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**ASSESSMENT OF  
CAPACITY  
FOR COUNTRIES OF  
EASTERN AND  
SOUTH-EASTERN EUROPE,  
CAUCASUS AND CENTRAL ASIA  
TO PRODUCE  
MDG-RELEVANT  
STATISTICS**



UNITED NATIONS



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CAUCASUS AND CENTRAL ASIA**

# **TO PRODUCE MDG-RELEVANT STATISTICS**



**UNITED NATIONS**  
NEW YORK AND GENEVA, 2008

## **NOTE**

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## PREFACE

The Millennium Development Goals (MDG) framework, with its list of policy issues and targets, has set priorities in the development agenda at the global and national level. Since its inception, the MDG framework also represents an opportunity for statistical authorities to guide their work and produce more and better data. The push to achieve MDG goals and targets is proving to be effective also in improving countries' capacity to produce indicators that are more and more relevant to monitor policies.

In countries of South-Eastern Europe (SEE)<sup>1</sup> and Eastern Europe, Caucasus and Central Asia (EECCA)<sup>2</sup>, the MDG indicators framework has become an important reference tool to improve sustainable household survey programmes, to make more effective use of existing sources, to progressively adopt international standards and definitions (for example regarding the population census and on measurement of child mortality), and to improve accessibility and usability of statistical data and products.

However, many challenges still remain to make national statistical systems more responsive to information needs of policy makers and other users of MDG data and indicators. To monitor the progress towards MDGs, countries need a well-functioning statistical system, able to produce accurate, complete, timely and accessible data. The present publication provides an assessment of the capacity of national statistical systems to produce and disseminate such data. It also identifies the statistical areas where further work is needed and makes a set of recommendations to address such challenges.

This assessment provides statistical authorities of SEE and EECCA countries with an important guide to pinpoint and address the most prominent statistical challenges. At the same time, it also represents a valuable tool to orient technical cooperation activities of international and regional organizations active in SEE and EECCA countries.

This publication represents a product of a consolidated collaboration among the UN Economic Commission for Europe, the UNICEF Regional Office for Central and Eastern Europe and the Commonwealth of Independent States (CIS) and the UNDP Regional Bureau for Europe and the CIS. These organizations are active in supporting countries of this region in their efforts to monitor the progress towards MDGs and have recently finalized 'Regional MDG Info', a set of statistics that can be used to monitor MDGs in the region (see <http://www.regionalmkg.org/>).

Many people contributed to the realization of this publication. Staff in national statistical offices diligently provided the needed information and UNICEF country offices coordinated the delivery of the information to the UNECE Statistical Division. Angela Me and Enrico Bisogno (UNECE Statistical Division) finalized the analysis in close collaboration with Marco Segone (UNICEF Regional Office for Central and Eastern Europe and the CIS), Andrey Ivanov, Susanne Milcher, and Jaroslav Kling (UNDP Regional Bureau for Europe and the CIS). Irina Stanyukova

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<sup>1</sup> Part of the UNECE region covering the following countries: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Romania, Serbia, Montenegro, the former Yugoslav Republic of Macedonia, Turkey.


<sup>2</sup> Part of the UNECE region covering the following countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine, Uzbekistan.

(UNECE Statistical Division) organized the information collected from countries and produced the final tables. Peter Serenyi (UNDP Regional Bureau for Europe and the CIS) made the final editing of the English version of the publication and UNICEF supported the translation of the publication into Russian.

The Bureau of the Conference of European Statisticians approved the content of the publication at its meeting in October 2006.



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## **EXECUTIVE SUMMARY**

This publication presents the results of an assessment that UNECE conducted jointly with UNICEF and UNDP regional offices on the capacity of EECCA and SEE countries to produce MDG statistics and indicators.

The focus on MDG goals and targets improves statistical production: The MDG framework represents a valuable reference tool to drive and sustain countries' efforts to improve their statistical methodologies and collection efforts. In particular, EECCA and SEE countries have established more regular household survey programs, made more effective use of available sources, progressively adopted international standards and definitions (for example, regarding the population and housing census), and improved accessibility and usability of statistical data and products.

However, this publication indicates that some important gaps remain on availability and quality of MDG statistics in this region:

- Deterioration of the quality and relevance of data based on administrative registers;
- Limited capacity to maintain a national survey programme able to produce MDG statistics on a regular basis and with sufficient quality standards;
- Very limited capacity to produce MDG data disaggregated by sub-population groups;
- Lack of a systematic and sustained approach to disseminate MDG statistics, especially on sub-population groups and even when these data are available in primary data collection;
- Lack of capacity to produce indicators related to HIV/AIDS, access to Information and Communications Technology (ICT), slums.

### ***Recommendations***

In order to improve the quality and availability of MDG statistics in the region, it is recommended that countries be supported in their efforts to:

- a) Review the quality of the data obtained from administrative registers and better assess the coverage and the international comparability of the concepts and practices used. This affects data in fields such as mortality, HIV/AIDS, tuberculosis, contraceptive prevalence, unemployment, use of ICT. Regarding maternal and infant mortality, national stakeholders should be engaged in the analysis of mortality data obtained from surveys and registers. Such analysis should help concerned countries agree on a best quality standard for a common set of mortality time-series;
- b) Streamline the great amount of data produced through administrative records with the objective of improving their:
  - i) coverage,
  - ii) relevance of concepts/definitions for MDG monitoring,
  - iii) capability to identify sub-population groups;

- c) Develop comprehensive and sustainable national survey programmes to collect information that is relevant for MDG statistics;
- d) Improve the size and design of household samples with the objective of improving the quality of MDG data and increase the availability of MDG statistics for sub-population groups;
- e) Continue to conduct, or conduct for the first time, the population and housing census. The census provides the benchmark data for constructing many of the MDG indicators and the basic framework for defining national samples;
- f) Improve the dissemination and accessibility of MDG-related data. Particular attention should be devoted to building a systematic approach to disseminate the available MDG data for sub-populations.

According to the information collected through the assessment, many household surveys were sponsored by international organizations. They greatly improved the availability of MDG indicators. However, international organizations should make every effort to include these surveys into the regular national statistical production plans to assure sustainable monitoring of the MDGs.

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## ABBREVIATIONS USED IN THE PUBLICATION

AIDS	Acquired Immunodeficiency Syndrome
CIS	Commonwealth of Independent States
DHS	Demographic and Health Survey
DNS	Diet and Nutrition Survey
DOTS	Directly Observed Treatment Short-course: internationally recommended TB control strategy
EbES	Establishment-based Employment Survey
EECCA	Eastern Europe, Caucasus and Central Asia (Part of the UNECE region covering the following countries: Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan).
GDP	Gross Domestic Product
HIES	Household Income and Expenditure Surveys
HIV	Human Immunodeficiency Virus
ICT	Information and Communications Technology
ILO	International Labour Organization
LFS	Labour Force Survey
LSMS	Living Standards Measurement Survey
MDG	Millennium Development Goals
MICS	Multi Indicator Cluster Survey
MPS	Multipurpose Survey
NSO	National Statistical Office
ODA	Official Development Assistance
PPP\$ 1	Proportion of population below \$1
RHS	Reproductive Health Survey
SEE	South-Eastern Europe (Part of the UNECE region covering the following countries: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Romania, Serbia, Montenegro, The former Yugoslav Republic of Macedonia, Turkey).
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNICEF	United Nations Children's Fund
WHO	World Health Organization

## INTRODUCTION

1. This publication delivers the results of an assessment that UNECE conducted jointly with UNICEF and UNDP regional offices on the capacity of EECCA and SEE countries to produce MDG statistics and indicators.
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 to collect information on member states' data production and dissemination in the main areas relating to the MDGs (poverty, hunger, education, gender equality, child mortality, maternal health, HIV/AIDS and other diseases, environment, information and telecommunication technologies (ITC), slums, unemployment). The objective of the questionnaire was not only to assess the current availability and quality of MDG indicators, but also to evaluate the capacity of countries to routinely produce the statistics needed to consistently provide MDG indicators.
3. The questionnaire covered three areas:
  - Data Production: availability and quality of key sources of official statistics on MDG-related areas (sample surveys, censuses, administrative data).
  - Availability of indicators for monitoring the 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 EECCA and SEE countries and to the UN administrated Province of Kosovo. Replies were received from 19 countries and the UN administrated Province of Kosovo but not from Turkmenistan. Two countries (Bulgaria and Bosnia and Herzegovina) and the UN administrated Province of Kosovo did not provide a reply to Section 2 of the questionnaire. The questionnaire was sent before Serbia and Montenegro split in two separate countries, therefore this assessment refers to the former country of Serbia and Montenegro.
5. Not all of the information received through the questionnaire was of the same quality. All efforts were made to ensure the consistency of the information presented



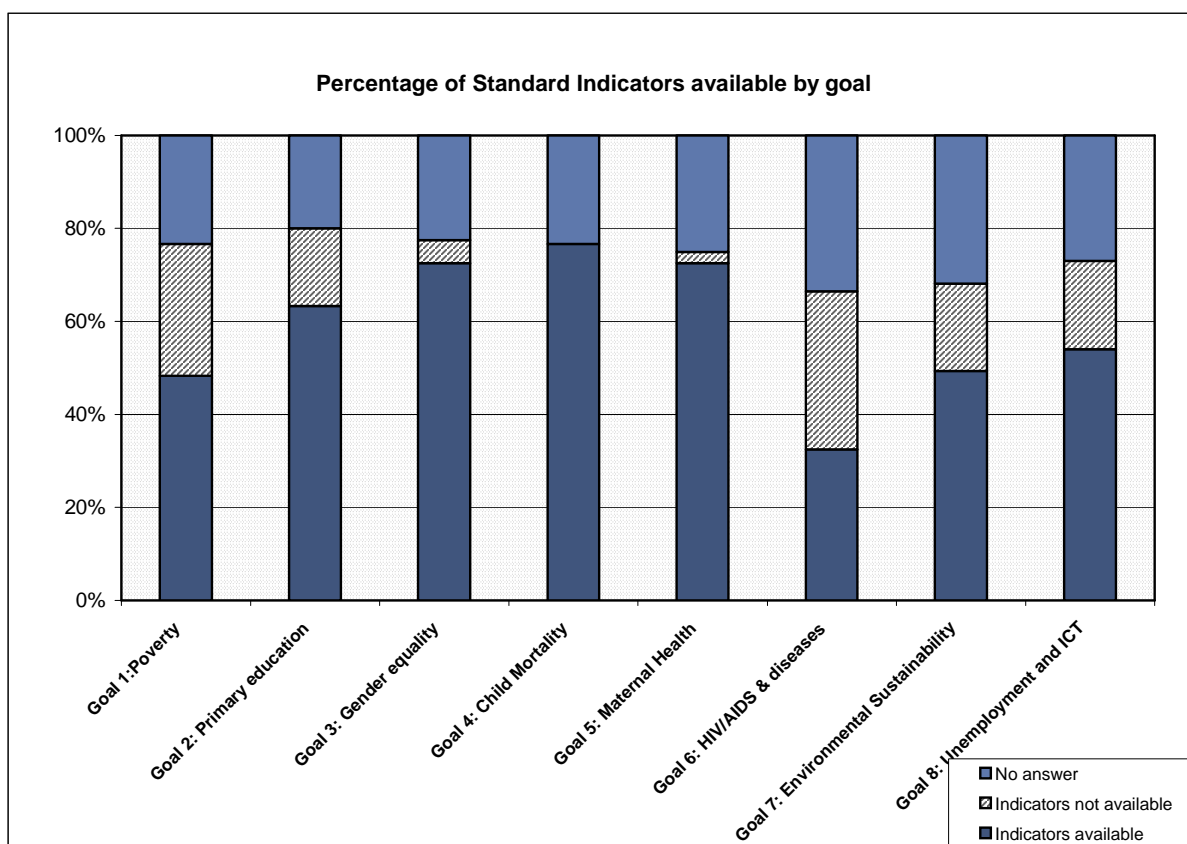
## I. MAIN STATISTICAL CHALLENGES TO MONITOR THE MDGS IN SEE AND EECCA COUNTRIES

### A. Availability of MDG indicators

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

7. As graph 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 are few available standard indicators but these are often substituted with additional national indicators that provide the relevant data to better monitor Goal 1.

**Graph 1 Availability of MDG indicators in the selected countries**



8. Within the indicators included in the standard framework to monitor the MDGs, there are a few that are nearly absent in all of the EECCA and SEE countries. These are:

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

9. The availability of MDG indicators also varies across countries, reaching the highest levels in EECCA countries (on average 62-63 percent), and the lowest in the Western Balkans (around 36 percent), while the countries of South-East Europe occupy an intermediate position (about 46 percent).

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, the basic infrastructure to collect the data on a regular basis is not in place.
- Inefficient use of available data sources: Sometimes the underlining 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 are either not fully utilized to include the topics that are relevant to the MDGs, 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 certain countries: In some cases, countries do not produce the global-standard MDG indicators because these data do not fit their needs. This applies for example to data on income-poverty based on international thresholds, for which alternative indicators better suited to national situations are often produced.

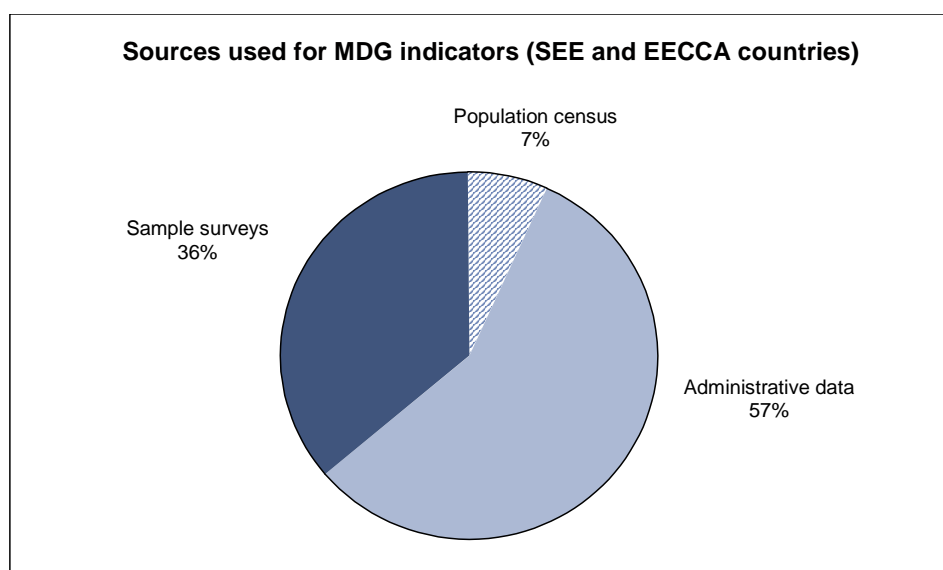
## **B. Data quality of MDG indicators**

11. In order to assess the capacity of countries to monitor the MDGs, it is not sufficient to look at the availability of indicators. It is important to also 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 2. shows, countries in the region predominantly have used administrative sources to calculate MDG indicators, while household surveys have been used to a lesser extent. Population censuses have been used as a direct source of MDG data only in few areas, mainly literacy and housing.<sup>3</sup>

**Graph 2 Sources used to produce MDG indicators in SEE and EECCA countries**



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

- The 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 ICTs have different meanings if measured employing administrative sources or population-based data collections. For example, registered unemployment counts people who fulfil the state administration's requisites (which may vary from country to country), while unemployment measured through surveys or censuses is normally consistent with international ILO definitions. 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 vary across countries and in time, thus negatively affecting data quality and comparability.

<sup>3</sup> The importance of a 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 54<sup>th</sup> plenary session of the Conference of European Statisticians. <http://www.unece.org/stats/documents/2006.06.ces.htm>.

- 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 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 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 administrative records. Many of the SEE and EECCA 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 percent of events. This applies particularly to health indicators, such as HIV/AIDS and tuberculosis. On average only about half of the countries reported coverage<sup>4</sup> of the events and few countries reported coverage lower than 80 percent.

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

- Small sample size. An increasing number of EECCA and SEE countries have established a regular programme of household surveys. The most often used 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. Only a few countries carry out LFS on an ad-hoc basis depending on donor support. Although these surveys have greatly improved the 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 around 10,000 households, but for half of the countries the sample size is fewer than 5,000 households (for five countries it is fewer than 3,000 households<sup>5</sup>). 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 and Herzegovina and Uzbekistan), or because other frameworks based for example on the population register or voter lists, are not of good quality.
- Concepts/questions used. For some types of surveys like HIES, LSMS, and LFS there is a high degree of standardization in terms of content, definitions, and questions. This does not necessarily apply to other surveys, as in the case of surveys measuring ICT use by household, and the data produced cannot always ensure the desired accuracy. Moreover, specific problems concern issues such as ethnicity and religion, for which the methods/questions used are not always in line with international standards.

<sup>4</sup> Between 98 and 100 percent of cases.

<sup>5</sup> The HIES is carried out on a monthly basis in Kyrgyzstan and on a yearly basis in Tajikistan, but their sample sizes are only around 1,000 households.

13. Some of the MDG indicators are expressed as a proportion or percentage of either the total population or a sub group of the population.<sup>6</sup> The quality of these indicators depends not only on the numerator, which can be calculated using administrative records or sample surveys, but also on the denominator and the accuracy of the population count. After the 2000 census, many of the SEE and EECCA countries could obtain reliable figures on the total size of the population, but these figures also highlighted the inconsistency in some countries with the estimates provided for the census. Few countries are experiencing difficulties in revising the population series according to the benchmark 2000 census. This affects the comparability of the population count before and after the census for 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 in most cases indicators are based on periodically collected administrative data or on regular household surveys, information is often available for every year. The most remarkable exceptions are those indicators based on censuses (mainly literacy, and in few countries youth unemployment, the 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 Multi-indicator Cluster Surveys (MICS) or Demographic and Health Surveys (DHS) (mainly, HIV knowledge, underweight children, contraceptive prevalence rate, maternal mortality). These are usually carried out every five years.

15. The longest data time series (from 1990 and earlier) is 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 a few countries and a few indicators. In some countries the availability of data on enrolment ratios goes back to 1990, but some of the countries can produce the indicator on net enrolment ratio in primary education only after 1995 or 2000 because more refined data are needed to calculate this indicator.<sup>7</sup>

16. Other indicators based on administrative sources started to be of interest only recently and therefore have started to be calculated at the end of the 1990s. These indicators relate to HIV/AIDS and people's access to ICT.

17. Most indicators derived from household surveys became available during 1995-2000. 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.

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<sup>6</sup> An example is the indicator for the net enrolment ratio in primary education used to monitor Goal 2. The numerator refers to the number of enrolled students within the appropriate age group and the denominator refers to the number of children of primary school age.

<sup>7</sup> To calculate net enrolment ratio, data on enrolment by age and grade are needed, in addition to total population by age.



## 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:

- One sixth of available MDG indicators is not published by national statistical agencies. The subject areas with the lowest ratios of published data to available data are environment and HIV/AIDS.
- Two thirds of countries have issued national publications to assess the status of the MDGs and half of them have also developed dedicated MDG databases, of which 70 percent are disseminated using DevInfo, a database. In general, the national statistical office is involved in MDG monitoring activities. Only in one country was the national statistical office not included on the MDG Committee, and only in three countries was it not involved in the preparation of the national MDG Report.

## C. International comparability

19. The availability of indicators and data that can be compared across countries can provide important information to national governments dealing with the implementation and/or the evaluation of policies and programmes. From international comparisons many lessons can be learned at the national level, but this can happen only if statistical data are comparable across countries. Data produced by countries are not always comparable internationally, largely for 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 by 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 the proportion of the population living on less than PPP\$ 2 per day, are not relevant in a national perspective and particularly in the EECCA and SEE region. 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 can happen for various reasons but these are usually related to the utilization of data derived from administrative sources, which are more difficult to adapt to international standards. One area where EECCA and SEE countries have had to change their practices 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 soon.<sup>8</sup> However, adoption is not the same as proper implementation, which requires training of medical staff, enhanced administrative systems and effective monitoring mechanisms, including, for example, measures to ensure that all infants'

<sup>8</sup> Armenia, Kazakhstan and Uzbekistan have not yet implemented the new definition.

vital signs and weights are fully recorded. The indicator calculated to measure Goal 4 on infant mortality is still in transition to the new practice.

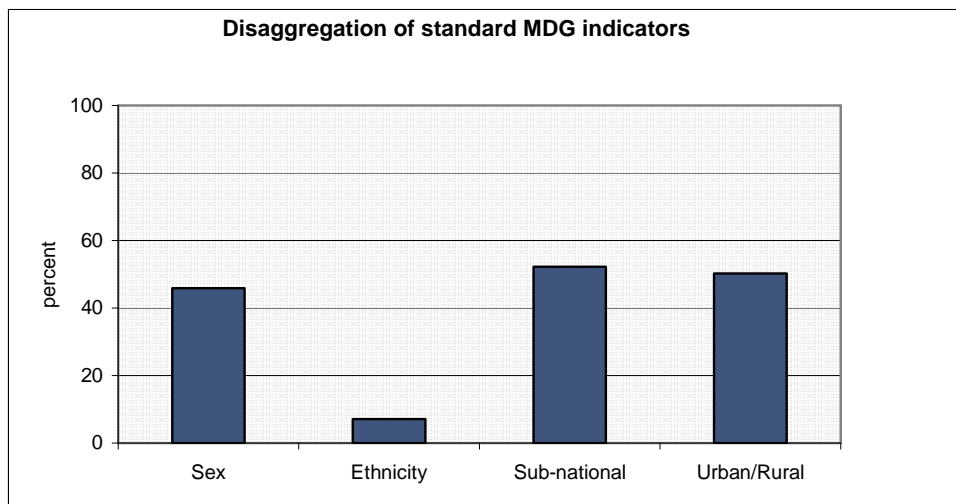
#### D. Disaggregation of MDG indicators

22. There is a strong interest in monitoring the MDGs not only at the country level but also in relation to sub-populations in particular geographical locations or with certain 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 the 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. Categorizing data by ethnicity is still a big challenge, since few indicators are available by ethnicity. Moreover, the few indicators available need to be verified since they are often derived from administrative sources which, given the sensitivity of this issue, may have problems recording people's ethnic affiliation.

**Graph 3 Disaggregation of MDG indicators**



## E. Availability of selected additional indicators

25. The availability and use of 30 additional indicators were investigated in order to understand the relevance to the region of the MDG indicators adopted at the global level. This additional set was compiled on the basis of the national MDG indicators selected by countries of the region.

**Table 1 Overall availability of the standard and additional indicators for the MDG Goals (non responses were excluded)**

Goal	Goal 1: <i>Poverty</i>	Goal 2: <i>Primary Education</i>	Goal 3: <i>Gender Equality</i>	Goal 4: <i>Child Mortality</i>	Goal 5: <i>Maternal Health</i>	Goal 6: <i>HIV &amp; diseases</i>	Goal 7: <i>Environment</i>	Goal 8: <i>Unemployment &amp; ICT</i>
<b>Percent of available standard indicators</b>	60.4	79.2	93.5	100	96.7	48.9	72.5	74
<b>Percent of available additional indicators</b>	68.1	56.8	66	96.8	76.2	44.8	56.1	45.5

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 to monitor the national MDGs. This shows that there is already a set of indicators reflecting 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 2 by goal.

**Table 2 Availability of the most common additional indicators used to monitor the MDGs in EECCA and SEE countries**

	<i>Additional indicator</i>	<i>Number of countries where the indicators are available</i>
<b>Goal 1: Poverty</b>	Extreme poverty	9
	Absolute poverty	12
	Relative poverty	11
<b>Goal 2: Education</b>	Net enrolment ratio for secondary education	15
<b>Goal 3: Gender Equity</b>	Gender pay gap	13
	Percentage of women among employers	11
<b>Goal 4: Infant-Child Mortality</b>	Prenatal mortality rate per 1,000 life births	17
	Breast-feeding rate	13
<b>Goal 5: Maternal Health</b>	Number of induced abortions	14
<b>Goal 6: HIV/AIDS &amp; other diseases</b>	New AIDS reported cases	12
<b>Goal 7: Environmental Sustainability</b>	Proportion of population with sustainable access to piped water	11

## II. AVAILABILITY AND DATA SOURCES OF MDG INDICATORS BY GOAL

### A. Goal 1 ‘Eradicate extreme poverty and hunger’

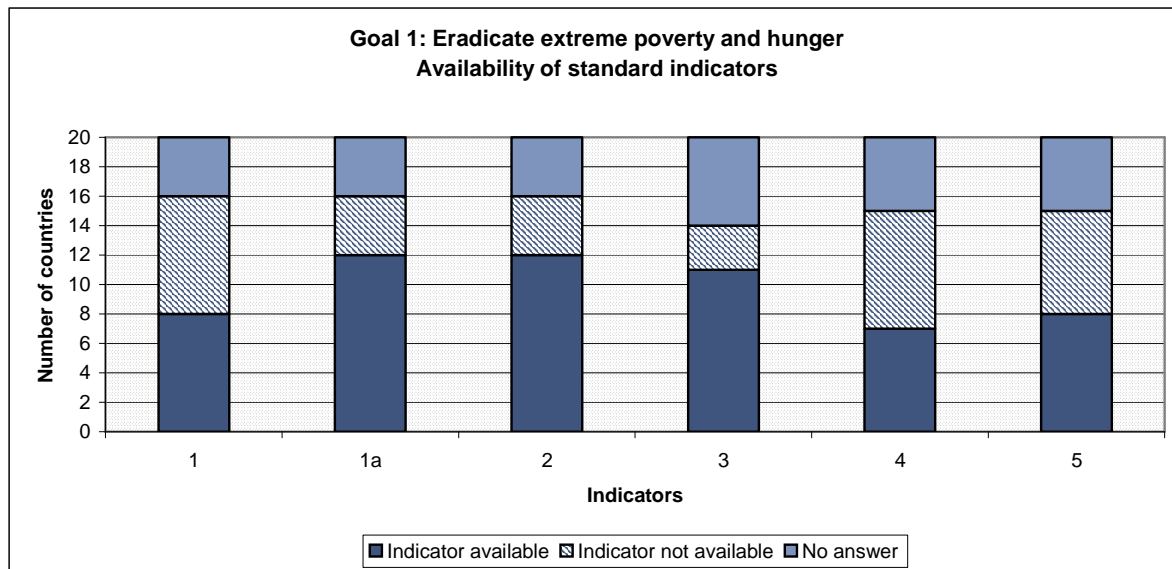
<i>Targets</i>	<i>Indicators</i>
<ol style="list-style-type: none"> <li>1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day;</li> <li>2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger.</li> </ol>	<ol style="list-style-type: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

#### *Availability*

28. Graph 4 shows the availability of indicators to monitor Goal 1 for 20 countries that responded to the questionnaire, as measured in terms of countries reporting at least one data point in the period 1990-2005.

29. Indicator 1 (proportion of the population below PPP\$ 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 the subsistence level in many EECCA and SEE countries. In fact, the relatively cooler climate found in most of SEE and EECCA countries requires more resources for heating, clothes and food, and thus a higher subsistence level 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 percent 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 4 Availability of standard indicators for Goal 1**

Note. Number of countries with data for at least one point in time

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 percent, thus not allowing a comparison on a longer time scale.

32. Based on the analysis of replies from 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 given dimension of poverty 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 has not calculated the indicator 'Proportion of population below \$1 per day' since 2003, due to the insignificant number of households below this level.*

- *Lack of internationally comparable data.* The majority of countries in the region started to collect data on income poverty only after 1995. Although a lot of progress has been made in applying international standards, a few countries still need to bring their data collection procedures in line with international practice.
- *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 an ad-hoc basis.

*Example:*

Only two countries (Azerbaijan and Kyrgyzstan) have the capacity to produce 'Prevalence of underweight children (under five years of age) on the basis of their own annual surveys. Another five countries that have this indicator must rely on surveys sponsored by international organizations. The indicator is thus available only for those years when such surveys were 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 underweight 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 percent of the standard indicators.

**Table 3 Distribution of the 58 available income-poverty and hunger indicators according to the data source**

<i>Indicator</i>	<i>HIES</i>	<i>LSMS</i>	<i>MPS<sup>a</sup></i>	<i>MICS</i>	<i>DHS</i>	<i>Unspecified source</i>
1	5	2	1	-	-	-
1a	6	4	1	-	-	1
2	6	4	1	-	-	1
3	6	4	1	-	-	-
4	1	-	1	3	1	1
5	4	3	1	-	-	-
<b>Total</b>	<b>28</b>	<b>17</b>	<b>6</b>	<b>3</b>	<b>1</b>	<b>3</b>
<b>Total (in %)</b>	<b>48.3%</b>	<b>29.3%</b>	<b>10.3%</b>	<b>5.2%</b>	<b>1.7%</b>	<b>5.2%</b>

<sup>a</sup> Multipurpose Survey

Note: The figures in columns represent the number 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. Bosnia and Herzegovina, by contrast, conducted 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 the 1990s or the beginning of the new millennium. 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 children and the total population. They were conducted, respectively, in eight, six, and three countries.

36. When considering the topics investigated by the surveys, household consumption/income and food consumption were covered in 19 of 20 countries,<sup>9</sup> while the weight of individuals was covered in at least 13 countries. Comparing these figures with the actual availability of indicators for Goal 1, it appears that data collected in the surveys have not always been used fully 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), which limits their use for calculating many of the indicators that require larger sample sizes, for example on different sub-population groups. This partially explains why, despite the fact that 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 many countries. In fact, only 52 percent of the indicators for Goal 1 are calculated out of those that could potentially be produced using the available surveys.

### *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 percent of indicators, sub-regional disaggregations are provided by 57 percent of indicators, and gender disparities are revealed in 43 percent of the indicators. Only 7 percent of indicators can measure income-poverty differences for different ethnic groups.<sup>10</sup>

### *Additional indicators*

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

- 1a. Extreme poverty
- 1b. Absolute poverty
- 1c. Relative poverty

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<sup>9</sup> One country did not reply on this issue

<sup>10</sup> 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.

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. Fifteen of twenty countries (75 percent) calculate at least one of these three indicators, for 10 countries (50 percent) at least two indicators are available and all three indicators have been reported by 7 countries (35 percent). As far as individual indicators are concerned, the countries are distributed as follows: 60 percent of countries compute the absolute poverty indicator, 57 percent compute the relative poverty indicator and 45 percent the extreme poverty indicator.

### B. Goal 2: ‘Achieve universal primary education’

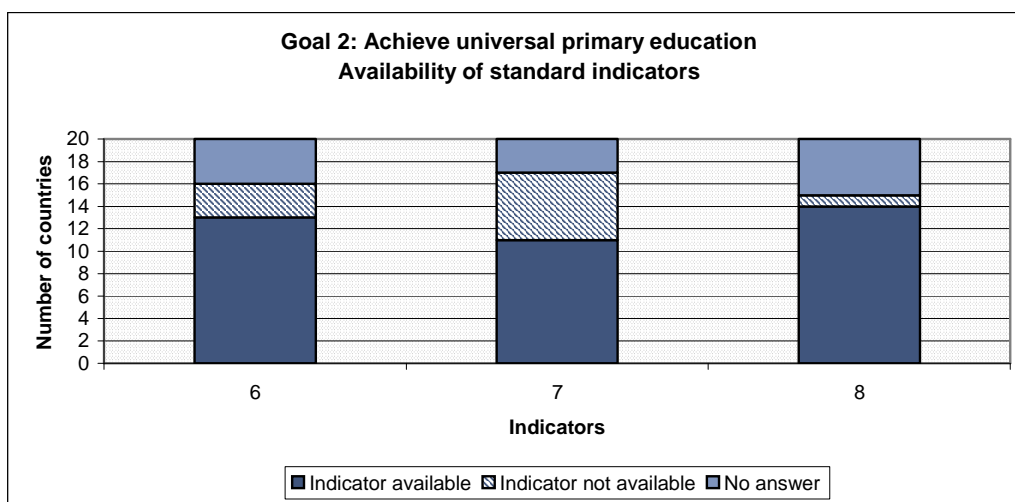
<i>Targets</i>	<i>Indicators</i>
3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6. Net enrolment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15-24 years old

#### *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 percent 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, is available for at least one year in 70 percent of countries (14 out of 20). The indicator of the proportion of pupils starting grade 1 who reach grade 5, measuring the internal efficiency of the educational system, can be produced by 55 percent of countries (11 out of 20).

**Graph 5. Availability of standard indicators for Goal 2**



Note. Number of countries with data for at least one point in time



### ***Sources and quality of data***

42. All 17 countries that replied to the relevant section of the questionnaire reported the availability of administrative data to calculate the indicator of primary school enrolment on an annual basis. For the overwhelming majority of countries, administrative data on enrolment cover 98-100 percent 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 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 countries.

44. Concerning the indicator on youth literacy, the population census is the main source of data. Eleven countries derived this indicator from the census and two countries obtained the data from household surveys (LFS, LSMS). Although data based on the population census cannot be produced more often than every 10 years, it should be noted that indicators on youth literacy calculated in many countries of the region show very high levels of literacy (close to 99 percent). 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 these indicators are available for the years before 2001 in only 35-40 percent of countries. Data on youth literacy can be produced only every 10 years, when the census is carried out. But literacy rates for young generations may change more quickly than for adults, and thus more frequent measurements are needed. Only in two countries (Albania and Turkey) inputs from more frequently conducted household surveys are used for annual estimates of youth literacy.

### ***Disaggregation***

46. In general, the standard educational indicators are available disaggregated by sex (82 percent), rural/urban (63 percent) and sub-regional (68 percent). But disaggregation by ethnicity is available only for 8 percent 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 maintain a registration system on education where ethnicity is recorded. Therefore, data by ethnicity could be produced using the education registration system.*

**Additional indicators**

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

- 2.a. Net enrolment ratio in secondary education
- 2.b. Attendance ratio in primary education
- 2.c. Attendance ratio in secondary education

48. The Indicator 2a. related to secondary education is widely used by countries to monitor Goal 2 and it seems to better fit the level of development of EECCA and SEE countries than the standard indicator on primary enrolment:

- Eleven countries (55 percent) use both indicators for primary and secondary levels of education.
- Four countries (20 percent)<sup>11</sup> use only indicator 2a. for enrolment in secondary education.
- Two countries (10 percent)<sup>12</sup> use only the indicator for primary education.
- The remaining three 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 (2b., 2c.) are used by only 5 countries (25 percent) to monitor Goal 2.

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 percent) attendance has never been collected. Among the remaining 14 countries only Turkey uses household survey data (LFS) for computing indicators on attendance. Three more countries (Albania, Romania and 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 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 4. However, it should be noted that, within each region, there are large variations.

*Example:*

*Among the Balkan countries, Albania reported the availability of seven 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.*

<sup>11</sup> Serbia and Montenegro, Russian Federation, Belarus, Uzbekistan.

<sup>12</sup> Ukraine and Azerbaijan.

**Table 4 Average number of available indicators per country (including additional national indicators) by sub-region**

<i>Sub-regions</i>	<i>Average number of indicators per country</i>
Albania, Bosnia and Herzegovina, Croatia, The former Yugoslav Republic of Macedonia, the UN administered Province of Kosovo, Serbia and Montenegro	2.8
Bulgaria, Romania, Turkey	4.3
Belarus, Moldova, Russian Federation, Ukraine	2.5
Armenia, Azerbaijan, Georgia	4.7
Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan	3.5
<b>All 20 countries/territories</b>	<b>3.4</b>

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 percent of school units. At the same time, data on class size and drop-outs are available only for about 35-45 percent of countries.

### **C. Goal 3: ‘Promote gender equality and empower women’**

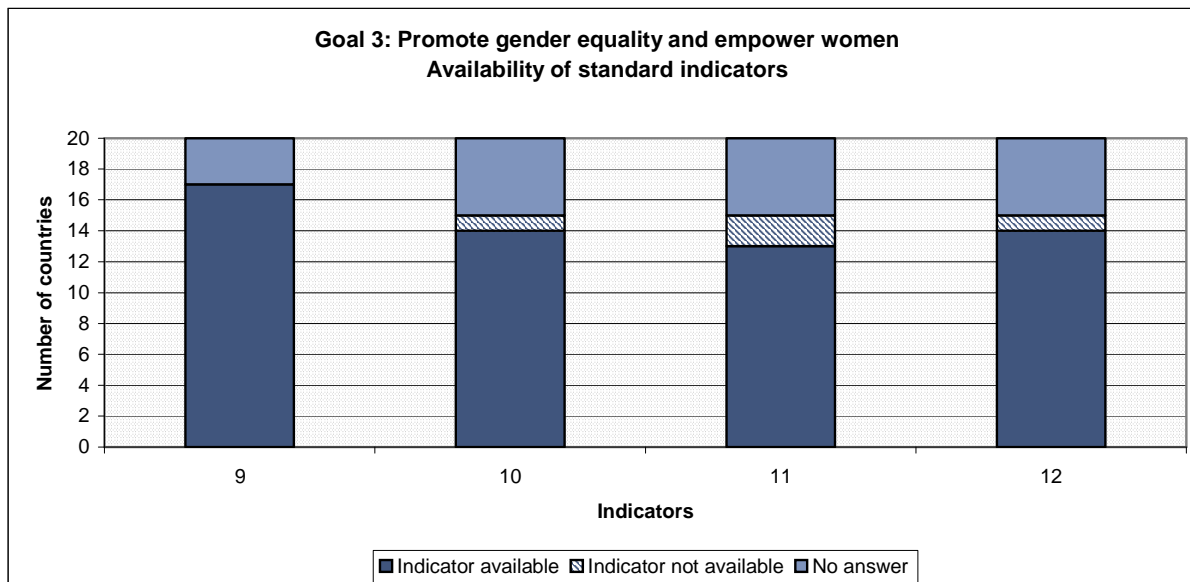
<i>Targets</i>	<i>Indicators</i>
4. Eliminate gender disparities in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	9. Ratio of girls and boys in primary, secondary, and tertiary education 10. Ratio of literate females to males 15-24 years of age 11. Share of women in wage employment in the non-agricultural sector 12. Proportion of seats held by women in national parliament

#### **Availability**

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

#### *Examples:*

*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 undertaken monthly or quarterly LFS since 1995 (Ukraine) or 1992 (the Russian Federation) which would give them the necessary data to calculate this indicator.*

**Graph 6 Availability of standard indicators for Goal 3**

Note. Number of countries with data for at least one point in time

### *Sources and quality of data*

54. 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.

**Table 5 Distribution of the available gender-labour indicators, according to the data source**

	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
<b>Standard indicator 11</b>	6	1	3	-	1	2
<b>Additional indicators 3a-d</b>	16	2	7	2	4	4
<b>Total</b>	<b>22 indicators</b>	<b>3 indicators</b>	<b>10 indicators</b>	<b>2 indicators</b>	<b>5 indicators</b>	<b>6 indicators</b>
<b>Total (%)</b>	<b>45.8%</b>	<b>6.25%</b>	<b>20.8%</b>	<b>4%</b>	<b>10.4%</b>	<b>12.75%</b>

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

55. As shown in table 5, Labour Force Surveys (LFS) are 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.

56. Three countries in the region have never conducted a LFS, four countries have conducted their first LFS after 2000, while 15 countries (88 percent) have undertaken a LFS at least once a year. In 11 countries such surveys are fully financed by the government. These include Belarus, Moldova, Ukraine, the Russian Federation, Kazakhstan, some countries of the former Yugoslavia, and some other South-East European countries.

57. Around 30 percent of countries have carried out at least a LFS, but do not have the indicator on wage employment available. This is for various 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 recently<sup>13</sup> and the data needed to construct the indicator have not yet been processed.
- The sample size of the LFS does not allow the proper calculation of the indicator.

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

### *Periodicity and time frame*

58. The indicators related to education that are compiled from administrative systems are available for more than half of the countries prior to 1995. Eighty percent of countries have them from at least 2001. For the indicators on wage employment and parliamentary seats, pre-1995 data are available for only two and four countries, respectively. By 2001, these figures rose to 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 can now 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:

- 3a. Women's wage as a percentage of men's (gender pay gap)
- 3b. Percentage of women among employers
- 3c. Percentage of women in managerial positions
- 3d. Percentage of women in informal employment

<sup>13</sup> For example, in Tajikistan and Bosnia and Herzegovina and the first LFS was conducted in 2004 and 2005, respectively.

61. The rationale for using these indicators is linked to the particular situation in the EECCA and SEE region, where gender differences are less related to the accessibility of the labour market and more to 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 percent of countries) and the percentage of women among employers (55 percent of countries). The percentage of women in managerial positions and the percentage of women in informal employment were used by 30 percent and 25 percent of countries, respectively. Only two countries (Turkey and Romania) can produce some of these additional indicators before the mid 1990s. The large majority of countries can calculate these indicators starting in the late 1990s.

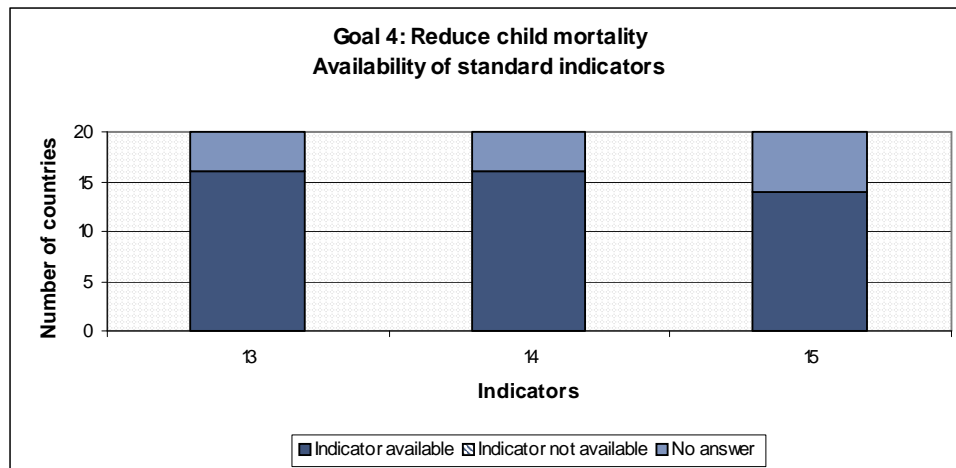
63. Data for the additional indicators to monitor Goal 3 were obtained from population censuses, labour force surveys, enterprise censuses and surveys, administrative records and official estimates based on the results of several sources. Table 5 shows a distribution of the additional indicators (3a-d) according to their data source.

#### **D. 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 one-year-old children immunized against measles

#### **Availability**

64. For this goal, the percentage of the reported standard indicators (100 percent, non-responses excluded) is the highest among all the Goals (see table A.1 in Annex). Indicators on under-five and infant mortality are available for at least one point in time in 16 out of 17 countries that have replied to the relevant section of the questionnaire (Croatia’s reply is missing). Fourteen out of the 17 reporting countries have data for at least one point in time for the indicator on the proportion of one-year-old children immunized against measles.

**Graph 7 Availability of standard indicators for Goal 4**

Note. Number of countries with data for at least one point in time

### *Sources and quality of data*

65. A high capacity to produce indicators on child mortality is due to the fact that almost all SEE and EECCA 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 percent 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 six countries). Except for Armenia, Kazakhstan and Uzbekistan, all other countries have now officially adopted the WHO definition of live birth and stillbirth. However, only 50 percent of countries record the full coverage of events. According to UNICEF<sup>14</sup>, under-five and infant mortality as defined by international standards is in many countries of the EECCA and SEE higher than the one officially reported in 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 administrative records.<sup>15</sup>

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. Although national statistical offices are fully involved in their implementation, they are not included in the National Statistical Plan of the countries.

<sup>14</sup> *The State of the World's Children 2006*, UNICEF Publication ([http://www.unicef.org/publications/index\\_30398.html](http://www.unicef.org/publications/index_30398.html)).

<sup>15</sup> See ECE MDG Report 2006.

***Periodicity and time frame***

67. For the years 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 percent of the indicators on mortality are available disaggregated by sex, rural/urban and sub-regional areas. Disaggregation by ethnicity is available for 20 percent of the indicators. Although still low, this percentage is higher than for the other Goals.

***Additional indicators***

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

- 4a. Breast-feeding rate
- 4b. Prenatal mortality rate per 1000 live births

70. As indicated in table A.1 in the 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 the additional indicators for the other goals. All 17 countries that replied to the relevant section of the questionnaire reported the availability of prenatal mortality rate since these data are usually collected within the national health registration systems. Thirteen countries compute the indicator on breast-feeding, although the relevant data are not always included in administrative statistics. Five countries use household survey data to construct this indicator (for example, The former Yugoslav Republic of Macedonia, Serbia and Montenegro, Albania).

**E. 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. Almost all EECCA countries and Albania calculate both indicators.

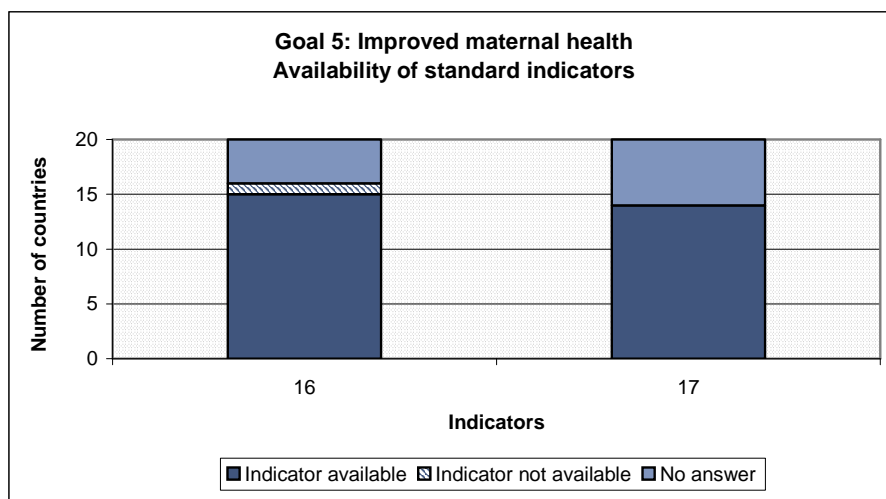


72. The lack of data is mainly in South-East Europe and in the countries of the former Yugoslavia, except for the former Yugoslav Republic of Macedonia and Serbia and Montenegro.

*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 lacked the related indicator. This may be due to the low coverage of the administrative system assessed between 80-89 percent of cases. Turkey does not have data on maternal mortality due to the lack of a registration system to record maternal deaths.*

**Graph 8 Availability of standard indicators for Goal 5**



Note. Number of countries with data for at least one point in time

**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. Fifteen countries have reported that they maintain such systems. The age of 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, 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 percent of 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., The former Yugoslav Republic of Macedonia, Romania, Republic of Moldova, Armenia) or do not have the underlining data to calculate the indicator (Georgia).

### ***Disaggregation***

75. Given the 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 percent of the countries, while for the indicator on births attended by skilled personnel the same percentage is only 40 percent. Sub-regional disaggregation can be produced by 60 percent of countries for maternal mortality and by 50 percent of countries for the other indicators. The same percentages go down to 20 and 7 percent for the availability of data disaggregated by ethnicity.

### ***Periodicity and time frame***

76. Thanks to the inherited system of administrative records, indicators on maternal mortality are available in 13 countries and in 11 countries for qualified birth attendance. These indicators are calculated annually by all countries, except Turkey where they are computed every five 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:

- 5a. Teenager pregnancy rate
- 5b. Number of induced abortions
- 5c. 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 percent of countries calculating the additional indicators can produce figures before 2001. However, data for these additional indicators can hardly be disaggregated by sub-population groups. Only one or two countries can provide urban/rural disaggregations.

## F. 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 year-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 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
	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 a 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 for the overall rate of the adult population). Indicators 21-24 allow monitoring of the spread of malaria and tuberculosis, which has been increasing over the last two decades in SEE and EECCA 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 48.9 percent of all indicators (see table A.1 in the Annex). Graph 9 shows the availability of each indicator for at least one point in time for the 20 reporting countries.

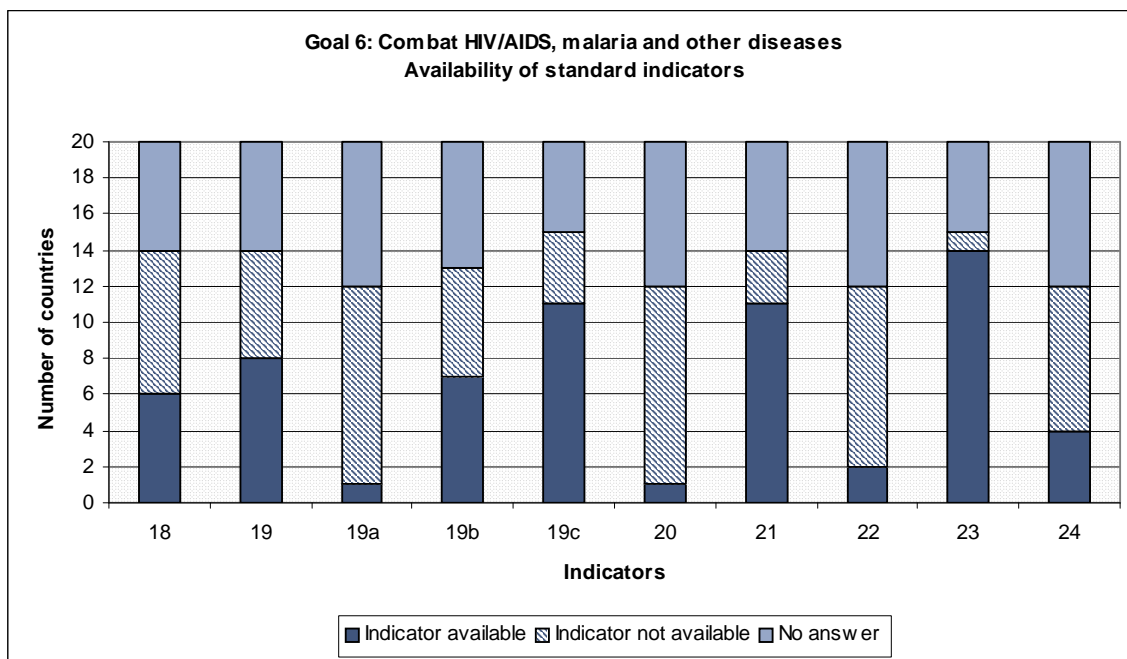
81. The poor availability of data on HIV/AIDS is particularly striking taking into account that estimates provided by UNAIDS show a dramatic increase in the epidemic in recent years. According to UNAIDS, some of the EECCA countries are experiencing the world’s fastest growing HIV/AIDS epidemic while 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 the contraceptive prevalence rate and it is available in only half of the countries under

survey. Indicators on “condom use at the last occurrence of high-risk sex” and “the 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 percent) account for 70 percent 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 for malaria are not relevant for those countries that are not located in highly vulnerable regions. However, data on prevalence and death associated with malaria are available for many of the EECCA countries, Turkey and The former Yugoslav Republic of Macedonia 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 the 1990s, 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 9 Availability of standard indicators for Goal 6**



Note. Number of countries with data for 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 surveys<sup>16</sup> 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 EECCA 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 the health/vital statistics registration. However, in half of countries the registration only covers between 98-100 percent of 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 year,<sup>17</sup> while indicators are available 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 from malaria and tuberculosis have been calculated as of 1990, while several EECCA countries have computed these indicators since as early as the 1960s. The indicator on the proportion of TB cases detected and cured under DOTS has been available since 2001.

### *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 percent of the standard indicators used to monitor Goal 6 can be disaggregated by urban/rural areas. Sub-regional and sex disaggregations can be provided for 54 percent of indicators while indicators disaggregated by ethnicity are available only in the 3 percent of cases.

### *Additional indicators*

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

6a. New HIV infections

<sup>16</sup> Moldova, for example, carried out a Knowledge Attitude and Practice Survey.

<sup>17</sup> 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.

- 6b. New AIDS reported cases
- 6c. HIV prevalence in most-at-risk-groups
- 6d. Percentage of mother-to-child transmission
- 6e. Government funding for HIV/AIDS
- 6f. HIV education in schools
- 6g. Percentage of population in most-at-risk groups with comprehensive knowledge of HIV/AIDS
- 6h. Mortality rate caused by malignant tumours
- 6i. Number of children orphaned by AIDS

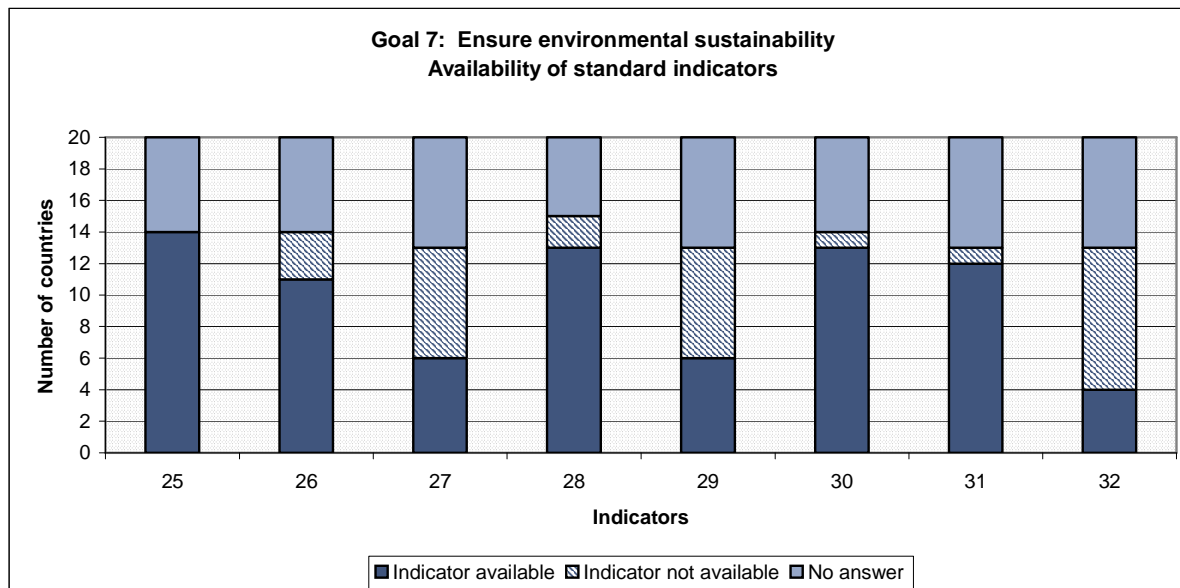
91. On average, only 29 percent of the countries use these additional indicators to monitor Goal 6. Indicators related to new HIV infections or AIDS cases and mortality caused by malignant tumours are derived from the standard health registration systems and therefore are more available (in 10-12 countries 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 two to six countries and mainly after 1999).

#### G. 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
10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water	26. Land area protected to maintain biological diversity
11. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	27. Energy use per 1\$ GDP (PPP)
	28. Carbon dioxide emissions (per capita)
	29. Proportion of population using solid fuels
	30. Proportion of population with sustainable access to an improved water sources
	31. Proportion of population with access to improved sanitation
	32. Proportion of population with access to secure tenure

#### *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 the EECCA, where on average five to six indicators are available for each country. Countries of other regions can produce on average three indicators.

**Graph 10 Availability of standard indicators for Goal 7 at one point in time at least**


Note. Number of countries with data for at least one point in time

93. As it is shown in graph 10, 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 tenure<sup>18</sup>), and the lack of internationally comparable data.

### *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 other indicators two types of sources are used: administrative systems and household surveys or population and housing censuses (see table 6).

**Table 6 Distribution of the available indicators related to living conditions (29-32) for Goal 7 according to the data source for the 20 reporting countries**

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

<sup>18</sup> 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 EECCA and SEE countries that slums are an issue relevant to other regions of the world.

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

### *Periodicity and time frame*

96. At least 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 percent) 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 every three to five or ten years.

### *Disaggregation*

98. Sixty percent 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:

- 7a. Proportion of renewable energy sources
- 7b. Total greenhouse gas emissions
- 7c. Consumption of ozone depleting substance (gram per capita)
- 7d. 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 countries under survey. 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 five countries). Where indicators are available, the most common sources of data are administrative data for the first three indicators, and household surveys/censuses for the indicator on access to piped water. At least nine countries started calculating the indicator on piped water before 2001.



## H. Goal 8: ‘Develop a Global Partnership for Development’

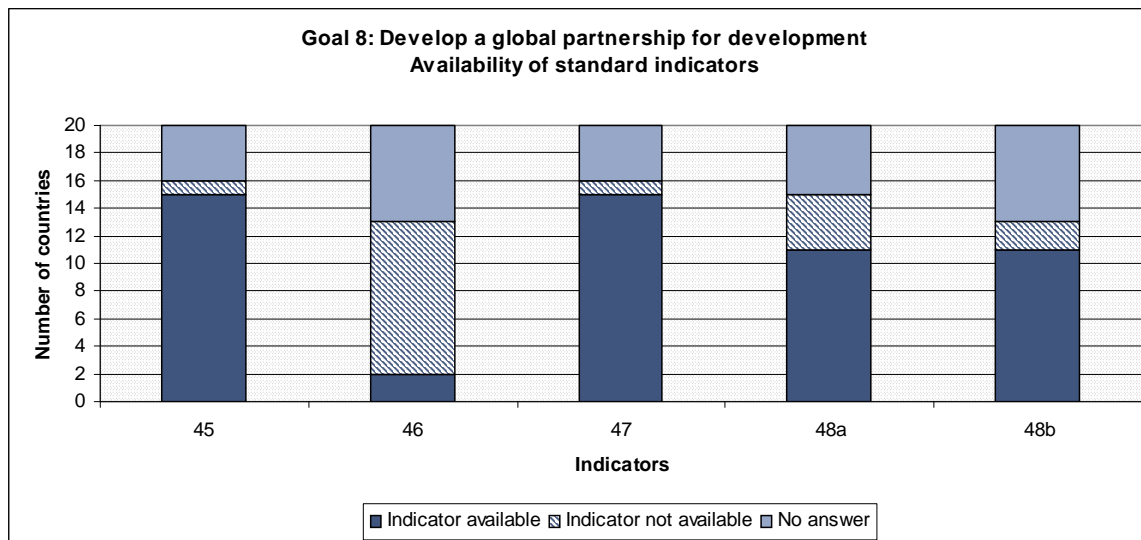
<i>Targets</i>	<i>Indicators</i>
16. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	45. Unemployment of young people aged 15-24 years old
17. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries	46. Proportion of the 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 in the area of 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 that, if addressed properly, will help to ensure 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 Internet use 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 (The former Yugoslav Republic of Macedonia and Kazakhstan<sup>19</sup>). In general, the indicators to monitor Goal 8 are more available in European EECCA and Central Asia.

<sup>19</sup> However, the indicator calculated in Kazakhstan is based on a definition that is different from the international one.

Graph 11 Availability of standard indicators for Goal 8



Note. Number of countries with data for at least one point in time

### *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 by 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 an irregular basis in 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 percent of the available indicators.

### ***Additional indicators***

8a. Amount of external debt

8b. Net ODA

105. These indicators are hardly available in the reporting countries: Data on external debt are available in eight countries, while data on ODA is available in only two countries (Turkey and Albania). In general, the relevant data are very limited or simply not available from national statistical office (e.g. countries of the former Yugoslavia and most EECCA countries).

### III. CONCLUDING REMARKS

106. The MDG framework, with its list of policy issues and targets, has set priorities in the development agenda at the global and national level. This framework also represents a clear guidance for statistical authorities to drive their work and produce relevant data and indicators. The push to achieve MDG goals and targets is proving to be also effective in improving the capacity of EECCA and SEE countries to produce data that can be more and more relevant to implement and monitor policies. In particular, the MDG framework is proving to be an effective reference tool to drive efforts of these countries to develop sustainable household survey programmes, to make more effective use of available sources, to progressively adopt international standards and definitions (for example regarding the population and housing census), and to improve accessibility and usability of statistical data and products.

107. However, many challenges remain in making national statistical systems more responsive to information needs of policy makers and other users. In general terms, further work should focus on the following issues:

- **Data availability:** especially for some topics (HIV/AIDS and other communicable diseases, environment, unemployment and ICT) the production of statistical indicators is not yet satisfactory. In other cases, as for example on poverty measurement, the lack of MDG indicators is often explained by the fact that different indicators, responding to national needs and definitions, are produced instead of those internationally recommended.
- **Data quality:** not all available data respond to quality standards, i.e. requirements that make data relevant and valuable from a user perspective. In particular, the accuracy, periodicity and accessibility of data need to receive further attention, especially for those indicators that rely on administrative sources (such as registered unemployment, child and maternal mortality and HIV/AIDS). The accessibility of data is often an issue, because of the lack of systematic strategy to disseminate them.
- In some instances, available data are not internationally comparable, which lowers the chances of using statistical data to compare policies and their outcomes between countries.
- The availability of data at the sub-national level, or according to important characteristics such as ethnicity and sex, is not always ensured. It is becoming increasingly important to have disaggregated data so as to develop inclusive policies and monitor existing social disparities.

108. Additional issues exist regarding the quality and availability of data for each of the eight MDG areas. They can be summarized as follows:

- **Goal 1 (*Eradicate extreme poverty and hunger*):** MDG indicators on poverty are not always fully relevant for EECCA and SEE countries, which often adopt national poverty lines. This affects the comparability of data across countries. In some cases sample sizes are not adequate, which negatively affects the accuracy and availability of data for subpopulations.
- **Goal 2 (*Achieve universal primary education*):** The availability of MDG indicators on education is satisfactory, while some concerns remain for other indicators such as net enrolment ratio in secondary school and attendance ratios. These indicators, particularly relevant for SEE and EECCA countries, are not yet widely available.

- Goal 3 (*Promote gender equality and empower women*): Indicators on gender disparities based on administrative sources (data on school enrolment and parliamentary membership) are widely available, while some problems exist for indicators derived from household surveys. In some countries a regular LFS programme has not yet been established, while definitional and coverage problems exist if additional indicators, such as the gender pay gap, are considered.
- Goal 4 (*Reduce child mortality*): More data are available for child mortality than for the other MDG goals, but the accuracy of official data is still an issue in several EECCA countries. Data produced by national authorities are significantly different – they are lower than estimates based on household surveys such as MICS and DHS. Discrepancies most likely occur because the Soviet definition of live births is often still used, as well as because of disincentives to report infant deaths.
- Goal 5 (*Improved maternal health*): The accurate measurement of maternal deaths remains an issue, often because registration of causes of death is not sufficiently precise or because of insufficient coverage of death registration, especially in rural areas.
- Goal 6 (*Combat HIV/AIDS, malaria and other communicable diseases*): Data for this area are hardest to come by. This is mainly explained by the lack of survey data on HIV/AIDS-related indicators (condom use, contraception, knowledge about HIV/AIDS). Countries often have mechanisms to collect data on reported cases of HIV/AIDS infections, but this is not sufficient to monitor and combat the spread of this disease, especially among high-risk groups.
- Goal 7 (*Ensure environmental sustainability*): Some indicators in this area are not widely available (such as those on energy use and solid fuel), while the international comparability of indicators derived from administrative sources (emissions, land use, and energy) cannot be assessed.
- Goal 8 (*Develop a Global Partnership for Development*): This goal covers diverse topics such as unemployment, access to drugs, and ICT. The availability and quality of data on unemployment is satisfactory in many countries, with the exception of those states where the LFS has not yet been carried out regularly. Data on access to drugs and use of modern technologies (personal computers and the Internet) are still not readily available. Some data are not accurate, and disaggregated data are not yet common.

## ANNEX

Table A.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
<b>Goal 1: Eradicate extreme poverty and hunger</b>	1. Proportion of population below \$1 per day	8	8	4	20	6	10	4	20
	1a. Poverty headcount ratio	12	4	4	20	11	5	4	20
	2. Poverty gap ratio (incidence x depth of poverty)	12	4	4	20	10	6	4	20
	3. Share of poorest quintile in national consumption	11	3	6	20	10	4	6	20
	4. Prevalence of underweight children (under-five y. of age)	7	8	5	20	5	9	6	20
<b>Goal 2: Achieve universal primary education</b>	5. Proportion of population below minimum level of dietary energy consumption	8	7	5	20	7	7	6	20
	6. Net enrolment ratio in primary education	13	3	4	20	11	5	4	20
	7. Proportion of pupils starting grade 1 who reach grade 5	11	6	3	20	8	8	4	20
<b>Goal 3: Promote gender equality and empower women</b>	8. Literacy rate of 15-24 years old	14	1	5	20	14	1	5	20
	9. Ratio of girls and boys in primary, secondary and tertiary education	17	0	3	20	14	2	4	20
	10. Ratio of literate females to males of 15-24 years old	14	1	5	20	14	1	5	20
	11. Share of women in wage employment in the non-agricultural sector	13	2	5	20	11	4	5	20
<b>Goal 4: Reduce child mortality</b>	12. Proportion of seats held by women in national parliament	14	1	5	20	13	2	5	20
	13. Under-five mortality rate	16	0	4	20	15	1	4	20
	14. Infant mortality rate	16	0	4	20	16	0	4	20
<b>Goal 5: Improved maternal health</b>	15. Proportion of 1 year old children immunized against measles	14	0	6	20	13	1	6	20
	16. Maternal mortality ratio	15	1	4	20	15	1	4	20
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>	17. Proportion of births attended by skilled health personnel	14	0	6	20	13	1	6	20
	18. HIV prevalence among 15-24 years old pregnant women	6	8	6	20	6	8	6	20
	19. Condom use rate of the contraceptive prevalence rate	8	6	6	20	5	7	8	20
	19a. Condom use at last high-risk sex	1	11	8	20	1	11	8	20
	19b. Percentage of population aged 15-24 y.o. with comprehensive knowledge of HIV/AIDS	7	6	7	20	6	7	7	20

**Table A.1 Availability and public release of MDG indicators (continued)**

Goal	Indicator	Number of countries				Number of countries			
		Indicator available	Indicator not available	No answer	Total	Indicator published	Indicator not published	No answer	Total
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>	19c. Contraceptive prevalence rate	11	4	5	20	9	5	6	20
	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	20
	21. Prevalence and death rates associated with malaria	11	3	6	20	10	4	6	20
	22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures	2	10	8	20	1	11	8	20
	23. Prevalence and death rates associated with tuberculosis	14	1	5	20	13	1	6	20
	24. Proportion of TB cases detected and cured under DOTS	4	8	8	20	4	8	8	20
	<b>Goal 7: Ensure environmental sustainability</b>	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	20
27. Energy use per 1\$ GDP (PPP)		6	7	7	20	5	7	8	20
28. Carbon dioxide emissions (per capita)		13	2	5	20	7	3	10	20
29. Proportion of population using solid fuels		6	7	7	20	4	9	7	20
30. Proportion of population with sustainable access to an improved water sources		13	1	6	20	12	1	7	20
31. Proportion of population with access to improved sanitation		12	1	7	20	12	1	7	20
32. Proportion of people with access to secure tenure		4	9	7	20	3	9	8	20
<b>Goal 8: Develop a Global Partnership for Development</b>	45. Unemployment of young people aged 15-24 y.o.	15	1	4	20	14	0	6	20
	46. Proportion of population with access to affordable essential drugs on a sustainable basis	2	11	7	20	2	11	7	20
	47. Telephone lines and cellular subscribers per 100 people	15	1	4	20	10	4	6	20
	48a. Personal computers per 100 people	11	4	5	20	9	5	6	20
	48b. Internet users per 100 people	11	2	7	20	10	2	8	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 A.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
<b>Goal 1: Eradicate extreme poverty and hunger</b>	1.a. Extreme poverty	9	6	5	20	8	7	5	20
	1.b. Absolute poverty	12	4	4	20	11	5	4	20
	1.c. Relative poverty	11	5	4	20	10	6	4	20
<b>Goal 2: Achieve universal primary education</b>	2.a. Net enrolment ratio in secondary education	15	1	4	20	10	5	5	20
	2.b. Attendance ratio in primary education	5	9	6	20	5	8	7	20
	2.c. Attendance ratio in secondary education	5	9	6	20	5	9	6	20
<b>Goal 3: Promote gender equality and empower women</b>	3.a. Women's wage as a percentage of men's	13	2	5	20	12	3	5	20
	3.b. Percentage of women among employers	11	3	6	20	9	5	6	20
	3.c. Percentage of women in managerial positions	7	4	9	20	7	4	9	20
	3.d. Percentage of women in informal employment	4	9	7	20	4	9	7	20
<b>Goal 4: Reduce child mortality</b>	4.a. Breast-feeding rate	13	1	6	20	11	3	6	20
	4.b. Prenatal mortality rate per 1000 life births	17	0	3	20	15	0	5	20
<b>Goal 5: Improved maternal health</b>	5.a. Teenager pregnancy rate	7	6	7	20	6	6	8	20
	5.b. Number of induced abortions	14	1	5	20	14	1	5	20
	5.c. Proportion of pregnant women under medical monitoring (until the third month of pregnancy)	11	3	6	20	11	3	6	20
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>	6.a. New HIV infections	10	4	6	20	8	6	6	20
	6.b. New AIDS reported cases	12	2	6	20	10	4	6	20
	6.c. HIV prevalence in most-at-risk-groups	5	8	7	20	5	8	7	20
	6.d. Percentage of mother-to-child transmission	6	7	7	20	4	9	7	20
	6.e. Government funding for HIV/AIDS	5	7	8	20	4	8	8	20
	6.f. HIV education in schools	2	10	8	20	0	12	8	20
	6.g. Percentage of population in most-at-risk groups with comprehensive knowledge of HIV/AIDS	1	11	8	20	1	11	8	20
	6.h. Mortality rate caused by malignant tumours	11	3	6	20	11	3	6	20
	6.i. Number of children orphaned by AIDS	0	12	8	20	0	12	8	20



**Table A.2 Availability and public release of additional selected indicators (continued)**

Goal	Indicator	Number of countries				Number of countries			
		<i>Indicator available</i>	<i>Indicator not available</i>	<i>No answer</i>	<i>Total</i>	<i>Indicator published</i>	<i>Indicator not published</i>	<i>No answer</i>	<i>Total</i>
<b>Goal 7: Ensure environmental sustainability</b>	7.a. Proportion of renewable energy sources	5	9	6	20	3	8	9	<b>20</b>
	7.b. Total greenhouse gas emissions	8	6	6	20	5	6	9	<b>20</b>
	7.c. Consumption of ozone depleting substance (gram per capita)	8	6	6	20	5	7	8	<b>20</b>
	7.d. Proportion of population with sustainable access to piped water	11	4	5	20	9	4	7	<b>20</b>
<b>Goal 8: Develop a Global Partnership for Development</b>	8.a. Amount of external debt (\$ millions)	8	4	8	20	6	5	9	<b>20</b>
	8.b. Net ODA (\$ millions)	2	8	10	20	2	7	11	<b>20</b>
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 A.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
<b>Goal 1: Eradicate extreme poverty and hunger</b>	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
<b>Goal 2: Achieve universal primary education</b>	5. Proportion of population below minimum level of dietary energy consumption	2	6	0	8	4	4	5	3
	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
<b>Goal 3: Promote gender equality and empower women</b>	8. Literacy rate of 15-24 years old	12	2	3	11	10	4	11	3
	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
<b>Goal 4: Reduce child mortality</b>	12. Proportion of seats held by women in national parliament	10	4	1	13	3	11	2	12
	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
<b>Goal 5: Improved maternal health</b>	15. Proportion of 1 year old children immunized against measles	1	13	0	14	6	8	4	10
	16. Maternal mortality ratio	not relevant	not relevant	3	12	9	6	11	4
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>	17. Proportion of births attended by skilled health personnel	4	10	1	13	7	7	6	8
	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

**Table A.3 Availability of MDG according to additional classification variables (continued)**

	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
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>	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
<b>Goal 7: Ensure environmental sustainability</b>	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
<b>Goal 8: Develop a Global Partnership for Development</b>	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 A.4 Number of countries according to source used to produce MDG indicators

	<i>Indicator</i>	<i>Census</i>	<i>Administrative source</i>	<i>Household survey</i>	<i>No answer</i>	<i>Total</i>
<b>Goal 1: Eradicate extreme poverty and hunger</b>	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
	5. Proportion of population below minimum level of dietary energy consumption	0	0	8	12	20
<b>Goal 2: Achieve universal primary education</b>	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
	8. Literacy rate of 15-24 years old	11	0	2	7	20
<b>Goal 3: Promote gender equality and empower women</b>	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
	12. Proportion of seats held by women in national parliament	0	12	0	8	20
<b>Goal 4: Reduce child mortality</b>	13. Under-five mortality rate	0	13	0	7	20
	14. Infant mortality rate	0	13	0	7	20
	15. Proportion of 1 year old children immunized against measles	0	11	1	8	20
<b>Goal 5: Improved maternal health</b>	16. Maternal mortality ratio	0	13	0	7	20
	17. Proportion of births attended by skilled health personnel	0	9	2	9	20
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>	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

**Table A.4 Number of countries according to source used to produce MDG indicators (continued)**

	<i>Indicator</i>	<i>Census</i>	<i>Administrative source</i>	<i>Household survey</i>	<i>No answer</i>	<i>Total</i>
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>	19c. Contraceptive prevalence rate	0	4	4	12	<b>20</b>
	20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 y.o.	0	1	0	19	<b>20</b>
	21. Prevalence and death rates associated with malaria	0	10	0	10	<b>20</b>
	22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures	0	2	0	18	<b>20</b>
	23. Prevalence and death rates associated with tuberculosis	0	13	0	7	<b>20</b>
	24. Proportion of TB cases detected and cured under DOTS	0	4	0	16	<b>20</b>
<b>Goal 7: Ensure environmental sustainability</b>	25. Proportion of land area covered by forest	0	13	0	7	<b>20</b>
	26. Land area protected to maintain biological diversity	0	10	0	10	<b>20</b>
	27. Energy use per 1\$ GDP (PPP)	0	4	0	16	<b>20</b>
	28. Carbon dioxide emissions (per capita)	0	11	0	9	<b>20</b>
	29. Proportion of population using solid fuels	1	1	4	14	<b>20</b>
	30. Proportion of population with sustainable access to an improved water sources	1	3	6	10	<b>20</b>
	31. Proportion of population with access to improved sanitation	1	2	8	9	<b>20</b>
	32. Proportion of people with access to secure tenure	0	0	4	16	<b>20</b>
<b>Goal 8: Develop a Global Partnership for Development</b>	45. Unemployment of young people aged 15-24 y.o.	1	1	9	9	<b>20</b>
	46. Proportion of population with access to affordable essential drugs on a sustainable basis	0	1	1	18	<b>20</b>
	47. Telephone lines and cellular subscribers per 100 people	0	9	3	8	<b>20</b>
	48a. Personal computers per 100 people	0	1	6	13	<b>20</b>
	48b. Internet users per 100 people	0	4	5	11	<b>20</b>

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

Table A.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	
<b>Goal 1: Eradicate extreme poverty and hunger</b>	1. Proportion of population below \$1 per day	6	0	0	1	1	8
	1a. Poverty headcount ratio	9	1	0	1	1	12
	2. Poverty gap ratio (incidence x depth of poverty)	8	1	0	1	2	12
	3. Share of poorest quintile in national consumption	9	0	0	1	1	11
	4. Prevalence of underweight children (under-five y. of age)	2	2	0	2	1	7
5. Proportion of population below minimum level of dietary energy consumption	6	1	0	0	1	8	
<b>Goal 2: Achieve universal primary education</b>	6. Net enrolment ratio in primary education	11	1	0	0	1	13
	7. Proportion of pupils starting grade 1 who reach grade 5	9	1	0	0	1	11
	8. Literacy rate of 15-24 years old	2	0	7	2	3	14
<b>Goal 3: Promote gender equality and empower women</b>	9. Ratio of girls and boys in primary, secondary and tertiary education	15	0	0	0	2	17
	10. Ratio of literate females to males of 15-24 years old	3	0	7	3	1	14
	11. Share of women in wage employment in the non-agricultural sector	9	0	0	2	0	11
	12. Proportion of seats held by women in national parliament	9	2	0	3	0	14
<b>Goal 4: Reduce child mortality</b>	13. Under-five mortality rate	14	0	0	0	2	16
	14. Infant mortality rate	14	0	0	0	2	16
	15. Proportion of 1 year old children immunized against measles	12	1	0	0	1	14
<b>Goal 5: Improved maternal health</b>	16. Maternal mortality ratio	12	0	0	0	3	15
	17. Proportion of births attended by skilled health personnel	12	1	0	0	1	14
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>	18. HIV prevalence among 15-24 years old pregnant women	4	0	0	0	2	6
	19. Condom use rate of the contraceptive prevalence rate	3	3	0	1	1	8
	19a. Condom use at last high-risk sex	0	0	0	0	1	1
	19b. Percentage of population aged 15-24 y.o. with comprehensive knowledge of HIV/AIDS	0	3	0	3	1	7
	19c. Contraceptive prevalence rate	6	4	0	1	0	11

Table A.5 Number of countries according to periodicity of available MDG indicators (continued)

	Indicator	Periodicity					Total
		Annual	3-5 years	10 years	No fixed periodicity	No answer	
<b>Goal 6: Combat HIV/AIDS, malaria and other diseases</b>	20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 y.o.	1	0	0	0	0	1
	21. Prevalence and death rates associated with malaria	10	0	0	0	1	11
	22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures	2	0	0	0	0	2
	23. Prevalence and death rates associated with tuberculosis	12	0	0	0	2	14
	24. Proportion of TB cases detected and cured under DOTS	4	0	0	0	0	4
<b>Goal 7: Ensure environmental sustainability</b>	25. Proportion of land area covered by forest	6	1	0	1	6	14
	26. Land area protected to maintain biological diversity	6	0	0	2	3	11
	27. Energy use per 1\$ GDP (PPP)	4	0	0	1	1	6
	28. Carbon dioxide emissions (per capita)	8	0	0	2	3	13
	29. Proportion of population using solid fuels	3	0	1	2	0	6
	30. Proportion of population with sustainable access to an improved water sources	10	1	1	1	0	13
	31. Proportion of population with access to improved sanitation	9	1	1	1	0	12
	32. Proportion of people with access to secure tenure	4	0	0	0	0	4
<b>Goal 8: Develop a Global Partnership for Development</b>	45. Unemployment of young people aged 15-24 y.o.	9	0	1	1	4	15
	46. Proportion of population with access to affordable essential drugs on a sustainable basis	2	0	0	0	0	2
	47. Telephone lines and cellular subscribers per 100 people	12	0	0	1	2	15
	48a. Personal computers per 100 people	8	0	0	2	1	11
	48b. Internet users per 100 people	9	0	0	1	1	11

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

Table A.6 Number of available MDG indicators by country/territory

	Goal 1			Goal 2			Goal 3		
	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
Bosnia and Herzegovina	0	0	10	0	0	7	0	0	9
Croatia	0	1	4	1	2	1	3	2	4
The former Yugoslav Republic of Macedonia	0	1	0	3	1	1	3	0	1
the UN administered Province of Kosovo	0	0	10	0	0	7	0	0	9
Serbia and Montenegro	4	1	1	2	1	0	4	4	1
Bulgaria	0	0	10	0	0	7	0	0	9
Romania	2	3	1	3	4	0	4	4	0
Turkey	6	3	1	2	4	0	4	4	0
Belarus	5	3	1	2	1	1	4	3	1
Moldova	5	3	1	2	1	1	4	3	1
Russian Federation	3	25	0	0	1	1	2	1	1
Ukraine	4	6	0	3	0	4	3	0	6
Armenia	5	3	0	3	3	1	4	4	1
Azerbaijan	6	3	1	2	0	0	4	0	1
Georgia	2	4	1	3	3	1	3	2	2
Kazakhstan	5	1	3	2	1	1	4	3	1
Kyrgyzstan	6	2	1	3	2	0	4	4	0
Tajikistan	1	0	0	3	1	3	3	1	5
Uzbekistan	0	0	10	1	1	5	1	0	8

	Goal 4			Goal 5			Goal 6		
	MDG indicators	Additional indicators	No answer	MDG indicators	Additional indicators	No answer	MDG indicators	Additional indicators	No answer
Albania	3	2	1	2	1	1	6	2	2
Bosnia and Herzegovina	0	0	6	0	0	6	0	0	20
Croatia	0	3	3	0	3	3	1	0	19
The former Yugoslav Republic of Macedonia	3	2	1	2	3	1	2	6	1
the UN administered Province of Kosovo	0	0	6	0	0	6	0	0	20
Serbia and Montenegro	3	2	1	2	2	1	4	1	1
Bulgaria	0	0	6	0	0	6	0	0	20
Romania	3	1	2	2	1	1	5	3	2
Turkey	3	3	0	1	3	1	5	0	2
Belarus	3	2	1	2	3	1	6	6	3
Moldova	3	2	1	2	3	1	4	4	1
Russian Federation	3	2	1	2	2	1	3	3	1
Ukraine	2	2	2	1	1	4	0	3	12
Armenia	3	1	2	2	3	1	10	4	3
Azerbaijan	3	2	1	2	1	2	3	3	4
Georgia	2	1	3	1	0	5	1	0	19
Kazakhstan	3	2	1	2	2	1	3	7	1
Kyrgyzstan	3	1	1	2	1	1	5	4	1
Tajikistan	3	2	1	2	2	2	3	3	6
Uzbekistan	3	2	1	2	1	3	4	3	13



**Table A.6 Number of available MDG indicators by country/territory (continued)**

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

**Table A.7**  
**Number of MDG indicators that can be disaggregated by additional variables, by country/territory**

	Sex		Ethnicity		Sub-national		Urban/Rural	
	Yes	No	Yes	No	Yes	No	Yes	No
Albania	9	34	0	46	9	40	9	40
Bosnia and Herzegovina	0	0	0	0	0	0	0	0
Croatia	6	9	0	18	1	19	0	20
The former Yugoslav Republic of Macedonia	15	12	11	20	24	13	21	16
the UN administered Province of Kosovo	0	0	0	0	0	0	0	0
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 A.8 Number of MDG indicators according to source, by country/territory**

	Census	Administrative source	Household survey including LFS	No answer	Total
Albania	2	27	20	2	51
Bosnia and Herzegovina	0	0	0	0	0
Croatia	0	13	5	2	20
The former Yugoslav Republic of Macedonia	2	32	2	1	37
the UN administered Province of Kosovo	0	0	0	0	0
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 A.9 Number of MDG indicators by periodicity and country/territory**

	Annual	3-5 years	10 years	No fixed periodicity	No answer	TOTAL
Albania	37	5	0	7	2	51
Bosnia and Herzegovina	0	0	0	0	0	0
Croatia	11	1	0	0	8	20
The former Yugoslav Republic of Macedonia	26	4	3	2	2	37
the UN administered province of Kosovo	0	0	0	0	0	0
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

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**ASSESSMENT OF CAPACITY  
FOR COUNTRIES OF EASTERN AND  
SOUTH-EASTERN EUROPE, CAUCASUS AND CENTRAL ASIA  
TO PRODUCE MDG-RELEVANT STATISTICS**

