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Supplementary Population and Health Targets and Indicators Relevant for Tracking Progress on the Achievement of the Millennium Development Goals in the ESCAP Region

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SUMMARY

Mid-term reviews of the progress made towards achieving the Millennium Development Goals (MDGs) have highlighted the need to measure progress in a way that meaningfully measures the empowerment of women, the inclusion of vulnerable social groups and the comprehensive functioning of health systems. Furthermore, concern has been expressed that the progress reported on achieving the MDGs may not capture inequalities and disparities at sub-national levels and among social groups. This is particularly true of the ESCAP region which is characterized by diverse demographic, social, economic and political structures and institutions within and among countries.

The principal objective of this report is to provide supplementary targets and indicators within the existing MDGs framework. With a view to improving the measurement of progress towards achieving the MDGs, it proposes targets and indicators on population and health issues relevant to the ESCAP region. In doing so, it has drawn from other United Nations mandates such as the Programme of Action of the International Conference on Population and Development (ICPD), the Biwako Millennium Framework for Action, the Madrid International Plan of Action on Ageing, the Beijing Platform for Action and the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW).

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Supplementary Population and Health Targets and Indicators Relevant for Tracking Progress on the Achievement of the Millennium Development Goals in the ESCAP Region

I. INTRODUCTION

In September 2000, 147 heads of State and Government and 189 nations committed themselves to the United Nations Millennium Declaration to reverse poverty, hunger and disease affecting billions of people throughout the world. This vision comprises eight Millennium Development Goals (MDGs) which provide a framework for development planning for countries around the world with time bound targets and indicators through which progress can be measured and monitored. The indicators were selected to assess progress over the period 1990 to 2015 when targets are expected to be met.

Although the world already has the technology and the know-how to solve most of the problems facing the poor countries, to-date these solutions have not been implemented at the desired scale. Therefore, mid term reviews of the progress made towards the MDGs have highlighted the need to measure progress in a way that truly represents the empowerment of women, inclusion of vulnerable groups and reflects the comprehensive functioning of health systems (ESCAP, 2006b). The reviews have also indicated that MDG targets and indicators may not clearly measure progress with regard to socially vulnerable groups such as the elderly and the disabled and the promotion of gender equality. The targets and indicators also do not assess progress in improving health systems by tracking emerging epidemics and non-communicable diseases or reproductive health issues (which also have implications for empowerment of women). Furthermore, the progress reported on the MDGs may not capture inequalities and disparities among social groups and sub-national regions. This is particularly true of the ESCAP region with diverse ethnic and demographic structures, economic inequalities and social and political conflicts.

Therefore, the principal objective of the report is to provide supplementary targets and indicators on issues related to population and health relevant to the ESCAP region with a view to improve the progress towards achieving all MDGs. In doing so it has drawn from other UN mandates such as the programme of Action of the International Conference on Population and Development (ICPD), the Biwako Millennium Framework for Action, the Madrid International Plan of Action on Ageing, the Beijing Platform for Action and the Convention on Elimination of All Forms of Discrimination against Women (CEDAW).

The Asia and Pacific region is vast and diverse. It includes countries such as China, India, Indonesia, Pakistan and Bangladesh, five of the world's seven most populous countries, and also Kiribati and Nauru, two of the smallest member States of the United Nations. It has highly developed countries such as Australia and Japan but also includes Central Asian countries in transition and fourteen of the world's least developed countries. Some of the sub-regions of Asia and the Pacific are in a worse position than other parts of the world.

South Asia, for instance, has more undernourished people than Sub-Saharan Africa, more people without access to improved sanitation and more people living in slums. The five populous Asian giants alone account for over two-thirds of all people living in rural areas without access to sanitation, underweight children, and people living on less than a dollar a day. Together they also account for more than 60 per cent of all people without access to water and access to sanitation (ESCAP, 2005).

Therefore, in the selection of additional targets and indicators on population and health issues with focus on social inclusion, gender equality and health promotion in the Asia and the Pacific region, one needs to take note of this vast diversity of cultures and population size and the large segments of deprived populations living in the region.

Achievement of the MDGs however would ultimately depend on governments who should foster the institutions that will allow individuals and communities to drive the countries forward while taking responsibility for delivering and monitoring public services essential to meet the targets to achieve the MDGs.

II. THE PURPOSE AND SCOPE OF THE STUDY

The purpose of the study is to provide additional targets and indicators within the existing Millennium Development Goals framework to assist senior level policy planners at various economic and social ministries and civil society partners at the national and sub-national levels of ESCAP member countries with a view to enhance their capacities to meet the MDGs by the year 2015. The additional indicators would help to measure progress towards improving the status of women and vulnerable social groups such as the disabled and the elderly, and the comprehensive functioning of health programmes. It would also enable to capture the disparities at sub-national levels and among social groups and facilitate midstream corrections in policies and programmes.

The paper also briefly reviews the progress made towards the Millennium Development Goals in the ESCAP region up to the year 2006. The review examines the targets set for each goal and highlights the countries that have already achieved the targets and those that are likely to reach the targets by 2015. It also indicates the countries that are slow in achieving the targets and those that have regressed.

The paper points out the gaps in targets and indicators particularly with regard to issues of social integration which is crucial for sustained social development and poverty reduction and presents a set of additional targets and indicators with methods of computation, sources of data and their relevance to the MDGs.

III. PROGRESS TOWARDS THE MDGs IN THE REGION

The following section will briefly highlight the findings of the ESCAP reviews undertaken to track the progress towards the Millennium Development Goals in the Asia and Pacific region (ESCAP, 2005; ESCAP, 2006a).

Goal 1 – Eradicate extreme poverty and hunger

This is the most fundamental goal aimed at ensuring that every one has the basic resources with sufficient income to lead a healthy, productive and fulfilling live.

Target 1: Halve between 1990 and 2015 the proportion of people whose income is less than on dollar per day

In meeting this target the Asia and Pacific region has made considerable progress. Between 1990 and 2001, in 23 countries for which data are available, the proportion of people living in income poverty fell from 31 per cent to 20 per cent. Despite the substantial growth of population, the absolute number of poor people fell from 931 million to 679 million. For 13 countries for which national poverty data are available, the poverty rate fell from 21.3 to 19.4 per cent. The countries having most difficulty appear to be Armenia, Bangladesh, Lao and Mongolia.

Target 2: Halve between 1990 and 2015, the proportion of people who suffer from hunger

It is expected that decline in poverty would lead to reduction in malnutrition. One measure is the proportion of the population consuming less than the minimum daily dietary requirement. In 27 countries of the Asia and Pacific region, there has been a reduction from 18.7 to 15.1 per cent during the early 1990s to 2001. The worst situation is seen in Tajikistan with 61 per cent of the population below the minimum daily requirement, followed by the Democratic Peoples Republic of Korea with 36 per cent. Another indicator is child malnutrition. Nearly 50 percent of children are under-nourished in Nepal, Afghanistan, Bangladesh and India.

Goal 2 – Achieve universal primary education

All governments in the region accept education as a basic right and a number of countries have already achieved the goal of universal primary education and many others are on track to do so in the future.

Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Within this target there are three indicators namely, the net enrolment ratio, the proportion of children starting in grade one who reach grade five, and the proportion of all children who complete primary education. Most countries in the region have primary enrolment ratios above 80 per cent. And many are above 90 per cent. Of the 33 countries for which data are available, 8 have already achieved the target, and 11 others are on track. However, dropout ratios in some countries are high. In Papua Guinea, around half of children dropout before grade five and in India, Lao and Myanmar more than one third do so. With regard to the primary completion rate, for the region as a whole, the rate has risen from 89 to 93 per cent between 1998 and 2001.

Goal 3 – Promote gender equality and empower women

At the Millennium Summit, great importance was placed on womens rights and their empowerment in their families and communities.

Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and at all levels of education by no later than 2015

Most of the Asia and Pacific countries have been successful in meeting the target. At all three levels, the target for the ratio between girls and boys enrolment is taken to be 95 per cent. At the primary level, of the 38 countries for which data are available, 26 have already achieved the target and 5 are on track to do so. Among the countries that have made rapid progress since 1990 are Bangladesh and China followed by Lao, India and Nepal. Of the five countries that are regressing, in Afghanistan the ratio fell from 0.55 to 0.08 and in Pakistan, the proportion has stalled at 0.74. At the secondary level, the situation is positive. Of the 36 countries, 25 have already achieved the target and in some countries such as Pakistan and Nepal are also likely to reach the target by 2015.

For tertiary education, of the 27 countries, 15 have already achieved the 0.95 target while 5 others are on track. Overall, weighted for population, the ratio of girls to boys increased from 0.66 to 0.80 between 1990 and 2001. However, there are concerns about progress in Viet Nam and serious reversal in Tajikistan.

Goal 4 – Reduced child mortality

Child survival rate is a sensitive indicator of development. Across the region nearly 5 million children die before reaching their fifth birthday.

Target 5: Reduce by two thirds between 1990 and 2015 the under 5 mortality rate

Of the 47 countries in the Asia and Pacific region for which data are available, half have achieved their targets and all of these have child mortality rates below 45 per 1000 live births. Of the other half, 14 are off track, making very slow progress while three are regressing. In 2003, the largest number of child deaths was in India with 2.3 million, followed by China 650,000 and Pakistan 481,000. Of these countries, China has been making progress. Afghanistan has a child death rate of 254 per 1000 live births. Rate of progress has also been slow in several Central Asian countries. As child mortality rates come down, the majority of deaths take place in the early years of life. The pattern of infant mortality has been similar.

Goal 5 - Improve maternal health

Each year across the Asia and Pacific region one quarter of a million mothers die as a result of pregnancy and childbirth. Almost all these deaths can be prevented if mothers have access to emergency obstetric care.

Target 6: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Overall, between 1990 and 2000 the maternal mortality ratio in the Asian and Pacific developing countries declined from 295 to 342 per 100,000 live births. Of the 42 countries for which data are available, maternal mortality has increased in 22 countries. For some of these countries, the increase may have been due to better reporting of deaths. Of the two thirds of maternal deaths in Asia and the Pacific, 164,000 take place in India and Pakistan, both of which are among the regressing countries. The highest maternal mortality ratios per 100,000 live births are found in Afghanistan (1,900) Nepal (740) and Timor-Leste (660).

Goal 6 – Combat HIV/AIDS, Malaria and other Diseases

Many countries in the region have been affected both by the emergence of HIV/AIDS and the resurgence of other infections such as malaria and TB.

Target 7: Have halted by 2005 and begun to reverse the spread of HIV/AIDS

By 2004, the Asia–Pacific region had over 9 million people living with the disease and each year, half a million people die. Overall the region is off track as the prevalence among those aged 15-49 rose from 0.39 to 0.45 per cent between 2001 and 2003. The highest prevalence among adults aged 15-49 years are in South East Asia: Cambodia 2.6 per cent, Thailand 1.5 per cent and Myanmar 1.2 per cent. The first two have however, achieved their MDG targets since they have reduced the prevalence. The highest numbers of infected people are found in China, India and Russian Federation while China has kept the prevalence fairly stable while the prevalence in other two countries is increasing.

Target 8: Have halted and reversed by 2015 the incidence of malaria and other major diseases

Around 3.3 million people in the region are infected with malaria and about 73,000 people die each year. A number of countries such as Viet Nam have made good progress to combat the disease. The highest prevalence is found in the Pacific, notably in Solomon Islands where the disease affects 15 per cent of the population. The largest number of the sick is found in Indonesia with 1.9 million infected. The largest number of deaths is in India with more than 30,000 each year.

Tuberculosis (TB) also remains a major concern in the region although the region as a whole is making progress. Between 1990 and 2003, the number of people infected, declined from 12.8 to 10.3 million and the number of people dying each year fell from 1.1 to 1.0 million. China, India and Indonesia account for 70 per cent of the deaths. All these countries are making progress in reducing the incidence. However, in some countries the prevalence has been rising, particularly in Central Asia and parts of the Pacific. Reducing the prevalence of TB depends on early detection and treatment.

Goal 7 – Ensure environmental sustainability
The first target is concerned with conserving and developing environmental resources to maintain livelihoods. The other aims for safe water supplies and sanitation to enable people to protect themselves from infection and pollution.

Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Based on the progress of preparing national sustainable development strategies, of the 55 Asia-Pacific developing countries, only 5 are early achievers and 10 are on track. This goal also aims to reverse the loss of environmental resources. Over the period 1990 to 2000, of the 48 countries for which data are available, the proportion of land under forest cover increased in 13, remained unchanged in 17 and decreased in 18. The most rapid rates of deforestation have been in Micronesia, Myanmar, Indonesia and Malaysia.

Another environmental indicator is carbon dioxide emissions. From 1990 to 2002, average per capita emissions increased across the region from 2.2 to 2.5 tons. Of the 50 countries for which data are available, 30 are regressing while 20 have become early achievers.

Another important target is to halve the proportion of people without sustainable access to safe drinking water and sanitation. For urban water supplies, of the 40 countries reporting, 31 are early achievers or on track. The situation in the rural areas is different with coverage 10 to 20 percentage points lower. However, there has been progress. Of the 34 countries, 11 are early achievers, 5 are on track and 18 are off track, of which 11 are regressing. Access to improved sanitation is also better in urban than rural areas with 73 percent against 31 per cent.

Given the above description of progress in the Asia and Pacific region, what are the indicators that are on track to achieve the Millennium Development targets and others that have stalled or regressed?

The Asia- Pacific region as a whole is on course to achieve the large majority of targets by 2015. The process of halving poverty and hunger, achieving universal primary education, and eliminating gender disparity at all levels of education is faster than required to meet targets. The prevalence and death rate due to TB has begun to decline. Increases in forest cover and protected areas, and declines in CO_2 and CFC emissions suggest a reversal of the loss of environmental resources.

However, progress with regard to three targets is cause for concern. The progress in infant mortality decline is slow. Secondly, the HIV prevalence in the region continues to increase. Thirdly, access to basic sanitation in urban areas is improving very slowly and the proportion of urban dwellers with access to safe drinking water is declining.

While the region as a whole is on track to achieve some targets, there are a considerable number of countries that will be left behind. For instance, while the region is on track to

halve the prevalence of underweight children from its 1990 level, about two thirds of the countries for which data are available may not reach the target. The region is also on track to achieve targets for proportion of primary school children reaching grade 5, gender parity in tertiary education, child mortality and access to clean water and basic sanitation in rural areas but more than one-third of countries with data are off track.

IV. GAPS IN TARGETS AND INDICATORS IN MEETING THE MDGs

This section will examine the gaps in targets and indicators in meeting the Millennium Development Goals with special reference to population and health issues with focus on strengthening social inclusion, gender equality and health promotion. This would result in providing policy makers with a set of supplementary targets and indictors within the existing MDG framework to enable them to measure and monitor the progress toward the MDGs in a more effective and meaningful manner. The supplementary targets and indicators would also help to capture inequalities and disparities at the sub-national levels and among social groups.

The Goals, Targets and Indicators presented in the MDGs framework can diagrammatically be presented in the hierarchy as shown in Figure 1 below.

Figure 1

In addition, the Indicators, which should have a clear operational definition to measure the intended changes, can also be classified in a hierarchy as shown in Figure 2 (ESCAP, 2003).

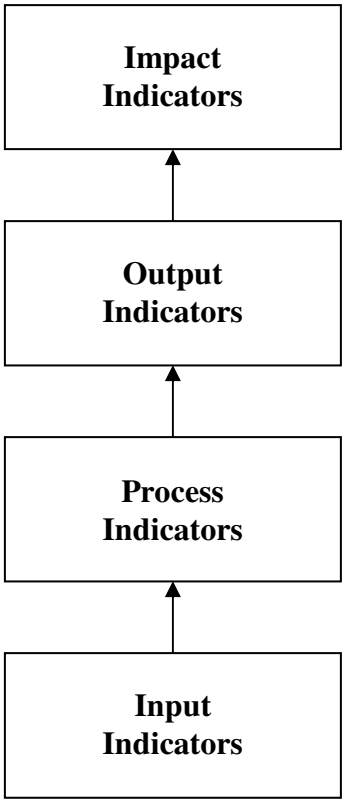

Figure 2

The review of progress in meeting the MDGs in the ESCAP region indicates that while significant progress has been made by some countries towards achieving the MDGs, the progress made has been uneven in sub-regions as well as sub-national areas within countries. This is particularly so with regard to vulnerable population groups such as the disabled, elderly as well as women who have not fully benefited from the progress achieved. A common finding is that a number of gaps still exist with respect to health, gender and social integration.

The MDGs do not explicitly take into account the issue of social integration whose inclusion in development planning is critical for sustained social development and poverty reduction. For instance, the present poverty indicators do not measure the social dimension of poverty. The measurement of progress in the MDGs could be made more meaningful if the differential impacts of development at sub-national levels among various population groups are measured. Persons with disabilities have similar needs for health, education and other services as non-disabled persons but face serious challenges in securing access due to physical and social barriers.

Another phenomenon, population ageing, is an emerging issue in many developing countries in the ESCAP region. Thus addressing the living conditions of the elderly is crucial to reducing poverty as income poverty affects households that have disabled elderly people as dependents.

As regards gender, there has been concern on the narrow focus given in the MDGs. Although gender is a crosscutting issue, the treatment of gender in the MDGs is confined to a small number of areas. Gender experts have emphasized that gender in the MDGs should not only involve the implementation of Goal 3 but in all other MDGs as well. The Beijing Platform for Action and CEDAW offer a comprehensive agenda for action ensuring the crosscutting nature of gender and establishing priorities for women's human rights violations and inequalities.

Three MDG goals specifically focus on health. They are Goals 4, 5 and 6. However, there are no indicators to track the increasing threat of non-communicable diseases as well as capacity to deal with newly emerging diseases. There are also no indicators to measure the capacity of health systems to deliver good quality health services in an equitable manner and also to measure financing of health services. Making reproductive health services accessible through health sector reforms and integrating it in primary health care services is also a key to the achievement of health related MDGs. It is stated that access to good quality reproductive and sexual health services by the poor and socially vulnerable groups is crucial for reducing poverty (Obaid, 2006).

V. BENEFITS AND CHALLENGES OF SUPPLEMENTARY INDICATORS

Filling in gaps in terms of targets or outcomes and indicators in the MDGs would benefit high level public sector decision makers in the ministries of economic development, finance, planning, health and social development and women's affairs. The inclusion of new targets or outcomes and indicators may also stimulate interest from countries which hitherto have found that present MDG targets and indicators at the national level do not require substantial efforts from them to be achieved. It would also enable officials to track progress at the sub-national levels where large segments of the population could remain economically and socially deprived despite meeting the MDGs at the national level.

Gaps in information and data are a major challenge in the region to undertake any meaningful analysis. In some countries national data are not disaggregated by sex. In others, the relevant data may be not available to compute the required indicator. Therefore, in the development of new indicators, care has been taken to construct indicators which are simple and relevant and for which data are readily available in most countries of the region. Some indicators however, may need additional data which can be collected by adding appropriate modules to regular surveys that are carried out periodically such as the demographic and health surveys and other socio-economic surveys.

VI. INCLUSION OF ADDITIONAL TARGETS (OUTCOMES) AND INDICATORS

In this section an attempt is made to propose supplementary targets (outcomes) and indicators, within the existing MDGs framework, with a view to facilitating the tracking of progress in achieving the MDGs. In doing so, emphasis has been given to population and

health issues with a focus on social inclusion, gender equality and health promotion by drawing mainly from existing literature on the MDGs with due recognition to the availability of data at national and sub-national levels. Attention has also been given to the need to construct simple indictors which can be easily understood while at the same time taking note of the time constraint in meeting the MDGs by 2015.

Under each MDG goals and targets, specific issues are briefly discussed and for each issue, supplementary targets (or outcomes) and indicators are added along with methods of computation, data sources and description of their relevance to the MDGs. It has to be noted that only objectively verifiable indicators relevant to the countries of the region have been included. The following section describes the additional targets and indicators. A summary of indicators is presented in the Annex.

A. Goal 1: Target 1

Issue 1: The MDG Target 1 of reducing the proportion of population whose income is less than $1 a day by fifty per cent is based on data on income or consumption for an entire household. However, analysis of resource allocation within households shows differences in access to resources by sex and age (United Nations, 2005a). Households headed by women face obstacles to equal income and employment opportunities. Many women in poor households work as unpaid family workers or in low productivity agricultural occupations.

Outcome 1: Increased earning capacity of women to supplement household income

Indicator 1: Proportion of women in non-agricultural employment
Method of computation Number of females employed in non-agricultural employment divided by total number of employed females. *Sources of data* Census of population; labour force surveys and socio-economic surveys. *Relevance of the indicator to the MDGs* Helps to track poverty reduction at the household level.
Indicator 2: Proportion of women in unpaid family work
Method of computation Number of females employed in unpaid family work divided by total number of employed females. This can be computed by sub-national area. *Sources of data* Census of population; labour force surveys and socio-economic surveys. *Relevance of the indicator to the MDGs* Helps to track poverty at the household level.
Indicator 3: Proportion of female headed households

Method of computation Number of females headed households divided by total number of households. This can be computed by sub-national area. *Sources of data* Census of population and socio-economic surveys. *Relevance of the indicator to the MDGs* Helps to track the degree of poverty at the household level.

Issue 2: Extreme poverty is often associated with various ethnic minorities, indigenous populations and the urban poor. Ethnic inequality and the associated spatial inequality continue to play a central role in the poverty and well-being of many deprived populations. In addition, violent conflict destroys personal assets as well as social and physical infrastructure. Moreover, poverty increases the risks of conflict through multiple paths. Resource scarcity can provoke conflicts between social groups. The UNHCR has estimated as many as 25 million internally displaced people worldwide. Urban poverty is also the result of high unemployment rates among young people (CPRC, 2006).

Outcome 2: Reduced poverty among ethnic minorities, indigenous populations and the urban poor

Indicator 4: Proportion of indigenous people (ethnic groups) whose income is less than the national poverty level
Method of computation Estimate the number of households whose income is below the national poverty line. The number of people in those households is then aggregated and divided by the total population of that indigenous or ethnic group. *Sources of data* Household income and expenditure surveys. *Relevance of the indicator to the MDGs* Helps to track the degree of poverty of indigenous or ethnic groups.
Indicator 5: Proportion of population living in urban slums
Method of computation Number of people living in urban slums divided by the total urban population. This can be computed by sub-national area and by ethnic group. *Sources of data* Census of population and socio-economic surveys. *Relevance of the indicator to the MDGs* Helps to track the degree of poverty in urban areas.
Indicator 6: Unemployment rate of urban youth

Method of computation The number of unemployed urban youth (15-24 years) divided by the total labour force of urban youth (15-24 years) multiplied by 100. This can be computed by sex and sub-national area. *Sources of data* Census of population; labour force surveys and socio-economic surveys. *Relevance of the indicator to the MDGs* Helps to track the degree of poverty of urban households.
Indicator 7: The number of internally displaced persons by ethnic group
Sources of data Statistical records of ministries of social services and rehabilitation; UNHCR. *Relevance of the indicator to the MDGs* Helps to track the degree of poverty among minority groups.

Issue 3: Disabled people are more likely to be poor and to remain poor. They also have a higher likelihood of experiencing long lasting poverty because of attitudinal and institutional discrimination faced from birth or from the time of impairment. Disability is both a cause and effect of poverty. Once marginalized as a result of impairment, the vicious cycle of exclusion, loss of income and persistent poverty emerges. Therefore, the Biwako Millennium Framework for Action has recommended that the proportion of persons with disabilities whose income/consumption is less than one dollar a day be halved between 1990 and 2015 (ESCAP, undated a).

Outcome 3: Halve, between 1990 and 2015, the proportion of persons with disabilities whose income/consumption is less than one dollar a day.

Indicator 8: The proportion of government poverty alleviation funds allocated to persons with disabilities
Method of computation Amount of funds allocated to disabled persons from the poverty alleviation budget of the government divided by the total funds allocated for poverty alleviation. *Sources of data* Government budget allocations available in the ministries of social services and rehabilitation and poverty alleviation. *Relevance of the indicator to the MDGs* Helps to track the reduction of poverty among disabled persons.
Indicator 9: Unemployment rate of disabled youth
Method of computation The number of disabled young unemployed persons aged 15-29 years divided by the total disabled young (15-29 years) in the labour force multiplied by 100.

Sources of data
Census of population; special labour force surveys.

Relevance of the indicator to the MDGs
Helps to track the degree of poverty among disabled young persons.

Indicator 10: Availability of a national strategy on prevention of causes of disability and rehabilitation for persons with disabilities

Means of Verification
Documents of the ministries of economic planning and social services.

Relevance of the indicator to the MDGs
Helps to track the commitment of governments towards the welfare of disabled persons.

Issue 4: Chronic poverty is generally disproportionately experienced by older people. Conditions of poverty in old age are associated with lack of income security, inadequate family or social support and poor health combined with inadequate or lack of access to health care.

Outcome 4: Reduced poverty among the elderly

Indicator 11: Proportion of elderly receiving social security benefits from the government

Method of computation
The number of persons 60 years and over receiving social security benefits (contributory or non contributory monthly financial payments from government) divided by the total population 60 years and over. This can be computed by sub-national area.

Sources of data
Census of population; records of beneficiary schemes maintained by the ministries of finance, labour and social services.

Relevance of the indicator to the MDGs
Helps to track the extent of poverty among the elderly.

Indicator 12: Proportion of elderly whose income is less than one US $ per day.

Method of computation
The number of persons 60 years and over whose income is less than one US $ per day divided by the total population aged 60 years and over. This can be computed by sex.

Sources of data
Household income and expenditure surveys.

Relevance of the indicator to the MDGs
Helps to track the degree of poverty among the elderly.

Indicator 13: Proportion of elderly population with personal care difficulties

Method of computation
Number of persons aged 60 years and over with personal care difficulties (bathing, dressing, and feeding) divided by the total population 60 years and over. This can be computed by sex and by sub-national area.

Sources of data
Census of population; special surveys on elderly population.

Relevance of the indicator to the MDGs
Helps to track the social dimension of poverty.

Indicator 14: Index of Activities of Daily Living (ADL) among the elderly

Method of computation
Through a survey questionnaire each of the following six activities of daily living are investigated from the elderly population over 60 years of age: Bathing; Dressing; Toileting; Transferring, Continence and Feeding. They are assessed on a six point scale. One point is given to each of the above activities if the individual is able to perform the activities with no supervision, direction or personal assistance. Zero point is given if the individual requires direction, personal assistance or total care. Score 6 indicates the individual is independent and a score of zero shows the individual is very dependent. The indicator can be computed by sex and sub-national area.

Sources of data
Health surveys related to the elderly.

Relevance of the indicator to the MDGs
Helps to track the social dimension of poverty among the elderly.

Indicator 15: Proportion of elderly living with their children or grandchildren

Method of computation
The number of people over 60 years of age living with their children or grandchildren divided by the total population aged 60 years and over. This can be computed by sex and by sub-national area.

Sources of data
Census of population; special surveys on elderly population.

Relevance of the indicator to the MDGs
Helps to track the dependence of the elderly on others in daily living.

Indicator 16: Proportion of elderly living with spouse only

Method of computation
The number of people over 60 years of age living with spouse only divided by the total population aged 60 years and over. This can be computed by sex and by sub-national area.

Sources of data
Census of population; special surveys on elderly population.

Relevance of the indicator to the MDGs Helps to track the level of independence and welfare of the elderly.
Indicator 17: Proportion of elderly living in an institution
Method of computation The number of people over 60 years of age living in an institution divided by the total population aged 60 years and over. This can be computed by sex and by sub-national areas. *Sources of data* Census of population; special surveys on elderly population. *Relevance of the indicator to the MDGs* Helps to track the extent of institutional care available to the elderly.
Indicator 18: Proportion of elderly living alone
Method of computation The number of people over 60 years of age living alone in one member households divided by the total population aged 60 years and over. This can be computed by sex and by sub-national area. *Sources of data* Census of population; special surveys on elderly population. *Relevance of the indicator to the MDGs* Helps to track the level of independence and welfare of the elderly.

Issue 5: International labour migration is linked to several areas of development including the transfer of remittances, skill development and empowerment of women. As a result, an increasing number of countries in the ESCAP region seek to adopt policies and legislation to promote foreign employment to generate foreign capital for development, while providing safeguards to protect the migrants (United Nations, 2005a).

Outcome 5: Increased remittances from migrant workers

Indicator 19: Proportion of foreign remittances from migrant workers to the GDP
Method of computation The amount of remittances received from migrant workers divided by the Gross Domestic Product during a given year. *Sources of data* Ministry of finance; the Central Bank. *Relevance of the indicator to the MDGs* Helps to track indirectly the extent of poverty alleviation. The higher the proportion the better it is in terms of poverty alleviation at family and national level.
Indicator 20: Proportion of skilled migrant workers
Method of computation

The number of migrant workers who are skilled (excluding domestic workers) divided by the total number of migrant workers during a given year.

Sources of data
Ministry of labour.

Relevance of the indicator to the MDGs
Helps to track the level of poverty alleviation at the family level.

B. Goal 1: Target 2

Issue 6: Minimum standards of nutrition are not only essential for survival but also for good health and development for current and future generations. Adequately nourished children learn more easily, grow into healthy adults, work productively and later give their children a better start in life. Adequate nutrition is particularly important for women during pregnancy and after child birth. Gain in weight in the first five years of life also depends on birth weight and the health and nutrition during the first five years. The cycle of maternal and child malnutrition, morbidity and mortality is one of the significant means through which poverty persists over generations (United Nations, 2005a).

Outcome 6: Improved maternal and child nutrition

Indicator 21: Proportion of pregnant women who are anemic

Method of computation
Number of pregnant women who are anemic divided by the total number of pregnant women.

Sources of data
Demographic and health surveys; service statistics of ministry of health.

Relevance of the indicator to the MDGs
Helps to track the level of nutrition of mothers and their children.

Indicator 22: Proportion of low birth weight babies

Method of computation
The number of babies weighing below 2.5 kgs at birth divided by the total number of live births. This can be computed by sex and sub-national area.

Sources of data
Demographic and health surveys; service statistics of ministry of health.

Relevance of the indicator to the MDGs
Helps to track the level of nutrition of mothers and infant children.

Indicator 23: Proportion of households using iodized salt

Method of computation
The number of households using iodized salt divided by all households. This can be

computed by sub-national area.

Sources of data
Demographic and health surveys; socio-economic surveys

Relevance of the indicator to the MDGs
Helps to track the extent of micronutrient supplementation at the household level

Indicator 24: Proportion of children suffering from diarrhea

Method of computation
The number of children under five years of age who had three episodes of diarrhea during a reference period of one week divided by the total number of children aged under five years of age. This can be computed by sex.

Sources of data
Demographic and health surveys; service statistics of ministry of health.

Relevance of the indicator to the MDGs
Helps to track indirectly the contributory factor for underweight children.

C. Goal 2: Target 3

Issue 7: When there are issues with regard to access to educational facilities, deep rooted culture where low value is given to education, low level education of the mother and the presence of younger siblings at home, it makes it more difficult for children to enter or complete primary education. Completion of primary education also depends on inducements given by governments such as free education, school text books and lunches and improvement of educational quality through increased investments (United Nations, 2005b).

Outcome 7: Improved retention in primary education

Indicator 25: Literacy rate of those aged 10-19 years

Method of computation
Persons aged 10-19 years who can, with understanding, both read and write a short simple statement about their every day life divided by the total population aged 10-19 years multiplied by 100. This measure can be calculated by sex and sub-national region. The indicator shows to what extent the earlier cohorts have entered and progressed through primary education.

Sources of data
Census of population; socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track indirectly the extent of enrolment to primary education.

Indicator 26: Proportion of married females aged 15-44 years who have had education

beyond the primary level.

Method of computation
The number of married females aged 15-44 years who have had education beyond the primary level divided by the total married female population aged 25-44 years. This measure can be computed for sub-national regions.

Sources of data
Census of population; socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track indirectly the extent of enrolment to primary education As it has been found that mothers with some education give value to education and see that their children attend school.

Indicator 27: Proportion of children under five years of age in the household

Method of computation
The number of children under five years of age in the households divided by total number of children in the households.

Sources of data
Census of population; socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track indirectly the enrolment in primary education. For it has been found that where there are other siblings of under five years of age in the household, the chances of elder children attending school regularly are poor. This is particularly so for girls who are often compelled to stay at home and look after younger siblings to enable the mother to go to work.

Indicator 28: Proportion of primary school children receiving supplementary feeding in school

Method of computation
The number of primary school children receiving supplementary feeding in school divided by the total number of primary school children. This measure can be computed by sex and sub-national area.

Sources of data
Service statistics of the ministry of education.

Relevance of the indicator to the MDGs
Helps to track indirectly the enrolment in primary education. For it has been found that school enrolment and attendance can be improved through supplementary feeding in school.

Indicator 29: Per capita government expenditure on primary education

Method of computation
Total government expenditure in primary education divided by the primary school student population.

Sources of data
Service statistics of the ministry of education; ministry of planning.

Relevance of the indicator to the MDGs
Helps to track indirectly the enrolment in primary education. For more resources per student would improve quality of education and encourage parents to send their children to school.

Indicator 30: Legislation on compulsory primary education in place

Means of verification
Documents available in the ministry of education and in parliament.

Relevance of the indicator to the MDGs
Helps to track indirectly the enrolment in primary education.

D. Goal 3: Target 4

Issue 8: Under Goal 3, the indicators measure only gender equality in education, work and political participation. However, it is necessary to consider gender aspects in all goals to ensure that the targets are achieved. Education for girls has many social and economic benefits. Education gives women greater wage earning opportunities and opens pathways to participate in public life. Gender parity in education depends on the availability and accessibility to educational facilities, dropout rates of boys and girls and the availability of a vide range of socially acceptable occupations. The presence of women in parliament, in itself, does not guarantee that women have been empowered. The extent to which women are appointed to positions of power in public life is equally important (United Nations, 2005c).

Outcome 8: Improved the status of women

Indicator 31: Proportion of females enrolled in secondary level education

Method of computation
The number of females enrolled in secondary level education divided by the population of official school age (as defined by the national educational system). This can be computed by sub-national area.

Sources of data
Service statistics of ministry of education; census of population.

Relevance of the indicator to the MDGs
Helps to track indirectly the gender parity in secondary education.

Indicator 32: Proportion of females enrolled in tertiary level education

Method of computation
The number of females enrolled in tertiary level education divided by the population of official school age (as defined by the national educational system). This can be computed by sub-national area.

Sources of data
Service statistics of the ministry of education; census of population.

Relevance of the indicator to the MDGs
Helps to track indirectly the gender parity in tertiary education.

Indicator 33: School drop out rate at secondary level

Method of computation
The number of students dropped out at the secondary level divided by the total number of enrolled students in secondary education multiplied by 100. This can be computed by sex and sub-national area.

Sources of data
Service statistics of the ministry of education.

Relevance of the indicator to the MDGs
Helps to track indirectly the gender parity in secondary education. Particularly if there are differentials in drop out rates by sex.

Indicator 34: Average distance in Km. to a secondary school

Method of computation
The closest distance in Km to a secondary school from primary schools divided by the number of primary schools (in schools where both primary and secondary education is available the distance is assumed as zero and the number of such schools should be added to the denominator). This can be computed by sub-national area.

Sources of data
Service statistics of the ministry of education.

Relevance of the indicator to the MDGs
Helps to track indirectly the gender parity in secondary education. For girls may not go for secondary education due to security reasons if secondary schools are far from home.

Indicator 35: Labour force participation rate of children

Method of computation
The number children aged 10-14 years in the labour force divided by the total population aged 10-14 years multiplied by 100. This can be computed by sex and sub-national area.

Sources of data
Census of population; labour force surveys.

Relevance of the indicator to the MDGs
Helps to track indirectly the gender parity in secondary education. For disproportionately both boys and girls aged 10-14 years participate in the labour force.

Indicator 36: Proportion of population aged 15-24 years who have completed ten years of schooling

Method of computation
The number of persons aged 15-24 years who have completed ten years of education

divided by the total population aged 15-24 years. This should be computed by sex and also by sub-national area.

Sources of data
Census of population.

Relevance of the indicator to the MDGs
Helps to track indirectly the gender parity in secondary education.

Indicator 37: Proportion of women aged 60 years and over who are single

Method of computation
The number of women aged 60 years and over who are single (never-married, widowed, divorced or separated) divided by the total number of females 60 years and over. This can be computed by sub-national area.

Sources of data
Census of population; socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track indirectly the social status of elderly women.

Indicator 38: Proportion of women aged 60 years and over who are widowed

Method of computation
The number of women aged 60 years and over who are widowed divided by the total number of females 60 years and over. This can be computed by sub-national area.

Relevance of the indicator to the MDGs
Helps to track indirectly the social status of elderly women

Indicator 39: Unemployment rate of young women

Method of computation
The number of unemployed females aged 15-29 years divided by the total female labour force (aged 15-29 years) multiplied by 100. This can be computed by sub-national area.

Sources of data
Census of population; socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track the economic status of young women.

Indicator 40: Proportion of females employed in professional and managerial occupations in the service sector

Method of computation
The number of females employed in professional and managerial occupations in the service sector divided by the total number of females employed in the service sector. This can be computed by sub-national area.

Sources of data
Census of population; socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track the economic status of women

Indicator 41: Proportion of migrant females working abroad as domestic workers

Method of computation
The number of migrant females going abroad as domestic workers in a given year divided by the total migrant female workers going abroad in the same year.

Sources of data
Service statistics of the ministry of labour.

Relevance of the indicator to the MDGs
Helps to track the social status of migrant women. Higher the proportion, lower will be the social status of migrant women.

Indicator 42: Proportion of women parliamentarians holding positions of power

Method of computation
The number of women parliamentarians holding positions of power within Parliament and in their respective political parties divided by the total number of women parliamentarians.

Sources of data
Parliamentary statistics; statistics of political parties.

Relevance of the indicator to the MDGs
Helps to track the status of women in positions of power.

Indicator 43: Proportion of women holding office in workers' organizations

Method of computation
The number of women holding office in workers' organizations divided by the number of office holders in workers organizations.

Sources of data
Statistics of workers' organizations; statistics of ministry of labour.

Relevance of the indicator to the MDGs
Helps to track the status of women in positions of power.

Indicator 44: Proportion of urban women working in the informal sector occupations

Method of computation
The number of women resident in urban areas employed in the informal sector occupations divided by the total number of employed women in urban areas.

Sources of data
Census of population and labour force surveys.

Relevance of the indicator to the MDGs
Helps to track the economic status of urban women.

E. Goal 4: Target 5

Issue 9: Under-five mortality took a toll of nearly 11 million children in 2003. Regional averages of under-five mortality in the ESCAP shows that in 2003, South Asia had the highest rate with 90 per 1000 live births followed by Oceania (77) and West Asia (60). It is estimated that nearly 40 per cent of deaths of children under five years of age occur in the first month of life. Pneumonia, diarrhea, malaria, measles and AIDS account for about 50 per cent of under-five mortality. Most of these occur to poor families who do not have adequate access to health care (United Nations, 2005d).

Outcome 9: Reduced early infant deaths

Indicator 45: Neonatal mortality rate
Method of computation The number of infant deaths up to 28 days after delivery during a given year divided by the total number of live births during the same year multiplied by 1000. This can be computed by sub-national area. *Sources of data* Demographic and health surveys; registration of vital statistics. *Relevance of the indicator to the MDGs* Helps to track early childhood mortality.
Indicator 46: Early neonatal mortality rate
Method of computation The number of infant deaths during the first 7 days after delivery during a given year divided by the total number of live births during the same year multiplied by 1000. This can be computed by sub-national area. *Sources of data* Demographic and health surveys; registration of vital statistics. *Relevance of the indicator to the MDGs* Helps to track early childhood mortality.
Indicator 47: Proportion of children who are exclusively breast fed for six months
Method of computation The number of infants who are exclusively breast fed during the first six months of life divided by all infants under six months of age. *Sources of data* Demographic and health surveys. *Relevance of the indicator to the MDGs* Helps to track indirectly early childhood mortality.
Indicator 48: Proportion of children suffering from acute respiratory infections
Method of computation

The number of children under five years of age who are suffering from acute respiratory infections divided by the total number of children aged under five years of age. This can be computed by sex.

Sources of data
Demographic and health surveys; service statistics of ministry of health.

Relevance of the indicator to the MDGs
Helps to track indirectly early childhood mortality.

Issue 10: Malnutrition due to poverty further increases the risk of death due to diseases mentioned under issue 9. Child mortality is also closely related to the health of the mother and care provided at delivery. The severity of many of the diseases that cause child deaths can be reduced or eliminated through prevention and treatment. Some of these interventions are use of safe drinking water, oral rehydration therapy and the prevention of the transmission of HIV from mother to the child.

Outcome 10: Prevented and reduced child morbidity

Indicator 49: Proportion of households with children under five years of age using boiled water for drinking

Method of computation
The number of households with children under five years of age using boiled water for drinking divided by the total number of households with children under five years of age. This can be computed by sub-national area.

Sources of data
Socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track indirectly early childhood mortality.

Indicator 50: Proportion of children under five years of age whose growth is monitored

Method of computation
The number of children under five years of age whose growth was monitored by health personnel during a given year divided by the total number of children under five years of age during that year. This can be computed by sub-national area.

Sources of data
Service statistics of the health ministry.

Relevance of the indicator to the MDGs
Helps to track the prevention of childhood mortality.

Indicator 51: Proportion of HIV positive pregnant mothers given antiretroviral therapy

Method of computation
The number of HIV positive pregnant mothers who are given antiretroviral therapy

divided by all HIV positive pregnant mothers.

Sources of data
Service statistics of the health ministry.

Relevance of the indicator to the MDGs
Helps to track the prevention of childhood mortality.

Indicator 52: Proportion of households with children under five years of age using insecticide-treated mosquito nets to prevent malaria

Method of computation
The number of households with children under five years of age using insecticide-treated mosquito nets divided by the number of all households in malaria infested areas.

Sources of data
Service statistics of the health ministry; demographic and health surveys.

Relevance of the indicator to the MDGs
Helps to track the prevention of childhood mortality.

Indicator 53: Proportion of households with children under five years of age distributed with oral re-hydration therapy packets

Method of computation
The number of households with children under five years of age distributed with oral re-hydration therapy packets divided by all households with children five years of age.

Sources of data
Service statistics of the health ministry; demographic and health surveys.

Relevance of the indicator to the MDGs
Helps to track the prevention of childhood mortality.

F. Goal 5: Target 6

Issue 11: More than 500,000 women die every year from complication of pregnancy and child birth. Almost half the number occur in Asia, of which a large majority in South Asia. High fertility, unmet need for safe and effective contraceptive services contribute to maternal mortality (United Nations, 2005e).

Outcome 11: Reduced fertility rate

Indicator 54: Total fertility rate

Method of computation
The sum of age specific fertility rates (expressed as per 1000 women in five year age groups from ages 15 to 49) multiplied by 5 and divided by 1000. This can be computed by sub-national area.

Sources of data
Demographic and health surveys; registration of vital statistics.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality. For excessive childbearing affects the health of the woman.

Indicator 55: Adolescent fertility rate

Method of computation
The number of live births to girls aged 15 to 19 years divided by all girls aged 15 to 19 years multiplied by 1000. This can be computed by sub-national area.

Sources of data
Demographic and health surveys; registration of vital statistics.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality for risk to mothers' health is higher in the 15-19 age group.

Indicator 56: Proportion of births to adolescents

Method of computation
The number of live births to girls aged 15 to 19 years divided by total number of live births in a given year. This can be computed by sub-national area.

Sources of data
Demographic and health surveys; registration of vital statistics.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality.

Indicator 57: Proportion of high risk births to women

Method of computation
The number of live births to women aged less than 20 years plus 35 years and over, divided by all live births in a given year. This can be computed by sub-national area.

Sources of data
Demographic and health surveys; registration of vital statistics.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality.

Indicator 58: Proportion of married women using modern methods of contraception

Method of computation
The number of currently married women aged 15-49 years using a modern method of contraception divided by all currently married women aged 15-49 years. This can be computed by sub-national area.

Sources of data
Demographic and health surveys; service statistics of health ministry.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality as it prevents unwanted births.

Indicator 59: Unmet need for contraception

Method of computation
The number of women who want to space or limit births but not using contraception divided by all women not using contraception aged 15-49 years.

Sources of data
Demographic and health surveys; service statistics of health ministry.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality. For if the need is satisfied, it prevents unwanted births.

Indicator 60: Proportion of service delivery points offering at least 3 modern methods of contraception

Method of computation
The number of service delivery points offering at least 3 modern methods of contraception divided by all service delivery points. This can be computed by sub-national area.

Sources of data
Service statistics of health ministry.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality. For greater choice prevents unwanted births.

Issue 12: The lack of proper antenatal and postnatal care and access to emergency obstetric care in case of a complication and unsafe abortion also contribute to high maternal mortality.

Outcome 12 Improved maternal health and care

Indicator 61: Proportion of births occurring in health institutions

Method of computation
The number of live births occurring in health institutions divided by all births in a given year. This can be computed by sub-national area.

Sources of data
Demographic and health surveys; registration of vital statistics.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality. For institutional care minimizes the risks associated with child birth.

Indicator 62: Proportion pregnant women who had at least two prenatal visits attended by trained health personnel during the last completed pregnancy

Method of computation
The number of women who had at least two prenatal visits attended by trained health personnel during their last completed pregnancy divided by the total number of live births during the same reference period. This can be computed by sub-national area.

Sources of data
Demographic and health surveys.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality. For prenatal care helps to identify some of the risks associated with child birth.

Indicator 63: Percentage of population within 2 hours travel distance of basic emergency obstetric care (EmOC)

Method of computation
The population that has EmOC facilities within 2 hours travel distance divided by the total population. This can be computed by sub-national area.

Sources of data
Service statistics of health ministry.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality. For EmOC helps to deal with some of the risks associated with child birth.

Indicator 64: Proportion of Caesarean section births

Method of computation
The number of Caesarean section births divided by all live births. This is better computed by sub-national area.

Sources of data
Service statistics of health ministry.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality. For Caesarean section births particularly in rural areas indicates the control of some of the risks associated with child birth.

Indicator 65: Percentage of pregnant women given tetanus immunization

Method of computation
The number of pregnant women given tetanus immunization divided by the total number of live births. This can be computed by sub-national area.

Sources of data
Demographic and health surveys; service statistics of health ministry.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality. For tetanus immunization prevents some of the risks associated with child birth.

Indicator 66: Proportion of women visited by trained health workers at least once during the post-natal period

Method of computation
The number of women who had at least one post-natal visit attended by trained health personnel during their last completed pregnancy divided by the total number of live births during the same reference period. This can be computed by sub-national area.

Sources of data
Demographic and health surveys; service statistics of health ministry.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality. For post-natal visits attended by trained health personnel prevents some of the risks associated after child birth.

Indicator 67: Proportion of maternal deaths due to induced abortions

Method of computation
The number of maternal deaths due to induced abortions divided by total number of maternal deaths.

Sources of data
Service statistics of health ministry.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality. For reduction of septic abortions prevents maternal deaths.

Indicator 68: Proportion of maternal deaths due to hemorrhage during delivery

Method of computation
The number of maternal deaths due to hemorrhage during delivery divided by the total number of maternal deaths.

Sources of data
Service statistics of health ministry.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality. For reduction of hemorrhage during delivery prevents maternal deaths.

Indicator 69: Proportion of population served by a field midwife

Method of computation
The total population in a given geographic area divided by the number of field midwifes serving in the same area. This can be computed by sub-national area.

Sources of data
Service statistics of health ministry.

Relevance of the indicator to the MDGs
Helps to track the prevention of maternal mortality. For close supervision of mothers by midwifes helps to improve maternal health.

Indicator 70: Percentage of adolescents with access to RH services
Method of computation Number of adolescents (aged 10-19 years) who have access to RH services divided by the total population aged 10 to 19 years. This can be computed by sub-national area. *Sources of data* Service statistics of health ministry. *Relevance of the indicator to the MDGs* Helps to track the improvement of maternal health and morbidity of young girls.

G. Goal 6: Target 7

Issue 13: In 2004, an estimated 3 million people died of AIDS and nearly 40 million people were living with HIV. In Asia, an estimated 5 to 12 million people are living with HIV. ESCAP countries with large populations such as China, India and Indonesia are of particular concern (United Nations, 2005f). Although the national prevalence levels are relatively low, they mask the serious epidemics that are already underway in certain provinces and states in these countries. The AIDS epidemic is affecting a growing number of women and girls. Of particular concern is the HIV prevalence among pregnant women and migrant women workers. Education is the only 'vaccine' against HIV. But most young people know too little about how HIV is transmitted to protect themselves against it. Although the use of condoms is an effective method of HIV prevention and antiretroviral therapy could prolong the lives of those infected, the accessibility of condoms and drug treatment is far from satisfactory in many countries of the region. The existence of generic drugs is a key strategy to keep drug prices affordable to many poor countries.

Outcome 13: Halted the spread of HIV/AIDS

Indicator 71: Percentage of reduction in HIV prevalence among young people
Method of computation HIV prevalence rate among young people two years ago minus the prevalence rate of the current year divided by the HIV prevalence rate among young people two years ago. *Sources of data* Service statistics of health ministry. *Relevance of the indicator to the MDGs* Helps to track the progress towards halting or reversing the spread of HIV/AIDS among young people.
Indicator 72: Percentage of pregnant women with access to basic package of HIV prevention services
Method of computation The number of pregnant women receiving HIV preventive interventions divided by the total number of pregnant women. This can be computed by sub-national area.

Sources of data
Service statistics of health ministry.

Relevance of the indicator to the MDGs
Helps to track the progress towards halting or reversing the spread of HIV/AIDS.

Indicator 73: Percentage of service delivery points providing VCT services and condoms together

Method of computation
The number of service delivery points providing voluntary counseling and testing (VCT) services and condoms divided by the total number of service delivery points. This can be computed by sub-national area.

Sources of data
Service statistics of health ministry.

Relevance of the indicator to the MDGs
Helps to track the progress towards halting or reversing the spread of HIV/AIDS.

Indicator 74: Proportion of female sex workers reporting the use of a condom with their most recent client

Method of computation
The number of female sex workers who reported that a condom was used with their last client in the last 12 months divided by the number of female sex workers who reported having commercial sex in the last 12 months.

Sources of data
Special surveys of the health ministry.

Relevance of the indicator to the MDGs
Helps to track the progress towards halting or reversing the spread of HIV/AIDS.

Indicator 75: Proportion of sex workers who are HIV positive

Method of computation
The number of female sex workers who tested positive for HIV divided by the number of female sex workers tested for HIV.

Sources of data
Special surveys of the health ministry.

Relevance of the indicator to the MDGs
Helps to track the prevalence of HIV/AIDS.

Indicator 76: Proportion of young persons aged 15-24 years tested positive for HIV

Method of computation
The number of young persons aged 15-24 years tested positive for HIV divided by the total number of women aged 15-24 years tested for HIV. This should be computed by sex as women are more prone to HIV infection than men.

Sources of data
Service statistics of the health ministry.

Relevance of the indicator to the MDGs
Helps to track the prevalence of HIV/AIDS among young people.

Indicator 77: Proportion of women aged 15-49 knowledgeable of the means of transmission of HIV/AIDS

Method of computation
The number of women aged 15-49 years who are knowledgeable of the means of transmission of HIV/AIDS divided by the total number of women aged 15-49 years.

Sources of data
Demographic and health surveys.

Relevance of the indicator to the MDGs
Helps to track the progress towards halting or reversing the spread of HIV/AIDS.

Indicator 78: Proportion of women aged 15-49 years knowledgeable of the methods prevention of HIV infection

Method of computation
The number of women aged 15-49 years who are knowledgeable of the methods of prevention of HIV infection divided by the total number of women aged 15-49 years

Sources of data
Demographic and health surveys.

Relevance of the indicator to the MDGs
Helps to track the progress towards halting or reversing the spread of HIV/AIDS.

H. Goal 6: Target 8

Issue 14: Malaria, Tuberculosis and other emerging non-communicable and chronic diseases such as heart disease, diabetes and strokes contribute to a high proportion of morbidity and mortality in the countries of the ESCAP region. In West Asia, child mortality due to malaria is relatively high (United Nations, 2005f). Pregnant women and their unborn children are also at risk of malaria. Detection and supervised treatment of tuberculosis is another important issue. Promotion of healthy lifestyles and detection and secondary prevention of deaths due to non-communicable diseases is also a pressing need.

Outcome 14: Halted the incidence of malaria and other diseases

Indicator 79: Proportion of households using insecticide-treated mosquito nets

Method of computation
The number of households using insecticide-treated mosquito nets divided by the number of all households in malaria infested areas.

Sources of data
Service statistics of the health ministry; demographic and health surveys.

Relevance of the indicator to the MDGs
Helps to track the progress towards halting of the spread of malaria.

Indicator 80: Proportion of pregnant women treated with at least two doses of anti-malarial drugs

Method of computation
The number of pregnant women in malaria infested areas treated with at least two doses of anti-malarial drugs divided by the total number of pregnant women living in the malaria infested areas.

Sources of data
Service statistics of the health ministry; demographic and health surveys.

Relevance of the indicator to the MDGs
Helps to track the progress towards halting of the spread of malaria.

Indicator 81: Proportion of children under five years with fever treated with anti-malarial drugs

Method of computation
The number of children under five years with fever treated with anti-malarial drugs in malaria infested areas divided by the total number of children under five years of age in the malaria infested areas.

Sources of data
Service statistics of the health ministry.

Relevance of the indicator to the MDGs
Helps to track the progress towards the halting the spread of malaria.

Indicator 82: Proportion of TB patients receiving supervised treatment

Method of computation
The number of TB patients receiving supervised treatment divided by the total number of detected TB patients.

Sources of data
Service statistics of the health ministry.

Relevance of the indicator to the MDGs
Helps to track the progress towards the halting the spread of TB.

Indicator 83: Proportion of population covered by government health education programmes promoting healthy lifestyles to prevent non-communicable diseases

Method of computation
The number of people covered by face to face health education programmes promoting healthy lifestyles to prevent non-communicable diseases such as heart disease, diabetes and strokes divided by the total population aged 15 years and over.

Sources of data Service statistics of the health ministry. *Relevance of the indicator to the MDGs* Helps to track the progress towards halting the spread of non-communicable diseases.
Indicator 84: Proportion of those detected having hypertension taking regular medication
Method of computation The number of people taking regular medication for hypertension divided by the total number of those detected having hypertension. *Sources of data* Special health surveys. *Relevance of the indicator to the MDGs* Helps to track the progress towards halting the spread of non-communicable diseases.
Indicator 85: Proportion of those detected having diabetes taking regular medication
Method of computation The number of people taking regular medication for diabetes divided by the total number of those detected having diabetes. *Sources of data* Special health surveys. *Relevance of the indicator to the MDGs* Helps to track the progress towards halting the spread of non-communicable diseases.

I. Goal 7: Target 9

Issue 15: The loss of tropical forests remains a key concern in many countries of the ESCAP region despite the decline in population growth rates. The loss of tropical forests is contributing to the loss of biological diversity and increase of atmospheric carbon. Urbanization and improvements in living standards have increased the harvesting of timber for housing while on the other hand poverty is leading to over-utilization of forests to supplement livelihoods of millions of poor people. In addition, the poor rely on biomass and coal as their primary source of energy for cooking and heating. The incomplete and inefficient combustion of solid fuels results in the emissions of health-damaging pollutants and greenhouse gases. The indoor air pollution as a result, is causing deaths due to chronic respiratory diseases with women and children suffering disproportionately (United Nations, 2005g).

Outcome 14: Halted the decline of forest resources

Indicator 86: Proportion of households using fuel wood
Method of computation

The number of households using fuelwood for cooking or heating divided by the total number of households. This can be computed by sub-national area.

Sources of data
Socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track indirectly the halting or reversing the decline of forest resources.

Indicator 87: Proportion of forest area designated for conservation of biological diversity

Method of computation
The forest area designated for conservation of biological diversity divided by the total area under forest cover.

Sources of data
Service statistics of the department of forests; the department of survey.

Relevance of the indicator to the MDGs
Helps to track indirectly the halting or reversing the decline of forest resources.

Indicator 88: Proportion of planted forest area

Method of computation
The area of planted forests divided by the total area under forest cover.

Sources of data
Service statistics of the department of forests; the department of survey.

Relevance of the indicator to the MDGs
Helps to track indirectly the halting or reversing the decline of forest resources.

Indicator 89: Proportion of households using gas or electricity

Method of computation
The number of households using mainly gas or electricity for cooking or heating divided by the total number of households. This can be computed by sub-national area.

Sources of data
Socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track indirectly the extent of emissions of greenhouse gases.

Indicator 90: Proportion of households using biomass fuels for indoor cooking and heating

Method of computation
The number of households using biomass fuels (wood, charcoal, crop residues and dung) for indoor cooking or heating divided by the total number of households. This can be computed by sub-national area.

Sources of data
Socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track indirectly the extent of emissions of greenhouse gases.

J. Goal 7: Targets 10 - 11

Issue 16: Although the ESCAP region as a whole has made considerable progress, of the 1.1 billion people without access to safe water, nearly two thirds live in Asia. With regard to sanitation, the coverage remains low with two thirds of the population in South Asia lack access to improved sanitation. Access to improved sanitation in rural areas is often less than half that of urban areas. The gap is particularly wide in Eastern and Southern Asia. Sharing of a safe drinking water and sanitary facility by a large number of people is one of the major concerns (United Nations, 2005g). It not only contributes to disease but is also a grave loss of dignity particularly to young girls and women.

Outcome 16: Improved access to safe drinking water and basic sanitation

Indicator 91: Percentage of households having access to a private source of safe water

Method of computation
The number of households having access to a private source of safe water (household connection, borehole, protected dug well, protected rainwater collection) divided by the total number of households. This can be computed by urban and rural, and sub-national area.

Sources of data
Socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track the progress towards improving environmental sanitation.

Indicator 92: Percentage of households having access to a private source of toilet

Method of computation
The number of households having access to a private source of toilet (public sewer or septic system, flush latrines, simple pit or ventilated improved pit latrines) divided by the total number of households. This can be computed by urban and rural, and sub-national area.

Sources of data
Socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track the progress towards improving environmental sanitation.

Issue 17: Slum settlements take many forms ranging from pavement dwellers to packed dilapidated housing. Disease and mortality in slum areas is often much higher than that of rural areas. South Asia has the largest population living in slums, over 250 million in 2001. Due to its population size, Asia will continue to hold the majority of slum dwellers for some time to come (United Nations, 2005g).

Outcome 17: Reduced proportion of slum dwellers

Indicator 93: Proportion of population living in slums
Method of computation The number of people living in slums divided by the total population. This can be computed by urban and rural areas. *Sources of data* Socio-economic surveys; census of population. *Relevance of the indicator to the MDGs* Helps to track the progress towards improving urban environmental sanitation.
Indicator 94: Proportion of housing units designated as slums
Method of computation The number of housing units designated as slums divided by the total number of housing units. This can be computed by urban and rural areas. *Sources of data* Socio-economic surveys; census of population. *Relevance of the indicator to the MDGs* Helps to track the progress towards improving urban environmental sanitation.

K. Goal 8: Targets 12 - 18

Issue 18: The partnership between developed and developing countries calls for more official development assistance, more open multilateral trade and financial systems, special needs of landlocked and small island developing nations and providing developing countries access to modern technology, medicines and employment opportunities to the growing young persons. Official development assistance has direct relevance to MDGs 1, 2, 4, 5, 6 and 7. Opening up of financial systems has an impact on transfer costs for migrant remittances and the establishment of legal channels for transfer of money. The greatest disadvantage of young people in terms of employment is found in Southern and South Eastern Asia. The gap between male and female unemployment rates have been widening in South Asia during 1993-2003 period (United Nations, 2005h).

Outcome 18: Increased development assistance

Indicator 95: Proportion of Official Development Assistance (ODA)
Method of computation

The amount of ODA in a given year divided by the Gross National Income during the same year.

Sources of data
Ministry of finance; the Central Bank.

Relevance of the indicator to the MDGs
Helps to track the extent of Overseas Development Assistance.

Indicator 96: Proportion of Official Development Assistance to Health including Reproductive Health

Method of computation
The amount of Official Development Assistance given to Health including Reproductive Health divided by the total development assistance in a given year.

Sources of data
Ministry of finance; the Central Bank.

Relevance of the indicator to the MDGs
Helps to track the extent of Overseas Development Assistance to health and RH.

Indicator 97: Proportion of net foreign direct investment (FDI)

Method of computation
The amount of net foreign direct investment inflows during a given year divided by the Gross National Income during the same year.

Sources of data
Ministry of finance; the Central bank.

Relevance of the indicator to the MDGs
Helps to track the extent of Foreign Direct Investment in the country.

Outcome 19: Further open trading and financial systems

Indicator 98: Proportion of transfer costs of migrant remittances

Method of computation
Transfer costs of migrant remittances in a given year divided by the total amount of transferred money at the point of transfer in the same year.

Sources of data
Ministry of finance; the Central Bank.

Relevance of the indicator to the MDGs
Helps to track the extent of net foreign earnings received by the country.

Outcome 20: Reduced unemployment rates of young persons

Indicator 99: Unemployment rate of youth aged 15-24 years

Method of computation
The number of unemployed persons aged 15-24 years divided by the labour force of those aged 15-24 years multiplied by 100. This can be computed by sex and sub-national area.

Sources of data
Census of population; labour force surveys; socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track the progress towards decent and productive work for youth.

Indicator 100: The ratio of youth unemployment rate to adult unemployment rate

Method of computation
The youth unemployment rate (age 15-24) divided by adult unemployment rate (25-49 years)

Sources of data
Census of population; labour force surveys; socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track the progress towards decent and productive work for youth.

Indicator 101: Proportion of young people employed in the informal sector

Method of computation
Unemployed persons aged 15-24 years employed in the informal sector divided by the total number of persons employed in the informal sector. This can be computed by sex.

Sources of data
Census of population; labour force surveys; socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track the progress towards decent and productive work for youth.

Indicator 102: Unemployment rate of disabled youth

Method of computation
The number of unemployed disabled persons aged 15-24 years divided by those disabled aged 15-24 years who are in the labour force multiplied by 100. This can be computed by sex and sub-national area.

Sources of data
Census of population; labour force surveys; socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track the extent of unemployment among disabled youth.

Outcome 21: Increased access to affordable essential drugs

Indicator 103: Proportion of generic antiretroviral drugs used

Method of computation

The amount of generic antiretroviral drugs used on HIV patients divided by amount of antiretroviral drugs used.

Sources of data
Ministry of health.

Relevance of the indicator to the MDGs
Helps to track the access to affordable drugs.

Outcome 22: Increased access to modern technologies

Indicator 104: Proportion of population aged 15-24 years who are computer literate

Method of computation
The number of young persons aged 15-24 years who are computer literate divided by the total population aged 15-24 years.

Sources of data
Census of population; socio-economic surveys.

Relevance of the indicator to the MDGs
Helps to track the availability of new technologies.

Indicator 105: Proportion of secondary school children given basic computer education

Method of computation
The number of secondary school children receiving basic computer education in a given year divided by the total number of secondary school children in the same year.

Sources of data
Ministry of education.

Relevance of the indicator to the MDGs
Helps to track the availability of new technologies to school children.

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APPENDIX I

List of Indicators and their Relevance to the Millennium Development Goals

	Indicator	Relevance of Indicator to the MDGs
1.	Proportion of women in non-agricultural employment	Helps to track poverty reduction at the household level
2.	Proportion of women in unpaid family work	Helps to track poverty at the household level
3.	Proportion of female headed households	Helps to track the degree of poverty at the household level
4.	Proportion of indigenous people (ethnic groups) whose income is less than the national poverty level.	Helps to track the degree of poverty of indigenous or ethnic groups
5.	Proportion of population living in urban slums	Helps to track the degree of poverty in urban areas
6.	Unemployment rate of urban youth	Helps to track the degree of poverty of urban households
7.	The number of internally displaced persons by ethnic group	The number of internally displaced persons by ethnic group
8.	The proportion of government poverty alleviation funds allocated to persons with disabilities.	Helps to track the reduction of poverty among disabled persons
9.	Unemployment rate of disabled youth	Helps to track the degree of poverty among disabled young persons
10	Availability of a national strategy on prevention of causes of disability and rehabilitation for persons with disabilities.	Helps to track the commitment of governments towards the welfare of disabled persons

APPENDIX I (continued)

List of Indicators and their Relevance to the Millennium Development Goals

	Indicator	Relevance of Indicator to the MDGs
11	Proportion of elderly receiving social security benefits from the government	Helps to track the extent of poverty among the elderly
12	Proportion of elderly whose income is less than one US $ per day.	Helps to track the degree of poverty among the elderly
13	Proportion of elderly population with personal care difficulties	Helps to track the social dimension of poverty
14	Index of Activities of Daily Living (ADL) among the elderly	Helps to track the social dimension of poverty
15	Proportion of elderly living with their children or grandchildren	Helps to track the dependence of the elderly on others in daily living
16	Proportion of elderly living with spouse only	Helps to track the level of independence and welfare of the elderly
17	Proportion of elderly living in an institution	Helps to track the extent of institutional care available to the elderly
18	Proportion of elderly living alone	Helps to track the level of independence and welfare of the elderly
19	Proportion of foreign remittances from migrant workers to the GDP	Helps to track indirectly the extent of poverty alleviation. Higher the proportion better it is in terms of poverty alleviation at family and national level.
20	Proportion of skilled migrant workers	Helps to track the level of poverty alleviation at the family level

APPENDIX I (continued)

List of Indicators and their Relevance to the Millennium Development Goals

Indicator		Relevance of Indicator to the MDGs
21	Proportion of pregnant women who are anemic	Helps to track the level of nutrition of mothers and their children
22	Proportion of low birth weight babies	Helps to track the level of nutrition of mothers and infant children
23	Proportion of households using iodized salt	Helps to track the extent of micronutrient supplementation at the household level
24	Proportion of children suffering from diarrhea	Helps to track indirectly the contributory factor for underweight children
25	Literacy rate of those aged 10-19 years	Helps to track indirectly the extent of enrolment to primary education
26	Proportion of married females aged 15-44 years who have had education beyond the primary level.	Helps to track indirectly the extent of enrolment to primary education. As it has been found that mothers with some education give value to education and see that their children attend school.
27	Proportion of children under five years of age in the household	Helps to track indirectly the enrolment in primary education. For it has been found that where there are other siblings of under five years of age in the household, the chances of elder children attending school regularly are poor. This is particularly so for girls who are often compelled to stay at home and look after younger siblings to enable the mother to go to work.
28	Proportion of primary school children receiving supplementary feeding in school	Helps to track indirectly the enrolment in primary education. For it has been found that school enrolment and attendance can be improved through supplementary feeding in school

APPENDIX I (continued)

List of Indicators and their Relevance to the Millennium Development Goals

Indicator		Relevance of Indicator to the MDGs
29	Per capita government expenditure in primary education	Helps to track indirectly the enrolment in primary education. For more resources per student would improve quality of education and encourage parents to send their children to school.
30	Legislation on compulsory primary education in place	Helps to track indirectly the enrolment in primary education.
31	Proportion of females enrolled in secondary level education	Helps to track indirectly the gender parity in secondary education.
32	Proportion of females enrolled in tertiary level education	Helps to track indirectly the gender parity in tertiary education.
33	School drop out rate at secondary level	Helps to track indirectly the gender parity in secondary education. Particularly if there are differentials in drop out rates by sex.
34	Average distance in Km. to a secondary school	Helps to track indirectly the gender parity in secondary education. For girls may not go for secondary education due to security reasons if secondary schools are far from home
35	Labour force participation rate of children	Helps to track indirectly the gender parity in secondary education. For disproportionately both boys and girls aged 10-14 years participate in the labour force
36	Proportion of population aged 15-24 years who have completed ten years of schooling	Helps to track indirectly the gender parity in secondary education.
37	Proportion of women aged 60 years and over who are single	Helps to track indirectly the social status of elderly women

APPENDIX I (continued)

List of Indicators and their Relevance to the Millennium Development Goals

Indicator		Relevance of Indicator to the MDGs
38	Proportion of women aged 60 years and over who are Widowed	Helps to track indirectly the social status of elderly women
39	Unemployment rate of young women	Helps to track the economic status of young women
40	Proportion of females employed in professional and managerial occupations in the service sector	Helps to track the economic status of women
41	Proportion of migrant females working abroad as domestic workers	Helps to track the social status of migrant women. Higher the proportion, lower will be the social status of migrant women
42	Proportion of women parliamentarians holding positions of power	Helps to track the status of women in positions of power
43	Proportion of women holding office in workers' organizations	Helps to track the status of women in positions of power
44	Proportion of urban women working in the informal sector occupations	Helps to track the economic status of urban women
45	Neonatal mortality rate	Helps to track early childhood mortality
46	Early neonatal mortality rate	Helps to track early childhood mortality
47	Proportion of children who are exclusively breast fed for six months	Helps to track indirectly early childhood mortality

APPENDIX I (continued)

List of Indicators and their Relevance to the Millennium Development Goals

Indicator		Relevance of Indicator to the MDGs
48	Proportion of children suffering from acute respiratory infections	Proportion of children suffering from acute respiratory infections
49	Proportion of households with children under five years of age using boiled water for drinking	Helps to track indirectly early childhood mortality
50	Proportion of children under five years of age whose growth is monitored	Helps to track the prevention of childhood mortality
51	Proportion of HIV positive pregnant mothers given antiretroviral therapy	Helps to track the prevention of childhood mortality
52	Proportion of households with children under five years of age using insecticide-treated mosquito nets to prevent malaria	Helps to track the prevention of childhood mortality
53	Proportion of households with children under five years of age distributed with oral re-hydration therapy packets	Helps to track the prevention of childhood mortality
54	Total fertility rate	Helps to track the prevention of maternal mortality. For excessive childbearing affects the health of the woman.
55	Adolescent fertility rate	Helps to track the prevention of maternal mortality. For risk to the mothers health is higher in the 15-19 age group.
56	Proportion of births to adolescents	Helps to track the prevention of maternal mortality

APPENDIX I (continued)

List of Indicators and their Relevance to the Millennium Development Goals

	Indicator	Relevance of Indicator to the MDGs
57	Proportion of high risk births to women	Helps to track the prevention of maternal mortality
58	Proportion of married women using modern methods of contraception	Helps to track the prevention of maternal mortality. For it prevents unwanted births
59	Unmet need for contraception	Helps to track the prevention of maternal mortality. For if the need is satisfied, it prevents unwanted births
60	Proportion of service delivery points offering at least 3 modern methods of contraception	Helps to track the prevention of maternal mortality. For greater choice prevents unwanted births
61	Proportion of births occurring in health institutions	Helps to track the prevention of maternal mortality. For institutional care minimizes the risks associated with child birth.
62	Proportion pregnant women who had at least two prenatal visits attended by trained health personnel during the last completed pregnancy	Helps to track the prevention of maternal mortality. For prenatal care helps to identify some of the risks associated with child birth.
63	Percentage of population within 2 hours travel distance of basic Emergency obstetric care (EmOC)	Helps to track the prevention of maternal mortality. For EmOC helps to deal with some of the risks associated with child birth.
64	Proportion of Caesarean section births	Helps to track the prevention of maternal mortality. For Caesarean section births particularly in rural areas indicates the control of some of the risks associated with child birth.
65	Percentage of pregnant women given tetanus immunization	Helps to track the prevention of maternal mortality. For tetanus immunization prevents some of the risks associated with child birth.

APPENDIX I (continued)

List of Indicators and their Relevance to the Millennium Development Goals

Indicator		Relevance of Indicator to the MDGs
66	Proportion of women visited by trained health workers at least once during the post-natal period	Helps to track the prevention of maternal mortality. For post-natal visits attended by trained health personnel prevents some of the risks associated after child birth.
67	Proportion of maternal deaths due to induced abortions	Helps to track the prevention of maternal mortality. For reduction of septic abortions prevents maternal deaths.
68	Proportion of maternal deaths due to hemorrhage during delivery	Helps to track the prevention of maternal mortality. For reduction of hemorrhage during delivery prevents maternal deaths.
69	Proportion of population served by a field Midwife	Helps to track the prevention of maternal mortality. For close supervision of mothers by midwifes helps to improve maternal health.
70	Percentage of Adolescents with access to RH services	Helps to track the improvement of maternal health and morbidity of young girls.
71	Percentage of reduction in HIV prevalence among young people	Helps to track the progress towards halting or reversing the spread of HIV/AIDS among young people
72	Percentage of pregnant women with access to basic package of HIV prevention services	Helps to track the progress towards halting or reversing the spread of HIV/AIDS.
73	Percentage of service delivery points providing VCT services and condoms together	Helps to track the progress towards halting or reversing the spread of HIV/AIDS
74	Proportion of female sex workers reporting the use of a condom with their most recent client	Helps to track the progress towards halting or reversing the spread of HIV/AIDS

APPENDIX I (continued)

List of Indicators and their Relevance to the Millennium Development Goals

Indicator		Relevance of Indicator to the MDGs
75	Proportion of sex workers who are HIV positive	Helps to track the prevalence of HIV/AIDS.
76	Proportion of young persons aged 15-24 years tested positive for HIV	Helps to track the prevalence of HIV/AIDS among young people.
77	Proportion of women aged 15-49 knowledgeable of the means of transmission of HIV/AIDS	Helps to track the progress towards halting or reversing the spread of HIV/AIDS.
78	Proportion of women aged 15-49 years knowledgeable of the methods prevention of HIV infection	Helps to track the progress towards halting or reversing the spread of HIV/AIDS.
79	Proportion of households using insecticide-treated mosquito nets	Helps to track the progress towards halting of the spread of malaria
80	Proportion of pregnant women treated with at least two doses of anti-malarial drugs	Helps to track the progress towards halting of the spread of malaria
81	Proportion of children under five years with fever treated with anti-malarial drugs	Helps to track the progress towards the halting the spread of malaria
82	Proportion of TB patients receiving supervised treatment	Helps to track the progress towards the halting the spread of TB
83	Proportion of population covered by government health education programmes promoting healthy lifestyles to prevent non-communicable diseases	Helps to track the progress towards halting the spread of non-communicable diseases

APPENDIX I (continued)

List of Indicators and their Relevance to the Millennium Development Goals

Indicator		Relevance of Indicator to the MDGs
84	Proportion of those detected having hypertension taking regular medication	Helps to track the progress towards halting the spread of non-communicable diseases
85	Proportion of those detected having diabetes taking regular medication	Helps to track the progress towards halting the spread of non-communicable diseases
86	Proportion of households using fuel wood	Helps to track indirectly the halting or reversing the decline of forest resources
87	Proportion of forest area designated for conservation of biological diversity	Helps to track indirectly the halting or reversing the decline of forest resources
88	Proportion of planted forest area	Helps to track indirectly the halting or reversing the decline of forest resources
89	Proportion of households using gas or electricity	Helps to track indirectly the extent of emissions of greenhouse gases
90	Proportion of households using biomass fuels for indoor cooking and heating	Helps to track indirectly the extent of emissions of greenhouse gases
91	Percentage of households having access to a private source of safe water	Helps to track the progress towards improving environmental sanitation
92	Percentage of households having access to a private source of toilet	Helps to track the progress towards improving environmental sanitation
93	Proportion of population living in slums	Helps to track the progress towards improving urban environmental sanitation
94	Proportion of housing units designated as slums	Helps to track the progress towards improving urban environmental sanitation

APPENDIX I (continued)

List of Indicators and their Relevance to the Millennium Development Goals

Indicator		Relevance of Indicator to the MDGs
95	Proportion of Official Development Assistance (ODA)	Helps to track the extent of Overseas Development Assistance
96	Proportion of Official Development Assistance to Health including Reproductive Health	Helps to track the extent of Overseas Development Assistance to health and RH
97	Proportion of net foreign direct investment (FDI)	Helps to track the extent of Foreign Direct Investment in the country
98	Proportion of transfer costs of migrant remittances	Helps to track the extent of net foreign earnings received by the country
99	Unemployment rate of youth aged 15-24 years	Helps to track the progress towards decent and productive work for youth
100	The ratio of youth unemployment rate to adult unemployment rate	Helps to track the progress towards decent and productive work for youth
101	Proportion of young people employed in the informal sector	Helps to track the progress towards decent and productive work for youth
102	Unemployment rate of disabled youth	Helps to track the extent of unemployment among disabled youth
103	Proportion of generic antiretroviral drugs used	Helps to track the access to affordable drugs
104	Proportion of population aged 15-24 years who are computer literate	Helps to track the availability of new technologies
105	Proportion of secondary school children given basic computer education	Helps to track the availability of new technologies to school children.