

# SAARC DEVELOPMENT GOALS (SDGs) (2007-2012)

# TAKING SDGs FORWARD

ISACPA
INDEPENDENT SOUTH ASIAN COMMISSION ON POVERTY ALLEVIATION
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## Contents

Preface													
Members of the Reconstituted ISACPA													
Executive Summary	6												
1. Introduction 1.1 Background 1.2 Introduction to MDGs	8 10												
2. Present Status of MDGs in South Asia													
3. Elaboration of SDGs	14												
4. Institutional Mechanism for Monitoring and Evaluation	16												
4.1 Why Monitoring?	16												
4.2 Monitoring of SDGs	16												
4.3 Monitoring of Development Strategies	16												
4.4 Impact Assessment	16												
4.5 Problems in Monitoring	17												
4.6National Mechanisms	17												
4.7 Regional Mecjanism	18												
4.8Permanent Institutional Mechanism for M&E at Regional Level 4.9 M&E Reports Generation	19 19												
5. Taking SDGs Forward	20												
6. Taking Forward the Engagement of Hope	22												
Table 1 SAARC Development Goals	8												
Table 2 Progress towards achieving MDGs	11												
Table 3 SDGs Indicators	14												
Annexure Detailed Progress towards achieving MDGs	23												

#### **Preface**

The SAARC Leaders during the Thirteenth Summit endorsed the SAARC Development Goals (SDGs) as recommended by the Independent South Asian Commission on Poverty Alleviation (ISACPA). Earlier, the Council of Ministers advised the Commission to elaborate the SDGs further.

It was a formidable challenge for the Commission to elaborate the SDGs particularly to identify indicators, benchmark them along with projected targets for the next five years, and to develop a credible monitoring and evaluation framework. The Commission responded in right earnest and met thrice times during the year 2006-07. The SAARC Secretariat took the lead in arranging a Regional Brainstorm (Workshop) in January 2007 preceding the third meeting of the Commission to facilitate its work. At the Brainstorm, the ISACPA Commissioners, experts from the region and international experts discussed at length the indicators for the SDGs, and monitoring and evaluation mechanisms at national and regional level.

The Commission, at its third meeting held at the Secretariat on 25 January 2007, finalized the recommendations and decided to prepare a report titled "Taking SDGs Forward". The Commission deserves appreciation for having been able to successfully complete the task assigned to it.

We have now monitorable and doable indicators against all the SDGs. The Commission has also suggested a blueprint for credible monitoring and evaluation mechanisms at national and regional levels. However, our countries would perhaps need higher levels of determination and commitment to achieve the goals nationally. The national efforts, no doubt, would be greatly complemented by concerted regional actions.

I shall be remiss if I do not recognize the continued support of UNDP towards the activities of ISACPA. I shall be negligent if the contribution of the independent experts and representatives from the region is not recognized. As for the Secretariat, particularly the Poverty Alleviation cell, it was indeed a privilege to have been closely associated with this exercise.

The elaborated Goals, I am confident, would encourage us to redouble our efforts towards attaining the regionally agreed SAARC Development Goals. If endorsed by the higher SAARC authorities, the elaborated SDGs would allow setting necessary national benchmarks. I am convinced that the elaboration of the SDGs would further stimulate the ongoing efforts in SAARC Member States towards alleviating poverty.

(Chenkyab Dorji) Secretary General

Membe	ers of the ISACPA
BANGLADESH	
Dr. Kamal Uddin Siddiqui, Member, UN Commission on Rights of Children	
Dr. Hossain Zillur Rahman, Executive Chairman, Power and Participation Research Centre (PPRC), House 77A Road 12A, Dhanmondi R/A, Dhaka.	
BHUTAN	
Mr. Lam Dorji,Secretary Planning,Thimphu.	
Ms. Chime P. Wangdi, Deputy Secretary, Policy and Planning Division, Ministry of Agriculture, Thimphu.	
INDIA	
Dr. Prodipto Ghosh, Secretary, Ministry of Environment and Forest, Paryavaran Bhawan, New Delhi- 110003	
Ms. Ela R. Bhatt, Founder, Self Employed Women's Association (SEWA),	
MALDIVES	
Ms. Aneesa Ahmed, Minister, Republic of Maldives, Male'	
Dr. Hussain Niyaaz, Executive Director, Department of External Resources, Ministry of Foreign Affairs, Republic of Maldives, Male'.	
Nepal	
Dr. Shankar Sharma, Former Vice Chairman	

National Planning Commission											
Prof. Dr. Bishwambhar Pyakurel,											
Tribhuvan University, Kathmandu											
PAKISTAN											
Dr. Pervaiz Tahir,											
Managing Director, National Energy											
Conservation Centre, Ministry of											
Environment, Islamabad											
Mr. Asif Bajwa,											
Additional Secretary,											
Planning and Development Division,											
Islamabad.											
S	RI LANKA										
Dr. R.M.K. Rathnayake,											
Secretary,											
Ministry of Trade, Marketing Dev.,											
Cooperatives and Consumer Services,											
Colombo 1.											
Dr. Saman Kelegama,											
Executive Director,											
Institute of Policy Studies of Sri											
Lanka, 99-St. Michael's Road,											
Colombo 3.											

### Executive Summary

At the Thirteenth SAARC Summit held in Dhaka, Bangladesh, the Heads of State or Government endorsed the SAARC Development Goals (SDGs), as recommended by the Independent South Asian Commission on Poverty Alleviation (ISACPA), and entrusted the commission to continue its advisory and advocacy role in this regard. As a follow-up of the Dhaka Declaration, there is a need of the following actions:

- Clear elaboration of SDGs
- Detailed identification of short-term and medium-term, monitorable and doable indicators,
- Benchmarking of these indicators along with projected targets for the next five years, and;
- o Developing a credible monitoring and evaluation framework.

In line with the above directive, the ISACPA met twice in Bangladesh and in Sri Lanka and deliberated on further elaboration of SDGs. To facilitate the work of ISACPA, the SAARC Secretariat in collaboration with the UNDP convened a Regional Brainstorm in Nepal on 24-25 January 2007, where regional and international experts discussed at length on elaboration of SDGs, its monitorable indicators, and appropriate and cost saving monitoring and evaluation mechanisms at national and regional level.

In third meeting of ISACPA held in Nepal on 25<sup>th</sup> January 2007, the Commission fine-tuned the recommendations of the Regional Brainstorm and decided to prepare a report entitled "Taking SDGs Forward - on the elaboration done on the SDGs". The meeting also decided to include in this Report a) Present status of progress achieved in the attainment of MDGs, which are part of the SDGs and gaps thereof; b) Elaboration of SDGs, including indicators; c) Institutional mechanism for monitoring and evaluation; and d) a section on best practices.

Taking into account the above factors, this report "Taking SDGs Forward" recommends adoption of 75 indicators for the 22 SDGs. It is expected that adoption of these indicators will help to achieve the SDGs during next five years. Accordingly, this report recommends that all the national governments annually send monitor progress reports based on these 75 indicators to the SAARC Secretariat, which will compile and analyse these reports and submits its findings in the annual meetings of the SAARC Poverty Alleviation Ministers. It also recommends strengthening of technical and analytical capacity of the Poverty Alleviation Cell in the SAARC Secretariat. Later, the Commission decided to publish the compilation of the Best Practices as a separate document.

The actions suggested in this report have great potential in enhancing regional cooperation. Some simply highlight existing initiatives, suggesting that they be

developed or expanded while others will set the countries of the region off in new directions. National level determination and commitment, however is required to achieve the goals and maximize the benefits from regional cooperation. All these efforts can, however, be greatly enhanced by concerted regional actions.

The SAARC Development Goals are expected to help member states to galvanize their development efforts, offering a space in which all sections of society can come together to debate national and regional priorities. But, they will only finally serve their purpose if they pay due attention on the remaining gaps and on the changes needed to meet the rights of everyone, especially the poorest and most vulnerable. Advocacy for greater resources is already under way. But, these resources need to be complemented with appropriate institutional changes to ensure that all these goals are within reach.

#### 1. Introduction

#### 1.1 Background

- The Twelfth Summit held in Islamabad in January 2004 recommended the formation of an Independent South Asian Commission on Poverty Alleviation (ISACPA) to prepare a report on "Our Future Our Responsibility". The summit entrusted the Commission to prepare a comprehensive and realistic blue-print, setting out SAARC Development Goals (SDGs) for the next five years in the areas of poverty alleviation, education, health and environment, and submit it in the next Summit. This action reflected South Asian Leaders' recognition of the regional imperative for galvanizing a popular imagination of poverty free South Asia as well as the international imperative of achieving the Millennium Development Goals (MDGs) by 2015. Collective will of the SAARC Leaders to go further and faster, beyond the MDG targets inspired the identification of the SDGs.
- 2. The mandate given to the Commission had an in-built challenge to identify targets to inspire regional actions that are appropriate in South Asia's own context and add momentum to the national efforts towards achieving MDGs. In view of mixed performance in the attainment of MDGs in the last few years, the region's own response set out through the SDGs was imbued with deeper commitment and characterised by rapid advancement. The Report "An Engagement with Hope" on the SDGs was finalized in 2004 and it identified a set of twenty-two goals. Of these, 8 SDGs are related to livelihood, 4 to health, 4 to education and 6 to environment (Table 1).
- 3. The Twenty-sixth Session of the Council of Ministers (Dhaka, 11 November 2005) while recommending the goals to the Thirteenth Summit advised the Commission to further elaborate the SDGs. The Leaders endorsed the SDGs, as recommended by ISACPA, and entrusted the Commission to continue its advisory and advocacy role in this regard.

Table1: SAARC Development Goals (SDGs) 2007-2012

Livelihoo	d SDGs
Goal 1	Eradication of Hunger Poverty
Goal 2	Halve proportion of people in Poverty by 2010
Goal 3	Ensure adequate nutrition and dietary improvement for the poor
Goal 4	Ensure a robust pro-poor growth process
Goal 5	Strengthen connectivity of poorer regions and of poor as social groups
Goal 6	Reduce social and institutional vulnerabilities of the poor, women, and children
Goal 7	Ensure access to affordable justice
Goal 8	Ensure effective participation of poor and of women in anti-poverty policies and programmes

Health SDGs	<u>S</u>							
Goal 9	Maternal health							
Goal 10	Child health							
Goal 11	Affordable health-care							
Goal 12 Improved hygiene and Public health								
<b>Education S</b>	<u>DGs</u>							
Goal 13	Access to primary/communal school for all children, boys and girls							
Goal 14	Completion of primary education cycle							
Goal 15	Universal functional literacy							
Goal 16	Quality education at primary, secondary and vocational levels							
Environmen	t SDGs							
Goal 17	Acceptable level of forest cover							
Goal 18	Acceptable level of water and soil quality							
Goal 19	Acceptable level of air quality							
Goal 20	Conservation of bio-diversity							
Goal 21	Wetland conservation							
Goal 22	Ban on dumping of hazardous waste, including radio-active waste							

- 4. As a follow-up of these directives, there was a realization of a clear elaboration of SDGs: detailed identification of short-term and medium-term, monitorable and doable indicators; benchmarking of these indicators, and projecting targets for the five year period; and developing a credible monitoring and evaluation framework.
- 5. Accordingly, at the first meeting (Dhaka, 1-2 March 2006) of the Commission decided to: a) Develop workable indicators for each of the 22 SDGs; b) Examine the institutional structures and processes of monitoring evaluation with a view to improving the same at national and regional levels; c) Suggest measures to create an enabling environment for pursuing poverty alleviation programmes and strategies; and d) Suggest principles for effective delivery of services for poverty alleviation.
- 6. Later, at the Second Meeting (Colombo, (25-26 May 2006) it was recommended "that the SAARC Member States should try to achieve the SDGs in the five years starting from 2007, noting that one year has already elapsed in obtaining necessary approval and some more time may be required to complete benchmarking of the SDGs". It was recommended that the SAARC member states would hold one or two workshops to have focused and professional dialogues with the stakeholders so as to elaborate the SDGs at the national levels. Regional level indicators and benchmarks were to be finalized based on the national inputs. The Twenty-seventh Session of the Council (Dhaka, 1-2 August 2006) agreed that: (a) SDGs would be achieved in the next five years starting from year

2007; and (b) a mid-term review on the attainment of SDGs would be undertaken towards the end of the third year.

- 7. Afterwards, the Ministerial Meeting on Poverty Alleviation (Colombo, 8 August 2006) agreed that the member states would incorporate the SDG targets and goals in their respective planning process. It was further agreed to initiate national level consultations to obtain views of the stakeholders and practitioners to formulate specific targets and indicators for the SDGs. The Ministerial Meeting endorsed the idea of a Regional Brainstorm (Workshop) on SDGs monitoring and evaluation. The Brainstorm was held in Kathmandu (20-22 January 2007) that allowed consultations with a wide range of stakeholders and the representatives of the national authorities, responsible for SDGs implementation.
- 8. Against this backdrop, the Commission met in Nepal (25 January 2007) and decided to prepare a Report titled "Taking SDGs Forward on the elaboration done on the SDGs.

#### 1.2 The Millennium Development Goals (MDGs)

- 9. The Millennium Declaration of the United Nations (September 2000) contains development goals, which are similar to the International Development Goals set before. Later, the goals of these two sets were merged under the designation of "Millennium Development Goals" (MDGs). MDGs contain eight major goals, 18 targets and 48 indicators. Numerical targets have been set against the base of 1990 for each goal and most of the goals are to be achieved over a period of 15 year, ending in 2015. The MDGs were strongly reaffirmed by all United Nations member states at the Johannesburg World Summit on Sustainable Development in September 2002 and their progress was widely reviewed and assessed during the 60<sup>th</sup> session of the UN General Assembly in September 2005.
- 10. Regions as well as respective countries have made attempts to localize the MDGs. One of such attempts is the preparation of the SAARC Development Goals (SDGs) developed by the seven member states of the SAARC. These goals essentially revolve around the MDGs. Similarly, efforts have been made at the country level to localise MDGs by revisiting targets suitable for the country, adopting the revised targets in their national plan, and further breaking down and adjusting these targets at the sub-national level planning exercises.
- 11. Initially, MDGs were set as a monitoring tool for tracking progress made by the developing countries on the 48 key indicators, which also govern many other indicators of different sectors. Accordingly, the signatories of the Millennium Declaration started producing MDG progress report mainly with the support of the United Nations Country Team. However, later it was realized that just tracking of the goals would not serve the purpose unless the feedbacks received from during the monitoring process are incorporated to planning process of a country. Thus, the MDG progress report has been taken as an advocacy tool to improve planning process and their implementation. Many countries have been encouraged to prepare MDG-based plan lately.

12. It was soon acknowledged that the MDGs would not be realized with a business as usual approach, and therefore pace of progress must be accelerated. Moreover, poor countries require reaching certain critical thresholds in areas of health, education, infrastructure and governance to escaping poverty traps. However, many countries fail to do so owing to structural problems such as lack of free international trading system, insurmountable external debts, landlockedness and smallness. This gave rise to the MDG compact – a compact through which the world community can work together to help poor countries achieve the MDGs.

#### 2. Present Status of MDGs

- 13. The performance of the region with regard to attainment of the MDGs has been mixed. Table-2 below shows whether the South Asia as a whole or as individual countries have already reached some of the MDG targets, or on-track/off-track, or are sliding backwards in other areas.
- 14. The Table shows that except for the Maldives and Sri Lanka, other countries are confronted with formidable challenges in achieving the MDGs. It may be noted that the mid-term targets have been linear approximations and as such may not fully capture the trend and the challenges.
- 15. South Asia is one of the world's most dynamic regions and has made rapid progress towards many of the MDGs. But, not all the member countries are making progress at a similar pace. Indeed, none are currently on track to meet all the goals by 2015.

Target reached ▲ On track ■ Off track ▼ Backward

Table 2 Progress towards Achieving MDGs in South Asia as of 2004

MDG Variables	Bangladesh	Bhutan	India	Maldives	Nepal	Pakistan	Sri Lanka
Poverty, percentage of population below \$1 per day (PPP values)			<b>A</b>		<b>A</b>	<b>A</b>	
Proportion of population below National Poverty Line			<b>A</b>				•
Children under-5 years of age who are underweight (%)				<u> </u>		_	
Proportion of population below minimum level of dietary energy consumption	•		•		•	_	•
Net enrolment ratio in primary education	<b>A</b>				<b>A</b>		
Proportion of pupils starting grade 1 who reach grade 5		<b>A</b>			<b>A</b>		<b>A</b>
Literacy rate of 15-24 year olds				<b>A</b>			
Ratio of girls to boys in primary education (girls per 100 boys)	<b>A</b>	<b>A</b>			<b>A</b>		•

Ratio of girls to boys in secondary education (girls per 100 boys)	<b>A</b>	<b>A</b>		•	<b>A</b>	<b>A</b>	
Ratio of girls to boys in tertiary education (girls per 100 boys)	•	•	•				<b>A</b>
Ratio of literate females to males of 15-24 year olds (girls per 100 boys)							
Under 5 mortality rate (per thousand live births)				<b>A</b>	<b>A</b>		
Infant mortality rate (per thousand live births)				_	<b>A</b>		<b>A</b>
Proportion of 1 year old children immunized	•				<b>A</b>		-
against measles							
Maternal mortality ratio (per 100,000 live births)		<b></b>					
Births attended by skilled health personnel (%)	•			_	_		<b>A</b>
Population without sustainable access to improved						<b>A</b>	
drinking water (%)							
Population without sustainable access to improved sanitation (%)	<b>A</b>					<b>A</b>	<b>A</b>

Source: Regional Poverty Profile (RPP) 2005

- 16. South Asia made significant progress towards reducing income/ consumption poverty during 1980s and 1990s. The percentage of population living in extreme poverty declined from 51.3 percent in 1981 to 41.3 percent in 1990. It further decreased to 31.3 percent in 2001. Poverty decreased at the rate of 2.42 percent per annum during the period 1981-90, and by 2.49 percent per annum during 1990-2001. With the present rate of poverty decline, South Asia is likely to achieve the MDG of reducing extreme poverty by half by 2015. Although South Asia has succeeded in reducing poverty to some extent, the challenges remain formidable because of the sheer number of poor people, large variations within the countries, and worsening inequality.
- 17. Data analysis trends on the incidence, depth and severity of poverty computed on the basis of each country's national poverty line also show encouraging trends. The incidence, depth and severity of poverty have been declining in all SAARC countries. It is important to note that despite the continuous reduction of poverty, the Region is still home of a large number of extremely poor people. Available data suggest that over three-fourth of South Asians live on less than PPP US\$ 2 per person per day. This indicates that the South Asian poor are vulnerable to falling back to extreme poverty.
- 18. South Asia is also home of a large proportion of the world's undernourished population. The proportion of the undernourished declined modestly from 25 percent in 1990-92 to 22 percent in 2000-02. If the current slow rate of decline continues, the region will not be able to achieve the MDG target of halving the proportion of undernourished by 2015. Another cause of concern is the high proportion of underweighted (malnourished) children under five years of age.
- 19. Human Development Indices show that the South Asian countries have made some progress in the area. However, except for the Maldives and Sri Lanka, countries of South Asia would have to redouble their efforts to improve their human development indicators. South Asian countries also exhibit a high level of human deprivation (low level of human capability). The Human Poverty Index (HPI) is quite high in all the countries, except for the Maldives and Sri Lanka.

- 20. The adult literacy rate is reasonably high for the Maldives (98.9 percent in 2004) and Sri Lanka (92.5 percent in 2003/04). In the other five countries, the rate ranges between 48.0 percent and 64.0 percent, which is too low.
- 21. In the area of Net Enrolment Ratio in primary education, except for the Maldives and Sri Lanka, other countries have not been able to make significant progress. There exists a high dropout rate, especially in Bangladesh, India, Nepal and Pakistan. In South Asia, females are behind males in enrolment at all levels of education. There also exists gender inequality in adult literacy rate in all the South Asian countries.
- 22. Human fertility and mortality rates are declining and life expectancy at birth is increasing in the region. Except for Sri Lanka, the other countries of South Asia are currently in the middle of the demographic transition. Fertility and mortality rates in these countries are decreasing, but they have not reached the desired low level of fertility and infant, child, and maternal mortality rates. In the area of mortality, concerted action must be taken to reduce the infant, child and maternal mortality rates, particularly in Bangladesh, Bhutan, India, Nepal and Pakistan.
- 23. Income inequality has been rising over the years in most of the South Asian countries, despite the reduction of poverty. If this trend continues, the gains achieved so far may not be sustained and may result in social imbalances.
- 24. South Asia has achieved a remarkable progress in reducing the proportion of the population without access to safe drinking water. The proportion of population without access to safe drinking water decreased from 29 percent in 1990 to 14 percent in 2002. However, in the areas of sanitation, the region lags behind all the other regions of the world, except for Sub-Saharan Africa. In 2002, the proportion of population without access to improved sanitation (toilet facilities) in the South Asia was 63 percent.
- 25. Over the last decade, public spending in health and education sectors has increased in relation to overall government expenditure. However, in terms of GDP, these expenditures have remained almost stagnant. Therefore, there is a need to increase public spending in health and education in terms of GDP on a sustained basis.
- 26. The progress achieved in reducing extreme form of poverty in South Asia could be due to the combined impact of high rates of economic growth, reduction in the population growth rate, increased investment in human capital, especially on health, education, drinking water and sanitation as well as on basic infrastructures, improvement in service delivery mechanisms, fiscal reforms, and targeted interventions. However, for a sustained reduction in poverty, people must have greater opportunities and access to employment and income entitlements.
- 27. There exists a clear mismatch between economic growth and human development in the most populous South Asian countries. There has not been commensurate progress in the areas of primary education, maternal mortality, and underweight children, among

others. This highlights the need of better policies focused on human poverty and human development.

#### 3. Elaboration of SDGs including Indicators

28. A Regional Brainstorm was organized on 24-25 January 2007 in Nepal to develop indicators for all SDGs and after detailed deliberations, the ISACPA developed the following indicators (Table 3).

**Table 3 SDGs Indicators** 

Goals	Indicators
Livelihood SDGs	indicators
Goal 1 Eradication of Hunger	Malnutrition in children under five years
Poverty	Malnutrition for overall population (in average intake)
Goal 2 Halve proportion of people in Poverty by 2010	<ol> <li>Percentage of people living on less than 1\$ per day (PPP terms)</li> <li>Head Count poverty ratio based on nationally determined poverty line(s)</li> </ol>
Goal 3 Ensure adequate nutrition and dietary improvement for the poor	<ol> <li>Percentage of the poor covered by various food support programmes.</li> <li>Micro-nutrient supplements e.g. % of people having access to Vitamin A, iodized salt etc.</li> </ol>
Goal 4 Ensure a robust pro-poor growth process	<ol> <li>Budgetary/fiscal expenditures for pro-poor growth sectors as % of GDP, and as % of total government expenditures</li> <li>% of poor covered by micro-credit and similar programmes</li> <li>Reduction of Income/Consumption Inequality (Gini coefficient)</li> <li>Rate of growth of employment (disaggregated)</li> <li>Assets ownership by poor (quantifiable indicators to be developed)</li> <li>Additional indicators – rate of increase of income/consumption of bottom % of the population compared to top 20 % of the population</li> </ol>
Goal 5 Strengthen connectivity of poorer regions and of poor as social groups	<ol> <li>Transport Connectivity for the Poor in Rural areas (e.g., length of rural roads/availability of boats per 1000 population/average time/distance taken to reach nearest road/major population centre)</li> <li>Communications Connectivity – % of people using telephone/cell phone</li> <li>% of rural population having access to electricity</li> <li>Representation of the excluded groups (dalits/tribals/indigenous groups) in Local Governance.</li> <li>Mass media connectivity – percentage of people using TV and radio</li> </ol>
Goal 6 Reduce social and institutional vulnerabilities of the poor, women, and children	<ol> <li>% of children who are working</li> <li>Share of Women in Employment (wage/self/organized/unorganized)</li> <li>Coverage or amount of public expenditure as % of GDP on Social Protection for the Vulnerable Groups</li> <li>Early marriage (average age at marriage; % of girls married before legal age)</li> <li>Birth registration (% of children registered)</li> <li>Sex ratio at birth</li> </ol>
Goal 7 Ensure access to affordable justice	<ol> <li>Average Time required in disposal of legal disputes</li> <li>Access to alternate dispute resolution.</li> <li>Access to free legal aid for the poor (marginalized groups)</li> </ol>
Goal 8 Ensure effective participation of poor and of women in anti-poverty policies	<ol> <li>Percentage of women in local governments/ parliament/civil service etc.</li> <li>Gender Budgeting – Budgetary expenditures for Women/ Poor as</li> </ol>

and programmes		% of total budgetary amount.
Health SDGs		
Goal 9 Maternal health	1.	Maternal Mortality Ratio (MMR)
	2.	Percentage of births covered by the Skilled Birth Attendants (SBA)
	3. 4.	Life expectancy of women as a ratio of life expectancy of men Age specific fertility rate of 15 to 24 years girls
Goal 10 Child health	1. 2.	Immunisation coverage (measles can be a proxy) Under 5 mortality Rate (CMR)
	3.	IMR
	4.	Neo-natal Mortality Rate
Goal 11 Affordable health-care	1.	Out of pocket expenditure on health as a % of total household expenditure
	2.	Total government expenditure on health as a % of GDP
	3.	% of budget allocated to primary health care vis a vis total health budget
	4.	No. of doctors per 1000 of population
Goal 12 Improved hygiene and Public health	1.	% of population with access to safe drinking water % of population having access to sanitation
I UDIIC HEAILH	2. 3.	Policies on health education (no. of programs, preventing and
		health promoting, on communicable diseases e.g. HIVAID, TB
	4.	and Malaria) Prevalence rate of HIVAIDS, TB and Malaria
Education SDGs		
Goal 13 Access to	1.	%-age of children having access to primary schools by distance
primary/communal school for all		(physical or time to be decided by respective countries)
children, boys and girls	2. 3.	Gross Enrolment Rate/Net Enrolment Rate Public expenditure on education in terms of GDP
	4.	Gender parity at primary and secondary level
Goal 14 Completion of primary education cycle	1.	Survival rates (along with drop out)
Goal 15 Universal functional	1.	Adult literacy rate
literacy Goal 16 Quality education at	1.	%-age of trained teachers
primary, secondary and	2.	Students teacher ratio (STR)
vocational levels	3.	%-age of schools with toilets for girls
Environment SDGs		
Goal 17 Acceptable level of forest cover	1.	Percentage of forest cover
	2.	Percentage or extent of community/social forest
Goal 18 Acceptable level of water and soil quality	1.	Chemical Fertilizers /pesticides consumption per ha of arable
mator and boil quality		land
Cool 10 Appendable lavel of al	2.	Percentage of contaminated wells/water sources
Goal 19 Acceptable level of air quality	1.	Carbon dioxide emissions (Metric tons per capita)
•	2.	Particulate matter (PM 2.5/10) in the major metropolitan centres
0 1000	3.	Percentage of firewood in total energy mix
Goal 20 Conservation of bio- diversity	1.	% and no. of protected areas out of the total land area (with
•		management plan)
Goal 21 Wetland conservation		No. of protected species
	1.	No. and % of protected wetland/Ramsar sites
Goal 22 Ban on dumping of hazardous waste, including	1.	Solid waste generation per capita (kg p.a)
radio-active waste	2.	% of waste treated
	3.	Regulatory framework for hazardous waste treatment in place.

# 4 Institutional mechanisms for monitoring and evaluation 4.1 Why Monitoring?

- 29. The SDGs, in a way, epitomizes the South Asian goals for development. Like any other goals, it is imperative to closely monitor the progress made in attaining the SDGs for successful implementation. Equally it is essential to have some monitorable indicators to monitor their progress. Against this backdrop, the ISACPA elaborated SDGs further and developed monitorable indicators for all the SDG. However, the need for developing a monitoring tool can not be overemphasized to monitor the status of SDG to track the achievements and identify the areas of concern, monitor financial resources allocated according to the set priorities, assess the overall impact of the key policies and programs on the performance of SDGs, and to assess the overall impact of the development strategy to achieve SDGs.
- 30. Monitoring of the SDGs encompasses mainly three components:
  - o Monitoring of SDGs themselves that focuses mainly on outcomes
  - Monitoring of the strategies and activities, which help to achieve the SDGs
  - Monitoring of the impact of the outcomes

#### 4.2 Monitoring the SDGs

31. The main objectives of tracking the SDGs is to identify the gap between the targets set and achievements made in various goals set by the governments, understand the factors responsible for the observed development trends and keep track of the dynamics of development goals - who are benefiting and who are falling back into poverty trap or who are continuing to remain in poverty trap.

#### 4.3 Monitoring of the Development Strategies

- 32. This component supports the SDGs monitoring and evaluation by tracking the most important inputs budget, activities, outputs and outcomes across the different sectors and thematic areas. Activities are important to monitor, as some of the outcome indicators (e.g. maternal mortality rate, infant mortality rate) can not be achieved in a short period of time. However, there is a need to monitor these indicators annually to make sure that the strategies of the government are on track.
- 33. For the successes of any strategy, policy or a plan, there is a need of two basic components: inputs and out put/outcome/impact. Here input is the budgetary expenditure for pro-poor sectors/areas. Reliable and timely data on expenditure is indispensable to an effective monitoring and evaluation mechanism.

#### 4.4 Impact Assessment

34. While implementation monitoring monitors mostly intermediate indicators (which includes activities, process and related outputs), outcome monitoring tracks final indicators.

35. Impact assessment component will help in assessing whether a sectoral policy or specific program succeeded in helping to achieve SDGs. It will also help in assessing the efficiency and effectiveness of the government programmes and will help in reformulating policies and programmes for better outcomes in the future.

#### 4.5 Problems in Monitoring

- 36. The information system of a country consists of routine data and household survey data. Routine data are generated from the system of government offices, while survey data is collected by conducting household or facility surveys. Both components of the information system have some merits and demerits, and are not substitutable for each other. Instead, they form the two halves of a coherent national statistical system. Overemphasis on improving one type of data may lead to a worsening of other data collection efforts, with the subsequent result that the investment actually results in a less effective or more fragile national statistical system. Thus, there is a need for striking a balance between the two.
- 37. The data needed for the measurement of the MDGs are too broad and too heterogeneous. There are some indicators related to coverage such as HIV prevalence rate, which requires a larger sample size in order to provide a robust estimate, as the coverage of the attribute prevails only in a limited part of the population. On the other hand, there are some indicators such as those on poverty, which need to be administered in smaller sample in order to reduce the non-sampling error, a critical issue in developing countries.
- 38. The key requirement of the household survey providing data for several of the MDG indicators would be that a large sample of households be interviewed. For other MDG indicators, the case is exactly opposite. Thus, it is difficult to design only one survey that could be used to meet all the household data needed for the MDG indicators. Hence, the MDGs monitoring needs to rely on the whole statistical system of a country.
- 39. With the above stated requirements, inadequacies and considerations, the report emphasizes that the monitoring need to be done at both the national and the regional levels.

#### 4.6 National mechanism

- 1. SDGs need to be mainstreamed in the planning process of the countries with a sense of priority and urgency.
- 2. It would be cost-effective if the existing M&E Nodal Agency/Focal Point(s) for MDGs and PRSs/national equivalent are strengthened and assigned for monitoring the SDGs.
- 3. The Nodal Agency/Focal Point(s) should not only communicate with the SAARC Secretariat for providing inputs for regional monitoring and for coordination, but also should have the role to assess the quality of data,

- elaborate on policy implications and directions, and generate national SDG reports.
- 4. Countries should try to track data on the agreed indicators as closely as possible. Periodicity of data generation would however depend on the types of data and the situation of the country concerned. (It is understood that while some data may be available on yearly basis, some other data may require more time as it can be generated only through comprehensive and time-consuming exercises like national surveys and census.)

#### 4.7 Regional mechanism

- a. Annual reporting and assessing the progress at the regional level can be done through the SAARC Ministerial process of poverty alleviation that can fine-tune approaches based on the rates and extents of progress made. In addition, the same should also be done for the Regional Poverty Profiles (RPP) series biennially. Likewise, there should be two comprehensive reviews, one at the completion of the third year and the other at the end of the fifth year. ISACPA may be engaged to develop the TORs for these reviews.
- b. The regional reports would seek to analyse overall progress and direction of movements of the region as a whole as well as to make cross country comparisons.
- c. The monitoring process should try to take benefits from similar monitoring done by the UNDP and other UN Specialized Agencies in their respective areas of mandates. For that, the Secretariat should maintain regular contact with these agencies and preferably maintain a network.
- d. In order to make the Secretariat enable to perform these important functions with efficiency, particularly to analyze the available data to capture regional trends, the Poverty Alleviation Cell must be adequately strengthened with support of competent technical expertise on a long-term basis.
- e. There may be a comprehensive database maintained by the SAARC Secretariat on SDGs indicators, which should be directly updated by the authorized nodal points, simultaneously at the time of updating national database. In order to maintain such an interactive web-based database and to facilitate real-time web-based consultations, the Secretariat may have a dedicated cell to deal with statistics.
- f. In order to ensure availability of comparable data, SAARC may give high priority to develop common concepts, definitions, classifications, standards, measurements and codes in statistics to identify indicators,

- and harmonize the same to promote the production of comparable statistics and indicators in the region.
- g. ISACPA can play an overall oversight role on the SDG regional reporting process.

#### 4.8 Permanent Institutional mechanism for monitoring at the Regional level

- 40. Regional level monitoring must be based on the national inputs to ensure ownership, avoid conflicts and duplications, and reduce costs. If the monitoring reports generated by the national institutions are periodically sent (say half yearly or annually) then it may be possible to try to come up with periodic regional reports. It would be essential to identify the national nodal point(s) for effectiveness of monitoring so that the Secretariat may liaise directly with them.
- 41. Reporting on regional analyses and monitoring can be done through: (a) the SAARC Ministerial meeting on Poverty Alleviation held every year: and (b) the Regional Poverty Profile publications, which is published once in two years. The Ministerial Meeting, which has a regular agenda on SDG monitoring, is expected to fine-tune approaches for better attainment.
- 42. The monitoring process must take benefits from similar monitoring process being done by the UN and its specialized agencies, particularly the UNDP, in their areas of mandates. As such, the SAARC Secretariat may maintain constant contact with the relevant Agencies. To enable the Secretariat to do these important functions with efficiency, the Poverty Alleviation Cell must be adequately strengthened.
- 43. Besides, there would be a requirement of web-based consultations among the nodal agencies and focal points to update data on the agreed indicators and benchmarks. There may be a need of comprehensive database maintained by the Secretariat, which could be directly updated by the authorized nodal points (provided with passwords). In order to maintain such an interactive Website on SDGs essentially covering all social and economic indicators, there would be a requirement of a dedicated cell at the Secretariat dealing with statistics.

#### 4.9 Generation of Reports on Monitoring & Evaluation (M &E)

- 44. Creation of a new institutional M&E mechanism for SDGs will be duplication and a parallel system. It will be therefore cost saving, if the existing M&E Focal Point(s) for MDGs and PRSPs at national level are strengthened and prepared also for SDGs monitoring. These Focal Point(s) may establish a close link with the SAARC Secretariat for liaison. This system can generate quarterly or bi-annually progress reports on SDGs medium-term indicators and send them to SAARC Secretariat, which thereafter make a regional analysis of the same.
- 45. It will be helpful in producing a reliable M & E report, if the national level M&E institutes and SAARC Poverty Cell maintain a continuous liaise with UNDP and other

international and regional organisations involved in monitoring of MDGs or other social sector development

#### 5. Taking SDGs Forward

- 46. Attaining the SDGs is possible in SAARC countries. However, it would require preparing SDG based plan, localizing the SDGs and their sustained follow up. As monitoring is given least importance in the SAARC countries, it is necessary that it be given critical significance both in terms of priority and resource allocation for enhancing monitoring capability of the SAARC development goals. Above all, the attainment of the goals requires political will and commitment that translate the MDG-based plan into action.
- 47. It is important to ensure that the benefits of globalization are enjoyed by all. There is no doubt that this is a challenging time for SAARC countries nevertheless it is also a time of great opportunity. Apart from anything else, there is now a broader consensus about the way forward. More and more countries are implementing policies aimed at ensuring macroeconomic stability; and many of them have already started realizing the outcomes.
- 48. Now is the time to build on this work. The up-turn in the world economy, which now appears to be gathering pace, offers a chance for South Asia to focus on exploiting the benefits that economic stability can bring: sustained growth and rising living standards along with poverty reduction. The more rapid the growth an economy enjoys, the more resources it can devote for poverty reduction.
- 49. There is a need to ensure that public services are in place. A rights-based approach demands that everyone be covered by the services provided by the state. However, in practice, there is trade-off, as Governments weigh up how much they are prepared to spend. Inadequate sanitation is a serious problem for all, but more so for women and girls, who need more privacy than men. And, even when services are equally close to everyone some groups usually use them more than others, particularly women. Women tend to use health services, for example, on a more continuous basis than men.
- 50. Even if facilities are in place, the quality may be low due to deficiencies in terms of staffs or supplies or even the standards of supervision or quality control. A common problem is the difficulty in recruiting staffs willing to work in remote schools or clinics. Rural facilities also often run short of supplies. Another common issue is that services are generally inadequate in meeting the local needs: children in minority ethnic groups, for example, often have to learn in what might be their second or even third language. Providing quality services that are cost-effective is therefore a challenge. Insisting rigidly on national standards that can only be provided for a limited number of people will penalize those who are left out. Therefore, it is better to take a more flexible approach that can bring quality basic services within reach of scattered populations, while constantly planning to upgrade both the coverage and quality of services over time.

- 51. Many people are unable to access services just because they cannot afford them. This is most evident in private sector provision. However, even government-provided services that are ostensibly free can turn out to be expensive. As for example, though in primary education is free most countries, parents will find themselves paying many supplementary charges. And, even the patients in a "free" health system may actually have to pay informal (indirect) fees to nurses or doctors to receive treatment. In addition, there are also opportunity costs. For example, if people have to travel a long distance or queue for hours to use a free service, they will lose valuable income-earning opportunities or work time. In addition, poor families will also have to take into account the opportunity cost of sending their children to school.
- 52. It is therefore recommended that the following actions would require to attain SDGs:
  - Attainment of the SDGs is primarily a responsibility of the individual Member States. Therefore, mainstreaming of these goals in the national policy planning and their implementation need to be done with the same dynamism and determination, as in the case of the MDGs.
  - MDGs have been contextualised for South Asia through the SDGs, meaning that they are complementary to each other. Attainment of SDGs therefore is directly linked to the progress made towards achieving the MDGs.
  - SDGs would require, *inter alia*, reprioritisation of resources, incentives for intimate engagement of all stakeholders at the national levels, clear delineation in the allocation of tasks and responsibilities, effective inter-sectoral coordination, and enabling legal and regulatory frameworks.
  - Putting in place the benchmarks against indicators as agreed (preferably any year after 2000 as a starting point) and monitoring mechanism(s) must reflect the distinctiveness and specificity of a country and its regions, and as such are essentially national tasks, although harmonising indicators have to be done at the regional level.
  - The indicators should be able to measure input, output, and impact/outcome, but must be cognizant of the 'data-gaps' and carry the requirement of 'regionality'. They should also provide impetus to policy focus, both at the national and regional levels.
  - While identifying the indicators, primary consideration should be the availability of the information without the need of separate surveys to collect information. The selection of the indicators must follow prioritisation and sequencing among the competing quantifiable indicators and their proxies, so as to avoid too many indicators, which may complicate monitoring process and also may not be cost-effective.

- The efforts towards harmonisation must be characterised by the intention to agree on a common set of workable indicators, based on availability of credible data, to facilitate comparison across the countries. Besides, the set of indicators agreed at the regional level should also encourage the countries to try to generate essential data at regular intervals, which are not being collected in some countries at the time.
- The concerned countries should have the flexibility to add additional or proxy indicators where there is necessary to capture their specific requirements and situations.
- The countries would be required to decide on targets and benchmarks, through a truly participatory process to advance the attainment of the SDGs.
- In order to establish cost-effective monitoring methodologies, it would be prudent to principally rely on the mechanisms available for MDGs monitoring or their national equivalents, with necessary expansion of scope and mandate as well as appropriate strengthening.
- Data wherever applicable should be disaggregated by gender (male/female) and by area (rural/urban)

#### 6. Taking Forward the Engagement with Hope

- 53. All the actions suggested in this report have great potentials in enhancing regional cooperation. Some simply highlighted existing initiatives with the suggestion to develop or expand them while others would set the countries of the region off in new directions. National level determination and commitment, however is required to achieve the goals and maximize the benefits from regional cooperation. All these efforts can, however be greatly enhanced by concerted regional actions.
- 54. The SAARC Development Goals are expected to help member states to galvanize their development efforts, offering a space in which all sections of society can come together to debate national and regional priorities. But, they will only serve their purpose if the governments pay due attention on the observed gaps, and on the changes needed to safeguard the rights of everyone, especially the poorest and most vulnerable groups. Advocacy for greater resources is already under way. But, these resources need to be complemented with appropriate institutional changes to ensure that all these goals are achieved.

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Annex I: Trends in Millennium Development Goals in the SAARC Region

Goals/Targets	Indicators	SAAF	RC Cou	ntries												South	Asia
		Bangl	adesh	Bhut	an	India		Malo	lives	Nepal		Pakistan		Sri Lanka			
		1990	2004 or latest year	1990	2004 or latest year		2004 or latest year		2004 or latest year	1990	2004 or latest year	1990	2004 or latest year	1990	2004 or latest year	1990	2004 or latest year
Goal 1. Eradicate	Extreme Poverty and I	Hunger	•														
Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	Poverty, percentage of population below \$1 per day (PPP values)	-	-	-	_	52.5 <sup>f</sup>	34.7	3.0 <sup>i</sup>	1.0	33.5 <sup>gg</sup>	23.8°	48.0	25.3 <sup>k</sup>	3.8	1.8 <sup>m</sup>	41.3	31.3 <sup>m</sup>
	Proportion of population below National Poverty Line	58.8	49.8	36.3 <sup>1</sup>	31.7	36.0	26.11	23.0 <sup>i</sup>	8.0*	40.0ª	30.8 <sup>p</sup>	26.1	23.9 <sup>q</sup>	26.1	22.7 <sup>n</sup>	-	_
Halve, between 1990 and 2015, the proportion of	Children under-5 years of age who are underweight (%)	56.3 <sup>hh</sup>	47.5	38.0ª	19.0 <sup>1</sup>	55.0	47 <sup>j</sup>	45.0 <sup>i</sup>	27.0	57.0	48.3 <sup>m</sup>	40.0	41.5 <sup>m</sup>	37.7 <sup>e</sup>	29.4 <sup>1</sup>	53.0 <sup>b</sup>	47.0°
the proportion of people who suffer from hunger	Proportion of population below minimum level of dietary energy consumption	48	41	-	4	62	53 <sup>m</sup>	-	-	49 <sup>d</sup>	47 <sup>i</sup>	25	30 <sup>m</sup>	51	51 <sup>n</sup>	25 <sup>d</sup>	22 <sup>n</sup>
Goal 2. Achieve U	Jniversal Primary Educ	ation															
Ensure that, by 2015, children everywhere, boys and girls alike,	Net enrolment ratio in primary education	60	83 <sup>n</sup>	50 <sup>m</sup>	69	55	71	100 <sup>j</sup>	100	64	84	46	52	92	96 <sup>n</sup>	73°	79 <sup>n</sup>
	Proportion of pupils starting grade 1 who reach grade 5	43	70 <sup>n</sup>	73°	96	57	65	-	-	38 <sup>f</sup>	76	50	72	93	98 <sup>n</sup>	72 <sup>k</sup>	75 <sup>n</sup>

complete a full course of primary schooling	Literacy rate year olds	e of 15-24	42	50°	42 <sup>g</sup>	53	64	76	98	99°	48°	73	47	65	93	96	62	72 <sup>p,1</sup>
Goal 3. Promote	Gender Equ	ality and Er	npowe	rment														
Eliminate gender	Ratio of	Primary	82	92	69 <sup>c</sup>	95	71 <sup>bb</sup>	78 <sup>11</sup>	96 <sup>d</sup>	96 <sup>j</sup>	56	86	73	85	93	95 <sup>m</sup>	76 <sup>c</sup>	85 <sup>n</sup>
disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015	girls to	Secondary	52	92	43°	96	49 <sup>bb</sup>	63 <sup>11</sup>	95 <sup>d</sup>	105 <sup>j</sup>	43	82	48	83	104	104 <sup>m</sup>	74 <sup>k</sup>	79 <sup>n</sup>
	boys in primary, secondary and tertiary education (%)	Tertiary	33	56	12°	53	50 <sup>bb</sup>	58 <sup>11</sup>	-	-	28	32	58	-	66	90 <sup>m</sup>	67 <sup>1</sup>	71 <sup>n</sup>
	Ratio of lite to males of olds (%)	rate females 15-24 year	48	69 <sup>n</sup>	-	72 <sup>n</sup>	67	80	101	101°	48°	73	51	67	100	101	72	77 <sup>p,1</sup>
	Share of wo wage emplo non-agricult (%)	yment in	15.5	19.0 <sup>nn</sup>	11.9	-	12.0	16.1	20.0	43.0	18.9°	17.7 <sup>m</sup>	8.7	10.0	29.0	31.0 <sup>m</sup>	13.4	18.0°
	Proportion of by women in Parliament (		10.3	14.8 <sup>q</sup>	-	13.0 <sup>1</sup>	8.0	9.3	4.0	4.9	3.4°	5.8 <sup>k</sup>	0.9	20.1	5.3 <sup>f</sup>	4.9	6.0	8.3 <sup>q,2</sup>

Annex II: Trends in Millennium Development Goals Contd. ... (2)

Goals/Targets	Indicators	SAAR	C Cour	tries												South Asia		
		Bangl	adesh	Bhut	an	India		Mald	ives	Nepa	ıl	Pakistan		Sri Lanka				
		1990	2004 or latest year	1990	2004 or latest year	1990	2004 or latest year	1990	2004 or latest year		2004 or latest year		2004 or latest year	1990	2004 or latest year	1990	2004 or latest year	
Goal 4. Reduce Ch	ild Mortality																	
Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	Under-five mortality rate (per 1000 live births)	151	88	123	84 <sup>1</sup>	94	80	48	22	162ª	82°	140	100	22°	12°	126	90°	
	Infant mortality rate (per 1000 live births)	94	65	90	61 <sup>1</sup>	70	60	34	15	108 <sup>a</sup>	61°	102	73	19 <sup>c</sup>	11°	87	65°	
	Proportion of 1-year- old children immunized against measles (%)	62	76	84	90	35	42	96	96	42°	85°	80	78	80	881	58	69°	
Goal 5. Improve M	Iaternal Health						-		-		-				-			
Reduce by three quarters, between 1990 and 2015, the	Maternal mortality ratio (per 100,000 live births)	574	390 <sup>n</sup>	560	255	437°	407 <sup>j</sup>	200	100	515°	415 <sup>n</sup>	550	400	42°	14 <sup>n</sup>	-	540 <sup>l</sup>	
maternal mortality ratio	Births attended by skilled health personnel (%)	5	13	15	32	34	42	55	80°	7 °	11 <sup>m</sup>	18	48	94 <sup>f</sup>	97 <sup>m</sup>	28	37°	
Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Contraceptive prevalence rate (%)	32	58	19 <sup>f</sup>	311	41	48	17 <sup>h</sup>	22	25°	39 <sup>m</sup>	12	36	66 <sup>e</sup>	701	-	-	

Harra halta d har	Malania	361		401		اء محا	1	-l	1			aal		rol .		4 440		
Have halted by	Maiaria	Malaria	-	40 <sup>1</sup>	-	285 <sup>1</sup>	-	$ 7^{l}$	-	-	-	33 <sup>1</sup>	-	58 <sup>1</sup>	-	1,110 <sup>1</sup>	-	-
2015 and reverse		prevalence,																
the incidence of		notified cases																
malaria and other		per 100,000																
major diseases		population																
		Malaria death	-	1 <sup>1</sup>	-	5 <sup>1</sup>	-	3 <sup>1</sup>	-	3 <sup>l</sup>	-	8 <sup>1</sup>	-	4 <sup>1</sup>	-	9 <sup>l</sup>	-	-
		rate per																
		100,000																
		population (all																
		ages)																
	ТВ	Incidence of	-	233 <sup>nn**</sup>	626	194	85	75	-	-	460	280 <sup>q</sup>	-	160	2.4 <sup>f**</sup>	1.8	-	-
		tuberculosis																
		per 100,000																
		population																
		Proportion of	-	84 <sup>n</sup>	97 <sup>g</sup>	86°	71	83	94 <sup>f</sup>	-	87 <sup>h</sup>	88 <sup>q</sup>	-	40	-	48 <sup>m</sup>	-	_
		tuberculosis					-											
		detected and																
		cured under																
		DOTS (%)																
	<u> </u>	DOID (70)	<u> </u>					<u> </u>				<u> </u>		<u> </u>				

Annex II: Trends in Millennium Development Goals Contd. ... (3)

Goals/Targets	Indicators	SAARC Countries														South Asia	
		Bangladesh Bhutan			India Ma		Mald	Maldives Nepal		pal Pa		Pakistan		Sri Lanka			
		1990	2004 or latest year		2004 or latest year	1990	2004 or latest year	1990	2004 or latest year	1990	2004 or latest year	1990	2004 or latest year	1990	2004 or latest year	1990	2004 or latest year
Goal 7. Ensure Env	ironmental Sustaina	bility	10		10		1-		10				10				
Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Proportion of land area covered by forest (%)	12.8	17.3	72.5	72.5	19.5	20.6	3.3	3.3 <sup>1</sup>	29.0 <sup>f</sup>	-	4.8	4.9	26.8	22.5 <sup>k</sup>	13.5	13.3 <sup>1</sup>
	Proportion of land area protected to maintain biological diversity (%)	-	-	23.0	26.0	-	4.7	-	-	7.4	19.4	9.1	11.3	13.0	-	5.2 <sup>f</sup>	5.9
	Energy use (kg oil equivalent) per \$1,000 (PPP) GDP	123	92	_	-	253	200	-	-	312	265	258	234	143	126	245	209 <sup>n</sup>
	Carbon dioxide emissions (metric tons per capita)	0.2	0.2 <sup>n</sup>	0.1	0.2 <sup>n</sup>	0.8	1.2 <sup>n</sup>	0.7	3.4 <sup>n</sup>	0.1 <sup>d</sup>	0.2 <sup>n</sup>	0.6	0.7 <sup>n</sup>	0.2	0.4	-	-
Halve by 2015 the proportion of people without sustainable access to safe drinkin water	Proportion of population with sustainable access to an improved water source	89	97	45	78 <sup>n</sup>	68	86	-	-	46°	73 <sup>m</sup>	53	66	68	72	81	86 <sup>n</sup>
By 2020 to have achieved a significan improvement in the lives of at least 100 million slum dweller	to improved sanitation	13	53	67	88 <sup>n</sup>	12	30	-	-	20°	30	30	54	70	80 <sup>m</sup>	20	37 <sup>n</sup>

Annex II: Trends in Millennium Development Goals Contd. ... (4)

Goals/Targets	Indicators	SAARC Countries													South Asia		
		Bangladesh		Bhutan		India		Maldives		Nepal		Pakistan		Sri Lanka			
		1990	2004 or latest year	1990	2004 or latest year	1990	2004 or latest year	1990	2004 or latest year		2004 or latest year	1990	2004 or latest year	1990	2004 or latest year	1990	2004 or latest year
Goal 8. Develop a Global Partnership for Development																	
	Debt service as percentage of exports of goods and services	19.4	7.7	5.3	4.7°	29.3	18.1°	4.0	3.5°	14.7	6.2°	-	32.5	8k	8n	19.5	13.5°
In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	Telephone lines per 100 people <sup>7</sup>	0.20	0.32	0.37	4.56°	0.60	5.19 <sup>n</sup>	0.29	3.39 <sup>l</sup>	0.83 <sup>j</sup>	1.37 <sup>n</sup>	1.0	3.90	0.74	16.5	0.7	7.1°
	Personal computers per 100 people	-	0.20	0.39	1.36°	0.03	0.72 <sup>n</sup>	-	-	-	0.40 <sup>m</sup>	0.13	0.42 <sup>m</sup>	-	3.8	-	1.1 °
	Internet users per 100 people	-	0.18°	-	0.43 <sup>m</sup>	-	1.75°	-	-	-	0.34°	-	1.31 <sup>p</sup>	-	2.8 <sup>p</sup>	-	1.7°

**Source:** SAARC Regional Poverty Profile (RPP) 2005

and http://unstats.un.org/unsd/mi/mi coverfinal.htm

#### Notes:

<sup>&</sup>lt;sup>1</sup> Data refer the latest literacy estimates and projections released by the UNESCO Institute for Statistics (UIS) for the reference period 2000-2004. <sup>2</sup> As of January 2005.

 $<sup>^{3,4}\,21\%</sup>$  and 9% of child mortality is due to Tsunami respectively.

<sup>&</sup>lt;sup>5</sup> NWS and DB.

<sup>&</sup>lt;sup>6</sup> 12.9 as per WDI 2005.

\* Based on Rf 10.0 poverty line

Small alphabets in the year row indicates the data of the year as stated under; a = 1989, b=1990, c=1991, d=1992, e=1993, f=1994, g=1995, h=1996, i=1997, j=1998, k=1999,

1 = 2000, m = 2001, n = 2002, o = 2003, p = 2004, q = 2005, aa = 1989-90, bb = 1990-91, cc = 1991-92, dd = 1992-93, ee = 1993-94, ff = 1994-95, gg = 1995-96, hh = 1996-97, ii = 1997-98, jj = 1998-99, kk = 1999-00, ll = 2000-01, mm = 2001-02, nn = 2002-03, no = 2003-04, no = 2004-05.

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<sup>&</sup>lt;sup>7</sup> Including Cellular for the latest year.

<sup>&</sup>lt;sup>8</sup> As fixed Lines.

<sup>&</sup>lt;sup>9</sup> Including Cellular

<sup>&</sup>lt;sup>®</sup> Higher secondary level

<sup>\*\*</sup> Prevalence