes is a priority for Sri Lanka in order to achieve the MDG targets. Reforms and law enforcement will help ensure basic and legal rights for women. Parity in education needs to translate into equality in the work place and in politics, giving women equal opportunities to reach higher positions and a voice in decision-making fora, respecting women's right to participate, both at the national and at the local level. Women victims of the armed conflict need to be helped to access land and other basic resources like health, rehabilitation, and freedom from political and sexual violence.

Although Sri Lanka has almost eliminated gender disparity in primary education, at the secondary and tertiary levels, boys are lagging behind. Ratio of literate women to men (15-24 years old) also shows that women are doing better than the men. However, this does not translate into increasing the share of women in wage employment in the non-agricultural sector. Unemployment among women, especially the educated is comparatively high. Political representation of women in Sri Lanka is still low.

Meeting the MDG on Women's Empowerment

Sri Lanka has already achieved gender equality in primary and secondary education. In universities, around 52 per cent are women. Sri Lanka's high literacy rate amongst women has not translated into well-paid and qualified jobs for them, as well as into women's participation in Sri Lanka's political life.

Programmes that focus on women and ensure their legal and reproductive rights and promote the health of adolescents, workers, ageing women and victims of sexual abuse or domestic violence will help in poverty reduction. They must also tackle the inadequacy of skilled employment opportunities in the rural sector, increase productivity in the agricultural sector and monitor work conditions in the manufacturing sector.

The Land Development Ordinance of 1935, which has denied land rights to women in settlement areas, is in the process of being amended. Legislation against domestic violence and to protect women workers in the informal sector and bilateral agreements with labour-receiving countries also require immediate attention.

MDG#4:
REDUCE CHILD MORTALITY



Chapter 5

MDG#4: REDUCE CHILD MORTALITY

Can Sri Lanka Meet the Targets for Reducing Child Mortality?

Target No.	Target	Will the target be met?
4A.	Reduce by two-thirds, between 1990 and 2015, the under-5 mortality rate	On-track
	Assessment Scale	On-track Off-track Satisfactory Progress Lack of Data

Summary

Sri Lanka has been extraordinarily successful in reducing child mortality over the last half century. At its current level of 11.3 infant deaths per 1,000 live births, the IMR is lower than that achieved by countries considerably wealthier than Sri Lanka. There have been similar sharp reductions in the under-5 mortality rate and the 2015 MDG mortality targets are well within reach. In spite of the overall reduction, there are regional disparities in mortality rates across the country. While infant mortality rates declined in seven provinces during 1991-2003, they increased in the Eastern and North-Central provinces during this period largely because of increases in Batticaloa and Polonnaruwa districts. The IMR in the North-Central Province is almost twice the national average. The rate of reduction of infant mortality rate has slowed down in recent years and additional efforts will be required to achieve the MDG target of 5.9 deaths per 1,000 live births by 2015 via reductions in neo-natal mortality. There is a positive correlation between infant deaths and mother's age, birth spacing, and mother's educational attainment. The age of the mother could have an influence on neo-natal mortality, as older the mother the higher the probability of her being anaemic, or suffering from such diseases as diabetes, heart disease, etc. Such conditions could have an influence on the health of the unborn. Sri Lanka's success in reducing child mortality is matched by progress in immunization of 1-year-old children against measles. There is near-universal immunisation coverage of children against measles. In addition to this all the basic vaccinations have been received by children at the correct time: 94.1 per cent within first 12 months and 97.0 per cent within the 23 months, of the child's life.

Meeting the targets

Future reductions in infant mortality will have to be driven largely by reductions in neo-natal mortality, which are considerably more difficult and expensive to attain. Most children's deaths are a result of neo-natal causes and communicable diseases, in particular malaria, acute respiratory infections, diarrhoea and epidemics such as dengue fever or meningitis. Data suggest that disparities exist in child health indicators according to geographic location, may be due inadequacy of required health facilities or distance to the available facilities, especially for those living in less developed regions. These are particularly wide across districts and such areas will require special targeting.

Reduce Child Mortality (Goal 4)

Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-5 mortality rate

Indicator	1991	1996	2003	2015 Target
Under-5 mortality rate	22.2	25	13.5	8.0
Infant mortality rate	17.7*	22	11.3	6.0
Proportion of 1-year-old children immunized against measles	84.0 (1990)	95.5 (1993)*	97.2* (2006/07)	100

Note: * The figure is from DCS (2008), "MDG Indicators of Sri Lanka – A Mid-term Review".

Source: DCS (2009).

Sri Lanka has been extraordinarily successful in reducing child mortality over the last half century

Achieving low rates of infant and under-five mortality is of central importance for social well-being and human development. Sri Lanka's achievements in providing near-universal access to healthcare are well known internationally. The infant mortality rate fell from 141 infant deaths per 1,000 live births in 1946 to about 11 deaths per 1,000 live births by 2003. At the national level, the country is well on its way to achieving most of the MDG targets in reducing child mortality. However, special attention need to be paid to district where mortality is high.

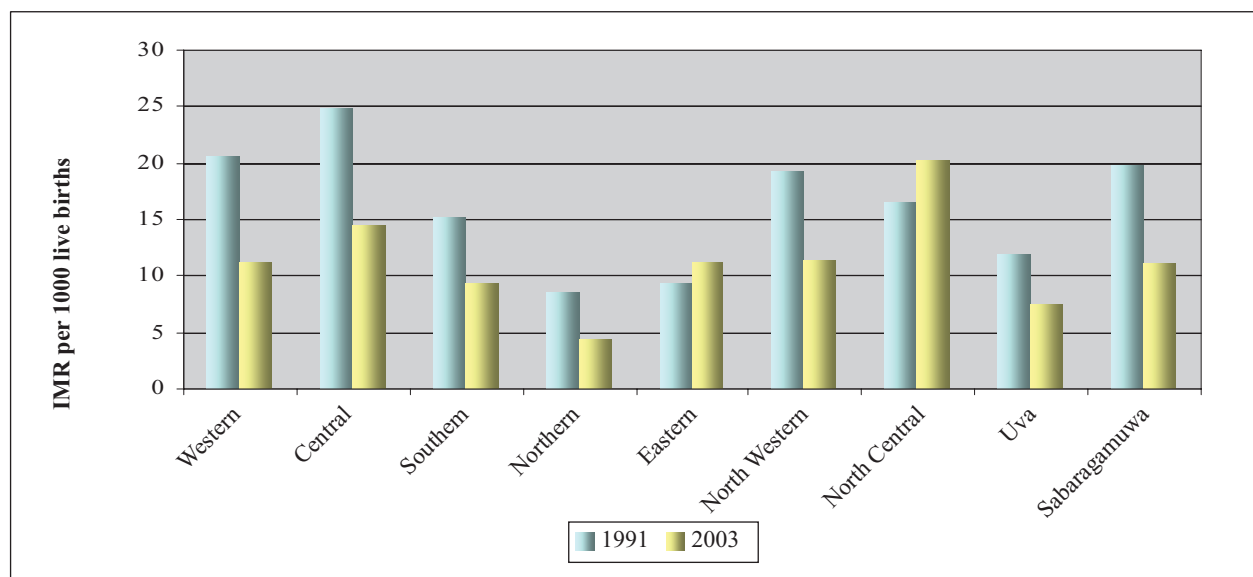
Sri Lanka's infant mortality rate is unusually low as compared to most developing countries

Over the period 1946-2000, Sri Lanka has been one of the most successful developing countries in the world in terms of infant and child mortality reduction. At its current level of 11.3 infant deaths per 1,000 live births, the IMR is lower than that achieved by countries considerably wealthier than Sri Lanka. An international comparison of infant mortality rates relative to per capita national income, based on a cross-section of 120 low- and medium-human development countries,¹¹ shows that Sri Lanka has a significantly lower infant mortality rate than would be expected on the basis of its per capita GDP. Indeed, the figure suggests that Sri Lanka has an infant mortality rate that may be a fourth of what would typically be expected of a country at Sri Lanka's level of per capita GDP.

Yet there are large regional disparities in infant mortality rates in the country

Even though Sri Lanka's infant and the under-5 mortality rates dropped significantly during 1991-2003, and are now at par with many developed countries, there is considerable variation in infant mortality rates across different provinces. While infant mortality rates declined in seven provinces during 1991-2003, they increased in Eastern and North Central provinces during this period (Figure 5.1). In 2003, the infant mortality rate in the province with the highest infant mortality (North Central) was nearly five times as large as that in the province with the lowest infant mortality (Eastern). The North Central Province had the highest mortality rate of above 20 infant deaths per 1,000 live births.

¹¹ The exercise is undertaken in World Bank (2005) using data from the UNDP *Human Development Report* 2004.

Figure 5.1: Infant Mortality Rate by Province of Registration, 1991-2003

Source: Registrar General's Department.

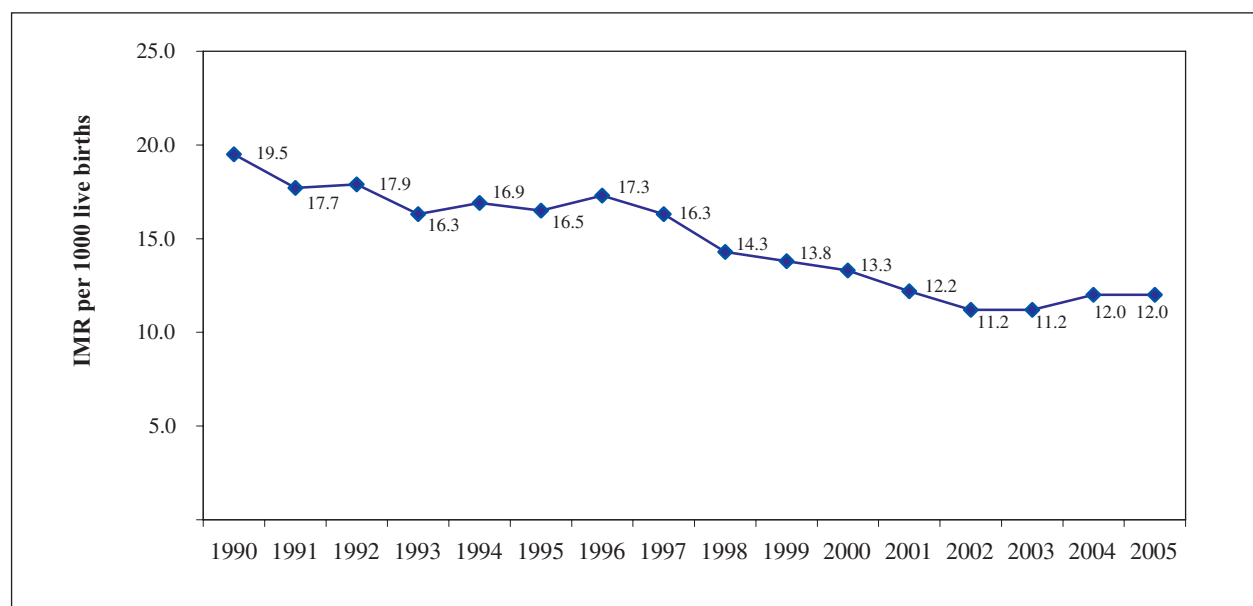
District-level variations in infant mortality are higher than provincial variations. In 2003, two districts – Batticaloa and Polonnaruwa – had infant mortality rates that were greater than 20 deaths per 1,000 live births. Infant mortality in the district with the highest infant mortality rate in Sri Lanka (Polonnaruwa) was 23 times as high as in the district with the lowest infant mortality rate (Kilinochchi). The high IMR in Batticaloa may be explained by the limited access to health care in the Eastern province, though Northern Province had the lowest IMR of 4.5. There may have been an under reporting of cases in the Northern Province, which had been affected for more than 20 years due to conflict.

The district-level data also show very wide variations in the rate of infant mortality reduction between 1995 and 2003, with 7 districts (out of a total of 25) showing an increase in infant mortality. In Batticaloa, the IMR increased from 7.5 in 1995 to 21.1 in 2003 whereas in Polonnaruwa, the IMR more than doubled from 13.2 to 27.6 during the same period.

Sri Lanka has done well in reducing infant mortality but the rate of decline has slowed down

Overall, IMR has declined by more than 40 per cent during 1990-2005. But tracking the reduction in IMR over the 15-year period by dividing it into two approximately equal phases we see a sharp slowing down of the rate of decline in 1998-2005. While the infant mortality rate declined by 26.7 per cent in 1990/98, it declined by only 16.1 per cent in 1998/2005. The estimated IMR in 2005 is at the same level as in 2001 and has even increased marginally since 2002/03 (Figure 5.2). This suggests that further decrease in infant mortality rate will require additional effort to achieve the MDG target of 5.9 deaths per 1,000 live births by 2015.

A high child mortality rate usually reflects the adverse environmental health hazards, e.g. malnutrition, poor hygiene, infections and accidents. Decline from the high initial infant mortality rate is driven mainly by reduction in the number of post-neo-natal deaths (i.e. deaths occurring between the age of one month and twelve months). These deaths are more easily averted by the typical, and relatively inexpensive, child survival interventions, such as child immunizations and oral rehydration therapy.

Figure 5.2: Variation in IMR, 1990-2005

Source: Registrar General's Department/DCS.

To achieve the MDG target, Sri Lanka will have to further reduce IMR by half during the next ten-year period 2005-15. As the overall level of infant mortality comes down, subsequent reduction in infant mortality is more sensitive to focused health care interventions and is likely to be achieved via reductions in neo-natal mortality along with provision of services related to peri-natal risks, acute respiratory diseases, congenital heart abnormalities, and certain vaccine-preventable infections.

Reducing neo-natal mortality holds the key to cutting infant mortality

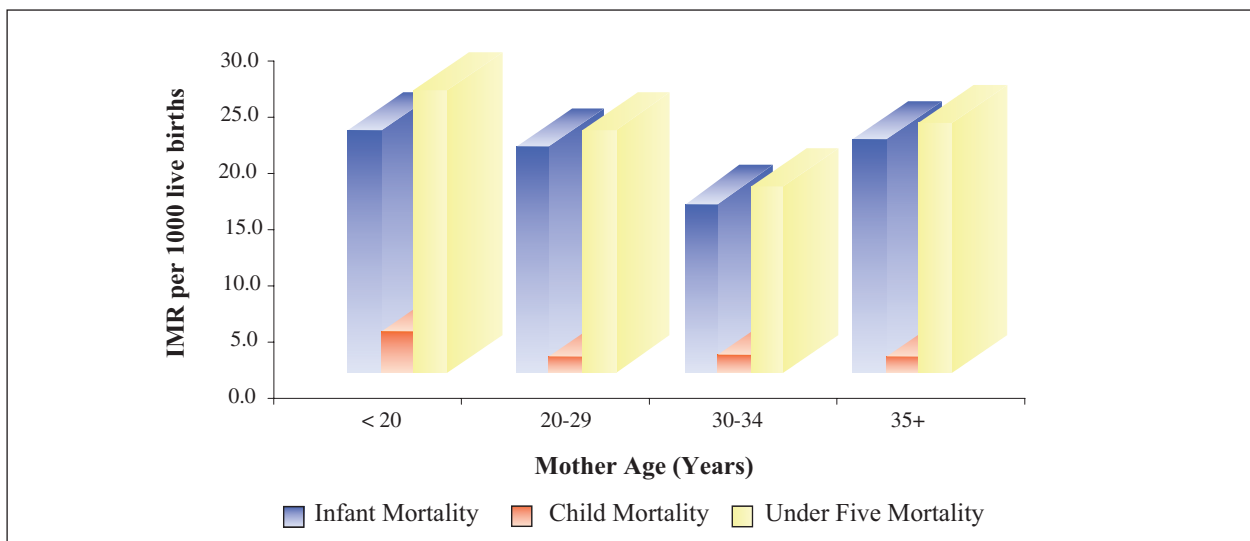
Averting neo-natal deaths typically requires more expensive interventions, such as professionally-attended deliveries with improved quality of care, prompt treatment of neo-natal infections (such as pneumonia), and availability of emergency obstetric care at lower levels of health-care facilities. Thus, sustained infant mortality reduction becomes increasingly more difficult and expensive. Even though neo-natal deaths dropped by 44 per cent during the five year period of 2001/06, more than three-quarters of infant deaths still occur in the first month of life. Thus, future reductions in infant mortality will have to be driven largely by reductions in neo-natal mortality, which are considerably more difficult and expensive to attain.

Mother's age and level of education influence child mortality

There is a positive correlation between infant deaths and mother's age, her educational attainment and birth spacing. Children born to the mothers below 20 years of age or above 35 years are at a higher risk than the children born to the mothers between the two age groups (Figure 5.3). The age of the mother could have an influence on neo-natal mortality, as older the mother the higher the probability of her being anaemic, or suffering from such diseases as diabetes, heart disease, etc. Such conditions could have an influence on the health of the unborn.

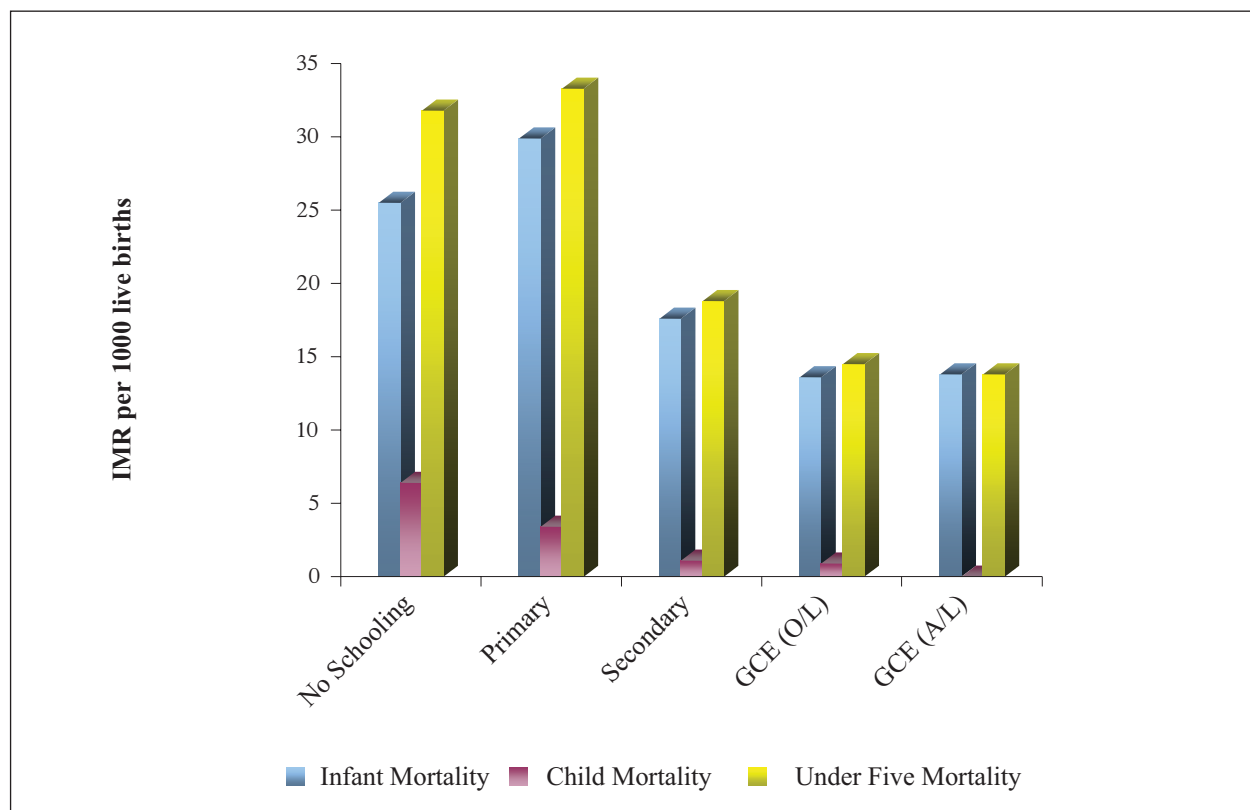
Similarly, mothers' educational attainment too has played a vital role on survival of children in their early years of life. Mother's level of education or literacy could be taken as a variable indicative of her level of understanding of hygiene and health care and of the need not only to attend pre-natal and post-natal clinics but also to see that trained medical personnel attend her and her child during and after birth. Both infant mortality and child mortality rates reduce by almost half for mothers who have studied beyond the primary level, though it is not clear why mothers with primary-level of schooling should have higher IMRs than those with no schooling (Figure 5.4).

Figure 5.3: Infant and Child Mortality Rates by Mother's Age



Source: DHS (2000).

Figure 5.4: Mother's Educational Level and Child Mortality, 2000



Source: DHS (2000).

Sri Lanka has achieved near-universal measles immunisation coverage

Child death is usually directly attributable to a specific disease, such as pneumonia, diarrhoea or measles. Among vaccine preventable diseases, measles is a highly contagious disease and probably the best known and most deadly of all childhood rash/fever illnesses. Immunizations have consistently been shown to be one of the most cost-effective health interventions, playing a key part in reducing child mortality.¹² All child deaths from

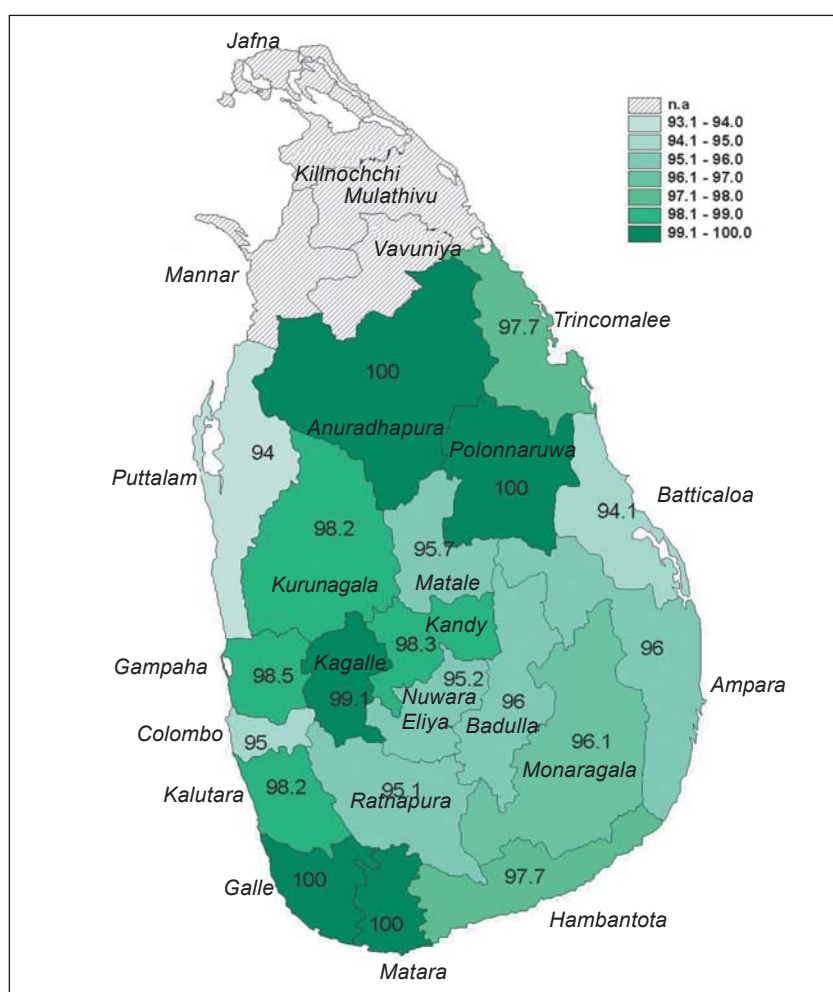
¹² According to UNICEF and WHO guidelines, a child should receive a BCG vaccination to protect against tuberculosis, three doses of DPT + HepB to protect against diphtheria, pertussis, tetanus and Hepatitis B, three doses of polio vaccine, and a measles vaccination, all by age 12 months.

measles can be prevented; the vaccine is proven, safe and cheap. It costs less than US\$1 to protect a child against measles.

Sri Lanka's public health system has achieved remarkable, life-saving successes - from the eradication of polio and measles to delivering healthy babies. All vaccine preventable diseases have been effectively controlled or eliminated through superior levels of sustained infant immunization coverage. The measles vaccination programme was first introduced in 1984 in four divisions and was extended to cover the whole island in 1985. After the introduction of measles immunization to the Expanded Programme of Immunization (EPI) in 1984/85, the overall immunization coverage for measles, gradually increased to 94.9 per cent within the first 12 months and to 97.2 per cent within 23 months of the child's life (DHS- 2006/07). As a result the incidence of measles gradually declined.

After the outbreak in early 2000 a new immunization schedule was introduced in 2001 and all children were given a second round of measles immunization. In 2004 only 35 cases of measles were reported from Matale District (1.5 per 100,000 population) and from Trincomalee District (1.25 per 100,000 population). Out of 35 reported cases, 9 were under the 1-year age group. In 2005 out of the 48 suspected cases reported to the Epidemiological Unit, 24 were clinically confirmed as measles. Under the EPI, all eligible children throughout the country receive their scheduled vaccines continuously and as a result, the immunization programme has been a major success. By 2006/07 the coverage was 97.2 per cent, though data for the Northern districts is not available.

Figure 5.5: Measles Immunization Coverage (%) by district - 2006/07



Source: DHS 2006/07.

Key Challenges

At present, Sri Lanka remains on track to meet the MDG child mortality targets. Two key challenges likely to affect the prospect of meeting these targets are: (i) the high and slowly reducing child mortality rates in some districts which (ii) the slow the rate of reduction of infant mortality overall. The district-level disparity in IMR needs serious attention.

Government MCH strategy

While Sri Lanka's child survival ratio has increased to a higher level than ever before, it has been reported that many of the children suffer from the ill-effects of under-nutrition. As a result, approximately 17 per cent of infants are born with low birth weight (below 2.5 kg), approximately 27 per cent of the children under 5 years are underweight and around 13 per cent are stunted. Vitamin A deficiency, anaemia and iodine deficiency disorders are still a significant public health problem. To overcome the negative influence on cognitive and psychosocial development of children due to the above situation, the government of Sri Lanka through the Ministry of Health Care and Nutrition, and UNICEF initiated the integrated Early Childhood Care and Development Programme implemented between 2002 and 2006. Since its initiation, the programme has matured and expanded to 161 MOH areas and 50 Estates. The programme today covers over 95,000 expectant and nursing mothers and over 446,775 children under five years of age. The programme targets the period from conception to five years of age. This period in the life cycle provides a window of opportunity to improve maternal health and nutrition and achieve better birth outcomes and optimum growth and development for children in the targeted age group.

The Early Childhood Programme is a multi-dimensional programme that supports integrated interventions comprising health, nutrition, hygiene, sanitation, water supply and cognitive and psychosocial development. This has strengthened the existing MCH programme while incorporating the psychosocial component into the existing child health services. The programme focuses on strengthening the care practices of the parents/caregivers at family level in providing the total needs of the child by improving their knowledge and skills and is implemented through the available health infrastructures where the PHM is the grass root level service provider.

Meeting the MDG for Child Mortality

Although the national level indicators provide a somewhat comforting picture, at the sectoral level a high incidence of child death has been reported in the estate sector. The policies of Mahinda Chintana reflect the health concerns of the vulnerable populations such as those in the estates, remote rural areas, and conflict and disaster-affected areas and are directed at the improvement of health and nutrition among infants, pre-school children and pregnant mothers. There is provision of service delivery for children aged five and under, and focus on improving the quality and coverage of service delivery with special emphasis on vulnerable groups such as those living in urban slums, conflict areas, institutions, rural remote areas, street children and those in the estate sector. It aims at strengthening the existing services while identifying and implementing new strategies to address the unmet needs of children.

The programmes will focus on reducing peri-natal mortality rate, neo-natal mortality rate, post-neo-natal mortality rate, 1-4 year mortality rate, anaemia of children under 5, improving child nutrition, extending immunization coverage to all sectors and regions, and increasing per centage of caregivers providing home-based psycho-social stimulation to children under five.

MDG#5:
IMPROVE MATERNAL HEALTH



Chapter 6

MDG#5: IMPROVE MATERNAL HEALTH

Can Sri Lanka Meet the Targets for for Improving Maternal Health?

Target No.	Target	Will the target be met?
5A.	Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	<i>On-track</i>
5B.	Achieve, by 2015, universal access to reproductive health	<i>Lack of Data</i>
	Assessment Scale	<i>On-track</i> <i>Off-track</i> <i>Satisfactory Progress</i> <i>Lack of Data</i>

SUMMARY

Sri Lanka has achieved considerable success in reducing the Maternal Mortality Ratio (MMR) consistently since the 1940s. The MMR is 14 deaths per 100,000 live births in 2003 based on an estimate of the Registrar General's Department. However, the Family Health Bureau (FHB) of the Ministry of Health has estimated the MMR as 39.3 per 100,000 live births in 2006, based on a special study. Either way, the level is the lowest in South Asia. With near-universal access to health care, and 98 per cent institutional deliveries, the country is on-track to meet the MDG on improving maternal health. Reduction in maternal mortality does not take place in isolation. Rather, it is dependent upon a number of complex factors, and assessing progress on maternal mortality requires a review of these factors. Equally, the MMR does not wholly measure maternal health, for behind every woman who dies from complications during pregnancy or childbirth, 20 women survive but suffer ill health or disability. Acknowledging that to reduce maternal mortality further, women need access to broader reproductive health services, especially family planning, skilled assistance at birth, and access to emergency obstetric and neo-natal care for management of complications. Universal access to reproductive health was added in 2006 as a target with four indicators for the MDG framework by an international expert panel. Universal access to reproductive health is measured by indicators on access and usage of contraception, antenatal care and adolescent fertility. Although progress has been significant in improving antenatal coverage, the contraceptive prevalence rate increased only slightly from 66 per cent to 68 per cent during 1995-2006. The proportion of women attended by a health professional during childbirth increased from 94.1 per cent in 1993 to 98.6 per cent in 2006/07 and the percentage increased with their level of education of the mother.

Meeting the targets

Long-term efforts are needed to strengthen capacities for comprehensive routine reporting of births and deaths. There is an urgent need to strengthen this skills base for all aspects of the health information system. Preventing maternal mortality is one of the central goals of maternal and child health services. An important priority for the government is to improve service delivery for pregnant mothers in order to improve their health and well-being especially in remote villages, plantations, and in the Northern and Eastern provinces, in order to improve their health and well-being.

Improve Maternal Health (Goal 5)

Target 5A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

		1991	1995	2002	2006	2015 Target
Maternal mortality ratio (deaths per 100,000 live births)	RGD estimate*	42	23	14 (2003)*		10.6
	FHB estimate**	(1990)	62	53	39.3 (2006)	23
Proportion of births attended by skilled birth attendants	RGD estimate*	94.1 (1993)			98.6*	
	FHB estimate**				99.0	
					(2007)	99.0

Note: * The figure is from DHS2006/07,,DCS.

** These estimates are from the Family Health Bureau of the Ministry of Health.

Sources: Registrar General's Department; Demographic and Health Surveys (various years); Family Health Bureau, MOH.

Target 5B: Achieve, by 2015, universal access to reproductive health

	1995	2000	2005	2015 Target
Contraceptive prevalence rate, all methods, currently married women (**)	66.1 (1993)		68.4 (2006/07)	No target
Total Fertility Rate (TFR)	2.3 (1993)	1.9 (2000)	2.3 (2006/07)	No target
Antenatal care coverage (**)			100	No target
Unmet need for family planning				No target

Sources: MOH, DHS2006/07,DCS.

Sharply declining Maternal Mortality is one of Sri Lanka's significant achievements*

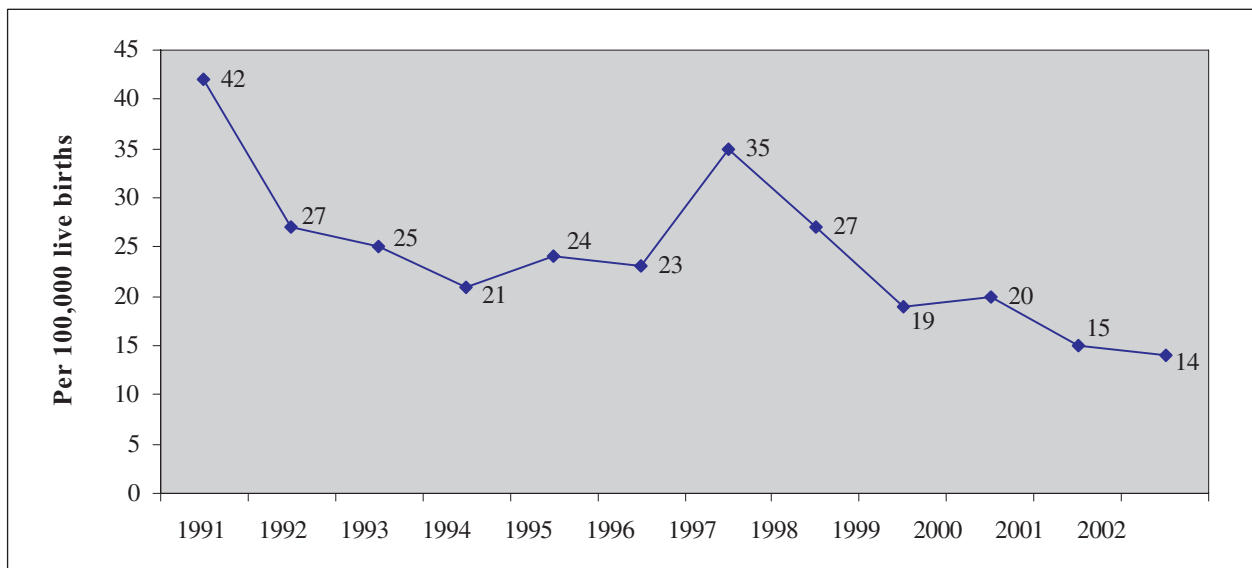
Sri Lanka is on track for achieving the MDG target on maternal mortality with a long-established and successful maternal health care programme. The maternal mortality ratio (MMR) in Sri Lanka has declined from 42 per 100,000 live births in 1992 to 14 per 100,000 live births in 2003 and is the lowest in South Asia.

The Maternal Mortality Ratio of 14 per 100,000 live births in 2003 is an exceptional achievement for a developing country. In the past few decades, Sri Lanka's maternal mortality ratio has shown a significant decline, from 1650 per 100,000 live births in 1946 to the current level of 14 per 100,000 live births (Figure 6.1).

* The discussion in this section is based on MMR data from the Registrar General's Department.

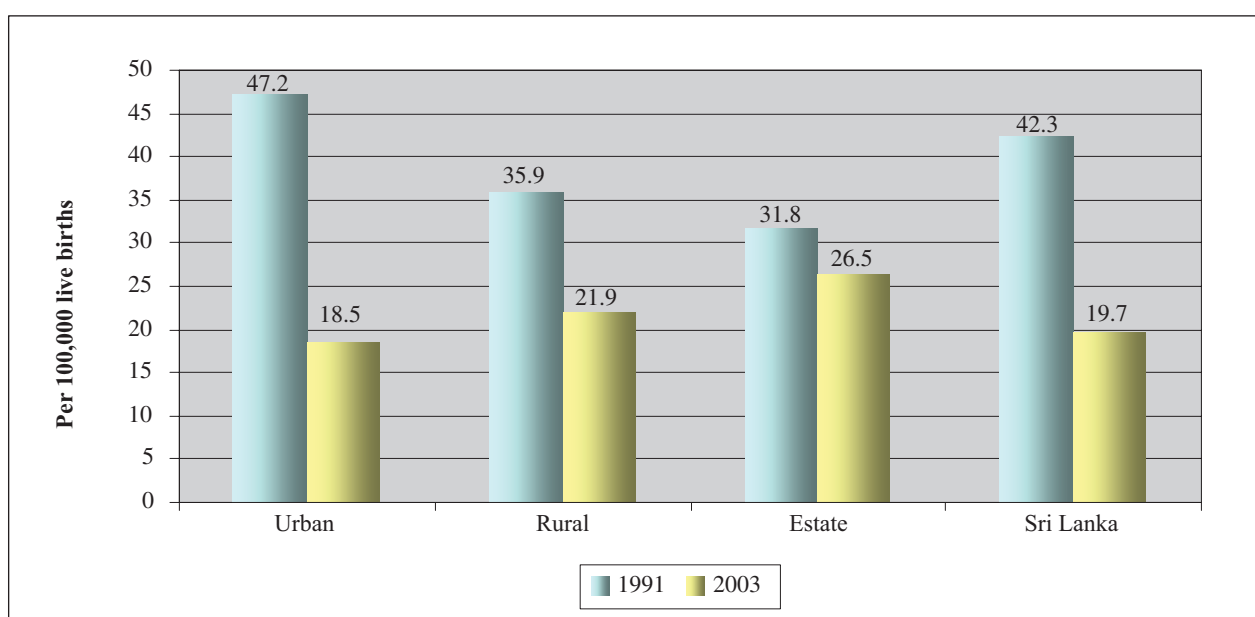
All sectors have recorded substantial improvements in reducing maternal deaths with the urban sector recording the sharpest drop during 1991-2003. While the estate sector had the lowest MMR in 1991 it had the highest MMR in 2003 by virtue of the fact that it registered the lowest decline in MMR during this period (Figure 6.2). District disparities are large with Colombo district reporting the lowest level of maternal mortality ratio (3.2) and Kilinochchi district the highest level of pregnancy-related deaths (93.3). While most districts cut maternal mortality ratio in the period 1991-2003, Kilinochchi and Kegalle recorded sharp increases in their MMRs. There was little change in the number of pregnancy-related deaths in Nuwara Eliya during this period.

Figure 6.1: Maternal Mortality Ratio, 1991-2002



Source: Registrar General's Department.

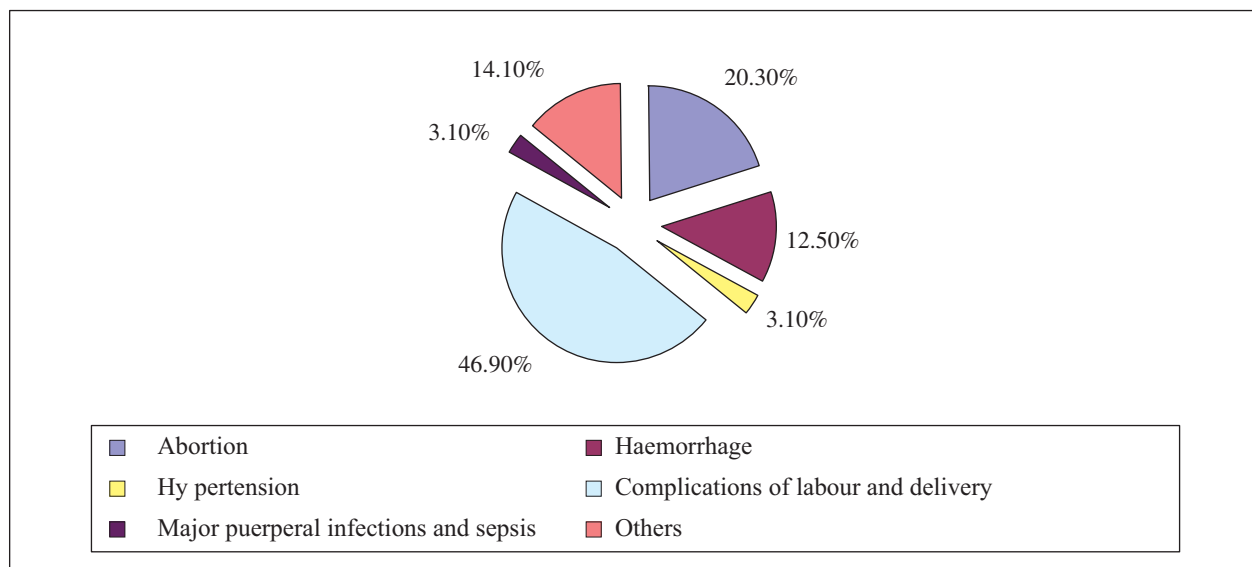
Figure 6.2: Maternal Mortality Ratio by Sector



Source: DCS (2009)- based on Registrar General's Department figures.

Leading causes of maternal mortality in Sri Lanka are complications faced during labour and delivery, illegally induced abortions and post-partum haemorrhage. While labour and delivery problems account for nearly half of maternal deaths, illegal abortions have led to one fifth (Figure 6.3). Maternal malnutrition is also another cause of aggravating complications during pregnancy and increasing the risk of death.¹³

Figure 6.3: Major Causes of Maternal Deaths (%) - 2001



Source: DCS (2009).

Sri Lanka has improved maternal care during pregnancy, at delivery and during the lactation period

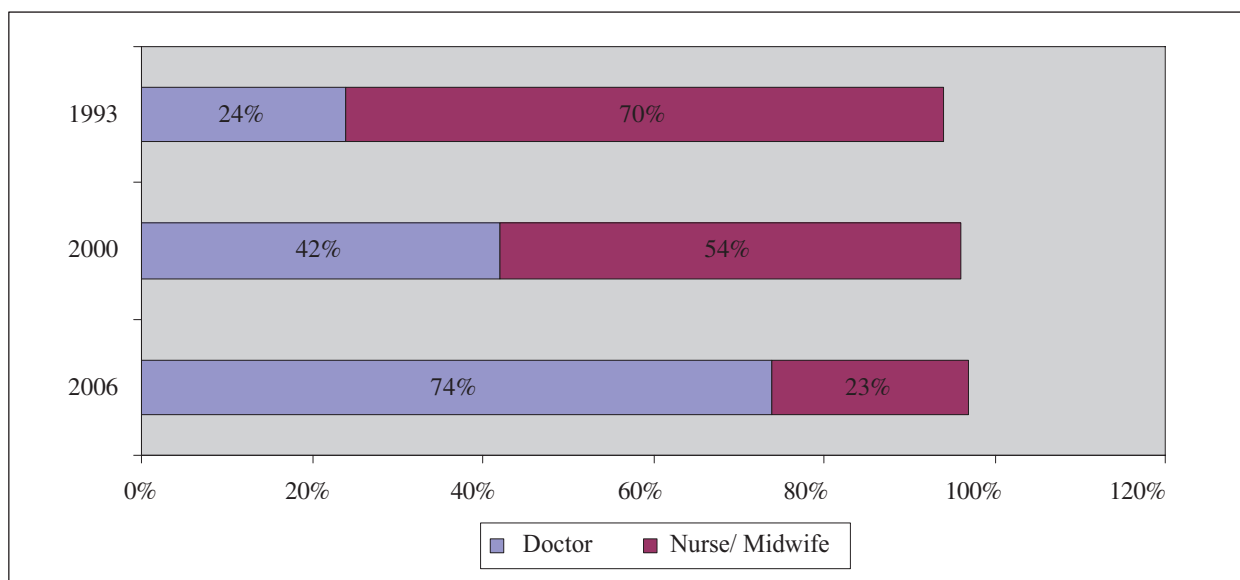
The global target aims to assure that at least 90 per cent of births worldwide be attended by skilled health personnel by 2015. The choice of this indicator was based on historical and observational evidence on the relationship between having a skilled health worker at delivery and the reduction of maternal mortality. Proportion of deliveries attended by skilled health personnel, therefore, is a key MDG indicator. Institutional deliveries are very high and accounted for almost 99 per cent of births in 2006/07. Virtually all births are attended by a professional health provider, and this feature has ceased to depend on the birth order of the child or mother’s age at birth, as it used to be in the past. According to the health system in practice, pregnant mothers who register at a health facility for antenatal check-up usually get qualified to use the same facility or a health institution for delivery irrespective of the fact whether the facility is owned by the government or private entity.

The system of trained midwives assisting in home deliveries, the increased number of hospital deliveries and access to emergency obstetric care has contributed to Sri Lanka’s notable achievement in reducing maternal mortality. In 2000, 96 per cent of births were attended by skilled health personnel, while a significantly lower rate of 84 per cent was recorded in the estate sector. The percentage in the estate sector increased to 96.5 per cent by 2006/07, which is remarkable. Between 1980 and 2006/07, Sri Lanka has recorded a consistent upward trend in the percentage of babies born in government or private health facility, which has increased from 75.6 per cent to 98.2 per cent during this period.

¹³ DHS (2000) revealed that nearly 25 percent of women are undernourished and a study conducted by the Medical Research Institute in 2001 found that 30 percent of pregnant women are anaemic.

Among the health personnel who have assisted in deliveries, the attendance of a medical doctor is much pronounced in recent times. The proportion of deliveries attended by a doctor has increased by nearly three times from 24 per cent in 1993 to 74 per cent by 2006/07 (Figure 6.4). Availability of health professionals for maternal services has also improved from 23 midwives per 100,000 people in 1980 to 38 per 100,000 in 2000, and 14 medical officers per 100,000 in 1980 to 41 per 100,000 in 2000. The number of qualified obstetricians has also increased from 77 in 1995 to 99 in 2001. The proportion of women attended by a health professional during childbirth increases with their level of education.¹⁴

Figure 6.4: Maternal Care at Delivery by Category of Health Personnel



Source: DCS (2009).

In Sri Lanka young mothers, first time mothers with secondary education especially in the rural sector, prefer government health facilities for deliveries. Virtually all births at government health institutions were attended by skilled health-care personnel. Around 98 per cent of deliveries take place at government health facilities at present (DHS survey 2006/07). Five year averages indicate that 95.9 per cent of pregnant mothers in the rural sector and 81.3 per cent in the estate sector opted for government hospitals or maternity homes for deliveries (DHS, 2000).

However, post-natal care is weak with 77 per cent of mothers visited at home, compared to 98.4 per cent who had received ante-natal care. In the cleared areas, only 45.7 per cent of mothers had received a home visit by a midwife. The poorly serviced areas of the North and East and the estate areas show an MMR above the national average.

Increasing universal access to reproductive health

Deliveries in health facilities have become established practice. Issues related to quality of service delivery, management practices within hospitals and quality of care given to mothers have been regularly attended to in the delivery of maternal health services. Differences that exist between socio-economic groups as well as between geographical areas have been attended to by posting more health delivery and care personnel to deprived areas. As a result, antenatal coverage has increased to 90 per cent.

There has been a vast improvement in 1990-2005 in antenatal care coverage with the introduction of new strategies on improving antenatal and post-natal services, introduction of referral system, surveillance system on maternal morbidity and sensitization of the communities on male participation on family health.

¹⁴ 'MDGs in Sri Lanka – A Statistical Review: 2006' Dept. of Census and Statistics.

Still, inadequate nutrition is one of the key factors affecting pregnant mothers especially in the plantation and in other rural remote areas. Planned interventions are in progress to improve the quality of antenatal care. Sri Lanka maintains a strong network of ante-natal, intra-natal and post-natal services. Reducing the prevalence of anaemia among pregnant mothers, achievement of adequate weight gain during pregnancy and sustainable supply of micronutrients are some of the major concerns in the present situation in order to improve the quality of maternal care. Already, specific action has been taken for particular interventions such as vaccination and treatment of infection and haemorrhage, still attention to nutrition has slipped through the gaps in these areas.

With changing economic policies and the restructuring of the estate sector, there was a complete change in the management of health and welfare services. In the mid-1990s, the MMR in the estate sector was in the range of 90-190 per 100,000 live births, much higher than the figure for Sri Lanka. The difficult terrain and the long distances that pregnant mothers in the estates had to travel to government institutions to access emergency obstetric care may have contributed to increasing maternal mortality. At present, services in the plantation areas are similar to those in the non-estate health services. Trained midwives, family welfare supervisors, Assistant Medical Practitioners and Estate Medical Assistants provide the services. Employed women are provided with transport facilities and paid leave to attend antenatal clinics.

The health services in the districts of the Northern and Eastern provinces had been adversely affected by the recently-ended conflict. This is evident from a three-fold increase in MMR in Killinochchi during 1991-2003. Assessment of the current status of the health services indicates the need for targeted programmes especially for the displaced populations.

With further decline in the MMR and with haemorrhages of pregnancy an important cause of maternal mortality, it would necessary to adopt strategies that would address these needs. Proper antenatal care for the prevention of anaemia especially in the estate sector and in the Northern and Eastern provinces requires priority intervention.

Access to family planning and antenatal care are critical in reducing maternal mortality and morbidity

The Plan of Action adopted in Cairo at the 1994 International Conference on Population and Development (ICPD) calls for the promotion of healthy, voluntary and safe reproductive choices related to fertility and timing of marriage and gender equality. Reproductive health includes access to a broad range of services such as family planning, maternal health, prevention and treatment of HIV/AIDS and sexually transmitted infections, and youth-friendly services. In recognition of its importance for development and poverty reduction, universal access to reproductive health was added in 2006 as a target with four indicators for the MDG framework by an international expert panel.¹⁵

Information on coverage of antenatal care for pregnant women is important, since it offers an opportunity to monitor the health of the mother and to provide women with information and services that promote not only a healthy pregnancy but also correct infant and child care practices. There is almost universal access to antenatal care even as uptake of antenatal care also increases sharply with women's education.

Contraceptive usage accounts for a substantial proportion of variation in fertility, and access to voluntary, safe, affordable and appropriate family planning information and services promotes gender equality and reduces unintended and high-risk pregnancies. Such high-risk pregnancies include women who started childbearing in their adolescence and those who have many and narrowly spaced pregnancies. For example, compared with

¹⁵ The indicator on contraceptive prevalence rate was moved from MDG6 to MDG5.

women who give birth at 9- to 14-month intervals, women who have their babies at 27- to 32-month intervals are 2.5 times more likely to survive childbirth (World Bank).¹⁶

The contraceptive prevalence rate (CPR) is a common indicator to monitor the use of family planning, although no target has been set for the purpose of MDG reporting. Data shows that the CPR in Sri Lanka has only shown a slight increase from 66 per cent to 68 per cent between 1993 and 2006/07. While CPR measures usage, unmet need for family planning measures access. Simply put, unmet need includes women who do not want any more children but currently are not using contraception. In Sri Lanka, data on unmet need is not available. Consistent with data on method mix and availability of contraception, unmet need for long-term methods (IUD and sterilization) is likely to be higher than for short-term methods (pills, injections and condoms).

The country's significant progress in modern contraceptive access and usage suggests a change in childbearing behaviour among Sri Lankan women in the last decade. Family planning is easily accessible and popular, and is reflected in the decline of Total Fertility Rate (TFR) from 2.3 children per woman during 1988-93 to 1.9 children per woman during 1995 to 2000. However, according to the latest DHS in 2006/07 the TFR has increased to 2.3 during 2003 to 2006. .

Key Challenges

Data and Accuracy of Measurement - Without accurate medical certification of cause of death, in the death certificate, accurately measuring the maternal deaths is particularly difficult. Although the deaths occurring during pregnancy and at childbirth could be identified easily, some of the deaths occurring within 42 days of termination pregnancy may be difficult to differentiate. As such, the principal data-related challenges are: (i) to obtain sufficient or reliable detail, in official records or relatives' reports, to differentiate maternal from non-maternal causes; and (ii) due to the comparative rarity of the event on a population basis, extremely large samples or complete enumeration are required to produce stable estimates.

Currently, maternal deaths are reported by the Registrar General's Department (RGD), Hospital Statistical System and the Family Health Bureau (FHB). In addition, estimates are also provided by respective DHS surveys. It has been observed that MMR reported by the Hospital Statistical System derived by analyzing the causes of death recorded in death certificates is always higher than the official MMR released by the RGD. The value of MMR given by RGD may be low due to incorrect recording of the cause of death, and incorrect coding due to insufficient information given in the returns submitted by the Registrars. Efforts are being made to reduce such disparities by improving the capacity to generate more complete timely information so as to help in evaluating district and regional level disparities.

Even though the aggregate indicators on maternal health have improved over the years at the national level, it is necessary to pay attention to 'within country' variations, with several districts reporting high maternal death ratios. However, limited availability of accurate and timely data, particularly from the districts where maternal mortality is subject to variation, makes it difficult to monitor short-term changes and undertake useful sub-national analysis of the data.

Disparities across sectors and districts - While Sri Lanka is on track in achieving Goal 5, several areas still require attention. Maternal mortality has reduced only slowly in the estate sector and this requires urgent attention. At the same time, the country's success in improving maternal health masks wide disparity across districts. The maternal mortality ratio in some districts has actually increased during 1991-2003. Services must be improved in the areas which been affected by the conflict and the estate sector.

¹⁶ <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTHEALTHNUTRITIONANDPOPULATION/EXTPHAAG/0,contentMDK:20944136~menuPK:2656916~pagePK:64229817~piPK:64229743~theSitePK:672263,00.html>

Government Strategies and Action

The consistent decline in Sri Lanka's MMR is attributed to: (i) a wide network of maternal health services and childcare supported by a cadre of trained Public Health Midwives, established since the 1930s and (ii) free access to health and family planning services since the 1960s.

Other factors, external to the health sector, have contributed to reducing MMR in Sri Lanka. The introduction of free education in early 1940s has had a sustained, beneficial effect on the national health, and especially on maternal and child health. In addition, state food subsidies to underprivileged groups have improved maternal nutrition, which in turn has significantly helped to reduce MMR.

Meeting the MDG for Maternal Mortality

While overall standards are good, the quality of family planning services must improve in order to prevent unwanted pregnancies and unsafe, illegal abortions. Reproductive health education and services should target adolescents and youth. The proportion of mothers receiving post-natal care should increase as well as access to emergency care. Programmes should be in place to improve maternal nutrition and reduce anaemia amongst pregnant women.

Long-term efforts are needed to improve the timeliness of births and deaths statistics and correct reporting of cause of death to reduce the difficulties faced by the statistics unit of the Registrar General's Department in coding the cause of death.

Preventing maternal mortality is an important goal of maternal and child health services. It is necessary to improve service delivery for pregnant mothers, especially those in remote villages, plantations, and in the Northern and Eastern provinces, in order to improve their health and well-being. Adequate basic emergency obstetric care should be provided in peripheral hospitals. Referral services should be strengthened to tackle emergencies. Post-partum follow-up should be especially improved in resource poor areas.

MDG#6:

COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES



6

**COMBAT HIV/AIDS,
MALARIA AND OTHER
DISEASES**

Chapter 7

MDG#6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Can Sri Lanka Meet the Targets for for Combating HIV/AIDS, Malaria and Other Diseases?

Target No.	Target	Will the target be met?
6A.	Have halted by 2015 and begun to reverse the spread of HIV/AIDS	<i>On-track</i>
6B.	Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	<i>On-track</i>
6C.	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	Satisfactory Progress
	Assessment Scale	<i>On-track</i> <i>Off-track</i> <i>Satisfactory Progress</i> <i>Lack of Data</i>

SUMMARY

Sri Lanka is experiencing signs of a low-level truncated HIV/AIDS epidemic, concentrated among sex workers, men who have sex with men, and drug users and in potential high transmittance settings. Still it remains as one of the few countries in the region with a low-level HIV epidemic. Up to now, a cumulative total of 1,029 persons have been detected with HIV infection, though because of the stigma attached to the disease, the number can be much higher. A total of 266 AIDS cases have been detected in the country. There has been a steady increase in the number of reported cases over the years, in part due to the increase in HIV testing facilities. Until December 2007, 172 persons had reportedly died of AIDS in Sri Lanka. More than 60 per cent of the reported HIV infections in 2006 were in the Western Province. Apart from the urban areas in Central and North-Western Provinces, the Northern and Eastern Provinces fall into high risk areas. Only about one-third of the population aged 15-24 years possess comprehensive knowledge about HIV infection. Galle district has the highest percentage (42.6%) of knowledgeable youth while Nuwara Eliya district the lowest (28.2%). Even though spread of malaria occurs in most parts of the country, the situation is improving significantly. The use of a bed-net is widespread, with an average of 62 per cent of children below five years of age claiming to sleep under a bed-net. However, there are considerable district-wise disparities in the use of bed-nets. There has been a significant decline in the incidence of TB over the years though Sri Lanka may be unlikely to achieve the target of halving the incidence and death rate due to tuberculosis. The overall incidence rate of TB was 42 per 100,000 population in 2006 and is much higher in Kandy, Vavuniya, Colombo and Kalutara districts.

Meeting the targets

The Government has developed a national multi-sectoral strategy/action framework to combat HIV/AIDS, and the majority of sectors have progressed satisfactorily. Malaria control efforts in Sri Lanka are decentralized and early detection and prompt treatment has become the mainstay of disease control. With the aim of reducing the morbidity and mortality from Tuberculosis the DOTS has been successfully implemented. More awareness campaigns are needed to reduce the spread of these diseases.

Combat HIV/AIDS, Malaria and Other Diseases (Goal 6)

Target 6A: Have halted, by 2015, and begun to reverse the spread of HIV/AIDS

Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Indicator	1990	1995	2000	2005	2015 Target
HIV prevalence among population aged 15-24 years (%)					
Condom use at last high-risk sex					
Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (%)				35.3	
Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years					
Proportion of population with advanced HIV infection with access to antiretroviral drugs					

Source: National STD/AIDS Control Programme.

HIV prevalence is low in Sri Lanka despite high vulnerability and risks

Sri Lanka is experiencing signs of a low-level truncated epidemic, concentrated among sex workers, men who have sex with men, and drug users, in potential high transmittance settings. Still it is one of the few countries in the region with a low-level HIV epidemic. HIV prevalence appears to be low even in categories such as sex workers, despite high vulnerability and risks.¹⁷ At the end of 1990, twenty-three persons had been tested positive for the HIV antibody test including 8 cases of AIDS. Of this number, 19 were males and 4 were females, all of whom were between the ages of 20-44. Two cases of indigenous transmission are also documented.

Two decades since the detection of the first HIV infection in Sri Lanka,¹⁸ a cumulative total of 1,029 persons have been detected with HIV infection though the number can be much higher. A total of 266 AIDS cases have been detected in the country. There has been a steady increase in the number of reported cases over the years, in part due to the increase in HIV testing facilities. Until December 2007, 172 persons had reportedly died of AIDS.¹⁹

High literacy, the relatively high status of women and good access to health care services act as a protective barrier against spread of HIV infections. Still, the spread of the virus in Sri Lanka is on the rise and the actual number of cases may be higher than the reported figure. Adult prevalence is estimated to be 0.04 per cent and over 80 per cent of the HIV infected persons are in the 15-49 years age cohort, with 44 per cent of them women in the reproductive range.

¹⁷ Vulnerability factors include conflict, high mobility of military, internally displaced persons, and separation of spouses related to overseas employment. In addition, social vulnerability has increased through internal free trade zones, and increasing migration of young adults from rural areas to urban centres for employment. In the prisons people with high risk behaviours come together especially if drug use and male to male sex are reasons for jail terms.

¹⁸ The first indigenous transmission of HIV was reported in 1989.

¹⁹ Country Report – Sri Lanka on follow up to the declaration on commitment on HIV/AIDS (UNGASS).

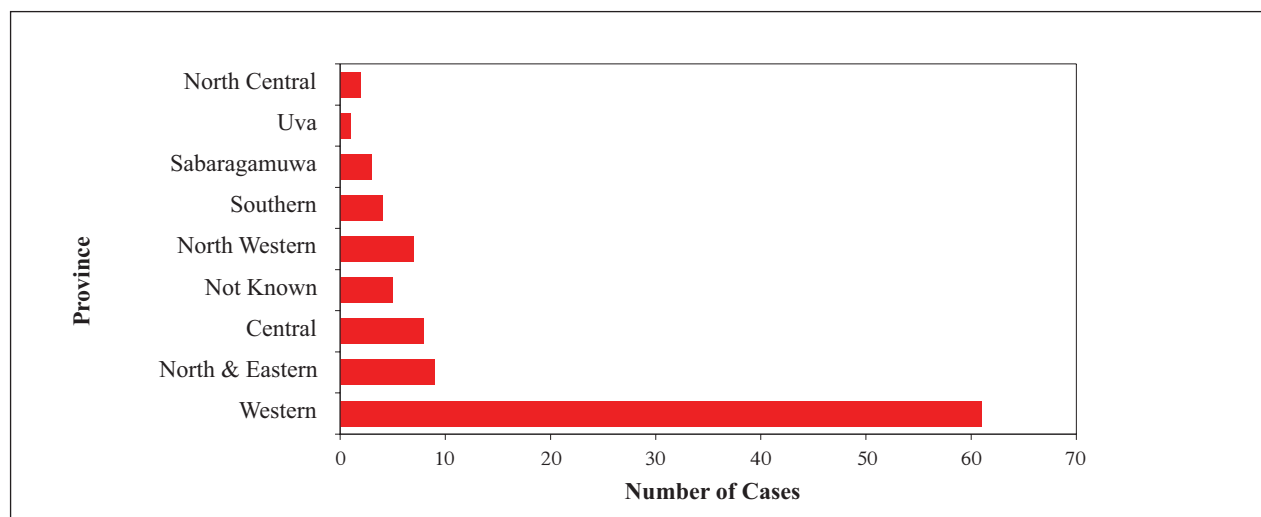
According to National STD/AIDS Control Programme's (NSCAP) HIV Sentinel Surveillance Report 2005, there is a HIV prevalence of approximately 0.01% among antenatal women, 0.1% among FSW and 0.06% among both STD clinic attendees and TB patients. In 2003, of the 523 reported HIV cases the age was known in 478 (91%) cases. Of these, 90 per cent were in the 15-49 age group with the majority being 30-39 years of age. A large number of unskilled workers in the Free Trade Zones and women migrants, who fall into the high risk category of getting infected with the HIV, are in this particular age cohort.

The disparity between estimated and reported numbers could be accounted for widespread stigma attached to HIV/AIDS, leading to under-reporting and under-diagnosis. However, the reported data indicate an increasing trend in HIV infection in Sri Lanka and a pattern of transmission is occurring. It is most likely to emerge as a serious health issue in the future.

HIV infections are geographically well-distributed

NSACP data revealed that the place of residence was known in respect of 90 per cent of the reported HIV infections in 2006. Of these, 61 per cent were from the Western Province (Figure 7.1). However, HIV infections have been reported from all other provinces as well. Apart from the urban areas in Central and North Western Provinces, the Northern and Eastern Provinces fall into high risk areas.

Figure 7.1: HIV/AIDS Cases by Province, 2006



Source: National STD/AIDS Control Programme.

HIV positives are reported from all the provinces, with a majority from the Western Province (60%) and Central Province (8%). Injecting drug use is at present not reported as a problem in the country. There are an estimated 240,000 opiate users in the country along with 40,000 heroin users and 20,000 cannabis users. Among heroin users 1-2% are estimated to use injectibles. According to recent research findings 0.2% of the drug users use injectibles. Up to December 2007, 2 drug users are reported to be infected with HIV since the first case reported in 2004. However there are no cases of HIV transmission reported through sharing of injections.

Only about one-third possess comprehensive knowledge about HIV infection

Conduct of comprehensive awareness programs to educate youth across all social strata is seen as the need of the hour, as knowledge about the HIV virus, major ways of preventing its transmission and common misconceptions related to it, is very poor among young men and women in the 15-24 years age group. Only

one person out of three persons in this vulnerable age cohort has been able to reach the minimum standard required.

There are wide disparities among districts in the spread of knowledge. Galle records the highest percentage (42.6%) of knowledgeable youth while Nuwara Eliya has the lowest percentage (28.2%). Eleven districts fall below the average rate of 35 per cent. Knowledge about HIV/AIDS is comparatively lower in the estate sector, among men as against women, and among the teenage population as against the older age group of 18-24 years. Awareness about the disease shows a positive correlation with the educational level of the individual.

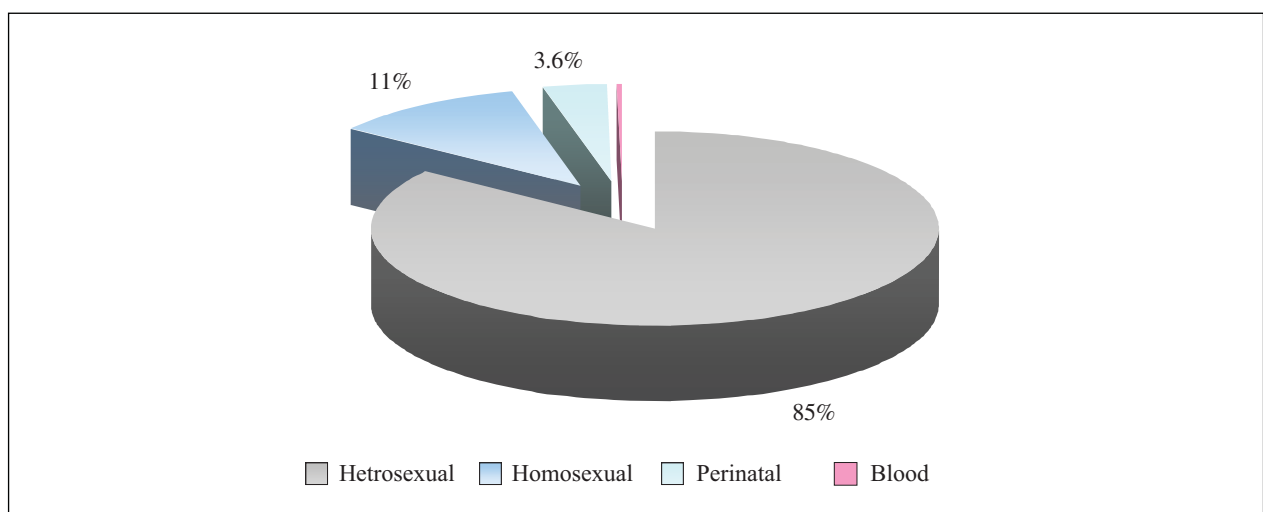
Sri Lanka’s HIV/AIDS prevalence rates rank among the lowest in the region

The Independent Commission of AIDS (ICAIDSA) warned that the number of people newly infected with HIV in Asia could surge by 8 million by 2020, whereas the MDG target is to halt the spread of the disease and reverse the trend by 2015. Given the presence of risk behaviours and a population size representing 60% of the world’s people, the potential for epidemic growth is very real in the South Asian region. Since the beginning of HIV spread in the 1980s, more than 7 million people in the region are estimated to have become infected.

Several factors protect Sri Lanka, compared to the other South Asian countries from spread of HIV transmission. These include good access to health services including STD services, low prevalence of STI, even among population practising unprotected sex with multiple sex partners, high level of education, relative higher gender equality and low level of injectible drug users, and relative isolation as an island state.

Still the country is vulnerable to the development of concentrated HIV epidemic as there are substantial high-risk behavioural patterns and networks to sustain local transmission within the Most At Risk Population (MARP). Sri Lanka’s MARP group is FSW and MSM with a high risk of exposure to HIV and IDU. Current estimates of the size of MARP vary widely as 3,000 to 50,000 FSW and 30,000 to 50,000 opiate users of which 0.2-2 % are IDUs.²⁰ The probable mode of transmission of reported HIV infection is available for 402 cases in 2003, 86.3 per cent were among heterosexuals, and 10.2 per cent among homosexual/bisexual. Twelve cases (3%) were reported as perinatally transmitted while two cases were through blood transmission (Figure 7.2).

Figure 7.2: Mode of Transmission of HIV Infection



Source: National STD/AIDS Control Programme.

²⁰ According to the Hand Book of Drug Abuse Information 1999-2003 of the National Dangerous Drugs Control Board, 2004.

Sri Lanka has a high number of opiate users, and a few of them currently inject drugs. Injecting drug use is at present not reported as a problem in the country. The Dangerous Drug Control Board estimates that of the 400,000 heroin and 200,000 cannabis users, only 7.5 per cent are injecting drug users. Change in drug use pattern toward more injections could pose a major risk in the future.

Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicator	1990	1995	2000	2005	2015 Target
Death rates associated with malaria (per 100,000 population)	0.7			0	0
Morbidity rate due to malaria (confirmed cases per year per 1,000)	16.85			0.39	0
Proportion of children under 5 sleeping under bed-nets	12.0			64.0* 3.8**	
Prevalence and death rates associated with tuberculosis (per 100,000)	39.0 #2.4^			41.7# 1.7	
Proportion of tuberculosis cases detected under Directly Observed Treatment Short Courses (DOTS)		80.8 (1998) 12.1 (1998)^		85.7 (2007)^	
Proportion of tuberculosis cases cured under DOTS			37.3^	83.3 (2006)^	

Notes: * This figure is for sleeping under ordinary mosquito nets.
 ** This figure is for sleeping under treated mosquito nets.
 # The top figure is for prevalence and the bottom figure is the death rate.
 ^ The figure is from DCS (2008), "MDG Indicators of Sri Lanka – A Mid-term Review".

Sources: National Malaria Control Programme (NMCP) for data on malaria; National TB Programme for data on tuberculosis; DCS.

The overall malaria situation in Sri Lanka is improving significantly

A total of 591 cases of malaria with *P.falciparum*²¹ were reported in 2006 though there were no severe cases or deaths (Figure 7.3). Since 1999, reported rates of confirmed malaria cases and deaths have fallen more than 10-fold and the rate of reported *P. falciparum* cases decreased in parallel. Of the total positive cases, 63.6 per cent were males and 36.4 per cent were females. Majority of patients were over 15 years and 10 per cent of the patients were children under 5 year of age.

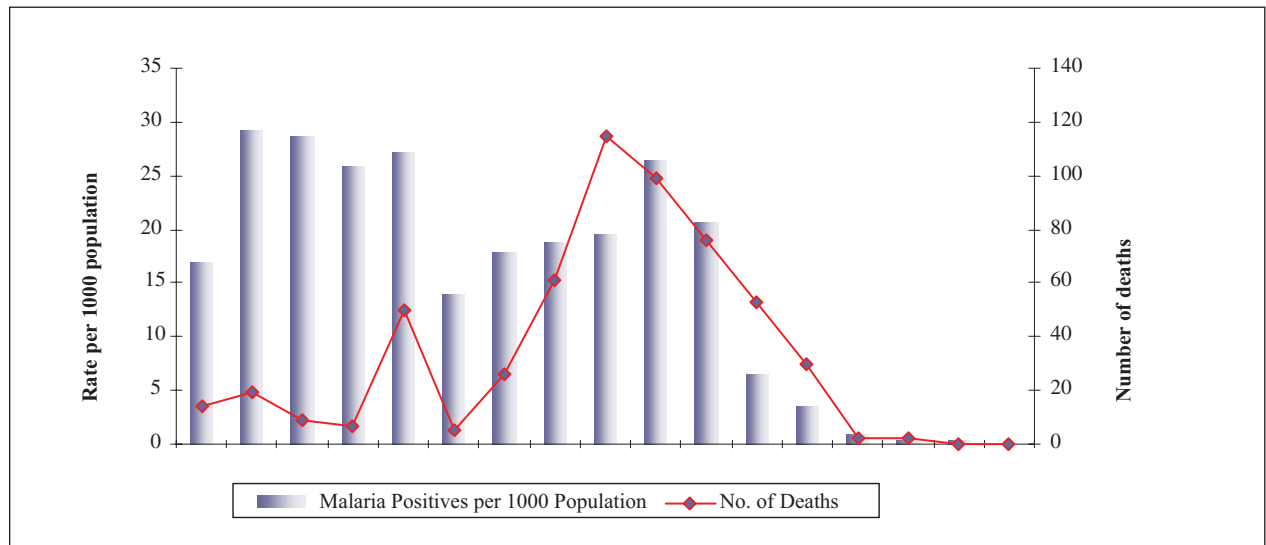
A sharp drop in the number of reported cases 196 in 2007, with no deaths demonstrate that the National Malaria Control Programme (NMCP) has been effective even in the traditional disease-prone Northern districts. Collaboration in conflict affected areas has helped provincial authorities to reduce malaria incidence, possibly because being a jungle based community they suffered most.

²¹ Plasmodium falciparum infections (including mixed infections).

Spread of malaria occurs in most parts of the country

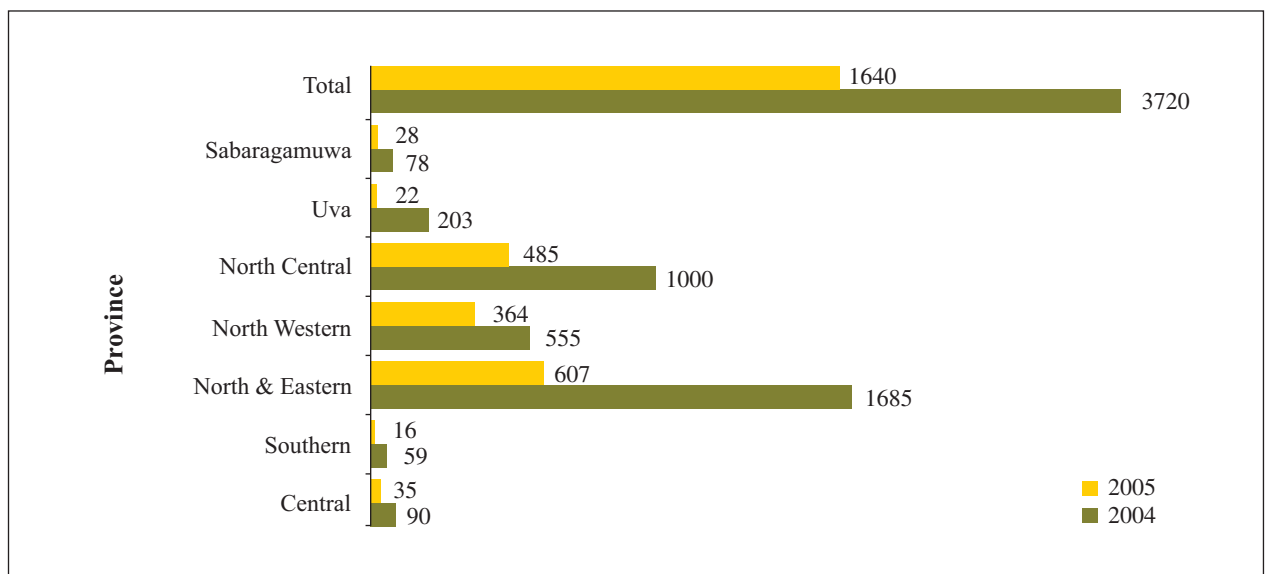
From 1998 onwards, Kilinochchi and Mullativu districts in the North experienced substantial increases in malaria cases. During 1999-2000, a malaria outbreak was reported in the Moneragala district and 76 deaths due to malaria were reported in Kilinochchi in 2000. Approximately 70 per cent of reported cases in 2003 were from the Northern and Eastern provinces, mainly from the districts of Ampara, Batticaloa, Kilinochchi, Mullativu and Trincomalee. Status of malaria epidemic in 2004 and 2005 by province is depicted in Figure 7.4. The most affected areas were Ampara, Anuradhapura, Trincomalee, Puttalam, Kurunegala, Batticaloa and Vavuniya districts which contributed to 73 per cent of the total positive cases of the country.

Figure 7.3: Malaria Positives per 1000 Population and Deaths, 1990-2006



Source: NMCP.

Figure 7.4: Malaria Positives by Province, 2004-05



Source: NMCP.

There has been an increase of vector populations in areas where water development projects have been implemented leading to a subsequent increase in malaria transmission. Indoor residual spraying (IRS) has been the main vector control measure used in the country.

There is widespread use of bed-nets to protect against malaria

The use of a bed-net as a protective measure against mosquitoes is widespread, with an average of 62 per cent of children below five years of age claiming to be sleeping under a bed-net. District-wise disparities are discernible with five districts reporting over 80 per cent of children using this prevention method, whereas the corresponding proportions in Batticaloa, Nuwara Eliya and Trincomalee districts are only 12.8 per cent, 31.3 per cent and 33.9 per cent respectively.

The practice of using a bed-net to protect pre-school children from the mosquito menace is highest among rural households (67 per cent), followed by the urban sector (53 per cent). In the estate sector, only 23 per cent of households use this prevention method, probably due to the fact that mosquitoes are hardly a threat for them.

Sri Lanka currently has an effective response to the tuberculosis epidemic

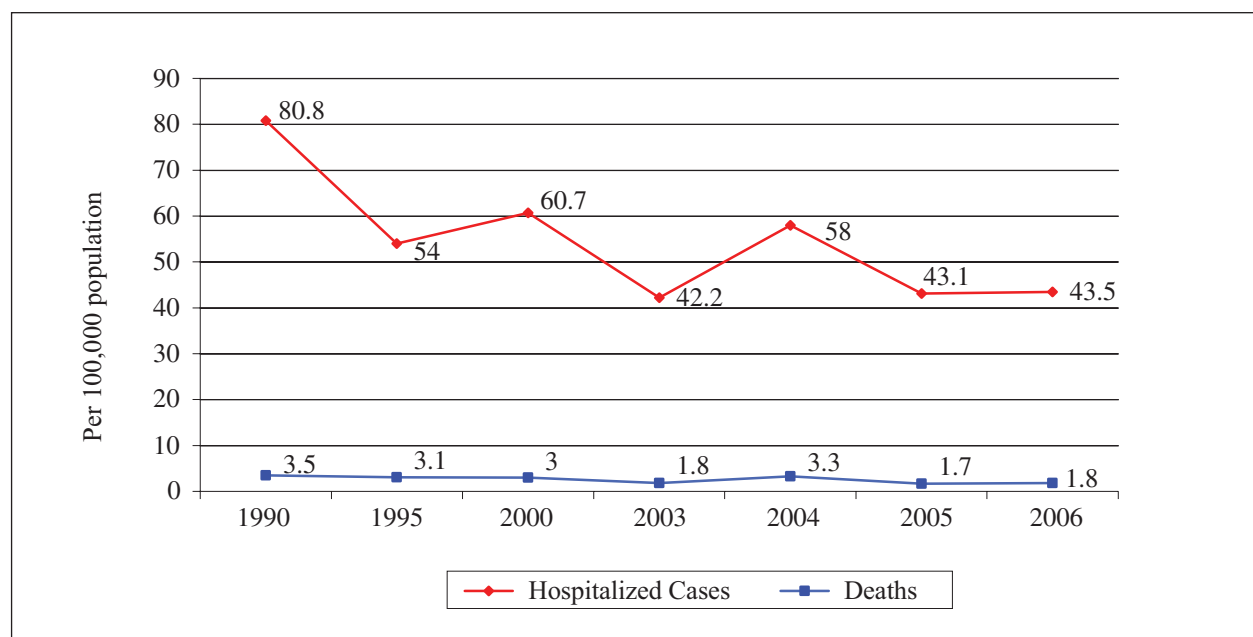
There has been a significant decline in the incidence of TB over the years though Sri Lanka may be unlikely to achieve the target of halving incidence and death rate due to tuberculosis. The overall incidence rate of TB was 42 per 100,000 population in 2006. It is much higher in Kandy, Vavuniya, Colombo and Kalutara districts. The risk of getting infected with TB appears to rise with age, with the lowest incidence rate reported for children under-14 years and the highest incidence rate for elders over 55 years of age.

The country has achieved the global target for case detection and treatment success rate. Directly observed treatment short course (DOTS) is an effective curative strategy that has been successfully implemented in many countries. In 1997, it was introduced in one district in Sri Lanka and subsequently expanded to cover the whole island except a few Northern districts by 2005. The progress of the programme is well reflected by the rise in case detection rates over the period. On average, the cure rate under DOTS was 83.3 per cent in 2006. It was even higher in half of the 22 districts where DOTS has been implemented.

In 2000 under DOTS implementation 37.3 per cent were cured and in 2005 the cured proportion had risen to 82.9 per cent according to the DCS special survey in 2007. The outcome targets, which are related to DOTS implementation, are to achieve a case detection rate of at least 70 per cent under DOTS and to reach a treatment success rate of at least 85 per cent in the DOTS cohort.

The annual average detection ranged between 8,500-9,000 cases posing a significant public health challenge. In 2006, 8,248 new cases were detected with a notification rate of 43.5 per 100,000 population. The highest number of new cases has been reported in the Jaffna district with 60 per 100,000 population while the lowest is in the Nuwara Eliya district.

Although there has been an increase in case detection rate since 1999, the overall hospitalization has shown a declining trend along with number of deaths. Hospitalization which stood at 81 per 100,000 population in 1990 declined to 43 per 100,000 population in 2005. Incidence of death reported as 3.5 per 100,000 population in 1990 declined to 1.8 in 2006 (Figure 7.5).

Figure 7.5: Trend in Hospitalization and Deaths due to TB, 1990-2006


Source: National TB Programme, DCS.

Key Challenges and Strategies

HIV/AIDS

The country is vulnerable to the development of concentrated epidemics as there are substantial high risk behavioural patterns to sustain local transmission mainly among MARP. It is unlikely that Sri Lanka will develop a generalized HIV epidemic, but truncated HIV epidemic among female sex workers (FSW), men who have sex with men (MSM), and their sex partners cannot be ruled out. Similarly, if drug users (DU) switch to injecting, rapid transmission of HIV will set in as experienced in many Asian countries. This scenario is highly probable due to the existence of high transmission setting for HIV in the country, such as prisons and correctional facilities, where there are high occurrence of drug use and unsafe sex.

Government Strategy on HIV/AIDS

The Government has developed a national multi-sectoral strategy/action framework to combat HIV/AIDS, and the majority of sectors have progressed satisfactorily. Since 2003 the Ministry of Health Care and Nutrition is involved in a vigorous campaign to arrest the situation. Following actions are being undertaken:

- Strengthening programme management and coordination (Advocacy, Management, Resource Mobilization, and Partnership with the private sector).
- Intensifying HIV prevention activities.
- Strengthening early diagnosis of STI and treatment.
- Providing syndromic management of STDs at PHC level.
- Ensuring safe blood and reduce risk of HIV through injecting drug use.
- Preventing STD/HIV transmission at health care settings.
- Preventing of mother-to-child transmission of HIV through awareness, screening and treatment of pregnant mothers.
- Providing care and support to persons with HIV/AIDS.
- Developing guidelines on legal and ethical aspects.
- Strengthening surveillance activities such as HIV/AIDS Surveillance, Behavioural Surveillance, STI Surveillance.

The National Strategy Action Framework focuses on: voluntary counselling and testing, condom promotion and distribution, sexually transmitted infection prevention and treatment, blood safety, prevention of mother to child transmission, breastfeeding, care and treatment and mitigation among the target population of women and girls, youth, most at risk population and orphans and other vulnerable groups. The action framework also addresses cross-cutting issues such as HIV/AIDS and poverty, human rights and PLHA involvements.

Malaria

In 2006 there were around 591 cases reported and there had been no deaths reported in 2006. Ampara, Anuradapura, Trincomalee, Puttalam, Kurunegala, Batticaloa and Vavuniya were the most affected districts. The Ministry of Health Care has taken action to introduce the malaria control project among marginalized people in malaria endemic districts (GFATM). Under this project the following actions have been envisaged:

- A system to forecast and prevent transmission of vector borne diseases (VBD).
- Develop a mechanism to reduce or interrupt transmission of vector borne diseases.
- Reduction of vector densities & outbreaks of VBD.
- Improve surveillance and reporting of vector borne diseases including investigation of cases.
- Manage insecticide resistance in vectors.
- Control the spread of drug resistant malaria in the area.
- Increase entomological services aimed at identification, study of behaviour, susceptibility of vectors of VBD.
- Strengthen laboratory diagnostic facilities for detection of VBD.
- Increase community participation in the control of vector borne diseases.

Government strategy to control malaria

Malaria control efforts in Sri Lanka are decentralized and, early detection and prompt treatment has become the mainstay of disease control. Monitoring and evaluation have been greatly hampered in recent years in conflict affected areas because of the civil conflict.

Anti-malaria programme took a new turn between 1993 and 2000 as per the change in spraying strategy based on the New Global Malaria Control Strategy, recommended by the WHO. Prior to 1993, the vector control strategy depended on liberal use of insecticides which was inefficient as it involved spraying areas with minimal transmission risk, and because it encouraged the emergence of resistance to the insecticide. In 1994, the programme shifted to spraying high-risk areas only as per international standards. Early detection and treatment of malaria cases, which to a large extent depends on households having ready access to curative health care facilities, plays a major role in reducing the rate of transmission in the community.

In 2000, the Five Year Strategic Plan (2001-05) was developed incorporating the strategies of the Roll Back Malaria Initiative (RBMI). Sri Lanka was one of the first countries in South Asia to adopt the priority programme of WHO initiated RMB based six strategies i.e., enhanced diagnosis and treatment, disease, transmission control, enhanced surveillance, health sector development, and community development.

Tuberculosis

Although there is a significant decline in the incidence of TB over the years, annual average number of detections (8,500 cases) poses a significant challenge mainly because TB mostly affects the productive age group between 15-54 years. The spread of HIV and the emergence of multi-drug resistance have made the control of TB even more urgent.

The DOTS has been successfully implemented and was expected to reach full coverage in 2005. With the aim of reducing the morbidity and mortality from Tuberculosis the following actions are being implemented:

- Enhancing case detection of TB by establishing microscopy centres in all the Out Patient Departments of Teaching Hospitals, Provincial Hospitals & Base hospitals and in all District & Peripheral hospitals.
- Establishing sputum collection centres in all other primary care health institutions.
- Active screening of high risk groups.
- Enhancing X-ray facilities.
- Expanding DOTS to increase the cure rate of TB.
- Enhancing indoor care services of good quality for TB and non-TB respiratory patients.
- Enhancing diagnostic facilities so that the early and accurate diagnosis of respiratory diseases is possible to start therapeutic measures early.
- Enhancing the human resource in number and improve their knowledge and skills so that the service delivery by them would increase patient satisfaction.

TB is among the leading killers of people with HIV, according to the World Health Organization. Of the 9.2 million new TB cases globally 700,000 people also had HIV infection. In Sri Lanka TB/HIV infection is not a major problem as HIV is a truncated epidemic and there have been a significant decline in the TB/HIV incidence over the years. A prevalence of 0.07% was identified in 2005 in the HIV Sentinel Surveillance. At present no formal mechanism exists for collaboration between the TB and HIV National Programme. Patients newly diagnosed with HIV are referred to Chest Clinics for TB screening. There is need for a national guideline on the management of TB/HIV co-infection.

Government's strategy to control TB

Control of the spread of TB is the primary objective of the National Programme for Tuberculosis Control and Chest diseases. The programme is implemented through a network of health units (chest clinics) located in all districts and a Central Chest Hospital. The National TB Control Programme aims to:

- reduce the mortality, morbidity and the transmission of the disease in the community, until it is no longer a public health problem.
- prevent the emergence of multi-drug resistance tuberculosis.

The country's TB control programme is supplemented with a strong political commitment to implement the Ten Year Strategic Plan (2006-15) for achieving the global targets for case detection and treatment success with coverage of 97 per cent. Improved laboratory facilities for culture and drug susceptibility testing with a qualified micro-bacteriologist have given tremendous boost for the success of the programme.

MDG#7:

ENSURE ENVIRONMENTAL SUSTAINABILITY



**ENSURE
ENVIRONMENTAL
SUSTAINABILITY**

Chapter 8

MDG#7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Can Sri Lanka Meet the Targets for Ensuring Environmental Sustainability?

Target No.	Target	Will the target be met?
7A.	Integrate the principles of sustainable development into country policies and programmes, and reverse the loss of environmental resources	<i>Satisfactory Progress</i>
7B.	Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	<i>Satisfactory Progress</i>
7C.	Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	<i>On-track</i>
7D.	By 2020, achieve a significant improvement in the lives of at least 100 million slum dwellers	<i>Satisfactory Progress</i>
	Assessment scale	<i>On-track</i> <i>Off-track</i> <i>Satisfactory Progress</i> <i>Lack of Data</i>

SUMMARY

Forest cover - Sri Lanka's forest cover has continued to decline steadily and in 2005 it covered less than 30 per cent of the total land area. Districts in the Wanni area still have more than two-third of their land covered by forests. While in Matale district forest cover has decreased from 44.9 per cent in 1992 to 37.7 per cent in 1999, the forest cover in Hambantota has increased from 32.7 to 34.9 per cent during the same period.

CO₂ emissions - The per capita carbon dioxide emissions per year has increased from 0.20 MT to 0.64 MT between 1990 and 2005.

Consumption of ozone-depleting substances - Sri Lanka has introduced many rules and regulations to reduce the use of green house gases. CFC consumption which had risen to 521 MT in 1995 from 210 MT in 1990, has gradually declined to 62 MT by 2007. Sri Lanka has been identified as one of the countries that are on track to achieve goals set by the Montreal Protocol to protect the Ozone layer.

Conservation of biodiversity - The special characteristic of Sri Lanka's biodiversity is the remarkably high proportion of endemic species among its flora and fauna. There is an encouraging increase in the proportion of the protected areas due to the initiatives taken by the government. The ratio of area protected to maintain biological diversity to surface area has increased from 15.5 in 1990 to 17.2 in 2005.

Access to improved drinking water and sanitation – Overall, nearly 85 per cent of households have sustainable access to improved drinking water in 2006/07 compared to 68 per cent in 1990. Thus, Sri Lanka has achieved the MDG target, though there is considerable variation across sectors and more than 95 per cent urban households have access to an improved water source. In rural areas this drops to 85 per cent, whereas in the Estate sector less than three in five households have similar access. According to the surveys conducted by DCS, while more than 90 per cent of urban and rural residents have access to the drinking water source, either within premises or within 200m of the dwelling, only 85 per cent of residents in the Estate sector have similar access to source of drinking water. For 4 per cent of the rural residents and 11 per cent of the residents of the Estate sector, the source of drinking water is more than 1 km away. Sri Lanka has recorded substantial improvements in sanitary conditions in all districts within the past decade and has already achieved the MDG target on access to improved sanitation. By 2006/07, close to 94 per cent households overall have access to improved sanitation. In 1990, only 69 per cent of the households had access to improved sanitation.

Improvement in the lives of slum dwellers - It is estimated that overall, 15 per cent of the Sri Lankan population live in urban areas (Areas under Municipal Councils and Urban Councils) and about 5 per cent of the urban dwellers live in slums or shanties. In the densely populated Colombo district, 8 per cent of the urban residents are poorly housed, though there is a dearth of reliable and accurate information on slum dwellers in Sri Lanka.

Meeting the targets

The government of Sri Lanka has taken a number of positive steps to ensure environmental sustainability. *Mahinda Chintana* has outlined the government's resolve to ensure environmental sustainability by focussing on sustainable management of forest resources for protection of the environment and biodiversity. It has planned an investment of Rs. 10.5 billion and set a target of increasing the forest cover to 33 per cent of land area by 2016. The Convention on Biological Diversity was ratified in March 1994 and the Biodiversity Conservation Action Plan was adopted in 1998. Mahinda Chinthana pays special attention on biodiversity conservation and plans to increase the number of protected areas in the country. The Estate sector needs special attention as nearly 40 per cent of the households do not have sustainable access to an improved drinking water source, and districts in the Northern and Eastern Provinces and the Estate sector need further attention on increasing access to improved sanitation facilities. *Mahinda Chintana* targets to increase overall access to improved water supply facilities to provide sufficient supply of water and to improve the quality of water to required standards.

Ensure Environmental Sustainability (Goal 7)

Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Indicator	1991	1995	2002	2005	2015 Target
Proportion of land area covered by forest (%)*	33.8 (1992)		32.2 (1999)	29.9	Under consideration
Energy use (kg oil equivalent) per \$1 GDP (PPP)	Dropped following the global recommendations				
CO2 emissions, total, per capita and per \$1 GDP (PPP), and consumption of ozone-depleting substances (metric tonnes)**	0.2 tpc (1990)			0.6 tpc (2004)	0
	220 (1990)*			149 (2004)	
				62.3 (2007)*	
Proportion of population using solid fuels	Dropped following the global recommendations				
Proportion of fish stocks within safe biological limits					
Proportion of total water resources used (%)					

Notes: * The figure is from DCS (2009).

** The upper figure is CO2 emissions; the lower figure is the consumption of ODS.

Source: United Nations Statistical Division and Department of Forest.

Sri Lanka's forest cover continues to decline steadily

Sri Lanka has a forest cover of approximately 1.93 million hectares representing 29.9 per cent of the total land area in 2005.²² Of this, 95,037 hectares (or 4.9 per cent) are planted forest²³ and the rest is natural forest. In 1992, the total forest cover was 2.12 million hectares (or 33.8 per cent of the total land area). Due to the rapidly increasing demand for land for human settlements and other economic activities, there is increased competition between forestry and other land uses. The annual average deforestation rate during the period from 1992 to 2005 is approximately 14,600 hectares.

Mannar, Vavuniya and Mulaithivu districts still have almost two-third of their land area covered with forest. Colombo has 3.3 per cent of its area under forest whereas in Gampaha it is less than 1 per cent. Matale district recorded the highest reduction in the forest cover between 1992 and 1999 followed by Anuradhapura. On the other hand, there is nearly a seven per cent increase in forest cover in the Hambantota district while, Colombo, Galle, Gampaha, Kandy and Ratnapura districts showed marginal increases.

²² United Nations Statistical Division.

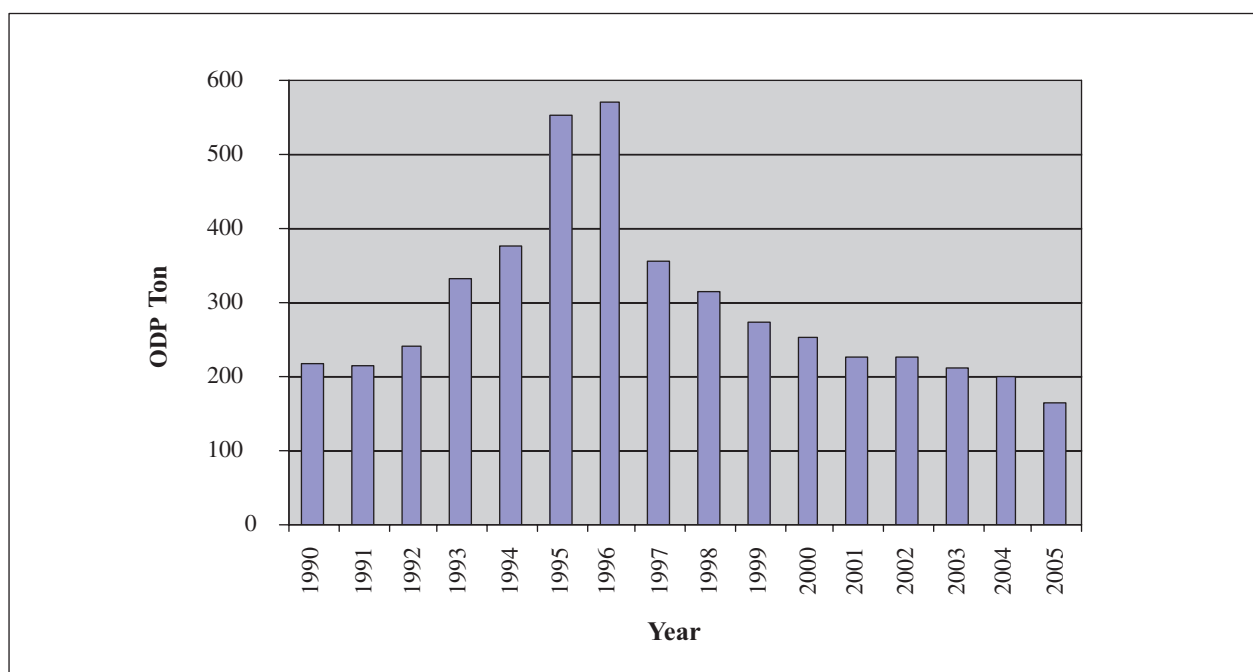
²³ Department of Forest and DCS.

Sri Lanka ratified the United Nations Framework convention for climate change in November 1993 and submitted the first national communication in 2000

Green house gas emissions leads to air pollution and if continued will lead to global warming and climatic changes. Use of fossil fuel is the major cause for CO₂ emissions in Sri Lanka and there is an increasing trend in emission. The transport sector alone consumes about 80 per cent of the total fossil fuel, while industrial sector and power generation activities consume 12 per cent and 8 per cent respectively. Air pollution caused by CO₂ emissions leads to health hazards, poor production levels in the agricultural sector and livestock. The per capita carbon dioxide emissions per year has increased from 0.20 MT to 0.64 MT between 1990 and 2005.

Increase of Greenhouse gases such as Fluorinated Carbons, Methane, and Nitrous Oxides leads to atmosphere warming resulting in climate changes and rise of the sea level. Sri Lanka has introduced many rules and regulations to reduce the use of such substances. CFC consumption which had risen to 521 MT in 1995 from 210 MT in 1990, has gradually declined to 62 MT by 2007 (Figure 8.1). Sri Lanka has been identified as one of the countries that are on track to achieve goals set by the Montreal Protocol to protect the Ozone layer.

Figure 8.1: Consumption of Ozone Depleting CFCs Gases, 1990-2005



Source: United Nations Statistical Division.

Sri Lanka's water resources

Sri Lanka is divided into two zones: Dry and Wet based on the rainfall system. The Wet Zone receives an annual average rainfall of 2400mm while the Dry Zone receives an annual average rainfall of 1400mm. Sri Lanka has ground water sources which can be divided into three groups: ground water in coastal/sedimentary formation, ground water in weathered rock formation and ground water in basement rock. However, with increasing population, there is a risk of water pollution and therefore providing safe drinking water is a challenging task. This challenge became more adverse with the effect of Tsunami destruction when around 50,000 wells had to be abandoned.

Target7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

	1990	1995	2002	2005	2015 Target
Proportion of terrestrial and marine areas protected	15.5			17.2	
Proportion of species threatened with extinction					

Sources: DCS; Forest Department; United Nations Statistics Division.

The special characteristic of Sri Lanka's biodiversity is the remarkably high proportion of endemic species among its flora and fauna

Biodiversity is the variation of life at all levels of biological organization. It can measure the relative diversity among organisms present in different ecosystems. Biodiversity comprises of a number of species of plants, animals, micro-organisms, the enormous diversity of genes in these species and the different ecosystems on the Earth. Biodiversity enhances productivity of the ecosystem. All parts of the ecosystem have an important role and the combination helps it to prevent and recover from a variety of disasters. Some human activities cause a major threat to biodiversity and there could be a risk of extinction of some of the species unless corrective action is taken to rectify the situation. The cost associated with deteriorating or vanishing biodiversity could be very high.

Sri Lanka is a country with high biodiversity (Table 8.1). Among the flora, 35 per cent of Lichens and 23 per cent of flowering plants in the island are endemic. Among the fauna, 52 per cent of Amphibia (Frogs and Toads) and 43 per cent of Reptilia (Reptiles) are endemic. The major threat to the biodiversity in Sri Lanka is the ever growing demand for land for human habitation and development activities. However, the government has taken many steps towards biodiversity conservation. Protected areas²⁴ have increased by 3 per cent since 1990 through the expansion of national parks and sanctuaries.

Table 8.1: Biodiversity and Protected Areas in Sri Lanka, 2003

Protected Area	Hectares ('000)
Nature Reserves, Wilderness Areas and National Parks	419
Natural Monuments, Species Management Areas and Protected landscape and Seascape	218
Areas managed for sustainable use and unclassified Areas	1129
Total Area Protected (all categories)	1767

Sources: <http://earthtrends.wri.org>.

For environmental sustainability, the ratio of area protected to maintain biological diversity to surface area is important as protected areas contain a high level of biodiversity. Although there is a threat to biodiversity in Sri Lanka due to ever growing demand for land for human habitation, agriculture and development activities, there is an encouraging increase in the proportion of the protected area due to a number of initiatives taken by the government from time to time. The ratio of area protected to maintain biological diversity to surface area has increased from 15.5 in 1990 to 17.2 in 2005.

²⁴ Protected areas comprise eight categories in Sri Lanka: Strict Nature Reserves (SNR), National Parks, Nature Reserves, Jungle Corridors, Refuge, Marine Reserves, Buffer Zones and Sanctuaries.

Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

	1990	1995	2000	2007	2015 Target
Proportion of population using an improved drinking water source (%)	68	72 (1994)	82 (2001)	84.7	84
Proportion of population using an improved sanitation facility (%)	69			93.9	84.5

Source: Census of Population and Housing-2001, DCS; Special MDGs Indicator Survey-2006/07, DCS; UNSD.

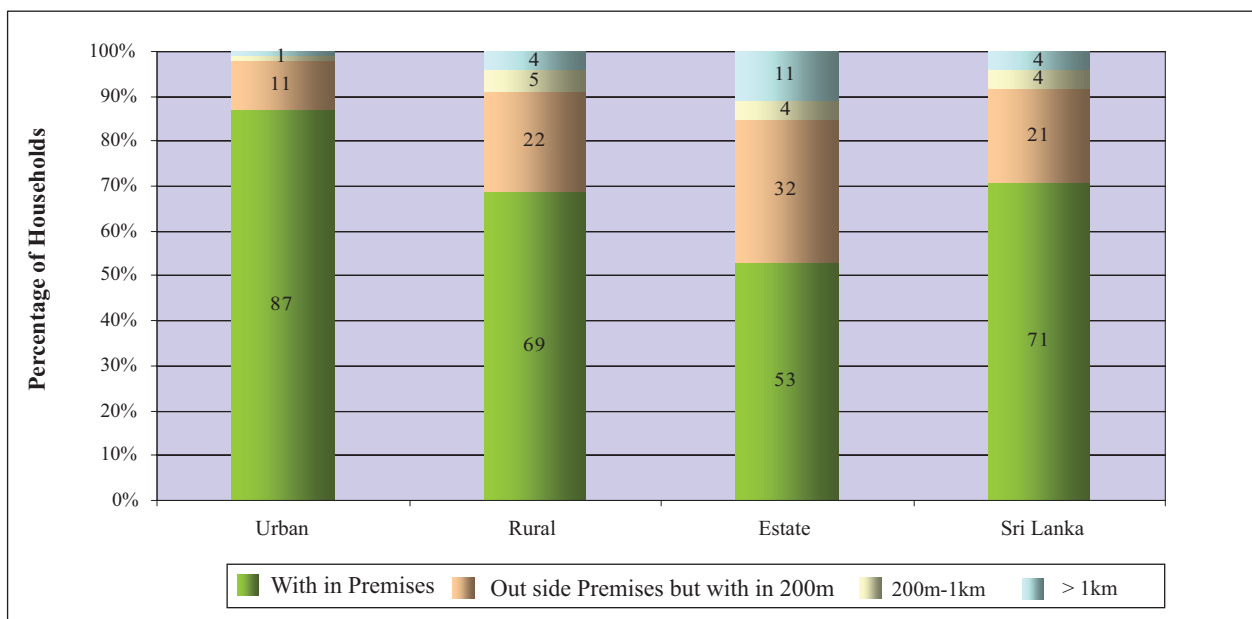
The proportion of households with access to an improved drinking water source has increased steadily

Sri Lanka has already achieved the MDG target. Nearly 85 per cent of households have access to an improved drinking water source in 2006/07. Compared to 68 per cent in 1990, this is a significant achievement. There is considerable variation across sectors and more than 95 per cent urban households have access to an improved water source. In rural areas this drops to 85 per cent, whereas in the Estate sector less than three in five households have similar access.

Pipe-borne water recipients have risen by 30 per cent within the time span of 13 years since 1993. However, protected wells continue to be the most dependable water source for over 50 per cent of the households, except in Uva and Central provinces. While the Western Province leads in receiving pipe-borne water from the Water Board, North Western Province gets this facility the least. Four per cent are served by other improved sources.

Sectoral disparities also exist in the distance to the water source from the place of residence. Whilst this most essential ingredient for living is within their reach to almost all the urban dwellers, the situation is less promising for rural dwellers, with 8 per cent of the households having the water source beyond 200m from the residence. Over 10 per cent of the households in the estate sector have to travel more than a kilometre to fetch water for their bare necessities (Figure 8.2).

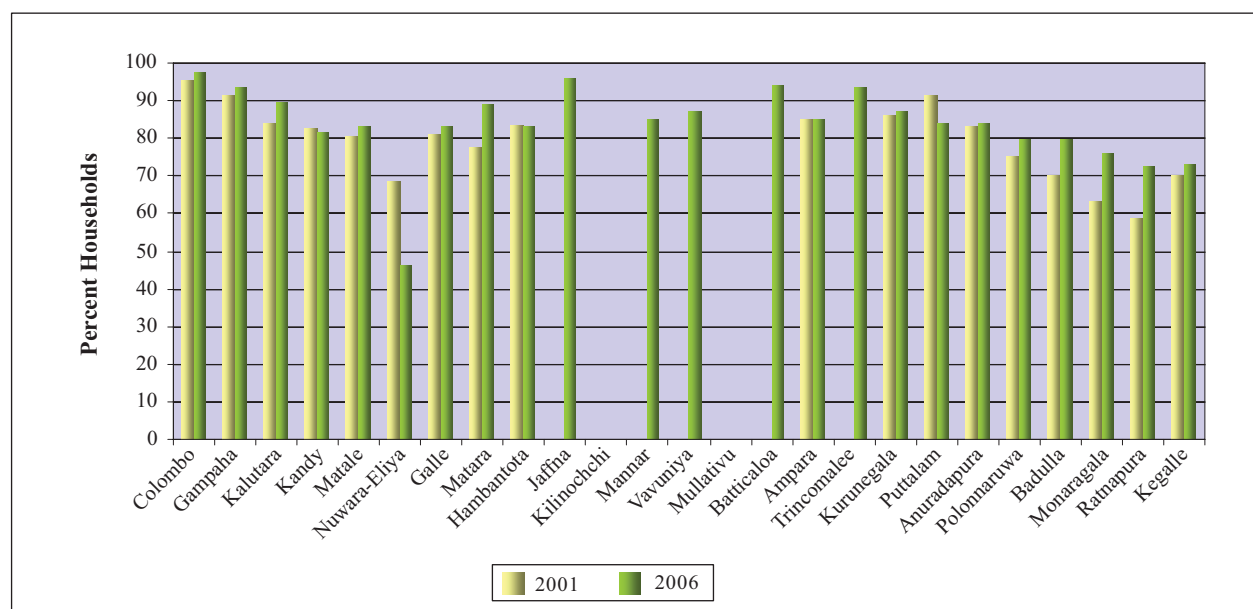
Figure 8.2: Distance to the Improved Water Source, by Sector (2006/07)



Source: DCS (2009).

There are wide variations in access to improved water source across provinces and districts as well (Figure 8.3). On average, less than four in five households in the Central, Uva and Sabaragamuwa provinces have access to an improved drinking water source. In Nuwara Eliya district more than half the households, and in Polonnaruwa, Badulla, Moneragala, Ratnapura and Kegalle districts more than 20 per cent of the households do not have access to an improved drinking water source. Colombo, on the other hand, can boast of a near-universal access to improved drinking water sources.

Figure 8.3: Variation in Household Access to Improved Drinking Water Source Across Districts



Source: Census of Population and Housing-2001, DCS; Special MDGs Indicator Survey-2006/07, DCS; UNSD.

Based on a survey conducted jointly by DCS and UNICEF in six districts in the Northern and Eastern provinces in 2004, on average 91 per cent of the households have access to safe drinking water in these districts (Table 8.2).

Table 8.2: Proportion of Households with Sustainable Access to Improved Drinking Water Source in Northern and Eastern Provinces, 2004	
District	Proportion of Households (%)
Jaffna	96.0
Mannar	85.1
Vavuniya	87.3
Batticaloa	94.4
Ampara	85.3
Trincomalee	93.7
All six districts	91.0

Source: Survey of Child Health and Welfare in Selected Northern and Eastern Districts-2004, DCS and UNICEF.

Sri Lanka has already achieved the improved sanitation target by 2006/07

Substantial improvements in sanitary conditions have been recorded in all the districts within the past decade. In 1990, only 69 per cent of the households had access to an improved sanitation facility. By 2006/07, close to 94 per cent households overall have access to improved sanitation²⁵ which exceeds the MDG target of 93 per cent. Significant improvements were made both in the rural (from 67.5 per cent in 2001 to 94.8 per cent in 2006) and the estate (from 43.2 per cent in 2001 to 85.1 per cent in 2006) sectors. But there is variation in achievement across districts. In 2006 98 per cent of households in Galle district have access to improved sanitary facilities, while Batticaloa district is at the bottom with only 82 per cent households with access to improved sanitary conditions.

It is vital that every household should have a separate toilet for their exclusive use. Overall 86 per cent of the households enjoy this facility. But there is a wide variation across provinces and among sectors in this regard. Only 76 per cent of households in the Eastern Province and 67 per cent of households in the estates have a toilet for the exclusive use of household members. On the other hand, 11 per cent households in the Eastern Province and 13 per cent of households in the estate sector have no latrine facilities at all.

The situation in districts in the Northern and Eastern Provinces is not satisfactory where only about two-third households had access to improved sanitation in 2004. In Batticaloa only 56.9 per cent households were reported to have access to improved sanitation in 2004 (Table 8.3). However, the situation seems to have improved by 2006 when 81.4 per cent households were reported to have access though, because of lack of comparability between the two surveys, the data needs to be interpreted with caution.

District	Proportion of Households (%)
Jaffna	75.9
Mannar	63.8
Vavuniya	67.1
Batticaloa	56.9
Ampara	64.6
Trincomalee	73.4
All six districts	66.5

Source: Survey of Child Health and Welfare in Selected Northern and Eastern Districts-2004, DCS and UNICEF.

There is no data to monitor improvement in the lives of slum dwellers

The target of achieving a significant improvement in the lives of at least 100 million slum dwellers by 2020 has been revised to monitor progress on the “Proportion of urban population living in slums” which can be measured by a proxy, represented by the urban population living in households with at least one of the four characteristics:

- (a) lack of access to improved water supply;
- (b) lack of access to improved sanitation;
- (c) overcrowding (3 or more persons per room); and
- (d) dwellings made of non-durable material.

²⁵ This data is from the Special MDG Indicator Survey (2006/07) and two other surveys have confirmed this improvement: DHS (2006/07) reports the proportion as 91.4 percent and HIES (2006/07) as 90.0 percent.

Presently, there is no reliable information on slum dwellers in Sri Lanka as there has been no scientific survey to collect information on slums. Various agencies have done ad hoc studies but it is not possible to draw meaningful conclusions or aggregate them, because of problems of comparability. It is estimated that overall, 15 per cent of the Sri Lankan population lives in urban areas and about 5 per cent of the urban dwellers live in slums or shanties. In the densely populated Colombo district, 8 per cent of the urban residents are poorly housed. Still, a comprehensive study is urgently required to obtain reliable and authentic data on slums.

Key Challenges

i) Forestry and Biodiversity

The major issues related to depletion of forest and biodiversity are:

- Loss of forests through logging, burning and conversion for agricultural purposes.
- Population pressure leading to clearing of even small patches of forests with a rich variety of biological diversity. Loss of wetland and marshes through conversion to agricultural and settlements.
- Destruction of coral reefs, over-exploitation and depletion of other aquatic eco-systems such as fish and aquatic fauna, sand from beaches, limestone etc.
- Loss of habitats and nursery grounds, which includes beaches, coral reefs, sea-beds, mangroves, estuaries, lagoons and habitable marine waters.
- Marine pollution caused by upland erosion, deforestation, human settlements, tourism development, coastal infrastructure, etc.
- Loss of genetic diversity in agriculture and plantations.
- Threats to endemic species of fauna and flora.

ii) Land and Water

The main environmental problems related to land and water are:

- Land degradation from soil erosion due to cultivation on sloping lands, without adequate conservation.
- Shifting cultivation which lead to soil erosion.
- Salinization and water logging of irrigated lands.
- Water scarcity especially in the Dry Zone.
- Changes in the ground water regimes due to over-exploitation for agricultural purposes.

Meeting the MDG on Environment Sustainability

The government of Sri Lanka has taken a number of positive steps to ensure environmental sustainability. The 'National Environmental Act' was enacted in 1980. The Central Environmental Authority (CEA) was established in 1981 and a Ministry for Environment was established in 1990. Sri Lanka has developed a series of policy documents on environmental protection. Among the more important are: National Conservation Strategy; Environmental Action Plan; National Environmental Action Plan (updated in 1993 and 1997/98); Pollution Abatement Strategy; Forestry Master Plan; Biodiversity Action Plan; Wetlands Conservation Plan; Clean Air 2000; and the Climate Change Action Plan. Specific steps to be undertaken on each of the issues discussed in this section as outlined below.

i) Forest Cover

The National Forest Policy approved in 1995, on the basis of Forest Sector Master Plan, emphasizes the importance of increasing the forest cover and aims to

- conserve forests for posterity, with particular regard to biodiversity, soils, water, and historical, cultural, religious and aesthetic values;
- increase the tree cover and productivity of the forests to meet the needs of present and future generations for forest products and services;
- enhance the contribution of forestry to the welfare of the rural population, and strengthen the national economy, with special attention paid to equity in economic development.

Mahinda Chintana pays attention to sustainable management of forest resources for protection of the environment and biodiversity. It has set a target of 33 per cent of land area to be covered by forest by 2016. An investment of Rs. 10,500 Million is planned for the period from 2007/16 under Mahinda Chinthana which has identified the following strategies to achieve these targets:

- Development of partnership with all resource users such as state agencies, forest dependent people, farmers and local forest industries.
- Promotion of sustainable land use for state lands by allocating state forest land for conservation and multiple-use forestry.
- Development of forest products, industries and marketing.
- Support to institutional development for strengthening the management of protected forests, multiple use of forests, and capacity of conducting prioritized research, systematic monitoring of all resources.

ii) Biological Diversity

Over the last decade, the government has made a number of attempts to conserve biodiversity of Sri Lanka. Sri Lanka ratified the conservation of biological diversity in March 1994 and the Biodiversity Conservation Action Plan was adopted in 1998. It has identified four broad areas of ecosystem diversity: (i) Forest, (ii) Wetland, (iii) Coastal and Marine system and (iv) Agricultural system. In addition 'Mahinda Chinthana' pays special attention on biodiversity conservation. It has planned to increase the number of protected areas in the country. To achieve these targets Mahinda Chinatana has proposed some policy options:

- Ensuring the formulation of a policy for *ex-situ* conservation.²⁶
- Formulating a National Action Plan on Access to Genetic Resources and Benefit sharing.
- Strengthening the capacity to undertake policy analysis studies and the introduction of economic incentives for biodiversity conservation.
- Providing the mechanism to facilitate the integration of biodiversity indicators into policy monitoring, evaluation and predictive scenarios.
- Formulating a clearly defined Biosafety Policy and ensure the implementation of the National Biosafety Framework.
- Integrating possible national policies, plans and programmes into the education system.

iii) Carbon Dioxide Emissions and Consumption of Ozone-depleting CFCs

The Sri Lankan Government has made a considerable effort to protect the atmosphere from air pollution. In the 1990s, the government introduced various programmes comprising three main components: vehicle emission reduction, quality improvement in gasoline, and tax policies on fuel and vehicles. In 1992, the government adopted a programme named an Air Action Plan to reduce emission by 2000. In addition, National Environment (Air emission, fuel for Vehicle importation standards) Regulations were introduced in 2003 by the Ministry of Transport, Highways, Environment and Natural Resources.

²⁶ The process of protecting an endangered species of plant or animal by removing part of the population from a threatened habitat and placing it in a new location, which may be a wild area or within the care of humans.

Mahinda Chintana has recognized the following strategies which can be used to abate air pollution:

- Developing a coordination body for all air quality improvement and management activities with stakeholder partnership.
- Implementation of air quality regulatory programmes.
- Apply economic instruments of demand management of road transport.
- The introduction of appropriate pollution abatement technologies.
- Enforcing regulations on vehicle emissions.²⁷
- Imposing environmental standards on the import of used motor vehicles and engines.

iv) Water and Sanitation

The government has a national goal for water supply with a target of safe water for all by 2010. The National Water Supply and Drainage Board (NWSDB) is responsible for drinking water supply and sanitation. *Mahinda Chintana* targets to increase overall access to improved water supply facilities to provide sufficient supply of water and to improve the quality of water to required standards by 2009 (up to 80 per cent of the supply of water has already reached the required quality standard and it is expected to increase it to 90 per cent by 2016). Some of the planned strategies are:

- Introduction of new investment strategies to correct the market failures.
- Proper demand management by discouraging over-use by imposing high price for higher use.
- Implement rural water supply projects.
- Implementation of National Action Plan for water and sanitation for Children.
- Integration of urban water supply management.

Further, the Estate sector needs special attention as nearly 40 per cent of the households do not have sustainable access to improved drinking water sources, and districts in the Northern and Eastern Provinces and the Estate sector need further attention on increasing access to improved sanitation.

²⁷ Vehicle emission testing for annual registration is now compulsory.

MDG#8:
PARTNERSHIP FOR DEVELOPMENT



Chapter 9

MDG#8: PARTNERSHIP FOR DEVELOPMENT

Can Sri Lanka Meet the Targets for Partnership for Development?

Target No.	Target	Will the target be met?
8A.	Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	<i>Satisfactory Progress</i>
8D.	Deal comprehensively with the debt problem	<i>Satisfactory Progress</i>
8F.	Make available the benefits of new technologies, especially information and communications	<i>On-track</i>
	Assessment Scale	<i>On-track</i> <i>Off-track</i> <i>Satisfactory Progress</i> <i>Lack of Data</i>

SUMMARY

A number of developed countries impose harsh tariffs on goods from Sri Lanka imports thereby adversely affecting the growth of a non-discriminatory trading system. Sri Lanka's export share to developed countries reduced from 91.7 per cent in 1992 to 68.7 per cent in 2006 even though developed countries continued to be the major export destinations for Lankan goods. Garment exports continue to constitute above 40 per cent of total exports of the country. In recent years, the structure of the ranking order of the countries in respect of external trade has changed significantly and countries like India, Iran, Malaysia etc., have now become prominent trading partners.

In Sri Lanka there has been an absolute decline in the allocation of aid for agriculture from US \$146 million in 1992 to US \$113 million in 2005 even as total ODA (multi- and bilateral) almost doubled in this period. The share of the total ODA to build trade capacity in the country is insignificant and has changed little during 1990-2005. This clearly shows that the direct allocation for the Trade sector is minimal (less than 1 per cent of the ODA) and that there is a declining trend in allocation for the agriculture sector as well from the total ODA granted for Sri Lanka. These are the two important sub-sectors of the economy which need more attention, in respect of these ODA allocations and also to have faster growth in the economy.

The amount of ODA received by Sri Lanka as a per centage of GNI declined from 5 per cent in 1992 to 3 per cent in 2005, even though aid per capita increased from US \$24 to US \$36 during this period. ODA from DAC countries for social services is always (except in 2004) lower than 20 per cent of total ODA, even though the country's allocation for social services always exceeds 20 per cent in the national budget. Debt servicing as a percentage of total exports of goods and services was 17.9 per cent in 1990. It has declined to 12.7 per cent in 2006. For 2005 it was as low as 7.9 per cent, mainly due to debt relief granted after the tsunami. Accordingly, the debt service ratio as a percentage to the total export earnings from merchandise and services is showing a favourable trend for this particular reference period and the situation after tsunami in year 2005 is an exception. Similarly, the debt service ratio as a percentage to the GNI also suggests a favourable trend for the reference period. It was closer to 6 per cent in 1990 and declined to 4 per cent in 2005. There has been a rapid increase in access to telecommunication services in Sri Lanka since 1999. There are 5.4 million mobile phone subscribers at present, which is nearly 47 times the number in 1997. The percentage of households with personal computers has more than doubled from 3.8 per cent in 2004 to 8.2 per cent in 2006/07. The disparity between the urban sector and the other sectors is significant. While 17.8 per cent of the urban households own a computer, only 6.9 per cent and 1.1 per cent own computers in the rural and estate sectors respectively.

Partnership for Development (Goal 8)

The eighth Millennium Development Goal calls on developed countries to relieve debt, increase aid and give developing countries fair access to their markets and technology. This is seen as creating the enabling environment for developing countries to achieve the first seven MDGs. Building a global partnership for the MDGs thus complements the overall responsibility of the governments of developing countries for aligning their budgets toward development strategies aimed at achieving the MDGs. Another responsibility borne by developing countries is to ensure rational and effective use of external resources to reduce poverty and vulnerability while improving the delivery of social services.

Goal 8 targets relate to Official Development Assistance (ODA), market access, debt sustainability, access to essential drugs, and access to telephone, Internet and cellular services. The main data sources for these indicators are the Department of External Resources (ERD), Central Bank of Sri Lanka, Departments of Customs, Census and Statistics, and OECD/DAC.²⁸

As the data for the base year 1990 was more difficult to obtain from the original data sources directly, the year 1992 has been selected as the starting point for the data series. The most recent information available is for the years 2005 and 2006. It is not possible to obtain some of the required data for the year 2007 to compile the indicators. It is also important to note that 2005 and 2006 are the two years after the Tsunami destruction during which period more foreign funds such as grants, concessionary loans, etc., were given to the country and therefore those years are not usual years in respect of debt and foreign aid. As such, indicators related to debt and foreign aid are in favour of Sri Lanka for those two years. Therefore, the data on debt-related indicators are not really comparable with the earlier levels.

Target: Address the special needs of the Least Developed Countries

Indicator	1992	1995	2000	2004	2005	2006	2015 Target
ODA received by Sri Lanka as - Proportion of its GDP - In US\$ per capita	24.3	30.6	15.4	30.9	36.9		
Proportion of total bilateral ODA of OECD/DAC donors to basic social services	13.8	13.5	12.4	21.1	17.2		
Proportion of bilateral ODA of OECD/DAC donors that is untied							
ODA received by Sri Lanka as proportion of its GNI (%)	5.0	4.6	1.8	2.9	3.0		
Proportion of ODA provided to help build trade capacity							
Net ODA received from OECD/ DAC donors by Sri Lanka as a percentage of its GNI		1.53 (1997)	1.44	1.13 (2002)	3.62	1.74	

Sources: External Resources Department, Department of Census & Statistics and Central Bank of Sri Lanka.

²⁸ Development Assistance Committee (DAC) includes 22 member countries/organizations of the Organization of Economic Cooperation and Development (OECD).

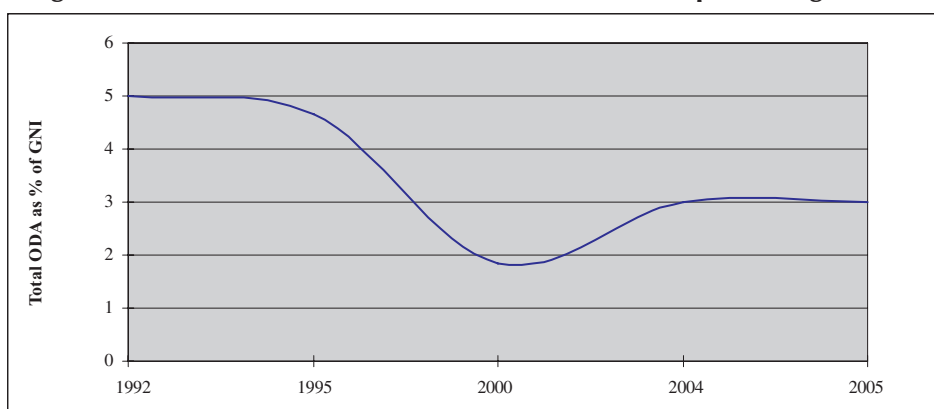
Financing for development

While some countries will be able to implement their strategies for MDG achievement by investing from their own resources, many do not have the funds to meet all their needs. They have a resource gap, which is the difference between savings and investment as a percentage of GDP. The eighth MDG, through building a global partnership for development, wants to help meet such gaps – for example, with the help of Official Development Assistance (ODA).

The amount of ODA received by Sri Lanka as a percentage of GNI declined from 5 per cent in 1992 to 3 per cent in 2005 (Figure 9.1), even as the total ODA received (in US \$ per capita) increased from US \$24 to US \$36 between 1992 and 2005. The increase in 2005 may largely be due to the extra aid that came in for post-tsunami rehabilitation operations. Total grants as a percentage to total ODA was 40.1 per cent in 1992 and it declined to 14.5 per cent in 2004 but increased to 38.9 per cent in 2005 due to tsunami assistance.

On average, Sri Lanka received about 60-75 per cent of the total ODA from DAC countries in 1997-2006. In 2005 it received 97 per cent of the total ODA from DAC countries but that was due to the tsunami. This variation in aid flows from DAC countries is also reflected in Figure 9.2 where normally ODA received from DAC countries as a percentage of its GNI hovers around 1.5 per cent but for 2005 it spiked to 3.62 per cent. This data does not record loans/grants from non-DAC countries which has increased recently.

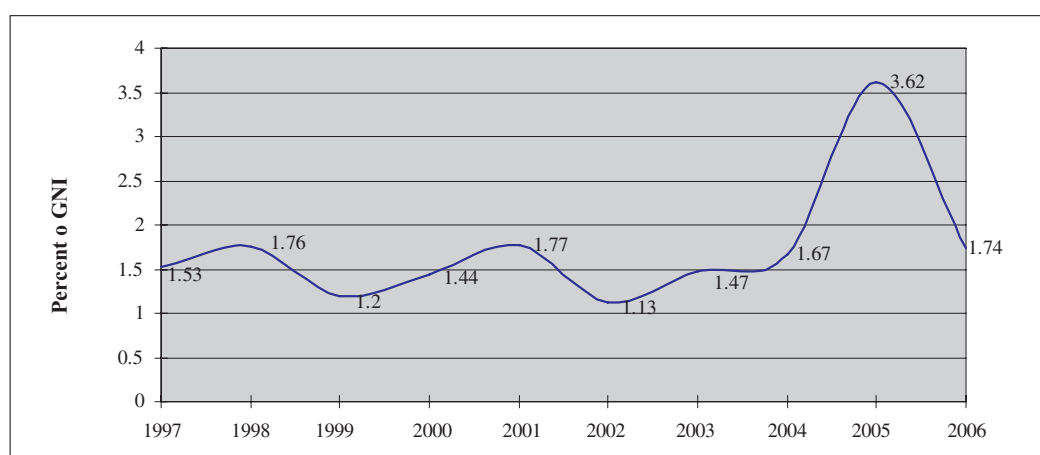
Figure 9.1: Total ODA (bilateral and multilateral) as percentage of GNI



Note: Table 9.1 in Annex 4.

Source: Department of External Resources, Department of Census and Statistics and Central Bank of Sri Lanka.

Figure 9.2: Net ODA from OECD/DAC Countries, 1997- 2006



Note: Table 9.2 in Annex 4.

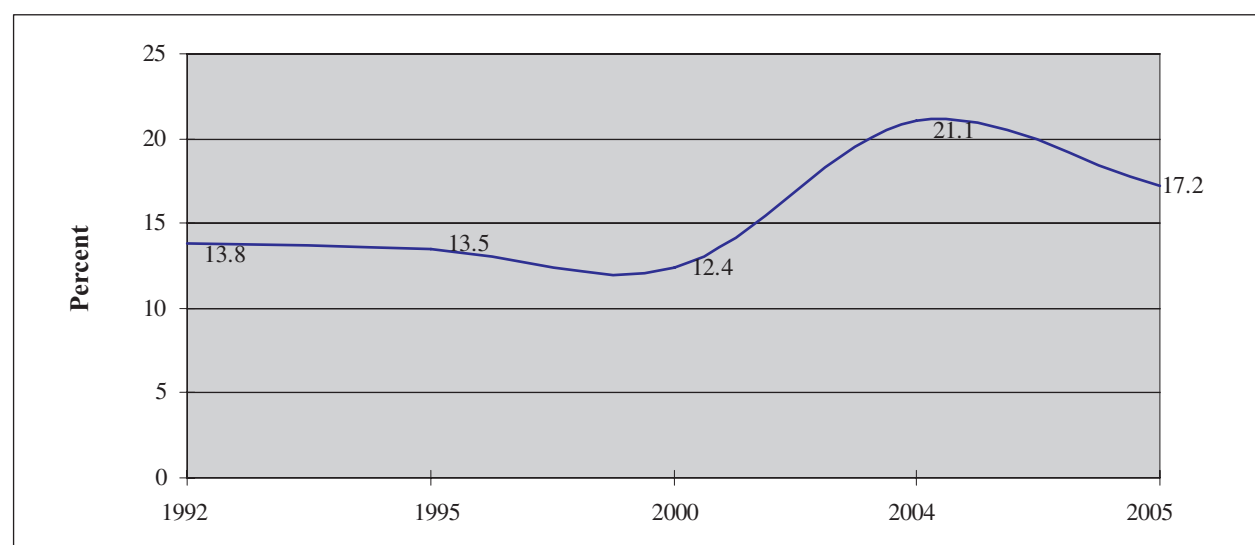
Source: DAC Countries, Department of Census and Statistics and the Central Bank of Sri Lanka.

The amount of foreign financing annually committed to Sri Lanka by development partners since 2004 has exceeded US\$ one billion in support of post-tsunami rehabilitation and reconstruction as well as in support of new development initiatives of the government under the Mahinda Chintana. The total annual foreign financing commitment reached US\$ 2069 million in 2008 compared to US\$ 899 million in 2002, also with an increase of export credits. Sri Lanka has succeeded in mobilizing a larger volume of bilateral assistance in difficult times with continued assistance from non-traditional and some traditional development partners. In 2008, the most prominent bilateral aid was mobilized from Japan, Iran and India (Table 9.8).

Aid for social services

The understanding in the Millennium Declaration is that the ODA for basic social services (education, health, nutrition, drinking water supply and sanitation) should exceed 20 per cent of the total ODA for a country by the donors. In response, the recipient country is expected to allocate 20 per cent of its national budget for these sectors. Sri Lanka's national budget allocations for education and health alone was 28 per cent of the national budget in 2005 whereas ODA from DAC countries for social services is always (except in 2004) lower than 20 per cent of total ODA (Figure 9.3).

Figure 9.3: Bilateral ODA from DAC Countries for Social Services as percentage of total ODA



Note: Table 9.3 in Annex 4.

Source: External Resources Department, Department of Census and Statistics and Central Bank of Sri Lanka.

Aid to build trade capacity

The share of the total ODA to build trade capacity was an insignificant amount during 1990-2005. It increased from 0.23 per cent in 1990 to 0.38 per cent in 2005. Rapid economic development is highly correlated with rapid development in external trade. Therefore, increasing support from ODA for trade is necessary and important for faster economic development.

Target 8A: Develop Further An Open, Rule-Based, Predictable, Non-Discriminatory Trading and Financial System

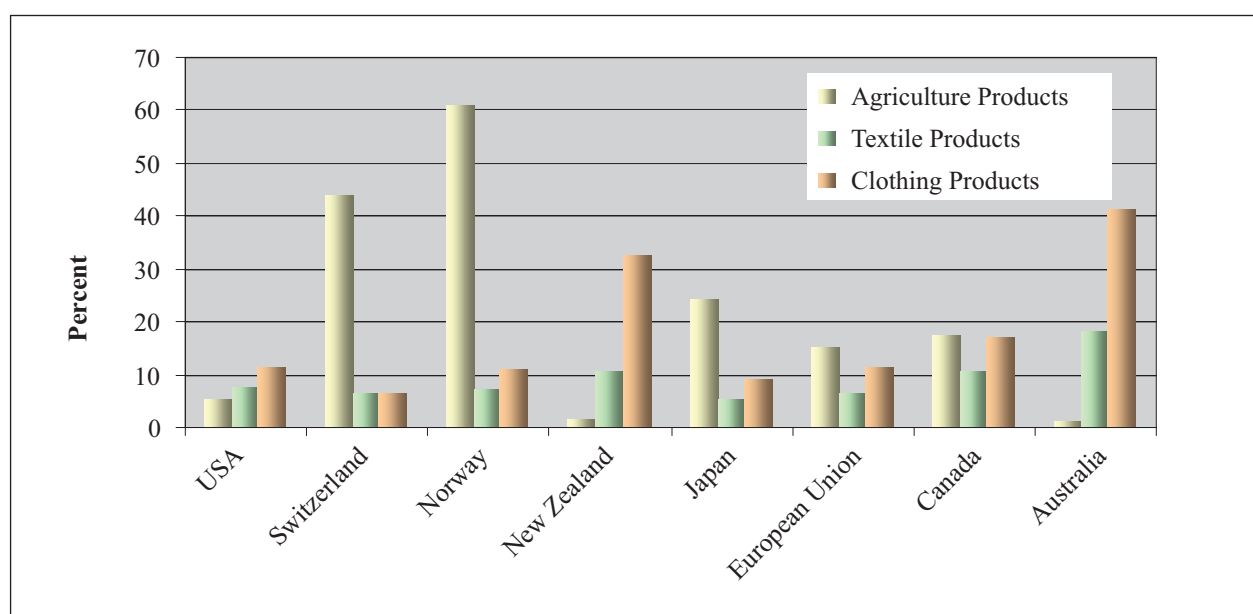
Indicator	1996	2000	2002	2005	2015 Target
Average tariffs imposed on exports of agricultural products, clothing and textiles to developed markets					
Proportion of exports of agricultural products, clothing and textiles (by value) to developed market economies from Sri Lanka admitted free of duty					

Note : Date not available

High tariffs are a critical constraint affecting developing countries in accessing global markets

Tariffs in Norway and Switzerland are particularly high for agricultural products. In the case of textile and clothing products, Australia, New Zealand and Canada apply relatively higher tariffs. On the whole, tariffs imposed by the United States are comparatively low and appears to offer a better market access to developing countries (Figure 9.4). Swiss and Japanese markets are open with low tariff barriers for the garment industry even though they are not favourable for agriculture products.

Figure 9.4: Average Tariffs Imposed by Developed Countries by Type of Product, 2006



Note: Table 9.4 in Annex 4.

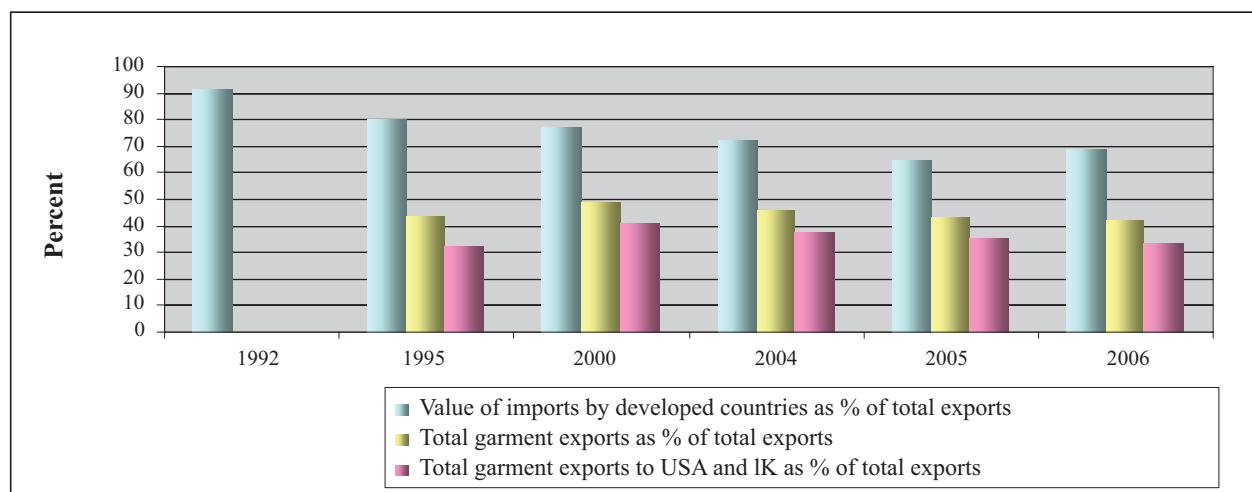
Source: MDG Indicators of Sri Lanka – A mid Term Review-2008, DCS.

Sri Lankan exports

The developed countries continued to be the major export destinations while Asian countries such as India, Japan and China were the import suppliers to Sri Lanka. The export share to developed countries was 91.7 per cent in 1992 and it has gradually reduced to 68.7 per cent in 2006 which needs further analysis to assess its impact on the total external trade of the country. Garment exports are above 40 per cent of total exports of the country but the share of garment exports in total exports has changed little during 1995-2006. Garment exports are mainly to developed countries and enjoy the duty concessions from importers (Figure 9.5).

Even though in the recent years countries like India, Iran, Malaysia etc., have become prominent trading partners, USA remains Sri Lanka's largest export destination and its share is around 30 per cent of the total exports. The second largest export destination is United Kingdom with a share of around 13 per cent. Sri Lanka has benefited from tariff concessions (or duty free) given under the GSP plus scheme for garments.

Figure 9.5: Proportion of Total Imports by Developed Countries from Sri Lanka



Note: Table 9.5 in Annex 4.

Source: Department of Customs, Department of Census and Statistics and Central Bank of Sri Lanka.

Aid to Agriculture

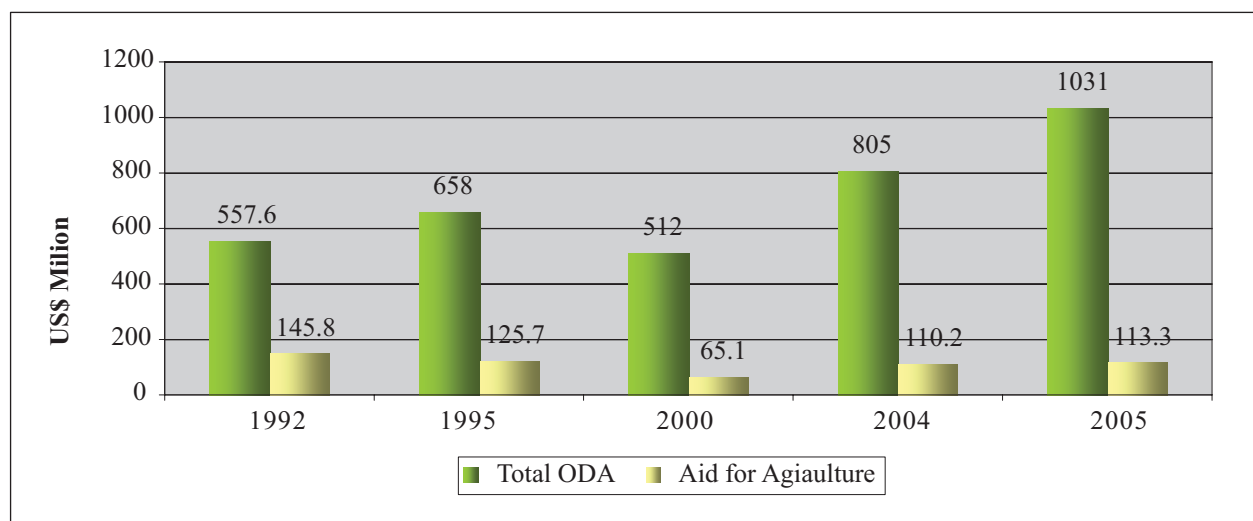
Sri Lanka is an agricultural country and rural poverty is mainly concentrated in the agricultural areas. As such, reduction of poverty depends mainly on the development of the agricultural sector. The total ODA allocation of OECD/DAC countries as a percentage to their GNP was 0.33 in 2005 and 0.31 in 2006 for all recipients. The total ODA allocation of OECD/DAC countries was US \$76,960 in 2006 and ODA allocation for agriculture was 2.9 per cent of the total allocation for all recipients.

In recent years there has been a decline in aid to agriculture globally. In Sri Lanka there has been an absolute decline in the allocation of aid for agriculture from US \$146 million in 1992 to US \$113 million in 2005 even as total ODA (multi- and bilateral) almost doubled in this period (Figure 9.6). Aid for agriculture as a percentage of GNI was 1.54 per cent in 1992 which reduced to 0.48 per cent in 2005. This is an unfavourable situation for agriculture. Further, agriculture productivity of many crops has increased little during the last two decades, implying low investment in research and development. This need to be addressed since it has a severe impact on rural poverty.

Target 8D: Deal comprehensively with the debt problem

Indicator	1990	1995	2000	2005	2006	2015 Target
Debt servicing as a percentage of exports of goods and services (%)	17.9	13.5	15.2	7.9	12.7	

Source: External Resources Department; Department of Census and Statistics; Central Bank of Sri Lanka.

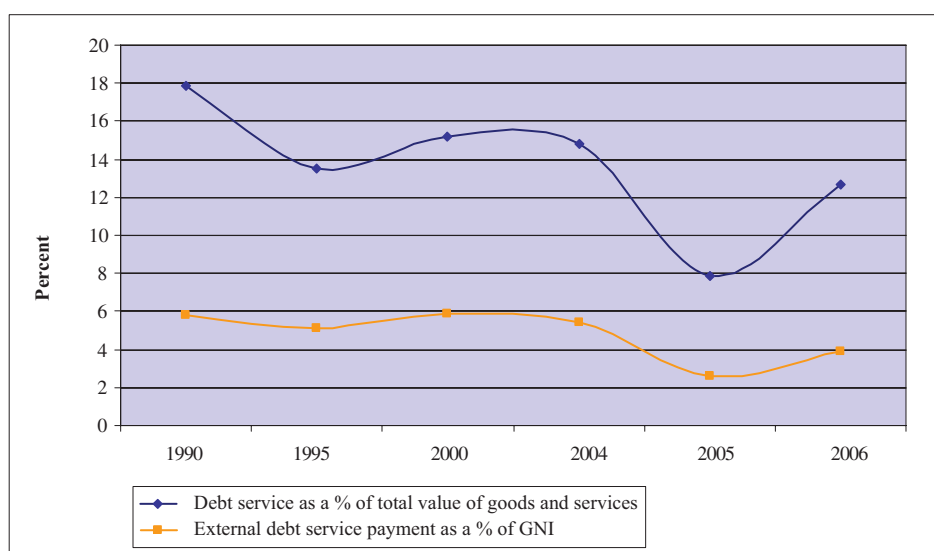
Figure 9.6: Declining Aid for Agriculture

Note: Table 9.6 in Annex 4.

Source: Department of Customs, Department of Census and Statistics and Central Bank of Sri Lanka.

The share from the total ODA to debt relief was an insignificant amount for the whole period of 1997 to 2006. It was US \$ 0.94 million in 1997 and US \$0.91 million in 2003. However, in 2005 and 2006 it was US \$9.85 million and US \$64.7 million respectively, mainly due to tsunami destruction at the end of 2004. The average debt relief grant of DAC countries in 2006 was 18.1 per cent of their total ODA.

The total debt service comprises part of capital and interest payment for the reference period. Debt servicing as a percentage of total exports of goods and services was 17.9 per cent in 1990. It has declined to 12.7 per cent in 2006. For 2005 it was as low as 7.9 per cent, mainly due to debt relief granted after the tsunami (Figure 9.7). Accordingly, the debt service ratio as a percentage to the total export earnings from merchandise and services shows a favourable trend for this particular reference period and the situation after the 2005 tsunami is an exception. Similarly, the debt service ratio as a percentage to the GNI also indicates a favourable trend for the same period. It was closer to 6 per cent in 1990 and declined to 4 per cent by 2005.

Figure 9.7: External Debt Services as a Percentage of Exports of Goods and Services

Note: Table 9.7 in Annex 4.

Source: External Resources Department, Department of Census and Statistics and Central Bank of Sri Lanka.

Target 8F: In Cooperation with the Private Sector, Make Available the Benefits of New Technologies, Especially Information and Communications

Indicator	1990	1995	2000	2005	2006	2015 Target
Telephone lines per 100 population(Fixed Line + Wireless Local Loop telephones)	0.8				9.2 7.9*	
Cellular subscribers per 100 population	0.0				27.0 14.8**	
Internet users per 100 population				0.7	2.4 (2007) 9.7***	

Notes: * The figure is for 2006/07 and does not cover the Northern Province and Trincomalee district in the Eastern Province.
 ** The figure is for 2006/07 and gives the number of persons using cellular phones. Persons using more than one cellular phone have been counted only once.
 *** The figure is for 2006/07 and estimates the percentage of households (out of all households) using internet connections.

Source: DCS (2009).

Making available new technologies

Information and Communications Technology (ICT) can play an important role in the fight against poverty and be an effective tool in helping countries to achieve the MDGs. It has the potential to create earnings opportunities and jobs, improve delivery of and access to health and education services, facilitate information sharing and knowledge creation, and increase the transparency, accountability and effectiveness of Government, business and non-profit organizations, all of which contributes to an enabling environment for development. By making ICT an integral part of their national development strategies, developing countries and their partners can more effectively address economic and social divides.

Although many developing countries already have the basic infrastructure to connect to the global information network, affordable and equitable access is still a critical issue. There has been a rapid increase in access to telecommunication services in Sri Lanka since 1999. The number of lines in service at present is nearly 15 times the number in 1991, accounting for 1.83 million fixed access lines (1.13 SLT lines and 0.70 local loop telephone lines) in 2006. The number of wireless local loop telephones has increased by more than 10 times from 68 thousand units in 1997 to 708 thousand in 2006. The mobile and wireless connections are improving the telecommunication services rapidly and narrowing the communication gap between rural and urban areas.

In the absence of adequate infrastructure for fixed line access, cellular phones have replaced the means of communication in the whole country, including rural areas. There are 5.4 million mobile phone subscribers at present, which is nearly 47 times the number in 1997. Growth of mobile phones was mainly due to the growing competition among a number of market players. This has brought about many benefits to the consumers, including high coverage and low rates.

This is a clear example of how the private sector participation has helped in making available the benefit of new technology to a large proportion of the people of this country. A total of 9.2 per 100 persons have access to either a SLT fixed Telephone Line or a Wireless Loop Telephone, and 27 per 100 persons have access to mobile telephone (in 2006).

There are significant disparities in computer use between sectors and regions

Sri Lanka did not have any reliable information on availability of personal computers or computer literacy until 2004. DCS conducted two rounds of 'Computer Literacy Survey (CLS)' in 2004 and 2006/07. The results show that computers are becoming a household item in Sri Lanka gradually, especially in the urban sector. Although computer ownership in Sri Lanka is increasing, majority of the households do not have access to all the necessary tools to get the benefits of the technology revolution, such as access to internet facilities, e-mail, etc. This disparity between those who have access to such tools of technology and those without has created a 'digital divide'.

The percentage of households having personal computers has more than doubled from 3.8 per cent in 2004 to 8.2 per cent in 2006/07. The disparity between the urban sector and the other sectors is significant. While 17.8 per cent of the urban households own a computer, only 6.9 per cent and 1.1 per cent own computers in the rural and estate sectors respectively.

In the Western Province, the percentage of households having a desktop computer has increased from 8.4 in 2004 to 16.4 in 2006/07. Although there is an increase, the availability is still at a low level in most other provinces. The availability is lowest (2.7 per cent) in the North Central and Uva provinces. Nearly one-fourth of the households in Colombo district have desktop computers, while in Moneragala district only 1.3 per cent of the households have computers.

Although 8.2 per cent of the households have computers (in 2006/07) only 2.4 per cent of the households use internet facilities and 2.3 per cent use e-mail facilities in Sri Lanka. The corresponding percentages for those having personal computers are 28.6 and 27.3 respectively (Table 9.1). Across districts the highest availability of e-mail facilities to households (10.1 per cent) is in Colombo district, whereas it is less than 3.5 per cent in other districts. There is a similar pattern for access to internet facilities as well.

Table 9.1: Use of Personal Computers and Internet		
Indicator	2004	2006/07
Percentage of households:		
with Personal Computers	3.8	8.2
using internet	0.7	2.4
using e-mail facilities	0.9	2.3
(of those having computers) using internet facilities	19.2	28.6
(of those having computers) using e-mail facilities	24.7	27.3

Source: DCS, Computer Literacy Survey, 2004 and 2006/07.

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Registrar General’s Department.

Computer Literacy Survey.

Annex 1

Revised MDG Monitoring Framework including New Targets and Indicators, as Recommended by the Inter-Agency and Expert Group on MDG Indicators

At the 2005 World Summit, world leaders committed themselves to achieving four additional targets to the ones included in the Millennium Declaration (2005 World Summit Outcome A/RES/60/1). The General Assembly at its 61st Session took note of the Report by the Secretary-General on the Work of the Organization (A/61/1) in which he recommended (paragraph 24) the inclusion of four new targets.

The technical work for the selection of the appropriate indicators for the new targets was undertaken by the Inter-Agency and Expert Group on MDG Indicators, coordinated by the United Nations Department of Economic and Social Affairs and mandated with the preparation of statistics and analysis on trends towards the Millennium Development Goals and the review of methodologies and technical issues in relation to the indicators.

The new formulation of the monitoring framework, including the new targets and corresponding indicators as recommended by the Inter-agency and Expert Group on MDG Indicators is presented below. Where relevant, indicators will be calculated by sex and by urban and rural areas.

Millennium Development Goals (MDGs)	
Goals and Targets* (from the Millennium Declaration)	Indicators for monitoring progress**
Goal 1: Eradicate extreme poverty and hunger	
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1. Proportion of population below \$1 (PPP) per day ²⁹ 2. Poverty gap ratio 3. Share of poorest quintile in national consumption
Achieve full and productive employment and decent work for all, including women and young people	Growth rate of GDP per person employed Employment-to-population ratio Proportion of employed people living below \$1 (PPP) per day Proportion of own account and contributing family workers in total employment
Target 2: Halve, between 1990 and 2015, the proportion of people years of who suffer from hunger	4. Prevalence of underweight children under-five of age 5. Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6. Net enrolment ratio in primary education 7. Proportion of pupils starting grade 1 who reach last grade of primary** 8. Literacy rate of 15-24 year-olds, women and men**
Goal 3: Promote gender equality and empower women	
Target 4: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	9. Ratios of girls to boys in primary, secondary and tertiary education 10. (dropped) ³⁰ 11. Share of women in wage employment in the non-agricultural sector 12. Proportion of seats held by women in national parliament

²⁹ For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

³⁰ Previously: "Ratio of literate women to men, 15-24 years old".

Goal 4: Reduce child mortality	
Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel 19c. Contraceptive prevalence rate ³¹
Achieve, by 2015, universal access to reproductive health	Adolescent birth rate Antenatal care coverage (at least one visit and at least four visits) Unmet need for family planning
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	18. HIV prevalence among population aged 15-24 years 19a. Condom use at last high-risk sex 19b. Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	21. Incidence** and death rates associated with malaria 22. Proportion of children under 5 sleeping under insecticide-treated bed-nets and Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs** 23. Incidence**, prevalence and death rates associated with tuberculosis 24. Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7: Ensure environmental sustainability	
Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	25. Proportion of land area covered by forest 27. (dropped) ³² 28. CO2 emissions, total, per capita and per \$1 GDP (PPP), and consumption of ozone-depleting substances** 29. (dropped) ³³
Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	Proportion of fish stocks within safe biological limits Proportion of total water resources used 26. Proportion of terrestrial and marine areas protected** Proportion of species threatened with extinction
Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	30. Proportion of population using an improved drinking water source** 31. Proportion of population using an improved sanitation facility**

³¹ Moved from Goal 6.

³² Previously: "Energy use (kg oil equivalent) per \$1 GDP (PPP)".

³³ Previously: "Proportion of population using solid fuels".

Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	32. Proportion of urban population living in slums ³⁴ **
Goal 8: Develop a global partnership for development	
Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Includes a commitment to good governance, development and poverty reduction - both nationally and internationally	Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States. Official development assistance (ODA)
Target 13: Address the special needs of the least developed countries Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction	33. Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income
Target 14: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)	34. Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)
Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long-term	35. Proportion of bilateral official development assistance of OECD/DAC donors that is untied
	36. ODA received in landlocked developing countries as a proportion of their gross national incomes
	37. ODA received in small island developing States as a proportion of their gross national incomes
	Market access
	38. Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty
	39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries
	40. Agricultural support estimate for OECD countries as a percentage of their gross domestic product
	41. Proportion of ODA provided to help build trade capacity
	Debt sustainability
	42. Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)
	43. Debt relief committed under HIPC and MDRI** Initiatives
	44. Debt service as a percentage of exports of goods and services
Target 16: replaced by new target in Goal 1	45. (Replaced by new indicators in Goal 1) ³⁵
Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	46. Proportion of population with access to affordable essential drugs on a sustainable basis
Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	47a. Telephone lines per 100 population ** 47b. Cellular subscribers per 100 population** 48. Internet users per 100 population**

* The numbering of the targets and indicators will be undertaken through the inter-agency process of the Inter-agency and Expert Group on MDG Indicators.

** The language has been modified for technical reasons, so that the data can be more clearly reflected.

³⁵ Previously: "Unemployment rate of young people aged 15-24 years, each sex and total".

Annex 2

Issues in Data Analysis³⁶

There were a number of constraints in collection and analysis of data on the MDG indicators reviewed:

- (i) Non-availability of baseline statistics - Baseline information is not available for quite a number of indicators. Even for those indicators compiled from survey data, very few could be obtained to depict the status at the district level for the base year 1990 or the closest year.
- (ii) Limitations in coverage - Some indicators are derived using several variables or related factors.
- (iii) Inconsistencies across time - An adequate number of data points from 1990 onwards are necessary to develop an efficient monitoring and evaluation (M&E) mechanism. Sometimes even the same data source has generated estimates using different concepts and definitions over time making it difficult to compare across time.
- (iv) Lack of data for lower administrative divisions - It is very essential to get disaggregated information at lower administrative levels for a thorough analysis of progress. The use of small area estimation techniques in Income and Expenditure survey data has brought to light pockets of high poverty incidence in several Divisional Secretariat divisions. There are many other characteristics such as malnutrition and infant mortality, which may show considerable variations within districts. But often data at the lower administrative levels are not available.
- (v) Weaknesses in administrative data - Although there are weaknesses in coverage and accuracy in administrative data, and the use of them for statistical purposes is somewhat improper, very often that is the only available data source. This is particularly the case for some indicators such as infant mortality, child mortality, maternal mortality and HIV prevalence.

Improving the administrative data sources in Sri Lanka is vital to further strengthening the MDG database and provide a sustainable system of data flow where consistency between data points is ensured. The need to adopt standard concepts, definitions and computational methodologies across time is essential for an efficient M&E mechanism. It is also very important to adhere to the guidelines provided by the relevant UN agencies in the construction of MDG indicators thus facilitating comparisons between countries.

³⁶ This section relies on the discussion in DCS (2008).

Annex 3

Disparities in Key MDG Indicators Across Sectors and Districts

Goal 1: Eradicate Extreme Poverty and Hunger

Province	Sector/District	Proportion of population below poverty line (%)	Poverty gap ratio	Share of poorest quintile in natl consump consumption	Prevalence of underweight children under-five years of age	Population below minimum level of dietary energy
	Year	2006/07	2006/07	2006/07	2006/07	2006/07
Sri Lanka		15.2	3.1	7.1	26.9	50.7
Sector	Urban	6.7	1.3	6.5	21.8	65.0
	Rural	15.7	3.2	7.3	27.1	49.2
	Estate	32.0	6.2	10.5	36.3	32.7
Western	Colombo	5	1.0	6.6	18.9	64.3
	Gampaha	9	1.4	7.0	16.9	57.9
	Kalutara	13	2.7	7.3	22.6	53.7
Central	Kandy	17	3.8	7.1	28.8	50.0
	Matale	19	3.7	7.4	28.3	49.3
	Nuwara Eliya	34	6.8	9.8	30.4	34.9
Southern	Galle	14	2.9	7.2	30.2	53.0
	Matara	15	2.4	7.7	28.6	47.9
	Hambantota	13	2.5	7.9	31.5	36.8
Eastern	Batticaloa	11	1.5	9.1	32.9	50.9
	Ampara	11	2.4	8.4	29.1	36.8
	Trincomalee	na	-	-	35.4	-
North Western	Kurunegala	15	3.1	7.7	27.8	48.6
	Puttalam	13	2.3	7.7	26.1	48.8
North Central	Anuradhapura	15	2.8	6.8	29.9	48.9
	Polonnaruwa	13	2.8	7.1	31.3	42.8
Uva	Badulla	24	5.3	7.9	41.1	40.1
	Monaragala	33	7.8	8.9	32.1	35.3
Sabaragamuwa	Ratnapura	27	5.3	8.3	30.0	43.3
	Kegalle	21	4.3	9.2	28.7	60.6

Regional Disparities

Goal 2: Achieve Universal Primary Education

Province	Sector/District	Primary enrolment (PER)	Reaching Grade 5	Primary completion rate	Literacy Rate 15-24 year-olds
		2006/07	2006/07	2006/07	2006
Sri Lanka		97.5	99.6	88.2	95.8
Sector	Urban	97.4	99.2	87.0	95.7
	Rural	97.6	99.7	89.5	96.6
	Estate	94.6	98.9	69.5	83.9
Western	Colombo	97.3	99.5	87.9	96.5
	Gampaha	97.6	99.6	90.0	97.0
	Kalutara	94.7	98.6	84.2	97.1
Central	Kandy	98.8	100.0	88.3	96.1
	Matale	97.3	100.0	-	96.1
	Nuwara Eliya	96.8	100.0	79.8	94.2
Southern	Galle	99.3	100.0	94.0	96.3
	Matara	93.2	99.7	73.7	93.2
	Hambantota	100.0	100.0	-	97.6
Eastern	Batticaloa	98.8	100.0	86.0	93.9
	Ampara	99.1	96.4	91.1	94.7
	Trincomalee	-	-	-	-
North Western	Kurunegala	99.1	100.0	87.2	97.8
	Puttalam	95.5	100.0	88.5	92.7
North Central	Anuradhapura	94.8	100.0	87.4	96.2
	Polonnaruwa	99.1	100.0	-	96.4
Uva	Badulla	97.6	99.1	88.5	94.3
	Moneragala	97.1	100.0	80.1	97.4
Sabaragamuwa	Ratnapura	97.4	100.0	90.2	91.6
	Kegalle	96.9	100.0	91.9	98.6

Note: RGO- Registrar General's Department, FHB – Family Health Bureau.

Regional Disparities

Goal 3: Promote Gender Equality and Empower Women

Province	Year	Ratio of Girls to Boys in:		Share of women in wage employment in the non-agriculture sector	Proportion of seats held by women in national parliament
		Primary	Secondary		
		2006/07	2006/07	2007	2004
Sri Lanka	Sri Lanka	99.0	105.7	32.2	5.8
Sector	Urban	85.4	99.5	33.9	-
	Rural	101.5	106.3	32.2	-
	Estate	99.8	114.6	20.3	-
Western	Colombo	93.7	104.7	34.5	0
	Gampaha	96.7	100.2	32.6	5.9
	Kalutara	131.8	121.4	30.5	0
Central	Kandy	99.4	106.2	30.4	0
	Matale	103.6	99.7	26.0	20.0
	Nuwara Eliya	89.4	104.3	28.3	14.3
Southern	Galle	88.3	105.1	29.8	0
	Matara	115.6	106.5	29.1	0
	Hambantota	104.0	125.8	34.4	14.3
Eastern	Batticaloa	102.9	91.2	-	20.3
	Ampara	97.6	106.3	-	14.3
	Trincomalee	-	-	-	0
North Western	Kuruegala	97.8	96.2	39.1	6.3
	Puttalam	85.3	94.6	31.5	12.5
North Central	Anuradhapura	101.0	99.6	30.7	12.5
	Pollonnaruwa	101.4	126.1	31.8	0
Uva	Badulla	105.0	133.1	29.8	0
	Moneragala	90.8	96.3	27.1	20.0
Sabaragamuwa	Ratnapura	95.9	107.4	26.8	10.5
	Kegalle	102.2	109.3	32.0	20.0

Regional Disparities

Goal 4: Reduce Child Mortality

Province/Sector	Sector/District	Under-5 mortality rate per 1000 live births	Infant mortality rate per 1000 live births	Proportion of 1 yr old immunized against measles
	Year	2003	2003	2006/07
	Sri Lanka	13.5	11.3	97.2
Sector	Urban	16.2	14.4	96.6
	Rural	7.8	5.2	97.4
	Estate	19.9	13.5	94.5
Western	Colombo	17.8	15.2	95.0
	Gampaha	7.1	6.1	98.5
	Kalutara	5.0	4.1	98.2
Central	Kandy	17.1	15.4	98.3
	Matale	12.1	10.3	95.7
	Nuwara Eliya	18.0	15.6	97.0
Southern	Galle	12.7	10.8	93.8
	Matara	10.4	8.4	100.0
	Hambantota	8.9	6.7	100.0
Northern	Jaffna	8.9	4.4	na
	Kilinochchi	3.3	1.2	na
	Mannar	3.3	2.6	na
	Vavuniya	10.1	6.8	na
	Mullativu	5.1	1.7	na
Eastern	Batticaloa	25.2	21.1	94.1
	Ampara	9.4	5.9	96.0
	Trincomalee	7.7	3.4	97.7
North Western	Kuruegala	15.6	14.2	98.6
	Puttalam	9.1	6.4	94.0
North Central	Anuradhapura	20.1	17.4	100.0
	Pollonnaruwa	29.3	27.6	100.0
Uva	Badulla	11.4	9.5	96.0
	Moneragala	3.8	2.1	96.1
Sabaragamuwa	Ratnapura	14.4	13.0	95.1
	Kegalle	8.7	7.5	99.1

Regional Disparities

Goal 5: Improve Maternal Health

Province	Year	Maternal mortality ratio per 100,000 live births		Births attended by skilled health personnel
		RGD Estimate	FHB Estimate	2006/07
Sri Lanka	Sri Lanka	19.7	39.3	97.6
	Urban	NA	NA	98.4
	Rural	NA	NA	97.6
	Estate	NA	NA	96.0
Western	Colombo	3.2	38.4	98.2
	Gampaha	7.7	35.3	99.3
	Kalutara	18.9	30.9	98.8
Central	Kandy	10.0	23.9	96.9
	Matale	43.9	33.1	96.3
	Nuwara Eliya	61.5	80.4	95.1
Southern	Galle	15.2	20.7	98.6
	Matara	34.6	36.7	98.4
	Hambantota	13.7	50.0	99.0
Northern	Jaffna	32.8	37.9	NA
	Kilinochchi	93.3	102.8	NA
	Mannar	47.1	46.2	NA
	Vavuniya	25.9	39.3	NA
	Mullativu	42.3	NA	NA
Eastern	Batticaloa	14.8	77.4	98.4
	Ampara	31.2	72.8	94.3
	Trincomalee	37.4	11.9	96.5
North Western	Kurunegala	8.5	33.5	97.7
	Puttalam	8.0	51.6	99.0
North Central	Anuradhapura	11.5	29.7	96.4
	Polonnaruwa	0.0	14.7	95.4
Uva	Badulla	33.5	42.9	95.1
	Moneragala	0.0	70.5	93.0
Sabaragamuwa	Ratnapura	32.7	51.6	98.9
	Kegalle	53.2	35.7	98.5

Note: RGO- Registrar General's Department, FHB – Family Health Bureau.

Regional Disparities

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

Province	Year	Percentage of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS	Contraceptive prevalence rate (%)
		2006/07	2006/07
	Sri Lanka	35.3	68.4
Sector	Urban	34.4	59.2
	Rural	36.7	69.6
	Estate	16.3	64.2
Western	Colombo	40.5	65.2
	Gampaha	30.1	67.3
	Kalutara	39.1	69.8
Central	Kandy	30.8	69.1
	Matale	30.1	70.7
Southern	Nuwara Eliya	28.2	69.5
	Galle	42.6	73.6
	Matara	35.1	68.8
Northern	Hambantota	36.9	69.5
	Jaffna	-	-
	Kilinochchi	-	-
	Mannar	-	-
Eastern	Vavuniya	-	-
	Mullativu	-	-
	Batticaloa	28.8	34.5
	Ampara	38.9	55.7
North Western	Trincomalee	-	52.8
	Kurunegala	41.2	75.5
North Central	Puttalam	32.8	66.1
	Anuradhapura	34.0	74.0
Uva	Polonnaruwa	30.8	77.8
	Badulla	29.3	72.4
Sabaragamuwa	Moneragala	32.0	71.1
	Ratnapura	37.8	73.4
	Kegalle	37.2	70.9

Regional Disparities

Goal 6: Combat HIV/AIDs, Malaria and Other Diseases

Province		Prevalence and death rates associates with malaria		Proportion of population in malaria risk areas using effective malaria prevention and treatment measures	
		Cases	Deaths	Percentage of children under 5 yrs who slept in the previous night under	
				Any mosquito net	Treated mosquito net
Year	2006	2006	2006/07	2006/07	
	Sri Lanka	591	0	64.0	3.8
Sector	Urban	na	na	53.1	2.7
	Rural	na	na	66.9	4.2
	Estate	na	na	22.5	1.1
Western	Colombo	1	0	60.3	0.2
	Gampaha	11	0	80.8	0.2
	Kalutara	2	0	66.7	0.8
Central	Kandy	6	0	61.2	0.6
	Matale	7	0	56.3	0.6
	Nuwara Eliya	0	0	31.3	1.0
Southern	Galle	0	0	70.6	2.4
	Matara	8	0	73.9	0.3
	Hambantota	28	0	79.9	8.7
Northern	Jaffna	3	0	n.a.	n.a.
	Kilinochchi	1	0	n.a.	n.a.
	Mannar	1	0	n.a.	n.a.
	Vavuniya	84	0	n.a.	n.a.
	Mullativu	0	0	n.a.	n.a.
Eastern	Batticaloa	7	0	12.8	2.6
	Ampara	9	0	52.2	15.5
	Tricomalee	74	0	35.9	4.5
North Western	Kurunegala	247	0	84.6	12.4
	Puttalam	11	0	57.3	2.2
North Central	Anuradhapura	78	0	84.7	11.3
	Polonnaruwa	2	0	89.0	17.8
Uva	Badulla	2	0	42.8	1.7
	Moneragala	1	0	58.7	6.5
Sabaragamuwa	Ratnapura	4	0	60.2	1.0
	Kegalle	4	0	64.7	1.7

Regional Disparities

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

Province	Sector	Prevalence and death rates associated with tuberculosis per 100,000 population		Proportion of TB cases detected and cured under directly observed short treatment course (DOTS)
		Incidence Rate	Death rate	
	Year	2006	2006	2006
	Sri Lanka	41.7	1.7	83.3
	Urban	-	-	-
	Rural	-	-	-
	Estate	-	-	-
Western	Colombo	61.8	1.2	85.8
	Gampaha	42.6	4.5	76.7
	Kalutara	59.6	2.6	89.8
Central	Kandy	69.4	1.6	85.1
	Matale	34.4	2.1	79.1
	Nuwara Eliya	25.0	1.9	79.2
Southern	Galle	36.8	0.0	82.5
	Matara	27.1	0.0	82.9
	Hambantota	26.0	0.0	87.7
Northern	Jaffna	44.2	1.2	68.5
	Kilinochchi	13.4	-	-
	Mannar	16.0	-	-
	Vavuniya	65.2	6.7	60.7
	Mullativu	0.0	0.7	-
Eastern	Batticaloa	31.7	2.7	70.3
	Ampara	41.3	1.3	87.6
	Tricomalee	32.4	1.0	70.0
North Western	Kurunegala	29.3	2.4	88.9
	Puttalam	19.3	0.3	79.6
North Central	Anuradhapura	29.5	2.4	93.2
	Polonnaruwa	30.4	0.0	87.5
Uva	Badulla	25.9	1.0	88.9
	Moneragala	25.2	0.2	75.4
Sabaragamuwa	Ratnapura	54.1	3.4	84.2
	Kegalle	47.9	0.0	84.4

Note: Cured rate under DOTS is the percentage of Number cured under DOTs out of the Total registered under DOTS.

Regional Disparities

Goal 7: Ensure Environmental Sustainability

Province		Proportion of land area covered by forest (%)	Proportion of population using an improved drinking water source (%)	Proportion of population using an improved sanitation facility (%)
	Year	1999	2006/07	2006/07
Sector	Sri Lanka	32.2	84.7	93.9
	Urban	-	95.4	91.5
	Rural	-	84.6	94.8
	Estate	-	57.8	85.1
Western	Colombo	3.3	97.5	94.7
	Gampaha	0.9	93.7	94.7
	Kalutara	12.3	89.4	95.8
Central	Kandy	20.0	81.7	96.3
	Matale	37.7	83.2	92.9
	Nuwara Eliya	28.5	46.1	86.0
Southern	Galle	13.2	83.2	97.6
	Matara	17.2	89.2	97.4
	Hambantota	34.9	83.2	94.8
Northern	Jaffna	-	-	-
	Kilinochchi	-	-	-
	Mannar	-	-	-
	Vavuniya	-	-	-
	Mullativu	-	-	-
Eastern	Batticaloa	21.7	93.8	81.4
	Ampara	40.0	85.0	92.7
	Tricomalee	50.3	-	-
North Western	Kurunegala	6.0	87.2	93.4
	Puttalam	32.8	83.9	89.1
North Central	Anuradhapura	40.5	84.3	88.7
	Polonnaruwa	45.4	79.4	95.0
Uva	Badulla	20.0	79.4	94.8
	Moneragala	41.1	76.3	96.8
Sabaragamuwa	Ratnapura	22.7	72.7	94.1
	Kegalle	9.7	73.2	96.8

Forest Cover

- Sri Lanka has a total forest cover of approximately 1.93 million hectares (29.9 per cent) of the total land area, which includes 95 thousand hectares of planted forest, in 2005 (UNSD) (district figures are not available for 2005).
- In 1992 and 1999, the proportion of land under forest cover was 33.8% and 32.2% respectively. By 2005 forest cover has reduced to 29.9%.

Access to Safe Drinking Water

- Nearly 85 per cent of households in Sri Lanka have sustainable access to safe drinking water in 2006/07. Compared to 68 per cent in 1990, this is a significant achievement.
- More than 95 per cent urban households and nearly 85 per cent rural households have access to an improved drinking water source. Only 57 per cent households in the estate sector have similar access.
- Only 46 per cent households in Nuwara Eliya district have access to an improved drinking water source.
- More than 20 per cent of households do not have access to an improved drinking water source in Polonnaruwa, Badulla, Moneragala, Ratnapura and Kegalle districts.

Access to Improved Sanitation

- Almost 94 per cent of households in Sri Lanka have access to an improved sanitation facility.
- Even in Regional Disparities
- the estate sector the percentage has increased from 43.1 per cent in 2001 to 85.1 per cent in 2006/07.
- However, only 66.5 per cent of the households have access to an improved sanitation facility in the districts in the Northern and Eastern Provinces.

Annex 4

Tables Related to Goal 8 in Chapter 9

Table 9.1 - Total ODA (bilateral and multilateral) received by Sri Lanka as percentage of GNI

Values in US \$ Mn.

Item	1992	1995	2000	2004	2005
1 Total ODA (Bilateral and Multilateral) from OECD/DAC and other (Disbursement)	468	588	295	593	709
1.1 Total ODA Bilateral (Disbursement)	272	392	267	370	364
1.2. Total ODA Multilateral (Disbursement)	195	196	28	223	344
2 Total grants (Bilateral and Multilateral) from OECD/DAC (Disbursement)	188	173	71	86	276
3 Gross National Income (GNI) at Market prices	9,444	12,786	16,684	20,150	23,659
4 Total ODA as a percentage of GNI (As a % of row 1 divided by row 3 (1/3))	5.0	4.6	1.8	2.9	3.0
5 Total grants as a percentage of total ODA (As a % of row 2 divided by row 1 (2/1) %)	40.1	29.5	24.0	14.5	38.9

Source: External Resources Department, Department of Census and Statistics; Central Bank of Sri Lanka.

Table 9.2: Net ODA from OECD/DAC countries to Sri Lanka as a Percentage of Gross National Income (GNI) of Sri Lanka

Values in US \$ Mn.

Item	1997	1998	1999	2000	2001	2002
1 Total grant disbursement	183	177	173	162	148	157
2 Total gross loan disbursement	157	218	165	213	265	180
3 Total gross ODA disbursement from DAC countries (Bilateral and Multilateral)	340	395	338	375	413	337
4 Total net ODA disbursement from DAC countries (Bilateral and Multilateral)	228	282	208	240	280	189
5 Total net ODA disbursement from DAC as a percentage to Gross ODA %	67.1	71.5	61.5	64.0	67.8	56.0
6 Gross National Income (GNI) at Market prices -Sri Lanka	14,931	16,010	15,917	16,684	15,784	16,609
7 Total net ODA disbursement from DAC as a percentage to GNI of Sri Lanka %	1.53	1.76	1.30	1.44	1.77	1.13

(continued).....

Table 9.2: Net ODA from OECD/DAC countries to Sri Lanka as a Percentage of Gross National Income (GNI) of Sri Lanka

Values in US \$ Mn.

Item	2003	2004	2005	2006
1 Total grant disbursement	192	230	650	369
2 Total gross loan disbursement	247	295	234	378
3 Total gross ODA disbursement from DAC countries (Bilateral and Multilateral)	439	525	883	747
4 Total net ODA disbursement from DAC countries (Bilateral and Multilateral)	271	337	857	485
5 Total net ODA disbursement from DAC as a percentage to Gross ODA %	61.7	64.2	97.0	64.9
6 Gross National Income (GNI) at Market prices -DAC countries (Billion US \$)		30 906	32 401	34 170
7 Total net ODA disbursement from DAC as a percentage to GNI of DAC countries		0.0011	0.0027	0.0014
8 Gross National Income (GNI) at Market prices -Sri Lanka	18,429	20,150	23,659	27,878
9 Total net ODA disbursement from DAC as a percentage to GNI of Sri Lanka	1.47	1.67	3.62	1.74

Note: Values in US \$ Mn. at current prices.

Source: DAC countries, Department of Census and Statistics; Central Bank of Sri Lanka.

Table 9.3 - Bilateral ODA from DAC countries for Social Services as a percentage of total ODA

Values in US \$ Mn.

Item	1992	1995	2000	2004	2005
1 Total Aid disbursements for basic social services (proxy for bilateral ODA from OECD/DAC *)	76.9	86.4	63.6	170.0	177.5
1.1. Education	26.3	26.0	32.7	36.5	48.0
1.2. Health	14.2	5.6	10.2	33.6	23.9
1.3. Water supply and sanitation	36.4	54.8	20.7	99.9	105.6
2 Total aid disbursements	557.2	641.3	512.2	805.3	1,031.1
2.1. Total aid disbursements-bilateral	272.4	396.8	269.2	410.6	387.1
2.2. Total aid disbursements-multilateral	240.1	220.5	135.3	308.8	494.0
2.3. Total aid disbursements-other	44.7	24.0	107.7	85.9	149.6
3 Total aid disbursements for basic social services as a percentage of Total aid disbursements (As a % of row 1 divided by row 2 (1/2))	13.8	13.5	12.4	21.1	17.2

Note: Values in US \$ Mn. at current prices.

Source: External Resources Department, Department of Census and Statistics; Central Bank of Sri Lanka.

Table 9.4 - Average Tariffs imposed by Developed Countries by type of product, 2006

Country	Agriculture Products	Textile Products	Clothing Products
USA	5.3	7.7	11.4
Switzerland	43.8	6.5	6.4
Norway	61.1	7.1	11.1
New Zealand	1.7	10.5	32.6
Japan	24.3	5.4	9.2
European Union	15.1	6.5	11.5
Canada	17.3	10.6	17.2
Australia	1.2	18.3	41.1

Source: MDG Indicators of Sri Lanka – A Mid Term Review – 2008.

Table 9.5 - Proportion of Total Imports by the Developed Countries (by value) from Sri Lanka

Values in US \$ Mn.

Item	1992	1995	2000	2004	2005	2006
1 Imports from Developed Countries (Exports)	2,256	3,056	4,289	4,161	4,124	4,733
2 Total Exports of goods	2,461	3,807	5,544	5,770	6,351	6,893
3 The value of Imports by the developed countries as a percentage to total exports (%)	91.7	80.3	77.4	72.1	64.9	68.7
4 Total Garment Exports to United States of America (USA)	-	1,004	1,688	1,539	1,633	1,633
5 Total Garment Exports to European Union (EU)	-	567	895	986	984	1,154
5.1 which includes Exports to United Kingdom (UK)	-	227	586	621	603	684
6 Total Garment Exports to USA and United Kingdom (UK)	-	1,231	2,273	2,160	2,237	2,316
7 Total Garment Exports	-	1,655	2,723	2,654	2,748	2,917
8 Total Garment Exports as a percentage to total Exports (%)	-	43.5	49.1	46.0	43.3	42.3
9 Total Garment Exports to USA and UK as a percentage to total Exports %	-	32.3	41.0	37.4	35.2	33.6

Source: Department of Customs; Department of Census and Statistics; Central Bank of Sri Lanka.

Table 9.6 - Agricultural Support ODA from OECD Countries as a Percentage of Sri Lanka's Gross Domestic Product

Values in US \$ Mn.

Item	1992	1995	2000	2004	2005
1 Aid (ODA) disbursement to promote agriculture sector (Bilateral, multilateral and other)	145.8	125.7	65.1	110.2	113.3
2 Total (ODA) Aid disbursement (Bilateral, multilateral and other)	557.6	658	512	805	1031
3 The ODA disbursement for agriculture as a percentage to total ODA disbursement %	26.1	19.1	12.7	13.7	11.0
4 Gross National Income (GNI) at Market prices	9,444	12,786	16,684	20,150	23,659
5 The ODA disbursement for agriculture as a percentage to GNI (As a % of row 1 divided by row 4 (1/4))	1.54	0.98	0.39	0.55	0.48

Source: Department of Customs; Department of Census and Statistics; Central Bank of Sri Lanka.

Table 9.7 - External Debt Services as a Percentage of Exports of Goods and Services - 1990 to 2006

Values in US \$ Mn.

Item	1992	1995	2000	2004	2005
1. Total External Debt service payments	449	655	984	1,080	1,083
1.1. Amortization payments	249	378	652	419	762
1.2. Interest payment	200	277	332	204	321
2. Total value of exports of goods and services	2,509	4,842	6,475	7,284	8,508
2.1. Total value of exports of goods	1,978	3,798	5,522	6,347	6883
2.2. Total value of exports of services	531	1,044	953	1,540	1625
3. Debt service as a percentage of total value of exports of goods and services (As a % of row 1 to 2 (1/2))	17.9	13.5	15.2	14.8	12.7
4. Gross National Income (GNI) at Market prices	7,769	12,786	16,684	20,150	23,659
5. (As a % of row 1 to 4 (1/4)) %	5.8	5.1	5.9	5.4	3.9

Source: External Resources Department; Department of Census and Statistics; Central Bank of Sri Lanka.

Table 9.8: Commitments from 2002-30 June 2009 (in USD Mn)

Donor	2002		2003		2004		2005		2006		2007		2008		2009 (upto 15 Sep)				
	Loan	Grant	Loan	Grant	Loan	Grant	Loan	Grant	Loan	Grant	Loan	Grant	Loan	Grant	Loan	Grant			
01 BILATERAL	313.27	53.93	367.20	92.95	443.85	86.51	432.60	624.47	389.62	1014.1	423.48	777.52	88.42	865.94	1,084.1	1,211.8	423.71	9.75	433.46
Australia	-	0.02	-	6.41	-	-	-	-	-	-	-	-	-	-	-	0.00	-	-	-
Canada	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
China	0.00	0.60	0.60	-	24.20	8.26	24.73	300.00	24.67	324.67	155.00	372.49	13.62	386.11	-	-	313.28	-	313.28
Denmark	-	-	-	-	-	-	30.29	-	7.85	7.85	25.79	-	-	-	-	-	-	-	-
France	-	-	-	-	-	-	-	88.27	-	88.27	-	22.30	-	23.59	-	-	-	-	-
Finland	-	-	-	-	-	-	-	-	-	9.15	-	-	-	-	-	-	-	-	-
Germany	-	9.69	9.69	30.44	33.48	19.69	19.69	79.39	106.40	185.79	8.02	17.31	17.31	-	-	-	-	-	-
India	51.00	-	51.00	30.00	30.00	25.00	25.00	-	-	-	-	-	-	-	200.00	9.19	209.19	-	-
Iran	-	-	-	-	-	-	-	-	-	-	-	-	-	-	450.00	-	-	-	-
Italy	-	-	-	-	-	-	-	1.24	1.81	3.05	2.30	-	-	-	-	-	-	-	-
Japan	250.27	9.29	259.56	12.64	290.22	257.65	21.30	278.95	93.73	199.37	184.63	334.12	36.86	370.98	325.86	30.88	356.74	9.75	9.75
Korea	-	-	-	-	16.08	-	2.33	2.33	29.39	7.80	20.00	16.04	-	16.04	61.65	6.17	67.82	76.34	76.34
Kuwait	-	-	-	-	-	-	-	20.54	0.86	21.40	-	6.92	-	6.92	-	-	34.09	-	34.09
Malaysia	-	-	-	-	-	-	-	-	-	-	-	2.02	-	2.02	-	0.51	-	-	0.00
Netherlands	-	13.32	13.32	6.81	6.81	2.61	2.61	-	19.67	19.67	-	6.59	11.67	18.26	-	63.57	-	-	-
Norway	-	3.87	3.87	2.37	2.37	2.23	2.23	-	0.18	0.18	-	2.05	2.05	1.03	-	1.20	-	-	-
Sweden	-	5.50	5.50	17.18	17.18	6.07	15.78	21.85	28.77	28.77	-	6.57	1.14	1.14	-	-	-	-	-
Switzerland	-	-	-	-	-	-	-	-	9.14	9.14	-	-	-	-	-	-	-	-	-
Saudi Fund	12.00	-	12.00	-	-	10.61	10.61	-	-	0.00	-	27.75	-	27.75	17.04	-	22.97	-	22.97
Spain	-	-	-	-	-	-	-	-	-	27.75	-	17.04	-	17.04	-	-	-	-	-
UK	-	-	-	-	-	-	-	-	11.71	11.71	-	-	-	-	-	-	-	-	-
United States	-	11.64	11.64	17.10	17.10	0.00	14.32	-	77.03	77.03	0.00	10.16	6.79	6.79	16.18	16.18	-	-	0.00
Other Bilateral	12.00	22.71	34.71	32.77	46.97	20.61	67.58	110.05	79.99	190.04	55.84	54.87	13.84	68.71	46.56	111.84	34.09	0.00	34.09
02 MULTILATERAL	413.29	67.91	481.20	84.51	488.23	526.23	142.85	669.08	172.12	684.53	521.47	637.48	490.75	572.46	385.85	496.76	248.40	60.03	308.43
ADB	282.85	2.70	285.55	6.62	196.05	381.20	2.95	384.15	32.29	171.00	203.29	432.91	32.46	465.37	90.00	90.00	223.10	27.42	250.52
IFAD	-	47.56	47.56	-	-	23.19	0.37	23.56	15.61	-	15.61	-	23.09	23.09	20.70	20.70	-	-	0.00
Nordic Fund	-	-	-	-	-	-	-	-	-	-	-	1.88	-	1.88	-	-	-	-	-
World Bank	80.35	17.65	98.00	56.19	241.98	121.84	111.11	232.95	124.22	32.91	99.35	32.87	14.45	47.32	275.15	1.92	25.30	0.92	26.22
OPEC FUND	9.00	-	9.00	8.50	8.50	-	24.67	24.67	-	291.32	-	-	34.80	34.80	-	-	-	31.69	31.69
Other UN Agencies	-	-	-	19.24	19.24	-	-	-	-	-	-	-	-	-	-	-	-	-	-
UN Agencies	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Multilateral	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
European Commission	41.09	-	41.09	2.46	2.46	-	3.75	3.75	-	17.18	17.18	-	-	-	-	-	-	-	-
European Investment Bank	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Export Credit	86.03	-	86.03	74.31	74.31	73.84	73.84	40.91	40.91	147.89	147.89	235.82	235.82	360.81	360.81	360.81	69.99	69.99	-
Total	777.09	121.84	898.93	177.46	986.39	946.16	229.36	1175.52	837.50	1739.53	1092.84	1311.08	170.13	1674.22	1830.73	2069.34	742.10	69.78	811.88

Summary Statistics on the MDG Indicators

Goal 1: Eradicate extreme poverty and hunger

	1990/91	1995/96	2002	2006/07	2015 Target
Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than US\$1 a day					
1.1. Proportion of population below the national poverty line	26.1	28.8	22.7	15.2	13.1
1.2. Poverty gap ratio	5.6	6.6	5.1	3.1	2.8
1.3. Share of poorest quintile in national consumption	8.9	N.A.	7.0	7.1	No target
Target 1B: Achieve full and productive employment and decent work for all, including women and young people					
1.4. Growth rate of GDP per person employed			9.9 (2003)	22.9	Under consideration
1.5. Employment-to-population ratio			0.34 (2003)	0.36 (2006)	Under consideration
1.6. Proportion of employed people living below US \$1 (PPP) per day			N.A.	N.A.	Under consideration
1.7. Proportion of own account and contributing family workers in total employment			N.A.	40.7 (2007)	Under consideration
Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger					
1.8. Prevalence of underweight children under 5 years	38 (1993)		29 (2000)	21.6	19
1.9. Proportion of population below minimum level of dietary energy consumption	50.9		51.3	50.7	25

Note: N.A. Not Available.

Sources: Department of Census and Statistics, HIES, various years; Labour Force Surveys, various years; Demographic and Health Surveys, various years.

Goal 2: Achieve universal primary education

	1990/91	1995/96	2002	2006/07	2015 Target
Target 2A: Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling					
2.1. Net enrolment rate in primary school	88.0	95.7	96.3	97.5	100
2.2. Proportion of pupils starting grade 1 who reach grade 5	68.1		95.6	99.6	100
2.3. Literacy rate in the age group 15-24 years		92.7 (1994)	95.6 (2001)	95.8	100

Sources: Special Survey on MDGs, 2006/07.

Goal 3: Promote gender equality and empower women

	1990/91	1995/96	2002	2006/07	2015 Target
Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015					
3.1. Ratio of girls to boys (number of girls per 100 boys) enrolled in					
- Primary		94.2	94.6	99.0	100
- Lower secondary		91.2	94.8	105.7	100
- Upper secondary		107.7	101.8		100
- Tertiary		75.4	113.8	N.A.	100
Ratio of literate women to men, 15-24 years old	Dropped following the global recommendations				
3.2. Share of women in wage employment in the non-agricultural sector (%)		30.8 (1993)	32.8 (2001)	31 (2007)	No target
3.3. Proportion of seats held by women in National Parliament		5.8 (1989/94)	4.2 (2000/04)	5.8 (2004/07)	No target
Note:	N.A. Not Available.				
Sources:	Sources: Special Survey on MDGs, 2006/07.				

Goal 4: Reduce child mortality

	1991	1996	2001	2005	2015 Target
Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-5 mortality rate					
4.1. Under-5 mortality rate	22.2	25	13.5 (2003)		10.7
4.2. Infant mortality rate	17.7* (1991)	22	11.3 (2003)		5.9
4.3. Proportion of 1 year-old children immunized against measles	84.0 (1990)	95.5* (1993)		97.2* (2006/07)	100
Note:	* The figure is from DCS (2008), "MDG Indicators of Sri Lanka - A Mid-term Review".				
Sources:	Special Survey on MDGs, 2006/07.				

Goal 5: Improve Maternal Health

	1990/91	1995/96	2002	2006/07	2015 Target
Target 5A: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio					
5.1. Maternal mortality ratio (deaths per 100,000 live births)	42	23	19.7* (2003)		10.6
5.2. Proportion of births attended by skilled birth personnel	94.1 (1993)			97.6*	
Target 5B: Achieve, by 2015, universal access to reproductive health					
5.3. Contraceptive prevalence rate		66.1 (1993)		68.0	No target
5.4. Antenatal care coverage				100	No target
5.5. Age-specific fertility rate					No target
5.6. Unmet need for family planning					No target
Note:	* The figure is from DCS (2008), "MDG Indicators of Sri Lanka - A Mid-term Review".				
Sources:	Registrar General's Department; Demographic and Health Surveys (various years).				

Goal 6: Combat HIV/AIDS, malaria and other diseases

	1990	1995	2000	2005	2015 Target
Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS					
HIV prevalence among population aged 15-24 years (%)					
Condom use at last high-risk sex					
Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (%)				35.3	
Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years					
Proportion of population with advanced HIV infection with access to antiretroviral drugs					
Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it					
6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs					
Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases					
Death rates associated with malaria (per 100,000 population)	0.7			0	0
Morbidity rate due to malaria (confirmed cases per year per 1,000)	16.85			0.39	0
Proportion of children under 5 sleeping under bed-nets	12.0			64.0* 3.8**	
Prevalence and death rates associated with tuberculosis (per 100,000)	39.0# 2.4^			41.7# 1.7	
Proportion of tuberculosis cases detected under Directly Observed Treatment Short Courses (DOTS)		80.8 (1998)		85.7 (2007)^	
Proportion of tuberculosis cases cured under DOTS			37.3^	83.3 (2006)^	

Note: * This figure is for sleeping under ordinary mosquito nets.
 ** This figure is for sleeping under treated mosquito nets.
 # The top figure is for prevalence and the bottom figure is the death rate.
 ^ The figure is from DCS (2008), "MDG Indicators of Sri Lanka - A Mid-term Review".

Sources: National Malaria Control Programme for data on malaria; National TB Programme for data on tuberculosis; DCS.

Goal 7: Ensure environmental sustainability

	1991	1995	2000	2005	2015 Target
Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources					
7.1 Proportion of land area covered by forest (%)*	33.8 (1992)		32.2 (1999)	29.9	Under consideration
Energy use (kg oil equivalent) per \$1 GDP (PPP)	Dropped following the global recommendations				
CO2 emissions, total, per capita and per \$1 GDP (PPP), and consumption of ozone-depleting substances (metric tonnes)					
[The upper figure is CO2 emissions; the lower figure is the consumption of ODS]	0.2 tpc (1990)			0.6 tpc (2004)	0
	210 (1990)			149 (2004)	
Proportion of population using solid fuels	Dropped following the global recommendations				
Proportion of fish stocks within safe biological limits					
Proportion of total water resources used (%)					
Target 7B: Reduce biodiversity loss, achieving by 2010 a significant reduction in the rate of loss					
Proportion of terrestrial and marine areas protected		15.5		17.2	
Proportion of species threatened with extinction					
Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation					
7.7. Proportion of population using an improved drinking water source (%)	68	72 (1994)	82 (2001)	84.7	84
7.8. Proportion of population using an improved sanitation facility (%)	69			93.9	84.5

Sources: DCS; Forest Department; United Nations Statistics Division.

Goal 8: Partnership for development

	1990	1995	2000	2002	2005	2015 Target
Target 8A: Target 8A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system						
Average tariffs imposed on exports of agricultural products, clothing and textiles to developed-market economies						No targets
Proportion of exports of agricultural products, clothing and textiles (by value) to developed-market economies from Sri Lanka admitted free of duty						
Target 8B: Address the special needs of the Least Developed Countries						
Target 8C: Address the special needs of small island developing States						
	1992	1995	2000	2005	2006	
8.1 Proportion of total bilateral ODA of OECD/DAC donors to basic social services	13.8	13.5	12.4	17.2		
8.3 Proportion of bilateral ODA of OECD/DAC donors that is untied ODA received as - Proportion of GDP - In US\$ per capita	24.3	30.6	15.4	36.9		No targets
8.4 ODA received as proportion of GNI	5.0	4.6	1.8	3.0		
Proportion of ODA provided to help build trade capacity Net ODA received from OECD/DAC donors by Sri Lanka as a percentage of its GNI		1.53 (1997)	1.44	3.62	1.74	
Target 8D: Deal comprehensively with the debt problem						
Debt servicing as a percentage of exports of goods and services	17.9 (1990)			7.9	12.7	No targets
Target 8F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communication						
8.14 Telephone lines per 100 population No targets	0.8				9.2	
8.15 Cellular subscribers per 100 population	0.0				27.0	No targets
8.16 Internet users per 100 population				0.7	2.4 (2007)	

Sources: DCS; Central Bank of Sri Lanka; External Resources Department; Department of Customs.

Glossary of Indicators

Goal 1: Eradicate extreme poverty and hunger

- 1. Proportion of population below the national poverty line**
The percentage of the population living below the national poverty line. (Source: UNDG 2003)
- 2. Poverty gap ratio (incidence x depth of poverty)**
The mean distance below the poverty line, expressed as a percentage of the poverty line. The mean is taken over the entire population, counting the non-poor as having zero poverty gap. The measure reflects the depth of poverty as well as its incidence. (Source: HDR 2003)
- 3. Share of poorest quintile in national consumption**
The share of consumption or, in some cases, income that accrues to the poorest 20 per cent of the population. (Source: WDI 2005)
Growth rate of GDP per person employed
Employment-to-population ratio
The employment-to-population ratio is the proportion of a country's working-age population that is employed.
Proportion of employed people living below \$1 (PPP) per day
Proportion of own account and contributing family workers in total employment
- 4. Prevalence of underweight children under 5 years**
Prevalence of (moderately or severely) underweight children is the percentage of children under 5 years whose weight for age is less than minus two standard deviations from the median for the international reference population aged 0-59 months. The international reference population was formulated by the National Centre for Health Statistics as a reference for the United States and later adopted by the World Health Organization (WHO) for international use (often referred to as the NCHS/WHO reference population). (Source: UNDG 2003)
- 5. Proportion of population below minimum level of dietary energy consumption**
Proportion of the population below the minimum level of dietary energy consumption is the percentage of the population whose food intake falls below the minimum level of dietary energy requirement of 2030 kcal. This is also referred to as the prevalence of under-nourishment, which is the percentage of the population that is undernourished.

Goal 2: Achieve universal primary education

- 6. Net enrolment ratio in primary education**
The ratio of the number of children of official school age (as defined by the national education system) who are enrolled in primary school to the total population of children of official school age. Primary education provides children with basic reading, writing and mathematics skills, along with an elementary understanding of such subjects as history, geography, natural and social science, art and music. (Source: UNDG 2003)
- 7. Proportion of pupils starting Grade 1 who reach Grade 5**
The survival rate to Grade 5 is the percentage of a cohort of pupils enrolled in grade 1 of the primary level of education in a given school year who are expected to reach grade 5. (Source: UNDG 2003)
- 8. Literacy rate of 15- to 24-year-olds**
The percentage of the population 15-24 years old who can both read and write with understanding a short, simple statement on everyday life, of total population in the same age group. The definition of literacy sometimes extends to basic arithmetic and other life skills. (Source: UNDG 2003)

Goal 3: Promote gender equality and empower women

- 9. Ratio of girls to boys in primary, secondary and tertiary education**
The ratio of the number of female students enrolled at primary, secondary and tertiary levels in public and private schools to the number of male students. (Source: UNDG 2003)
- 11. Share of women in wage employment in the non-agricultural sector (%)**
The ratio of the number of women employed in the non-agricultural sector to the total employment in the sector.
- 12. Proportion of seats held by women in national, provincial and district representative bodies**
The number of seats held by women, expressed as a percentage of all occupied seats.

Goal 4: Reduce child mortality**13. Under-5 mortality rate**

The probability of dying between birth and exactly 5 years of age, expressed per 1,000 live births. (Source: HDR 2003)

14. Infant mortality rate

The probability of dying between birth and exactly 1 year of age, expressed per 1,000 live births. (Source: HDR 2003)

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

The percentage of children under 1 year of age who have received at least one dose of measles vaccine. (Source: UNDG 2003)

Goal 5: Improve maternal health**16. Maternal mortality ratio**

The annual number of deaths of women from pregnancy-related causes during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, expressed per 100,000 live births. The 10th revision of the International Classification of Diseases makes provision for including late maternal deaths occurring between six weeks and one year after childbirth. (Source: HDR 2003)

17. Proportion of births attended by skilled health personnel

The percentage of deliveries attended by personnel (including doctors, nurses and midwives) trained to give the necessary care, supervision and advice to women during pregnancy, labour and the postpartum period, to conduct deliveries on their own, and to care for newborns. (Source: HDR 2003)

19c. Contraceptive prevalence rate

The percentage of women who are practising, or whose sexual partners are practicing, any form of contraception. It is usually reported for women ages 15-49 in marital or consensual unions. (Source: UNDG 2003)

Adolescent birth rate**Antenatal care coverage (at least one visit and at least four visits)****Unmet need for family planning**

This indicator is based on the contraceptive prevalence rate (CPR) and the level of unmet needs (LUN). Specifically, it is the ratio of the CPR to the sum of the CPR and the LUN. The Needs Being Met (NBM) thus assumes that all current users of contraception want to space or limit their births, and takes those users as a proportion of all women who say they want to space or limit their births. The met need for family planning can be considered as those currently married women who are using family planning methods. By implication, the unmet need is defined as those currently married women who do not want any more children or want to wait before having another child but are not using contraception.

Goal 6: Combat HIV/AIDS, malaria and other diseases**18. HIV prevalence among population aged 15-24 years**

The percentage of blood donors whose blood samples test positive for HIV.

19a. Condom use at last high-risk sex**19b. Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS**

The percentage of population aged 15-49 with comprehensive correct knowledge of HIV/AIDS is the share of women and men ages 15-49 who correctly identify the two major ways of preventing the sexual transmission of HIV (using condoms and limiting sex to one faithful, uninfected partner), who reject the two most common local misconceptions about HIV transmission, and who know that a healthy-looking person can transmit HIV.

20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

Proportion of population with advanced HIV infection with access to antiretroviral drugs

21. Incidence and death rates associated with malaria

Prevalence of malaria is the number of cases of malaria per 100,000 people. Death rates associated with malaria are number of deaths caused by malaria per 100,000 people. (Source: UNDG 2003)

22. Proportion of children under 5 sleeping under insecticide-treated bed-nets and Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs

Malaria prevention is measured as the percentage of children aged 0-59 months sleeping under insecticide-treated bednets. Malaria treatment among children is measured as the proportion of children aged 0-59 months who were ill with the fever in the two weeks before the survey and who received appropriate antimalarial drugs. (Source: UNDG 2003)

Goal 6: Combat HIV/AIDS, malaria and other diseases...

23. Incidence, prevalence and death rates associated with tuberculosis

Tuberculosis prevalence is the number of cases of tuberculosis per 100,000 people. Death rates associated with tuberculosis are deaths caused by tuberculosis per 100,000 people. A tuberculosis case is defined as a patient in whom tuberculosis has been bacteriologically confirmed or diagnosed by a clinician. (Source: UNDG 2003)

24. Proportion of tuberculosis cases detected and cured under DOTS

The tuberculosis detection rate is the percentage of estimated new infectious tuberculosis cases detected under the directly observed treatment, short course (DOTS) case detection and treatment strategy. The tuberculosis cure rate is the percentage of new, registered smear-positive (infectious) cases that were cured or in which a full course of DOTS was completed. A tuberculosis case is defined as a patient in whom tuberculosis has been bacteriologically confirmed or diagnosed by a clinician. (Source: UNDG 2003)

Goal 7: Ensure environmental sustainability

25. Proportion of land area covered by forest

Forest areas as a share of total land area, where land area is the total surface area of the country less the area covered by inland waters like major rivers and lakes. As defined in the Food and Agricultural Organization's (FAO) Global Forest Resources Assessment 2000, forest includes both natural forests and forest plantations. It refers to land with an existing or expected tree canopy of more than 10 per cent and an area of more than 0.5 hectare where the trees should be able to reach a minimum height of 5 metres. Forests are identified both by the presence of trees and the absence of other land uses. Land from which forest has been cleared but that will be reforested in the foreseeable future is included. Excluded are stands of trees established primarily for agricultural production, such as fruit tree plantations. (Source: UNDG 2003)

26. Proportion of terrestrial and marine areas protected

Proportion of species threatened with extinction

28. Carbon dioxide emissions (per capita) and consumption of ozone-depleting CFCs (ODP tonnes)

Carbon dioxide emissions per capita is the total amount of carbon dioxide emitted by a country as a consequence of human (production and consumption) activities, divided by the population of the country. In the global carbon dioxide emission estimates of the Carbon Dioxide Information Analysis Centre of Oak Ridge National Laboratory in the United States, the calculated country emissions of carbon dioxide include emissions from consumption of solid, liquid and gas fuels; cement production; and gas flaring. National reporting to the United Nations Framework Convention on Climate Change that follows the Intergovernmental Panel on Climate Change guidelines is based on national emission inventories and covers all sources of anthropogenic carbon dioxide emissions as well as carbon sinks (such as forests). Consumption of ozone-depleting chlorofluorocarbons (CFCs) in tonnes (ozone-depleting potential) is the sum of the consumption of the weighted tonnes of the individual substances in the group - metric tonnes of the individual substance (defined in the Montreal Protocol on Substances That Deplete the Ozone Layer) multiplied by its ozone-depleting potential. Ozone-depleting substances are any substance containing chlorine or bromine that destroys the stratospheric ozone layer. The stratospheric ozone absorbs most of the biologically damaging ultraviolet radiation. (Source: UNDG 2003)

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

The percentage of the population that use any of the following types of water supply for drinking: piped water, public tap, borehole or pump, protected well, protected spring or rainwater. Improved water sources do not include vendor-provided waters, bottled water, tanker trucks or unprotected wells and springs. (Source: UNDG 2003)

31. Proportion of population with access to improved sanitation, urban and rural

The percentage of the population with access to facilities that hygienically separate human excreta from human, animal and insect contact. Facilities such as sewers or septic tanks, pour-flush latrines and simple pit or ventilated improved pit latrines are assumed to be adequate, provided that they are not public, according to the World Health Organization (WHO) and United Nations Children's Fund (UNICEF) Global Water Supply and Sanitation Assessment 2000 Report. To be effective, facilities must be correctly constructed and properly maintained. (Source: UNDG 2003)

32. Proportion of urban population living in slums

The percentage of the urban population that lives in slums. A slum household is defined by UN-HABITAT as a group of individuals living under the same roof that lack one or more (in some cities, two or more) of the following conditions: security of tenure, structural quality and durability of dwellings, access to safe water, access to sanitation facilities and sufficient living area. (Source: UNDG 2003)

Goal 8: Develop a global partnership for development

33. Net ODA, Total and to the developing countries, as a percentage of OECD/DAC donor's gross national income

Official development assistance (ODA) comprises grants or loans to developing countries and territories on the Organization for Economic Co-operation and Development/Development Assistance Committee (OECD/DAC) list of aid recipients that are undertaken by the official sector with promotion of economic development and welfare as the main objective and at concessional financial terms (if a loan, having a grant element of at least 25 per cent). Technical cooperation is included. Grants, loans and credits for military purposes are excluded. Also excluded are aid to more advanced developing and transition countries as determined by the DAC. Bilateral official development assistance is from one country to another. Donors' gross national income (GNI) at market prices is the sum of gross primary incomes receivable by resident institutional units and sectors. (Source: UNDG 2003)

Goal 8: Develop a global partnership for development...

- 34. Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)**
Official development assistance (ODA) comprises grants or loans to developing countries and territories on the Organization for Economic Co-operation and Development/Development Assistance Committee (OECD/DAC) list of aid recipients that are undertaken by the official sector with promotion of economic development and welfare as the main objective and at concessional financial terms (if a loan, having a grant element of at least 25 per cent). Technical cooperation is included. Grants, loans and credits for military purposes are excluded. Also excluded are aid to more advanced developing and transition countries, as determined by the DAC. Bilateral official development assistance is from one country to another. Basic education comprises primary education, basic life skills for youth and adults and early childhood education. Primary health care includes basic health care, basic health infrastructure, basic nutrition, infectious disease control, health education and health personnel development. (For safe water and sanitation, see indicators 30 and 31). (Source: UNDG 2003)
- 35. Proportion of bilateral ODA of OECD/DAC donors that is untied**
Official development assistance (ODA) comprises grants or loans to developing countries and territories on the Organization for Economic Co-operation and Development/Development Assistance Committee (OECD/DAC) list of aid recipients that are undertaken by the official sector with promotion of economic development and welfare as the main objective and at concessional financial terms (if a loan, having a grant element of at least 25 per cent). Technical cooperation is included. Grants, loans and credits for military purposes are excluded. Also excluded are aid to more advanced developing and transition countries as determined by the DAC. Bilateral official development assistance is from one country to another. Untied bilateral official development assistance is assistance from country to country for which the associated goods and services may be fully and freely procured in substantially all countries. (Source: UNDG 2003)
- 37. Net ODA received as proportion of its GNI**
Official development assistance (ODA) comprises grants or loans to developing countries and territories on the Organization for Economic Co-operation and Development/Development Assistance Committee (OECD/DAC) list of aid recipients that are undertaken by the official sector with promotion of economic development and welfare as the main objective and at concessional financial terms (if a loan, having a grant element of at least 25 per cent). Technical cooperation is included. Grants, loans and credits for military purposes are excluded. Also excluded are aid to more advanced developing and transition countries as determined by the DAC. Bilateral official development assistance is from one country to another. Recipient countries' gross national income (GNI) at market prices is the sum of gross primary incomes receivable by resident institutional units and sectors. GNI at market prices was called gross national product (GNP) in the 1953 System of National Accounts. In contrast to gross domestic product (GDP), GNI is a concept of income (primary income) rather than value added. (Source: UNDG 2003)
- 38. Proportion of total developed country imports (by value and excluding arms) from developing countries**
Imports and imported value of goods (merchandise) are goods that add to the stock of material resources of a country by entering its economic territory. Goods simply being transported through a country (goods in transit) or temporarily admitted (except for goods for inward processing) do not add to the stock of material resources of a country and are not included in international merchandise trade statistics. In many cases, a country's economic territory largely coincides with its customs territory which is the territory in which the customs laws of a country apply in full. Goods admitted free of duties are exports of goods (excluding arms) received from developing countries and admitted without tariffs to developed countries.
- 40. Agricultural support estimate for OECD countries as a percentage of their gross domestic product**
Agricultural support is the annual monetary value of all gross transfers from taxpayers and consumers, both domestic and foreign (in the form of subsidies arising from policy measures that support agricultural) net of the associated budgetary receipts, regardless of their objectives and impacts on farm production and income or consumption of farm products.
- 41. Proportion of ODA provided to help build trade capacity**
ODA directed to activities intended to enhance the ability of the recipient country to formulate and implement a trade development strategy and create an enabling environment for increasing the volume and value added of exports, diversifying export products and markets and increasing foreign investment to generate jobs and trade; stimulate trade by domestic firms and encourage investment in trade-oriented industries; or participate in and benefit from the institutions, negotiations and processes that shape national trade policy and the rules and practices of international commerce. (Source: HDR 2003)
- 44. Debt service as a percentage of exports of goods and services**
47. Proportion of population with access to affordable essential drugs on a sustainable basis
The percentage of the population that has access to a minimum of 20 most essential drugs. Access is defined as having drugs continuously available and affordable at public or private health facilities or drug outlets that are within one hour's walk of the population. Essential drugs are drugs that satisfy the health care needs of the majority of the population. The World Health Organization (WHO) has developed the Model List of Essential Drugs, which is regularly updated through widespread consultations with member states and other partners. Progress in access to essential medicines is thus the result of combined effort by governments, strategic partners such as United Nations Agencies, public-private partnerships, non-government organizations and professional associations. (WHO Expert Committee on Essential Drugs, November 1999). (Source: UNDG 2003)
- 48. Telephone lines and cellular subscribers per 100 population**
Telephone lines refer to the number of telephone lines connecting subscribers' terminal equipment to the public switched network and that have a dedicated port in the telephone exchange equipment. Cellular subscribers refers to users of cellular telephones who subscribe to an automatic public mobile telephone service that provides access to the public switched telephone network using cellular technology. (Source: UNDG 2003)
- 49. Personal computers in use per 100 population and Internet users per 100 population**
Personal computers (PCs) are computers designed to be operated by a single user at a time. The Internet is a linked global network of computers in which users at one computer, if they have permission, get information from other computers in the network. (Source: UNDG 2003)



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