

# MONITORING ENVIRONMENT FOR TRACKING PROGRESS IN ACHIEVING THE MDGs

## STATUS OF THE MONITORING FRAMEWORK

HMG/N is committed to the effective monitoring of the MDGs through institutionalising the Poverty Monitoring and Analysis System (PMAS) – a framework developed to effectively monitor the PRSP of the country. As the PRSP has incorporated interventions that contribute to achieve the MDGs, most of the outcome and impact level PRSP indicators are drawn from the MDGs, which make it possible for the PMAS to contribute tracking the MDGs as well.

The primary objective of the PMAS is to coordinate, consolidate, harmonise, and analyse data from the existing poverty monitoring system and to communicate results in ways which provide effective feedback to the policy change. It seeks to accomplish this through five functions which are in essence its five components: (i) implementation monitoring; (ii) outcome monitoring; (iii) impact analysis; (iv) poverty management information system; and (v) communication and advocacy.

Monitoring progress towards MDGs including poverty reduction remains the mandate of the National Planning Commission (NPC). A Poverty Monitoring Division (PMD) has been established in the NPC, with the mandate of monitoring and analysing poverty trends; tracking progress towards key human development and MDG indicators and the implementation of measures to ensure social inclusion; and undertaking periodic reviews. The PMD prepares an annual poverty progress report, which tracks the indicators outlined in the PMAS,

based on the information generated from various types of M and E as mentioned above.

The information on implementation monitoring is mainly collected from routine data system and management information systems such as the Health Management Information System (HMIS) and the Education Management Information System (EMIS) of the sectoral ministries. The outcome indicators under the outcome monitoring component of PMAS are monitored based on the information collected from national household surveys. Before the development of the PMAS national household surveys were conducted without proper planning and sequencing. Therefore, following a process of consultations among the key stakeholders household surveys were streamlined and sequenced. Currently, the national household survey system consists of five major surveys under the PMAS, of which Nepal Living Standards Survey (NLSS) and Nepal Demographic and Health Survey (NDHS) are the two major surveys. Furthermore, some key education-related indicators have already been identified to include in the upcoming NDHS 2006 to fill the data gap on the outcome-related indicators of the education sector.

In order to link the implementation and outcome monitoring, an impact assessment of relevant policies and programmes are conducted annually. It is important that the information generated from the three major components of the monitoring and evaluation be stored in a management information system to promote easy access of data

for different stakeholders and thus provide a basis for enhanced communication and advocacy – a critical function in Least Developed Countries (LDCs). However, as a prelude to this major function, currently efforts have been directed to store data in Nepal Info, a database software tool available in CD ROM, which includes most of the PRS and MDG indicators. Nepal Info 3 was released in mid-2005.

The development of the PMAS is a milestone which offers an opportunity to harmonise donors in the field of poverty monitoring and MDG tracking. The PMAS has been widely appreciated by different corners of society, including donors in Nepal. The PMAS has become an integral component of the PRSP, and is a lively and dynamic framework to understanding and monitoring MDGs and poverty, using both quantitative and qualitative methods.

## MAIN MONITORING ISSUES EMERGING DURING THE REPORT PREPARATION

Some issues have been encountered during the preparation of this MDG Progress Report 2005, which are briefly outlined below, with some concrete examples to illustrate the point. These issues call for further coordination, standardisation, and streamlining among various surveys and between surveys and routine data systems, as well as capacity enhancement for data collection and analysis. As one of the primary objectives of a MDG Progress Report is to contribute to improvements in progress monitoring mechanisms, these issues will have to be discussed among the concerned actors for devising follow-up actions for future improvements.

### Unavailability of data on the MDG indicators

As a starting point for strengthening the monitoring environment as well as initial inputs for customising the indicators to better reflect the Nepalese context, an attempt was made to report on as many global MDG

indicators as possible. In the process, it was realised that there was lack of data on certain indicators, and therefore either these indicators are not reported or they are reported by adapting them based on the nature of data available. These areas follows.

- Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years.
- Carbon dioxide emissions (per capita) and consumption of ozone-depleting CFCs (ODP tonnes).
- HIV prevalence among 15-24-year-old pregnant women: 'HIV prevalence among 15-49 years of age' was used instead.
- Proportion of population in malaria risk areas using effective malaria prevention and treatment measures: 'Proportion of population in malaria risk areas using effective prevention measures' was used instead.
- Proportion of population using solid fuels: 'Proportion of population using wood as the main fuel' was used instead.

### Unavailability of updated data

For some indicators, there was no updated data available from the national-level household surveys since the last Progress Report 2002. Especially, many of the health-related indicators are expected to be covered by the upcoming NDHS planned in 2006. In some cases, the 2005 updates were left blank for accurate reporting to be made next year, rather than presenting estimated figures. The indicators for which updated data were not available are prevalence of underweight children under-five years of age, infant mortality rate, under-five mortality rate, maternal mortality ratio, contraceptive prevalence rate including condom use and area under forest.

### Different definitions and survey methodology

As data for a particular indicator often comes from different surveys and censuses carried out at different points in time, and due to differences in the indicator definitions as well as in survey methodologies, a temporal

comparison required a cautious approach. A few prime examples are presented below.

- Proportion of population with sustainable access to an improved water source
- Proportion of population with sustainable access to improved sanitation

#### Lack of disaggregated data

While efforts have been undertaken, there is still absence of many relevant data at the sub-national level, as well as data disaggregated by different social groups. Therefore, some difficulty was encountered to present inequalities within the country by reliable data.

#### Need for 'localising' targets and indicators

Given the fact that Nepal's first MDG Progress Report (2002) had been compiled before the official UN guidelines were produced, this second Report is the first attempt to cover as extensively as possible all the MDG indicators agreed upon at the global level. This approach has been adopted with a view to identifying the monitoring gaps as well as paving the way for MDG contextualisation through adapting certain indicators to better reflect the Nepalese context.

In Nepal, national targets for many indicators are yet to be set for the year 2015, which include the following.

- Share of women in wage employment in the non-agriculture sector
- Proportion of seats held by women in national parliament
- All indicators related to the Target 7 on HIV/AIDS
- All indicators related to the Target 8 on malaria and tuberculosis
- All indicators related to the Target 9 on environmental sustainability.

At the same time, the need to modify the MDG indicators or adopt new indicators to better capture the situation has been realised. Some of the suggested changes and/or additions for regular monitoring of the MDG targets for some of the goals are outlined below. These issues would require in-depth discussion among various stakeholders in the country.

- Goal 3: While the global MDG indicator to measure gender equality in education is 'ratio of girls to boys in primary, secondary, and tertiary education', the enrolment figures include all under-aged and over-aged children. Therefore, net enrolment rate, which is specific to the school-attending ages, may be a better indicator to adequately reflect the actual differences between girls' and boys' enrolment. This limitation is also acknowledged in the UN report, *Indicators for Monitoring the Millennium Development Goals: Definitions, Rationale, Concepts and Sources* (UN 2003).

Apart from the global indicators, additional indicators with concerns in issues such as gender-based violence, trafficking of girls and women, property entitlement, incidence of anaemia amongst pregnant women, and reproductive health could be considered for future monitoring.

- Goal 4: In addition to the Under-5 and Infant Mortality Rates, the Neonatal Mortality Rate may be worth considering for inclusion in the regular monitoring mechanism.
- Goal 5: Considering the difficulty in accurately measuring the maternal mortality ratio, several supporting indicators could be utilised as proxy. For instance, Coverage of Emergency Obstetric Service, Adolescent Fertility Rate, Coverage of Antenatal Care, and proportion of Induced Abortion to Birth have been suggested by the UN Millennium Project Task Force on Child Health and Maternal Health. These indicators could be incorporated into the existing regular monitoring mechanisms.
- Goal 6: In order to get a clear picture of HIV/AIDS, issues such as children orphaned by HIV/AIDS, access to dual protection/ prevention methods, and free voluntary screening/ counselling

and treatment services for STI/RTI, HIV/AIDS might be considered for future progress reporting.

## RECOMMENDATIONS

There are differences in the values of indicators between some surveys on the one hand, and between the survey and MIS on the other, mainly due to differences in their methodology including differences in sample design, definition of indicators, and method of collecting information. While there is need to improve the data quality as measured in the government MIS, streamlining, integrating, consolidating the government MIS and household surveys is necessary.

The PMAS was prepared mainly keeping in view the monitoring of the PRS. While the majority of the MDG indicators are included in the PRSP and thus in the PMAS, there are some indicators which are yet to be incorporated in the PMAS. There is need to make the subsequent periodic plan further MDGs-based and thus incorporate additional MDG indicators in the PMAS. However, this also requires for localising some of the global MDG indicators and their targets.

There are several indicators whose raw data are available but the values are not computed and reported. In case of such indicators, it is necessary to compute the indicators well in advance before the preparation of the MDG progress report by the concerned stakeholders. This needs to be sorted with a process of consultation among the stakeholders.

