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Joint UNECE/UNICEF/UNDP Meeting of the
South East European and CIS countries
to discuss the challenges that the monitoring
of Millennium Development Goals (MDG)
is bringing to statisticians
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**ASSESSMENT OF CAPACITY OF COMMONWEALTH INDEPENDENT STATES AND
SOUTH EAST EUROPEAN COUNTRIES TO PRODUCE MDG-RELEVANT STATISTICS**

DRAFT FOR DISCUSSION

Introduction

1. This paper reports the results of an assessment that UNECE has conducted jointly with UNICEF and UNDP regional offices on the capacity of CIS and SEE countries to produce MDG statistics and indicators. This assessment was requested by the Bureau of the Conference of European Statisticians in 2005.
2. The results presented here are based on the replies received by countries to a questionnaire that UNECE addressed to national statistical offices in their role of coordinators of national statistical systems. The questionnaire aimed at collecting information on member states' data production and dissemination in the main areas relating to MDG (poverty, hunger, education, gender equality, child mortality, maternal health, HIV/AIDS and other diseases, environment, ITC, slums, unemployment). The objective of the questionnaire was not only to assess the current availability and quality of MDG indicators, but to also evaluate the capacity of countries to routinely produce the underline statistics needed to produce the MDG indicators in a sustainable way.
3. The questionnaire covered three areas:
 - Data Production: availability and quality of main sources providing official statistics on MDG related areas (sample surveys, censuses, administrative data),
 - Availability of indicators for monitoring MDGs and their level of disaggregation,
 - National system/process for MDG monitoring and data dissemination and the role of the national statistical office.

4. The questionnaire was sent to 20 CIS and SEE countries and to the UN administrated region of Kosovo. Replies were received by all countries but not Turkmenistan. Two countries (Bulgaria and Bosnia and Herzegovina) and the UN administrated region of Kosovo did not provide a reply to Section 2.

5. The information received through the questionnaire was not all of the same quality. Although all the efforts have been made to assure the consistency of the information presented, some mistakes may still be included. If any inconsistency is detected in this draft, please write to Mr. Enrico Bisogno (enrico.bisogno @unece.org).

I. Main statistical challenges to monitor MDG's in SEE and CIS countries

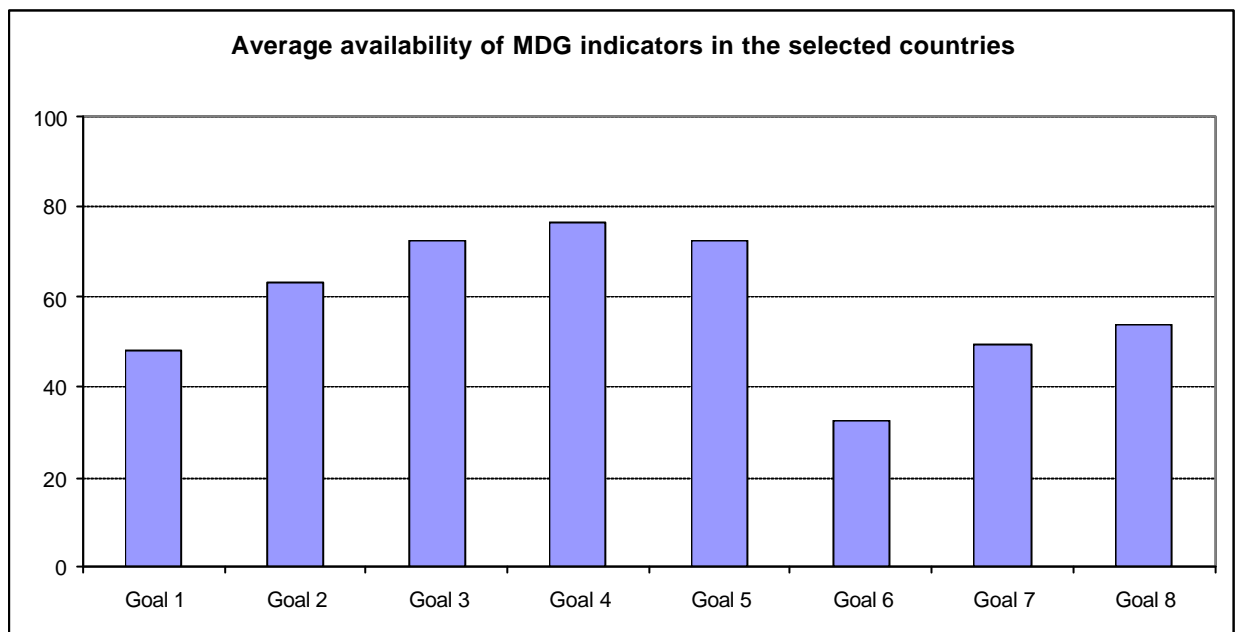
1. Availability of MDG indicators

6. The average availability of MDG indicators in the countries of the region is equal to 52.1%, which means that countries have at least one data-point for one out of two indicators, for the period 1990-2005.

7. As the graph 1.1 shows, the availability of MDG indicators varies considerably across the subject areas identified by the eight Millennium Goals, with the indicators on HIV/Aids and other communicable diseases (Goal 6) showing the lowest degree of availability. The lack of data for some of the indicators makes the monitoring of goal 6, 7 and 8 problematic. For goal 1 there is a low availability of the standard indicators but these are often substituted with additional national indicators which provide the relevant data to better monitor goal 1.

8. Within the indicators included in the standard framework to monitor MDG, there are few that are nearly absent in any of the CIS and SEE countries. These are:

- Condom use at the last high-risk sex
- Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14
- Proportion of population in malaria risk areas using effective malaria prevention and treatment measures
- Proportion of TB cases detected and cured under DOTS
- Proportion of people with access to secure tenure



9. The availability of MDG indicators also varies across the countries, reaching the highest levels in CIS countries, on average 62-63%, and the lowest peak in Western Balkans (around 36%), while countries of South-eastern Europe are in intermediate position (some 46%).

10. As it will be shown in the successive paragraphs, there are various reasons why many of the MDG indicators are not available:

- Lack of primary sources: in some instances, especially for data on HIV/AIDS and other communicable diseases as well as for environmental statistics, it appears that the basic infrastructures to collect the data on a regular basis are not in place
- Non-fully efficient use of available data sources: sometimes the underline data to compute indicators or to disaggregate them by sub-groups are available, but are not fully utilized. In other cases the potential sources for measuring some of the indicators are in place, but either are not fully exploited to include the topics that are MDG-relevance or their quality (in terms of coverage for administrative records and sample size for surveys) is not sufficient to utilize the data to calculate the indicators.
- Some MDG indicators are not fully relevant to countries: in some cases countries do not produce the global standard MDG indicators because they do not fit to their needs. This applies for example to data on income-poverty based on international thresholds, for which alternative indicators better suited to national situations and needs are often produced.

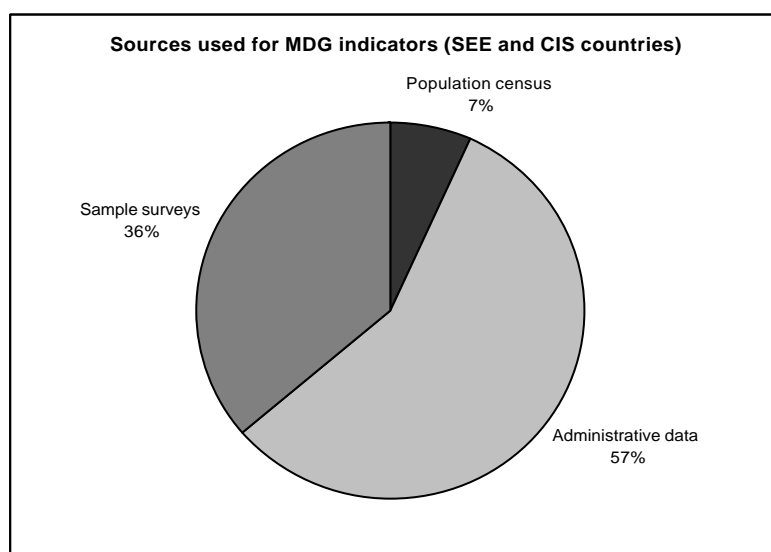
2. Data quality of MDG indicators

11. In order to assess the capacity of the countries to monitor MDG, it is not sufficient to look only at the availability of indicators, but it is also important to assess the quality of the existing MDG-related data in terms of accuracy, periodicity and accessibility.

Accuracy

12. The accuracy of the MDG indicators depends on the specific sources used by countries. As graph 1.2 shows, countries in the region predominantly used administrative sources to calculate MDG indicators, while household surveys were used to a lesser extent. Population censuses are used as direct source of MDG data only in few areas, mainly literacy and housing¹.

Graph 1.2. Sources used to produce the available MDG indicators in SEE and CIS countries



Challenges related to the accuracy of indicators derived from administrative sources:

- Use of administrative sources to measure topics that would be better measured through population-based data collections (sample surveys and population censuses). Topics such as unemployment, contraceptive prevalence, accessibility and use of IT have different meanings if measured through administrative sources or population-based data collections. Registered unemployment for example counts people who fulfil the requisites determined by the administration (which may vary across countries), while unemployment measured through surveys or censuses is normally consistent with the internationally standard ILO conditions. In general, administrative data depend on national regulations, which normally have an impact on the actual coverage of the data (for example, some population groups may have more incentives to use public services than others); moreover administrative procedures varies across countries and in time, thus deteriorating data quality and comparability;
- Data collected through administrative sources do not comply with standard definitions. In some cases, administrative data are the best source for MDG data, as for example for indicators on school enrolment and mortality. Problems arise when definitions used in countries are different from those internationally recommended: for example, in three countries data on child and

¹ The importance of Population and Housing Census for MDG monitoring is not limited to providing direct estimates of MDG indicators. Please see “*Indicators for Millennium Development Goals (MDG) and population censuses in SEE and CIS countries*”, paper prepared by the ECE Secretariat for the forty-fourth plenary session of the Conference of European Statisticians. <http://www.unecce.org/stats/documents/2006.06.ces.htm>.

maternal mortality are not in line with international standards because the definition of live births adopted by national reporting systems is different from the definition recommended by WHO;

- Insufficient coverage of the administrative records. Many of the SEE and CIS countries have inherited a very rich system of administrative records, however, due to the current use of obsolete technologies or lack of resources some of these systems do not cover 100% of the events. This particularly applies to indicators in the health area, such as HIV/AIDS and tuberculosis. On average only about half of the countries reported the full coverage² of the events and few countries reported a coverage lower than 80%.

Challenges related to the accuracy of indicators derived from sample surveys:

- Small sample size. An increasing number of CIS and SEE countries have established a regular programme of household surveys. The most popular household surveys are the Household Income and Expenditure Surveys (HIES), the Living Standards Measurement Survey (LSMS), and the Labour Force Surveys (LFS). All countries regularly carry out HIES and/or LSMS, while three countries (Albania, Belarus and Uzbekistan) have never conducted a LFS. Few other countries carry out LFS on an ad-hoc basis depending on donors' support. Although these surveys have greatly improved the regular supply of social indicators, the sample size used is sometimes not large enough to ensure the production of reliable estimates for complex indicators, such as poverty measurements. For example the average sample size for HIES or LSMS-type surveys is of around 10,000 households, but for half of the countries the sample size is less than 5,000 households (for five countries is less than 3,000 households³). Remarkably, sample size is on average even lower for other surveys such as health or nutrition surveys (on average 3,500 households).
- Obsolete sampling frame. Not all the countries in the region can rely on a frame of sufficient quality for sample surveys, either because a population census was not recently carried out (as in Bosnia-Herzegovina and Uzbekistan), or because other frameworks based for example on the population register or voters' list, are not of enough quality.
- Concepts/questions used. For some typologies of surveys like HIES, LSMS and LFS there is a high degree of standardization at the international level, in terms of contents, definitions and questions. This does not necessarily apply for other surveys, as in the case of surveys measuring ITC use by households, and the data produced cannot always ensure the desired accuracy. Moreover, specific problems exist in the questions on sensitive issues such as ethnicity and religion, for which the methods/questions used are not always in line with international standards.

13. Some of the MDG indicators are expressed as a proportion or percentage of either the total population or a sub group of the population⁴. The quality of these indicators do not depend only on the numerator which can be calculated using administrative records or sample surveys, but also on

² Between 98 and 100% of cases

³ The HIES is carried out on a monthly basis in Kyrgyzstan and on a yearly basis in Tajikistan, however, their sample size is only around 1,000 households.

⁴ An example is the indicator on net enrolment ratio in primary education used to monitor goal 2. The denominator refers to the number of enrolled students within the appropriate age cohort and the denominator refers to number of children of primary school age.

the numerator and the accuracy of the total population counting. After the 2000 census round many of the SEE and CIS countries could obtain reliable figures on the total counting of the population, but these figures did also highlight the inconsistency existing in some countries with the estimates provided before the census. Few countries are experiencing difficulties in revising the population series according to the benchmark of the 2000 census and this affects the comparability of the data before and after the census for the population count and all the MDG indicators based on this count. There are also two countries that have never carried out a census since their creation and for them the issue of the quality of the MDG indicators based on the population count is of particular importance.

Periodicity

14. Given that available indicators are based on either administrative sources or on regular household surveys, in most cases data are available every year, the most remarkable exceptions are the indicators based on censuses (mainly literacy and in few countries youth unemployment, share of women in wage employment in the non-agricultural sector, access to water and sanitation), or those relying on internationally-sponsored surveys such as MICS or DHS (mainly, HIV knowledge, underweighted children, contraceptive prevalence rate, maternal mortality), which are usually carried out every five years.

15. The longest time series (from 1990 and even before) are available for the indicators that are derived by long-standing administrative systems. These are the indicators related to prevalence and death rate of tuberculosis, infant, under-five, and maternal mortality, although there are some exceptions for few countries and few indicators. In some countries the availability of data on enrolment ratio goes also back to 1990, but some of the countries can produce the indicator on net enrolment ratio in primary education only more recently (after 1995 and 2000) because data on enrolment by age is needed to calculate this indicator.

16. Other indicators, although based on administrative sources, started to be of a concern only more recently and therefore have started to be calculated at the end of the 90s. These indicators relate to the use and access of IT and HIV/AIDS.

17. Most of the indicators derived from household surveys started to be available on average from 1995 to 2000. These are for example indicators related to income-poverty and nutrition, youth unemployment, share of women in wage employment in the non-agricultural sector, and contraceptive prevalence,

Accessibility

18. From available information, it is not possible to assess the overall accessibility of MDG indicators but two important indications come from replies provided by countries:

- 1/6 of available MDG indicators are not officially published by the national statistical system. The subject areas with the lowest proportions of published data to available data are environment and HIV/AIDS

- Two thirds of the countries have issued official national publications to assess the status of MDG and half of them have also developed a dedicated MDG database which seven out of 10 are disseminated using DevInfo. In general, the national statistical office is well involved in the activities related to MDG monitoring. Only in one country the NSO is not included in the national MDG Committee, and in three countries it was not involved in the preparation of the national MDG Report.

3. International comparability

19. The availability of indicators and data that can be compared across countries can provide important indications to national governments dealing with the implementation and/or the evaluation of policies and programmes. From international comparisons many lessons can be learnt at the national level, but this can happen only if statistical data are comparable between different countries. Data produced by countries are not always internationally comparable, mainly because of two reasons:

- country data primarily respond to country information needs, which are not always in line with international requirements/standards.
- country data are conditioned by national statistical capacity, which is not always sufficiently developed to adhere to international standards.

20. The indicators on income-poverty used to monitor goal 1 by the countries of the region are a typical example of the first case: indicators adopted at the international level, such as proportion of population living with less than 1 or 2 PPP\$ per day, are not relevant in a national perspective and particularly in the CIS and SEE region, where poverty thresholds are. Countries tend to use national poverty lines, identified in close relationship with the economic and social condition of the country. Different approaches are taken and different measures of poverty are calculated: absolute, extreme or relative, thus making direct international comparisons very difficult.

21. In other cases, countries are not able to produce internationally comparable data due to their statistical capacity and history. This may happen for various reasons but these are usually related with the utilization of data derived from administrative sources, which are more difficult to change and adapt to international standards. One of the areas where CIS and SEE countries had to change their practices to adopt to international standards is infant mortality. Many of the countries in the region have now officially adopted the WHO definition of live birth and stillbirth or will do so soon⁵. However, adoption is not the same as proper implementation, which requires the training of medical staff, enhanced administrative systems and effective monitoring mechanisms, including, for example, measures to ensure that all infants' life signs and weights are fully recorded. The indicator calculated to measure goal 4 on infant mortality is still affected by the transition to the new practice.

⁵ Armenia, Kazakhstan and Uzbekistan have not yet implemented the new definition.

4. Disaggregation of MDG indicators

22. There is a strong interest to monitor MDG's not only at country level but also in relation to some sub-populations, as identified by geographical regions or individual characteristics such as sex and ethnicity. The issue of inequality is of growing importance in many countries and relevant data are needed to monitor social disparities.

23. On average, half of available MDG indicators can be provided at a more disaggregated geographical level, be it according to sub-national or urban and rural areas. The same proportion of MDG indicators can also be disaggregated by sex, even if some problems still remain for indicators that are typically compiled at household level, such as poverty and housing. Low proportions of data disaggregated by sex are also available for ICT indicators, since they are often derived from administrative sources.

24. Data by ethnicity are still a big challenge for the future since there are very few indicators available according to this variable. Moreover, the accuracy of the few indicators available by ethnicity is to be verified since they are often derived from administrative sources and, given the sensitivity of this issue, these sources may have problems in reflecting the ethnic affiliation of individuals.

5. Availability of selected additional indicators

25. The availability and use of 30 additional indicators was investigated with the purpose of understanding the relevance of the MDG indicators adopted at the global level to the region. The additional indicators were identified among those that were selected by at least one country of the region for its national MDG framework (*list to be attached*).

Table A-1. Overall availability of the standard and additional indicators for the MDG Goals.

Goal	1	2	3	4	5	6	7	8
% of the available standard indicators	48	63	72.5	77	72.5	32.5	49	54
% of the available additional indicators	53	42	44	75	53	29	40	25

26. On average, these additional indicators are available in the countries of the region to the same extent as the standard MDG indicators. This is not a surprise considering that some countries are already using these indicators monitor the national MDG's but it shows anyhow that there is already a set of indicators reflecting specific information needs that are shared by the countries of the region.

27. The additional indicators that are most common in the countries of the region are presented in table 1.1. by goal.

Table 1.1. Availability of the most common additional indicators used to monitor MDG in CIS and SEE countries

	Additional indicator	Number of countries where the indicators are available
Goal 1	Extreme poverty	9
	Absolute poverty	12
	Relative poverty	11
Goal 2	Net enrolment ratio for secondary education	15
Goal 3	Gender pay gap	13
	Percentage of women among employers	11
Goal 4	Prenatal mortality rate per 1,000 live births	17
	Breast-feeding rate	13
Goal 5	Number of induced abortions	14
Goal 6	New AIDS reported cases	12
Goal 7	Proportion of population with sustainable access to piped water	11

II. Availability and data sources of MDG indicators by goal

2.1 Goal 1 'Eradicate extreme poverty and hunger'

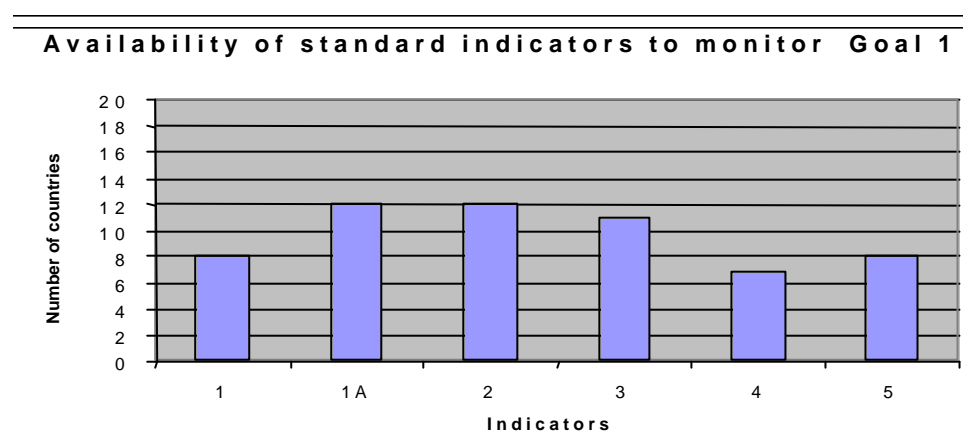
<i>Targets</i>	<i>Indicators</i>
<ol style="list-style-type: none"> 1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day; 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger. 	<ol style="list-style-type: none"> 1. Proportion of population below \$1 (PPP) per day <ol style="list-style-type: none"> 1A. Poverty headcount ratio 2. Poverty gap ratio (incidence x depth of poverty) 3. Share of poorest quintile in national consumption 4. Prevalence of underweight children (under-five y. of age) 5. Proportion of population below minimum level of dietary energy consumption

Availability

28. Graph 1 shows the availability of indicators to monitor Goal 1 for 20 countries that responded to the questionnaire, as measured in terms of countries reporting to have at least one data point in the period 1990-2005.

29. Indicator 1 (proportion of population below US\$ 1 per day) has been reported as available by only 8 of the 20 countries. This can be explained by the fact that this poverty threshold does not reflect an adequate level of subsistence in many CIS and SEE countries. In fact cold weather requires more resources for heating, clothes and food, compared to other regions.

30. The figures on availability of indicators 1A, 2 and 3 on income poverty for at least one point in time are somewhat higher, but do not exceed 60% of the surveyed countries. Countries where the gaps are higher are those of the former Yugoslavia (except for Serbia and Montenegro) as well as Uzbekistan and Tajikistan, which calculate only one indicator or no indicators at all. On the other hand, countries such as Turkey, Moldova, Belarus, Kyrgyzstan, Armenia, and Azerbaijan should be highlighted as computing at least 5 of the 6 underlying standard indicators.



Graph 1. Availability of standard indicators for Goal 1

31. In order to measure trends indicators should be available for at least two points in the time-period: in those countries where MDG indicators for Goal 1 are available, they are usually computed on an annual basis for the most recent years since they are based on surveys that are currently conducted every year. The percentage of countries that have at least one data point for the decade 1990-2000 is much lower, usually around 50%, thus not allowing a comparison a longer time scale.

32. On the basis of the analysis of the replies from the countries the limited availability of data for one or more of the standard indicators to monitor Goal 1 can be summarized as following:

- Relevance. Some of the indicators do not address the dimension of poverty existing in the countries and therefore are not used to monitor goal 1.

Examples:

Romania, the indicators 4 and 5 on nutritional status, are not considered relevant for goal 1
Ukraine have not calculated indicator 'Proportion of population below \$1 per day' since 2003, due to insignificant number of households below this level.

- Lack of internationally comparable data. The majority of the countries in the region started to collect data on income poverty only after 1995. Although a lot of progress has been made in the application of international standards in this field there are few countries that are still improving the compliance of their data collection with international standards.
- Use of different indicators. Countries reported the use of indicators that are outside the global framework and are more relevant to their needs

Example:

The Russian Federation, reported the use of 24 additional national indicators to better reflect the depth, structure, gender, ethnic and geographical distribution of poverty.

- A limited capacity to regularly produce some of the indicators. Although some of the countries have conducted surveys that can provide data for the standard MDG indicators, these surveys are often heavily based on donor-support and are implemented on ad-hoc basis rather than on a regular basis

Example:

Only 2 countries (Azerbaijan and Kyrgyzstan) have the capacity to produce 'Prevalence of underweight children (under-five y. of age)' on the basis of their own annual surveys. Other 5 countries, where this indicator has been computed, have to rely on surveys sponsored by international organizations and the indicator is available only for those years when such surveys can be conducted.

Periodicity and time frame

33. In general, very few indicators are available before 1995 (for 2-3 countries only). Most indicators have been reported since 2001. Apart from the indicator on underweighted children, calculated mainly on the basis of MICS or DHS surveys conducted every 3-5 years, other indicators are computed annually.

Sources and quality of data

34. The main sources used to produce indicators for goal 1 are Household Income and Expenditure Survey (HIES) and Living Standard Measurement Survey (LSMS). These produce 76.6% of the standard indicators.

Indicator	HIES	LSMS	MPS	MICS	DHS	Unspecified source
1	5	2	1	-	-	-
1.A	6	4	1	-	-	1
2	6	4	1	-	-	1
3	6	4	1	-	-	-
4	1	-	1	3	1	1
5	4	3	1	-	-	-
Total	28	17	6	3	1	3
Total (in %)	48.3%	29.3%	10.3%	5.2%	1.7%	5.2%

Table 1. Distribution of the 58 available income– poverty and hunger indicators according to the data source.

Note: figures in columns represent the numbers of countries calculating the indicators on the basis of the respective survey.

35. These surveys are conducted on an annual basis in 19 out of the 20 countries. The remaining country (Bosnia and Herzegovina) has conducted a sample surveys twice during the period 2000-2004. For half of the countries annual data on income-poverty were available before 1995, while the other half started to conduct household budget or living standard surveys during the second half of 1990's – beginning of 2000's. Multi-indicator cluster surveys (MICS), Demographic and Health Surveys (DHS), and Diet and Nutrition Surveys (DNS) complemented the information needed to monitor Goal 1 providing data on nutritional status of the children and the total population. They were conducted, respectively, in 8, 6, and 3 counties.

36. When considering the topics investigated by the surveys, household consumption/income and food consumption were covered in 19 of 20 countries⁶, while weight of individuals was covered in at least 13 countries. Comparing these figures with the actual availability of indicators related to goal 1, it appears data collected in the surveys have not always been fully used to compute MDG indicators. However, it should also be noted that in some countries the sample size of the surveys is still very small (around 1,000 households) and this limits their use for calculating many of the indicators which require information on different sub-population groups and topics and therefore need large sample sizes. This partially explains why, despite the surveys that could potentially produce the indicators are conducted on a regular basis, many of the indicators for goal 1 are still not available in a large number of countries. In fact only 52% of the indicators for goal 1 are calculated out of those that could potentially be produced using the available surveys.

⁶ Reply from Bulgaria is missing

Disaggregation

37. Concerning the availability of indicators disaggregated according to sub-population groups, it can be noted that urban/rural differences are taken in consideration in 70% of the indicators, sub-regional disaggregations are provided by 57% of indicators and gender disparities are shown for 43% of the indicators. Only 7% of indicators can measure income-poverty differences for different ethnic groups⁷.

Additional indicators

38. In order to have a better picture on the extent to which countries use indicators that are outside the framework of the 48 indicators developed a global level, the questionnaire included some questions on additional indicators. For Goal 1 the following additional indicators were considered:

- I.A. Extreme poverty
- I.B. Absolute poverty
- I.C. Relative poverty

39. Given the limited relevance of the PPP\$ 1 poverty threshold for the region, these three indicators were largely used by the large majority of the countries. 15 of 20 (75%) countries calculate at least one of these three indicators, for 10 countries (50%) at least two indicators are available and all three indicators have been reported by 7 countries (35%). As far as individual indicators are concerned, the countries are distributed as follows: 60% of countries compute the absolute poverty indicator, 57% compute the relative poverty indicator and 45% the extreme poverty indicator.

2.2 Goal 2: 'Achieve universal primary education'

<i>Targets</i>	<i>Indicators</i>
3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.	6. Net enrolment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15-24 years old

⁷ For disaggregation issues, the share of indicators is determined as the ratio between the number of disaggregated indicators to the total number of available indicators for the relevant Goal.

Availability

40. Data for monitoring the Goal related to education are based on enrolment ratio (indicator 6) measured through administrative records. At present, at least one data point for this indicator is available for 65% of countries (13 out of 20).

41. The youth literacy rate (indicator 8), which reflects the outcomes of primary education over the previous 10 years or so, is available for at least one year in 70% of countries (14 out of 20). The indicator on proportion of pupils starting grade 1 who reach grade 5 assess the internal efficiency of the educational system can be produced by 55% of the countries (11 out of 20).

Sources and quality of data

42. All 17 the countries that replied to the relevant section of the questionnaire reported the availability of administrative data to calculate the indicator on primary school enrolment on annual basis. For the overwhelming majority of countries, administrative data on enrolment cover 98-100% of children of the target group and can produce data disaggregated by age and sex. However, some countries have problems in producing accurate net enrolment ratios because of uncertain population estimates: in particular countries experiencing high emigration rates are facing big problems in producing annual population estimates by age and sex with a negative impact on the net enrolment ratios.

43. With regard to indicator 7 'Proportion of pupils starting grade 1 who reach grade 5', data are collected through administrative registers in 9 of 11 countries. DHS and MICS-type surveys may, in principle, serve as an alternative data source. However, such surveys were not mentioned as a source for this indicator in the replies received from the countries.

44. Concerning the indicator on youth literacy, the population census is the main source of data. 11 countries derived it from the census and two countries obtained the data from household surveys (LFS, LSMS). Although data based on population census can not be produced more often than every 10 years, it should be noted that indicators on youth literacy calculated in many but not all countries of the region show very high level of literacy (close to 99%). This makes less relevant a more frequent measurement of this indicator.

Periodicity and time frame

45. The use of administrative records to collect information on enrolment and pupils starting grade 1 who reach grade 5 assure the availability of the indicators on an annual basis, but for only 35-40% of the countries, these indicators are available for years before 2001. Data on youth literacy can largely be produced only every 10 years, when the census is carried out although, literacy rates

for young generations may change more quickly than adult literacy rates do, and therefore need to be measured more often. Only in 2 countries (Albania and Turkey) inputs from more frequently conducted household surveys are used for annual estimates of indicator youth literacy.

Disaggregation

46. In general, the standard educational indicators are available disaggregated by sex (82%), rural/urban (63%) and sub-regional (68%). While disaggregation by ethnicity is available only for 8 % of the indicators. This despite the fact that ethnicity is recorded in the educational administrative systems in some of the countries.

Example:

None of the countries reported the availability of the indicator on school enrolment by ethnicity. However, five countries reported that they maintain a registration system on education where ethnicity is recorded.

Additional indicators

47. The availability and relevance of the following additional indicators was explored in the questionnaire sent to countries:

- II.A. Net enrolment ratio in secondary education
- II.B. Attendance ratio in primary education
- II.C. Attendance ratio in secondary education

48. The Indicator II.A related to secondary education is widely used by countries to monitor goal 2 and it seems to better fit the level of development of CIS and SSEE countries than the standard indicator on primary enrolment:

- 11 countries (55%) use both indicators related to primary and secondary levels of education;
- 4 countries (20%)⁸ use only indicator II.A on the enrolment in secondary education;
- 2 countries (10%)⁹ use only the indicator on primary education;
- the remaining 3 countries did not reply

49. The use of indicators on school attendance is not very common. The purpose of these indicators is to measure the day-to-day participation in a formal course of study and the actual process of learning. This should complement the information provided by the enrolment that refers to the registration of pupils into a level of schooling. Indicators on attendance (II.B, C) are used by only 5 countries (25%) to monitor goal 2.

⁸ Serbia and Montenegro, Russian Federation, Belarus, Uzbekistan

⁹ Ukraine and Azerbaijan

50. Reliable attendance data can be collected mainly through surveys or censuses. However, not all countries include this topic in their household surveys. In 6 out of the 20 responding countries (35%) attendance has never been collected. Among the remaining 14 countries only Turkey uses household survey's data (LFS) for computing indicators on attendance. Three more countries (Albania, Romania, Armenia) have used administrative data, including exhaustive surveys of all school units. Among the other 10 countries that have reported the availability of attendance data, nine do not use this information to monitor goal 2.

Standard indicators + additional indicators

51. Considering the standard and the additional indicators, on average, countries have available between three to four indicators to measure the goal on education. A comparison between sub-regions is shown below in table 2. However, it should be noted, that, within each region, there are large differences.

Example:

Among the Balkan countries, Albania reported the availability of 7 indicators to monitor goal 2, while Bosnia and Herzegovina did not report any indicator, but the average comes to 2.8 indicators per country in the region.

Regions	Average number of indicators per country
Balkan countries	2.8
South-East Europe	4.3
European CIS	2.5
Caucasian CIS	4.7
Central Asian CIS	3.5
All 20 countries	3.4

Table 2. Average number of available indicators per country (including additional national indicators) by sub-region

52. Looking at other areas of education that could potentially be explored to make the monitoring of goal 2 more in line with the needs of the countries, it should be noted that in 14 out of the reporting 20 countries, regular statistics on the number of teachers are maintained, which generally cover 98-100% of the school units. At the same time, data on class sizes and drop-outs are available only for a range of 35-45% of countries.

Goal 3 'Promote gender equality and empower women'

<i>Targets</i>	<i>Indicators</i>
<p>4. Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015.</p> <p>The monitoring of gender equality in CIS and SSEE countries is performed through the assessment of the participation of women and men in the labour market and education by means of 4 standard and 4 additional indicators.</p>	<p>9. Ratio of girls and boys in primary, secondary and tertiary education</p> <p>10. Ratio of literate females to males of 15-24 years old</p> <p>11. Share of women in wage employment in the non-agricultural sector</p> <p>12. Proportion of seats held by women in national parliament</p>

Availability

53. The indicator related to gender differences in primary, secondary and tertiary education is available for all the 17 countries that replied the relevant section of the questionnaire. The other indicators are available for 13-14 countries (65-70%), which is very similar to the availability of standard indicators for Goal 2. But it should be noted that in few countries some of these indicators are not available because they are not considered relevant although there is the capacity to produce them.

Examples:

54. Ukraine and The Russian Federation do not use the indicator on share of women in wage employment in the non-agriculture sector to monitor goal 3. However, they have been undertaking monthly or quarterly LFS since 1995 (Ukraine) or 1992 (The Russian Federation) which would give them the necessary data to calculate this indicator.

Sources and quality of data

55. The indicators related to gender disparities in education (9 and 10) are derived from the same sources as the indicators on enrolment and literacy (6-8) for Goal 2. They are calculated on the basis of the administrative records maintained by the ministries of education or population censuses. So, the considerations made on the sources of indicator to monitor goal 2 can be extended to the first two indicators of goal 3.

	LFS	Other household surveys (LSMS, HIES, etc.)	Administrative data, exhaustive enterprise surveys or statistical records of legal entities	Population censuses	Mixed sources (EbES, administrative data, household survey)	Unspecified source of original data
Standard indicator 11	6	1	3	-	1	2
Additional indicators III.A-D	16	2	7	2	4	4
Total	22 indicators	3 indicators	10 indicators	2 indicators	5 indicators	6 indicators
Total (%)	45.8%	6.25%	20.8%	4%	10.4%	12.75%

Table 3. Distribution of the available gender – labour indicators, according to the data source.

Note: the total number of the available indicators for 20 countries is 48.

56. As shown in table 3, Labour Force Surveys (LFS) is the main source of data for indicator 11 'share of women in wage employment in the non-agricultural sector'. Six out of the reporting 13 countries calculate this indicator on the basis of LFS.

57. Three countries in the region have never conducted a LFS, four countries had the first LFS after 2000 but in 15 countries (88%), a LFS is currently undertaken at least once a year. In 11 countries such surveys are fully financed by the Government. These are European CIS and South Europe countries, Kazakhstan, and some countries of the former Yugoslavia.

57. Around 30% of the countries have carried out at least a LFS, but do not have the indicator on wage employment available. This is due to different reasons:

- The indicator is not relevant for monitoring goal 3 in the countries (examples: Ukraine and The Russian Federation)
- A LFS has been conducted only recently¹⁰ and the data needed to construct the indicator have not yet been processed
- The sample size of the LFS does not allow to properly calculate the indicator

Data for indicator 12 come from the records of national parliaments.

¹⁰ For example in Bosnia and Herzegovina and Tajikistan the first LFS has been conducted in 2005 and 2004.

Periodicity and time frame

58. The indicators related to education which are compiled from administrative systems are available for more than a half of the countries prior to 1995. 80% of the countries have them from at least 2001. For the indicators on wage employment and parliamentary seats, data are available before 1995 for only two and four countries. By 2001, these figures eight and seven countries, respectively.

59. Except for indicator 10 on gender literacy which is mainly calculated on the basis of population censuses every 10 years, most countries now can calculate the indicators to monitor goal 3 on an annual basis.

Additional indicators

60. The availability and relevance of the following additional indicators to monitor goal 3 have been explored:

- III.A. Women's wage as a percentage of men's (gender pay gap)
- III.B. Percentage of women among employers
- III.C. Percentage of women in managerial positions
- III.D. Percentage of women in informal employment

61. The rationale used to explore these indicators is linked to the particular situation in the CIS and SEE region where the gender differences are not much related to the accessibility of the labour market but rather to the segregation within the labour market.

62. The indicators that have been most used by countries to make the monitoring of goal 3 more relevant, are the gender pay gap (65% of countries) and the percentage of women among employers (55% of countries). The percentage of women in managerial positions and the percentage of women in informal employment were used by 30% and 25% of countries respectively. Only two countries (Turkey and Romania) can produce some of these additional indicators before the mid 1990's. The large majority of countries can calculate these indicators starting the end of 1990-beginning of 2000.

63. Data for the additional indicators to monitor goal 3 were obtained from population censuses, labour force surveys, enterprise censuses and surveys, administrative records and official estimates based on results of several sources. Table 3 shows a distribution of the additional indicators (III.A-D) according to their data source.

Goal 4 ‘Reduce child mortality’

<i>Targets</i>		<i>Indicators</i>	
5.	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.	13.	Under-five mortality rate
		14.	Infant mortality rate
		15.	Proportion of 1 year old children immunized against measles

Availability

64. For this Goal, the percentage of the reported standard indicators (77%) is the highest among all the Goals (see Table A1 in Annex). Indicators on under-five and infant mortality are available for at least one point in time in 16 out of 17 countries, which have replied to the relevant section of the Questionnaire (reply from Croatia is missing). 14 out of the 17 reporting countries have data for at least one point in time for the indicator on proportion of 1 year old children immunized against measles.

Sources and quality of data

65. A high capacity to produce the indicators on child mortality is due to the fact that almost all SSEE and CIS countries have inherited a very comprehensive system of administrative records able to produce a large number of vital and health statistics. At least 75-80% of countries maintain official statistics on child and prenatal mortality, immunization in the framework of their national health registration system. For prenatal care, the data are much more limited (available only in 6 countries). Except for Armenia, Kazakhstan and Uzbekistan, all other countries have now officially adopted the WHO definition of live birth and stillbirth. However, only in half of the countries the administrative records have a full coverage of the events. According to UNICEF¹¹, under-five and infant mortality as defined by international standards is in many countries of the CIS and SEE higher than the one officially reported by the administrative records. Reasons vary from the use of different definitions, to the disincentives of reporting infant deaths. Infant mortality can be estimated using sample surveys such as MICS and DHS. In countries where these surveys have been carried out, data estimated using survey data show higher rates of infant mortality than the data calculated through the administrative records¹².

¹¹ *The State of the World's Children 2006*, UNICEF Publication (http://www.unicef.org/publications/index_30398.html)

¹² See ECE MDG Report 2006

66. National statistical systems do not rely on MICS and DHS surveys to calculate the indicators on infant and under-five mortality. Administrative records have historically been the only source for these indicators. In addition, MICS and DHS surveys are often conducted only with the support of the donors every five years and although national statistical offices are fully involved in their implementation, they are not included in the National Statistical Plan of the countries.

Periodicity and time frame

67. Prior to 2001, 13 of the 16 reporting countries have data available for the indicators related to infant and under-five mortality and 11 countries have data for the indicator on immunization. Almost all the indicators are available on an annual basis, as they are derived from administrative data.

Disaggregation

68. In general, 60% of the indicators on mortality are available disaggregated by sex, rural/urban and sub-regional areas. Disaggregation by ethnicity is available for 20 % of the indicators. Although still low, this percentage is higher than for other Goals.

Additional indicators

69. The availability and relevance of the following additional indicators to monitor goal 4 were explored in the questionnaire:

IV.A. Breast-feeding rate

IV.B. Prenatal mortality rate per 1000 life births

70. As indicated in Table A-1 in annex, the availability of the additional indicators for Goal 4 is comparable to the availability of the standard ones and much higher than the availability of other Goals' additional indicators. All 17 countries which replied to the relevant section of the questionnaire reported the availability of prenatal mortality rate, probably due to easy access of the data being this topic included in the national health registration systems. 13 countries compute the indicator on breast-feeding. Although, the relevant data are not always included in administrative statistics. Five countries in fact use household surveys data to construct this indicator (for example, FYR of Macedonia, Serbia and Montenegro, Albania).

Goal 5 'Improved maternal health'

<i>Targets</i>		<i>Indicators</i>	
6.	Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	16.	Maternal mortality ratio
		17.	Proportion of births attended by skilled health personnel

Availability

71. The two indicators on maternal mortality and births attended by skilled health personnel, are available for 15 and 14 countries, respectively. All countries of Central Asia and most of CIS countries and Albania calculate both indicators.

72. The lack of the data is mainly in South Europe and in the countries of the former Yugoslavia, except for the FYR Macedonia and Serbia and Montenegro.

Examples:

There is no information on the availability of the indicator on maternal mortality from Croatia and Bulgaria. The UN Administrated Province of Kosovo reported the existence of an administrative system to report births attended by skilled personnel but the non availability of the indicator related to the same topic. This may due to the low coverage of the administrative system assessed between 80-89% of cases. Turkey does not have data on maternal mortality due to the lack of a registration system to record maternal deaths.

Sources and quality of data

73. Vital and health registration systems can serve as data sources for both indicators of goal 5 if properly designed and maintained. 15 countries have reported that they maintain such systems. The age of the women is recorded in all these systems, while ethnicity is recorded in only five countries. For the proportion of births attended by skilled health personnel, the age is recorded in four countries and ethnicity in only one.

74. Despite the wide availability of administrative sources to monitor goal 5, only in half of the countries these sources cover 98-100% of the events. This heavily affects the quality of the data. As for Goal 4, sample surveys such as MICS and DHS, can provide additional data to complement and/or assess the administrative data. A question on maternal mortality was included in surveys in five countries, but these data were not used to produce the official data for maternal mortality. Survey questions on the births attended by skilled health personnel, were included in 11 countries, but only two (Albania and Turkey) calculate the standard MDG indicator using the survey data. The

remaining nine countries either calculate the indicator using administrative data (e.g., Macedonia, Romania, Republic of Moldova, Armenia) or do not have the underline data to calculate the indicator (Georgia).

Disaggregation

75. Given a limited access of women to health services in rural areas, it is important to provide urban/rural disaggregation when computing the standard indicators for goal 5. Data for maternal mortality are available disaggregated by urban and rural area in 70% of the countries while for the indicator on births attended by skilled personnel the same percentage is only 40%. Sub-regional disaggregation can be produced by 60% of countries for maternal mortality and by 50% of the countries for the other indicators. The same percentages go down to 20 and 7% for the availability of data disaggregated by ethnicity.

Periodicity and time frame

76. Thanks to the inherited system of administrative records, prior to 2001 indicators on maternal mortality and on qualified birth attendance were reported by 13 and 11 countries, respectively. These indicators are calculated annually by all countries, except Turkey where they computed every 5 years on the basis of the DHS.

Additional indicators

77. The availability and relevance of the following additional indicators to monitor goal 5 were explored in the questionnaire:

V.A. Teenager pregnancy rate

V.B. Number of induced abortions

V.C. Proportion of pregnant women under medical monitoring (until the third month of pregnancy)

78. Among these additional indicators, the number of induced abortions is the one most used (14 countries) to monitor goal 5. About 60% -70% of countries calculating the additional indicators can produce figures before 2001. However, data for these additional indicators can hardly be provided disaggregated by sub-population groups. Only one or two countries can provide urban/rural disaggregations.

Goal 6 ‘Combat HIV/AIDS, malaria and other diseases’

<i>Targets</i>		<i>Indicators</i>	
7.	Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	18.	HIV prevalence among 15-24 years old pregnant women
8.	Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	19.	Condom use rate of the contraceptive prevalence rate
		19A.	Condom use at last high-risk sex
		19B.	Percentage of population aged 15-24 y.o. with comprehensive knowledge of HIV/AIDS
		19C.	Contraceptive prevalence rate
		20.	Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 y.o.
		21.	Prevalence and death rates associated with malaria
		22.	Proportion of population in malaria risk areas using effective malaria prevention and treatment measures
		23.	Prevalence and death rates associated with tuberculosis
		24.	Proportion of TB cases detected and cured under DOTS

Availability

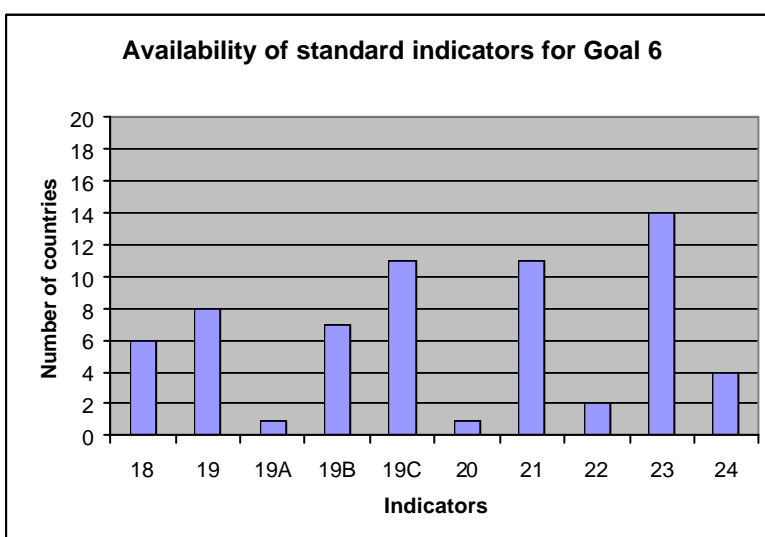
79. The indicators 19, 19A-C measure the level of population’s knowledge of HIV/AIDS and of adequate behaviour to avoid the HIV/AIDS infection. Indicator 18 is used to measure the spread of the HIV epidemic (the infection rate for pregnant women is used as a proxy of the overall rate of the adult population). Indicators 21-24 allow to monitor the spread of malaria and tuberculosis which have been increasing over the last two decades in SSEE and CIS countries as well as to estimate the extent to which internationally recommended control and treatment strategies are applied to prevent/cure these diseases.

80. The availability of the standard indicators to monitor Goal 6 is the lowest among all goals: data are available for only 32.5% of all indicators (see Table A-1 in the Annex). Graph 2 shows the availability of each indicator for at least one point in time for the 20 reporting countries.

81. The poor availability of data on HIV/AIDS is particularly striking taking into account that estimates provided by UNAIDS show a dramatic increase in the epidemic in recent years. According to UNAIDS, some of the CIS countries are experiencing the world’s fastest growing HIV/AIDS epidemic while the number of officially detected cases underestimates the spread of infection in many countries.

82. With regard to the indicators related to HIV/AIDS (18, 19, 19A -C), the most available indicator is contraceptive prevalence rate and it is available in only half of the countries. Indicators on “condom use at last high-risk sex” and “ratio of school attendance of orphans to school attendance of non-orphans aged 10-14” are hardly available in any country. Looking at the distribution of the available indicators by country, six countries (30%) account for 70% of the available indicators (24 out of 34 indicators). All six indicators are computed in Armenia. Albania, Romania, while Turkey can produce four indicators. Serbia and Montenegro and Kyrgyzstan can calculate three indicators. Other countries compute very few or no indicators.

83. Indicators on malaria are not relevant for many countries, which are not located in the highly endemic regions. However, data on prevalence and death associated to malaria are available for many of the CIS countries, Turkey and FYROM for historical reasons given the very old series available. However, data on current prevention practices are not available given the low relevance of the topic in the region today. Indicators 23 and 24 on tuberculosis have become more and more important since the beginning of 1990’s, following the re-emergence of the disease among the general population due to the dramatic socio-economic changes, the impoverishment of the population and deterioration of health systems.



Graph 2. Availability of standard indicators for goal 6 at least one point in time

Sources and quality of data

84. One of the main reasons for the gaps in the standard HIV/AIDS indicators is the absence of mechanisms to collect the relevant data or their low reliability. Only 10 countries indicated that they have surveillance sites to monitor HIV/AIDS. In addition, the data collected through official statistics count only the reported cases, which greatly underestimate the spread of HIV/AIDS. This is due to the lack of anonymous tests as well to the limited coverage of high-risk groups.

85. In eight countries where indicators related to the use of contraceptives and knowledge of HIV/AIDS are available, the main sources are MICS, DHS, Reproductive Health Survey (RHS), and other surveys¹³ that are carried out on an ad-hoc basis or with a periodicity of five years. Surveys are the best tool to collect this information, but few CIS countries also reported administrative records or the ministry of health as the source. In countries where indicators on contraceptive and HIV/AIDS knowledge are not available or have been based on administrative records, either the relevant surveys have not been recently conducted (Kyrgyzstan, Russian Federation), or the surveys have been conducted very recently and the data are not yet available (Belarus, Republic of Moldova, Georgia), or HIV/AIDS-related issues were not covered by the surveys (Azerbaijan, Ukraine, Croatia, Bosnia and Herzegovina).

86. In all countries where data are available on tuberculosis the source is health/vital statistic registration. However, only in a half of countries the registration cover between 98-100% of the events. Therefore, there is the risk that some countries underestimate tuberculosis prevalence and mortality.

Periodicity and time frame

87. The years 1999 and 2000 were the starting point for the calculation of HIV/AIDS indicators in most countries. Only 1-3 countries can report data before 1999. Where the data are based on ad-hoc surveys the indicators are available for only one year¹⁴, while the availability of the indicators is every five years if this is the periodicity of the survey. Indicators obtained on the basis of administrative data are calculated annually.

88. For a vast majority of countries, indicators on prevalence and death rates of malaria and tuberculosis have been calculated as of 1990 and several CIS countries have computed these indicators since as early as 1960's. The indicator on proportion of TB cases detected and cured under DOTS has become available since 2001.

¹³ Moldova for example carried out a Knowledge Attitude and Practice Survey

¹⁴ Data for the indicator on HIV/AIDS knowledge for example are available in Tajikistan only for the year 2000 when a MICS was carried out and in Turkey only for the year 1998 when a DHS was carried out.

Disaggregation

89. Despite the importance of looking at urban/rural differences in issues related to health where for example the rural population may have limited access to health facilities, only 40% of the standard indicators used to monitor goal 6 can be disaggregated by urban/rural area. Sub-regional and sex disaggregations can be provided for 54% of the indicators while indicators disaggregated by ethnicity are available only in the 3% of the cases.

Additional indicators

90. The availability and relevance of the following additional indicators to monitor goal 6 were explored in the questionnaire:

- VI.A. New HIV infections
- VI.B. New AIDS reported cases
- VI.C. HIV prevalence in most-at-risk-groups
- VI.D. Percentage of mother-to-child transmission
- VI.E. Government funding for HIV/AIDS
- VI.F. HIV education in schools
- VI.G. Percentage of population in most-at-risk groups with comprehensive knowledge of HIV/AIDS
- VI.H. Mortality rate caused by malignant tumours
- VI.I. Number of children orphaned by AIDS

91. On average, only 29% of the countries use these additional indicators to monitor goal 6. Indicators related to new HIV infections or ADIS cases and mortality caused by malignant tumours are derived from the standard health registration systems and therefore are more available (in 10-12 countries and generally since 1995). While indicators that require more detailed administrative data (such as HIV mother-to-child transmission) or are related to specific population groups (most-at-risk-groups) are less available (for only 2-6 countries and mainly after 1999).

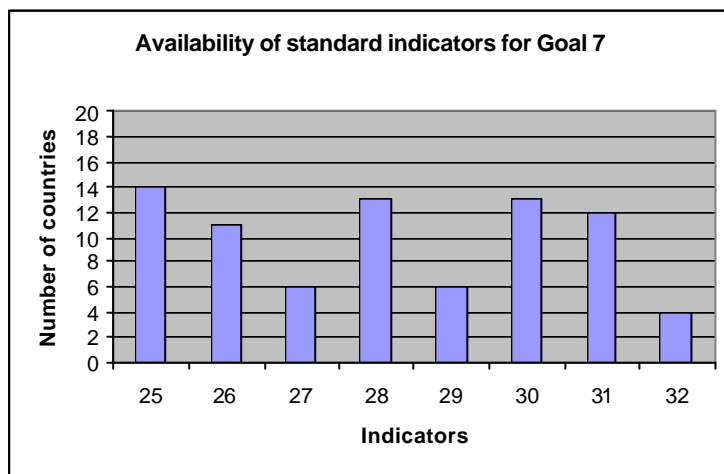
Goal 7 'Ensure environmental sustainability'

<i>Targets</i>		<i>Indicators</i>	
9.	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	25.	Proportion of land area covered by forest
		26.	Land area protected to maintain biological diversity
		27.	Energy use per 1\$ GDP (PPP)
10.	Halve, by 2015, the proportion of	28.	Carbon dioxide emissions (per capita)

<p>people without sustainable access to save drinking water</p> <p>11. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</p>	<p>29. Proportion of population using solid fuels</p> <p>30. Proportion of population with sustainable access to an improved water sources</p> <p>31. Proportion of population with access to improved sanitation</p> <p>32. Proportion of people with access to secure tenure</p>
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Availability

92. The average availability of the indicators for goal 7 is the same as for the indicators of goal 1. About 13 countries have 4 or more of the standard indicators for at least one point in time. Seven countries can produce at least six of the eight indicators. The situation on environmental sustainability is best monitored in European CIS and Central Asia, where on average five to six indicators are available for each country. Countries of other regions can produce on average 3 indicators.



Graph 3. Availability of standard indicators for goal 7 at least one point in time

93. As it is shown in graph 3, the main gaps relate to the energy use for 1\$ GDP (PPP), proportion of population using solid fuels, and proportion of people with access to secure tenure. These are due to the lack of proper data sources, but also to the perceived low relevance of some of the topics (particularly the use of solid fuel and secure tenure¹⁵), and the lack of internationally comparable data.

¹⁵ The indicator on secure tenure is defined as 100 minus the percentage of the urban population that lives in slums. Although the definition of slums encompasses concepts related to housing conditions such as access to water, sanitation, density, it is often perceived in many CIS and SEE countries that slums population is an issue relevant only to other regions of the world.

Sources and quality of data

94. Indicators on land area covered by forest, land area protected to maintain biological diversity, energy use, and carbon dioxide emissions are exclusively based on administrative data collected by the relevant ministries (environment, energy, etc.). For the other indicators two types of sources are used: administrative systems and household surveys and population and housing censuses (see table 3).

HIES	LSMS	Censuses	MICS	MPS	Administrative data	Unspecified source	Total
10	8	3	2	2	7	3	35

Table 3. Distribution of the available indicators related to living conditions (29-32) for goal 7 according to the data source for the 20 reporting countries.

95. According to the table, the large majority of the indicators on living conditions (about 70%) have been calculated on the basis of household surveys (in the first place, HIES and LSMS) and 20% have been obtained from administrative data.

Periodicity and time frame

96. At least a half of the reporting countries have the two indicators on land area (25 and 26) available before 2001. The large majority of the other indicators are also available before 2001, except for the indicator on the use of solid fuel.

97. Out of 79 available standard indicators, 51 (65%) are available on an annual basis. Those mainly are the indicators on living condition and carbon dioxide emission. Six of the remaining indicators are computed with a frequency of 3-5 or 10 years.

Disaggregation

98. 60% of the indicators used to monitor goal 7 can be presented disaggregated by urban and rural area. Other disaggregations by sex and ethnicity are not produced given the nature of the indicators.

Additional indicators

99. The availability and relevance of the following additional indicators to monitor goal 7 were explored in the questionnaire:

VII.A. Proportion of renewable energy sources

VII.B. Total greenhouse gas emissions

VII.C. Consumption of ozone depleting substance (gram per capita)

VII.D. Proportion of population with sustainable access to piped water

100. Except for Romania, Belarus, Armenia and Turkey, the majority of these additional indicators are not relevant for monitoring goal 7 in the responding countries. The most used indicator is on population with sustainable access to piped water (used in 11 countries) and the least used is the indicator on renewable energy sources (used in 5 countries). Where indicators are available, the most common sources of data are administrative data for the first three indicators, and household surveys/censuses for indicator on access to piped water. At least 9 countries started calculating the indicator on piped water before 2001.

Goal 8 'Develop a Global Partnership for Development'

<i>Targets</i>		<i>Indicators</i>	
16.	In cooperation with developing countries, develop and implement strategies for decent and productive work of youth	45.	Unemployment of young people aged 15-24 y.o.
17.	In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries	46.	Proportion of population with access to affordable essential drugs on a sustainable basis
18.	In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	47.	Telephone lines and cellular subscribers per 100 people
		48A.	Personal computers per 100 people
		48B.	Internet users per 100 people

Availability

101. Goal 8 encompasses a wide range of issues whose solution is a driving force behind long term sustainable economic growth and human development: success of strategies to create jobs for youth (indicator 45), access to modern technologies (indicators 47, 48A, B), decreasing mortality and morbidity by means of approved access to effective drugs and vaccines (indicator 46). On average, the availability of Goal 8 indicators is satisfactory (see Table A-1 in the Annex). Youth unemployment and telephone lines are reported by 15 of 17 countries. Indicators related to personal computers and use of internet are available for only 11 countries. The indicator on access to affordable essential drugs has the lowest availability and with only two countries being able to produce it (FYR of Macedonia and Kazakhstan¹⁶). In general, the indicators to monitor goal 8 are more available in European CIS and Central Asia.

¹⁶ However, the indicator calculated in Kazakhstan is based on a definition that is different from the international standard definition.

Sources and quality of data

102. For calculating youth unemployment, most countries use household surveys. For indicators on telephones, computer and internet household surveys and administrative data are equally used. Although the indicator on telephone lines and cellular subscribers can be easily measured through administrative records, the other two indicators on personal computer and internet users have a different meaning if calculated on the basis of administrative records or population-based data collections (surveys and censuses). Administrative records can give information on the supply of the tool (number of computers or internet connections in a country) but access and actual use of the technology can be measured only surveying the population. Some countries (e.g., Republic of Moldova, Belarus) calculate the indicators only on the basis of administrative records, while existing surveys may provide additional information.

Periodicity and time frame

103. Indicators on youth unemployment and telephone lines are available before 2000 for about half of the countries. Indicators related to more modern technologies (personal computers and internet) are not available before 2000. When available, indicators are mostly available on a yearly basis, particularly those based on administrative records. The exception is for the indicator on youth unemployment, which is calculated on the basis of the population census every 10 years in Belarus and on a non regular basis in other countries where a regular LFS programme has not yet been established.

Disaggregation

104. Rural/urban and geographical differences are taken into account for less than 50% of the available indicators.

Additional indicators

VIII.A. Amount of external debt

VIII.B. Net ODA

105. These indicators are hardly available in the reporting countries: data on external debt are available in 8 countries, while data on ODA is available in only 2 countries (Turkey and Albania). In general, the relevant data are very limited or simply not available with the national statistical office (e.g. countries of the former Yugoslavia, European CIS, Georgia, Uzbekistan, South Europe, except Turkey).

ANNEX

Table 1: availability and public release of MDG indicators

Goal	Indicator	Number of countries				Number of countries			
		Indicator available	Indicator not available	No answer	Total	Indicator published	Indicator not published	No answer	Total
Goal 1: Eradicate extreme poverty and hunger	1. Proportion of population below \$1 per day	8	8	4	20	6	10	4	
	1A. Poverty headcount ratio	12	4	4	20	11	5	4	
	2. Poverty gap ratio (incidence x depth of poverty)	12	4	4	20	10	6	4	
	3. Share of poorest quintile in national consumption	11	3	6	20	10	4	6	
	4. Prevalence of underweight children (under -five y. of age)	7	8	5	20	5	9	6	
	5. Proportion of population below minimum level of dietary energy consumption	8	7	5	20	7	7	6	
Goal 2: Achieve universal primary education	6. Net enrolment ratio in primary education	13	3	4	20	11	5	4	
	7. Proportion of pupils starting grade 1 who reach grade 5	11	6	3	20	8	8	4	
	8. Literacy rate of 15-24 years old	14	1	5	20	14	1	5	
Goal 3: Promote gender equality and empower women	9. Ratio of girls and boys in primary, secondary and tertiary education	17	0	3	20	14	2	4	
	10. Ratio of literate females to males of 15-24 years old	14	1	5	20	14	1	5	
	11. Share of women in wage employment in the non-agricultural sector	13	2	5	20	11	4	5	
	12. Proportion of seats held by women in national parliament	14	1	5	20	13	2	5	
Goal 4: Reduce child mortality	13. Under-five mortality rate	16	0	4	20	15	1	4	
	14. Infant mortality rate	16	0	4	20	16	0	4	
	15. Proportion of 1 year old children immunized against measles	14	0	6	20	13	1	6	
Goal 5: Improved maternal health	16. Maternal mortality ratio	15	1	4	20	15	1	4	
	17. Proportion of births attended by skilled health personnel	14	0	6	20	13	1	6	
Goal 6: Combat HIV/AIDS, malaria and other diseases	18. HIV prevalence among 15-24 years old pregnant women	6	8	6	20	6	8	6	
	19. Condom use rate of the contraceptive prevalence rate	8	6	6	20	5	7	8	
	19A. Condom use at last high-risk sex	1	11	8	20	1	11	8	
	19B. Percentage of population aged 15-24 y.o. with comprehensive knowledge of HIV/AIDS	7	6	7	20	6	7	7	

	19C. Contraceptive prevalence rate	11	4	5	20	9	5	6
	20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 y.o.	1	11	8	20	0	12	8
	21. Prevalence and death rates associated with malaria	11	3	6	20	10	4	6
	22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures	2	10	8	20	1	11	8
	23. Prevalence and death rates associated with tuberculosis	14	1	5	20	13	1	6
	24. Proportion of TB cases detected and cured under DOTS	4	8	8	20	4	8	8
Goal 7: Ensure environmental sustainability	25. Proportion of land area covered by forest	14	0	6	20	13	1	6
	26. Land area protected to maintain biological diversity	11	3	6	20	8	5	7
	27. Energy use per 1\$ GDP (PPP)	6	7	7	20	5	7	8
	28. Carbon dioxide emissions (per capita)	13	2	5	20	7	3	10
	29. Proportion of population using solid fuels	6	7	7	20	4	9	7
	30. Proportion of population with sustainable access to an improved water sources	13	1	6	20	12	1	7
	31. Proportion of population with access to improved sanitation	12	1	7	20	12	1	7
	32. Proportion of people with access to secure tenure	4	9	7	20	3	9	8
Goal 8: Develop a Global Partnership for Development	45. Unemployment of young people aged 15-24 y.o.	15	1	4	20	14	0	6
	46. Proportion of population with access to affordable essential drugs on a sustainable basis	2	11	7	20	2	11	7
	47. Telephone lines and cellular subscribers per 100 people	15	1	4	20	10	4	6
	48A. Personal computers per 100 people	11	4	5	20	9	5	6
	48B. Internet users per 100 people	11	2	7	20	10	2	8

Definition: indicator is considered as available when at least one data point is available for the period 1990-2005

Source: UNECE-UNDP-UNICEF assessment on statistical capacities to monitor MDG, 2006

Table 2: availability and public release of additional selected indicators

Goal	Indicator	Number of countries				Number of countries			
		Indicator available	Indicator not available	No answer	Total	Indicator published	Indicator not published	No answer	Total
Goal 1: Eradicate extreme poverty and hunger	I.A. Extreme poverty	9	6	5	20	8	7	5	20
	I.B. Absolute poverty	12	4	4	20	11	5	4	20
	I.C. Relative poverty	11	5	4	20	10	6	4	20
Goal 2: Achieve universal primary education	II.A. Net enrolment ratio in secondary education	15	1	4	20	10	5	5	20
	II.B. Attendance ratio in primary education	5	9	6	20	5	8	7	20
	II.C. Attendance ratio in secondary education	5	9	6	20	5	9	6	20
Goal 3: Promote gender equality and empower women	III.A. Women's wage as a percentage of men's	13	2	5	20	12	3	5	20
	III.B. Percentage of women among employers	11	3	6	20	9	5	6	20
	III.C. Percentage of women in managerial positions	7	4	9	20	7	4	9	20
	III.D. Percentage of women in informal employment	4	9	7	20	4	9	7	20
Goal 4: Reduce child mortality	IV.A. Breastfeeding rate	13	1	6	20	11	3	6	20
	IV.B. Prenatal mortality rate per 1000 live births	17	0	3	20	15	0	5	20
Goal 5: Improved maternal health	V.A. Teenager pregnancy rate	7	6	7	20	6	6	8	20
	V.B. Number of induced abortions	14	1	5	20	14	1	5	20
	V.C. Proportion of pregnant women under medical monitoring (until the third month of pregnancy)	11	3	6	20	11	3	6	20
Goal 6: Combat HIV/AIDS, malaria and other diseases	VI.A. New HIV infections	10	4	6	20	8	6	6	20
	VI.B. New AIDS reported cases	12	2	6	20	10	4	6	20
	VI.C. HIV prevalence in most-at-risk groups	5	8	7	20	5	8	7	20
	VI.D. Percentage of mother-to-child transmission	6	7	7	20	4	9	7	20
	VI.E. Government funding for HIV/AIDS	5	7	8	20	4	8	8	20
	VI.F. HIV education in schools	2	10	8	20	0	12	8	20
	VI.G. Percentage of population in most-at-risk groups with comprehensive knowledge of HIV/AIDS	1	11	8	20	1	11	8	20
	VI.H. Mortality rate caused by malignant tumours	11	3	6	20	11	3	6	20
	VI.I. Number of children orphaned by AIDS	0	12	8	20	0	12	8	20
Goal 7: Ensure environmental sustainability	VII.A. Proportion of renewable energy sources	5	9	6	20	3	8	9	20
	VII.B. Total greenhouse gas emissions	8	6	6	20	5	6	9	20
	VII.C. Consumption of ozone depleting substance (gram per capita)	8	6	6	20	5	7	8	20
	VII.D. Proportion of population with sustainable access to piped water	11	4	5	20	9	4	7	20

Goal 8: Develop a Global Partnership for Development	VIII.A. Amount of external debt (\$ millions)								
	VIII.B. Net ODA (\$ millions)	8	4	8	20	6	5	9	20

Definition: indicator is considered as available when at least one data point is available for the period 1990-2005

Source: UNECE-UNDP-UNICEF assessment on statistical capacities to monitor MDG, 2006

Table 3: availability of MDG according to additional classification variables

	Indicator	Number of countries according to the availability of MDG indicators by :							
		Sex		Ethnicity		Sub-national regions		Urban/Rural	
		Yes	No	Yes	No	Yes	No	Yes	No
Goal1: Eradicate extreme poverty and hunger	1. Proportion of population below \$1 per day	4	4	0	8	3	5	6	2
	1A. Poverty headcount ratio	6	6	2	10	8	4	9	3
	2. Poverty gap ratio (incidence x depth of poverty)	5	7	1	11	8	4	9	3
	3. Share of poorest quintile in national consumption	3	8	1	10	7	4	6	5
	4. Prevalence of underweight children (under-five y. of age)	5	2	0	7	3	4	6	1
	5. Proportion of population below minimum level of dietary energy consumption	2	6	0	8	4	4	5	3
Goal 2: Achieve universal primary education	6. Net enrolment ratio in primary education	11	2	0	13	7	6	7	6
	7. Proportion of pupils starting grade 1 who reach grade 5	8	3	0	11	9	2	6	5
	8. Literacy rate of 15-24 years old	12	2	3	11	10	4	11	3
Goal 3: Promote gender equality and empower women	9. Ratio of girls and boys in primary, secondary and tertiary education	15	2	0	17	9	8	9	8
	10. Ratio of literate females to males of 15-24 years old	13	1	3	11	9	5	11	3
	11. Share of women in wage employment in the non-agricultural sector	11	2	0	13	5	8	8	5
	12. Proportion of seats held by women in national parliament	10	4	1	13	3	11	2	12
Goal 4: Reduce child mortality	13. Under-five mortality rate	13	3	4	12	9	7	11	5
	14. Infant mortality rate	13	3	6	10	11	5	13	3
	15. Proportion of 1 year old children immunized against measles	1	13	0	14	6	8	4	10
Goal 5: Improved maternal health	16. Maternal mortality ratio	not relevant	not relevant	3	12	9	6	11	4
	17. Proportion of births attended by skilled health personnel	4	10	1	13	7	7	6	8
Goal 6: Combat HIV/AIDS, malaria and other diseases	18. HIV prevalence among 15-24 years old pregnant women	not relevant	not relevant	0	6	2	4	0	6
	19. Condom use rate of the contraceptive prevalence rate	3	5	0	8	5	3	2	6
	19A. Condom use at last high-risk sex	0	1	0	1	0	1	0	1

	19B. Percentage of population aged 15-24 y.o. with comprehensive knowledge of HIV/AIDS	3	4	0	7	2	5	3	4
	19C. Contraceptive prevalence rate	4	7	0	11	6	5	3	8
	20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 y.o.	1	0	0	1	1	0	1	0
	21. Prevalence and death rates associated with malaria	6	5	1	10	8	3	6	5
	22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures	0	2	0	2	0	2	0	2
	23. Prevalence and death rates associated with tuberculosis	12	2	1	13	9	5	9	5
	24. Proportion of TB cases detected and cured under DOTS	3	1	0	4	2	2	2	2
Goal 7: Ensure environmental sustainability	25. Proportion of land area covered by forest	not relevant	not relevant	not relevant	not relevant	9	5	1	13
	26. Land area protected to maintain biological diversity	not relevant	not relevant	not relevant	not relevant	4	7	0	11
	27. Energy use per 1\$ GDP (PPP)	not relevant	not relevant	not relevant	not relevant	1	5	0	6
	28. Carbon dioxide emissions (per capita)	not relevant	not relevant	not relevant	not relevant	4	9	1	12
	29. Proportion of population using solid fuels	0	6	0	6	1	5	3	3
	30. Proportion of population with sustainable access to an improved water sources	1	12	0	13	9	4	7	6
	31. Proportion of population with access to improved sanitation	1	11	0	12	9	3	8	4
32. Proportion of people with access to secure tenure	0	4	0	4	3	1	3	1	
Goal 8: Develop a Global Partnership for Development	45. Unemployment of young people aged 15-24 y.o.	13	2	1	14	6	9	10	5
	46. Proportion of population with access to affordable essential drugs on a sustainable basis	0	2	0	2	1	1	1	1
	47. Telephone lines and cellular subscribers per 100 people	1	14	0	15	7	8	6	9
	48A. Personal computers per 100 people	1	10	0	11	3	8	5	6
	48B. Internet users per 100 people	1	10	0	11	4	7	3	8

Source: UNECE-UNDP-UNICEF assessment on statistical capacities to monitor MDG, 2006

Table 4: number of countries according to source used to produce MDG indicators

	Indicator	Census	Administrative source	Household survey	No answer	Total
Goal 1: Eradicate extreme poverty and hunger	1. Proportion of population below \$1 per day	0	0	8	12	20
	1A. Poverty headcount ratio	0	0	11	9	20
	2. Poverty gap ratio (incidence x depth of poverty)	0	0	12	8	20
	3. Share of poorest quintile in national consumption	0	0	11	9	20
	4. Prevalence of underweight children (under-five y. of age)	0	0	6	14	20
Goal 2: Achieve universal primary education	5. Proportion of population below minimum level of dietary energy consumption	0	0	8	12	20
	6. Net enrolment ratio in primary education	0	11	0	9	20
	7. Proportion of pupils starting grade 1 who reach grade 5	0	9	0	11	20
Goal 3: Promote gender equality and empower women	8. Literacy rate of 15-24 years old	11	0	2	7	20
	9. Ratio of girls and boys in primary, secondary and tertiary education	0	15	0	5	20
	10. Ratio of literate females to males of 15-24 years old	11	1	1	7	20
	11. Share of women in wage employment in the non-agricultural sector	0	3	7	10	20
Goal 4: Reduce child mortality	12. Proportion of seats held by women in national parliament	0	12	0	8	20
	13. Under-five mortality rate	0	13	0	7	20
	14. Infant mortality rate	0	13	0	7	20
Goal 5: Improved maternal health	15. Proportion of 1 year old children immunized against measles	0	11	1	8	20
	16. Maternal mortality ratio	0	13	0	7	20
Goal 6: Combat HIV/AIDS, malaria and other diseases	17. Proportion of births attended by skilled health personnel	0	9	2	9	20
	18. HIV prevalence among 15-24 years old pregnant women	0	5	0	15	20
	19. Condom use rate of the contraceptive prevalence rate	0	2	5	13	20
	19A. Condom use at last high-risk sex	0	0	1	19	20
	19B. Percentage of population aged 15-24 y.o. with comprehensive knowledge of HIV/AIDS	0	0	7	13	20

	19C. Contraceptive prevalence rate	0	4	4	12	20
	20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 y.o.	0	1	0	19	20
	21. Prevalence and death rates associated with malaria	0	10	0	10	20
	22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures	0	2	0	18	20
	23. Prevalence and death rates associated with tuberculosis	0	13	0	7	20
	24. Proportion of TB cases detected and cured under DOTS	0	4	0	16	20
Goal 7: Ensure environmental sustainability	25. Proportion of land area covered by forest	0	13	0	7	20
	26. Land area protected to maintain biological diversity	0	10	0	10	20
	27. Energy use per 1\$ GDP (PPP)	0	4	0	16	20
	28. Carbon dioxide emissions (per capita)	0	11	0	9	20
	29. Proportion of population using solid fuels	1	1	4	14	20
	30. Proportion of population with sustainable access to an improved water sources	1	3	6	10	20
	31. Proportion of population with access to improved sanitation	1	2	8	9	20
	32. Proportion of people with access to secure tenure	0	0	4	16	20
Goal 8: Develop a Global Partnership for Development	45. Unemployment of young people aged 15-24 y.o.	1	1	9	9	20
	46. Proportion of population with access to affordable essential drugs on a sustainable basis	0	1	1	18	20
	47. Telephone lines and cellular subscribers per 100 people	0	9	3	8	20
	48A. Personal computers per 100 people	0	1	6	13	20
	48B. Internet users per 100 people	0	4	5	11	20

Source: UNECE-UNDP-UNICEF assessment on statistical capacities to monitor MDG, 2006

Table 5: number of countries according to periodicity of available MDG indicators

	Indicator	Periodicity					Total
		Annual	3-5 years	10 years	No fixed periodicity	No answer	
Goal 1: Eradicate extreme poverty and hunger	1. Proportion of population below \$1 per day	6	0	0	1	1	
	1A. Poverty headcount ratio	9	1	0	1	1	
	2. Poverty gap ratio (incidence x depth of poverty)	8	1	0	1	2	
	3. Share of poorest quintile in national consumption	9	0	0	1	1	
	4. Prevalence of underweight children (under-five y. of age)	2	2	0	2	1	
	5. Proportion of population below minimum level of dietary energy consumption	6	1	0	0	1	
Goal 2: Achieve universal primary education	6. Net enrolment ratio in primary education	11	1	0	0	1	
	7. Proportion of pupils starting grade 1 who reach grade 5	9	1	0	0	1	
	8. Literacy rate of 15-24 years old	2	0	7	2	3	
Goal 3: Promote gender equality and empower women	9. Ratio of girls and boys in primary, secondary and tertiary education	15	0	0	0	2	
	10. Ratio of literate females to males of 15-24 years old	3	0	7	3	1	
	11. Share of women in wage employment in the non-agricultural sector	9	0	0	2	0	
	12. Proportion of seats held by women in national parliament	9	2	0	3	0	
Goal 4: Reduce child mortality	13. Under-five mortality rate	14	0	0	0	2	
	14. Infant mortality rate	14	0	0	0	2	
	15. Proportion of 1 year old children immunized against measles	12	1	0	0	1	
Goal 5: Improved maternal health	16. Maternal mortality ratio	12	0	0	0	3	
	17. Proportion of births attended by skilled health personnel	12	1	0	0	1	
Goal 6: Combat HIV/AIDS, malaria and other diseases	18. HIV prevalence among 15-24 years old pregnant women	4	0	0	0	2	
	19. Condom use rate of the contraceptive prevalence rate	3	3	0	1	1	
	19A. Condom use at last high-risk sex	0	0	0	0	1	
	19B. Percentage of population aged 15-24 y.o. with comprehensive knowledge of HIV/AIDS	0	3	0	3	1	
	19C. Contraceptive prevalence rate	6	4	0	1	0	
	20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 y.o.	1	0	0	0	0	

	21. Prevalence and death rates associated with malaria	10	0	0	0	1
	22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures	2	0	0	0	0
	23. Prevalence and death rates associated with tuberculosis	12	0	0	0	2
	24. Proportion of TB cases detected and cured under DOTS	4	0	0	0	0
Goal 7: Ensure environmental sustainability	25. Proportion of land area covered by forest	6	1	0	1	6
	26. Land area protected to maintain biological diversity	6	0	0	2	3
	27. Energy use per 1\$ GDP (PPP)	4	0	0	1	1
	28. Carbon dioxide emissions (per capita)	8	0	0	2	3
	29. Proportion of population using solid fuels	3	0	1	2	0
	30. Proportion of population with sustainable access to an improved water sources	10	1	1	1	0
	31. Proportion of population with access to improved sanitation	9	1	1	1	0
	32. Proportion of people with access to secure tenure	4	0	0	0	0
Goal 8: Develop a Global Partnership for Development	45. Unemployment of young people aged 15-24 y.o.	9	0	1	1	4
	46. Proportion of population with access to affordable essential drugs on a sustainable basis	2	0	0	0	0
	47. Telephone lines and cellular subscribers per 100 people	12	0	0	1	2
	48A. Personal computers per 100 people	8	0	0	2	1
	48B. Internet users per 100 people	9	0	0	1	1

Source: UNECE-UNDP-UNICEF assessment on statistical capacities to monitor MDG, 2006

Table 6: Number of available MDG indicators by country

	Goal 1			Goal 2			Goal 3			Goal 4		
	MDG indicators	Additional indicators	No answer	MDG indicators	Additional indicators	No answer	MDG indicators	Additional indicators	No answer	MDG indicators	Additional indicators	No answer
Albania	4	3	1	3	4	0	4	3	1	3	2	1
Bosnia Herzegovina	0	0	10	0	0	7	0	0	9	0	0	6
Croatia	0	1	4	1	2	1	3	2	4	0	3	3
Province of Kosovo	0	0	10	0	0	7	0	0	9	0	0	6
FYR of Macedonia	0	1	0	3	1	1	3	0	1	3	2	1
Serbia and Montenegro	4	1	1	2	1	0	4	4	1	3	2	1
Bulgaria	0	0	10	0	0	7	0	0	9	0	0	6
Romania	2	3	1	3	4	0	4	4	0	3	1	2
Turkey	6	3	1	2	4	0	4	4	0	3	3	0
Belarus	5	3	1	2	1	1	4	3	1	3	2	1
Moldova	5	3	1	2	1	1	4	3	1	3	2	1
Russian Federation	3	25	0	0	1	1	2	1	1	3	2	1
Ukraine	4	6	0	3	0	4	3	0	6	2	2	2
Armenia	5	3	0	3	3	1	4	4	1	3	1	2
Azerbaijan	6	3	1	2	0	0	4	0	1	3	2	1
Georgia	2	4	1	3	3	1	3	2	2	2	1	3
Kazakhstan	5	1	3	2	1	1	4	3	1	3	2	1
Kyrgyzstan	6	2	1	3	2	0	4	4	0	3	1	1
Tajikistan	1	0	0	3	1	3	3	1	5	3	2	1
Uzbekistan	0	0	10	1	1	5	1	0	8	3	2	1

	Goal 5			Goal 6			Goal 7			Goal 8			TOTAL		
	MDG indicators	Additional indicators	No answer	MDG indicators	Additional indicators	No answer	MDG indicators	Additional indicators	No answer	MDG indicators	Additional indicators	No answer	MDG indicators	Additional indicators	No answer
Albania	2	1	1	6	2	2	6	2	0	4	2	1	32	19	7
Bosnia Herzegovina	0	0	6	0	0	20	0	0	13	0	0	8	0	0	79
Croatia	0	3	3	1	0	19	2	0	11	2	0	6	9	11	51
Province of Kosovo	0	0	6	0	0	20	0	0	13	0	0	8	0	0	79
FYR of Macedonia	2	3	1	2	6	1	7	3	1	1	0	1	21	16	7
Serbia and Montenegro	2	2	1	4	1	1	4	1	0	4	0	0	27	12	5
Bulgaria	0	0	6	0	0	20	0	0	13	0	0	8	0	0	79
Romania	2	1	1	5	3	2	4	4	2	4	0	1	27	20	9
Turkey	1	3	1	5	0	2	6	3	2	3	2	1	30	22	7
Belarus	2	3	1	6	6	3	8	4	1	4	1	1	34	23	10
Moldova	2	3	1	4	4	1	5	2	1	4	0	1	29	18	8
Russian Federation	2	2	1	3	3	1	6	2	1	4	0	3	23	36	9
Ukraine	1	1	4	0	3	12	1	0	11	1	0	7	15	12	46
Armenia	2	3	1	10	4	3	7	4	2	4	1	3	38	23	13
Azerbaijan	2	1	2	3	3	4	2	1	3	2	1	2	24	11	14
Georgia	1	0	5	1	0	19	0	0	9	3	0	4	15	10	44
Kazakhstan	2	2	1	3	7	1	7	1	1	5	1	1	31	18	10
Kyrgyzstan	2	1	1	5	4	1	5	2	1	4	1	1	32	17	6
Tajikistan	2	2	2	3	3	6	4	2	1	3	1	1	22	12	19
Uzbekistan	2	1	3	4	3	13	5	2	6	2	0	6	18	9	52

Table 7: Number of MDG indicators that can be disaggregated by additional variables, by country

	Sex		Ethnicity		Sub-national		Urban/Rural	
	Yes	No	Yes	No	Yes	No	Yes	No
Albania	9	34	0	46	9	40	9	40
Bosnia Herzegovina	0	0	0	0	0	0	0	0
Croatia	6	9	0	18	1	19	0	20
Province of Kosovo	0	0	0	0	0	0	0	0
FYR of Macedonia	15	12	11	20	24	13	21	16
Serbia and Montenegro	30	5	9	29	35	4	22	17
Bulgaria	0	0	0	0	0	0	0	0
Romania	27	12	3	39	23	24	28	19
Turkey	34	6	0	44	29	21	35	15
Belarus	26	18	2	47	42	14	28	28
Moldova	25	14	0	43	15	32	22	25
Russian Federation	10	43	0	56	18	41	11	48
Ukraine	10	15	0	27	9	18	15	12
Armenia	20	28	2	51	7	53	17	43
Azerbaijan	20	9	0	31	13	21	21	13
Georgia	15	9	2	23	9	16	19	6
Kazakhstan	22	19	6	38	38	10	24	24
Kyrgyzstan	15	25	1	42	35	13	21	27
Tajikistan	6	20	0	29	9	24	5	28
Uzbekistan	11	9	1	21	22	5	16	11

Source: UNECE-UNDP-UNICEF assessment on statistical capacities to monitor MDG, 2006

Table 8: number of MDG indicators according to source, by country

	Census	Administrative source	Household survey including LFS	No answer	Total
Albania	2	27	20	2	51
Bosnia Herzegovina	0	0	0	0	0
Croatia	0	13	5	2	20
Province of Kosovo	0	0	0	0	0
FYR of Macedonia	2	32	2	1	37
Serbia and Montenegro	3	5	18	13	39
Bulgaria	0	0	0	0	0
Romania	4	27	16	0	47
Turkey	0	15	33	4	52
Belarus	4	38	14	1	60
Moldova	2	31	14	0	47
Russian Federation	0	17	10	9	36
Ukraine	2	12	10	0	24
Armenia	2	35	21	3	61
Azerbaijan	2	18	11	4	35
Georgia	0	5	4	16	25
Kazakhstan	2	29	16	2	51
Kyrgyzstan	2	29	12	6	49
Tajikistan	2	25	5	2	34
Uzbekistan	0	5	0	22	27

Source: UNECE-UNDP-UNICEF assessment on statistical capacities to monitor MDG, 2006

Table 9: number of MDG indicators by periodicity and country

	Annual	3-5 years	10 years	No fixed periodicity	No answer	TOTAL
Albania	37	5	0	7	2	51
Bosnia Herzegovina	0	0	0	0	0	0
Croatia	11	1	0	0	8	20
Province of Kosovo	0	0	0	0	0	0
FYR of Macedonia	26	4	3	2	2	37
Serbia and Montenegro	19	6	3	9	2	39
Bulgaria	0	0	0	0	0	0
Romania	37	3	3	1	3	47
Turkey	37	11	0	3	1	52
Belarus	49	0	4	1	6	60
Moldova	38	0	0	6	3	47
Russian Federation	34	1	0	0	1	36
Ukraine	6	0	0	3	15	24
Armenia	49	2	2	4	4	61
Azerbaijan	28	0	1	2	4	35
Georgia	12	0	0	0	13	25
Kazakhstan	41	0	2	1	7	51
Kyrgyzstan	39	0	0	4	6	49
Tajikistan	0	2	2	3	27	34
Uzbekistan	27	0	0	0	0	27

Source: UNECE-UNDP-UNICEF assessment on statistical capacities to monitor MDG, 2006