Millennium Development Goals Country Report

2014

Sri Lanka

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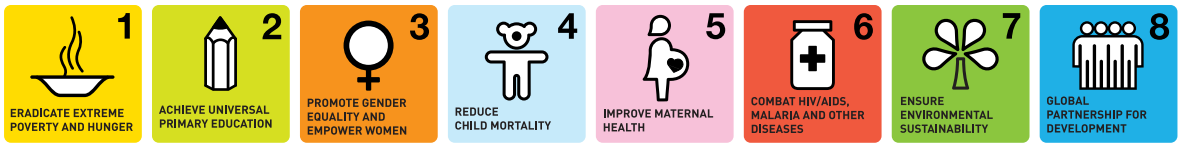
2014



Sri Lanka

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The Cover Stories

Front Cover

The MDG icons, transcending language and culture and representing the global symbols of the eight MDGs, were designed by a UN Volunteer.

Dirk Hegmanns (Germany) co-won the UNDP Administrator's Innovation and Commitment Award in 2005 for his design work as part of an MDG outreach campaign in Brazil.

The Back Cover

The MDG logo on the back page was initially designed for the Sri Lanka 2008/9 MDG Country Report. The eight petals of the MDG logo were designed to represent Sri Lanka's commitment towards achieving the MDG Goals.

Content

List of Tables, Figures and Boxes page.VI

Acronyms and Abbreviations page.XII

Messages page.XIV

Acknowledgements page.XX

Map of Sri Lanka with District Boundaries page.XXII

Executive Summary page.1

Snapshot of the MDGs in Sri Lanka page.9

Introduction page.17

National Milestones on the Road to the MDGs page.19

MDG 1

Eradicate Extreme Poverty and Hunger page.35

MDG 2

Achieve Universal Primary Education page.63

MDG 3

Promote Gender Equality and Empower Women page.79

MDG 4

Reduce Child Mortality page.89

MDG 5

Improve Maternal Health page.101

MDG 6

Combat HIV/AIDS, Malaria and Other Diseases page.117

MDG 7

Ensure Environmental Sustainability page.129

MDG 8

Develop a Global Partnership for Development page.145

Setting Sri Lanka's Course for Post-2015: The Unfinished Business of the MDGs and Emerging Issues page.164

Bibliography page.167

Annex 1 - Statistical Annex page.173

Annex 2 - Official List of MDG Indicators page.177

LIST OF TABLES, FIGURES AND BOXES

Tables

Table H1	Adult Literacy Rate by Sex and Number of Schools, 1901 to 2012	24
Table H2	Infant Mortality Rates, 1946 to 2009	29
Table 1.1	Progress and Status of Indicators under Target 1A since 1990	39
Table 1.2	Comparison of the Incidence of Poverty at the National Level based on International Poverty Lines and the National Poverty Line, 1990 to 2009 - 10	40
Table 1.3	Share of Income to Total Household Income, by National Household Income Deciles, 1990 – 1991 to 2012 - 2013	46
Table 1.4	Progress and Status of Indicators under Target 1B since 1990	47
Table 1.5	Progress and Status of Indicators under Target 1C since 1990	54
Table 1.6	Proportion of Population Not Receiving the Minimum Requirement of Dietary Energy, Considering Different Levels of Requirement by Sector, 2009 – 2010 and 2012 – 2013	58
Table 1.7	Proportion of Population Not Receiving the Minimum Requirement of Dietary Energy, Considering Different Levels of Requirement by Per Capita Expenditure Quintiles, 2009 – 2010 and 2012 – 2013	59
Table 1.8	Comparison of Incidence of Poverty and Proportion of Underweight Children Under 5 Years Among Countries in the Region	60
Table 2.1	Progress and Status of Indicators under Target 2A since 1990	66
Table 2.2	MDG 2 Indicators: An International Comparison	67
Table 2.3	Net Enrolment Rate in Primary Education by Gender, 1996 and 2012 - 2013	69
Table 2.4	School Attendance of Children by Age Groups and Districts, 2012 – 2013	70
Table 2.5	Literacy Rate Among Youth Aged 15-24 by Gender and District, 2001 and 2012	75
Table 3.1	Progress and Status of Indicators under Target 3A since 1995	82
Table 3.2	Sri Lanka's Progress in MDG 3: An International Comparison	83
Table 3.3	Share of Women in Wage Employment in the Non-Agriculture Sector by Sector and Province, 1993 to 2011	86
Table 3.4	Share of Women in Wage Employment in the Non-Agricultural Sector by District, 1993 to 2011	86

Table 3.5	GDP Composition of the Provinces, 2011	87
Table 4.1	Sri Lanka's Progress in Reducing Child Mortality	92
Table 4.2	Where Sri Lanka Stands: An International Comparison	92
Table 5.1	Progress and Status of Indicators under Target 5A since 1990	104
Table 5.2	Maternal Health, an International Comparison	105
Table 5.3	Patterns of Delivery Reporting by Public Health Midwives, 2007 to 2010	108
Table 5.4	Challenges, Strengths and Opportunities to Further Reduce Maternal and Neonatal Deaths	115
Table 5.5	Policy Goals, National Policy on Maternal and Child Health	116
Table 6.1	Progress and Status of Indicators under Target 6A and 6B since 1990	120
Table 6.2	Cumulative HIV and AIDS Cases by Sex, 2007 to 2012	121
Table 6.3	Progress and Status of Indicators under Target 6C since 1990	122
Table 6.4	Number of Malaria Cases, 1945 to 2012	122
Table 6.5	Estimates of the Burden of Disease Caused by Tuberculosis, 1990 to 2012	124
Table 6.6	Treatment Success, Default and Death Rates Associated with Tuberculosis, 2000 to 2008	124
Table 6.7	New Smear Positive Case Notifications by Sex, 1995 to 2012	125
Table 7.1	Progress and Status of Indicators under Target 7A since 1990	132
Table 7.2	Rate of Change in Forest Cover	133
Table 7.3	Island Fisheries Stock by District	136
Table 7.4	Progress and Status of Indicators under Target 7B since 1990	137
Table 7.5	Protected Forest Cover, 1997 and 2009	139
Table 7.6	Progress and Status of Indicators under Target 7C since 1990	142
Table 7.7	Access to Improved Drinking Water	142
Table 7.8	Access to Improved Sanitation	143
Table 7.9	Progress and Status of Indicators under Target 7D since 1990	143
Table 8.1	Targets 8D and 8F	148
Table 8.2	Proportion of Aid for Trade Received by Sri Lanka, 2006 to 2011	152
Table 8.2	Progress and Status of Indicators under Target 8D	152

Table A1	MDG 1-Eradicate Extreme Poverty and Hunger: Indicator 1.1 to 1.9 – Latest Figures by Sector and District	178
Table A2	MDG 2-Achieve Universal Primary Education- Indicator 2.1-2.3 and MDG 3 – Promote Gender Equality and Empower Women- Indicator 3.1 to 3.3 - Latest Figures by Sector and District	179
Table A3	MDG 4 – Reduce Child Mortality: Indicator 4.1 to 4.3 Latest Figures by Sector and District	180
Table A4	MDG 5 – Improved Maternal Health: Indicators 5.1 to 5.6- Latest Figures by Sector and District	181
Table A5	MDG 8 – Develop a Global Partnership for Development- Latest Figures by Sector and District	182

Figures

Figure H1	Maternal Mortality Ratio Per 100,000 Live Births Since 1911	28
Figure H2	Maternal Mortality Ratio Per 100,000 Live Births, 1995 to 2008	28
Figure H3	Policy Implementation and the Infant Mortality Rate	30
Figure 1.1	Poverty Headcount Index or Incidence of Poverty by Sector, 1990 – 1991 to 2012 - 2013	41
Figure 1.2	Reduction in the Poverty Headcount between 1990 - 1991 and 2012 - 2013 by Sector and District	42
Figure 1.3	Poverty Gap Ratio by Sector, 1990 - 1991 to 2012 – 2013	44
Figure 1.4	Poverty Headcount Index or Incidence of Poverty by Socio-economic Groups, 2012 – 2013	44
Figure 1.5	Employment-to-Population Ratio by Sex, 15 years and above, 2002 to 2011	49
Figure 1.6	Unemployment Rate by Sex, 15 years and above, 2002 to 2012	49
Figure 1.7	Employment-to-Population Ratio, 15 years and above by District - 2012	50
Figure 1.8	Proportion of Employed People Living Below the Poverty Line, 2012 - 2013	51
Figure 1.9	Proportion of Own-account and Contributing Family Workers, 15 years and Above, in Total Employment, 2012	53
Figure 1.10	Percentage of Underweight Children under 5 years by Sector and District, 2006 - 2007	55
Figure 1.11	Percentage of Underweight Children by Age of the Child, Level of Education of the Mother and Wealth Quintile, 2006 to 2007	56

Figure 2.1	Net Primary Enrolment Rates by Sector, 2006 – 2007 to 2012 – 2013	68
Figure 2.2	Net Primary Enrolment Rates by District – 2012 – 2013	68
Figure 2.3	School Attendance of Children by Age Groups and Districts, 2012 – 2013	71
Figure 2.4	School Attendance of Boys by Age Groups and Sector, 2012 – 2013	72
Figure 2.5	School Attendance of Girls by Age Groups and Sector, 2012 – 2013	72
Figure 2.6	Literacy Rates among Youth Aged 15 to 24 by Sector, 2006- 2007 and 2012	73
Figure 2.7	Literacy Rates among Youth Aged 15-24 by District, 2001 and 2012	74
Figure 3.1	Ratio of Girls to Boys in Primary and Secondary Education by Sector, 1996 and 2012	83
Figure 3.2	Ratio of Girls to Boys in Primary and Secondary Education by District, 2012	84
Figure 3.3	Female Share of University Admissions by Academic Stream , 2010 - 2011	85
Figure 4.1	Under – Five Mortality Rates against the 2015 Target	93
Figure 4.2	Under – Five Mortality Rates by District, 2009	94
Figure 4.3	Under - Five Mortality Rates by District	95
Figure 4.4	Infant Mortality Rate, 1991 to 2009	96
Figure 4.5	Percentage Distribution of Causes of Infant Deaths, 2010	96
Figure 4.6	Infant Mortality Rate by District, 1991 to 2009	97
Figure 4.7	Proportion of One-Year-Old Children Immunized Against Measles, 1990 to 2012	98
Figure 4.8	Proportion of One-Year-Old Children Immunized against Measles by District	99
Figure 5.1	Maternal Mortality Ratio per 100,000 Live Births	106
Figure 5.2	Trends in Specific Causes of Maternal Mortality Ratios, 2001 to 2010	107
Figure 5.3	Maternal Mortality Ratio by District, 2010	107
Figure 5.4	Percentage of Institutional Deliveries, 2006 and 2010	108
Figure 5.5	Contraceptive Prevalence Rate by District/ Health Area	109
Figure 5.6	Age Specific New Acceptor Rates for Modern Contraceptives, 2001 to 2010	110
Figure 5.7	Percentage of Teenage Pregnant Mothers Registered with Public Health Midwives in 2007 and 2010	111

Figure 5.8	Percentage of Registered Mothers Attending Clinics and Average Number of Clinic Visits by a Mother, 2010	112
Figure 5.9	Unmet Needs of Family Planning by Health Area, 2010	113
Figure 5.10	Unmet Needs for Family Planning by Age, Residence, Education and Wealth Quintiles, 2006 – 2007	114
Figure 6.1	Number of Annual Cases of HIV and AIDS, and Deaths due to AIDS, 1987-2012	120
Figure 6.2	Number of Malaria Cases, 1990 to 2012	121
Figure 6.3	Number of Reported Dengue Cases and Deaths, 1992 to 2013	126
Figure 7.1	Proportion of Land Area Covered by Forests	133
Figure 7.2	Total Carbon Dioxide Emissions (Metric Tons)	134
Figure 7.3	Carbon Dioxide Per Capita Emissions (Metric Tons), 1990 - 2008	134
Figure 7.4	Kilogrammes of Carbon Dioxide Emissions per 1 US$ GDP	135
Figure 7.5	Consumption of Ozone Depleting Substances Entirely from Imports	135
Figure 7.6	Fish Stocked in Inland Reservoirs	136
Figure 7.7	Percentages of Annual Freshwater Withdrawals, 1992 to 2011	138
Figure 7.8	Number of Inland Reservoirs, 2007 to 2012	138
Figure 7.9	Area of Inland Reservoirs	139
Figure 7.10	Marine Protected Areas	140
Figure 7.11	Threatened Fauna Species	141
Figure 7.12	Threatened Flora Species	141
Figure 8.1	ODA Flows to Sri Lanka, 1997 to 2011	149
Figure 8.2	Proportion of Sri Lankan Imports from Developed Countries Admitted Duty Free, 1996 to 2011	150
Figure 8.3	Percentage of Imports Admitted Duty Free to Developed Markets, 2011	150
Figure 8.4	Average Tariffs Imposed by Developed Countries by Type of Product, 2006, 2008 and 2010	151
Figure 8.5	Debt Service as a Percentage of Exports of Goods and Services and Net Income, 2011	153
Figure 8.6	Debt Service in Sri Lanka as a Percentage of Receipts from Exports of Goods, Services, Income and Current Transfers, 1990 to 2012	153

Figure 8.7	External Debt Stock, Sri Lanka and the Developing Country Average, 2011	154
Figure 8.8	Fixed Access and Mobile Telephone Subscribers, 1992 to 2012	155
Figure 8.9	Percentage Distribution of Households that Own Telephones by Sector, 2012 – 2013	156
Figure 8.10	Percentage Distribution of Households Ownership of Telephones by District, 2012 – 2013	157
Figure 8.11	Number of Internet and Email Subscribers, 1996 to 2012	158
Figure 8.12	Percentage of Population Aged 5 to 69 using the Internet and Email, by Sector, 2009	159
Figure 8.13	Percentage of Population Aged 5 to 69 using the Internet and Email, by Province, 2009	159
Figure 8.14	Telephone Subscribers Aged 5 to 69 per 100 Inhabitants, 2011	160
Figure 8.15	Internet Users per 100 Inhabitants, 2011	161

Boxes

Box 1	Contribution of Volunteers in Achieving MDGs in Sri Lanka	34

ACRONYMS AND ABBREVIATIONS

BCG	Bacille de Calmette et Guérin (vaccine against tuberculosis)
CDC	Centers for Disease Control and Prevention
CO_2	Carbon Dioxide
CRS	Creditor Reporting System
DCS	Department of Census and Statistics
DDT	Dichlorodiphenyltrichloroethane
DoE	Department of Examinations
DHS	Demographic and Health Surveys
FHB	Family Health Bureau
GCE	General Certificate Examination
GDP	Gross Domestic Product
GNI	Gross National Income
GSP	Generalized System of Preferences
HDI	Human Development Index
HIES	Household Income and Expenditure Survey
HIPC	Heavily Indebted Poor Countries
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
ILO	International Labour Organization
IMF	International Monetary Fund
IPS	Institute of Policy Studies
MC	Municipal Council
MDGS	Millennium Development Goals
NCHS	National Center for Health Statistics
NEC	National Education Commission
NIHS	National Institute of Health Sciences
ODA	Official Development Assistance
OECD/DAC	Organisation for Economic Co-operation and Development/ Development Assistance Committee
PPP	Purchasing Power Parity
QLFS	Quarterly Labour Force Survey
STD	Sexually Transmitted Disease

TB	Tuberculosis
U5MR	Under Five Mortality Rate
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WFP	World Food Programme

FOREWORD MESSAGE FROM THE
SECRETARY TO THE TREASURY SRI LANKA

I am pleased to note Sri Lanka's strong performance against the Millennium Development Goals. This is due in part to the country having had a significant investment in social welfare and poverty reduction programmes.

In many of the areas under the Millennium Development Goals, Sri Lanka stands far ahead of its peers in the South Asia Region. This is especially true in the health sector, where indicators on child and maternal mortality rates show the benefits that Sri Lanka has seen from having a well-developed public health care system where for example, almost 100% of births are attended by properly trained health professionals. Likewise in the education sector, almost all children of primary school age are in school and 98% of youths are literate. It is especially pleasing to note that there is no disparity against females within the education system, and indeed at secondary level the proportion of girls in school is higher than that of boys.

In the area of poverty, our achievements are noteworthy. Sri Lanka was able to achieve the MDG target of halving poverty, seven years ahead of the 2015 deadline both at the national level and also in the urban, rural and estate sectors. However, despite this strong performance, there remain regional disparities and it is for this reason that the Government has given the highest priority to eradicate poverty in those areas to uplift the living condition of the toiling poor people.

With the MDG's largely achieved, and as a middle income country, Sri Lanka now looks forward to working towards a new, higher level, set of development goals. Indeed, government wishes to develop the human resources necessary for an inventive economy while creating environment resilience and energy security. This report confirms that we have the strong development foundations on which to move forward with this vision. The Government will also continue to place a strong focus on sustainable and environmentally friendly development, and remains engaged in the global discussions with the United Nations around the Sustainable Development Goals (SDGs), the proposed follow-up to the MDGs.

I believe the strong partnership with the United Nations and other development partners is complimentary in achieving the national vision of Sri Lanka.

Dr. R. H. S. Samaratunga
Secretary to the Treasury

FOREWORD MESSAGE FROM THE UNITED NATIONS RESIDENT COORDINATOR - SRI LANKA

The 2014 MDG Country Report is the third MDG progress report for Sri Lanka and is the result of a joint collaboration between the Government of Sri Lanka, the UN Country Team and the Institute of Policy Studies.

In the year 2000, Sri Lanka joined 188 countries in signing the Millennium Declaration, which committed nations to a new global partnership to reduce extreme poverty, and set out a series of time-bound targets with a deadline of 2015 that have become known as the Millennium Development Goals (MDGs).

Now, with the deadline fast approaching, Sri Lanka like many other countries, is assessing and reflecting on results and experiences.

Overall Sri Lanka is in a strong position. The good performance noted in the 2008/9 MDG Country Report has been sustained and Sri Lanka has already achieved many of the goals and is mostly on track to achieve the others.

Since the end of the war in 2009, Sri Lanka has graduated from lower to middle income status, and reduced poverty from 15.2% in 2006/7 to 6.7% in 2012. With new data from the recent census and HIES, we can also see for the first time a comprehensive picture of the MDG situation across the country, including the former war affected areas, something that was not possible with the former 2008/9 Report. While there are pockets of high poverty in the North and East, encouragingly, the report shows that poverty rates fell in most Districts where data is available, between 2009/10 and 2012/13. Additionally, performance in areas such as school enrollment and the employment to population ratio, are also very much in line with other parts of the country.

Indeed, the report includes a section that identifies the drivers of Sri Lanka's recent and overall MDG successes, highlighting good practices that can be replicated and scaled-up in other parts of the world.

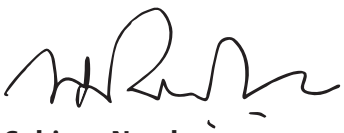
The report also looks at the unmet challenges, where there is space and need for both a final push towards the 2015 goals and for longer term sustained action. Nutrition is one area, with more than 20% of children under-five having found to be underweight in 2006/7, and a lack of more recent data allowing us to assess whether the situation has improved. A second is Gender Equality, where despite strong health and education results, Sri Lanka struggles to provide equality in employment and political representation. The report also highlights a number of instances where, although national performance looks good, regionally certain areas continuously lag behind and require specific focus. Recently for example, the poverty rate in Moneragala increased despite a relatively high labour force participation rate, suggestive of a high proportion of working poor.

Likewise, while the new data suggests certain recovery in many of the social sectors in the North and East, we also see that the proportion of employed people living below the poverty line while very low in certain Districts is high in others.

This suggests a need for sustained attention to livelihood promotion and market development.

Globally, the UN and its member states are working towards finalizing a set of Social Development Goals (SDGs) developed through an inter-government process for the post-2015 era. While carrying forward the focus areas of the MDGs, the proposed SDGs bring in a stronger emphasis on environmental issues together with specific goals around inequality, peace and good governance. The recommendations for the SDGs were presented at the General Assembly Meeting in September 2014, subsequent to which intergovernmental negotiations began, with a view to endorsing globally the SDGs at the Head of States and Governments Summit in September 2015.

Promisingly for Sri Lanka, the new direction of the global policy discourse appears very much in line and complementary to the aspirations of the Government. The UN Country Team looks forward to supporting Sri Lanka to contribute to the global dialogue and to the subsequent planning and implementation of policies to meet unmet and new challenges in the post-2015 era.



Subinay Nandy
UN Resident Coordinator
and UNDP Resident Representative, Sri Lanka

MESSAGE FROM THE
INSTITUTE OF POLICY STUDIES EXECUTIVE DIRECTOR

This is the third Country Report on MDGs for Sri Lanka, which gives the status of MDGs just before the target year of 2015. The first Country Report was released in 2005 and created awareness on the MDGs and promoted dialogue among policy makers, within a short time after the Millennium Declaration in 2000. The second Country Report which was prepared by the Institute of Policy Studies of Sri Lanka (IPS), and released in 2009, showed that Sri Lanka was well on-track to achieve most of the MDG targets by 2015, at national level. It also showed that there were gaps and regional disparities, which helped policy makers and planners to develop suitable strategies to minimize the gaps and improve the lagging regions.

This report, which was also entrusted to IPS by UNDP, provides a comprehensive assessment of the status of MDGs thus far. It will be useful to policy makers, planners and other development partners to assess the latest status of MDGs, in order to understand the achievements and weaknesses and to draw their attention to some of the existing gaps and regional disparities. It will help them to take necessary action to minimize the existing gaps and regional variations. This analytical report will not only allow them to make an effective final push towards the MDGs, but will also help in shaping the post-2015, development agenda.

Sri Lanka has already achieved the targets of 13 important MDG indicators out of 44 indicators relevant to Sri Lanka. Most of the other indicators are either "On Track" or progressing well. For some of the indicators, especially those indicators introduced in 2008, targets have not been specified by the United Nations and as such, for those indicators it is not possible to specifically say whether the targets have been achieved or not. Overall, Sri Lanka has progressed very well, except for four indicators, shown in the table "Status of MDGs at a Glance at National Level". The computations of the latest status of most of the important indicators are based on the Household Income and Expenditure Survey – 2012/13, Census of Population and Housing – 2012 and Labour Force Survey 2012, etc., all of which covered the entire country. Others are mainly based on authenticated data from the Family Health Bureau and National STD and AIDS Control Programme of the Ministry of Healthcare and Nutrition, Ministry of Education, various reports of the Department of Census and Statistics, and Annual Reports of the Central Bank etc.

IPS is grateful to UNDP for entrusting the task of preparing this report and to Dr. B. M. S. Batagoda, former Deputy Secretary to the Treasury, who chaired the Steering Committee and the other members of the Steering Committee, for the guidance and valuable suggestions which helped IPS in preparing the report. We would also like to thank D. C. A. Gunawardhana, Director General of Census and Statistics and his staff for making the latest survey data sets available to IPS, which helped immensely in compiling the indicators at national level as well as at regional level, covering the entire country.

My special thanks goes to our IPS team of researchers who prepared this report, namely, A. G. Wimal Nanayakkara, Ganga Tilakaratne, Sunimalee Madurawala, Chatura Rodrigo, Suvendrani Jayaratne, Ashani Abeysekara, Ayodya Galappattige and Yolanthika Ellepola for their valuable contributions and Charmaine Wijesinghe for her contribution in getting the report translated into Sinhala and Tamil languages.

Finally, I would like extend my sincere appreciation to Zoë Keeler and Fredrick Abeyratne, of the UN Colombo office, for their continuous support, assistance and guidance to our team during the preparation of the report. A special thanks goes to Subinay Nandy, UN Resident Coordinator and UNDP Resident Representative and Razina Bilgrami, former UNDP Country Director a.i., for their continuous support and confidence in IPS.

Saman Kelegama
Executive Director for the
Institute of Policy Studies of Sri Lanka

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The MDG 2014 Country Report could not have been prepared without the support of a number of organizations and the contributions of many individuals.

Steering Committee

We are especially grateful to the Steering Committee for providing leadership, guidance and support throughout the process of preparation. The Steering Committee was chaired by Dr. B. M. S. Batagoda, former Deputy Secretary to the Treasury with other member of the Committee including Ms. Malanie Gamage, Former Director General, Department of National Planning, Ms. Chandani Wijewardena, Director General National Planning Department, Mr. D. C. A. Gunawardena, Director General, Department of Census and Statistics, Ms. Razina Bilgrami, former Country Director a.i., UNDP, Mr. Donglin Li, Country Director, ILO and Ms. Antonia De Meo, former Deputy Resident Representative, UNICEF, and Mr. W. P. P. G. Wicramasinghe, Additional Secretary, Ministry of Provincial Councils and Local Government.

Special mention is also afforded to Mr. T. M. J. Bandara, Director of the National Planning Department for his role in facilitating the work of the Steering Committee.

Provision of latest data sets

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Contributors of the Institute of Policy Studies

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1. A. G. Wimal Nanayakkara (Executive Summary; Status of MDGs at a Glance; Introduction; National Milestones Around the Millennium Development Goals-Their Influence on Country's Development Agenda; MDG 1 - Eradicate Extreme Poverty and Hunger; MDG 6- Combat HIV/AIDS, Malaria and Other Diseases; and overall technical coordination

2. Dr. Ganga Tilakaratna (MDG 2 - Achieve Universal Primary Education; MDG 3 – Promote Gender Equality and Empower Women; Sri Lanka's Course for Post – 2015: The Unfinished Business of the MDGs and Emerging Issues

3. Sunimalee Madurawala (MDG 4 – Reduce Child Mortality; MDG 5 – Improve Maternal Health)

4. Chatura Rodrigo (MDG 7 – Ensure Environmental Sustainability)

5. Suwendrani Jayaratne and Ashani Abeysekera (MDG 8 – Develop a Global Partnership for Development)

The contributions of Ayodya Galappatige and Yolanthika Ellepola, in the preparation of the report and Charmaine Wijesinghe, in arranging and coordinating the translation of the report to Sinhala and Tamil are also appreciated.

United Nations

Additional thanks go to the team of UN colleagues who supported the preparation of the report, and oversaw the publication process. UN Resident Coordinator, Mr. Subinay Nandy and former

UNDP Country Director, a.i., Ms. Razina Bilgrami were instrumental in initiating and overseeing the preparation of the report, and UNICEF Representative, Ms. Una McCauley provided oversight during the final stages of production. Ms. Dilrukshi Fonseka, Ms. Sonali Dayaratne and Ms. Zoë Keeler served as task managers for the report during its different stages of production, with Dr. Fredrick Abeyratne, Consultant providing technical and logistical support throughout the process. Special thanks to Mr. Muradh Mohideen for overseeing the production of the report.

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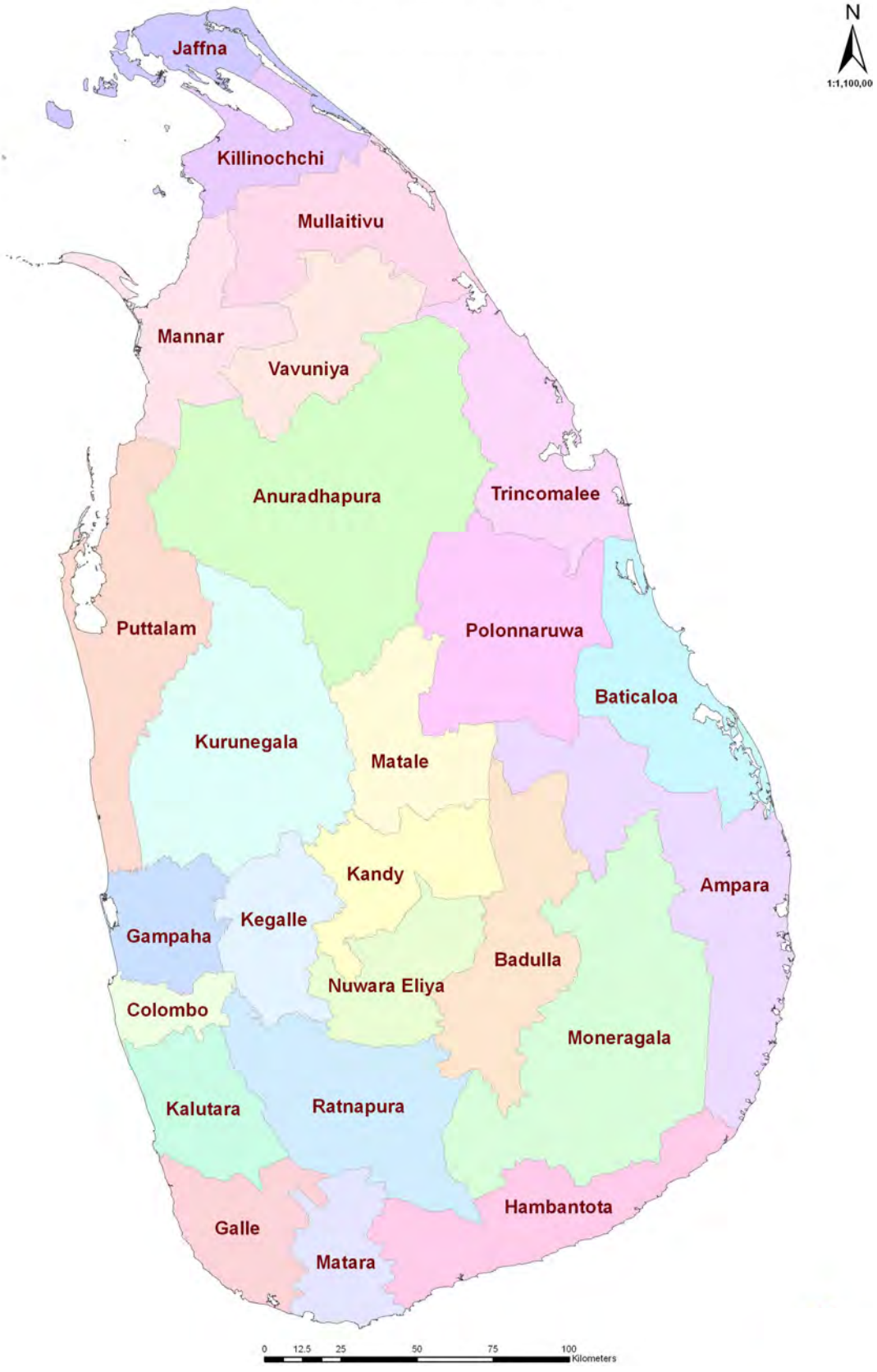
The photographs included in the report were selected from the "My Sri Lanka, My Future" Photography Competition on the Millennium Development Goals.

We also appreciate the timely support of Karunaratne & Sons (Pvt) Ltd for printing the report.

MAP OF SRI LANKA WITH DISTRICT BOUNDARIES



Source: www.uda.lk/images/downloads/district-map.jpg

EXECUTIVE SUMMARY

In 2000, world leaders signed the Millennium Declaration, which was followed by a set of Millennium Development Goals (MDGs) with an endpoint of 2015. This is the third MDG country report for Sri Lanka. It reviews progress towards the goals at both the national and regional levels.

The first report in 2005 played an important role in creating awareness about the MDGs, while the second in 2010 helped policy makers assess advancements and identify areas for focus during the final five years. This current report analyses achievements and areas requiring a final push before 2015. It can also help in planning the post-2015 development agenda for Sri Lanka.

As with the previous two MDG reports, this one is based mainly on the most up-to-date Household Income and Expenditure Surveys, Labour Force Surveys, Demographic and Health Surveys as well as the preliminary results of the 2012 Census of Population and Housing, all conducted by the Department of Census and Statistics. The report covers the entire country, therefore allowing comparison across the 25 districts, and providing policy makers with information to identify and support regions lagging behind.

There are 44 MDG indicators in total, of which 27 have clear targets. Sri Lanka has already achieved targets for 13 of these indicators and is mostly on track to meet the remainder by 2015. Free education and universal health care for more than six decades have contributed to impressive results in education, health and living conditions. More recent policies and programmes related to the MDGs have helped accelerate progress and achieve some targets well ahead of schedule.

A brief summary of Sri Lanka's MDG achievements as well as areas requiring further attention follows.

MDG 1: Eradication of Extreme Poverty and Hunger

Sri Lanka achieved the target of halving poverty at the national level seven years before 2015.

National poverty incidence declined from 26.1 percent in 1990-1991 to 6.7 percent in 2012-2013. The urban sector reached the target in 2000; the rural sector in 2008. According to the latest estimates, even the estate sector, which usually lags behind, saw the incidence of poverty fall to 10.9 percent in 2012-2013. It is on track to halve the poverty rate before the end of 2015.

All districts, except those in the Northern and Eastern provinces, for which reliable data are not available for comparison years, and the Monaragala District in Uva Province have already cut poverty in half. The latest Household Income and Expenditure Survey shows that poverty increased to 20.8 percent in the Monaragala District in 2012-2013, even though it had achieved the MDG target in 2009-2010 with a poverty rate of 14.5 percent. The districts of Jaffna and Ampara, formerly affected by war, have progressed well during the last three years. Poverty in Jaffna declined from 16.1 percent in 2009-2010 to 8.3 percent in 2012-2013, while in Ampara it fell from 11.8 percent to 5.4 percent. Disparities among regions nevertheless clearly indicate the need for continuous monitoring, and the focused attention of regional planners and policy makers if Sri Lanka is to continue to reduce poverty.

While Sri Lanka has made considerable progress in reducing poverty, and in doing so, improving the living conditions of people, income inequality remains a concern. The Gini coefficients[1] for both household income and expenditure have remained stagnant at around 0.48 and 0.40, respectively, from 1990-1991 to 2012. While the country has done extremely well as a whole in moving people out of poverty, inequality gaps have not closed.

1 The Gini coefficient is a measure of the deviation of distribution of income (or expenditure) among individuals or households, or households within a country from a perfectly equal distribution. A value of 0 represents absolute equality and a value of 1 absolute inequality.

The employment-to-population ratio for males (15 years and over) is more than 70 percent, while that for females is only around 30 percent.

While a large proportion of working age males are employed, the ratio for females is low, in line with their low labour force participation rate, and despite the rapid enhancement in female education. This trend has remained more or less the same over the last three decades.

The educational achievements of females, compared to males, may contribute to low female labour force participation at younger ages. Statistics show that there are more girls continuing in secondary and tertiary education than boys; they remain in school instead of dropping out to seek employment. Many women now migrate for employment in Middle Eastern countries.[2] Some may not look for work as they opt to stay home and care for their children.

Low female labour force participation, especially among women with higher levels of education who are not seeking employment, is a distinct disadvantage economically. Special strategies may be needed to increase female labour force participation, such as flexible working hours, opportunities to work from home and creation of suitable employment opportunities in all regions. The lack of suitable day-care centres with qualified staff may also prevent women from seeking employment. A comprehensive policy study to thoroughly understand this complex issue would be a useful tool for the Government in this regard.

Although the labour force participation of women is low, their contribution to Sri Lanka's economy is high. They comprise the bulk of the workforce in the plantation sector and apparel industries, and nearly half of migrant workers, whose remittances contribute significantly to foreign exchange earnings.

The proportion of 'own account workers'[3] and 'contributing family workers'[4] has remained around 40 percent.

This is mainly due to the fact that more than 30 percent of the population is engaged in agriculture. The proportion is around 2 percentage points higher for females than for males.

The unemployment rate has declined to less than 4 percent.

The unemployment rate has declined from 13.8 percent (males at 9.7 percent and females at 21.7 percent) in 1993 to 3.9 percent (males at 2.8 percent and females at 5.6 percent) in 2012. Irrespective of this very positive trend, the female unemployment rate has remained twice as high as the male rate.

The high proportion of underweight children is still a concern, although Sri Lanka is on track to achieve the target of halving the proportion by 2015.

Progress is on track in the urban, rural and estate sectors, but the Demographic and Health Survey of 2006-2007 showed that more than 20 percent of children under five are underweight. The relative lack of progress on this indicator is puzzling, especially when the country has performed extremely well on other health indicators. Inadequate and/or unreliable data and information since 2006-2007 mean it is not possible to monitor progress after 2006-2007.

The proportion of people consuming less than the minimum requirement of dietary energy has remained unchanged at around 50 percent since before the 1990s.

This is an issue that requires more in-depth analysis, as a number of targeted welfare and nutrition programmes have been implemented for up to three decades. Potential gaps could be in surveys that do not account for all food consumed by households. A cursory analysis suggests a possible underestimation of the intake of dietary energy due to under-reporting of prepared food purchased and consumed, mainly in urban areas.

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2 Labour force statistics only capture those people working in Sri Lanka.

3 Own account workers are those who are working on their own account or with one or more partners, are self-employed, and do not engage any employees to work for them on a regular basis.

4 Contributing family members (or unpaid family workers) are those workers who are self-employed in a market-oriented establishment or in any agricultural activity operated by another member of the same household, who cannot be regarded as a partner.

Key challenges and ways forward

Eradicating poverty

Given that Sri Lanka is aiming to achieve further reductions in poverty, it may be necessary to focus greater attention on targeted interventions through the Samurdhi Programme and rural development programmes which help identify the poorest and most vulnerable groups. Analysis shows that people in households headed by non-agricultural labourers and similar workers, and agricultural, forestry and fishery labourers are among the poorest in Sri Lanka. The other most vulnerable groups are those in households headed by unemployed persons; skilled agriculture, forestry and fishery workers; and persons unable or too old to work. As the ultimate aim for any country is to achieve zero poverty, no one should be left behind during the development process. It is also important to ensure that those lifted out of poverty do not slip back into it.

Reduction of income inequalities

Although the Government has formulated and carried out strategies to stimulate economic growth that has helped to reduce poverty to a considerable extent, income inequality still persists at high levels. This could be due to disparities across regions and different socio-economic groups. As such, the focus of policy may need to be on regional economic development, covering all regions, with special attention to helping the most vulnerable groups. Present regional development programmes and massive investments in transport infrastructure, facilitating movement between regions could be very productive in helping to reduce persistent income inequalities.

Productive employment and decent work

To support more women to enter the labour force, it may be necessary to create employment opportunities that are closer to home, that do not require long-distance travel and that make it easier for them to balance child-care responsibilities with work. Flexible working hours and/or facilitating working from home may be attractive to women as well, especially in technology-related fields.

Reduction of underweight children under the age of five

At present, the Government is carrying out a number of interventions to address this issue. The 2010 National Nutrition Policy covers not only the issue of underweight children, but also all aspects related to nutrition. It is expected to address most gaps in terms of malnutrition and under-nutrition. Specific targeted interventions may be necessary, however, to achieve the goal of halving the proportion of underweight children under age five by 2015. Remote rural areas and estates may need special attention.

MDG 2: Achieve Universal Primary Education

Sri Lanka has almost achieved universal primary education, and the proportion of pupils starting grade 1 who reach grade 5 is nearly 100 percent.

Net enrolment in primary schools reached 99.3 percent in 2009, for both males and females. This achievement is mainly due to the policy of free education for all, implemented since the mid-1940s, and the 1998 policy, making education compulsory for all children aged 5 to 14. The Government has indicated that it intends to extend the age limit to 16 years.

The literacy rate of 15 to 24 year olds increased from 92.7 percent in 1996 to 97.8 percent in 2012.

This increase is seen in all regions with the rate for females at 98.2 percent, exceeding the rate for males at 97.2 percent.

Key challenges and ways forward

Sri Lanka has been successful in achieving all three targets related to universal primary education. Now it is critical to improve the quality of education in all regions, as well as educational outcomes at secondary and tertiary levels. Understanding and addressing the reasons for 14 percent of children to drop out of school before the General Certificate of Education Ordinary Level (GCE O/L) examination is important, as is ensuring young people complete their education with the necessary skills to enter the labour market.

Expediting the development of schools in every divisional secretariat in the country, for example, by improving facilities and providing more opportunities to pursue education in the

sciences would be an important step. At present, only 7.6 percent of schools have facilities for the choice of studying sciences up to grade 13.

Under the 1,000 Schools Development Programme, at least three schools in each division will be developed with all the facilities necessary for science. It may be necessary to expedite this programme throughout the country, giving priority to areas where schools have inadequate facilities and lack qualified teachers, especially for teaching languages, mathematics, science subjects and information technology. Policies to incentivize the movement of skilled teachers to these less developed regions and districts may be required. These could involve fairly simple investments such as in suitable living quarters for teachers and their families.

The 2012-2016 National Strategic Plan for the Development of Education includes a focus on increasing equitable access to schools and strengthening facilities for science, and provides a helpful framework through which to address these and other issues.

MDG 3: Promote Gender Equality and Empower Women

Sri Lanka has almost reached gender parity in primary education with the ratio of girls to boys reaching 99.4 percent in 2012.

It would be difficult to reach 100 percent, as there are around 1,040 male births per 1,000 female births in Sri Lanka. In secondary and tertiary education, the proportion of girls to boys exceeds 100 percent, indicating that more boys leave school earlier than girls, which may need the attention of policy makers.

The share of women in wage employment in the non-agricultural sector has not changed.

The share of women in wage employment was 30.8 percent in 1990, which increased only marginally to 32.2 percent in 2007 and remained at 32 percent in 2011. In the state, provincial and semi-government sectors, when assessed as a whole, more than 40 percent of employees are females. In the provincial public sector, almost 60 percent of employees are females.

The proportion of seats held by women in the national Parliament remains very low.

From 1989 to 1994, women comprised only 5.8 percent of parliamentarians; the portion has increased only marginally to 6.8 percent in the present Parliament. Encouraging more female representation would help ensure that women, who often hold different views or face different needs, are adequately represented.

Key challenges and ways forward

Although Sri Lanka has eliminated gender disparity in education, and the proportion of literate women in the 15 to 24 age group exceeds that for men, these achievements have not helped in increasing the share of women in wage employment in the non-agricultural sector. The political participation of women is very low, calling out for measures to encourage a substantial increase in the number of women in political offices.

MDG 4: Reduce Child Mortality

Sri Lanka is on track to achieve the target of reducing both the under-five and infant mortality rates by two-thirds of the level of the base year by 2015, if present trends continue.

Sri Lanka has been successful in reducing the under-five mortality rate from 22.2 deaths per 1,000 live births in 1991 to 11.3 in 2009, and the infant mortality rate from 17.7 deaths per 1,000 live births in 1991 to 9.4 in 2009 (the latest year for which figures are available). The continuous decrease in both these indicators testifies to the favourable social and environmental conditions in which most children live. It also reflects improvements in health care services, both curative and preventive, that are available free to all citizens. Regional variations in both mortality rates, however, need the continuous attention of health authorities. Rates of both were highest in Vavuniya in 2009, due to the influx of a large number of people displaced by conflict.

The proportion of one-year-old children immunized against measles increased from 95.5 percent in 1993 to 99 percent in 2011.

But the percentage declined to 95 percent in 2012, and consequently needs the attention of health authorities, as it is important to maintain and further improve what had been already achieved.

Key challenges and ways forward

According to the Family Health Bureau, more than 70 percent of infant deaths occur in the first 28 days of life. Congenital abnormalities (48 percent) and prematurity (28 percent) are the main causes. Any further reduction in infant mortality will depend largely on the reduction of neonatal mortality. It will also be necessary to continuously monitor the progress of immunization programmes to sustain what has been achieved.

MDG 5: Improve Maternal Health

The maternal mortality ratio declined from 92 deaths per 100,000 live births in 1990 to 33.3 in 2010. Sri Lanka is expected to meet the target of reducing the ratio by three-fourths over the baseline year of 1990.

Sri Lanka has achieved considerable success in reducing maternal mortality. Continuous scrutiny by health authorities is needed, however, to reach the target of 23 maternal deaths per 100,000 live births by 2015. Significantly high regional variations need to be minimized.

The proportion of births attended by skilled birth attendants, more than 70 percent of whom were doctors, had almost reached the target of 99.8 percent in 2010.

This important achievement is mainly due to continuous improvements in health facilities and services provided universally for nearly six decades.

Key challenges and ways forward

The Family Health Bureau has taken many initiatives in recent years to enhance the quality of maternal and child health care. These include advancing maternal death surveillance activities by, for example, introducing a rapid communication system to facilitate links between hospital and field health care workers, and formulating policies such as for the foeto-infant mortality system.

With respect to the post-2015 period, the 2014-2015 Public Investment Strategy for Sri Lanka by the Department of National Planning has identified three health sector targets by 2020 that are related to maternal and child health. The targets encompass reducing the maternal mortality rate to 0.2 per 1,000 live births, the under-five mortality rate to 6 per 1,000 live births, and the infant mortality rate to 8 per 1,000 births.

MDG 6: Combat HIV/AIDS, Malaria and Other Diseases

Although Sri Lanka remains a low prevalence country, the number of HIV/AIDS cases is gradually increasing.

Through 2012, a total of 1,649 HIV cases had been reported, of which 40.5 percent were females, and a total of 432 AIDS cases, of which 32.6 percent were females. There had been 283 AIDS-related deaths.

Sri Lanka has managed to bring malaria cases down from 400,000 in the early 1990s to 23 by 2012, and has had no indigenous cases since November 2012 and no malaria-related deaths since 2007.

The Anti-Malaria Campaign is now working towards eliminating the disease.

Tuberculosis remains a public health problem.

Around 8,000 new cases of TB are reported every year. The TB prevalence rate shows a slight decline from 118 per 100,000 people in 1990 to 115 in 2004, and since then the rate has stabilized at around 108. The treatment success rate has increased from 78.6 percent in 2000 to around 85 percent since 2004. The overall treatment default rate dropped from 14.8 percent in 2000 to 6.8 percent in 2008, due to intensified default tracing efforts.

The increasing incidence of dengue fever has become a priority health issue.

The number of reported dengue cases significantly increased from 656 in 1992 to 25,235 in 2009. Deaths due to dengue increased from 15 to 249 during the same period.

Key challenges and ways forward

HIV/AIDS: The Government of Sri Lanka has given its highest priority to developing and implementing policies to prevent HIV/AIDS, and to provide quality care and support to affected individuals and families. In 2011, the Ministry of Health launched the National Policy on HIV/AIDS to prevent and control further transmission.

Malaria: Although Sri Lanka is presently working towards eliminating malaria by the end of 2014, vigilance must be sustained to prevent a reoccurrence. Historical data on malaria show clearly that whenever the mechanisms for prevention have been weakened, the disease has surged back.

Tuberculosis: Measures that would help in addressing the challenge of TB include maintaining adequate human resources given the turnover of trained staff; reaching unreached population groups with limited access to services, such as in urban slums, prisons, and on tea and rubber estates; scaling up TB control services among returning migrants and the resettled population in the Northern and Eastern provinces; addressing the high disease burden and high defaulter rate in urban areas, especially in Colombo; overcoming TB-related stigma; and financial sustainability. Sri Lanka also needs to compile more accurate TB burden estimates, to better assess progress in controlling the disease.

Dengue: The Parliamentary Prevention of Mosquito Breeding Act, No. 11 of 2007[5] has been gazetted by the Government, which makes it the duty of every owner or occupier of any premises to create conditions unfavourable to the breeding of mosquitoes. Anyone who contravenes or fails to comply with this ordinance is guilty of an offence and could be charged and fined. The Ministry of Health and local authorities periodically inspect housing premises and other potential mosquito breeding places to create public awareness and ensure that these places are eliminated.

MDG 7: Ensure Environmental Sustainability

Total forest cover has fallen.

Total forest cover, including savannah forest, which has only recently been recognized globally as a type of forest cover, has decreased only marginally. If savannah forest cover is excluded, then total forest cover has fallen from 33 percent of total land area in 1990 to 26.6 percent in 2010.

Carbon dioxide emissions more than trebled between 1990 and 2004, but stabilized after 2004.

Information on carbon dioxide emissions is available only until 2008. Total emissions increased from 3,773 metric tons in 1990 to 11,965 in 2004 and then remained more or less constant, reaching 11,764 metric tons in 2008; per capita emissions have risen from 0.2182 in 1990 to 0.5864 in 2008; and emissions per US$1 of Gross Domestic Product (GDP) (purchasing power parity) have climbed from 0.1093 kilogrammes in 1990 to 0.1385 kilogrammes in 2008. All three indicators started decreasing in 2004, but without more current data it is not possible to see the trend after 2008.

Sri Lanka has met the target for the proportion of people with access to safe drinking water and basic sanitation.

Access to safe drinking water has improved at the national level, from 68 percent in 1990 to 89.7 percent in 2012-2013. In urban and rural areas, 98 percent and 90 percent of people, respectively, had access to safe drinking water. The estate sector continues to lag behind, at 46.3 percent. This could be partially due to the global definition of safe drinking water, in which water from springs is considered unsafe. Many people in the estate sector, especially on tea estates at high elevations, use spring water for drinking, as they consider it safe. As such, subject to testing, it may be necessary to reconsider the definition of safe drinking water to include spring water in national calculations.

Improved sanitation facilities ensure hygienic separation of human excreta from human contact. In 2012-2013, an estimated 87.2 percent of households had improved facilities, up from 69 percent in 1990.

Key challenges and ways forward

Sri Lanka is in an era of rapid development. Urbanization and infrastructure development will consume more land cover, especially forests. There will be a necessary trade-off between how much forest cover it can maintain while supporting growth and development. Until now, it has been able to maintain a decent cover, but this will be a major challenge in the future considering economic growth and

5 See: www.documents.gov.lk/Acts/2007/Prevention%20of%20Mosquito%20Breeding%20Act%20No%2011/Act%20No%2011%20E.pdf.

greater development. One suggested approach is to promote more environmentally friendly infrastructure that causes minimum damage to forests and the environment more widely.

Sri Lanka's policy towards the environment is guided by national strategies such as the Haritha (Green) Lanka Strategy, the Roadmap towards a Safer Sri Lanka, the National Climate Change Adaptation Strategy and the National Cleaner Production Strategy which together promote a vision for a greener, safer and cleaner environment.

Investments in environmental data collection and management would also aid policy makers and planners in managing environmental resources and planning sustainably. The monitoring of greenhouse gas emissions should be a priority.

MDG 8: Develop a Global Partnership for Development

Goal 8 is unique, with its targets and indicators focusing more on commitments and achievements of the developed countries in providing official development assistance (ODA), market access and debt relief to developing nations.

ODA flows received as a percentage of Sri Lanka's gross national income (GNI) fell from 1.5 percent in 1997 to 1 percent in 2011.

While approximately 50 percent of ODA allocated by sector is devoted to building trade capacity, the amount channelled directly into trade stood at a mere 0.12 percent in 2011.

Sri Lankan imports admitted duty free into developed countries significantly declined from almost 70 percent in 2010 to 37.5 percent by 2011.

This reduction was largely owing to the loss of the GSP+ (Generalized System of Preferences), and the rate remains far below the developing country average of 80 percent. While tariffs imposed by developing countries on agricultural products have fallen over time, textile and clothing products are subject to increasing tariff rates from the United States and the European Union, thereby denying market access opportunities to exporters. Sri Lanka's export share to developed countries dropped from 91.7 percent in 1992 to 60 percent in 2012, although developed countries continue to be the major export destinations. Garments remain the key export product, constituting over 40 percent of total export earnings.

Sri Lanka's debt-services-to-exports ratio remains relatively high compared to other developing countries in Asia-Pacific.

A high growth of external debt relative to lackluster export growth has contributed to this situation. Of equal concern is that the country's ratio of reserves to external debt remains low relative to the average for developing countries. Ensuring healthy growth in earnings from exports of goods and services is vital in safeguarding the economy from rising exposure to foreign debt.

Telephone density has increased rapidly with the number of telephone connections exceeding the country's population.

With Sri Lanka moving towards a fully liberalized telecommunications sector, high competition, especially in the mobile sector, has resulted in lower call rates, better network coverage and provision of value-added services. This has driven up tele-density rates, with the total number of mobile and fixed telephone subscriptions exceeding the country's population. Tele-density increased from 1 line per 100 persons in 1990 to 117 lines in 2012. But Internet access remains at a low 13 percent. Encouragingly, the numbers of Internet and email subscribers have increased rapidly in the last few years and are expected to follow an upward trajectory.

Key challenges and ways forward

A key challenge facing the Sri Lankan economy is reduced access to cheap and concessionary ODA following the transition into middle-income country status. With a small, open economy that cannot rely on domestic demand alone, Sri Lanka must focus on export-led development to sustain economic growth. Healthy earnings from exports of goods and services are essential in insulating the economy from increasing exposure to external debt and in building up a large volume of non-borrowed official reserves. In this context, diversification of export markets and products will be key. Currently, over half of exports end up in the United States and European Union. Garments and tea account for over 50 percent of total exports by value. Sri Lanka needs strategies that enable its producers to expand their

offerings.

The loss of duty free access to key markets such as the European Union and high tariffs in developed country markets pose impediments to higher export growth. For Sri Lanka to remain competitive and increase its share of exports, it needs to intensify engagement in regional and bilateral trade agreements to facilitate more market access, while also addressing domestic issues such as the need for better trade facilitation mechanisms, and market and governance gaps.

A key priority for Sri Lanka is to raise the value of industrial exports through developing value addition and diversification of the export portfolio. Additionally, greater institutional support can be provided to exporters through a more conducive tax regime, and the implementation of an effective and paperless trade facilitation system. There are also opportunities to facilitate more market access via new multilateral and bilateral trading arrangements, and a strategy to identify creative and skilled manufacturers that can be encouraged as potential exporters.

To support such initiatives, Sri Lanka needs a concrete policy framework that would boost export growth and development. Improved coordination between government and private sector organizations, as well as among different levels of government, is key. Collaboration between the Government and private sector in formulating a national export promotion strategy could help remove barriers and encourage more businesses to engage with global markets. The expansion of information and communication technology (ICT) is also a major objective under Sri Lanka's development vision.

Snapshot of the MDGs in Sri Lanka

SNAPSHOT OF THE MDGS AT NATIONAL LEVEL

Millennium Development Goals (MDGs) Indicators for monitoring progress Indicators under ➔Goal 1: Eradicate extreme poverty and hunger			1990 or closest year (Base Year)	2006 or closest year	2013 or latest year	Target for Indicator (in 2015)*	Status of Indicator & Remarks
1.1 Proportion of population below National Poverty Line		(%)	**26.1** (1990/91)	**15.2** (2006/07)	**6.7** (2012/13)	**13.1** (Half of Base Year value)	**"Achieved"**
1.2 Poverty gap ratio			**5.6** (1990/91)	**3.1** (2006/07)	**1.2** (2012/13)	**2.8** (Half of Base Year value)	**"Achieved"**
1.3 Share of poorest quintile in national consumption		(%)	**8.9** (1990/91)	**7.1** (2006/07)	**7.2** (2012/13)	No target	Need to improve
1.4 Growth rate of GDP per person employed (15 years & above)		(%)	-	**4.2** (2006)	**7.3** (2012)	These 4 indicators were introduced in 2008 & no targets have been proposed	Satisfactory Progress
1.5 Employment-to-population ratio[6] (15 years & above)		(%)	**43.6** (1990)	**53.4** (2006)	**50.5** (2012)		Males 73%, Females 31% (low)
1.6 Proportion of employed people living below poverty line[7]		(%)	**31.1** (1990/91)	**16.3** (2006/07)	**5.8** (2012/13)		Progressing well (Reduced to one fifth the value in 1990/91)
1.7 Proportion of own-account and contributing family workers in total Employment[8] (10 years & above)		(%)	**43.0** (1990)	**41.3** (2006)	**40.8** (2012)		Need to create more productive employment, in all regions
1.8 Prevalence of underweight children under-five years of age	NCHS/CDC/WHO Child Growth Std.[9]	(%)	**37.7** (1993)	**26.9** (2006/07)	Not available	**19.0** (Half of Base Year value)	"**On Track**". No data to monitor the progress after 2006/07
	New WHO Child Growth Std.[10]	(%)	**29.7** (1993)	**21.1** (2006/07)		**14.9** (Half of Base Year value)	
1.9 Proportion of population below minimum level of dietary energy consumption[11]		(%)	**51.3** (1995/96)	**50.7** (2006/07)	**47.8** (2012/13)	**25.6** (Half of Base Year value)	"**Off Track**". Needs Attention
Proportion of Indicator 1.9, if **90% of the energy requirement** is considered		(%)	**36.9** (1995/96)	-	**33.8** (2012/13)		
Proportion of Indicator 1.9, if **80% of the energy requirement** is considered		(%)	**23.5** (1995/96)	-	**21.3** (2012/13)		
Proportion of Indicator 1.9, if **70% of the energy requirement** is considered		(%)	**12.7** (1995/96)	-	**11.2** (2012/13)		

6 Figures for 1990 and 2006 excludes Northern and Eastern Provinces and the figure for 1990, is for those aged 10 years and above; the figure for 2012 covers all the districts in the country, Sri Lanka Labour Force Surveys, DCS

7 Based on the Household Income and Expenditure Surveys, since 1990/91,DCSFigures for 1990 and 2006, excludes Northern and Eastern Provinces, Figure for 2012 covers all the districts and those aged 15 years and above

8 Figures for 1990 and 2006, excludes Northern and Eastern Provinces, Figure for 2012 covers all the districts and those aged 15 years and above

9 Based on NCHS/CDC/WHO Child Growth Standards, which are comparable with 1993 figure. The Target 19.0% for 2015 is also based on the same standard

10 Based on WHO Child Growth Standards, which is being used since 2006/07 (DHS-2006/07)

11 The dietary energy consumption may be an under estimate in Sri Lanka, as some of the food items consumed outside the household do not get recorded properly, thus showing a low energy consumption. When 90, 80 or 70 percent of the energy requirement is considered, the proportions of population below minimum level of dietary requirement declines significantly. This indicates that energy inadequacy is either marginal or some of the food items consumed by certain households are not getting recorded, especially those consumed outside the household. It may be necessary to conduct a special study on this to ascertain the actual household energy consumption - Household Income and Expenditure Surveys, 1995/96, 2006/07 and 2009/10, DCS

(Table continues overleaf)

SNAPSHOT OF THE MDGs AT NATIONAL LEVEL (CONT.)

Indicators under → Goal 2: Achieve universal primary education		1990 or closest year (Base Year)	2006 or closest year	2013 or latest year	Target for 2015	Status of Indicator/ Remarks
2.1 Net enrolment ratio in primary education	(%)	**88.0** (1991)	**97.5** (2006/07)	**99.**7 (2012/13)	**100**	**"Achieved"**
2.2 Proportion of pupils starting grade 1 who reach last grade of primary	(%)	**64.1** (1990)	**99.6** (2006/07)	**100** (2012)	**100**	**"Achieved"**
2.3 Literacy rate of 15-24 year-olds, women and men	(%)	**92.7** (1994)	**95.8** (2006)	**97.8** (Census 2012)	**100**	**"Almost Achieved"**
Indicators under → Goal 3: Promote gender equality and empower women						
3.1 Ratios of girls to boys in primary, secondary and tertiary education						
Primary	(%)	**94.2** (1995)	**99.0** (2006)	**99.4** (2012)	**100**	**"Achieved"**
Lower secondary	(%)	**91.2** (1995)	**105.7** (2006)	**102.6** (2012)	**100**	**"Achieved"**
Upper secondary	(%)	**107.7** (1995)			**100**	**"Achieved"**
Tertiary education	(%)	**75.4** (1995)	**113.8** (2002)	-	**100**	**"Achieved"**
3.2 Share of women in wage employment in the non-agricultural sector	(%)	**30.8** (1993)	**32.2** (2007)	**32.0** (2011)	No target	Need to increase
3.3 Proportion of seats held by women in national parliament	(%)	**5.8** (1989/94)	**5.8** (2004/07)	**6.8** (2010/14)	No target	Need to increase
Indicators under → Goal 4: Reduce child mortality						
4.1 Under-five mortality rate	(per 1000 live births)	**22.2** (1991)	**12.0** (2006)	**11.3** (2009)	**8.0**	**"On Track"**
4.2 Infant mortality rate	(per 1000 live births)	**17.7** (1991)	**10.0** (2006)	**9.4** (2009)	**6.0**	**"On Track"**
4.3 Proportion of 1 year-old children immunised against measles	(%)	**95.5** (1993)	**97.9** (2006/07)	**95.0** (2012)	**100**	**"On Track"**
Indicators under → Goal 5: Improve maternal health						
5.1 Maternal mortality ratio (deaths per 100,000 live births)	FHB Estimate	**92.0** (1990)	**38.9** (2006)	**33.3** (2010)	**23.0**	**"On Track"**
5.2 Proportion of births attended by skilled health personnel	(%)	**94.1** (1993)	**98.6** (2006/07)	**99.8** (2010)	**100**	**"Achieved"**
5.3 Contraceptive prevalence rate	(%)	**66.1** (1993)	**68.4** (2006/07)	**64.2** (2010)	No Target	Need to increase
5.4 Adolescent birth rate	(%)	-	**7.7** (2007)	**6.5** (2010)	Minimize	Need to reduce
5.5 Antenatal care coverage (at least one visit and at least four visits)	(%)	-				
At least one visit	(%)		**95.8** (2006/07)	**95.8** (2006/07)	**100**	"**On Track**". No data to monitor the progress after 2006/07
At least four visits	(%)		**92.5** (2006/07)	**92.5** (2006/07)	**100**	
5.6 Unmet needs for family planning	(%)	-	**7.3** (2006/07)	**8.0** (2010)	Minimize	Need to reduce

(Table continues overleaf)

Indicators under ➔Goal 6: Combat HIV/AIDS, malaria and other diseases[12]	1990 or closest year (Base Year)	2006 or closest year	2013 or latest year	Target for 2015	Status Remarks
6.1 HIV prevalence among population aged 15-24 years (as information is not available for 15-24 age group, estimates for 15-49 year age group is given here) (%)	**<0.01**	**<0.01**	**<0.01**	Have halted by 2015 & begun to reverse	**"On Track"** Low prevalence, but numbers are increasing-Needs attention
6.2 Condom use at last high-risk sex (as the information on indicator is not available, "Condom use, to overall contraception use among currently married women aged 15-49 year" is given under this indicator) (%)	**5.0** (1993)	**8.3** (2006/07)	-	No target	Knowledge among persons with high risk sexual behavior need to be increased
6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS (%)	-	**35.3** (2006/07)	-	No target	Knowledge among youth need to be improved
6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	-	-	-	No target	No reliable information
6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs (%)	-	**20.0** (2009)	**34.0** (2012)	100% by 2010	**"Off Track"** Need to increase access to antiretroviral drugs
6.6 Death rates associated with malaria (per 100,000 population)	**0.08** (1990)	**0.0** (2005)	**0.0** (2013)	**0.0**	**"Achieved"**
6.7 Proportion of children under 5 years, sleeping under insecticide-treated bed nets (%)	**12.0**[a] -	**64.0**[a] **3.8**[aa]	- -	No target	No information after 2006/07
6.8 Proportion of children under 5 with fever who are treated with appropriate anti malarial drugs (%)	-	-	-		No indigenous cases, hence not applicable
6.9 Prevalence and death rates associated with tuberculosis[13]	**118** (1990) **7.5** (1990)	**108** (2005) **10.0** (2005)	**109** (2012) **1.1**(2012)	Have halted and begun to reverse	**"On Track"**
6.10 Proportion of tuberculosis cases detected and cured under Directly Observed Treatment Short course[14] (%)	**58** (1990) -	**72** (2005) **86.3** (2005)	**73** (2012) **84.9** (2008)[15]	**70**[16] **85**	**"Achieved"** **"Achieved"**

a- sleeping under a normal bed net; aa- sleeping under an insecticide treated net –DHS-2006/07, DCS

(Table continues overleaf)

12 No information on indicators 6.1, 6.2 and 6.4, mainly due to very low prevalence of HIV/AIDS in Sri Lanka
13 Upper row- Prevalence per 100,000 population; lower row death rate associated with TB, Global Tuberculosis Report 2013, WHO
14 Figures for 1990 and 2006, excludes Northern and Eastern Provinces, Figure for 2012 covers all the districts and those aged 15 years and above
15 Lower row-; percentage cured, NPTCCD, Sri Lanka
16 1Global Targets: 70% detection & 85% treatment successes

SNAPSHOT OF THE MDGs AT NATIONAL LEVEL (CONT.)

Indicators under Goal 7: Ensure environmental sustainability	1990 or closest year (Base Year)	2006 or closest year	2013 or latest year	Target for 2015	Status /Remarks
7.1 Proportion of land area covered by forest (%)	**33.8** (1992)	**27.5** (2005)	**29.6** (2012)	Reverse the loss	**"On Track"** Recent improvement although overall reduction since 1990
7.2 CO_2 emissions, total, per capita and per $1 GDP (PPP)					
Total CO_2 emissions (Mt)	**3,773** (1990)	**11,643** (2005)	**11,764** (2008)	No targets specified	Has remained unchanged after 2004
CO_2 per capita emissions	**0.2182** (1990)	**0.5961** (2005)	**0.5864** (2008)		Has remained unchanged after 2004
CO_2 kg emission per $1 GDP (PPP)	**0.1093** (1990)	**0.1823** (2005)	**0.1385** (2008)		Declined after 2004
7.3 Consumption of ozone-depleting substances (based on 100% imports) Mt.	**538.7** (1998)	**358.4** (2005)	**312.9** (2012)		Overall decreasing trend up to 2008: Gradual increase there after – Need Attention
7.4 Proportion of fish stocks within safe biological limits (Mn)	-	**12.18** (2007)	**36.63** (2012)		No targets have been specified for these indicators; Terrestrial areas protected show an increase; No reliable information on Indicator 7.7
7.5 Proportion of total water resources used (for agriculture %)	**96.01** (1992)	**87.37** (2007)	-		
7.6 Terrestrial areas protected (Ha)	**971,780** (1997)	**10,434,424** (2009)	-		
7.6 Marine areas protected (Ha)	**-**	**31492** (2009)	-		
7.7 Proportion of species threatened with extinction	-	-	-		
7.8 Proportion of population using an improved drinking water source[17] (%)	**68.0** (1990)	**84.7** (2006/07)	**89.7** (2012/13)	**89.0**	**"Achieved"**[18]
7.9 Proportion of population using an improved sanitation facility[19] (%)	**69.0** (1990)	**89.1** (2006/07)	**87.2** (2012/13)	**89.5**	**"On Track"**
7.10 Proportion of urban population living in slums (%)		**0.9** (2009/10)	**1.4** (2012/13)	No target	Low percentage. Need to reduce further
Indicators under → Goal 8: Develop a global partnership for development	**1990**	**2006**	**2012**		
8.12 Debt service as a percentage of exports of goods and services (%)	**14.2**	**9.8**	**17.6** (2013)	No target	
8.14 Telephone lines per 100 population	**0.8**	**9.5**	**17.0**		77.1 % of the households have either a fixed or mobile phone or both (2012)
8.15 Cellular subscribers per 100 population	-	**27.2**	**117.0**		
8.16 Internet users per 100 population	-	**0.65**	**6.7**		Need to increase

Note: Indicators 8.1 to 8.11 and 8.13 are not relevant

Note 1: The details on the data sources are given under each MDG, under "Sri Lanka's progress towards Millennium Development Goals"
**- The target column is blank when there is no global target specified for the indicator.*

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17 1990 - excluding Northern and Eastern Provinces; 2006/07 – excluding Northern and Eastern Provinces; 2012/13 – all Districts included
18 It would be necessary to check the appropriateness of the definition of safe drinking water, that is being used at present
19 1990 - excluding Northern and Eastern Provinces; 2006/07 – excluding Northern and Eastern Provinces; 2012/13 – all Districts included

INTRODUCTION

Background

In 2000, world leaders signed the Millennium Declaration, which was followed by a set of Millennium Development Goals (MDGs), each of which has a set of targets and indicators. With the 2015 endpoint of the goals approaching, many countries are assessing progress made, while identifying lessons and challenges that can feed into ongoing global consultations on the development agenda beyond 2015.

Sri Lanka released its first MDG country report in 2005. It created awareness about the goals and promoted a dialogue among policy makers, planners and other stakeholders.

The second MDG country report was issued in 2009. It showed that Sri Lanka was well on track to achieving most MDG targets by 2015, at the national level. It also revealed regional disparities, aimed at informing suitable strategies to minimize gaps by improving progress on indicators in lagging regions. Most MDG indicators in the second report were based on three major surveys: the Household Income and Expenditure Survey 2006-2007, the Demographic and Health Survey 2006-2007 and the Special MDG Indicator Survey 2006-2007, all conducted by the Department of Census and Statistics.

This current report is the third on the MDGs in Sri Lanka.

Objectives

Sri Lanka's 2014 MDG report provides a comprehensive assessment of progress on the goals thus far, including analysis that will help the country make an effective final push towards attaining all goals, and their associated targets and indicators. The report will also be a timely contribution from Sri Lanka towards shaping the post-2015 development agenda.

The report aims to:

1. Provide a consolidated overview of Sri Lanka's achievements against MDG indicators, at national, regional and sectoral levels;
2. Offer an analytical framework for better understanding Sri Lanka's development results against the MDG framework;
3. Inform future policy-making and planning; and
4. Produce a document of technical and comparative relevance that can be shared regionally and globally.

Methodology

The report reviews progress on the MDGs against agreed baseline years, usually 1990, at national, sectoral and regional levels. The original MDGs had 8 goals, 17 targets and 48 indicators, used in the 2009 Sri Lanka country report. In 2008, the United Nations recommended a new list of targets and indicators endorsed by the UN Statistical Commission. This current report uses this second list, comprising 21 targets and 59 indicators.

The computation of necessary indicators at national, sectoral and regional levels under Goals 1 to 3 was done using the results of the Household Income and Expenditure Surveys, Quarterly Labour Force Surveys, a 5 percent sample of the 2012 Census of Population and Housing, and Demographic and Health Surveys. As the Department of Census and Statistics made available the data files of the 2012-2013 Household Income and Expenditure Survey, which covered the entire country, it was possible to use that data to compute most indicators under the first three goals. This helped in providing the latest positions for all 25 districts of Sri Lanka.

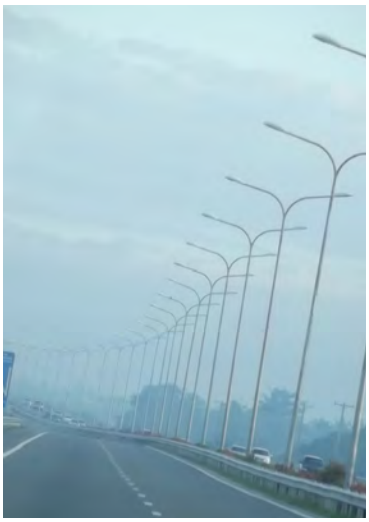
The Department of Census and Statistics has not conducted a Demographic and Health Survey since 2006-2007, so some indicators had to be based mainly on the 2006-2007 survey as the latest available reliable source of information. These include the prevalence of underweight children under five years of age (MDG indicator 1.8), the proportion of one-year-old children immunized against measles (indicator 4.3), the proportion of births attended by skilled health personnel (indicator 5.2), the contraceptive prevalence rate (indicator 5.3), the adolescent birth rate (indicator 5.4), antenatal care coverage (indicator 5.5), the unmet need for family planning (indicator 5.6) and the proportion of the population aged 15 to 24 years with comprehensive correct knowledge of HIV/AIDS

(indicator 6.3). Estimates based on data from the Family Health Bureau of the Ministry of Health were used wherever possible.

Indicators such as the employment-to-population ratio (indicator 1.5), the proportion of own account and contributing family workers in total employment (indicator 1.7), the share of women in wage employment in the non-agricultural sector (indicator 3.2), etc. are based on the 2012 Census of Population and Housing and the Sri Lanka Labour Force Survey Annual Reports, the latest of which is from 2012.

In addition to the above sources, the report team also used data from Sri Lanka's National Human Development Report in 2012, where most indicators were compiled by using micro-data from the 2009-2010 Household Income and Expenditure Survey. The infant mortality and under-five mortality rates are based on estimates prepared by the Registrar General's Department. Some of the education-related indicators are from the Ministry of Education. All statistical data used to compute the indicators are based on national surveys conducted by the Department of Census and Statistics, National Accounts compiled by the Department of Census and Statistics, reports of the Central Bank, reports of the Family Health Bureau of the Ministry of Health, and other similar official sources of information.

NATIONAL MILESTONES ON THE ROAD TO THE MDGS



Sri Lanka has achieved considerable success on many important social indicators under the MDGs, and is on track to achieve targets for most remaining ones by 2015. Free education from kindergarten to university; compulsory education for all children aged 5 to 14; universal health care facilities, including public health services, in even the most remote areas; and a range of other welfare programmes implemented for more than six decades have contributed to impressive results in education, health, reduction of poverty and improved living conditions for people across the country.

The policies and programmes that have helped Sri Lanka attain some of the most important MDG targets began well before 2015 or even the 2000 Millennium Declaration. Policies after the MDGs were in place have helped accelerate existing progress. This chapter summarizes some key policies and programmes.

Reducing Poverty and Hunger

Sri Lanka has a long history of social welfare programmes and targeted food subsidy schemes. Some of the main examples have boosted agricultural production, especially benefiting poorer segments of the population. Over the last two decades they have also played an important role in assisting people displaced by climatic shocks, the tsunami and the conflict. Success in reducing poverty also stems from free education and health services.

Poverty declined from 26.1 percent in 1990-1991 to 15.1 percent in 2006-2007. By 2009-2010, the rate had fallen to 8.9 percent. The latest figures show a further drop to 6.5 percent, indicating that Sri Lanka achieved the MDG target of halving poverty seven years before 2015. The reduction accelerated after the declaration of the MDGs, due to additional efforts to meet the targets before 2015.

Food subsidy schemes from 1948 to 1977

For over four decades, Sri Lanka had a comprehensive food subsidy scheme, with nearly universal eligibility to participate. It lasted until economic changes in 1977 that created a more open and liberalized economy. The maintenance of welfare programmes from 1948 to 1952 was assisted to a large extent by the economic boom induced by the Korean War, as exports fetched high prices and the balance of payments was favourable. A subsidized rice ration of three pounds per person per week was issued. When the import prices of rice increased sharply in 1952 due to a global shortage, the ration was reduced to one and a half pounds per household.

In 1956, the Government reaffirmed a role for a consumer-oriented food policy, with state patronage to directly assist the poor and the middle class. Relief to the poor was provided through reduced prices for rice and sugar, increases in health benefits, village expansion and settlement schemes. In 1966, the basic ration of rice was cut in half and issued free of charge, which resulted in a substantial reduction in imports of rice. The subsidy changes were accompanied by a massive campaign to intensify domestic rice production using high-yielding varieties. Production increased by 70 percent between 1960 and 1970.

By the end of 1973, the basic ration was reduced by 50 percent, and at the same time, the guaranteed price to farmers for paddy was increased by 40 percent, encouraging scaled-up production. These policies helped Sri Lanka attain self-sufficiency in rice production, a significant post-independence achievement. At the time of independence, Sri Lanka imported about half its rice requirement and a large quantity of wheat flour to feed around 7 million persons. Today it meets the needs for rice of a population above 20 million.

In 1979, Sri Lanka replaced the food subsidy scheme that had existed for over 40 years with a new food stamp scheme. Households with an annual income of less than Rs. 3,600 were eligible for stamps, with marginal adjustments for larger families. The rice ration was restricted to around 50 percent of the population. Food stamps could be used to purchase a basket of commodities comprising rice, wheat flour, bread, sugar, dried fish, powdered milk and pulses, although prices were at an unsubsidized level. Income transfer through food stamps was intended to boost the purchasing power of low-income households, yet the removal of the subsidized prices impacted them negatively as the value of the food stamps deteriorated over time due to inflation. As such, the nutritional risk for such households increased. Food stamps were renewed every three months, and unused stamps could be deposited in the Post Office Saving Bank.

The Janasaviya (Strength of the People) Programme

The 1989-1993 Janasaviya Programme aimed to cover all households enrolled in the food stamp programme. Each poor household received a monthly grant of Rs. 2,500 for 24 months, including Rs. 1,458 for food items. Rs. 458 could be saved in a government bank. At the end of two years, when the deposited sum accumulated to a total of Rs. 25,000, it was made available as capital or collateral for a loan to be invested in an income-generating activity. Janasaviya was directly linked to a training-cum-production programme, where beneficiaries were required to work for 20 days a month in a productive activity or be in a place of training to qualify for benefits. This programme was implemented initially in 28 assistant government agent divisions, in September 1989, and in another 30 divisions in December 1990. The food stamp scheme continued in other divisions where the Janasaviya programme was not implemented.

The Samurdhi Programme

The Samurdhi Programme was initiated in 1994 to reduce poverty on a sustainable basis, and resulted in the Janasaviya and food stamp programmes being discontinued. The main thrust of the Samurdhi Programme is to ensure the participation of the poor in the production process. It helps to expand opportunities for income enhancement and self-employment; organize youth, women and disadvantaged persons into small groups, and encourage them to participate in decision-making activities and developmental processes at grass-roots levels; assist people to develop their talents and strengthen their asset base through productive employment; establish and maintain productive assets to create additional wage employment opportunities at rural levels; and support the really needy by providing social welfare assistance.

In 1998, the Samurdhi Programme covered a third of the entire population, approximately 1.2 million families. Families with a monthly income of less than Rs. 1,000 were eligible for relief ranging from Rs. 100 to Rs. 1,000, depending on household income. This measure was intended to raise the income of a household to about Rs. 1,700 per month. Beneficiaries were also expected to use the payment to increase their household income to Rs. 2,000 per month through self-employment activities, and to exit the programme once their income exceeded Rs. 2,000 per month for six consecutive months.

All Samurdhi beneficiaries are encouraged to save part of the income supplement to develop a culture of thrift and saving. Accumulated savings can be used to finance new income-generating projects. The ultimate objective is to promote self-reliance by nurturing the habit of savings and developing self-employment.

The Divineguma National Programme

The Divineguma initiative was launched in 2011 to boost the rural economy, address malnutrition and encourage rural communities to adopt organic farming techniques. Its mission was to establish 2.5 million healthy and economically empowered household economic units, covering all villages in Sri Lanka. The programme includes activities such as home gardening, the cultivation of fruits and vegetables, fishery and animal husbandry, ecofriendly living patterns, cottage industries and services, and good community health practices. The main objectives are the improvement of the nutritional status of beneficiary families, food security, generation of additional income avenues for families, and reduced costs of living.

The Divineguma Development Department was established by Parliament (Act No. 1) in 2013. It amalgamates the Samurdhi Authority, the Southern Development Authority and the Udarata Development Authority[20] to establish rural, community-based organizations, and provide a coordinating network at district and national levels. Department functions are to carry out development activities to alleviate poverty and bring about a society guaranteeing social equity; promote individual family, group and community-centred livelihood development; ensure food security for each individual and family; mobilize and empower people to speed up national development; provide micro-finance facilities for promoting livelihood development; develop physical and social infrastructure as

20 The Authority covers the up-country areas, or Districts including Kandy, Matale, Nuwara Eliya,Kegalle, Ratnapura, Badulla, Monaragala and Ampara

required for livelihoods; carry out research on economic and social development; develop requisite human capital to uplift living standards; and create a social security network for those in need.

Other welfare and nutrition programmes

Thriposha: This is one of the major targeted food supplementary programmes for all pregnant and lactating women and under undernourished children aged six months to five years. Thriposha is a precooked blend of wheat and soya fortified with minerals and vitamins. It is designed to supplement energy, protein and micronutrients for needy pregnant and lactating mothers, up to six months after delivery, and for infants aged 6 to 11 months. In addition, children identified as nutritionally vulnerable are provided food supplements up to 60 months.

Poshana malla: Since 2006, these nutritious baskets of food have assisted pregnant and lactating mothers from low-income families.

Glass of Milk Programme and School Meal Programme: These target children in low-income families.

Allowances for disabilities and the elderly: Since 2007, each family with members who have disabilities receives Rs. 3,000 per month. An allowance of Rs. 1,000 for people over age 70 has been in place since June 2012.

Fertilizer subsidies

A subsidy for multiple types of fertilizer began in 1962, was discontinued in 1990 and was reintroduced in 1995. From 1997 to 2004, the subsidy was limited to urea. Since 2005, the subsidy has expanded to increase paddy production. The subsidized price of a 50-kilogramme bag of fertilizer has been fixed at Rs. 350, regardless of world market prices. This coupled with some of the longer term policies, programmes and strategies of successive governments—such as free provision of irrigation water through large-scale irrigation projects, concessionary credit, extension services, seeds at concessionary rates and guaranteed prices for paddy—have helped Sri Lanka enhance paddy production from 3.25 million metric tons in 2005 to 4.04 million metric tons in 2010, 114 percent of the country's requirement for rice.

Education Policies and Programmes

In ancient Sri Lankan society, education was strongly associated with religion. Among Buddhist communities, the pirivenas, run by clergy, taught religion, philosophy and literature. Although they were created primarily to teach the clergy, lay people also benefited. In Tamil areas, village schools linked to the Hindu religion were located near temples.

Under the Portuguese, from 1505 to 1655, education was administered primarily by missionaries, who established schools especially in coastal areas. The Dutch, who succeeded the Portuguese, took steps to expand education by increasing the number of schools. The British, who followed the Dutch in the 19th century, started mass education with a dual system of English language schools, mainly patronized by the elite, and state-administered schools for the general population.

A new era

With the implementation of the recommendations of the Donoughmore Commission[21] in 1931, executive committees were set up on various subjects. The executive committee on education was under the chairmanship of Dr. C.W.W. Kannangara, who was the first Minster of Education in Sri Lanka. The education system moved forward with a number of achievements during his 15-year period at the helm from 1931 to 1947. Education Ordinance No. 31 of 1939, enacted after a long deliberation, still remains the basic law governing education policies in Sri Lanka today.

Between 1931 and 1947, important achievements included the establishment of central schools (madhya maha vidyalayas), which helped to expand education in the provinces.

21 The Donoghmore Commission was responsible for the creation of the Donoghmore Constitution, which was in effect between 1931 and 1947 in Sri Lanka (earlier Ceylon).

They accommodated students from primary schools selected through a public competitive examination and subsequently provided with a quality education in English. The Free Education Scheme was initiated in government-administered and -funded schools during this period, and opened the door to English education for all children. Free education from kindergarten to university, for both boys and girls, stems from the ancient tradition of placing a high value on education and is one of the main contributory factors to Sri Lanka's strong MDG performance.

Policy reforms from 1948 to 1997

Important education policies enacted since independence included, in the early decades, the mid-day meal programme, which linked education to nutrition and was expanded to cover all schools in 1950;[22] a scholarship programme started in 1952 for talented students from poor families; a Curriculum Development Center established in 1960 to develop curricula to suit the future needs of the country; and a shift in 1962 to the Government administering what had been privately managed schools in order to rationalize the school system.

In the 1980s, free provision of school textbooks began in 1982; school clusters were formed in 1981 for better management of schools and to improve utilization of resources; the National Institute of Education was established in 1981 to undertake education research, curriculum development, and training of teachers/education and administrative personnel, and to provide them with post-graduate education; the Colleges of Education were set up in 1987 to provide pre-service education for new recruits entering the teaching profession; and a 'national school' concept was introduced in 1987 to provide better facilities for the best-performing students throughout the country.

The following decade saw the provision of free uniforms from 1993 to support children from poorer backgrounds to attend school; the creation of decentralized divisional education offices in 1993 that were transformed into education zones in 1995; the establishment of the Tertiary and Vocational Education Commission in 1991, under the Tertiary and Vocational Education Act No. 20 of 1990, and its reconstitution as a statutory body by the Tertiary and Vocational Education (Amendment) Act No. 50 of 1999; the creation of the National Education Commission in 1991, under the National Education Commission Act No. 19 of 1991, to advise the Government on overall policy covering all aspects of education in the country; and the appointment of a Presidential Task Force headed by the Minister of Education in 1996 to implement the recommendations of the commission.

Policy reforms from 1997 to 1999

Education reforms in 1997, based on the recommendations of the Presidential Task Force, were mainly focussed on enhancing life competencies, and upholding the values of peace and social cohesion. High on the agenda was minimizing the gap between education and labour market requirements. The reforms addressed not only formal education from Grade 1 to Grade 13, and university education, but also technical and vocational education and training, early childhood education, pre-schools, adult and continuing education, and special education.

Some of the important reforms included the enactment of Compulsory Education Regulations (Gazette notification 1003/5 of 25 November 1997). Schooling for children aged 5 to 14 years was made compulsory in 1998, by a 1997 act of Parliament that ensures at least nine years of compulsory education for all children. Although education has been free for all since 1939, it was only in 1998 that it became compulsory. This helped Sri Lanka in achieving nearly universal primary education, for both girls and boys alike, in all regions of the country. The proportion of pupils starting grade 1 who reached grade 5 increased from 64.1 percent in 1991 to 95.6 percent in 2002, and to 99.6 percent in 2006-2007.[23]

The reforms revamped curricula and teaching methods across all stages, with the intention of not only developing knowledge, skills and attitudes, but also general competencies such as thinking skills, decision-making, creativity, problem-solving, communication, and social and coping skills to meet the challenges of daily life, all of which are essential in modern society.

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22 The free mid-day meal programme was suspended in 1981, restored in 1989, taken away again in 1996, and reintroduced in 2003, and is currently covering one million students in the most food insecure areas.

23 IPS 2010 (MDG Report 2008-2009)

Pre-school education: Inclusion of early childhood education in the 1997 reforms was a major step. It led to the release, in October 2004, of a National Policy on Early Childhood Care and Development. The policy lays down national standards for pre-school education. Pre-schools are monitored by local authorities, which register and inspect them; provide guidelines on teachers, teacher training and teaching materials; and maintain quality.

Primary education (grades 1-5): Primary education was made more child-centred and activity-based to help in the development of the mind, and basic skills and abilities, gradually shifting in three stages (grades 1 to 2, grades 3 to 4, and grade 5) from play-based activities to desk learning. Upon completion of primary education, students take the Grade 5 Scholarship and Placement Examination.

Secondary education: On the basis of reforms in 1998 to 1999, junior secondary education now lasts four years (grades 6 to 9) and senior secondary education covers grades 10 and 11. At the end of senior secondary education, students sit the General Certification of Education Ordinary Level (GCE O/L) examination. At the junior secondary level, the social studies curriculum was changed to introduce concepts related to peace education, national harmony, democratic principles, human rights, gender equality and environmental conservation. Another change was the shift from science, to science and technology.

The last stage of formal secondary education is the collegiate level (grades 12 and 13). At the end, students sit the GCE Advanced Level (A/L) examination. This determines admissions to Sri Lanka's 15 national universities, which operate under the Universities Act No. 16 of 1978. The University Grants Commission, established in 1979, is the apex body of the university system It is responsible for the selection of students for undergraduate courses, based solely on the results of the GCE A/L examination. Education is free for all, until the completion of the first degree in any of the 15 universities.

Achievements from over six decades

Sri Lanka's systematic investment in policies and interventions related to education have produced a high level of literacy. As can be seen from table H1, educational performance began to take off in the first half of the 20th century, and by the time Sri Lanka signed the Millennium Declaration in 2000, it was already nearing universal literacy.

Table H1: Adult Literacy Rate by Sex and Number of Schools, 1901 to 2012

	1901	1911	1921	1946	1953	1963	1971	1981	2001	2012
Literacy rate, both sexes	26.4	31.0	39.0	57.8	65.4	77.1	78.5	87.2	91.1	95.6
Literacy rate, male	42.0	47.2	56.3	70.1	75.9	85.8	85.6	91.1	92.6	96.8
Literacy rate, female	8.5	12.5	21.2	43.8	53.6	67.5	70.9	83.2	89.7	94.6
Number of schools	-	-	-	-	3188 (1950)	4394 (1960)	8585 (1971)	9919 (1981)	9828 (2002)	9662 (2008)

Sources: Population Censuses from 1901 to 2012, Department of Census and Statistics.
Note: In 2001, only 96 percent of the population was covered by the Census. Certain parts of the Northern and Eastern provinces were not accessible due to the internal conflict at that time.

When a semi-autonomous Government was instituted in Sri Lanka in 1931, the free education scheme came into being. This resulted in opening new schools and improving existing ones. By 1950, Sri Lanka had 3,188 schools throughout the country. After independence in 1948, the number increased rapidly, reaching 4,394 by 1960 and 8,585 by 1971. This rapid expansion and improvements in the education system helped boost literacy rates for women considerably, from 43.8 percent in 1946 to 67.5 percent in 1963 and to 83.2 percent in 1981 (table H1). By 2000, Sri Lanka had already achieved more than 90 percent literacy among adults, with women reaching almost 90 percent. The latest population Census, which covered the entire country, showed that literacy rates among both men and women have reached more than 95 percent.

The 1997 education reforms accelerated progress on what became education-related indicators under MDGs 2 and 3. For example, the net enrolment ratio in primary education (indicator 2.1) increased from 88 percent in 1991 to 97.5 percent in 2006-2007. The proportion of pupils starting grade 1 who reach the last grade of primary school (indicator 2.2) rose from 64.1 percent in 1990 to 99.6 percent in 2006-2007. This could be attributed to the 1997 policy of making education compulsory for children aged 5 to 14 years; the Government has since also committed to increasing the age to 16. This move was recently approved by Parliament and is pending gazette notification. The literacy rate of youth aged 15 to 24 years was 92.7 percent in 1994 and reached 97.8 percent in the 2012 Census. The female literacy rate at 98.2 percent now exceeds the rate for males at 97.3 percent.

While Sri Lanka has made considerable progress in the field of education, achieving most of the targets under MDGs 2 and 3, challenges still remain, particularly in improving the quality of education at all levels, and providing access to all streams, especially for science and technology, up to Grade 13. Children in all regions need to be able to choose any field of studies. At present, only around 8 percent of schools have the science stream up to grade 13. This gap calls for the continuous attention of planners and policy makers.

Some reforms after 2000

Teacher training for second-language teaching—for Sinhala in Tamil-medium schools and Tamil in Sinhala-medium schools—commenced in 2001. The same year, with the initiation of the Secondary Education Modernization Project, ICT facilities, junior science laboratories, activity rooms and resource rooms for English were provided. In 2004, technology was introduced as a subject for the GCE A/L.

In 2007, changes included the introduction of history, civics and geography as separate subjects to replace environmental studies in grade 6 and social studies in grades 7 to 11; the integration of generic skills, such as critical thinking, entrepreneurship, problem-solving, team work, etc.; and the introduction of technology as a subject with six options and practical components in grades 12 and 13.

Under the 1,000 School Development Programme, Science and Technology Laboratories[24] are being provided to 1,000 secondary schools, with the aim of providing equal educational opportunities in science and technology streams in grades 12 and 13, throughout the country, without any discrimination.

The education sector development framework and programme from 2012 to 2016

The latest National Education Strategic Plan, which aims to prepare the school system as the human resource foundation for the future knowledge economy, is organized under the following themes, with reference to some of the most important plans under each.

Theme 1: Increasing access to and participation in equal educational opportunities for both primary and secondary education. This encompasses extending the age range for compulsory education from 6 to 14 years to 6 to 16 years; strengthening school health and nutrition programmes; implementing advisory services at school level; re-establishing programmes for children in disadvantaged areas to resume their schooling, including by initiating interventions to make up for lost learning opportunities; and

24 The Government provides these laboratories, under the 1,000 Schools Development Program, to improve science, mathematics, technology and language skills. The laboratories consist of complete laboratories for science, mathematics, languages and ICT as well as a distance education unit.

establishing 1,000 secondary schools and a network of primary schools.

Theme 2: To raise the quality of primary and secondary education. This entails providing equitable secondary education opportunities for science education, especially in areas in the Northern and Eastern provinces affected by the conflict; providing basic and high-level learning facilities conforming to national standards for all schools; confirming the right to education in a mother tongue, while at the same time providing bilingual education opportunities; raising the percentage of students who qualify for GCE A/L studies, and extending opportunities for studies in science and commerce streams at that level; making the distribution of teachers more rational for science, mathematics and English in particular, and providing modern technology in teaching and assistance in learning these subjects; and raising the quality of the subject contents of school textbooks.

Theme 3: To strengthen good governance in education and the supply of services. Key strategies involve strengthening the child friendly approach in all primary schools; enhancing the professionalism of school principals and education officers, such as by creating a training academy for principals; and bolstering zonal education offices as units of educational management, and divisional education offices as education support and assistance centres.

The base theme: A plan for a developmental overturn in the education sector. The aim is to fortify, within general education, a culture of education planning, budgeting, research, and monitoring and evaluation, while strengthening education management information systems and establishing a national evaluation system.

Health Policies and Programmes

Sri Lanka has been able to achieve remarkable health indices, such as low maternal mortality, infant mortality and under-five mortality rates, alongside high levels of life expectancy. The policies of free education and free health services, and in particular a strong preventive and curative health system, have been cornerstones of such high achievement.

History of Sri Lanka's health care system

The history of health care systems in Sri Lanka extends back to the era of ancient kings. Documentary evidence shows that there were several hospitals for indigenous medicine and maternity homes during the reign of the Sinhalese kings, as early as 340-368 AD. Around the 15th century, a systematized network of ayurvedic treatment centres and hospitals was set up throughout the country. Western medicine was introduced under colonial rule, from 1505 to 1948, and hospitals were built gradually throughout the country. In 1859, a separate Civil Medical Department was established, and the Public Health Services became a function under it.[25]

In the mid-1920s, a health unit system was introduced, with units staffed with a physician, nurses, midwives and a sanitary inspector, to provide comprehensive health care services (institutional and domiciliary) to mothers and children.

Government policy in the early 1930s enunciated the need for expanding health services, especially in rural areas. A large number of maternity homes, rural hospitals and cottage hospitals were constructed and staffed with the necessary health personnel. This helped to bring most of the country closer to basic health care services. Since 1951, the Government has provided health care and services free of charge to all citizens, making health services accessible even to the poorest segments of the population.

With the decentralization of health administration in 1987, responsibility for total health care within a province shifted to provincial directors of health services, who are supported by regional directors of health services in charge of health districts. Each health district is subdivided into a number of health divisions, each of which consists of a number of health units.

The public health midwives comprise the smallest working unit in the government health system. Through systematic home visits, they provide necessary care to pregnant mothers, infants and pre-school children. They also provide advice

25 National Strategic Plan Maternal and Newborn Health (2011-2015), Family Health Bureau, Ministry of Health.

and guidance to mothers during pregnancy, and on child care practices and nutrition, a mandate until a child reaches age five. They offer family planning advice to couples of reproductive age.

Combined public and private practice and compulsory posting of newly appointed doctors to all regions.

The combining of public and private practice is a tenet of the Sri Lankan medical system that has helped the country to retain a large number of qualified medical specialists and doctors. Typically, a doctor will work in government hospitals and clinics, while also engaging in private practice after hours. Such a system enables specialists and doctors to receive an income that could be comparable with what they may receive in some of the more developed countries, while they remain in Sri Lanka. This has also made specialists more accessible to the general public.

The Ministry of Health's policy of posting, on a compulsory basis, all newly appointed doctors across the country and transferring junior doctors to different regions on a regular basis has helped to increase the availability of medical personnel in less developed areas.

Preventive health services

Good preventive health services have a long history in Sri Lanka. In particular, due to public health care access policies enacted by successive governments, mother and child health care services have had a great impact on maternal, infant and child mortality rates.

After the introduction of Western medicine and health care in Sri Lanka, the health unit system established in the mid-1920s began providing comprehensive services to mothers and children, which expanded gradually, with the appointment of trained medical officers, public health nurses (now public health nursing sisters) and public health midwives. Services have gradually become more efficient and effective, and since 1948, even greater efforts have been made to provide more comprehensive health care to mothers and children.

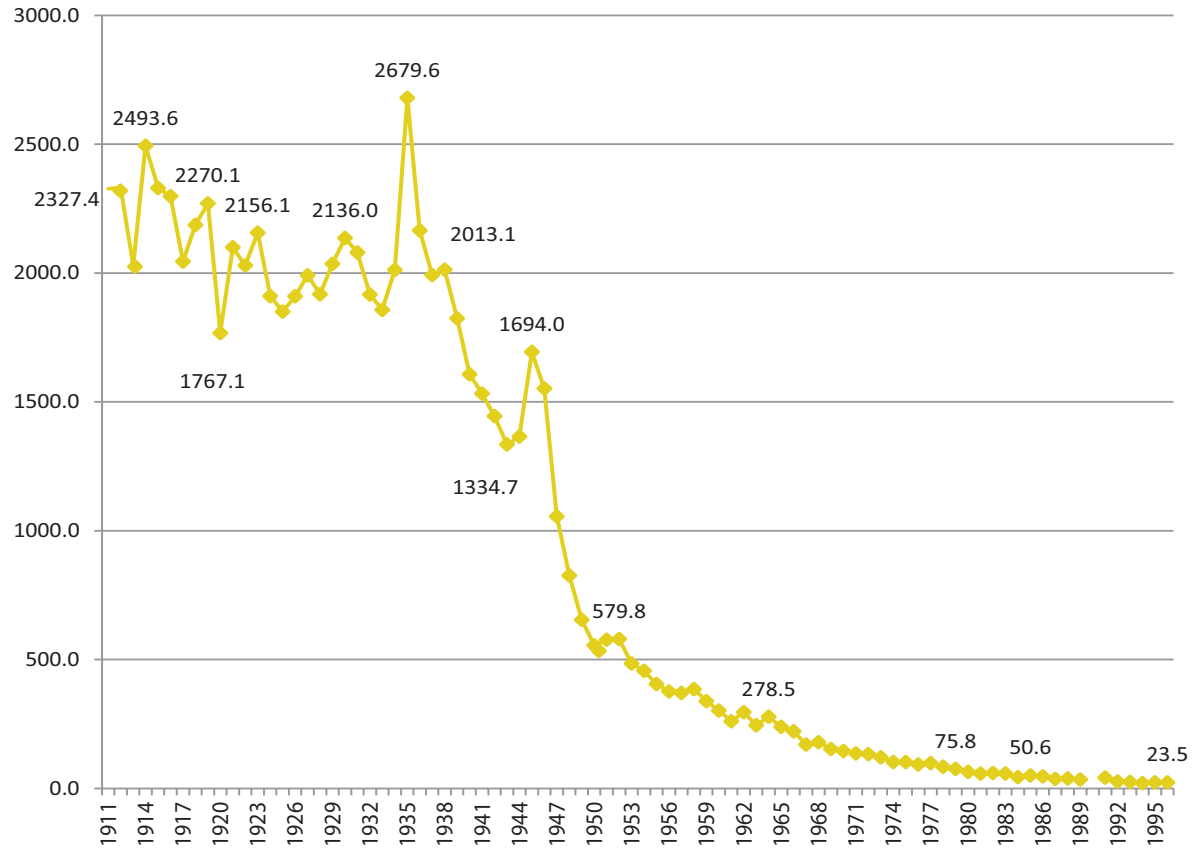
The Maternal and Child Health Bureau, established in 1968 and renamed the Family Health Bureau in 1972, is the focal point for programmes on national maternal and child health, family planning, school and adolescent health, and women's health. The bureau conducts planning, coordination, and monitoring and evaluation of these programmes.

Available estimates on the maternal mortality rate, based on data from the Registrar General's Department, show that it fluctuated around 2,000 maternal deaths per 100,000 live births from 1920 to 1938. After 1938, it began to decline, to approximately 580 maternal deaths in 1950. From 1950 onwards, the rate continued its progressive decline, reaching 23.5 deaths in 1996 (figure H1).

However, the official source of information for maternal mortality shifted in 1996 from being the Registrar General's Department to the Family Health Bureau in the Ministry of Health. The National Maternal Mortality Reviews conducted by the bureau have better coverage and accuracy, and suggest that the Registrar General's data is an under-estimation. According to the Family Health Bureau data, the rate declined from 92 in 1991 to 33.3 in 2010 (table 5.1). Given that the official MDG target for 2015 is 23 maternal deaths per 100,000 live births, the Government is confident that Sri Lanka is on track to achieve this.

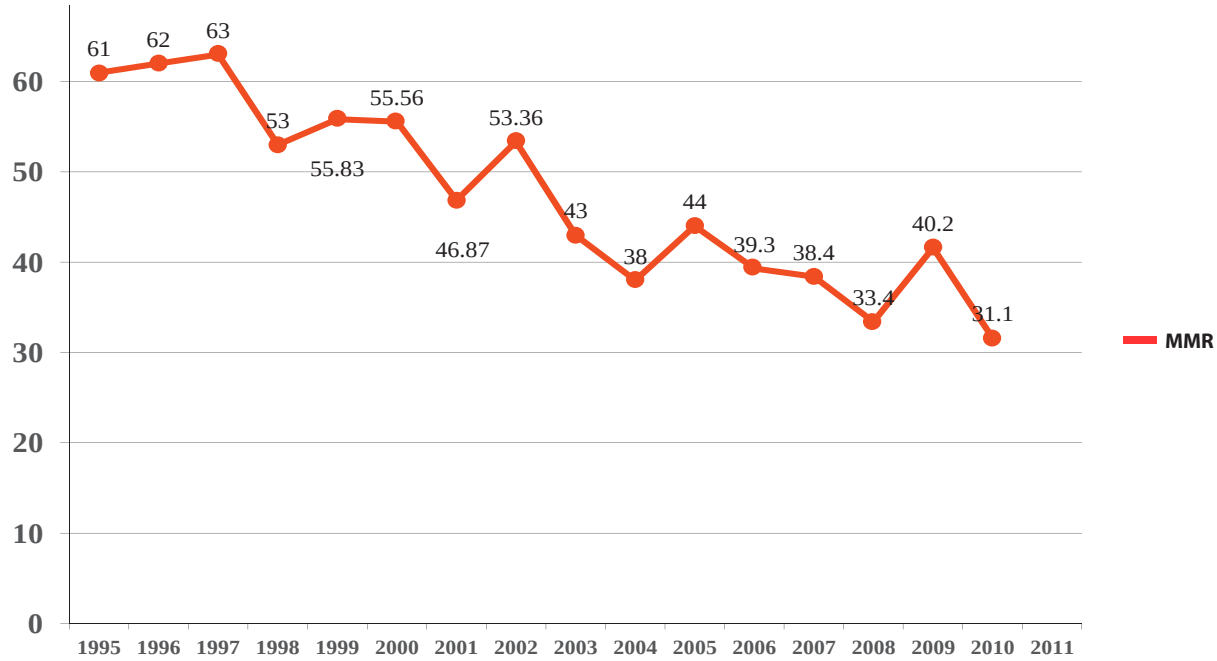
Even so, the rate of 33.3 maternal deaths per 100,000 live births in 2010, based on the National Maternal Mortality Surveillance programme of the Family Health Bureau, was high for a country like Sri Lanka. That year, 99.8 percent of deliveries were attended by skilled health personnel, out of whom 70 percent were doctors. More than 98 percent of the deliveries took place in a health facility. More efforts are necessary to further reduce maternal deaths.

Figure H1: Maternal Mortality Ratio Per 100,000 Live Births Since 1911



Sources: Registrar General's Department; Family Health Bureau, Ministry of Health.

Figure H2: Maternal Mortality Ratio Per 100,000 Live Births Since 1911



Source: National Maternal Mortality Surveillance, Family Health Bureau, Ministry of Health.

Since Sri Lanka's independence in 1948, the infant mortality rate has also quickly declined. The rate was as high as 250 per 1,000 live births in 1935 (table H2) but fell to 141 in 1946. The reasons for this progress are similar to those cited for the decline in maternal mortality.

Table H2: Infant Mortality Rates 1946 to 2009

	1930	1935	1946	1949	1970	1991	2006	2009	Target for 2015
Infant mortality rate per 1,000 live births	**150**	**250**	**141**	**87**	**50**	**17.7**	**10.0**	**9.4**	**6.0**

Source: Registrar General's Department.

Despite these positive outcomes, undernutrition of children under five years of age is still a significant concern, as around one-fifth of children in this age group are underweight. In the estate sector, the figure is higher at about 30 percent. Efforts to address this problem are grounded in the 2010 National Nutritional Policy of Sri Lanka, which covers pregnant and lactating mothers, infants and young children, pre-school and school children, adolescents, adults and the elderly.

National immunization programme

Sri Lanka's national immunization programme has been one of the country's most successful and cost-effective public health interventions. It constitutes a major preventive health policy. The programme's success is evidenced by the extremely low incidence of diseases covered by it and high rates of vaccination. The BCG vaccination against tuberculosis, initially introduced in 1948, is now given at birth. The first dose of the triple vaccine to cover a newborn against diphtheria, whooping cough and tetanus were introduced in 1961. The hepatitis B and polio vaccines, introduced in 1962, are administered at the age of two months. These are repeated as per global public health guidelines.

Controlling malaria

Sri Lanka experienced several major malaria outbreaks during the 20th century, with the most devastating occurring from 1934 to 1935. These resulted in more than 5 million cases and around 80,000 deaths.[26] A decade later, malaria deaths had declined by around 8,500 annually, but overall morbidity remained high at 2.5 million cases.

In 1946, pre-independence, Sri Lanka initiated a large-scale indoor residual spraying operation with DDT; it substantially reduced malaria deaths within the first year to 4,562. By 1954, Sri Lanka was able to successfully report only 37,000 cases, a 99 percent reduction within eight years. In 1958, Sri Lanka joined the World Health Organization (WHO) Global Malaria Eradication Programme and achieved remarkable gains during its initial phase. By 1963, only 17 cases had been reported and malaria mortality declined to near zero.

Prior to the mid-1970s, vector control consisted primarily of DDT spraying. Due to the development of DDT resistance and associated environmental concerns, DDT was replaced with malathion in 1975, and cases declined by nearly 90 percent. The total number of malaria cases in Sri Lanka remained low during the late 1970s and early 1980s. When the civil war began in 1983, however, the number rose to its highest level since 1949, with the incidence concentrated in the conflict-affected Northern and Eastern provinces, where previously incidence had been low. While there was a significant reduction by 1978, the number of cases increased to a peak of 687,599 by 1987, due to conflicts throughout the country. Preventive measures were disrupted even in the southern parts of Sri Lanka.

In 1989, the activities of the Anti-malaria Campaign were decentralized, and in 1997, a World Bank project on malaria commenced. In 2003, support from the Global Fund to Fight

26 Ministry of Health Sri Lanka and World Health Organization and the University of California, San Francisco (2012). Elimination of Malaria: Case-study 3 - Progress towards elimination in Sri Lanka, Geneva: The World Health Organization; and The Global Health Group & Anti-Malaria Campaign in Sri Lanka - Country Briefing, Eliminating malaria in Sri Lanka

AIDS, Tuberculosis and Malaria began. In 2007, artemisinin-based combination therapy was introduced. With all these interventions, Sri Lanka managed to reduce cases to 23 in 2012, and has had no indigenous cases since November 2012. No malaria-related deaths have been reported since 2007.

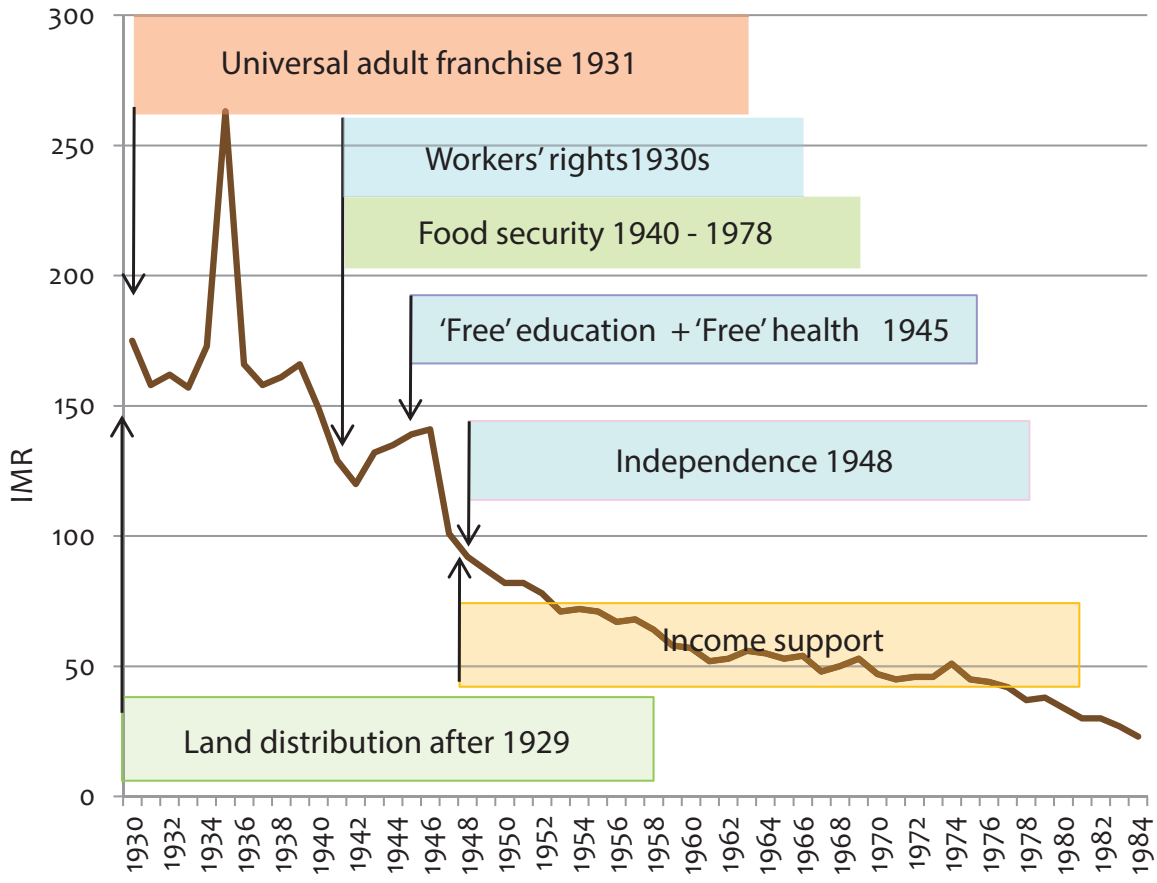
Acting on multiple fronts

System-wide, decades-old health care policies, systems and programmes have helped Sri Lanka in achieving or being on track to achieve most of the targets and related indicators under MDGs 4 and 5. Accomplishments on a number of indicators, such as the reduction in maternal, infant and child mortality, can be attributed to efficient free public health services, an effective immunization programme, and near universal institutional deliveries, attended by qualified health personnel.

Although it is not possible to directly link the achievements in health to specific policies and programmes implemented during the pre-independence era, data on the main indicators under MDG 4 and 5 suggest that Sri Lanka had a significant advantage compared to countries at similar stages of development. After independence, substantial improvements in health and well-being can be linked to efforts in the health sector, as well as to rising levels of literacy and educational attainment, better living conditions, food security and more.[27] Free education without discrimination, for example, has contributed greatly to delaying the age of marriage and reducing teenage pregnancies. It has empowered women by giving them access to information that allows a greater awareness of health and other available services.

Figure H3 suggests that there is some relationship between a variety of key policy reforms and health outcomes, in this case, infant mortality rates.

Figure H3: Policy Implementation and Impacts on the Infant Mortality Rate



Source: Jayasinghe 2012.

27 Gunatilleke et al. 1984.

Environmental Policies

Sri Lanka has developed a considerable number of environmentally friendly policies over many years. These are intended to ensure environmental safeguards in the country's national development policies.

There are currently around 80 laws and other regulatory measures relating to environmental protection. The most important are the 1980 National Environmental Act No. 47; the 1981 National Heritage Wilderness Areas Act; the 1951 Felling of Trees (Control) Act; the 1981 National Aquatic Resources, Research and Development Agency Act; the Coast Conservation Act No. 57 of 1981 and the amendment No.64 of 1988, and the amendment No.64 of 1988; The Fisheries and Aquatic Resources Act No. 2 of 1996; Marine Pollution Prevention Act No. 59 of 1981; the 1999 Plant Protection Ordinance; and the 1992 Animal Diseases Act. Some of the legal provisions still considered in effect date back to the colonial times such as the Water Hyacinth Ordinance No 09 of 1909; the Botanic Gardens Ordinance No. 31 of 1928; the Fauna and Flora Protection Ordinance of 1937 with its subsequent amendments; the 1907 Forest Ordinance; and the 1928 Botanical Gardens Ordinance.

In addition, several items of legislation also indirectly support biodiversity conservation such as the Soil Conservation Act, No. 25 of 1951, amended in 1996; the Agrarian Research and Training Institute Act No 5 of 1972; the Agrarian Services Act No. 58 of 1979, and its subsequent amendments; the Control of Pesticides Act, No. 33 of 1980, as amended by No. 6 of 1994; and the State Lands Ordinance No. 8 of 1947 and its two amendments.

There are around 20 policies that have been developed to address various aspects of environment and natural resources management in Sri Lanka. Such policies include the umbrella National Environmental Policy (2003) and subsidiary conservation-related policies such as the National Policy on Wildlife Conservation (2000), National Forest Policy (1995), National Watershed Management Policy (2004), National Wetlands Policy (2005), National Policy on Elephant Conservation (2006), National Environment Policy (2003) and National Policy on Biotechnology & Bio safety (2004). These are supported through development of several plans such as the National Coastal Resources Management Plan (2003), National Wetland Conservation Action Plan (2004), National Bio safety Action Plan (2004) and the National Action Plan on Alien Invasive Plants (2004).

The National Environment Act facilitated the creation of the Central Environmental Authority in 1980, which is the regulatory and coordinating agency for all matters pertaining to the protection and management of the environment. The creation of the Ministry of Environment in 1991 strengthened commitment to environmental concerns by bringing state institutions responsible for mitigating negative impacts on the environment under its oversight. These institutions include forestry, wildlife, timber, minerals and mines, as well as agencies responsible for pollution management and prevention.

The Biodiversity Secretariat of the Ministry of Environment was established as recommended in the 1998 Biodiversity Conservation in Sri Lanka Action Plan,[28] along with the Sustainable Development Division and the Climate Change Secretariat in 2008.

The Government has affirmed its commitment to the principles agreed at the Rio Conference on Sustainable Development and the implementation of Agenda 21, a global programme of action for ensuring sustainable development worldwide, particularly in managing the rapid changes expected to occur in the 21st century. The goals of Agenda 21 include improving the living standards of those in need, better managing and protecting the ecosystem, and bringing about a more prosperous future for all. Sri Lanka has endorsed the successful implementation of strategies pertaining to Agenda 21 as bringing lasting global benefits, particularly in the sustainable management of natural resources. Additionally, Sri Lanka has ratified a number of international environmental conventions and has set up institutional mechanisms to report back to the conventions.

28 The Ministry of Environment published an addendum in 2007 to take into account new environmental issues that had arisen since initial formulation

Under the previous Government's Mahinda Chinthana development framework a National Council for Sustainable Development was established and chaired by the former President of Sri Lanka. The council operates as the highest level of policy-making on sustainable development. Foremost in its mandate is the integration of environmental concerns into economic and social development processes throughout the country. It developed the Sustainable Human Development Index in 2008; formulated the National Plan for Sustainable Development, Haritha (Green) Lanka, launched by the Ministry of Environment in 2009; issued the national Strategy for Sustainable Development; created the National Green Accounting Mechanism in 2011; established a National Cleaner Production Centre in 2002 and a Sri Lanka Carbon Fund in 2008; and initiated the Green Job Awards Programme in 2009 and the National Green Reporting System in 2011.

The National Plan for Sustainable Development covers 10 broad mandates: cleaner air everywhere; saving the fauna, flora and ecosystems; meeting the challenges of climatic change; wise use of the coastal belt and the surrounding sea; responsible use of land resources; eliminating trash dumps; water for all, always; green cities for health and prosperity; greening industry and knowledge for right choices.

The National Forest Policy adopted in 1995 calls for an integrated and coordinated approach to management, conservation and sustainable utilization of forests, and provides for their multiple and complementary functions and uses. The Forestry Sector Master Plan (1995-2020), designed to implement the National Forestry Policy, is a comprehensive long-term development framework to ensure that valuable natural forests and related wildlife and other biodiversity resources will be conserved, and the forests and agro-forestry systems will provide sustainable environmental services and forest products to meet the needs of the people. The 2000 National Policy on Wildlife Conservation reflects government commitment to further invest in environmental research and to conserve wildlife resources, with the ultimate aim of protecting faunal biodiversity for the benefit of present and future generations.

As explained above, important environmental policies have been formulated and implemented both before and after the Millennium Declaration of 2000. However, in all cases the desired effects will only be fully realised if there is the required financial and human capacity in place to transform the policy into practice, and to ensure effective implementation and monitoring.

National Policy on HIV and AIDS

The incidence of HIV and AIDS is low in Sri Lanka, but could rise without vigilance, especially given globalization and the movement of people. The Government views HIV and AIDS as a public health concern with potentially adverse effects on overall development. The importance of strengthening and scaling up prevention interventions to raise and sustain awareness and shift risky behaviours looms large within the overall policy on mitigating risks and keeping prevalence low.

The Ministry of Health and in particular the National STD/AIDS Control Programme also emphasize the provision of care and support for those infected, both individuals and families. In March 2003, the Ministry of Health launched a five-year National HIV/AIDS Prevention Project, with a grant from the World Bank/International Development Association.

The Ministry of Health issued the National Policy on HIV/AIDS in September 2011, which is consistent with national priorities and international guidelines. Policy objectives include to prevent HIV and other sexually transmitted infections through effective strategies aimed at reducing sexual transmission, mother-to-child transmission, and transmission through blood and blood products, as well as to improve the quality of life of people infected and or affected by HIV and AIDS through minimizing stigma and discrimination, and providing quality care and support.

Box 1: Contribution of Volunteers in Achieving the MDGs in Sri Lanka

Sri Lanka has a long history of volunteerism, which is viewed as a social responsibility and a meritorious act by many communities, based mainly on religious and cultural beliefs. A few examples of volunteer activities and achievements include:

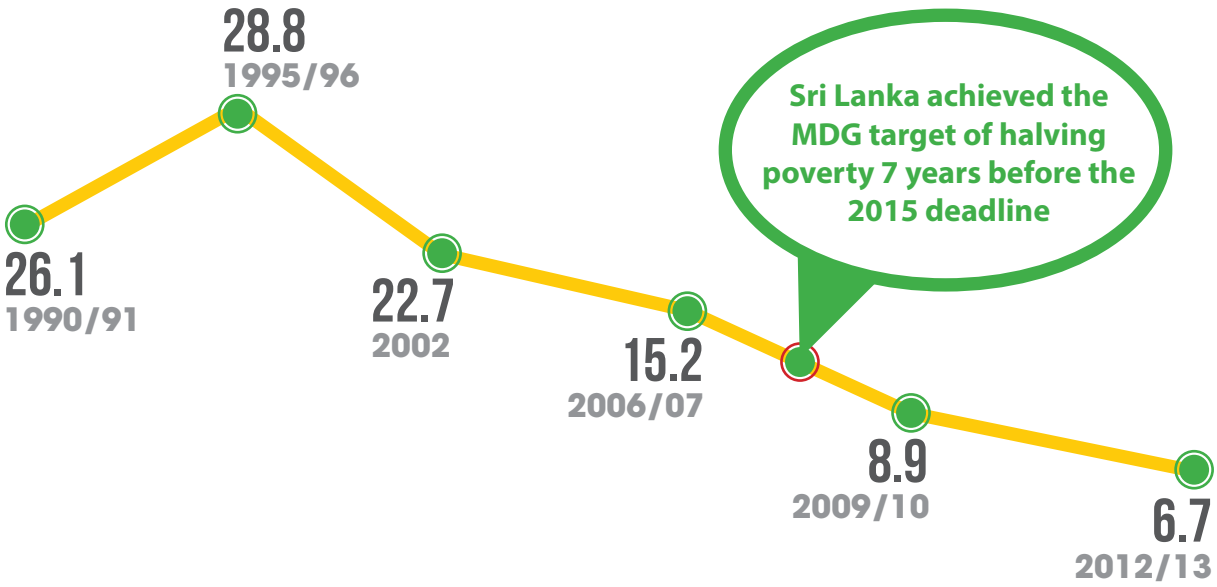
- Volunteers helped accelerate Sri Lanka's rapid recovery from the 2004 tsunami disaster.
- One of the objectives of the National Youth Service Council, which operates under the Ministry of Youth Affairs and Skills Development, is to encourage the involvement of youth volunteers in national development programmes.
- By 2010, there was an island-wide network of approximately 9,300 youth clubs. They undertake activities related to community development, environmental conservation, improved health services, information on employment opportunities, etc. They also engage in social activities, such as sports, recreation and education. An important contribution made by the youth clubs has been the construction of houses for low-income families.
- Youth volunteers in the Community Based Rehabilitation of Persons with Disability Programme of the Ministry of Social Services provide pre-school education to children with disabilities, helping them prepare for entry into primary school. This contributes to inclusive education and the mainstreaming of children with disabilities.
- To completely eliminate polio from the country in 1995, the Government of Sri Lanka, with the support of the UN and Rotary International, decided to implement national immunization days each year. Thousands of volunteers create awareness, educate parents/guardians, and encourage them to visit immunization centres to get their children vaccinated.
- Youth health volunteers help persuade pregnant mothers, especially teenage mothers, to attend prenatal and postnatal clinics. They assist in organizing clinics, motivating people to attend and comply with health instructions, and following up. They are also engaged in organizing health campaigns on major health issues such as dengue fever, malaria, etc.
- The Youth Peer Education Network (Y-PEER) on Adolescent Sexual and Reproductive Health is an education mechanism supported by the UN.

MDG

1

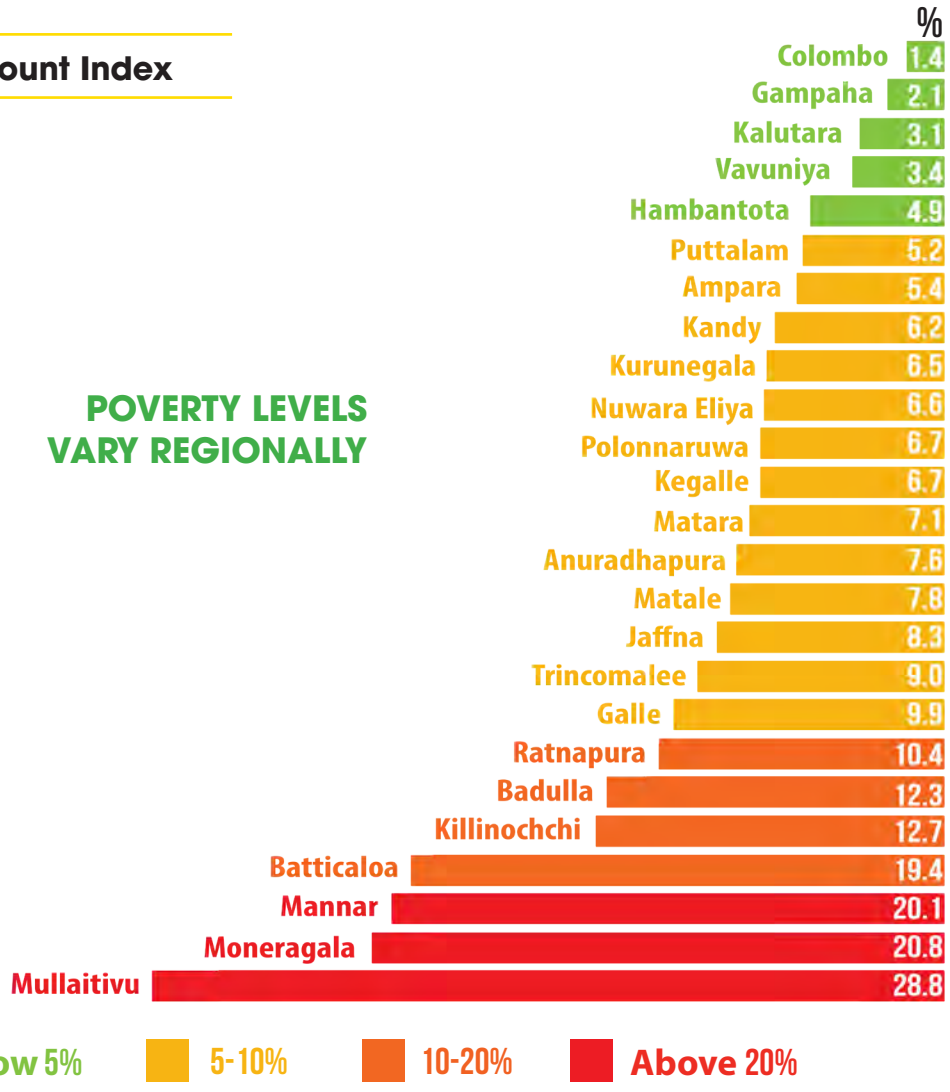
ERADICATE EXTREME POVERTY AND HUNGER

Proportion of the Population Living below the Poverty Line % (Poverty Headcount Index)



Poverty Headcount Index

POVERTY LEVELS VARY REGIONALLY



Summary

Sri Lanka has achieved the MDG 1 target of halving poverty seven years before 2015: Most of the public policies behind this achievement were implemented well before the Millennium Declaration in 2000. Some more recent welfare policies and programmes have accelerated progress. The incidence of poverty at the national level declined from 26.1 percent in 1990-1991 to 6.7 percent in 2012-2013. While the urban sector achieved the target as early as 2000, the rural sector reached it around 2008. According to the latest estimates, even the estate sector, which has traditionally lagged behind on development indicators, has shown progress, reaching 10.9 percent in 2012-2013; it is on track to achieve the target before the end of 2015, if present trends continue.

Most districts achieved the target on poverty prior to 2009-2010: All districts, except those in the Northern and Eastern provinces, for which estimates are not available to compare with the baseline year of 1990-1991, and the Monaragala District in Uva Province, have achieved the poverty target. Regional disparities persist, however, and need to be addressed. The 2012-2013 Household Income and Expenditure Survey showed the Monaragala District, which had originally achieved the target, reaching 14.5 percent in 2009-2010, now experiencing an increase in poverty to 20.8 percent in 2012-2013. On the other hand, the Jaffna and Ampara districts have progressed well during the last three to four years. Poverty in Jaffna declined from 16.1 percent in 2009-2010 to 8.3 percent in 2012-2013, with the incidence of poverty almost halved in three years. In Ampara, poverty declined from 11.8 percent in 2009-2010 to 5.4 percent in 2012-2013. These are all good signs of continued progress.

Income inequality is a cause for concern: Although Sri Lanka has made considerable progress in reducing poverty and improving the living conditions of its people, income inequality has remained stagnant despite sustained economic growth. The share of the poorest quintile in national consumption declined from 8.9 percent in 1990-1991 to 7.1 percent in 2006-2007, and then increased marginally to 7.7 percent in 2009-2010. The Gini coefficients for both household income and household expenditure, however, have remained around 0.48 and 0.40, respectively, from 1990-1991 to 2012. Income inequality has not changed, although many poor people managed to move out of poverty and improve their living conditions.

Productive employment and decent work: The employment-to-population ratio for males is more than 70 percent, with a large proportion of working age (15 years and over) men employed. The ratio for females is only around 30 percent due to women's low labour force participation rate. The proportion of own account workers and contributing family workers, who are usually less likely to have formal work arrangements and access to benefits or social protection programmes, is around 40 percent. The overall unemployment rate has been declining, reaching 4 percent in 2012.

The high proportion of underweight children is still a concern, across the urban, rural and estate sectors, although Sri Lanka is on track to achieve its target. The Demographic and Health Survey of 2006-2007 showed that more than 20 percent of children under five years of age are underweight. Lack of information on this indicator since 2006-2007 has impacted thorough analysis, and this too remains a concern, as it is not possible to monitor progress made after 2006-2007. The Government has implemented a number of programmes to address this issue.

The proportion of people consuming less than the minimum requirement of dietary energy has remained unchanged at around 50 percent: This stagnancy is puzzling, as a number of targeted welfare and nutrition programmes have been implemented for up to three decades. A study may be necessary to ascertain whether all food items consumed by households are being captured in surveys, especially in the urban sector.

Key challenges and ways forward

Eradicating poverty: Regional variations in poverty continue and therefore deserve focused attention in the post-2015 era if the Government is to continue to reduce poverty. It may be necessary, for example, under the Samurdhi Programme and rural development programmes, to look at very precisely targeted interventions for the poorest and most vulnerable groups. Analysis shows that people in households headed by non-agricultural labourers and similar workers, and agricultural, forestry and fishery labourers are among the poorest in Sri Lanka. The other most vulnerable groups are those in households headed by unemployed persons, or by persons who are unable or too old to work.

Reduction of income inequalities: Despite strategies to stimulate economic growth and reduce poverty, income inequality persists. As overall income inequality is mainly due to disparities across regions and different socio-economic groups, the policy focus may need to be on regional economic development, covering all regions, with special attention to helping vulnerable groups through proper targeting.

Reduction of underweight children under age five: A number of interventions aim to address this issue. The 2010 National Nutrition Policy of Sri Lanka covers not only underweight children, but also all aspects related to the problems of nutrition. It is expected to address most of the issues on malnutrition and undernutrition. Properly targeted interventions are needed, however, to achieve the target of halving the proportion of underweight children under five years by 2015. A lack of reliable information on this indicator since 2006-2007 is a concern, as it is not possible to monitor progress made due to interventions—such as doubling the supply of Thriposha[29], the provision of a nutritious basket of food items called Poshana malla to pregnant and lactating mothers who are poor and vulnerable, and the provision of a glass of milk to school children. A Demographic and Health Survey covering the entire country is essential to assess the current situation of underweight children.

29 Thriposha is a precooked blend of wheat and soya fortified with minerals and vitamins.

GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Target 1A: Between 1990 and 2015, halve the proportion of people whose income is less than one dollar a day.

Table 1.1: Progress and Status of Indicators under Target 1A since 1990

Indicators for monitoring progress	1990 or closest year	2002 or closest year	2006 or closest year	2012 or Latest year		Target for indicator in 2015	Status of indicator and remarks
				2009-2010	2012-2013		
1.1 Proportion of population below the national poverty line (%) Sri Lanka[30]	26.1 (1990-1991)	22.7 (2002)	15.2 (2005-2007)	8.9	6.7[31]	13.1	"Achieved"
Urban	16.3	7.9	6.7	5.3	2.1	8.3	
Rural	29.5	24.7	15.7	9.4	7.6	14.8	
Estate	20.5	30.0	32.0	11.4	10.9	10.3	
1.2 Poverty gap ratio	5.6 (1990-1991)	5.0 (2002)	3.1 (2006-2007)	1.7	1.2	2.8	
1.3 Share of poorest quintile in national consumption	8.9 (1990-1991)	7.0 (2002)	7.1 (2006-2007)	7.7	7.2	No target	Share should increase

Sources: Household Income and Expenditure Survey, various years, Department of Census and Statistics.

Sri Lanka has made considerable progress in reducing poverty during the past two to three decades, and has achieved the MDG target of halving the incidence of income poverty at the national level well before the target year of 2015. The nation's public policies, in place since independence in 1948, explain this accomplishment. Most policies to eradicate poverty were operating well before the Millennium Declaration of 2000.

Achievements in the reduction of poverty are seen not only at the aggregate national level, but also at the regional level. Nonetheless, evidence of regional disparities is troubling. More selective and targeted programmes aimed at the grass-roots level will be necessary to sustain progress and ensure greater equity.

Indicator 1.1: Headcount index or proportion of population below the national poverty line

Sri Lanka achieved the target of halving poverty seven years before 2015.

From the baseline figure of 26.1 percent in 1990-1991, the proportion of people below the poverty line rose to 28.8 percent in 1995-1996. From 1996 onwards, poverty at the national level declined sharply, reaching 6.7 percent in 2012-2013. The target of 13.1 percent, to be met in 2015, was achieved by 2008 (figure 1.1). Given that Sri Lanka

30 The national poverty line is based on per capita monthly expenditure to meet food and non-food needs. It is used to monitor poverty levels.

31 Based on the Household Income Expenditure Survey 2012-2013, which covered the entire country, Department of Census and Statistics.

as a whole suffered through internal conflict for over two decades, this is a significant achievement that could offer lessons to other countries facing similar adversities. It can be attributed to a number of welfare programmes, such as the Janasaviya and Samurdhi programmes, and the fertilizer subsidy programme, as well as the combined effects of free health and education, and massive infrastructure development efforts to improve accessibility.

The headcount index or percentage of the poor computed by the Department of Census and Statistics is slightly higher than the percentage of the poor based on the poverty lines used for international comparisons: US$1 or US$1.25 (purchasing power parity) per person per day. For example, the percentage of the poor, based on the national poverty line, was 8.9 percent in 2009-2010, while the corresponding figure based on the globally accepted poverty line of US$1.25 per person per day was 4.1 percent. The US$1.25 poverty line used by international agencies such as the World Bank shows a lower level than that estimated based on the national poverty lines (table 1.2). Although the US$1.25 poverty line is used to compare the incidence of poverty between countries, it is not as appropriate for comparing the incidence of poverty among regions within a country.[32] Most countries, including Sri Lanka, use national poverty lines to monitor poverty incidence.

The rural sector, which in 2012-2013 accounted for 86.8 percent of the poor, shows a poverty trend similar to the overall national trend. In 1990-1991, 29.5 percent of rural dwellers were considered poor (figure 1.1), with a marginal increase to 30.9 percent in 1995-1996. Since then, the rural sector has witnessed a steadily declining trend, reaching 7.6 percent in 2012-2013, which is almost half the 2015 target of 14.8 percent. The incidence of poverty in the urban sector, where 5.6 percent of the poor lived in 2012-2013, is much lower than in the rural and estate sectors. Urban incidence has seen a continuous downward trend from 16.3 percent in 1990-1991 to 2.1 percent in 2012-2013, with the target achieved by 2000.

The estate sector, which accounted for 7.6

Table 1.2: Comparison of the Incidence of Poverty at the National Level based on International Poverty Lines and the National Poverty Line, 1990 to 2009-2010

Survey year	Percentage of persons in extreme poverty based on international poverty lines, US$ (purchasing power parity) [33]		Percentage of persons in extreme poverty based on national poverty line computed by the Department of Census and Statistics %
	Less than **US$1** per day per person (%)	Less than **US$1.25** per day per person (%)	
1990-1991	5.19	15.01	26.1
1995-1996	6.10	16.32	28.8
2002	5.50	13.95	22.7
2006-2007	1.60	7.04	15.2
2009-2010	1.10	4.11	8.9
2012-2013	-	-	6.7

Sources: Household Income and Expenditure Surveys 1990-1991 to 2009-2010, Department of Census and Statistics; PovcalNet, the online tool for poverty measurement developed by the Development Research Group of the World Bank.

32 While US$1.25 is used to compare countries, national poverty lines give better estimates of poverty within a country, as the consumption patterns of the poorer segments are taken into account. Estimates based on national poverty lines cannot be used to compare countries, as the methodology used could be different.

32 Estimates using PovcalNet, the online tool for poverty measurement developed by the Development Research Group of the World Bank.

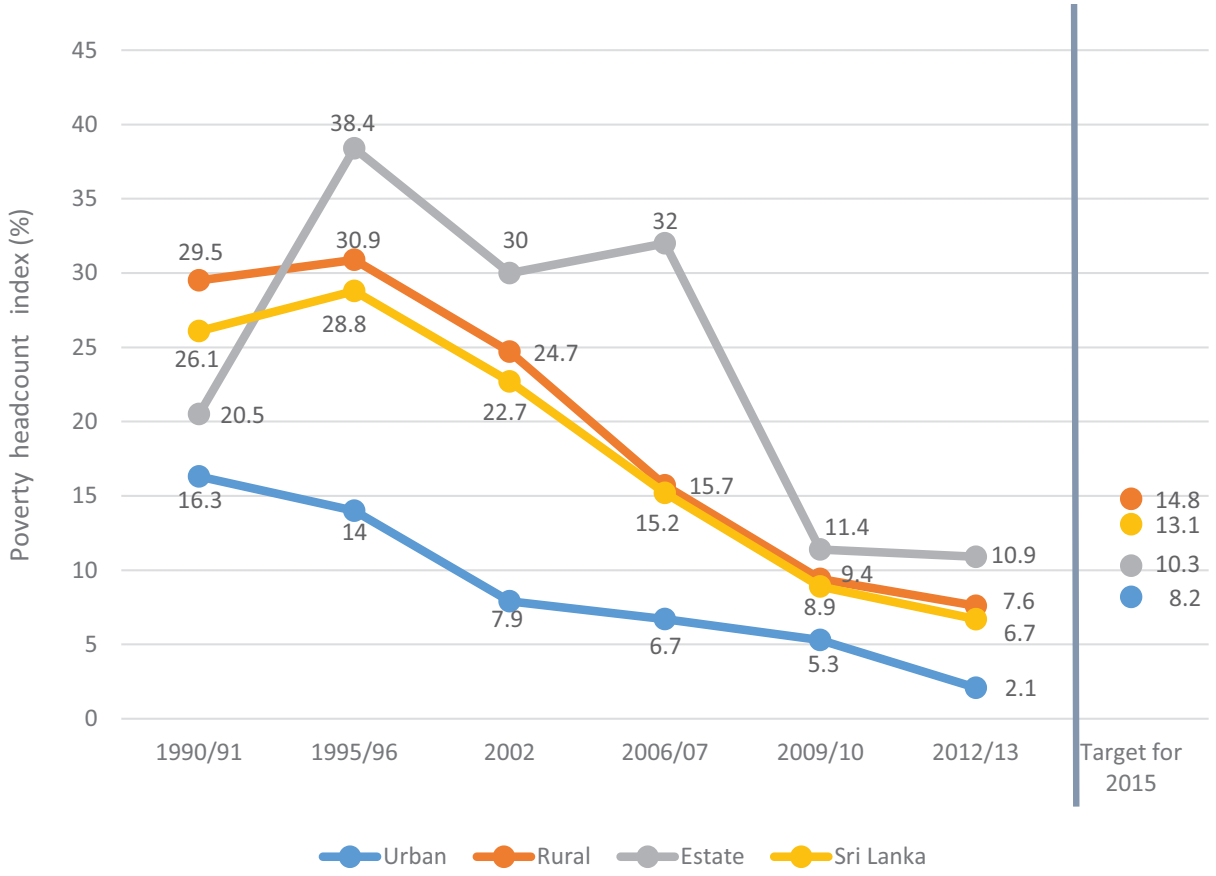
percent of the poor in the country in 2012-2013, has recorded a higher incidence of poverty, compared to the rural sector, ranging between 38.4 percent in 1995-1996 to 32 percent in 2006-2007. Nonetheless, this sector witnessed a sharp reduction in poverty from 32 percent in 2006-2007 to 11.4 percent in 2009-2010, which is at least partly attributable to the increase in wages granted in 2009, and a further reduction to 10.9 percent in 2012-2013. If present trends continue, the estate sector will also reach the national target of 10.3 percent before the end of 2015.

percent in 1990-1991 to 33.8 percent in 2006-2007.

In 2006-2007, the worst districts in terms of poverty were Nuwara Eliya and Monaragala, with more than 32 percent of their people living in poverty. By 2009-2010, the situation had changed, with all districts except those in the Northern and Eastern provinces achieving the MDG on poverty, around five years before 2015.

As the poverty estimates for the districts in the

Figure 1.1: Poverty Headcount Index or Incidence of Poverty by Sector, 1990-1991 to 2012-2013



Sources: Household Income and Expenditure Surveys 1990-1991 to 2012-2013, Department of Census and Statistics.

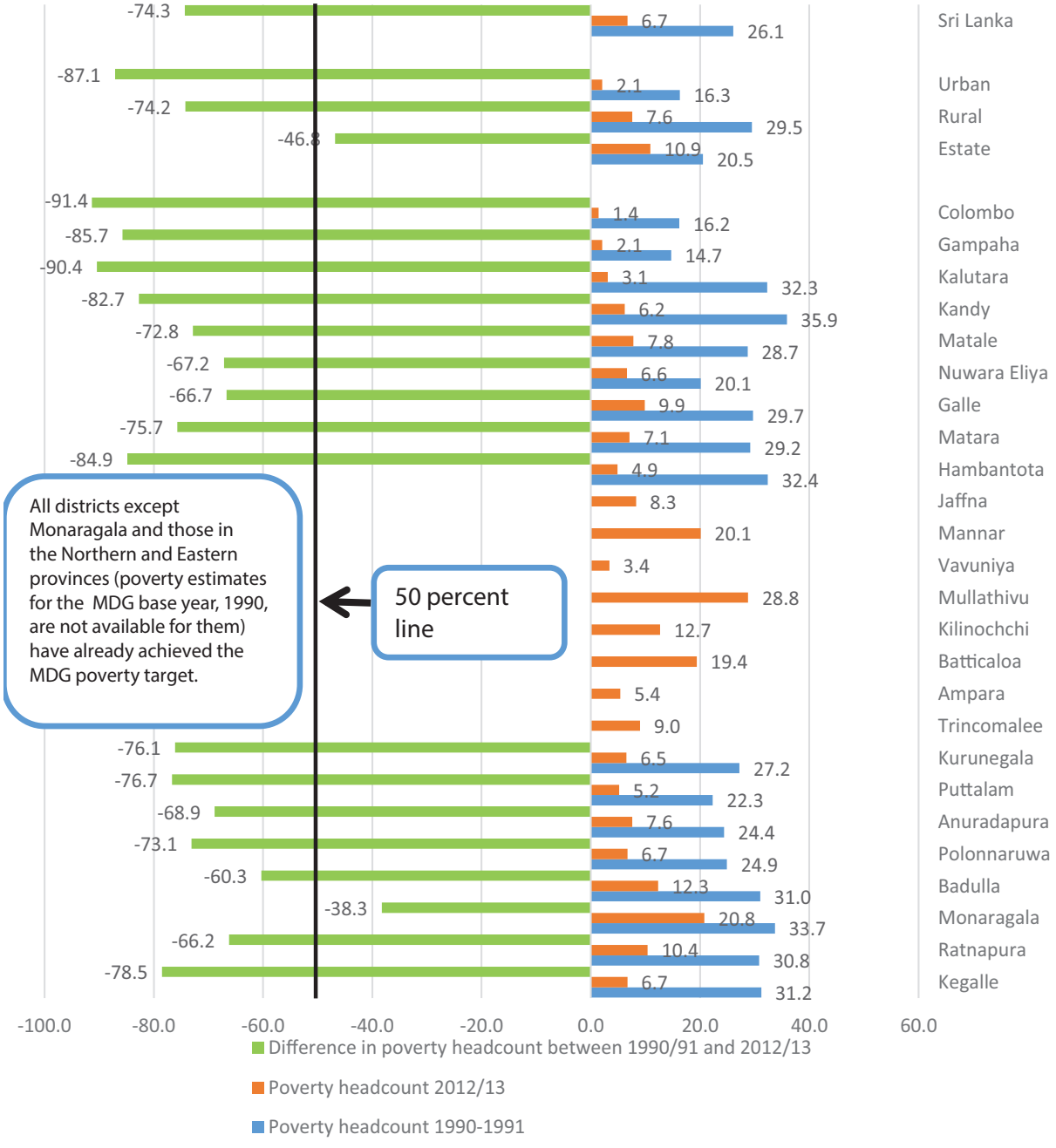
Although Sri Lanka has made considerable progress at the national level, regional disparities continue to cause concern; some regions lag behind (figure 1.2). In the early 1990s, all districts in the Southern, Uva and Sabaragamuwa provinces, Kalutara District in the Western Province and the Kandy District in the Central Province had poverty rates averaging about 30 percent. All these districts showed remarkable progress by 2006-2007, except the Monaragala, Badulla, Ratnapura and Kegalle districts. In the Nuwara Eliya District, poverty increased from 20

Northern and Eastern Provinces are not available for 1990-1991, it is not possible to compare the latest available estimates on poverty with the 1990-1991 base year for the MDGs. For these areas, it is possible to monitor progress only from 2009-2010 onwards. The latest Household Income and Expenditure Survey, conducted by the Department of Census and Statistics from July 2012 to June 2013, covers all 25 districts and shows the total picture for the entire country. The estimates based on this survey indicate that poverty has continued to decline in most districts

compared to 2009-2010 (annex table A1).

Remarkable progress has been made in the Jaffna and Ampara districts. Poverty in Jaffna fell from 16.1 percent in 2009-2010 to 8.3 percent in 2012-2013, a nearly 50 percent decline within three years. In Ampara, poverty declined from 11.8 percent to 5.4 percent during the same period.

Figure 1.2: Reduction in the Poverty Headcount between 1990-1991 and 2012-2013 by Sector and District



Sources: Household Income and Expenditure Surveys 1990-1991 and 2012-2013, Department of Census and Statistics.
Note: In all the districts (except possibly those in the Northern and Eastern provinces for which information is not available for 1990-1991), poverty fell by more than half well before the target year of 2015.

Other districts that have shown progress during this same three-year period are: Colombo (reduced from 3.6 percent to 1.4 percent), Kalutara (6 percent to 3.1 percent) and Gampaha (3.9 percent to 2.1 percent). The Monaragala District had earlier achieved the poverty target based on Household Income and Expenditure Survey 2009-2010 data, reaching a rate of 14.5 percent, but showed an increase in 2012-2013 to 20.8 percent. This calls for the urgent attention of policy makers and regional planners.

Other districts that show marginal increases in poverty during the past three years are Vavuniya, from 2.3 percent to 3.4 percent; Anuradapura, from 5.7 percent to 7.6 percent; and Polonnaruwa, from 5.8 percent to 6.7 percent. Mullaitivu District, for which poverty estimates are available for the first time, has the highest incidence of poverty at 28.8 percent, followed by Mannar District at 20.1 percent. These areas are expected to see an improvement in the future, however, as a result of ongoing development activities and improvements in service delivery mechanisms, which were not previously functioning properly due to the unfavourable ground situation.

Indicator 1.2: Poverty gap ratio

The depth of poverty has declined sharply at the national level as well as in all sectors since 1995.

The poverty gap ratio (or index) or depth of poverty measures the 'poverty deficit' of the entire population. The poverty deficit is the per capita amount of resources needed to bring all poor people above the poverty line through perfectly targeted cash transfers. The indicator is often described as a tool for measuring the per capita amount of resources needed to eliminate poverty. Identifying the poverty depth in population groups can be very useful for policy makers.

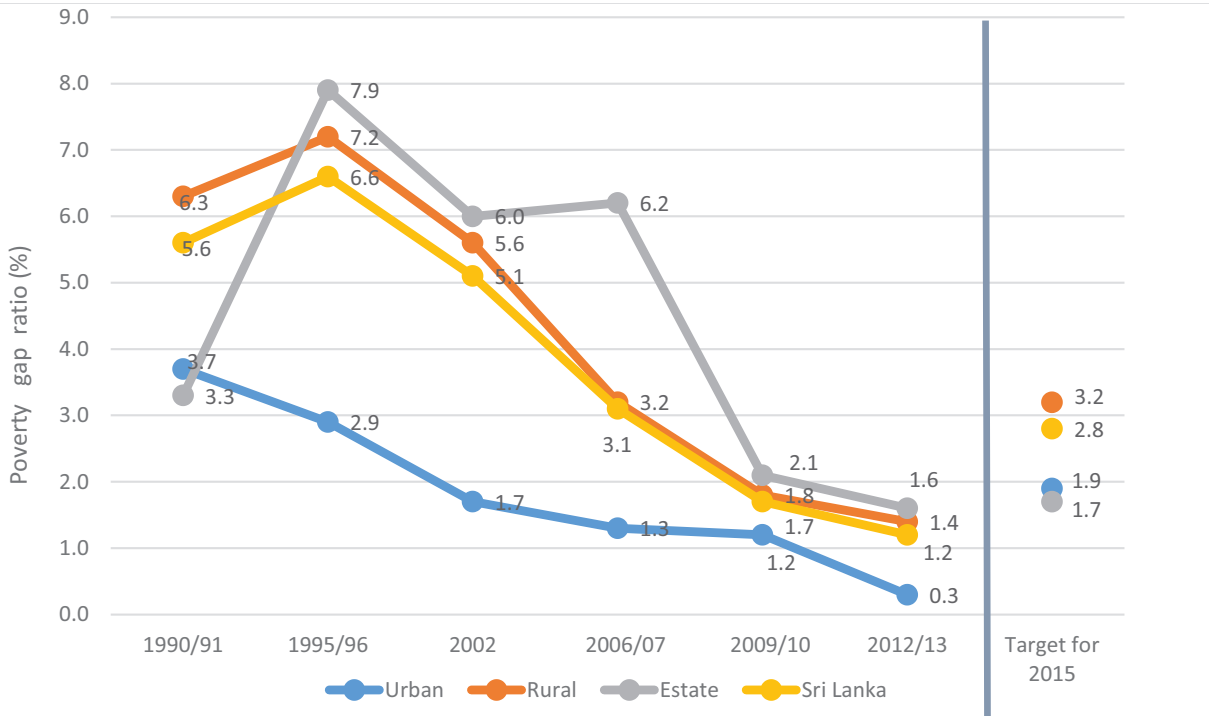
The poverty gap ratio supplements the poverty headcount indicator in describing the poverty situation. The larger the poverty gap, the poorer on average are people below the poverty line, suggesting more resources are needed to lift everyone out of poverty. If two regions have about the same poverty headcounts, but the first region has a poverty gap estimate that is much higher than the second region, then the first region can be considered poorer than the second region.

In Sri Lanka, the poverty gap ratio has declined sharply since 1995-1996, at the national level, as well as in all sectors. At the national level, the ratio fell from 6.6 percent in 1995-1996 to 1.2 percent in 2012-2013, with the MDG target achieved by 2008 (figure 1.3).

In the rural sector, the ratio declined from 7.2 percent in 1995-1996 to 1.4 percent in 2012-2013, with the target of 3.2 percent achieved by 2006. In the urban sector, the ratio has decreased from 3.7 percent in 1990-1991 to 0.3 percent in 2012-2013. The MDG target was reached around 2000. The ratio has fluctuated in the estate sector, reaching a maximum of 7.9 percent in 1995-1996, but showing a sharp drop after 2006-2007 to reach 1.6 percent in 2012-2013 and achieve the MDG target.

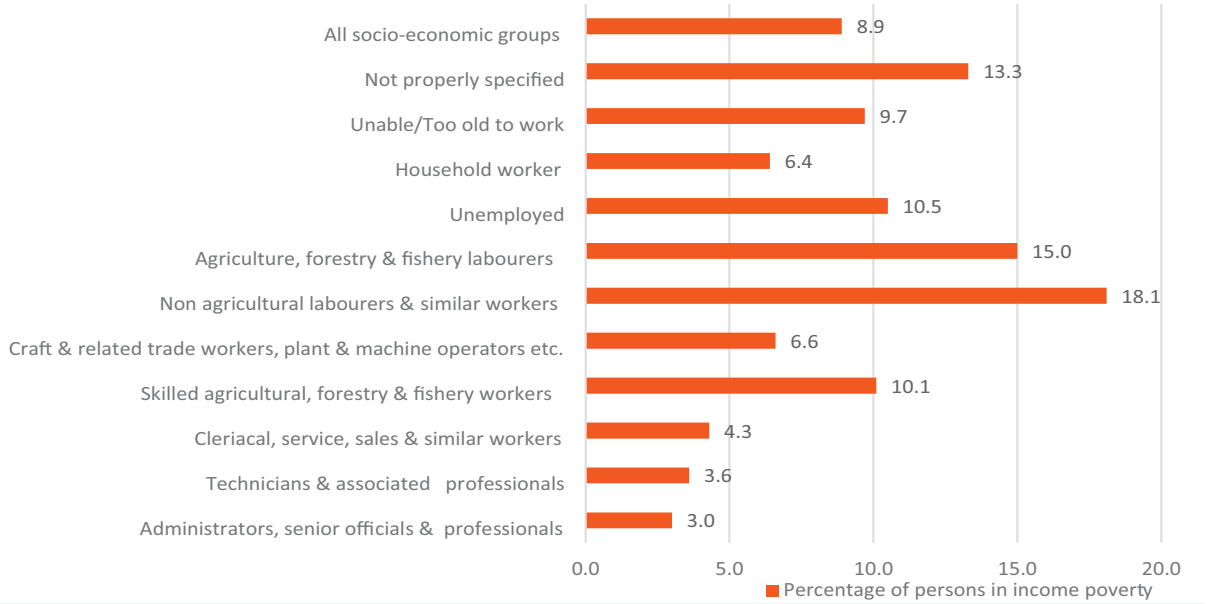
The poverty gap ratio is lowest in the districts of Colombo at 0.3 percent, Gampaha at 0.4 percent, Kalutara at 0.5 percent, Vavuniya at 0.5 percent and Ampara at 0.6 percent (table A1). The depth of poverty is high in Mullaitivu at 6.2 percent, Mannar at 4.6 percent, Batticaloa at 4.5 percent and Monaragala at 4.2 percent.

Figure 1.3: Poverty Gap Ratio by Sector, 1990-1991 to 2012-2013



Sources: Household Income and Expenditure Surveys 1990-1991 to 2012-2013, Department of Census and Statistics.

Figure 1.4: Poverty Headcount Index or Incidence of Poverty by Socio-economic Groups, 2009-2010



Sources: Computations based on the Household Income and Expenditure Survey 2009-2010 (they exclude the Killinochchi, Mullaitivu and Mannar districts).
Note: Socio-economic groups are based on the occupation or activity of the head of the household, and the percentages are of poor persons (or the poverty headcount index) within each group.

The poorer groups

People living in households headed by certain categories of labourers, unemployed persons and those who are unable or too old to work are the poorest in Sri Lanka.

To identify the poorer groups in Sri Lanka, sample households in the Household Income and Expenditure Survey 2009-2010 have been classified into 11 socio-economic groups based on the main occupation category of the head of the household or his/her activity.

The groups include: administrators, senior officials and professionals; technicians and associated professionals; clerical, services, sales and similar workers; skilled agricultural, forestry and fishery workers; craft and related trade workers, plant and machine operators, etc.; non-agricultural labourers and similar workers; and agriculture, forestry and fishery labourers. Other groups are those where the head of the household is an unemployed person, a household worker, a person who is not able to work or is too old to work, or a person whose occupation is not properly specified.

Based on the above classifications, income poverty (figure 1.4) is highest among households headed by non-agricultural labourers and similar workers at 18.1 percent, followed by agricultural, forestry and fishery labourers at 15 percent. Other groups with significantly high poverty levels are those where the head of the household is unemployed at 10.5 percent; is a skilled agriculture, forestry and fishery worker at 10.1 percent; or is headed by persons unable or too old to work at 9.7 percent. These groups clearly need the attention of planners and policy makers in developing and implementing poverty reduction strategies, given Sri Lanka's intention to further reduce poverty.

Indicator 1.3: Share of the poorest quintile in national consumption

Income inequality continues to be a concern in Sri Lanka.

The share of the poorest quintile in national consumption or income is one of the measures of inequality in the distribution of income or expenditure. The consumption of the poorest fifth of the population, expressed as a percentage of total household consumption or income, is an indicator of 'relative inequality'. This means that while the absolute consumption of the poorest fifth may increase, its share of the total consumption may remain the same.

Although Sri Lanka has managed to achieve the target of halving the incidence of poverty around seven years before 2015, the income share of the poorest quintile has been fluctuating between 9 and 7 percent (table 1.1). The share of the poorest quintile declined marginally from 8.9 percent in 1990-1991 to 7.1 percent in 2006-2007, and then increased to 7.7 percent in 2009-2010. This share again declined to 7.2 percent in 2012-2013, which indicates that although the incidence of poverty has fallen by a great extent, the income and expenditure levels of the poorer groups have increased, and their living conditions have improved, inequality has remained more or less at the same level. The share of household income to total household income by national household income deciles (table 1.3) clearly shows that income inequality barely shifted from 1990 to 2012.

Table 1.3: Share of Income to Total Household Income by National Household Income Deciles, 1990-1991 to 2012-2013

National household income decile group	Share of income to total household income (%)					
	1990-1991	1995-1996	2002	2006-2007	2009-2010	2012-2013
All deciles	100.0	100.0	100.0	100.0	100.0	100.0
1	**1.9**	**1.8**	**1.7**	**1.6**	**1.6**	**1.5**
2	**3.3**	**3.0**	**3.1**	**2.9**	**2.9**	**3.0**
3	4.3	4.0	4.1	3.9	3.9	4.1
4	5.3	5.0	5.0	4.8	4.9	5.1
5	6.4	5.7	6.0	5.8	6.0	6.2
6	7.5	6.9	7.3	7.0	7.1	7.3
7	9.2	8.4	8.8	8.5	8.7	8.8
8	10.8	10.7	11.2	10.8	10.8	11.0
9	**14.8**	**14.7**	**15.4**	**14.6**	**14.6**	**14.9**
10	**36.5**	**39.8**	**37.4**	**40.1**	**39.5**	**38.0**
Gini coefficient						
Gini coefficient of household income	**0.43**	**0.46**	**0.47**	**0.49**	**0.49**	**0.48**
Gini coefficient of household expenditure	-	**0.36**	**0.41**	**0.41**	**0.39**	**0.40**

Sources: Household Income and Expenditure Surveys 1990-1991 to 2012-2013, Department of Census and Statistics.

While the share of household income in the two poorest deciles has remained around 5 percent, the corresponding share of the two richest deciles has remained at more than 50 percent since 1990. The Gini coefficients of household income, as well as household expenditure, have remained at around 0.48 and 0.40, respectively, for more than two decades. As such, suitable plans and strategies need to be formulated and implemented to reduce these persisting income inequalities, if the benefits of growth are to reach the poorer segments of society.

Target 1B: Achieve full and productive employment and decent work for all including women and young people

Table 1.4: Progress and Status of Indicators under Target 1B since 1990

Indicators for monitoring progress (new indicators introduced in 2008)		1990 or closest year	2002 or closest year	2006 or closest year	2012 or latest year		Target for indicator in 2015	Status of indicator and remarks
1.4 Growth rate of GDP per person employed (15 years and above)[34 35]		-	**4.0** (2003)	**4.2** (2006)	**7.3** (2012)		These four indicators were introduced in 2008. As such, no targets have been fixed for them.	Shows an improvement
1.5 Employment-to-population ratio (%)[36]	Both sexes Male Female	**43.6** - - (1990)	**51.5** **71.7** **32.5** (2002)	**53.4** **73.1** **35.7** (2006)	**51.8** **72.2** **33.8** (2011)	**50.5** **72.8** **30.9** (2012)[37]		The ratio for males is very satisfactory, while the ratio for females is too low
1.6 Proportion of employed people living below the poverty line (%) [38]		**31.1** (1990-1991)	**24.9** (2002)	**16.3** (2006-2007)	**7.5** (2009-2010)	**5.8** (2012-2013		Progressing well
1.7 Proportion of own account and contributing family workers in total employment (%)[39]	Both sexes Male Female (10 years and above)	**43.0** **42.5** **44.4** (1990)	**39.3** **38.8** **40.4** (2002)	**41.3** **39.6** **44.4** (2006)	**40.8** **39.9** **42.6** (2012)	**38.2** **39.5** **35.0** (2012)[40]		Too high for both males and females; need to create more productive employment

Sources: Household Income and Expenditure Survey, various years, Department of Census and Statistics.

34 Computations are based on GDP at constant (2002) prices.

35 Employment figures for the computation of indicator 1.6 for the years 2003 and 2006 have been adjusted to cover the entire country, while the employment figure used for 2012 covers the entire country. Computations were based on National Accounts compiled by the Department of Census and Statistics and the Sri Lanka Labour Force Surveys.

36 Figures for 1990, 2002, 2006 and 2011 exclude the Northern and Eastern provinces. The figure for 1990 is for persons 10 years and above, and figures from 2002 are for persons 15 years and above. Sri Lanka Labour Force Survey, Department of Census and Statistics.

37 Figures in the column under this indicator are for persons 15 years and above, for all districts. These figures are not comparable with others under this indicator.

38 38 Based on the Household Income and Expenditures Survey 1990-1991, Department of Census and Statistics.

39 Figures for 1990, 2002, 2006 and 2012 (first column) exclude the Northern and Eastern provinces; Sri Lanka Labour Force Survey, Department of Census and Statistics.

40 Figures for 1990, 2002, 2006 and 2012 (first column) exclude the Northern and Eastern provinces; Sri Lanka Labour Force Survey, Department of Census and Statistics.

Recognizing that decent and productive work for all is central to addressing poverty and hunger, a new target (1B) with four new indicators was introduced under MDG 1 in 2008 (table 1.4).

Indicator 1.4: Growth rate of GDP per person employed (or growth rate of labour productivity)

Improvements in productivity and employment growth indicate that the development process is heading in the right direction.

Labour productivity can be used to assess the likelihood that a country's economic policies and assets will create and sustain employment opportunities with fair and equitable remuneration. Growth in labour productivity can occur in a number of ways. There may be increased efficiency in the use of labour, in other words, greater output through not increasing any of the inputs, or there may be greater output due to increased use of other inputs, such as physical capital or intermediate inputs. A third way in which growth in labour productivity can occur is as a result of a shift in the mix of activities and sectors, for example, from those with low levels of productivity to those with higher levels. In this case, it is important that labour productivity growth is accompanied by improvements in education and training systems so that the workforce is prepared for jobs in the new sectors.

Empirical evidence has shown that there is a link between productivity growth and poverty reduction. The reduction in poverty is highest when productivity and employment growth go hand in hand. Consequently, measuring growth in both is needed to assess whether or not the development process is heading in the right direction.

In Sri Lanka, this indicator could be computed accurately only from 2012 onwards. Until 2011, the total estimated employed population did not include people in the Northern Province. From 2008, employment estimates included the Eastern Province, but not the Northern Province. It has only been since 2011 that the entire country has been covered in the Quarterly Labour Force Survey. It was also possible to conduct the Census of Population and Housing in the entire country in 2012.

As the total number employed in the country is to be used as the denominator when computing labour productivity for any particular year, this indicator could be computed accurately only from 2012. It could be computed reasonably accurately from 2003 to 2010, however, by estimating the total employed, for the entire country, and by making an adjustment to include the Northern and Eastern provinces. The estimates for the growth rate of GDP per employed person for 2003 and for 2006 would thus be 4 and 4.2 percent, respectively. Based on the latest data covering the entire country, the growth rate of GDP per person employed in 2012 is estimated to be 7.3 percent. This indicates that there is an improvement in both productivity growth and employment growth, suggesting that the development process is on track.

Indicator 1.5: Employment-to-population ratio

The employment-to-population ratio for males is more than 70 percent, while the ratio for females is less than half that.

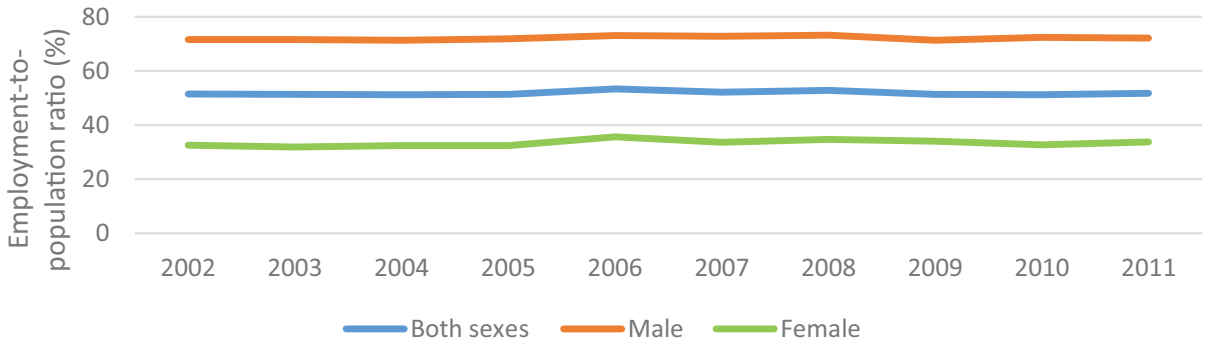
The employment-to-population ratio is defined as the proportion of a country's working age population (15 years and above) that is employed. This ratio provides information on the ability of an economy to provide employment for those who want to work. The ratio, both in its level and change over time, can be viewed in connection with economic growth to determine the extent to which it is pro-employment and pro-poor. The ratio typically falls between 50 to 75 percent, with a high ratio indicating that a large proportion of the working age population is employed.

Sri Lanka's employment-to-population ratio, 43.6 percent in 1990, as shown in table 1.4, is for persons' 10 years and above, but from 2002 onwards the age range changed to including persons 15 years and above. All the ratios up to 2011 exclude the Northern and Eastern provinces, while the figures for 2012 are for the

entire country. As such, the figures for 2012 cannot be compared directly with the figures of earlier years.

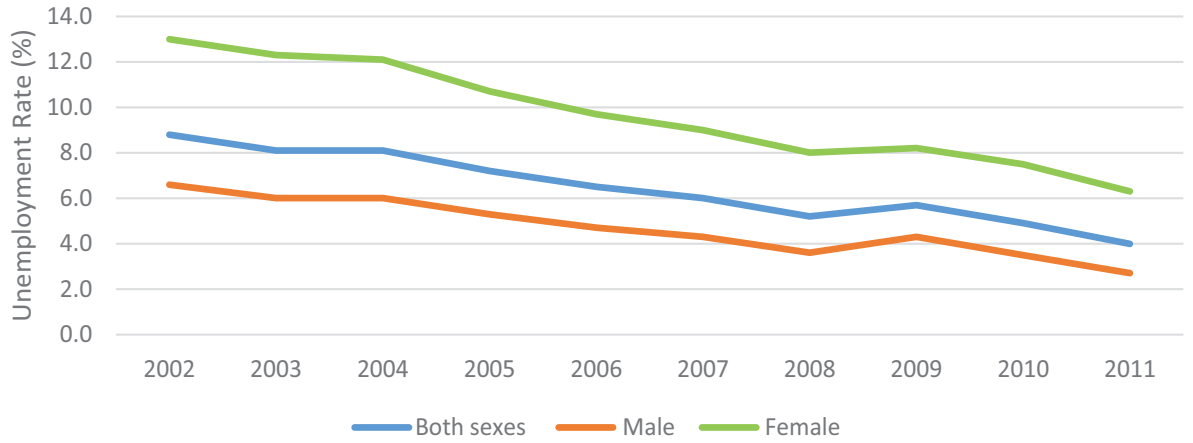
The employment-to-population ratio does not reveal a significant difference from 2002 to 2011 (figure 1.5), except for a marginal increase in 2006. The ratio for 2012 is 50.5, which is for the entire country (table 1.4). The marginal reduction observed in 2012 is due to the inclusion of the districts in the Eastern Province, where the labour force participation rate for females is comparatively lower than for most of the other districts in the country.

Figure 1.5: Employment-to-Population Ratio by Sex, 15 Years and Above, 2002 to 2011



Sources: Sri Lanka Labour Force Surveys 2002-2011, Department of Census and Statistics.
Note: Excluding the Northern and Eastern provinces.

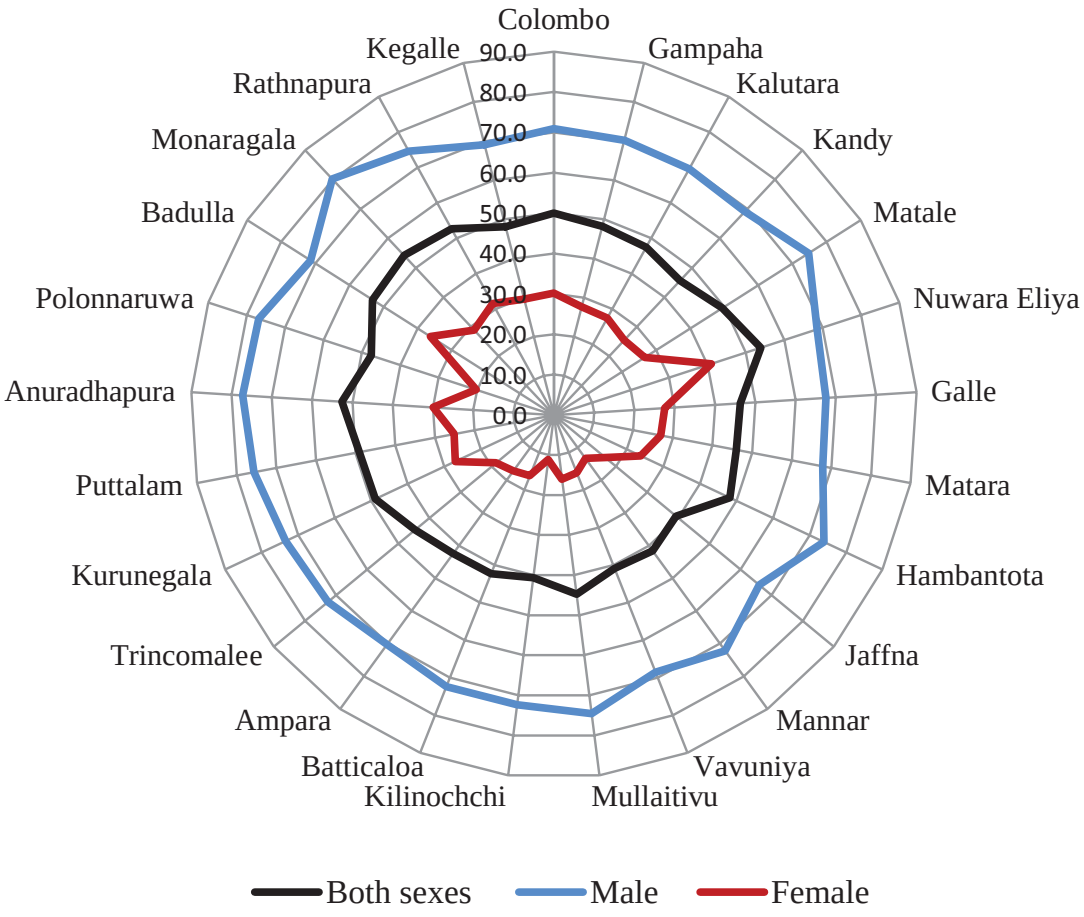
Figure 1.6: Unemployment Rate by Sex, 15 Years and Above, 2002 to 2011



Sources: Sri Lanka Labour Force Surveys 2002-2011, Department of Census and Statistics.
Note: Excluding the Northern and Eastern provinces.

There is a highly significant difference between the ratios for males and females. While the ratio for males is more than 70 percent, the ratio for females is around 30 percent to 35 percent (figure 1.5). A similar gender disparity exists in the unemployment data. Although the unemployment rate has declined to 4 percent overall, the female unemployment rate of 6.3 percent in 2011 is still more than twice the 3 percent rate for males (figure 1.6). Greater analysis and attention is required to understand and address this disparity.

Figure 1.7: Employment-to-Population Ratio, 15 Years and Above, by District, 2012



Sources: Source: Census of Population and Housing 2012, Department of Census and Statistics.

The Census of Population and Housing for 2012 shows the variations in population-to-employment ratios by district and gender. While the ratio in 2012 for males was 70.9 percent, the ratio for females was only 30.2 percent. The ratio was highest for males in the districts of Monaragala at 80.2 percent, Anuradhapura at 77.2 percent, Polonnaruwa at 76.9 percent, Puttalam at 75.6 percent, Matale at 74.8 percent, Mullativu at 74.6 percent and Ratnapura at 74.6 percent. For female workers, the ratio is highest in the Nuwara Eliya District at 41 percent; it has a large estate population. This is followed by Badulla at 36.2 percent, Ratnapura at 31.5 percent, Colombo at 30.2 percent, Anuradhapura at 30 percent and Kegalle at 29.6 percent (figure 1.7).

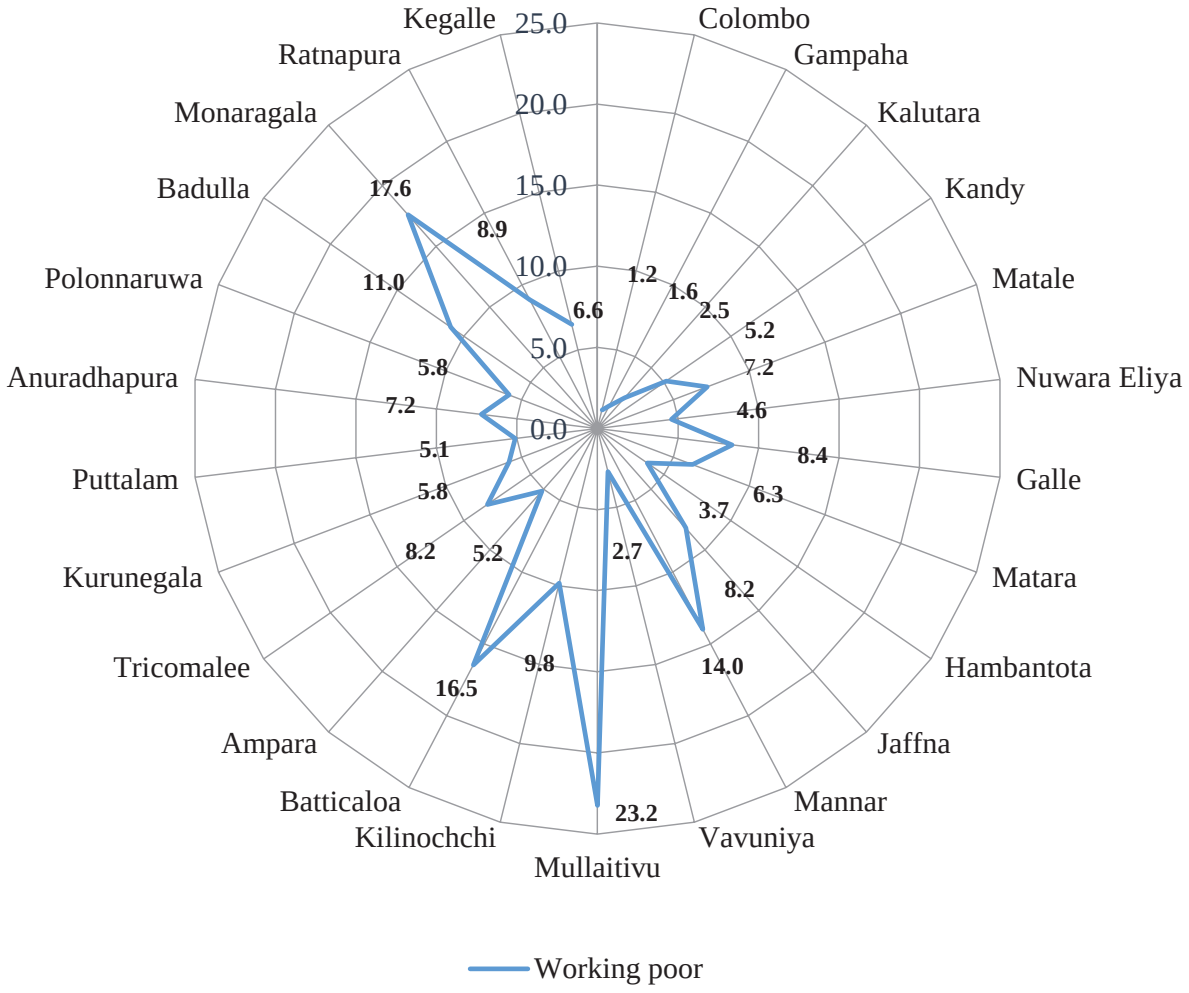
Indicator 1.6: Proportion of employed people living below the poverty line (or the working poor rate)

Current data indicate a more than fourfold reduction in the proportion of working poor compared to 1990.

The working poor are defined as employed persons living in a household whose members are estimated to live below the national poverty line. The working poverty rate is the proportion of working poor in total employment. If a person's work does not provide an income high enough to lift them and their families out of poverty, then these jobs do not fulfil the income component of 'decent work',[41] and it is likely that other components are not being fulfilled either.

The calculation of the proportion of the employed living below the national poverty line is based on the Household Income and Expenditure Surveys conducted by the Department of Census and Statistics. The proportion living below the poverty line declined from 31.1 percent in 1990-1991 to 7.5 percent in 2009-2010 and even further to 5.8 percent in 2012-2013, a significant reduction.

Figure 1.8: Proportion of Employed People Living Below the Poverty Line, 2012-2013



Source: Computations based on the Household Income and Expenditure Survey 2012-2013, Department of Census and Statistics.

41 According to the International Labour Organization (ILO), decent work involves opportunities for work that are productive and deliver a fair income; security in the workplace and social protection for families; better prospects for personal development and social integration; freedom for people to express their concerns, organize and participate in the decisions that affect their lives; and equality of opportunity and treatment for all women and men.

As per other indicators, regional disparities exist and need attention. The working poor rate (figure 1.8) is highest in Mullaitivu at 23.2 percent, followed by Monaragala at 17.6 percent, Batticaloa at 16.5 percent, Mannar at 14 percent and Badulla at 11 percent. The working poor data help to explain some of the findings under other targets and indicators. For example, in Monaragala, poverty is relatively high at 20.8 percent, but the employment-to-population ratio is also surprisingly high at 80.2 percent. This is explained by the district's relatively high proportion of working poor.

The working poor rate is lowest in Colombo at 1.2 percent, followed by Gampaha at 1.6 percent, Kalutara at 2.5 percent, Vavuniya at 2.7 percent and Hambantota at 3.7 percent. Jaffna and Ampara districts show encouraging improvements with declining rates from 14.1 percent to 8.2 percent between 2009-2010 and 2012-2013 in Jaffna, and 12.4 percent to 5.2 percent in Ampara during the same period.

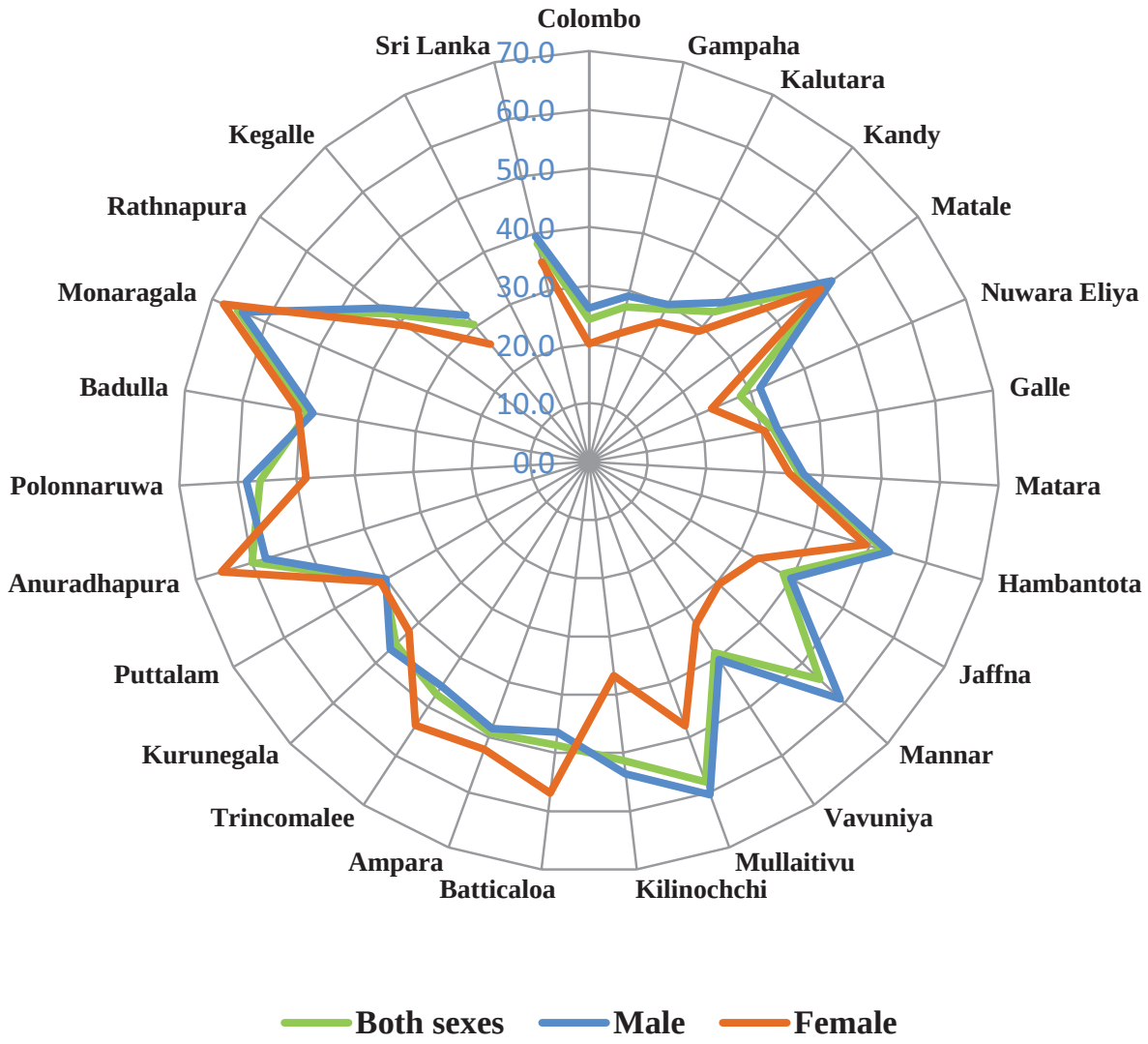
Indicator 1.7: Proportion of own account and contributing family workers

There is no significant change in the proportion of own account and contributing family workers during the past two decades. But variations among districts are significant.

This indicator is a measure of vulnerability, because these two types of workers are less likely to have formal, institutionalized and legally protected work arrangements, access to benefits or social protection programmes. They are more at risk from economic cycles.

The computation of the proportion of own-account and contributing family workers in total employment is based on the Quarterly Labour Force Surveys, conducted since 1990, and the estimates are available only for employed persons aged 10 years and above, even though the UN recommendation is to use 15 years and above. Employed persons in the age group 10 to 14 years are estimated to be only around 0.2 to 0.3 percent of the total, however, and therefore there is no significant difference in this indicator even if employed persons aged 10 years and above are considered instead of employed persons who are 15 years and above.

Figure 1.9: Proportion of Own Account and Contributing Family Workers, 15 Years and Above, in Total Employment, 2012



Source: Census of Population and Housing 2012, Department of Census and Statistics.

Labour Force Survey data show that there has been no significant reduction in the proportion of own account and contributing family workers in total employment for the last 22 years. The proportion declined only marginally from 43 percent in 1990-1091 to 40.8 percent in 2012. The estimate based on the Census of Population and Housing for 2012, which looks at workers aged 15 and above, shows a slight reduction to 38.2 percent

As depicted in figure 1.9, there are significant regional variations in the proportion of own account and contributing family workers in total employment. The proportion is highest in Monaragala District at 67.9 percent for females and 64.4 percent for males, followed by Anuradhapura at 65.4 percent for females and 57.6 percent for males, Mullativu at 60.4 percent for males and 47.9 percent for females, and Polonnaruwa at 58.5 percent for males and 48.3 percent for females. The proportion is higher for females in the districts of Monaragala, Anuradhapura, Batticaloa, Trincomalee and Ampara. The proportion is lowest in the three districts of the Western Province and the Nuwara Eliya District.

Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Table 1.5: Progress and Status of Indicators under Target 1C since 1990

Indicators for monitoring progress		1990 or closest year	2002 or closest year	2006 or closest year	2012 or latest year	Target for indicator in 2015	Status of indicator and remarks
1.8 Prevalence of underweight children under age five	NCHS/CDC/ WHO Child Growth Standard (%)[42]	37.7 (1993)	29.4 (2000)	26.9	Not available	19.0	**"On Track"** data is not available to monitor progress after 2006-2007
	New WHO Child Growth Standard (%)[43]	29.7 (1993)	23.0 (2000)	21.1		14.9	
1.9 Proportion of population below the minimum level of dietary energy consumption (%)[44]		51.3 (1995-1996)	51.7 (2002)	50.7 (2006-2007)	47.8 (2012-2013)	25.6	**"Off Track"** this could be due to under-reporting of food consumption
*Proportion of indicator 1.9, if **90% of the energy requirement** is considered (%)*		*36.9 (1995-1996)*	*37.0 (2002)*	-	*33.8 (2012-2013)*	N/A	Please see footnote below on estimation of dietary energy consumption
*Proportion of indicator 1.9, if **80% of the enegy requirement** is considered (%)*		*23.5 (1995-1996)*	*23.2 (2002)*	-	*21.3 (2012-2013)*		
*Proportion of indicator 1.9, if **70% of the energy requirement** is considered (%)*		*12.7 (1995-1996)*	*12.3 (2002)*	-	*11.2 (2012-2013)*		

Sources: Household Income and Expenditure Survey, various years, Department of Census and Statistics.

42 Based on the National Centre for Health Statistics (NCHS)/Centre for Disease Control and Prevention (CDC)/WHO Child Growth Standards, which are comparable with 1993 figures. The target of 19 percent for 2015 is based on the same standard.

43 Based on the WHO Child Growth Standards used since 2006-2007 (Demographic and Health Survey 2006-2007).

44 The dietary energy consumption may be an underestimate in Sri Lanka, as some of the food items consumed outside the household may not be recorded properly, thus indicating low energy consumption. When 90 percent, 80 percent or 70 percent of the energy requirement is considered, the proportions of the population below the minimum level declines significantly. This suggests that energy inadequacy is either marginal or some of the food items consumed by certain households are not being recorded, especially those consumed outside the household. A special study could ascertain actual household energy consumption.

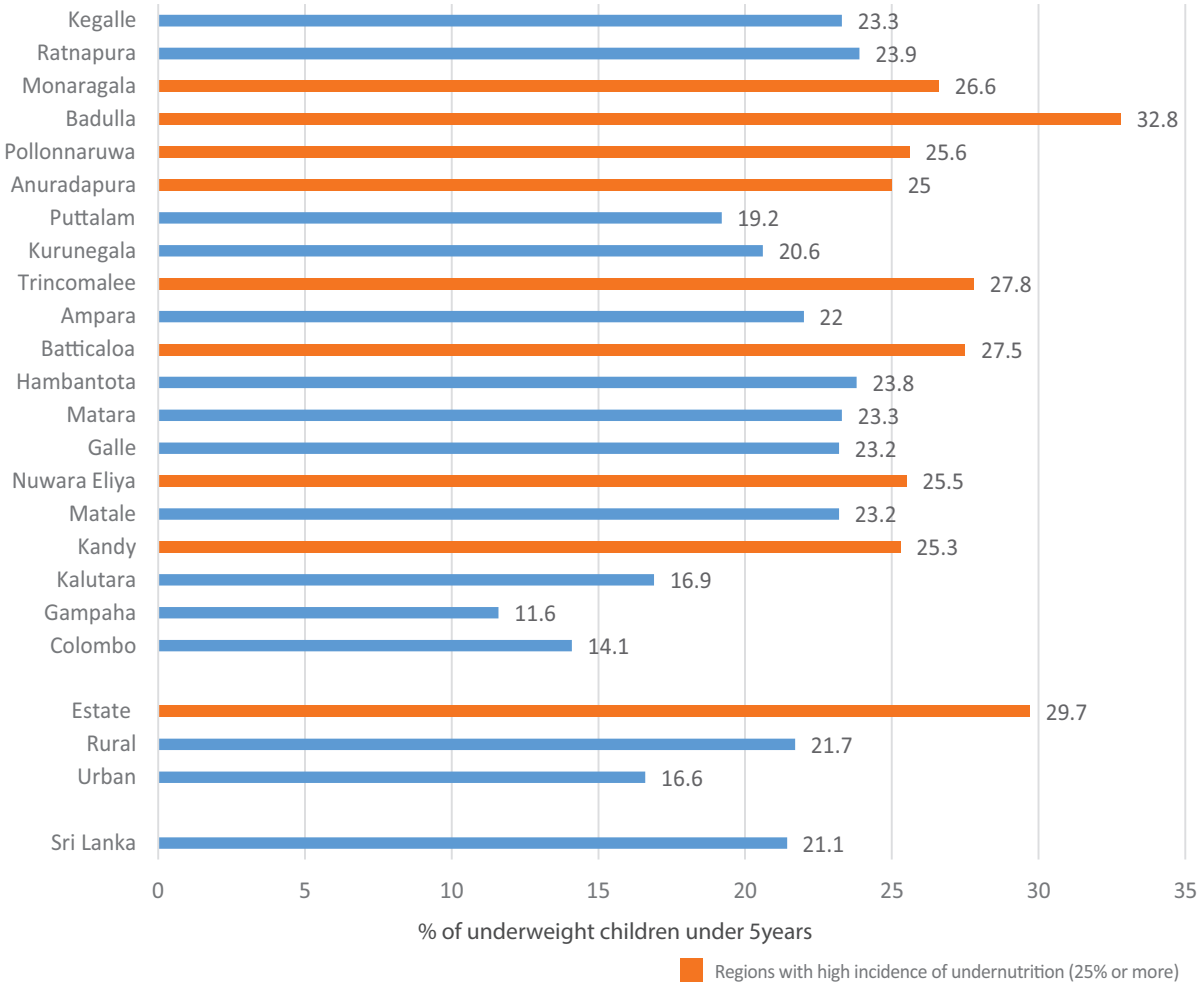
Hunger is measured using indicators on the prevalence of underweight children under age five and the proportion of the population below minimum levels of dietary energy, usually estimated based on the Demographic and Health Surveys and Household Income and Expenditure Surveys conducted by the Department of Census and Statistics.

Indicator 1.8: Prevalence of underweight children under five years

A high proportion of underweight children is still a concern although Sri Lanka is on track.

This indicator takes into account both acute and chronic malnutrition.

Figure 1.10: Percentage of Underweight Children under Five Years by Sector and District,



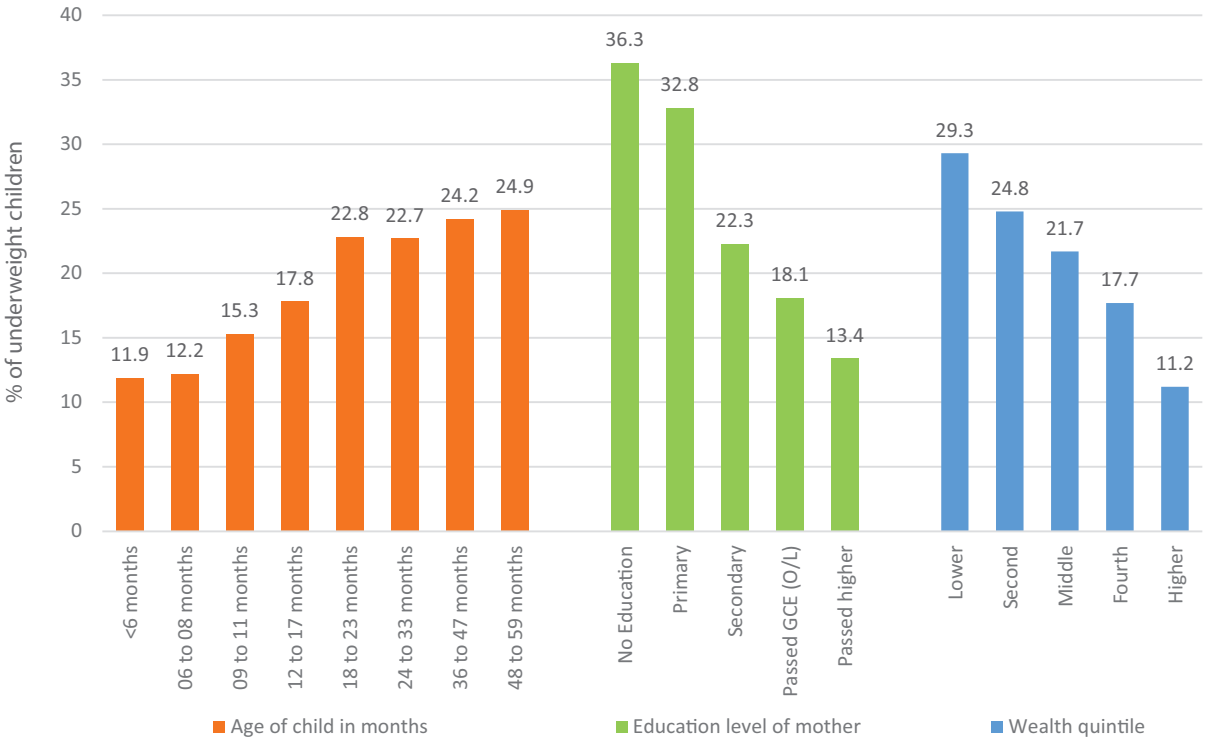
Source: Demographic and Health Survey 2006-2007, Department of Census and Statistics.
Note: Based on the WHO Child Growth Standard. The survey did not cover the districts in the Northern Province.

Children whose weight-for-age is below minus two standard deviations from the median of the reference population are classified as underweight. In the 1993 and 2000 Demographic and Health Surveys, the computations of the incidence of underweight children and nutritional measures were done using the NCHS/CDC/WHO Child Growth Standards. The computations based on the 2006-2007 survey were done using the new WHO Child Growth Standards. As such, to properly measure and compare the nutrition of children under five years, from 1993 to 2006-2007, either the NCHS/CDC/WHO Child Growth Standards or the WHO Child Growth Standards need to be used for the whole period of analysis.

Based on the NCHS/CDC/WHO Child Growth Standards, the percentage of underweight children under five years of age in 1993 was 37.7 percent, and therefore the target for 2015 is 19 percent. Based on the WHO Child Growth Standards, the corresponding percentage for 1993 is estimated to be 34 percent and therefore the target for 2015 would be 17 percent (table 1.5).

The results of the Demographic and Health Surveys show that the nutritional status of children under five is lagging behind other health and social indicators. Although there is a remarkable improvement between 1993 and 2000, the progress from 2000 to 2006-2007 has been slower. The percentage of underweight children under five years declined from 34 percent in 1993 to 23 percent in 2000, while the percentage fell only to 21.9 percent by 2006-2007. As a Demographic and Health Survey has not been conducted since 2006-2007, it is not possible to determine the impact of a number of nutrition-related interventions by the Government and agencies like UNICEF.

Figure 1.11: Percentage of Underweight Children by Age of the Child, Level of Education of the Mother and Wealth Quintile, 2006-2007



Source: Demographic and Health Survey 2006-2007, Department of Census and Statistics.

Mulnutrition affects one out of every three pre-school age children in developing countries.[45] Although Sri Lanka has fared well in basic health indicators, child undernutrition, with more than one-fifth of children under five being underweight, is still a major concern. This is especially pertinent in remote rural areas and the estate sector. For the latter, nearly 30 percent of under-five children are underweight (figure 1.10). Across districts, Badulla has the highest percentage of underweight children at 32.8 percent. It is followed by Trincomalee, Batticaloa, Monaragala, Polonnarura, Nuwara Eliya, Kandy and Anuradhapura; more than one-fourth of children are underweight in each of these districts.

Empirical evidence shows that the nutritional status of children deteriorates with age (figure 1.11). The proportion of underweight children increases gradually from around 12 percent for children below eight months, to nearly 25 percent for children aged 36 to 59 months. The average duration of exclusive breastfeeding in Sri Lanka is 5.1 months, and predominant breastfeeding is 5.5 months, according to the Demographic and Health Survey for 2006-2007. Surveys also show that 92.6 percent of children under 2 months, 85.1 percent from 2 to 3 months, and 53.5 percent from 4 to 5 months are exclusively breastfed. Thereafter, exclusive breastfeeding declines sharply to 7.1 percent of the children aged 6 to 8 months.

Figure 1.11 clearly shows that the proportion of undernourished children increases after exclusive breastfeeding ends. These statistics suggest that the quality and quantity of complementary food introduced as breastfeeding declines may not have the required nutrients or may not be sufficient to maintain adequate levels of nutrition.

Data also show that the nutritional status of children correlates with the educational status of mothers (figure 1.11). The percentage of underweight children decreases with increasing levels of maternal education. More than 35 percent of children of mothers with no education are underweight, while only around 13 percent of the children of mothers with education higher than the GCE O/L are affected. The level of education of the mother may also depend on their economic situation. Mothers from poorer families may not have had adequate opportunities to continue their education to higher levels, and a correlation between wealth and nutrition is also seen in figure 1.11. The disparity between nutritional status and other indicators highlights the need to have targeted, high-impact nutritional interventions, with special attention to remote rural areas and the estate sector, where the incidence of undernutrition is high.

Indicator 1.9: Proportion of population below the minimum level of dietary energy consumption

A high proportion of the population is below the minimum, especially in urban areas, but this may be due to under-reporting of food consumption.

The proportion of the population that consumes below a minimum level of dietary energy has declined only by 3.5 percentage points from 1990-1991 to 2012-2013, from 51.3 percent to 47.8 percent. If 90 percent, 80 percent or 70 percent of the energy requirement of 2,030 kilocalories per day per person is considered as the minimum requirement, the proportion of the population below such levels of dietary energy requirement declines significantly. This indicates that energy inadequacy is either marginal or some of the food items consumed by household members, especially outside the household, are not being captured completely by surveys.

Table 1.6 gives the proportion of the population consuming at different levels by sector for both 2009-2010 and 2012-2013. It clearly shows that the highest proportion of the population with energy inadequacy is in the urban sector. This is a conundrum that needs to be further analysed, since the urban sector has the lowest incidence of poverty. It is possible that a larger proportion of people living in urban areas consume food outside the household. The estate sector, where poverty incidence is highest, has a lower proportion of people not meeting the minimum level of dietary energy consumption.

The 2012 Food Security Assessment conducted by the UN World Food Programme and Goverment, found that 40 percent of households were food insecure in the Northern and Eastern provinces. This was an improvement compared to 2011 when the figure was 65 percent.

45 UNICEF 2009, p. 7.

Table 1.6: Proportion of the Population Not Receiving the Minimum Level of Dietary Energy, Considering Different Levels by Sector, 2009-2010 and 2012-2013

Sector	Percentage of population not receiving…													
	Minimum calorie requirement		90% of minimum requirement		80% of minimum requirement		70% of minimum requirement		60% of minimum requirement		50% of minimum requirement		80% of minimum calorie requirement although expenditure on food is more than 60%	
	09/10	12/13	09/10	12/13	09/10	12/13	09/10	12/13	09/10	12/13	09/10	12/13	09/10	12/13
Urban	63.8	62.3	49.2	47.4	33.0	32.1	18.6	18.1	8.1	8.1	3.7	3.2	7.8	5.1
Rural	48.2	45.3	33.0	31.3	20.0	19.4	10.4	9.9	4.4	4.4	1.8	1.7	6.7	5.5
Estate	29.2	33.7	19.5	22.5	10.5	12.7	5.6	5.5	2.7	2.3	1.7	0.7	4.7	4.2
Sri Lanka	49.5	47.8	34.7	33.8	21.4	21.3	11.3	11.2	4.9	5.0	2.1	1.9	6.7	5.4

Source: Computations based on Household Income and Expenditure Surveys 2009-2010 and 2012-2013, Department of Census and Statistics.

Table 1.7- Proportion of Population not Receiving the Minimum Requirement of Dietary Energy, Considering Different Levels of Requirement by Per Capita Expenditure Quintiles, 2009-2010

Per capita expenditure quintile	Percentage of population not receiving…													
	Minimum calorie requirement		At least 90% of the minimum requirement		At least 80% of the minimum requirement		At least 70% of the minimum requirement		At least 60% of the minimum requirement		At least 50% of the minimum requirement		80% of minimum calorie requirement although expenditure on food is more than 60%	
	09/10	12/13	09/10	12/13	09/10	12/13	09/10	12/13	09/10	12/13	09/10	12/13	09/10	12/13
Poorest quintile	74.5	71.3	59.3	57.7	42.3	43.1	27.4	25.6	13.9	12.7	6.6	5.0	24.5	21.8
2nd quintile	50.5	53.3	35.0	38.0	20.1	23.1	9.8	11.4	2.9	4.8	1.0	2.0	3.5	4.4
3rd quintile	44.1	44.3	28.4	29.7	15.6	16.1	6.7	7.7	2.3	3.4	0.7	1.0	0.7	0.6
4th quintile	37.8	36.2	23.7	22.8	12.3	12.3	4.1	5.5	1.7	1.9	0.5	0.8	0.2	0.1
Richest quintile	32.0	33.3	18.9	20.8	10.2	11.6	3.9	5.9	1.1	2.3	0.3	0.8	0.0	0.1
All quintiles	49.5	47.8	34.7	33.8	21.4	21.3	11.3	11.2	4.9	5.0	2.1	1.9	6.7	5.4

Source: Computations based on Household Income and Expenditure Surveys 2009-2010 and 2012-2013, Department of Census and Statistics.

Table 1.7 shows that even in the richest per capita expenditure quintile, 32 percent and 33.3 percent of the population was not meeting the minimum energy requirement in 2009-2010 and 2012-2013, respectively. This is difficult to comprehend, and may again link to food consumed outside the household.

Comparison of the incidence of poverty and nutritional status of children with a few selected countries

The incidence of poverty based on both the international poverty line of US$1.25 (purchasing power parity) per day per person, as well as the national poverty line, show that Sri Lanka has had the lowest incidence of poverty, even in 1990-1991, among countries in the South Asian Association for Regional Cooperation (SAARC) (table 1.8). The latest figures also show that Sri Lanka is ahead of all the countries except the Maldives. The nutritional status of children under five years, though comparatively better than some of the countries in the region, indicates that progress is still not satisfactory, however.

Table 1.8: Comparison of the Incidence of Poverty and Proportion of Underweight Children under Five Years among SAARC Countries

	US$1.25 purchasing power parity per day poverty line (%)		National poverty line (%)		Underweight children under five years of age (%)	
	Earliest	Latest	Earliest	Latest	Earliest	Latest
Malaysia	1.6 (1992)	0.0 (2009)	12.4 (1992)	1.7 (2012)	22.1 (1990)	12.9 (2006)
Thailand	11.6 (1990)	0.4 (2010)	58.1 (1990)	13.2 (2011)	16.3 (1993)	7.0 (2006)
Afghanistan	-	-	-	36.0 (2008)	44.9(1997)	32.9 (2004)
Bangladesh	70.9 (1992)	43.2 (2010)	56.6 (1992)	31.5 (2010)	61.5 (1990)	36.4 (2011)
Bhutan	26.3 (2003)	10.2 (2007)		23.2 (2007)	14.1 (1999)	12.7 (2010)
India	49.4 (1994)	32.7 (2010)	37.2 (2005)	29.8 (2010)	52.8 (1992)	43.5 (2006)
Maldives	25.6 (1998)	1.5 (2004)			32.5 (1995)	17.8 (2009)
Nepal	68.0 (1996)	24.8 (2010)	41.8 (1996)	25.2 (2010)	42.7 (1994)	28.8 (2011)
Pakistan	64.7 (1991)	21.0 (2008)	30.6 (1999)	22.3 (2006)	39.0 (1991)	31.5 (2011)
Sri Lanka	**15.0 (1991)**	**4.1 (2010)**	**26.1 (1991)**	**6.7 (2012)**	**33.8 (1993)**	**21.6 (2007)**

Source: ESCAP, Asian Development Bank and UNDP 2012-2013.

Key Challenges and Ways Forward

Eradication of poverty: Although Sri Lanka has made considerable progress in reducing poverty, and has already achieved the target on poverty at national and sector levels, stubborn regional variations persist; these need continuous attention. As Sri Lanka is aiming to achieve a 2.3 poverty rate by 2016, a concerted effort is needed to propel highly targeted interventions, for example through the Government's Samurdhi Programme and rural development programmes. Analysis of the data from Household Income and Expenditure Surveys shows that some households in higher income groups are receiving Samurdhi benefits, while some of those in lower income groups are excluded from the programme.

If Sri Lanka is to achieve further reductions in poverty, the most vulnerable groups should be the focus. Analysis of Household Income and Expenditure Survey data shows that people in households headed by non-agricultural labourers and similar workers, and agricultural, forestry and fishery labourers are among the poorest in Sri Lanka. The other most vulnerable groups are those in households headed by unemployed persons and by skilled agriculture, forestry and fishery workers (figure 1.4). People in households headed by persons unable or too old to work comprise another vulnerable group that needs more focus.

Based on the 2012-2013 Household Income and Expenditure Survey, there are 1.34 million poor persons. But a large number of people are just above the poverty line. Approximately 620,000 people are within a band 10 percent above the poverty line, and 1.3 million persons within a 20 percent band. Although Sri Lanka has managed to reduce poverty to a considerable extent, the large number of people close to the poverty line may slip back. Suitable strategies need to prevent this. Poverty alleviation programmes such as Samurdhi and rural development programmes, which are aimed at strengthening people's economic status, minimizing their dependence on the market for their food requirements, and improving their nutritional levels, among other goals, need to be properly targeted. Service delivery systems could benefit from enhanced capacity to fill gaps, especially at the grass-roots.

Reduction of income inequalities: Although Sri Lanka has made considerable progress in reducing poverty and improving the living conditions of the overall populace, especially during the past decade, income inequality is a cause for concern. The share of the poorest quintile in national consumption declined from 8.9 percent in 1990-1991 to 7.1 percent in 2006-2007, and then increased marginally to 7.7 percent in 2009-2010. The Gini coefficients for household income and expenditure have remained around 0.48 and 0.40, respectively, from 1990-1991 to 2012, showing that income inequality has not changed, although Sri Lanka has been successful in bringing many people out of poverty and improving their living conditions.

Suitable strategies to reduce persistent income inequalities are highly recommended. As overall income inequality is mainly due to disparities across regions and different socio-economic groups, the focus of policies may need to be on regional economic development, covering all regions, with special attention to the most vulnerable groups of people.

Underweight children: The high proportion of underweight children, across the urban, rural and estate sectors, though Sri Lanka is otherwise on track in this area according to 2006-2007 data, is still a major concern. More than 20 percent of children under five years were underweight according to the Demographic and Health Survey in 2006-2007. A new survey, covering the entire country, is essential to monitoring progress since then and assessing whether or not current interventions are having an impact.

Decreasing the high incidence of undernutrition among children under five years old depends on improving awareness on the subject, especially on proper use of complementary food items, which need to be introduced after the period of exclusive breastfeeding. Such initiatives should reach people in all regions, including remote rural areas and especially the estates, where the percentage of underweight children is still very high, according to the Demographic and Health Surveys.

The Government has afforded high priority to nutrition problems. The comprehensive National Nutrition Policy of Sri Lanka[46] was published in the extraordinary gazette No. 1639/5 in 2010. The policy aims to address nutritional needs at all points of the life cycle, including among pregnant women, lactating mothers, infants and children, adolescents, adults and the elderly. It focuses on service delivery, food security, advocacy and research, and monitoring and evaluation. A three-year, multi-sectoral National Action Plan on Nutrition, in line with the Nutrition Policy, was launched in 2013. The National Maternal and Child Health policy (2012) also emphasizes the importance of addressing nutritional issues amoung pregnant mothers and childern.

46 Ministry of Health and Nutrition, National Nutrition Policy of Sri Lanka, 2010.

MDG

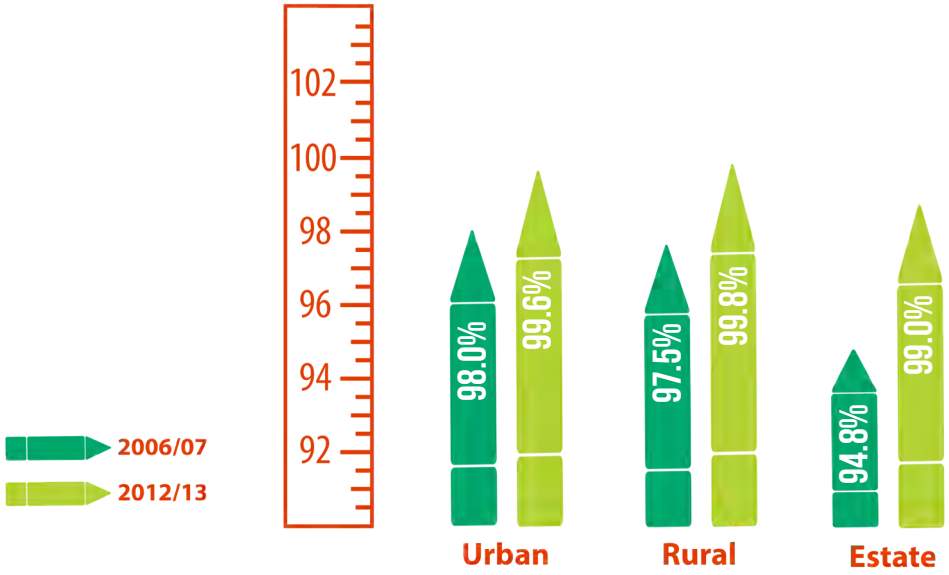
2

ACHIEVE UNIVERSAL PRIMARY EDUCATION

IN SRI LANKA, ALMOST ALL PRIMARY SCHOOL CHILDREN ARE GOING TO SCHOOL

ENROLMENT RATE FOR PRIMARY EDUCATION **99.7%**

Rate of Net Enrolment in Primary Education, by Sector: 2006/07 and 2013/13



Summary

Sri Lanka has almost achieved the target of universal primary education, reaching 99.7 percent in the net enrolment rate, with almost 100 percent of pupils who start grade 1 reaching grade 5. The Universal Free Education Policy introduced in 1945 coupled with the Compulsory Education Policy introduced in 1998 have helped assure this achievement.

All districts of Sri Lanka recorded high rates of net primary enrolment for both males and females by 2012-2013. The majority of districts reached a rate of 99 percent to 100 percent, indicating that universal primary education across the country is within reach.

Sri Lanka has also made progress on the literacy rate for 15 to 24 year olds, which rose from 95.8 percent in 2006-2007 to 97.8 percent by 2012. Data disaggregated by gender shows that the literacy rate among young males climbed to 97.3 percent while that for young females increased to 98.2 percent.

Key challenges and ways forward

Further measures are required to improve the quality of education, reduce the number of drop-outs before the GCE O/L, increase opportunities for tertiary education, bridge the gap between education and employment, and address skills mismatch in the labour market. The Government has identified several policies and strategies to address these challenges.

GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

Sri Lanka has almost achieved universal primary education, reaching a 99.7 percent net enrolment rate, with almost 100 percent of pupils reaching grade 5.

As depicted in table 2.1, Sri Lanka is well on track to achieve the education goal by 2015. The net primary enrolment rate increased to 99.7 percent in 2012-2013 from 88 percent in 1990, while the proportion of pupils starting grade 1 who reach grade 5 is almost 100 percent. Literacy among youth aged 15 to 24 reached 97.8 percent in 2012

Target 2A—Ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full primary education cycle

Table 2.1: Progress and Status of Indicators under Target 2A since 1990

Indicator	1990-1991	1996	2002-2003	2006-2007	2012-2013	2015 target	Status of indicator
2.1 Net enrolment rate in primary school (%)	88.0	95.7	96.3	97.5	99.7*	100	**"Achieved"**
2.2 Proportion of pupils starting grade 1 who reached grade 5 (%)	64.1		95.6	99.6	100	100	**"Achieved"**
2.3 Literacy rate in the age group 15 to 24 (%)	-	92.7	95.6	95.8	97.8 - Both sexes** 97.2 – Male** 98.2 – Female**	100	**"Almost Achieved"**

*Sources: IPS 2010b; *Household Income and Expenditure Survey 2012-2013, Department of Census and Statistics.*
***Census of Population and Housing, Department of Census and Statistics.*

Sri Lanka has performed well compared to other South Asian countries on all three indicators under the education goal (table 2.2). Its net primary school enrolment and completion ratios are the highest in the region, while its youth literacy rate is the second highest (after the Maldives). The Universal Free Education Policy introduced in 1945 coupled with the Compulsory Education Policy in 1998 contributed to this achievement.

Table 2.2: MDG 2 Indicators—An International Comparison

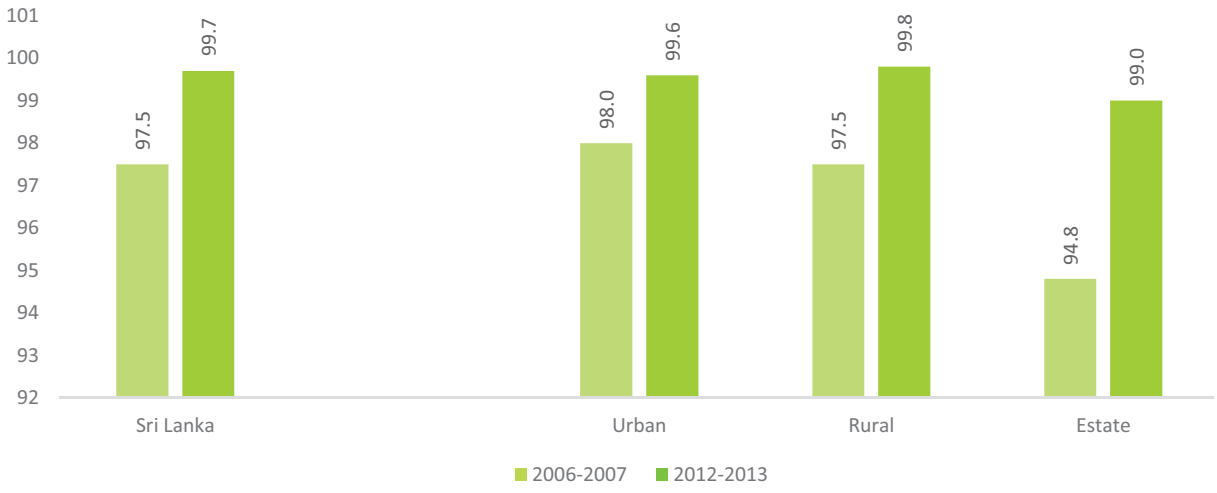
Country	Net enrolment in primary education (%)		Proportion of pupils starting grade 1 who reached grade 5 (%)		Literacy rate of 15 to 24 year olds (%)	
	1999	**2011**	**1999**	**2009**	**1999**	**2011**
Bangladesh	72.7		66.6 (2008)	66.2	44.7	78.7
Bhutan	55.0 (1998)	90.2 (2012)	31.0 (1993)	94.9 (2011)		74.4 (2005)
India	83.5 (2000)	98.6 (2010)	57.3 (1995)	61.4 (2001)	61.9 (1991)	81.1 (2006)
Maldives	97.8 (1999)	94.6			98.2	99.3 (2006)
Nepal	65.1 (1999)	71.1 (2000)	35.7 (1991)	61.7 (2007)	49.6 (1991)	82.4
Sri Lanka*	**95.7 (1996)**	**99.7 (2012-2013)**	**95.6 (2002-2003)**	**100 (2012)**	**95.6 (2002-2003)**	**97.8 (2012)**

Sources: Asian Development Bank 2013; figures for Sri Lanka are based on IPS 2010b, and the 2012 Census and the Household Income and Expenditure Survey 2012-2013, Department of Census and Statistics.*

Indicator 2.1: Net primary enrolment rate

The net primary enrolment rate has increased since 1990-91 and reached almost 100 percent in 2012-13 (Table 2.1), indicating that Sri Lanka is well on track to achieve universal primary enrolment by 2015. As shown in Figure 2.1, sectorial disparities have narrowed in 2012-13. The net primary enrolment rate of the estate sector that was lagging behind in 2006-07, compared to the urban and rural sectors, has increased by 4.2 percentage points, reaching 99.0 percent in 2012- 13. The enrolment rates of the urban and rural sectors also increased during this period (by 1.6 and 2.3 percentage points) raising the net enrolment rates to 99.6 percent and 99.8 percent respectively.

Figure 2.1: Net Primary Enrolment Rates by Sector, 2006-2007 and 2012-2013

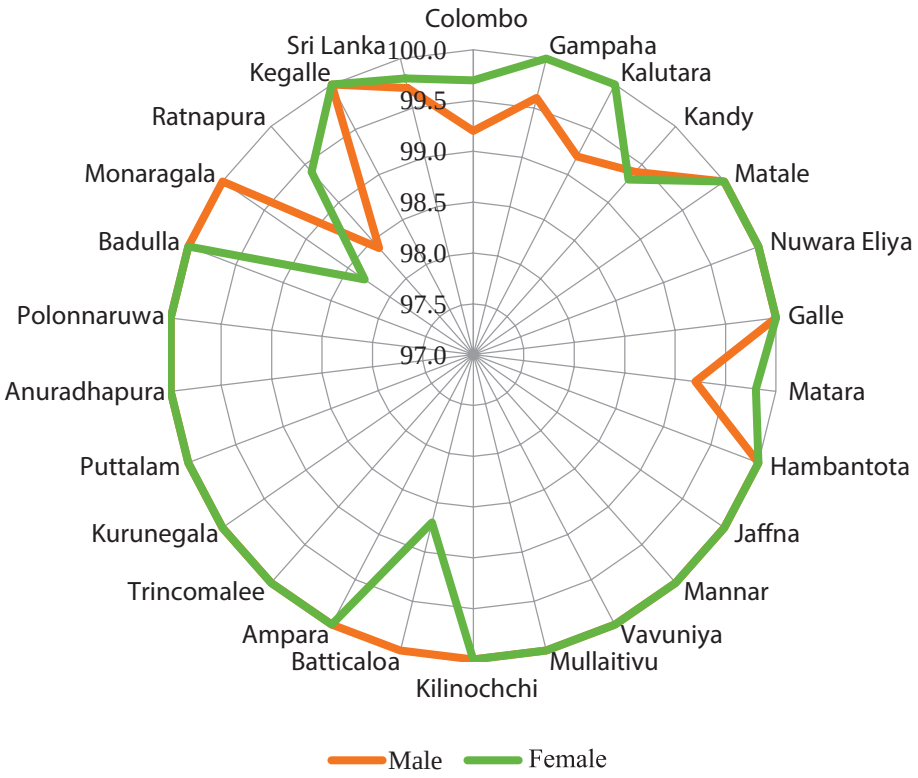


Sources: IPS 2010b, Household Income and Expenditure Survey 2012-2013, Department of Census and Statistics.

All districts of Sri Lanka recorded high rates of net primary enrolment for both males and females by 2012-2013.

The majority of districts have reached 99 percent to 100 percent enrolment. The MDG for universal primary education is likely to be achieved by all districts (figure 2.2).

Figure 2.2: Net Primary Enrolment Rate by District, 2012-2013



Source: Household Income and Expenditure Survey 2012-2013, Department of Census and Statistics.
Note: The axis of the above chart is from 97 to 100, as the net enrolment rate is above 98 percent for all districts.

School mid-day meals play an important role in retaining children in school and improving cognitive capacity. Currently over one milion children are benefiting from the mid-day meals programme.

Indicator 2.1.1 Net enrolment rate in primary education by gender

Net primary enrolment rates among both males and females have risen between 1996 and 2012-2013.

As shown in table 2.3, the primary enrolment rate among males rose from 95.6 percent in 1996 to 99.7 percent in 2012-2013, while the rate among females increased from 97.1 percent to 99.8 percent. There are minimal gender disparities in districts close to parity. In fact, many districts have recorded higher rates of primary enrolment among girls compared to boys.

Table 2.3: Net Enrolment Rate in Primary Education by Gender, 1996 and 2012-2013

Districts	1996		2012 - 2013*	
	Male	Female	Male	Female
Colombo	96.7	95.5	99.2	99.7
Gampaha	95.5	98.6	99.6	100.0
Kalutara	96.5	98.9	99.2	100.0
Kandy	90.2	96.4	99.4	99.3
Matale	92.4	97.6	100.0	100.0
Nuwara Eliya	95.7	94.2	100.0	100.0
Galle	96.8	97.1	100.0	100.0
Matara	97.3	95.7	99.2	99.8
Hambantota	93.5	99.3	100.0	100.0
Jaffna	-	-	100.0	100.0
Mannar	-	-	100.0	100.0
Vavuniya	-	-	100.0	100.0
Mullaitivu	-	-	100.0	100.0
Kilinochchi	-	-	100.0	100.0
Batticaloa	-	-	100.0	98.7
Ampara	-	-	100.0	100.0
Trincomalee	-	-	100.0	100.0
Kurunegala	98.4	99.6	100.0	100.0
Puttalam	99.6	98.6	100.0	100.0
Anuradhapura	98.4	98	100.0	100.0
Polonnaruwa	99.2	95.9	100.0	100.0
Badulla	92.0	95.7	100.0	100.0
Monaragala	99.1	100	100.0	98.3
Ratnapura	95.7	95.2	98.4	99.4
Kegalle	91.2	94.6	100.0	100.0
Sri Lanka	**95.6**	**97.1**	**99.7**	**99.8**

*Sources: Department of Census and Statistics 2005, * Household Income and Expenditure Survey 2012-2013*

School Attendance of Children Aged 6 to 18 years

Analysis based on the Household Income and Expenditure Survey 2012-2013 shows that more than 98 percent of children aged 6 to 10 years are attending school (table 2.4 and figure 2.3), in all districts except Monaragala where the figure is 97.8 percent. More than 96 percent of those aged 11 to 14 years are attending school in all districts except Batticaloa, which stands at 95.3 percent, showing the effectiveness of making education compulsory for children aged 5 to 14 years in 1998.

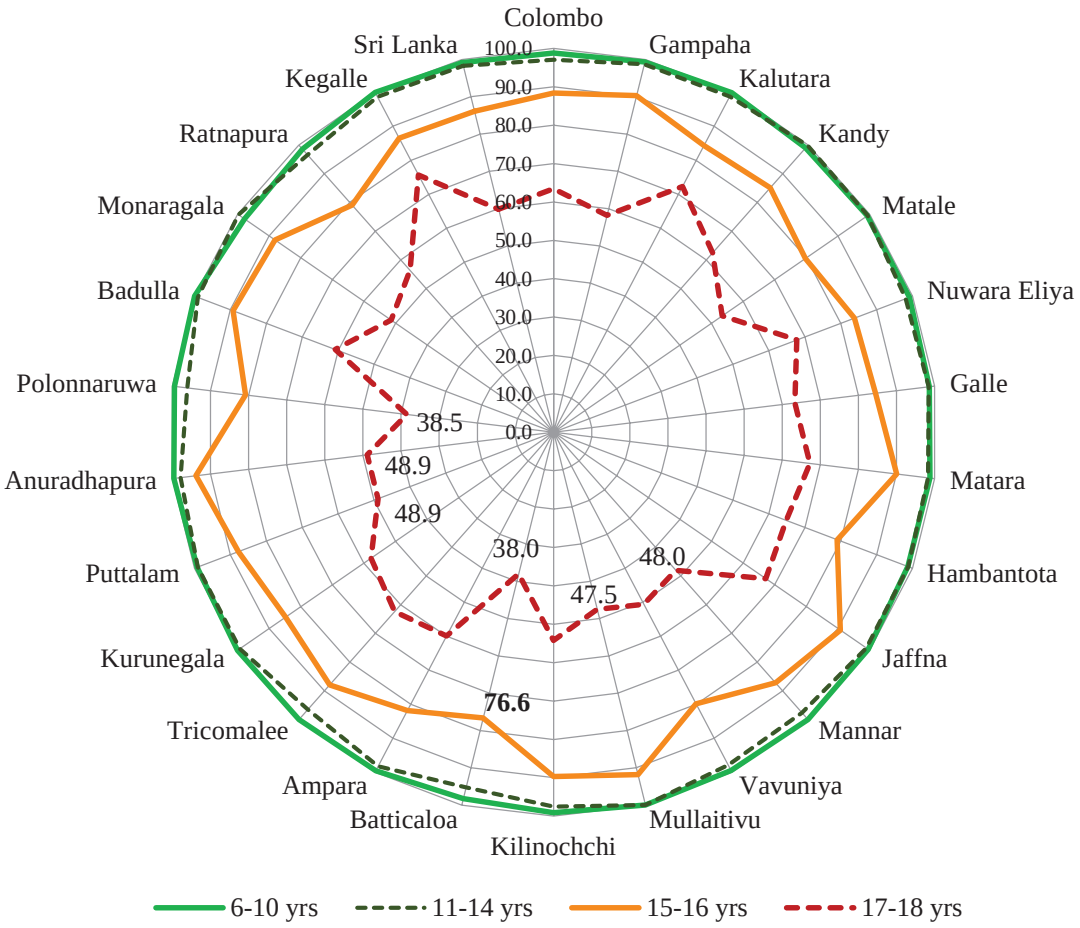
Table 2.4: School Attendance of Children by Age Groups and Districts, 2012-2013

District	Percentage of children aged 6 to 18 years attending school			
	6 -10 years	11-14 years	15 -16 years	17-18 years
Colombo	98.8	97.0	88.4	63.4
Gampaha	99.3	98.7	90.3	58.2
Kalutara	99.9	98.8	84.3	72.3
Kandy	99.0	99.8	85.1	62.5
Matale	99.3	99.4	79.7	53.4
Nuwara Eliya	99.2	98.1	83.8	67.8
Galle	98.6	98.4	84.5	63.3
Matara	98.8	98.3	90.0	67.3
Hambantota	98.7	98.8	79.0	64.8
Jaffna	99.6	99.0	90.8	67.2
Mannar	100.0	97.6	87.2	48.0
Vavuniya	99.5	97.9	79.9	50.6
Mullaitivu	100.0	100.0	91.8	47.5
Kilinochchi	99.1	97.5	89.7	54.2
Batticaloa	98.3	95.3	76.6	38.0
Ampara	99.6	98.3	81.9	59.9
Tricomalee	100.0	96.5	87.9	62.4
Kurunegala	100.0	99.3	84.8	57.8
Puttalam	99.3	99.1	87.8	48.9
Anuradhapura	99.6	97.9	93.8	48.9
Polonnaruwa	99.5	96.1	80.8	38.5
Badulla	100.0	99.1	89.3	60.8
Monaragala	97.8	99.7	88.2	51.4
Ratnapura	98.6	96.6	79.1	56.4
Kegalle	100.0	98.7	86.5	75.7
Sri Lanka	**99.2**	**98.3**	**86.1**	**59.8**

Source: Computations based on Household Income and Expenditure Survey 2012-2013, Department of Census and Statistics.

After 14 years of age, a decline in the percentage of children in school is observed in all districts. Only 86 percent of those aged 15 to 16 years are in school at the national level, indicating that around 14 percent of children are not completing the GCE O/L. This tendency needs attention. All districts have a percentage of this age group in school that varies between 79 and 93.8, except Batticaloa at 76.6 percent. Anuradhapura at 93.8 attains the highest percentage. After age 16, the percentage of children attending school drops significantly. Nationally, only 60 percent of children aged 17 to 18 continue their school education. The regional variations are high. Batticaloa at 38 percent and Polonnaruwa at 38.5 percent have the lowest percentages in school, followed by Mullaitivu at 47.5 percent, Mannar at 48 percent, and Anuradhapura and Puttalam at 48.9 percent each.

Figure 2.3: School Attendance of Children by Age Groups and Districts, 2012-2013

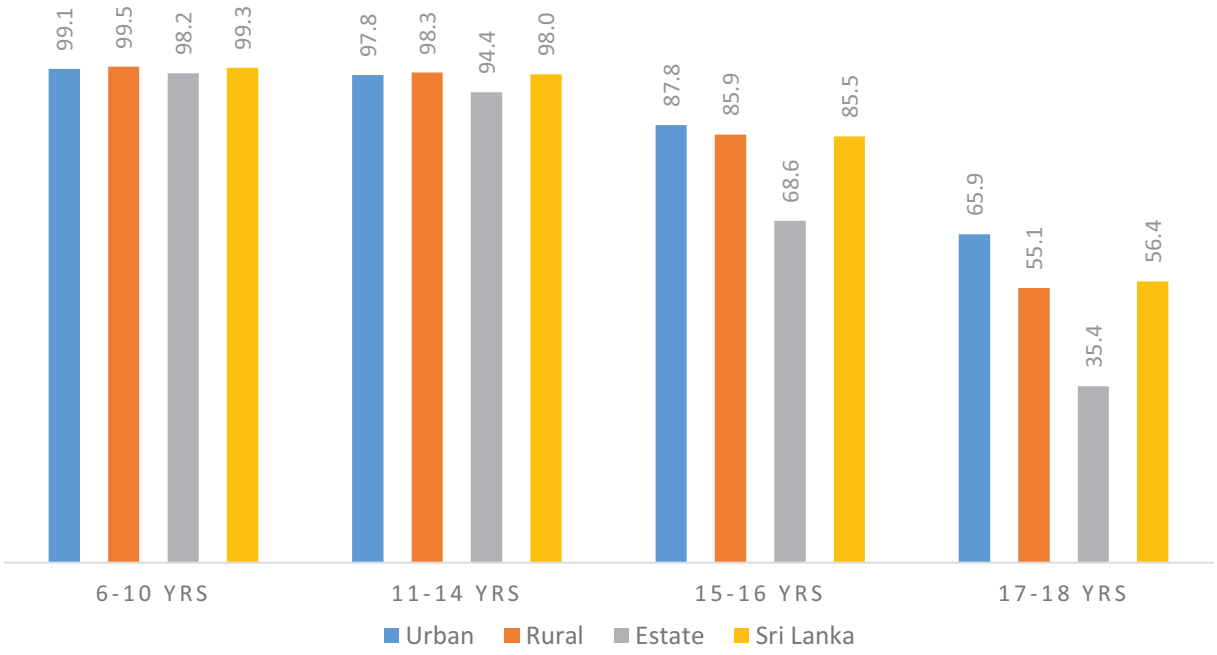


Source: Computations based on the Household Income and Expenditure Survey 2012-2013, Department of Census and Statistics.

The highest percentages of children aged 17 to 18 attending school are in the districts of Kegalle at 75.7 percent and Kalutara at 72.3 percent, followed by Nuwara Eliya at 67.8 percent, Matara at 67.3 percent and Jaffna at 67.2 percent. Increasing the age for compulsory education to 16 years may further improve people's level of education.

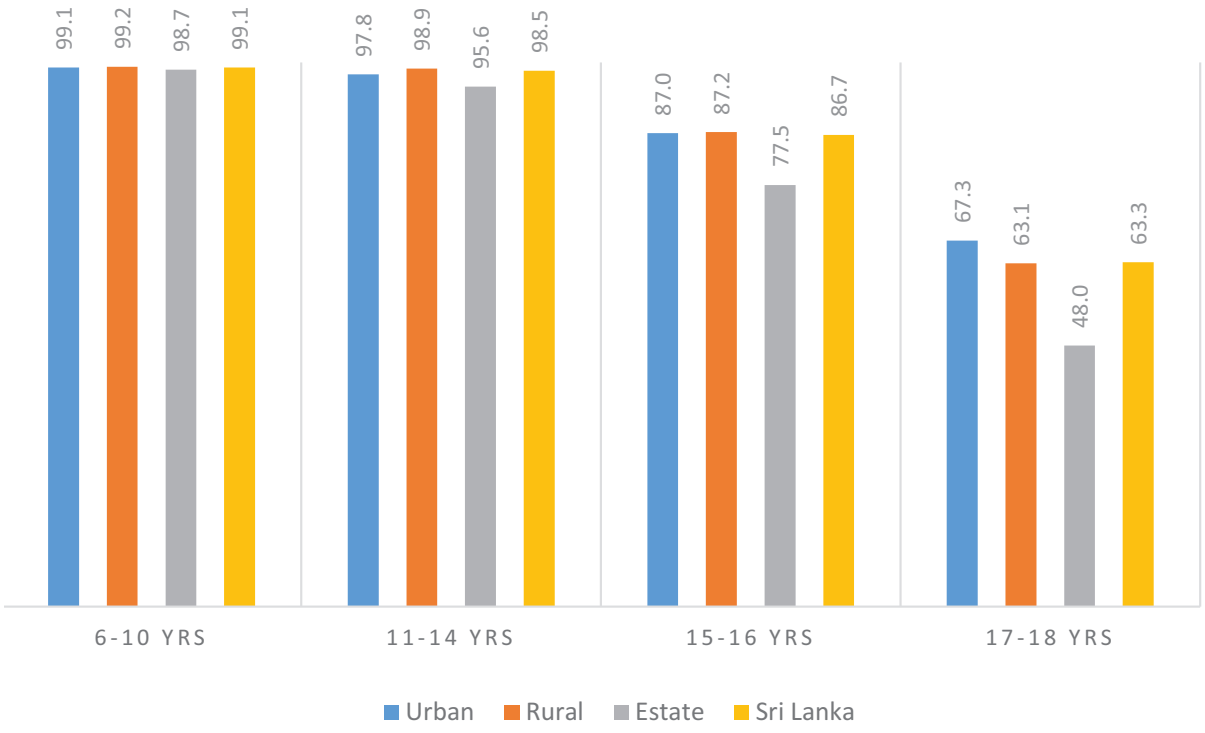
The percentage of children attending school after age 14 is lower for males than females (figures 2.4 and 2.5), mainly in the rural and estate sectors. For example, 68.6 percent of boys aged 15 to 16 are attending school in the estate sector, compared to 77.5 percent of girls. At age 17 to 18, only 35.4 percent of boys in estates are attending school, compared to 48 percent of girls.

Figure 2.4: School Attendance of Boys by Age Groups and Sector, 2012-2013 (Percentage)



Source: Household Income and Expenditure Survey 2012-2013, Department of Census and Statistics.

Figure 2.5: School Attendance of Girls by Age Groups and Sector, 2012-2013 (Percentage)



Source: Household Income and Expenditure Survey 2012-2013, Department of Census and Statistics.

Indicator 2.3: Literacy Rate in the Age Group 15 to 24

Sri Lanka has also made considerable progress on the literacy rate of youth aged 15 to 24, which climbed from 95.8 percent in 2006-2007 to 97.8 percent in 2012.

As illustrated in figure 2.6, youth literacy rates in the urban, rural and estate sectors have increased

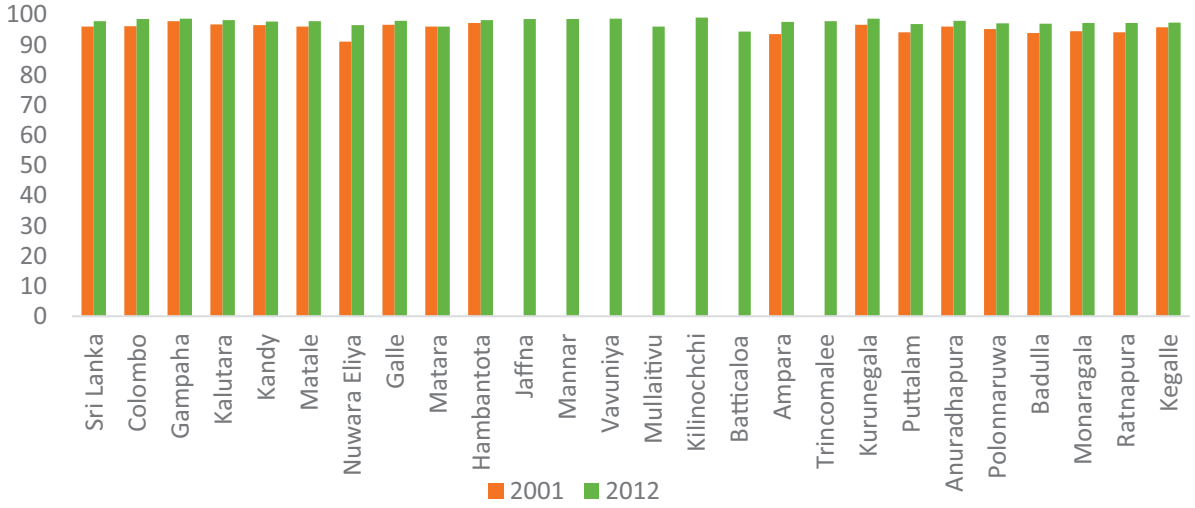
Figure 2.6: Literacy Rates among Youth Aged 15 to 24 by Sector, 2006-2007 and 2012

Sources: IPS 2010b; Census of Population and Housing 2012, Department of Census and Statistics

by 2.8 percentage points, 1.3 percentage points and 7.2 percentage points, respectively, between 2006-2007 and 2012. Although the literacy rate in the estate sector is lagging behind, the disparity between the urban and estate sectors has diminished from around 12 percent in 2006-2007 to 7.4 percent in 2012.

Youth literacy rates in all districts have risen between 2001 and 2012, with Nuwara Eliya, Ampara and Badulla in particular showing a 3 to 6 percentage point increase during this period (figure 2.7). Marginal disparities were observed with Batticaloa recording the lowest youth literacy rate at 94.4 percent followed by Mullaitivu at 96 percent.

Figure 2.7: Literacy Rates among Youth Aged 15 to 24 by District, 2001 and 2012*



*Sources: Department of Census and Statistics 2005; *Census of Population and Housing 2012, Department of Census and Statistics*

Youth Literacy by Gender

Data disaggregated by gender shows that the literacy rate among males aged 15 to 24 rose to 97.3 percent by 2012, while that of females increased to 98.2 percent.

As shown in table 2.5, gender disparity is insignificant in all districts. In fact, the literacy rate among females aged 15 to 24 was higher than the rate for males in all districts, except Kandy where the rate among males is marginally higher. Comparatively, literacy rates among both males and females rose across the districts from 2001 to 2012, with a substantial increase in the Nuwara Eliya and Ampara districts. By contrast, a minute decrease of 0.3 percentage points in the literacy rate among males occurred in Galle and Kurunegala.

Table 2.5: Literacy Rates among Youth Aged 15 to 24 by Gender and District, 2001 and 2012

District	Literacy rates			
	2001		2012*	
	Male	Female	Male	Female
Colombo	94.6	96.2	98.4	98.7
Gampaha	96.7	97.8	98.5	99.0
Kalutara	95.2	96.8	97.9	98.4
Kandy	96.4	96.5	98.0	97.7
Matale	94.3	96.0	96.4	96.6
Nuwara Eliya	92.7	91.0	97.5	98.4
Galle	95.7	96.7	95.4	96.7
Matara	94.9	96.0	97.8	98.5
Hambantota	95.9	97.3	98.1	98.5
Jaffna	-	-	98.3	99.0
Mannar	-	-	98.5	98.8
Vavuniya	-	-	93.6	98.4
Mullaitivu	-	-	98.7	99.3
Kilinochchi	-	-	93.3	95.4
Batticaloa	-	-	97.3	95.4
Ampara	93.1	93.9	97.4	98.2
Trincomalee	-	-	98.5	98.9
Kurunegala	96.1	97.3	95.8	98.0
Puttalam	93.5	94.9	95.8	98.0
Anuradhapura	95.4	96.7	97.2	98.5
Polonnaruwa	94.5	96.0	96.5	97.7
Badulla	93.8	94.0	96.5	97.5
Monaragala	93.8	95.2	96.4	98.0
Ratnapura	93.5	94.6	96.8	97.7
Kegalle	95.1	96.5	96.3	98.5
Sri Lanka	**95.1**	**96**	**97.3**	**98.2**

*Sources: Department of Census and Statistics 2005; *Census of Population and Housing 2012, Department of Census and Statistics.*

In conclusion, Sri Lanka is well on track to achieve MDG 2 on universal primary education. Current trends indicate that it will achieve a 100 percent net primary school enrolment rate, primary school completion ratio and youth literacy rate by 2015. There are only marginal disparities in primary enrolment and youth literacy rates across districts, with narrowing sectoral inequalities.

Despite these achievements, further measures are required particularly to improve the quality of education and enhance its relevance to the labour market. In particular, efforts are needed to minimize disparities in education facilities across and within districts (for example, facilities for science, mathematics and technology), to increase opportunities for tertiary/university education, and to address skills mismatch in the labour market.

Key Challenges and Ways Forward

Enhancing the quality of education: Despite Sri Lanka's achievements in primary school enrolment and completion and youth literacy, the quality of education remains an issue of great concern across all levels, primary, secondary and tertiary. Although the free education policy has been in operation for several decades, disparities in human and physical resources for education occur across districts and sectors. In particular, Type 1AB secondary schools with an A/L science stream are unevenly distributed. Only 27 percent of 2,766 secondary schools offer the A/L science stream. About 72 out of 324 divisions[47] in Sri Lanka are without a single Type 1AB school.[48] The shortage of teachers for subjects such as science, mathematics and English, particularly in rural and remote schools, is another issue that needs to be addressed.

Improving school attendance at secondary and collegiate level: Although the primary completion rate is over 99 percent,[49] and 98 percent of primary school students continue in school until age 14, the percentage declines with increasing age. As discussed in earlier sections, overall, only 86 percent of children aged 15 to 16 are at school, and 60 percent of those aged 17 to 18. The proportion of out-of-school children over age 14 is particularly high in some districts, such as Batticaloa and Polonnaruwa. Measures are needed to address various demand and supply barriers to education. On the demand side, these include household poverty and parents' and children's attitudes towards education, and on the supply side, the uneven distribution of schools, regional disparities in school infrastructure facilities, and problems with teacher deployment and training. The Government expressed its intention to increase the age of compulsory education from 14 to 16 years, and this was recently approved by Parliament and is pending Gazette notification. This would be an important step towards improving attendance in secondary school.

Expanding and improving tertiary education: Only a small share of students who pass the A/L examination can pursue tertiary education in Sri Lanka. This is primarily due to limited admissions in the state universities and few alternative opportunities, such as private universities. Expansion of tertiary education, both in universities and through vocational training, to meet the demand for high-skilled labour is another challenge.

Addressing the skills mismatch: The education system could do more to address the skills mismatch in the labour market, and bridge the gap between education and employment.

The Government has recognized the need to address the challenges noted here: It has identified several policies and strategies in the National Human Resources and Employment Policy for Sri Lanka and the Public Investment Strategy 2014-2016—Unstoppable Sri Lanka 2020.

The 1,000 Schools Program is one of the key strategies to enhance the quality of education. It involves 1,000 secondary schools developing the A/L science stream through technological laboratories. At least three such schools have been planned for each divisional secretariat. To reduce the existing disparities in physical resources and facilities in primary schools, 5,000 feeder primary schools, with all basic facilities, teachers' quarters, etc., will be linked to 1,000 secondary schools.

Various strategies to **strengthen teacher training on subjects such as science, mathematics and English** aim at addressing the existing shortage of teachers for these subjects, particularly in rural areas. **The introduction of the A/L technology stream** in schools, in addition to existing streams like science, Commerce and Arts, is another important recent strategy to enhance the quality and relevance of education, and increase the employability of youth to minimize the skills mismatch in the labour market.

47 Sri Lanka's primary administrative divisions are 25 districts. The districts are subdivided into 324 divisional secretariat divisions.
48 Ministry of Finance and Planning 2014.
49 Ministry of Education 2013.

Digital maps with the locations of all schools by type and covering all regions could be extremely useful to education planners and policy makers, as they could show spatial distribution. The Ministry of Education already has the digital coordinates of schools in most of the regions, under a UNICEF-funded project. If the database on schools generated through the school census, which gives statistical information on students, teachers and school facilities for each and every school, could be linked to the digital map, this could be an additional resource for improvement. It would be most useful if statistics on examination performance could also be linked in, as this will help in monitoring and improving the quality of education at all levels.

The Government has taken several initiatives to expand and strengthen the tertiary education system, vocational training in particular, to meet the demand for skilled labour:[50] Efforts include expanding the University of Vocational Technology to produce 600 National Vocational Qualification Level 7 graduates each year; establishment of 20 public sector university colleges and 5 private sector university colleges to produce 15,000 National Vocational Qualification Level 5 to 6 holders by 2020; upgrading the existing public skills training centres to produce 35,000 National Vocational Qualification Level 1 to 4 holders; and the establishment of industrial sector councils in priority areas like IT/business process outsourcing, construction, tourism, light engineering and manufacturing to identify current labour market trends and align training accordingly.

Furthermore, the National Human Resources and Employment Policy identifies several policies and strategies to help bridge the gap between education and employment, and address the prevailing skills mismatch in the labour market. These include improving and updating curricula at secondary and tertiary levels, introducing English as a medium of instruction at the secondary school level, strengthening linkages between education institutes and industry, and improving career guidance by establishing a national career guidance council and career centres throughout the country.

50 Ministry of Finance and Planning 2014.

MDG

3

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

THERE ARE EQUAL NUMBERS OF
BOYS AND GIRLS GOING TO SCHOOL

The unemployment rate among females is twice that of males.

6.6%
OF WOMEN ARE UNEMPLOYED

3.2%
OF MEN ARE UNEMPLOYED

When looking at groups with equal qualification the disparity remains

10.8% 4.5%

UNEMPLOYMENT AMONGST THOSE WITH AT LEAST ADVANCED LEVEL QUALIFICATIONS

Representation of Women in Parliaments: Sri Lanka - 5.8% South Asia - 17.8% Global - 21.1%

Summary

Sri Lanka has made progress in achieving gender equality at all levels of education. The ratio of girls to boys enrolled has increased at all levels, while it has exceeded the target of 100 percent in secondary schools, indicating a more than proportionate rise in female students compared to that of male students.

Despite progress in education, the share of women in wage employment in the non-agricultural sector has not improved significantly. It has shown only a marginal increase from 30.8 percent in 1993 to 32 percent in 2011.

The proportion of female members of Parliament is very low and has not shown a notable improvement over the past two decades. Sri Lanka's performance with regard to this indicator is among the lowest in South Asia.

Key challenges and ways forward

Further efforts are needed to promote gender equality in the labour market, in particular, to raise the female labour force participation rate and reduce unemployment among women.

It is necessary to encourage more female representation in political processes, so that women who make up half the population are adequately represented.

GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Sri Lanka has made progress in achieving gender equality at all levels of education.

As shown in table 3.1, the ratio of girls to boys enrolled has been steadily increasing at all levels. In primary schools the ratio is 99.4 percent and it would be difficult to reach 100 percent since there are around 1,040 male births per 1,000 female births in Sri Lanka. In secondary schools, the ratio has exceeded the target of 100 percent, indicating a more than proportionate rise in female students compared to that of male students. But there has been no significant improvement in the share of women in wage employment in the non-agricultural sector or in the proportion of seats held by women in national parliament since the 1990s.

Target 3A—Eliminate gender disparity in primary and secondary education, preferably by 2005 and in all levels of education no later than 2015.

Table 3.1: Progress and Status of Indicators under Target 3A since 1995

3.1 Ratio of girls to boys (number of girls per 100 boys) enrolled in :	1995	2002	2006	2012	2015 target	Status of indicator
Primary	94.2	94.6	99.0	99.4	100	"Achieved"
Lower secondary	91.2	94.8	105.7	102.6	100	"Achieved"
Upper secondary	107.7	101.8				
Tertiary	75.4	113.8	n.a.	n.a.	100	"Achieved"
3.2 Share of women in wage employment in the non-agricultural sector (%)	30.8 (1993)	32.8 (2001)	32.2 (2007)	32.0 (2011)	No target	Need to increase
3.3 Proportion of seats held by women in the national parliament (%)	5.8 (1989-1994)	4.2 (2000-2004)	5.8 (2004-2007)	6.8 (2010-2014)	No target	Need to increase

Sources: IPS 2010b; Census of Population and Housing 2012, Labour Force Survey 2011, Department of Census and Statistics.

Sri Lanka's performance on the three gender equality indicators compared to South Asian counterparts is illustrated in table 3.2. In education and wage employment, Sri Lanka is noteworthy for the region, but progress on parliamentary representation lags far behind that in most of its neighbours.

Table 3.2: Sri Lanka's Progress on MDG 3—An International Comparison

	3.1 Ratio of girls to boys in education						3.2 Share of women in wage employment in the non-agricultural sector (%)			3.3 Proportion of seats held by women in the national parliament		
	Primary		Secondary		Tertiary							
	1991	2011	1991	2011	1991	2011	1990	2000	2010	1990	2000	2013
Bangladesh			0.94 (1994)	1.17	0.49 (1999)	0.7	20.2	24.7	18.3	10.3	9.1	19.7
Bhutan	0.76 (1993)	1.01 (2012)	0.78 (1998)	1.05 (2012)	0.58 (1999)	0.68			31.4 (2009)	2.0	2.0	8.5
India	0.76	1.00 (2012)	0.63 (1993)	0.92 (2010)	0.54	0.73 (2010)	12.7	16.6	19.3	5.0	9.0	11.0
Maldives	1.00 (1992)	0.98	1.04 (1994)	1.13 (2004)	2.29 (2003)	1.13 (2008)	15.8	40.6	40.5	6.3	6.0 (2001)	6.5
Nepal	0.63	0.86 (2002)	0.46	0.89 (2006)	0.33	0.60 (2006)	15.1 (1999)	14.0 (2001)		6.1	5.9	33.2
Sri Lanka	0.96	0.99	1.09	1.04	0.48	1.83	30.2 (1997)	30.2	31.0	4.9	4.9	5.8

Source: Asian Development Bank 2013 and www.parliament.lk.

Indicator 3.1: Ratio of girls to boys at different education levels

Figure 3.1 reveals that the ratio of girls to boys at primary level has reached nearly 100 percent while the ratio at the secondary level climbed to 102.6 percent in 2012, meaning more girls than boys enrolled in secondary schools.

Figure 3.1: Ratio of Girls to Boys in Primary and Secondary Education by Sector, 1996 and 2012

Sources: IPS 2010b; Census of Population and Housing 2012, Department of Census and Statistics.

The primary education ratio has reached nearly 100 percent in the urban, rural and estate sectors, while the secondary education ratio has exceeded the target of 100 percent in the rural and urban sectors. In the estate sector, the secondary education ratio was around 97.5 percent in 2012. Disparities across sectors are less pronounced at the primary than the secondary level.

High-level gender parity in primary and secondary enrolment rates occurs across all districts (figure 3.2). At the primary level, Nuwara Eliya, Matara, Jaffna, Trincomalee, Puttalam, Anuradhapura, Monaragala and Ratnapura have exceeded the 100 percent target while all other districts have recorded a ratio over 95 percent. At the secondary level, most districts have exceeded the 100 percent target.

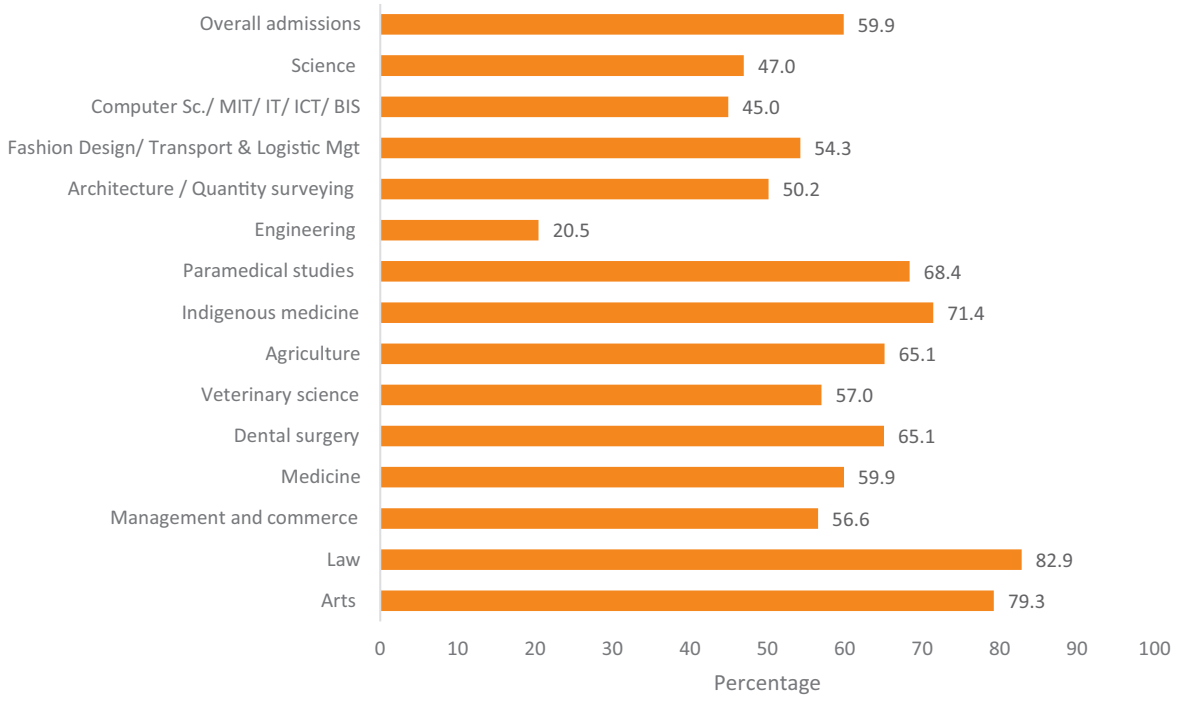
Figure 3.2: Ratio of Girls to Boys in Primary and Secondary Education by District, 2012

	3.1 Ratio of girls to boys in education						3.2 Share of women in wage employment in the non-agricultural sector (%)			3.3 Proportion of seats held by women in the national parliament		
	Primary		Secondary		Tertiary							
	1991	2011	1991	2011	1991	2011	1990	2000	2010	1990	2000	2013
Bangladesh			0.94 (1994)	1.17	0.49 (1999)	0.7	20.2	24.7	18.3	10.3	9.1	19.7
Bhutan	0.76 (1993)	1.01 (2012)	0.78 (1998)	1.05 (2012)	0.58 (1999)	0.68			31.4 (2009)	2.0	2.0	8.5
India	0.76	1.00 (2012)	0.63 (1993)	0.92 (2010)	0.54	0.73 (2010)	12.7	16.6	19.3	5.0	9.0	11.0
Maldives	1.00 (1992)	0.98	1.04 (1994)	1.13 (2004)	2.29 (2003)	1.13 (2008)	15.8	40.6	40.5	6.3	6.0 (2001)	6.5
Nepal	0.63	0.86 (2002)	0.46	0.89 (2006)	0.33	0.60 (2006)	15.1 (1999)	14.0 (2001)		6.1	5.9	33.2
Sri Lanka	0.96	0.99	1.09	1.04	0.48	1.83	30.2 (1997)	30.2	31.0	4.9	4.9	5.8

Source: Census of Population and Housing 2012, Department of Census and Statistics.

Available data indicates slightly more female than male students enrolled in universities. As shown in figure 3.3, the share of female students entering state universities for undergraduate programmes was almost 60 percent in 2010-2011. As shown in figure 3.3, in academic streams such as Arts, Law and Indigenous Medicine, female students account for about 70 to 80 percent of total admissions. However, there are far fewer women in streams such as Engineering, however, where they account for only around 20 percent of students.

Figure 3.3: Female Share of University Admissions by Academic Stream, 2010-2011



Source: University Grants Commission, Sri Lanka University Statistics, 2011.

Indicator 3.2: Share of women in wage employment in the non-agricultural sector

Despite progress in education, the share of women in wage employment in the non-agricultural sector has not improved significantly since 1993 (table 3.3). It has shown only a marginal increase from 30.8 percent in 1993 to 32 percent in 2011. Sectoral breakdowns also show only minor increases, and sectoral disparities are minimal. The urban sector had the highest share at 33.7 percent in 2011, while the estate sector had the lowest share at 30.8 percent. Disparities are more prominent across provinces and districts (tables 3.3 and 3.4). For instance, Sabaragamuwa Province had a nearly 35 percent share, but the Eastern Province had attained only 23.6 percent. There have not been any significant changes over the past two decades at the provincial level except in the North Central Province, with a decrease from 39.3 percent in 1993 to 29.7 percent in 2011, and Sabaragamuwa Province, with an increase from 29.2 percent in 1993 to 34.9 percent in 2011.

At the district level, Nuwara Eliya has recorded the highest share at 41.4 percent, followed by Kegalle at 39.6 percent, while Ampara has the lowest share at 24.5 percent. Nuwara Eliya, Kegalle and Matale have had significant increases between 1993 and 2011. In Anuradhapura, the share fell from 41.4 percent in 1993 to 29.2 percent in 2011. Other districts seem to have had only small-scale shifts (table 3.4).

Differences across provinces and districts can be mostly explained by the extent of agriculture. The contribution of agriculture to provincial GDP is higher in the Uva, Northern and North Central provinces, for example, which have relatively lower shares of women in wage employment in the non-agricultural sector (table 3.5).

Table 3.3: Share of Women in Wage Employment in the Non-Agricultural Sector by Sector and Province, 1993-2011

	1993	2001	2006	2011
Sri Lanka	30.8	32.8	32.2	32.0
Sector				
Urban	31	33.7	33.9	33.7
Rural	30.3	32.6	32.2	31.9
Estate	30.9	30.5	20.3	30.8
Province				
Western	30.8	34.6	33.1	33.8
Central	29.9	30.6	29.3	32.6
Southern	35	32.9	30.6	33.9
Northern	-	-	-	28.4
Eastern	-	-	-	23.6
North Western	27.6	31.1	36.7	31.8
North Central	39.3	26.7	31.1	29.7
Uva	27.2	29.4	28.8	29.7
Sabaragamuwa	29.2	31.8	29.5	34.9

Source: Labour Force Survey 2011, Department of Census and Statistics.

Table 3.4: Share of Women in Wage Employment in the Non-Agricultural Sector by District, 1993-2011

District	1993	2001	2006	2011
Colombo	31.9	33.6	34.5	35.1
Gampaha	29.7	36.6	32.6	33.0
Kalutara	30.1	32.0	30.5	32.3
Kandy	30.7	29.4	30.4	30.7
Matale	23.7	29.9	26.0	31.9
Nuwara Eliya	32.3	35.4	28.3	41.4
Galle	29.3	32.2	29.8	31.9
Matara	41.2	33.1	29.1	35.9
Hambantota	47.5	34.7	34.4	35.3
Ampara	-	18.6	-	24.5
Kurunegala	28.6	32.1	39.1	30.9
Puttalam	25.8	29.0	31.5	33.4
Anuradhapura	41.4	27.1	30.7	29.2
Polonnaruwa	33.9	25.7	31.8	30.4
Badulla	26.7	30.0	29.8	28.5
Monaragala	28.7	28.0	27.1	32.6
Ratnapura	30.9	30.2	26.8	30.6
Kegalle	27.5	33.3	32.0	39.6

Source: Labour Force Survey 2011, Department of Census and Statistics.

Table 3.5: Share of Agriculture in Provincial GDP, 2009 to 2011

Year	Western	Central	Southern	Northern	Eastern	North Western	North Central	Uva	Sabaragamuwa	Sri Lanka
2009	2.8	19.2	17.3	18.3	22.9	18.8	30.7	30.7	19.9	12.7
2010	3.0	18.1	16.7	16.3	22.1	18.2	29.0	32.5	22.2	12.8
2011	3.2	17.6	15.4	24.2	16.2	17.0	23.3	30.1	21.0	12.1

Source: Central Bank Press Release 2011.

Key Challenges and Ways Forward

Although Sri Lanka has made significant progress in achieving gender equality at all levels of education, further efforts are required to raise the share of females in wage employment in the non-agricultural sector.

Increasing the labour force participation rate among females to be on par with the rate for males poses a great challenge. The female rate remained at around 30 percent to 35 percent over the past decade. By 2012, it had fallen to 29.9 percent, less than half the rate for males at 66.8 percent. This holds across all age groups. The **unemployment rate among females is twice that of males,** especially where women have A/L qualifications or higher—10.8 percent compared to 4.5 percent.

In the public sector, women have more employment opportunities, which is encouraging. In the state, provincial and semi-government sectors, more than 40 percent of the employees are women, as are almost 60 percent of provincial public sector employees.

The National Employment and Human Resources Policy of Sri Lanka has identified several measures to improve female labour force participation and employment. These include encouragement of more flexible work arrangements, such as part-time work; provision of incentives for well-monitored crèches for young children and day-care centres for the elderly; investment in training women for higher skilled occupations such as in the information technology sector, nursing and the hospitality industry; promotion of women's entrepreneurship development, including enhanced access to credit, technology, business knowledge and markets; maintenance of a secure environment for women to travel safely to and from work; and encouragement of attitudinal changes to prevent gender discrimination in workplaces and foster equitable sharing of the burden of care and household chores between men and women.

Female representation in Parliament has remained low throughout the period of the MDGs. Focused interventions need to promote women leaders, so that women, who make up half the population are adequately represented in the national legislature. Evidence suggests that women who participate directly in decision making bodies press for different priorities than those emphasized by men. Women are often more active in supporting laws benefiting women, children, and families. The likelihood that women will promote such laws rises when there is a critical mass of women leaders and when there are mechanisms to institutionalize collective action such as women's caucuses or multiparty women's alliances.[51]

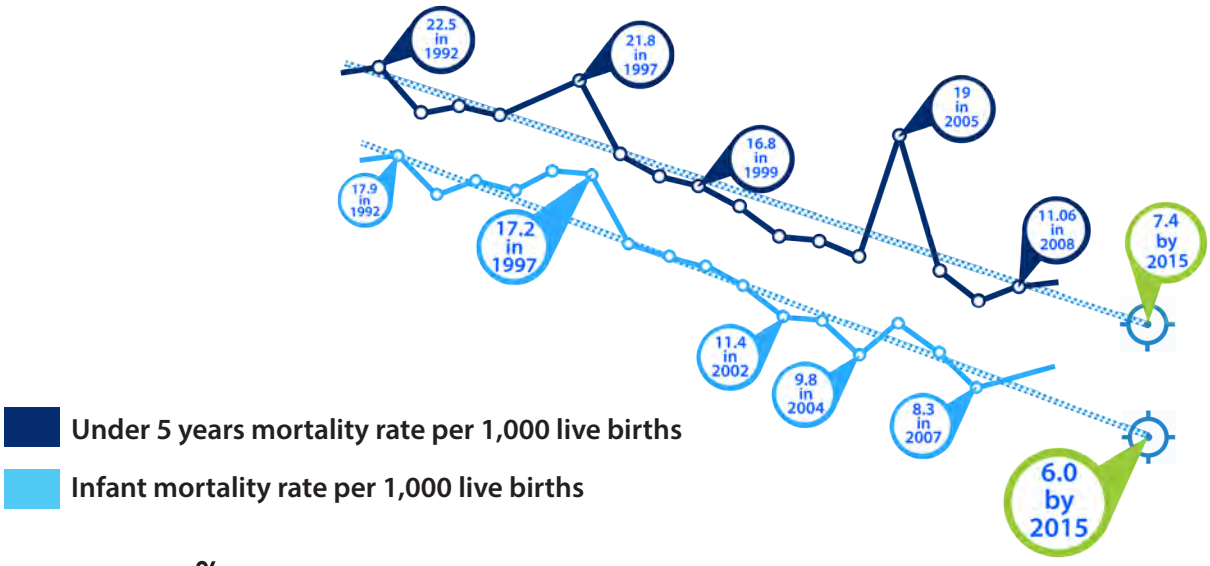
51 UN Millennium Project Task Force (2005)

MDG

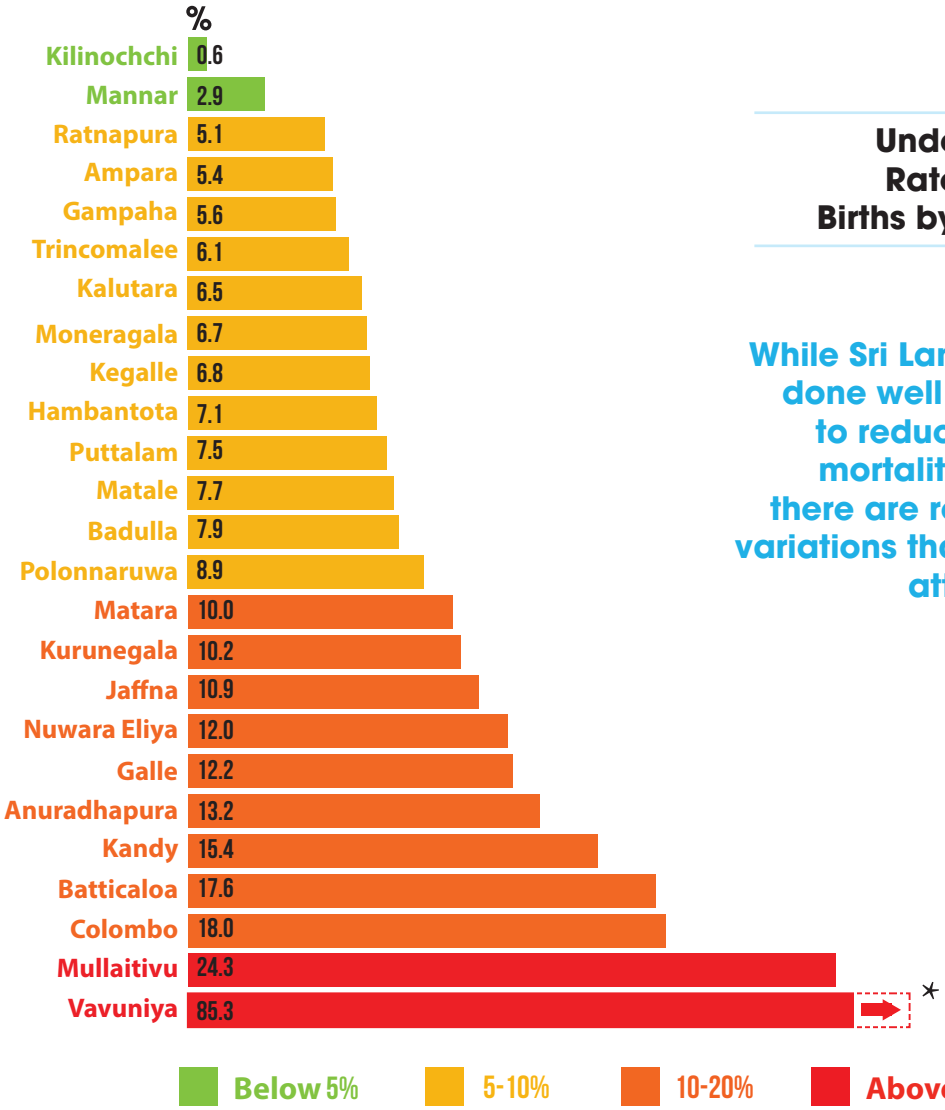
4

REDUCE CHILD MORTALITY

Sri Lanka has successfully reduced both the infant (under 1 year) and under 5 child mortality rates, and if these trends continue - the MDG targets for both will be reached by 2015.



Under-Five Mortality Rate per 1,000 Live Births by District (2009)



While Sri Lanka has done well overall to reduce child mortality rates, there are regional variations that need attention.

**Note: The high rate for Vavuniya is attributed to the influx of displaced persons in 2009*

Summary

Over the last few decades, Sri Lanka has been remarkably successful in moving towards the target of reducing the under-five mortality rate by two-thirds. It has declined from 22.2 deaths per 1,000 live births in 1991 to 11.3 in 2009. If the trend continues, Sri Lanka is expected to achieve the required target by 2014. Regional disparities require the continued attention of health authorities, however.

The infant mortality rate declined from 17.7 deaths per 1,000 live births in 1991 to 9.4 in 2009, and the country is on track to meet the target of reducing the rate by two-thirds by 2015. Then again regional variations persist. According to the Family Health Bureau, 70.3 percent and 75.1 percent of infant deaths in 2009 and 2010, respectively, occurred during the neonatal period, or the first 28 days after birth. Congenital abnormalities and prematurity were the main causes of infant deaths in 2010.

The proportion of one-year-old children immunized against measles increased from 95.5 percent in 1993 to 99 percent in 2011, but fell to 95 percent in 2012. This is a concern attributed primarily to adverse publicity around the immunization programme at that time.

Key challenges and ways forward

The significant improvements in the health of Sri Lankans following independence were not purely due to the efforts of the health sector, and investments in the public health system and service coverage. Improvements also stemmed from public policies that fostered rising levels of literacy and educational attainment, better living conditions, food security, and other advances in human well-being.

Even though aggregated national data for maternal and child health depicts a positive picture, disaggregated data confirm some regions and districts lag behind. In the post-2015 development era, special attention should be paid to these. Further, national indicators related to child mortality and maternal health, especially the rates of under-five, infant and maternal mortality, have stagnated in recent years. Targeted interventions, for example, to specifically address infant deaths occurring during the neonatal period, are needed to secure ongoing improvements.

GOAL 4: REDUCE CHILD MORTALITY

Over the last few decades, Sri Lanka has been remarkably successful in moving towards achieving the target of reducing the under-five mortality rate by two-thirds.

In fact, Sri Lanka is on track to achieve targets for all three indicators under Goal 4 (table 4.1).

Target 4A: Reduce by two–thirds, between 1990 and 2015, the under-five mortality rate

Table 4.1: Sri Lanka's Progress in Reducing Child Mortality

Indicator	1991	2006	Latest	2015 target	Status at glance
4.1 Under-five mortality rate	22.2	12.0	11.3 (2009)	8.0	**"On Track"**
4.2 Infant mortality rate	17.7	10.0	9.4 (2009)	6.0	**"On Track"**
4.3 Proportion of one-year-old children immunized against measles	95.5 (1993)	97.9 (2006-2007)	95.0[52] (2012)	100	**"On Track"**

Sources: Department of Census and Statistics 2008; Registrar General's Department, Department of Census and Statistics and Ministry of Healthcare and Nutrition 2009; Epidemiology Unit, Ministry of Health.

Table 4.2: Where Sri Lanka Stands: An International Comparison

Country/region/income category	Under-five mortality rate (probability of dying by age one per 1,000 live births), 2011	Infant mortality rate (probability of dying by age five per 1,000 live births)	Proportion of one-year-old children immunized against measles (%)
Singapore	3	2	95
Malaysia	7	6	95
Republic of Korea	5	4	99
China	15	13	99
Thailand	12	11	98
Philippines	25	20	79
Indonesia	32	25	89
Maldives	11	9	96
India	61	47	74
Pakistan	72	59	80
Bangladesh	46	37	96
Nepal	48	39	88
Myanmar	62	48	99
Sri Lanka	**12**	**11**	**99**
South-east Asia	55	42	79
Lower middle income	62	46	78
Global	51	37	84

Source: WHO 2013.

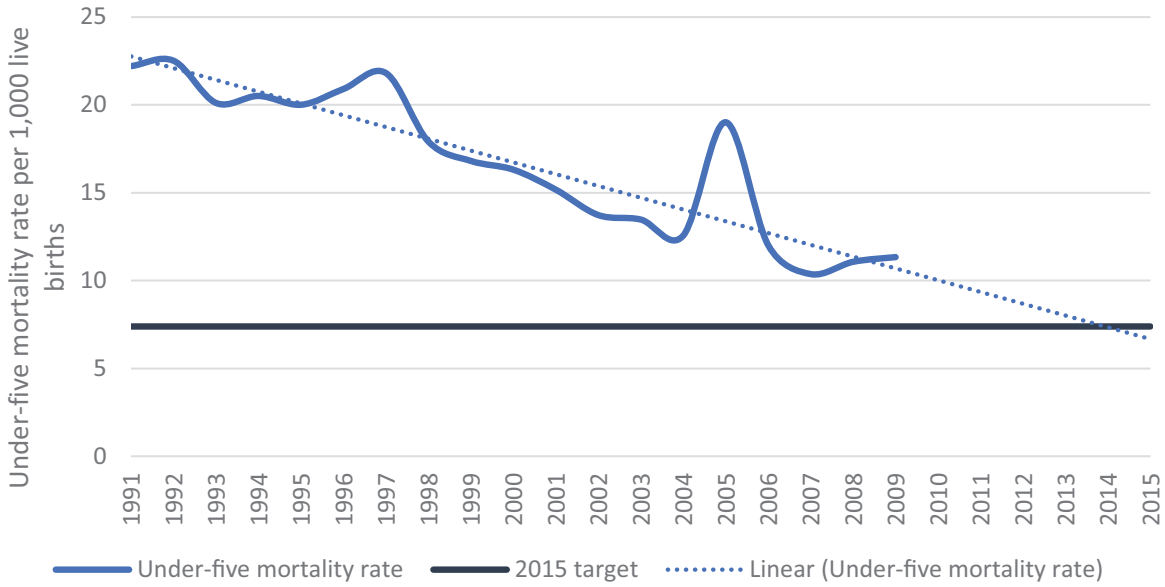
52 There was a slight reduction of measles immunization coverage from 99 percent in 2011 to 95 percent in 2012, which was attributed to adverse publicity related to the immunization programme.

Indicator 4.1: Under-five mortality rate

If the present downward trend in under-five child mortality continues, Sri Lanka will achieve the target of reducing it by two-thirds nationally before 2015.

The under-five mortality rate is defined as the probability of a child born in a specific year dying before reaching the age of five, if subject to current age-specific mortality rates.[53] The decrease in the rate from 1991 reflects the favourable social, economic and environmental conditions in which children live.[54] It also reflects improved health care services in terms of availability, access and quality. In 1991, the official under-five mortality rate for Sri Lanka was 22.2 deaths per 1,000 live births, which fell to 11.3 by 2009. In some years during this period, progress was off track, such as in 1995-1996, 2004-2005 and 2008-2009 (figure 4.1). Nonetheless, Sri Lanka remains on track to achieve the target by 2014.

Figure 4.1: Under-five Mortality Rate against the 2015 Target



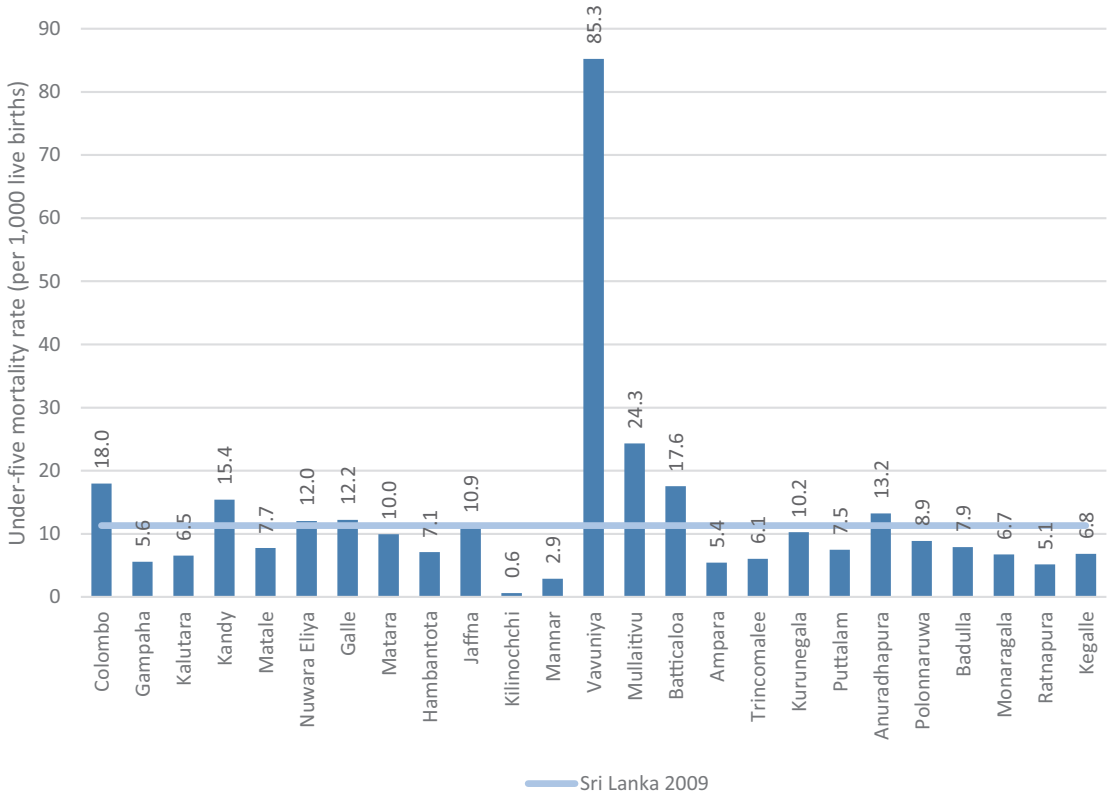
Source: Registrar General's Department.

District variations in the under-five mortality rate

Regardless of progress made, regional variations remain significant. For example, the Vavuniya district has an under-five mortality rate of 85.3, much higher than the country average. The Mullaitivu, Colombo, Batticaloa and Kandy districts also had much higher values. Figures are marginally higher for Anuradhapura, Galle and Nuwara Eliya (figure 4.2). The very high rate for Vavuniya is attributed to the influx of displaced persons in May 2009, after the end of the conflict.[55]

53 United Nations 2013.
54 Ibid.
55 Personal communication with Registrar General's Department official.

Figure 4.2: Under-Five Mortality Rate by District, 2009



Source: Registrar General's Department.

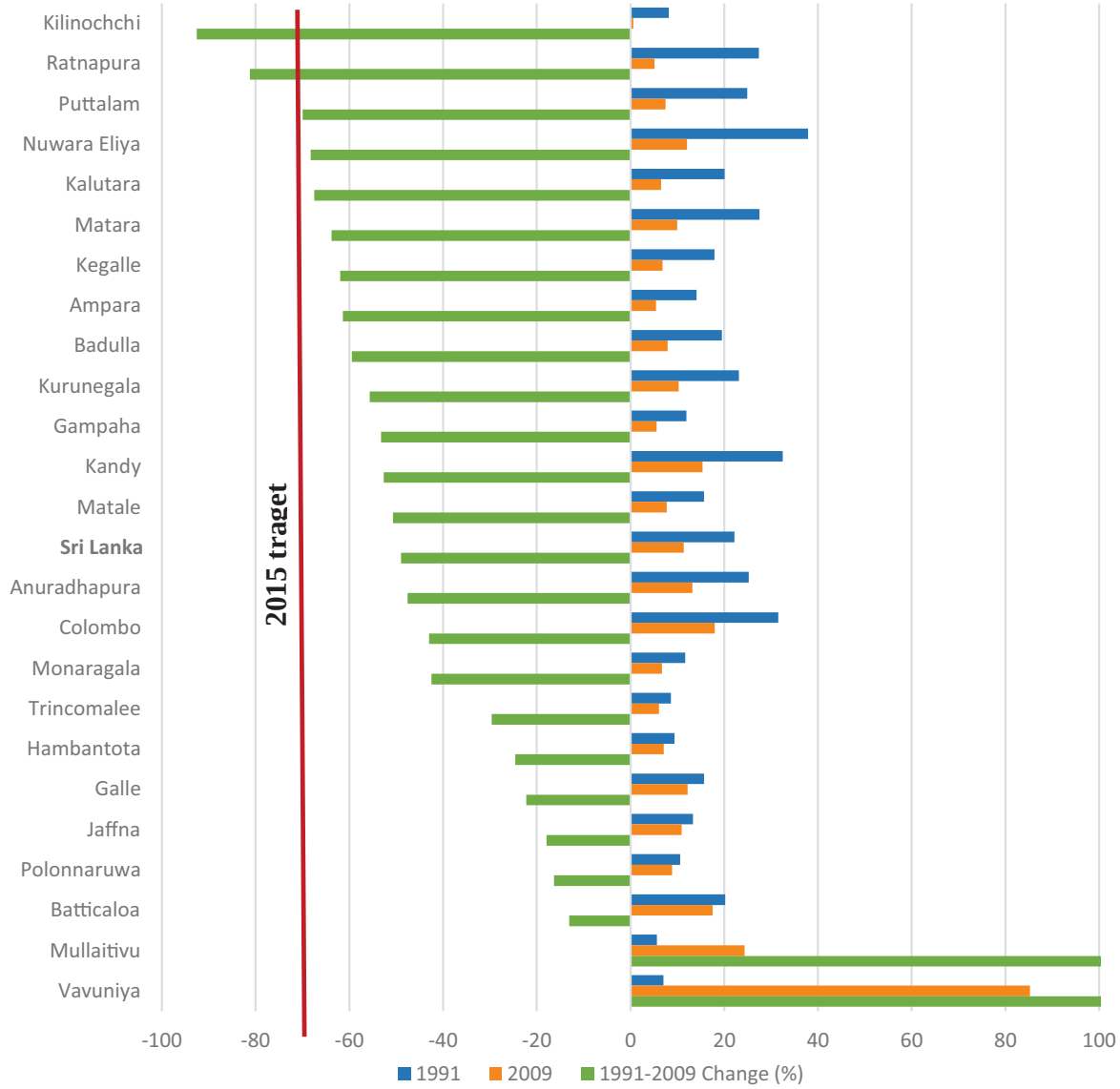
Congenital abnormalities were the main cause of one-to-four year old mortality in 2010, at 39 percent, followed by accidents at 22 percent,[56] while 12 percent were due to respiratory diseases.

By 2009, only a few districts had the potential to reach the under-five mortality target (figure 4.3). The situation in Vavuniya and Mullaitivu had unfortunately deteriorated since 1991. In conflict-affected northern districts, however, 2009 data may be somewhat misleading. The conflict reached its climax in early 2009, and there was a huge influx of displaced persons to the Vavuniya district, which would have temporarily distorted the data. More recent data would give a better picture of the actual situation now that things have normalized.

Apart from the conflict-affected areas in the northern and eastern parts of the country, the progress made by Polonnaruwa, Galle, Hambantota, Monaragala, Colombo and Anuradhapura is also below average national progress from 1991 to 2009.[57] Ratnapura, Puttalam, Nuwara Eliya and Kalutara districts reached their target by 2009, six years before 2015. However, it is important to note that mortality is reported according to the place of occurrence. Hence, high mortality rates observed in districts with Neonatal Intensive Care facilities such as Colombo, Kandy, Galle, Jaffna and Anuradhapura, have to be viewed with caution.

56 Family Health Bureau 2012.
57 IPS 2010.

Figure 4.3: Under-Five Mortality Rates by District (per 1,000 live births)



Source: Registrar General's Department.

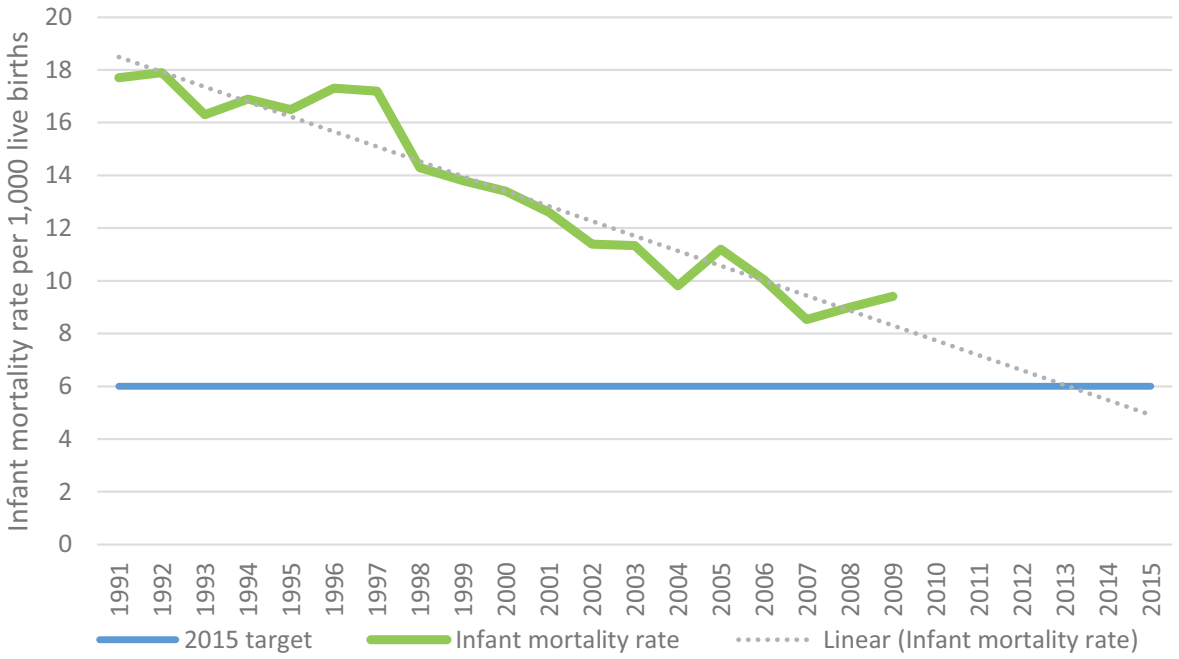
Indicator 4.2: Infant mortality rate

The infant mortality rate declined from 17.7 deaths per 1,000 live births in 1991 to 9.4 in 2009, at the national level, putting Sri Lanka on track to meet the 2015 target (figure 4.4). Regional disparities are concerning.

The infant mortality rate is defined as the probability that a child born in a specific year will die before reaching the age of one, if subject to current age-specific mortality rates.[58] The infant mortality rate is expressed in terms of deaths per 1,000 live births. Similar to the under-five mortality rate, Sri Lanka has been able to reduce the infant mortality rate due to a combination of favourable social, economic and environmental conditions. There has also been focused attention by the health sector on reducing national mortality, with for example, improvements in advanced neonatal care in order to avoid preventable deaths.

58 United Nations 2013.

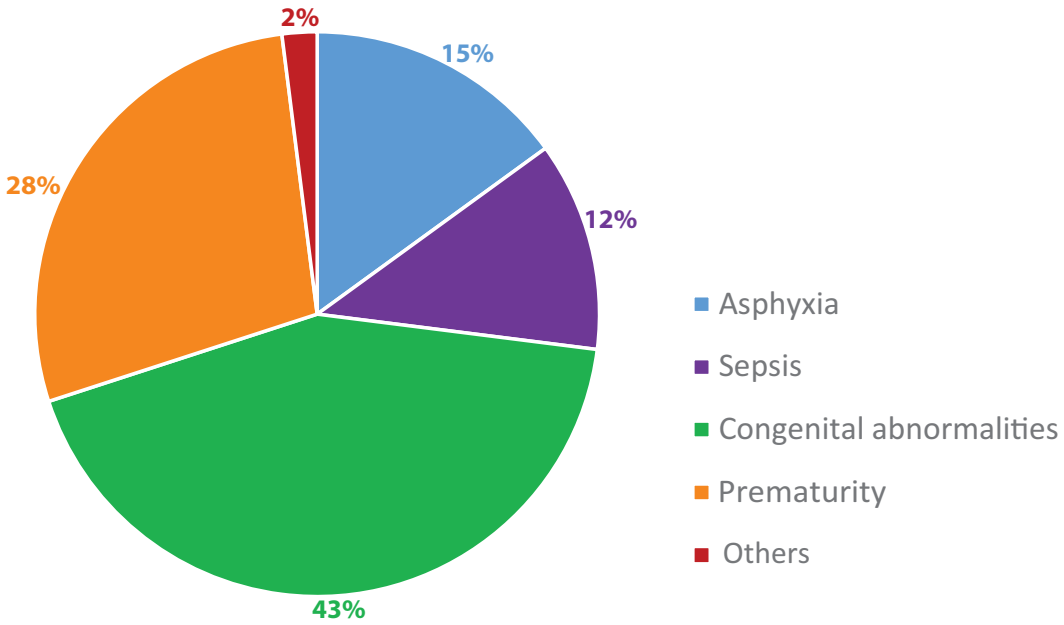
Figure 4.4: Infant Mortality Rate, 1991-2009



Source: Registrar General's Department

According to the Family Health Bureau, 70.3 percent and 75.1 percent of infant deaths in 2009 and 2010, respectively, occurred during the neonatal period, defined as the first 28 days after a live birth.[59] Congenital abnormalities and prematurity were the main causes of infant deaths in 2010 (figure 4.5).

Figure 4.5: Percentage Distribution of Causes of Infant Deaths, 2010

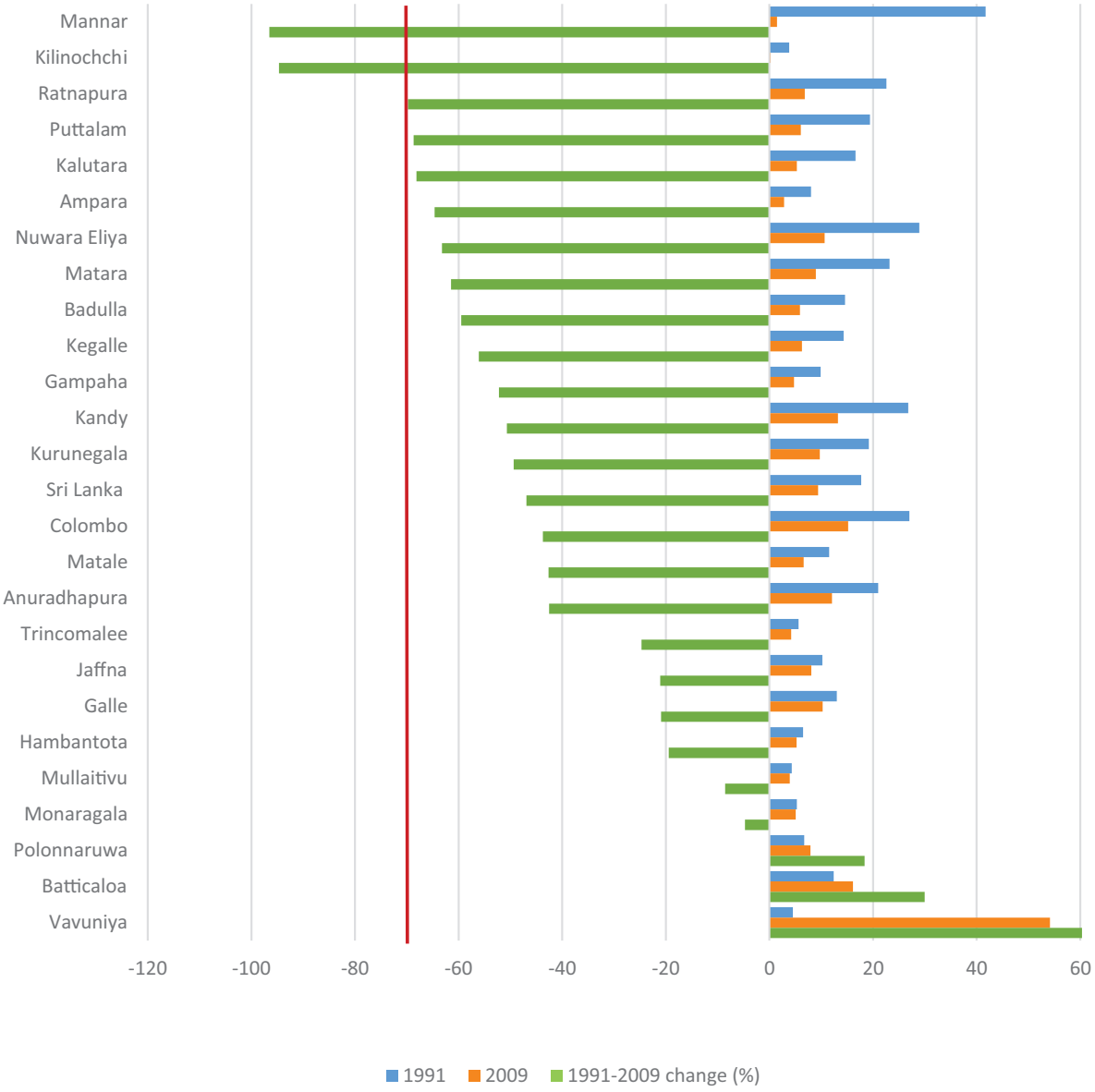


Source: Registrar General's Department

59 Family Health Bureau 2012.

Districts vary in achieving the 2015 target for indicator 4.2 (figure 4.6).

Figure 4.6: Infant Mortality Rate by District, 1991 to 2009 (per 1,000 live births)



Source: Registrar General's Department

Indicator 4.3: Proportion of one-year-old children immunized against measles

The proportion of one-year-old children immunized against measles increased from 95.5 percent in 1993 to 99 percent in 2011, but declined slightly to 95 percent in 2012.

Immunization has been recognized as an essential component in reducing under-five mortality.[60] In many developing countries, immunization against measles and diphtheria, pertussis (whooping cough) and tetanus (DPT) are subsidized as part of basic health coverage.[61] According to Sri Lanka's national immunization schedule, approved by the National Advisory Committee on Communicable Diseases in 2011, a child should be given a BCG vaccine against tuberculosis within 24 hours of birth; three doses of 'penta' vaccine against diphtheria, pertussis,

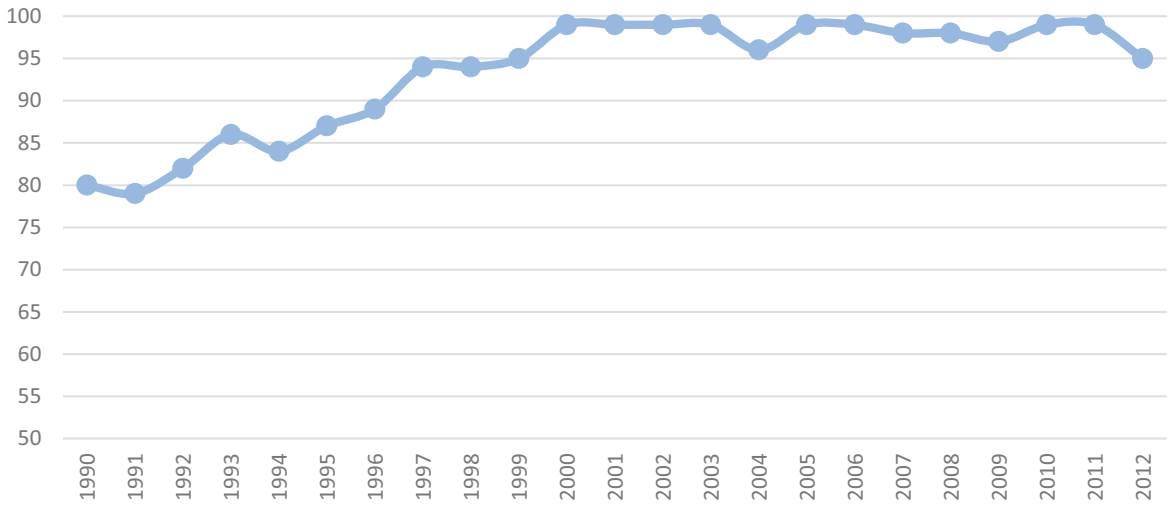
60 United Nations 2013.
61 Ibid.

tetanus, hepatitis B and haemophilus influenzae type B; three doses of polio vaccine; one dose of live Japanese encephalitis vaccine; and the first dose of the mumps, measles and rubella vaccine by 12 months.[62]

Measles is one of the leading causes of death among young children even though a safe and cost-effective vaccine is available. The cost of protecting a child against measles is estimated to be less than US$1.[63] The World Health Organization (WHO) estimates that globally, 158,000 deaths occurred due to measles in 2011; more than 95 percent of these occurred in low-income countries with weak health care infrastructure.[64] In 2012, about 84 percent of the world's children were vaccinated with the first dose of measles vaccine by their first birthday[65].

Sri Lanka has almost achieved universal measles immunization (figure 4.7), partly due to the expanded programme on immunization introduced in 1978, which has achieved impressive results in reducing preventable diseases. A passive surveillance system of adverse events following immunization[66] was started in 1996 to strengthen safety aspects related to vaccines, and since then the system has improved significantly.[67] The slight reduction of measles immunization coverage from 99 percent in 2011 to 95 percent in 2012 can be attributed to adverse publicity regarding the immunization programme.

Figure 4.7: Proportion of One-Year-Old Children Immunized Against Measles, 1990 to 2012

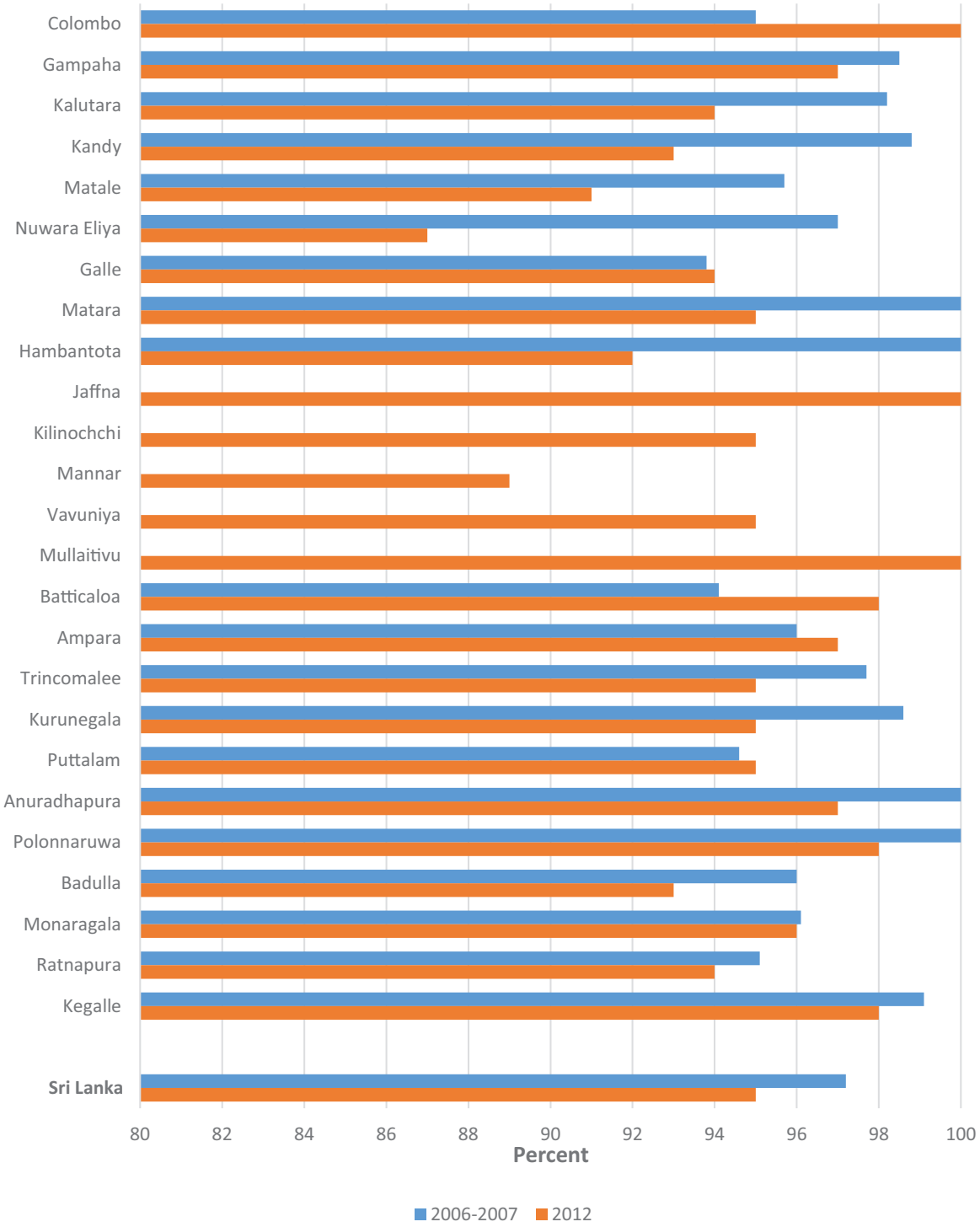


Sources: United Nations 2013; Epidemiology Unit, Ministry of Health.

62 Epidemiology Unit 2013.
63 IPS 2010; IPS and UNDP 2008-2009
64 WHO 2013.
65 WHO 2014.
66 Adverse events following immunization are defined as any untoward medical occurrence after immunization that does not necessarily have a causal relationship with the usage of the vaccine. The adverse event may be any unfavourable or unintended sign, abnormal laboratory finding, symptom or disease.
67 Epidemiology Unit 2012.

Geographical variations in measles immunization coverage in 2012 continued, despite the national average of 95 percent (figure 4.8). Coverage in Nuwara Eliya, Mannar, Matale and Hambantota was markedly lower than the national average, at 87 percent, 89 percent, 91 percent and 92 percent, respectively.

Figure 4.8: Proportion of One-Year-Old Children Immunized Against Measles by District



Sources: Demographic and Health Survey 2006-2007, Department of Census and Statistics; Epidemiology Unit, Ministry of Health 2012.

Key Challenges and Ways Forward

The significant improvements in the health of Sri Lankans following independence were not purely due to the efforts of the health sector, and investments in the public health system and service coverage. Improvements also stemmed from public policies that fostered rising levels of literacy and educational attainment, better living conditions, food security, and other advances in human well-being.

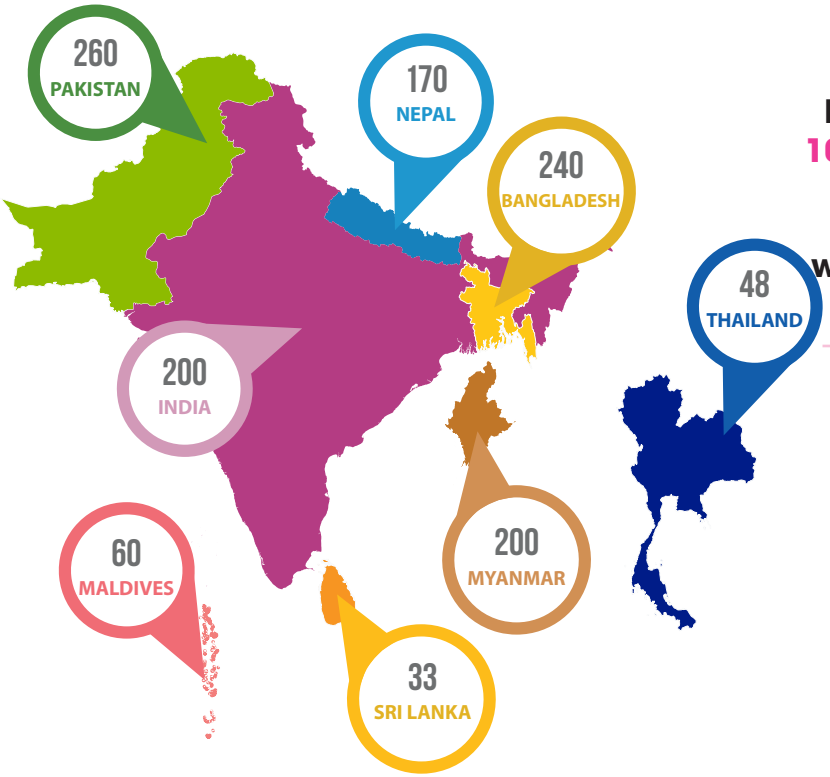
Even though aggregated national data for maternal and child health depicts a positive picture, **disaggregated data confirm some regions and districts lag behind.** In the post-2015 development era, special attention should be paid to these. Further, national indicators related to child mortality and maternal health, especially the rates of under-five, infant and maternal mortality, have stagnated in recent years. **Targeted interventions, for example, to specifically address infant deaths occurring during the neonatal period, are needed to secure ongoing improvements. Although almost all deliveries occur in hospitals, there are opportunities to improve the quality of care at the time of delivery. For example, guidelines and quality assurance systems can be introduced that more quickly trigger high impact interventions.**

In Sri Lanka, maternal and child health issues have been addressed as a holistic endeavour for many years. Additional recommendations and policy interventions, relevant to Goal 4, can therefore also be found in the discussion on Goal 5, on improving maternal health.

MDG

5

IMPROVE MATERNAL HEALTH



Maternal mortality rates per 100,000 live births have fallen from close to 100 in 1990, to 33 in 2010. This is an impressive reduction, especially when taking into account regional performance.

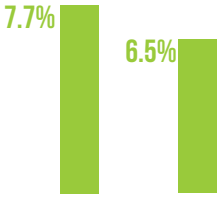
99.8%

In 2010 99.8% of births took place in the presence of skilled health workers

6.5%

OF TEENAGERS HAVE EITHER GIVEN BIRTH OR TURNED PREGNANT BEFORE THEIR 19TH BIRTHDAY

HOWEVER, THE TREND IS DOWNWARDS BETWEEN 2007 TO 2010



Summary

According to the Family Health Bureau of the Ministry of Health the maternal mortality ratio has declined from 92 deaths per 100,000 live births in 1990 to 33.3 in 2010. **The target of reducing the ratio by three-quarters will likely be met by 2015. Continued vigilance of health authorities will be essential, however.**

The proportion of births attended by skilled birth attendants was 98.8 percent in 2010 and therefore almost at the level of the target: Virtually all births in Sri Lanka involve institutional deliveries, and doctors attend more than 70 percent of deliveries.[68]

Key challenges and way forward

According to the Family Health Bureau, obstetric haemorrhages, hypertensive disorders and septic abortions were the leading direct causes for maternal deaths, while cardiovascular diseases remained as the main indirect cause. Any further reduction in maternal mortality will depend largely on reduction of those causes. It will be also necessary to continuously monitor the progress of ongoing maternal health programmes in order to sustain and improve upon what has been already achieved.

68 Demographic and Health Survey 2006-2007, Department of Census and Statistics.

GOAL 5: IMPROVE MATERNAL HEALTH

Sri Lanka has come a long way in improving maternal health. Data from both the Registrar General's Department and the Family Health Bureau show the maternal mortality rate declining close to the target level. The gradual decrease in the rate reflects improvements in health care, and targeted interventions to improve the nutritional status of pregnant women. An is also greatly impacted by the fact that medical professionals attend 99.8 percent of births (table 5.1).

Target 5A-Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Target 5B-Achieve, by 2015, universal access to reproductive health

Table 5.1: Progress and Status of Indicators Under Target 5A and 5B since 1990

Target 5A—Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Indicator		1990	2006	Latest	2015 target	Status of indicator
5.1 Reduce by tree-quarter, between 1990 and 2015, the mortality ratio (deaths per 100,000 live births)	Registrar General's Department estimate	42.0 (1991)	14.2	7.4 (2009)	10.6	**"Achieved"**
	Family Health Bureau estimate	92.0	38.9	33.3 (2010)	23.0	**"On Track"**
5.2 Proportion of births attended by skilled birth attendants (%)		94.1 (1993)	98.6 (2006-2007)	99.8 (2010)	100	**"Achieved"**

Target 5B—Achieve, by 2015, universal access to reproductive health

Indicator	1990	2006	Latest	2015 target	Status of indicator
5.3 Contraceptive prevalence (%)	66.1 (1993)	68.4 (2006-2007)	64.2* (2010)	No target	Need to Increase
5.4 Adolescent birth rate (%)	-	7.7** (2007)	6.5** (2010)	Minimize	Need to reduce
5.5 Antenatal coverage	-				"**On Track**". No data to monitor the progress after 2006/07
At least one visit		95.8 (2006/07)	95.8 (2006/07)	100	
At least four visits		92.5 (2006/07)	92.5 (2006/07)	100	
5.6 Unmet need for Family planning (%)	-	7.3*** (2006-2007)	8.0**** (2010)	Minimize	Need to reduce

** All methods, % of eligible families*
*** % of mothers less than 20 years old registered out of total registered pregnancies*
**** Percentage of currently married women age 15-49 with an unmet need for family planning*
*****The presence of sexually active couples who are not expecting a child in the next two years and yet are not practising any family planning method*

Sources: Department of Census and Statistics (2009a and 2009c)
Family Health Bureau 2009, 2012.

Data in table 5.2 affirm that Sri Lanka's performances on indicators related to Goal 5 are remarkably higher than most of the countries in South Asia and on par with countries' with more advanced economies.

Table 5.2: Maternal Health, an International Comparison

Country/ region/income category	Maternal mortality ratio (deaths per 100,000 live births), 2010	Proportion of births attended by skilled birth attendants (%), 2005-2012	Contraceptive prevalence rate (%), 2005-2012	Adolescent birth rate (per 1,000 girls aged 15 to 19), 2005-2010	Antenatal care coverage (%) at least one visit, 2005-2012	Unmet need for family planning (%), 2005-2012
Singapore	3	100	N.A.	6	100	N.A.
Malaysia	29	99	N.A.	14	83	N.A.
Republic of Korea	16	100	80	2	100	N.A.
China	37	96	85	6	94	N.A.
Thailand	48	99	80	47	99	3
Philippines	99	62	49	72	91	22
Indonesia	220	80	61	52	93	13
Maldives	60	95	35	18	99	29
India	200	58	55	39	75	21
Pakistan	260	45	27	16	64	25
Bangladesh	240	31	61	N.A.	50	12
Nepal	170	36	50	81	58	27
Myanmar	200	71	46	N.A.	83	N.A.
Sri Lanka	**35**	**99**	**68**	**24**	**99**	**7**
South-east Asia	200	59	59	49	76	14
Lower middle income	260	60	53	49	76	16
Global	210	70	63	49	81	12

Source: WHO 2013.

Indicator 5.1: Maternal mortality ratio

The maternal mortality ratio has declined from 92 deaths per 100,000 lives births in 1990 to 33.3 in 2010. Sri Lanka is expected to meet the target of reducing the ratio by three-fourths.

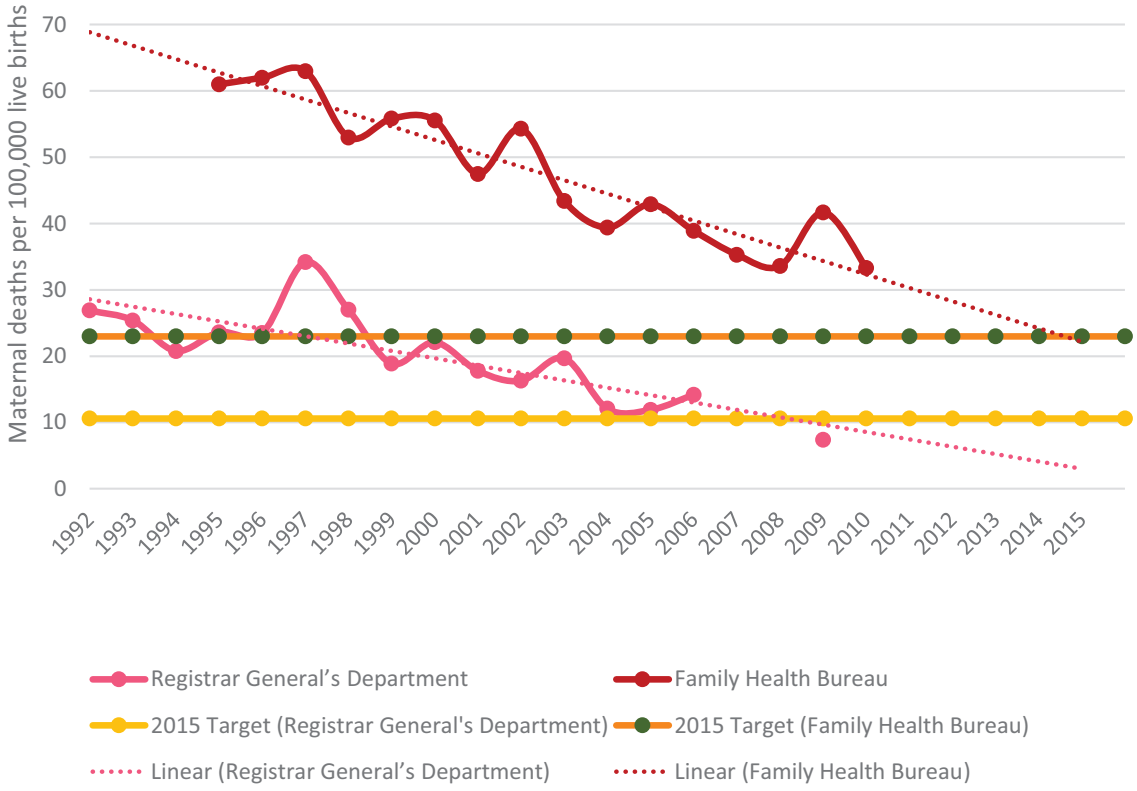
The Registrar General's Department and the Family Health Bureau produce data on maternal mortality,[69] but with significant differences between the two. Although the Registrar General's Department collects data on deaths, well-documented under-reporting of maternal deaths stems from various factors. Maternal mortality data from maternal death investigations

69 The maternal mortality rate is the annual number of maternal deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy, and childbirth, or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 live births, for a specified year.

overseen by the Family Health Bureau offer more complete and comprehensive coverage.[70] Since 1996, the bureau has been the official source of information on maternal mortality,[71] and the findings below mainly use its data.

Both data sources indicate that maternal mortality is decreasing. According to the Registrar General's Department, Sri Lanka had 26.9 maternal deaths per 100,000 live births in 1992, falling to 7.4 by

Figure 5.1: Maternal Mortality Ratio per 100,000 Live Births



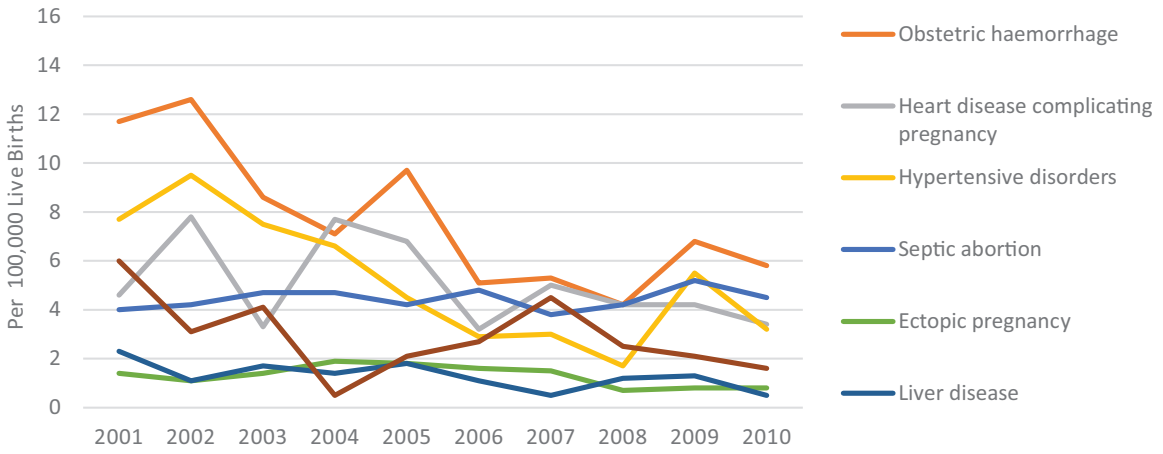
Sources: Registrar General's Department and Family Health Bureau.

2009. Family Health Bureau figures also show the same trend although with higher values. According to its data, the ratio declined from 61 in 1996 to 33.3 in 2010. According to the Registrar General's Department, Sri Lanka achieved the 2015 target[72] by 2009, whereas Family Health Bureau data suggest that it will be reached only by 2015 (figure 5.1).

Maternal deaths can happen due to direct or indirect causes. In 2010, 58 percent of maternal deaths were due to direct causes, particularly obstetric haemorrhages, hypertensive disorders and septic abortions. Cardiovascular diseases remained the main indirect cause (figure 5.2). Obstetric haemorrhages have been the leading cause of maternal deaths for quite a long time.

70 Attygalle 2011.
71 Family Health Bureau 2012.
72 Reduce by three-quarters between 1990 and 2015.

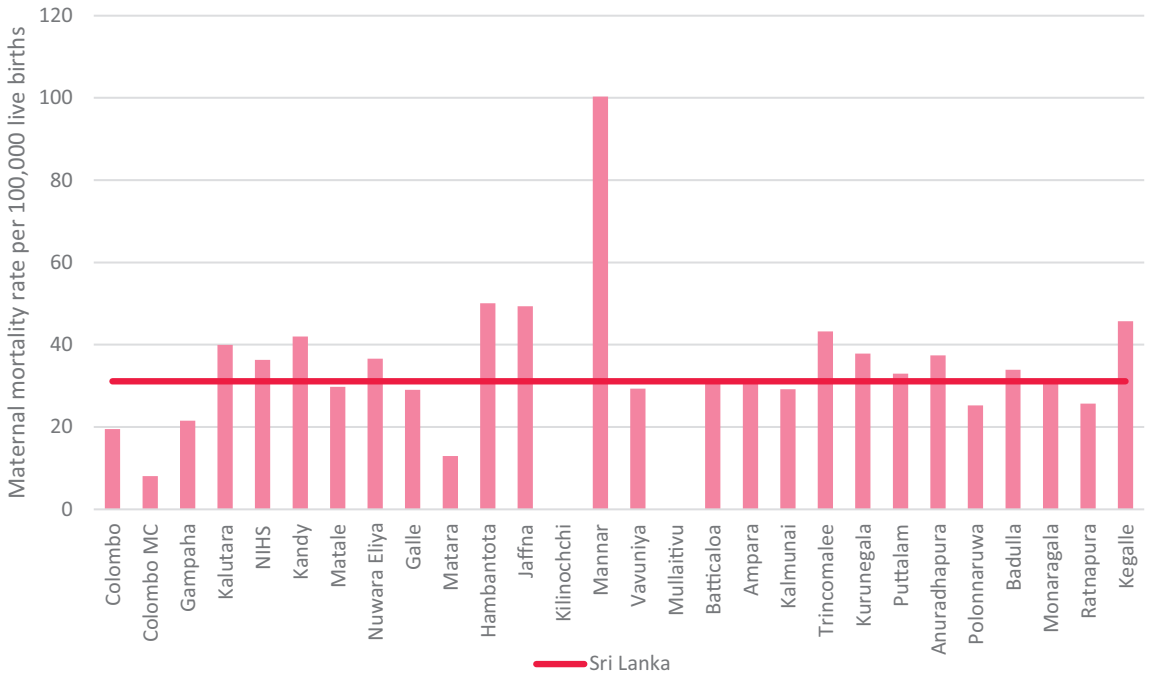
Figure 5.2: Trends in Specific Causes of Maternal Mortality, 2001 to 2010



Source: Family Health Bureau 2012.

Maternal mortality was exceptionally high in the Mannar district in 2010. Hambantota, Jaffna, Kegalle, Trincomalee and Kandy districts also reported significantly higher values than the national average (figure 5.3).

Figure 5.3: Maternal Mortality Rate by District, 2010



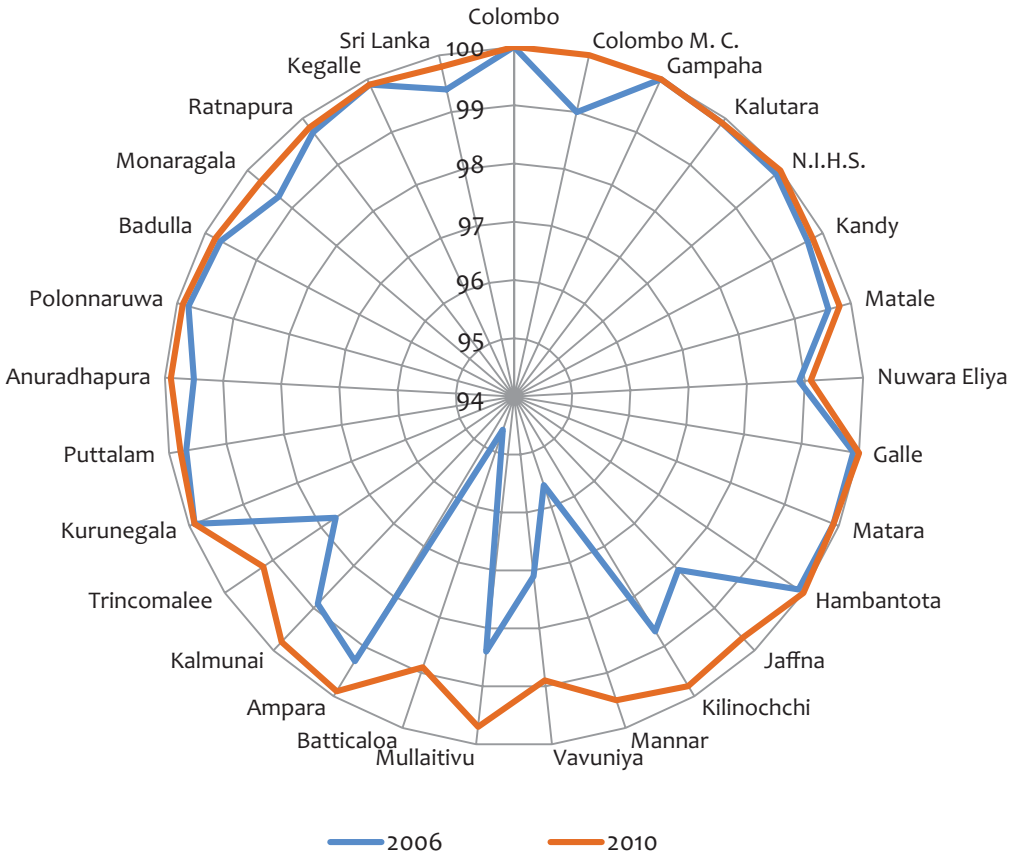
Source: Family Health Bureau 2012.

Indicator 5.2: Proportion of births attended by skilled birth attendants

The proportion of births attended by skilled birth attendants had almost reached the target of 99.8 percent by 2010.

Since 99.8 percent of births involve institutional deliveries, Sri Lanka has achieved the target under indicator 5.2. The 2010 figure increased by 0.2 percentage point over 2006 (figure 5.4). Although there was a slight variation for some districts in 2006 (e.g., Batticaloa, Mannar, Vavuniya, Mullaitivu and Kilinochchi), by 2010, the geographical variation had become marginal against the national level of 99.8 percent.

Figure 5.4: Percentage of Institutional Deliveries, 2006 and 2010



Source: Family Health Bureau, Annual Reports 2006 and 2010.

Table 5.3 provides a summary of patterns reported by public health midwives from 2007 to 2010. The percentages of home deliveries and untrained deliveries continued to drop, while lower segment caesarean section deliveries showed a gradual increase.

Table 5.3: Patterns of Delivery Reported by Public Health Midwives, 2007-2010

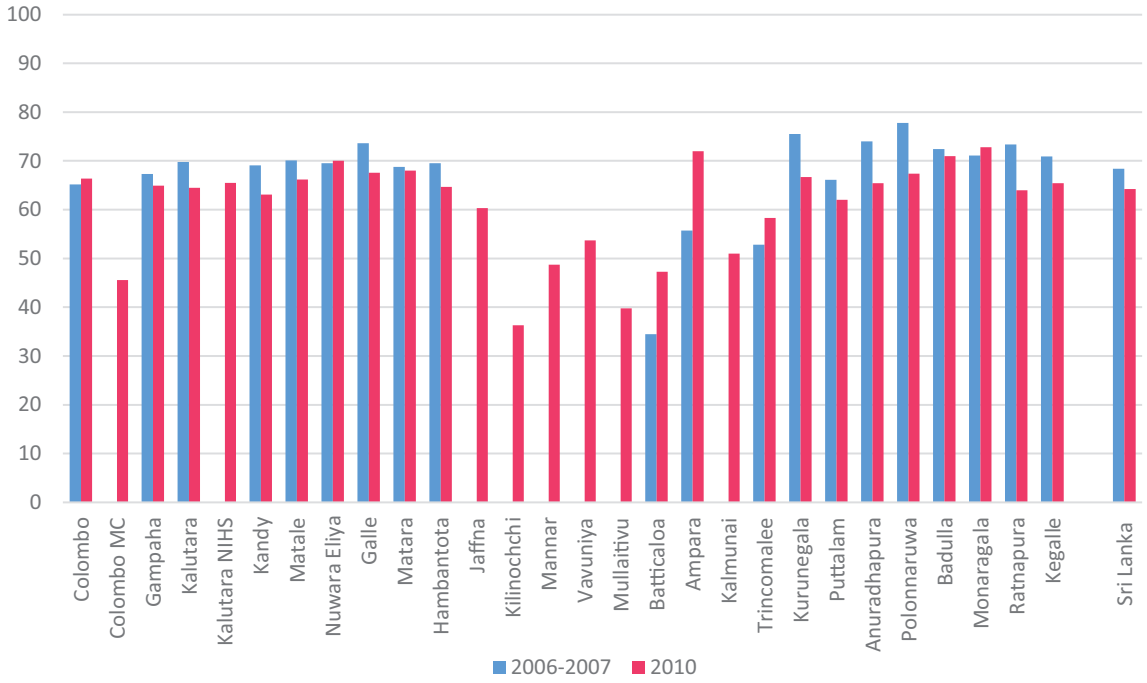
Indicator	2007	2008	2009	2010
Estimated number of pregnant mothers	437,729	442,828	423,109	445,081
Number of pregnant mothers registered by public health midwives	404,138	397,527	380,884	382,418
Number of deliveries reported by public health midwives	320,287	327,326	313,958	310,240
% of deliveries reported out of total estimated pregnancies	73.2	73.9	74.2	69.7
% of deliveries reported out of total registered pregnancies	79.3	82.3	82.4	81.1
% of institutional deliveries out of total reported deliveries	99.5	99.6	99.7	99.8
% of home deliveries out of total reported deliveries	0.5	0.4	0.3	0.2
% of lower segment caesarean section deliveries out of total reported deliveries	24.6	25.8	27	27.7
% of deliveries without trained assistance out of total reported deliveries	0.3	0.3	0.2	0.1

Source: Family Health Bureau 2012.

Indicator 5.3: Contraceptive prevalence rate

The contraceptive prevalence rate is the percentage of women of reproductive age (all women aged 15 to 49) who are currently using, or whose sexual partner is currently using, at least one contraceptive method, regardless of the method.

Figure 5.5: Contraceptive Prevalence Rate by District/Health Area



Source: Demographic and Health Survey 2006-2007, Department of Census and Statistics; Family Health Bureau, Annual Reports 2010.

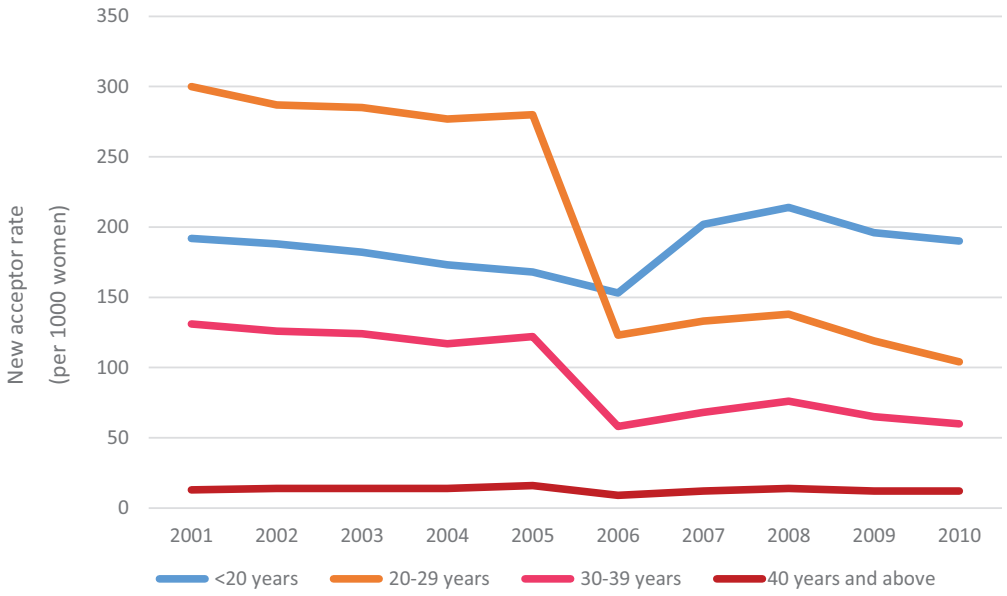
The contraceptive prevalence rate in Sri Lanka was 64.2 percent in 2010. While the chart indicates a reduction when compared with data from 2006-7, care should be taken when making comparisons due to the use of two different data sources (figure 5.5).[73] The rate is notably low in some areas. In 2010, in Kilinochchi, Mullaitivu, the Colombo Municipal Council, Batticaloa and Mannar, the rates were 36.3 percent, 39.8 percent, 45.6 percent, 47.3 percent and 48.7 percent, respectively. Though the rate has decreased in most cases, a marked increase could be observed in Ampara and Batticaloa, from 55.7 percent to 72 percent, and from 34.5 percent to 47.3 percent, respectively, from 2006-2007 to 2010.

The Family Health Bureau reported in 2010 that 54.9 percent of families registered with public health midwives were using modern methods of contraception[74] and 9.5 percent were practicing traditional methods. The rate of new acceptors of modern contraceptives among women aged 20 to 29 and 30 to 39 fell after 2005 and 2006, respectively (figure 5.6).

73 Data for 2006-2007 and 2010 are from two different sources using different definitions. The 2006-2007 data are from the Demographic and Health Survey 2006-2007, Department of Census and Statistics (contraceptive methods used by currently married women aged 15 to 49). The 2010 data is from the Family Health Bureau (percentage of eligible families registered under the care of public health midwives using any contraceptive method.

74 Modern methods include Depo-provera, oral pills, Intrauterine Devices (IUDs), condoms, implants, ligation and resection of tubes (LRT), and vasectomy.

Figure 5.6: Age-specific New Acceptor Rates for Modern Contraceptives, 2001-2010



Source: Family Health Bureau 2012.

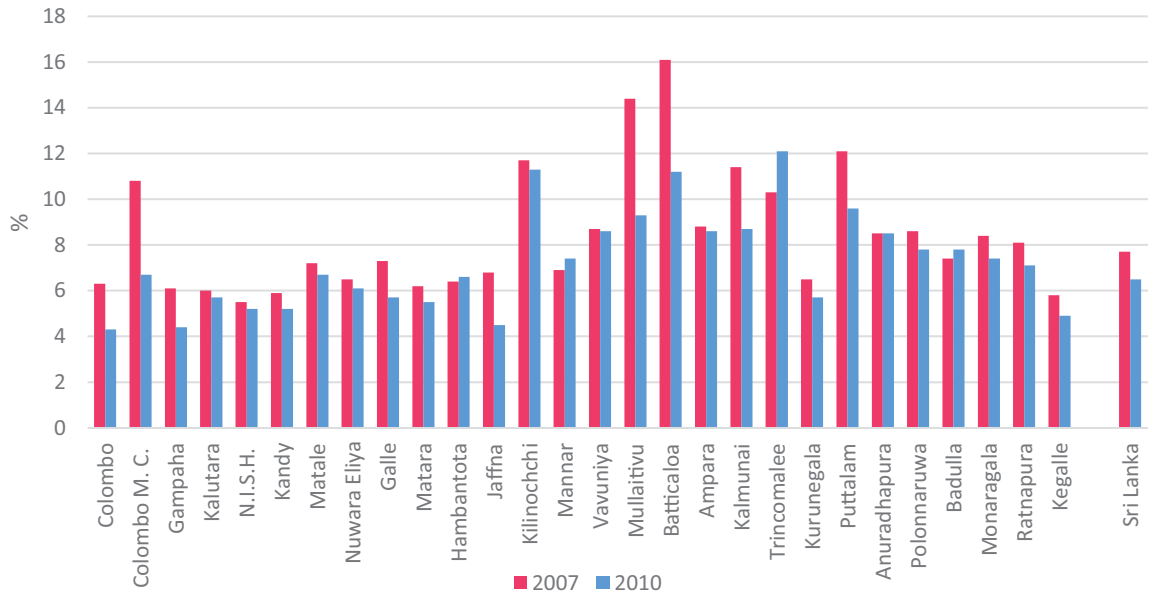
Contraceptive prevalence indicates the extent to which women control their reproduction, and could in turn suggest their level of empowerment.[75] On the other hand, because of the relationship between religious socialization and contraceptive behaviour,[76] it is not reasonable to use contraceptive prevalence to measure women's empowerment. Even within religious and social clusters, different sects may differentially interpret religious teachings and generally accepted cultural norms in varying ways and decide on their contraceptive preferences.[77]

Indicator 5.4: Adolescent birth rate

The adolescent birth rate is the annual number of live births among adolescent women (aged 15 to 19) per 1,000 adolescent women. Data limitations mean that it is only possible to analyse data for women under 20 registered with public health midwives in Sri Lanka. The percentage of pregnant mothers under 20 fell from 7.7 percent in 2007 to 6.5 percent in 2010 (figure 5.7). Figures for areas that suffered severe conflict are significantly higher than the national average. Progress in reducing teenage pregnancies by 2010 was noteworthy in some of these areas, however—for example, in Mullaitivu and Batticaloa.

75 United Nations 2013.
76 Yeatman and Trinitapoli 2008.
77 Srikanthan and Reid 2008.

Figure 5.7: Percentage of Teenage Pregnant Mothers Registered with Public Health Midwives in 2007 and 2010



Source: Family Health Bureau.

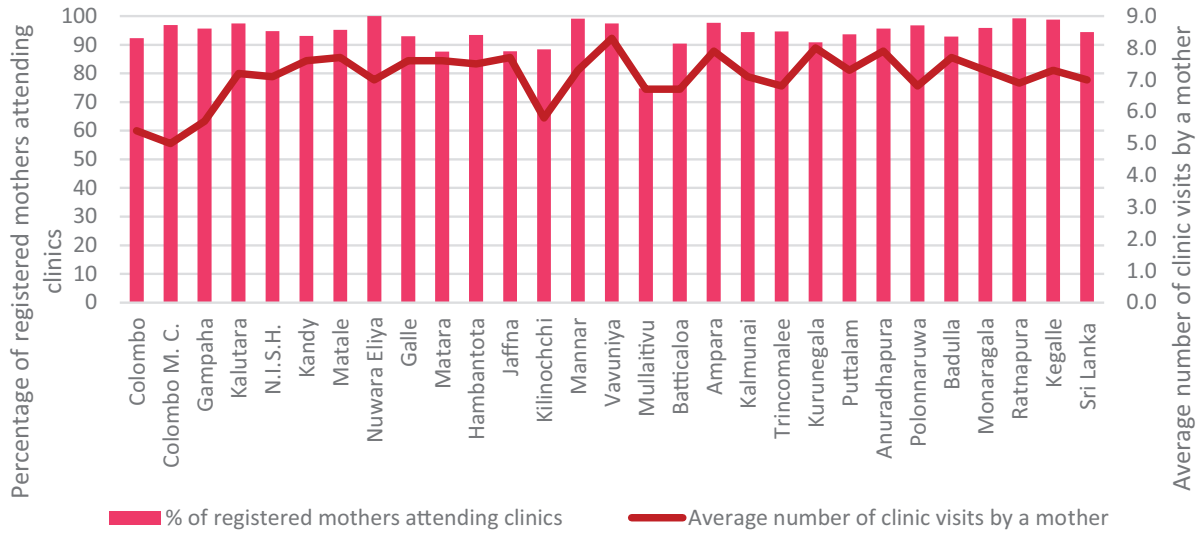
A high rate of teenage pregnancies indicates a high prevalence of early marriages, and missed opportunities for education and other socio-economic pursuits. There is ample evidence that declining teenage pregnancies correlates with enhanced gender equality and women's empowerment. Early pregnancies are also associated with greater health risks and consequently contribute to a higher maternal mortality rate, while at the same time young mothers may not be mature enough to care for a child.

Indicator 5.5: Antenatal care coverage (at least one visit and at least four visits)

Antenatal care coverage looks at the percentage of women aged 15 to 49 with a live birth in a given time period who received antenatal care by skilled health personnel.[78] It indicates access to and use of health care services. The MDGs track coverage in terms of at least one visit and at least four visits.

78 Skilled health personnel are accredited health professionals, such as midwifes, doctors or nurses, who have been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies; provide care for childbirth and the immediate postnatal period; and identify, manage and provide referrals for complications in women and newborns.

Figure 5.8: Percentage of Registered Mothers Attending Clinics and Average Number of Clinic Visits by a Mother, 2010



Source: Family Health Bureau 2010.

Antenatal care at least once or at least four times during pregnancy does not guarantee the receipt of interventions effective in improving maternal health. Attendance by skilled personnel at least four times increases the likelihood of receiving effective maternal health interventions, however, and conforms to the WHO standards for adequate antenatal care. The Demographic and Health Survey 2006-2007 found that 95.8 percent of pregnant women in Sri Lanka have received antenatal care by skilled health personnel at least once during their pregnancy, and 92.5 percent of pregnant women have received antenatal care at least four times during their pregnancy. More recent data by the Family Health Bureau indicate that 94.4 percent of mothers registered with the public health midwives have visited antenatal clinics supervised by a medical officer of health, and on average a pregnant mother visits antenatal clinics seven times during her pregnancy (figure 5.8).

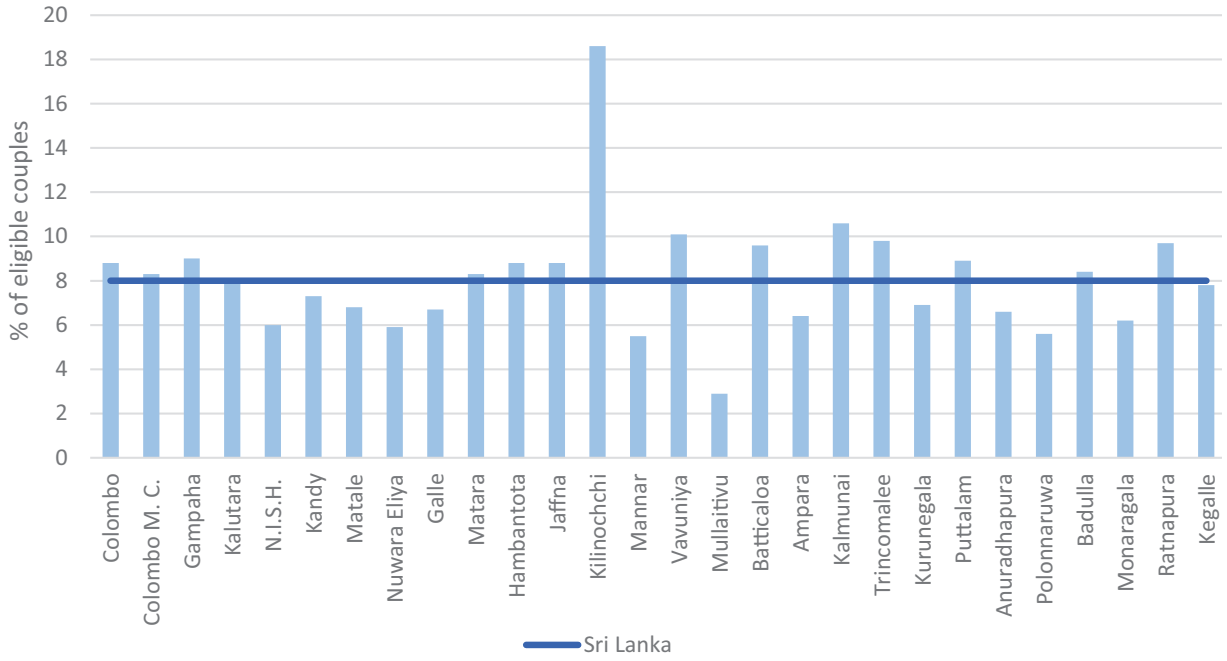
Every mother who attends antenatal clinics is screened for pre-pregnancy nutritional status (body mass index), maternal anaemia (serum Hb), sexually transmitted infections (syphilis antibodies, VDRL), and blood tests for identification of the group and Rh.[79] Other than these screenings, estimating gestational age and uterine height, giving the tetanus vaccine, and providing iron and vitamin supplementation are among the services offered free of charge throughout the country.

79 Family Health Bureau 2012.

Indicator 5.6: Unmet need for family planning

This is the percentage of women of reproductive age, either married or in a consensual union, who have an unmet need for family planning.[80]

Figure 5.9: Unmet Family Planning Needs by Health Area, 2010



Source: Family Health Bureau 2010.

The total number of women with an unmet need for family planning is the total of two groups of women. The first group comprises women who desire no additional children, and the second group includes women who wish to postpone their next pregnancy by a specified length of time (at least two years from the date of a survey).

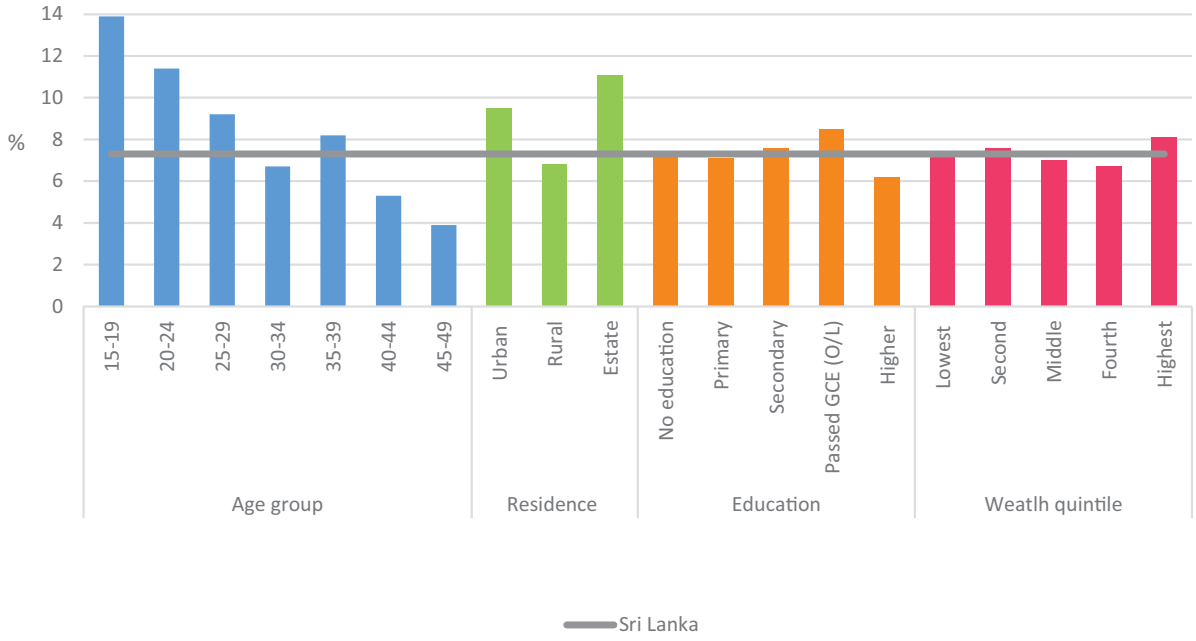
Family Health Bureau data for 2010 reveal that 8 percent of eligible couples have an unmet need for family planning (figure 5.9).[81] Kilinochchi has a significantly higher percentage compared to the rest of the country.

The Demographic and Health Survey 2006-2007 provides data on unmet needs for family planning by socio-economic groups (figure 5.10). Women in younger age groups seem to have more unmet needs than other women. Estate and urban women have more unmet needs than women in rural areas. There is no substantial variation among women with different educational attainments and in different wealth quintiles.

80 Women with an unmet need for family planning are fecund and sexually active, but are not using any method of contraception, and report not wanting any more children or wanting to delay the birth of their next child for at least two years.

81 The Family Health Bureau defines the unmet need for family planning as involving a sexually active couple who are not expecting a child in the next two years and yet are not practising any family planning method.

Figure 5.10: Unmet Needs for Family Planning by Age, Residence, Education and Wealth Quintile, 2006-2007



Source: Demographic and Health Survey 2006-2007.

Key Challenges and Ways Forward

As explained above, in Sri Lanka, maternal and child health issues have been addressed as a holistic endeavour for many years and therefore many of the recommendations included in this section are relevant for both.

Indicators related to child mortality and maternal health, especially the under-five, infant and maternal mortality rates, have stagnated, although dramatic declines cannot be expected given the current need for evidence-based, cost-effective and targeted interventions throughout the country.[82] These should include a distinctive focus on marginalized and vulnerable population groups. Even though the aggregated national data for maternal and child health depicts a positive picture, disaggregated data confirm some regions are lagging. Data for most indicators in former conflict-affected areas clearly reflect the need to pay special attention to them. Although Sri Lanka can be considered an 'achiever' in reducing child mortality and increasing maternal health, the country has many challenges (table 5.4). It is also well equipped to go beyond the current MDG targets.

To invest in facing Sri Lanka's challenges, the Government launched the National Strategic Plan on Maternal and Newborn Health 2012-2016, following the recommendation of the External Programme Review on Maternal and Newborn Health conducted in 2007. The plan has strategies under five areas: health system structure and functions, human resources and training, service delivery and interventions, behaviour change communication and cross-cutting areas.

Table 5.4: Challenges, Strengths and Opportunities to Further Reduce Maternal and Neonatal Deaths

Challenges	Strengths and opportunities
• To reduce maternal and child malnutrition • To provide high quality maternal and child health services across the country • Burden of unsafe abortions • Inter-district disparities in the rates of maternal and infant mortality, and other maternal and child health related indicators • Challenges in maternal and child health service provision in the estate sector, urban slum areas and for internally displaced people, etc. • Misdistribution of maternal and child health human resources • Inadequate intra- and inter-sectoral collaboration between mother and child health programmes conducted by different organizations • Shortcomings in financial allocations and timely availability of funds • Over-medicalization of services • Over-burdening of specialized units due to bypass phenomenon • Increased workload of primary health care workers • New areas to be addressed within maternal and child health such as eradication of congenital syphilis, prevention of non-communicable diseases and prevention of parent-to-child transmission of HIV • Establishment of proper human resource management system • Generation of funds required to maintain high-quality services	• Consistent political commitment towards maternal and child health • High life expectancy at birth • High literacy rate especially among females • Free education and free health services • An organized health care delivery system for maternal, neonatal and child health services across the country • Delivery by skilled birth attendants (98%) • Dedicated, trained human resource at all levels • Increased service utilization by people • Continuum of care throughout the life cycle • Government's commitment towards maternal and child health • Maintenance of maternal and child health services throughout the country even under emergency situations • Dedicated central organization (Family Health Bureau) to coordinate maternal and child health programmes

Source: Family Health Bureau and Ministry of Health 2011.

82 Family Health Bureau 2011.

The National Policy on Maternal and Child Health was launched in 2013 with the mission of "contributing to the attainment of highest possible levels of health of all women, children and families through provision of comprehensive, sustainable, equitable and quality Maternal and Child Health services in a supportive, culturally acceptable and family friendly setting.[83] "The policy consists of 12 goals linked to appropriate maternal and child health strategies to maintain and strengthen already established and effective services (table 5.5)

Table 5.5: Policy Goals, National Policy on Maternal and Child Health

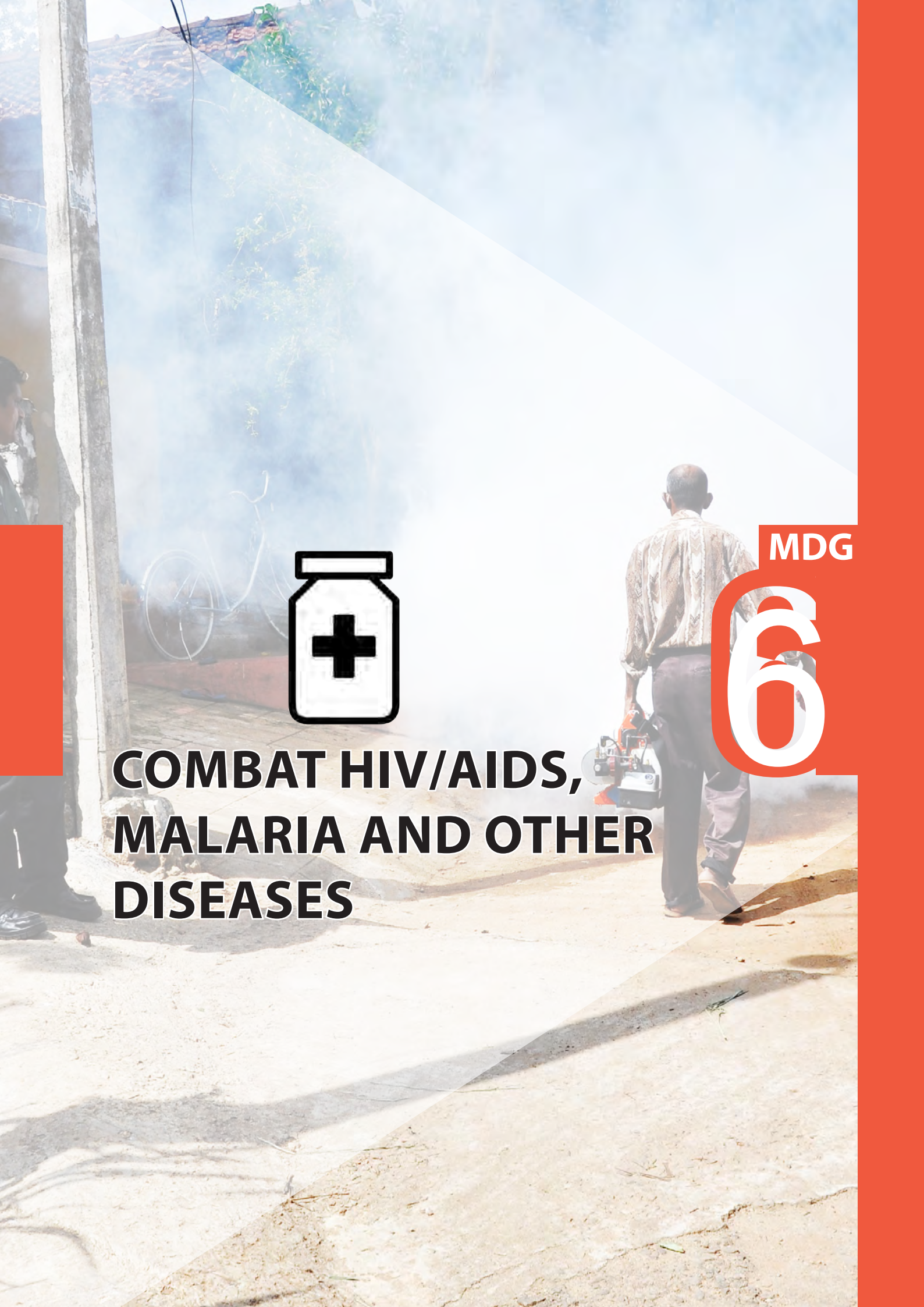
Goal 1:	Promote health of women and their partners to enter pregnancy in optimal health, and to maintain it throughout the life course.
Goal 2:	Ensure a safe outcome for both mother and newborn through provision of quality care during pregnancy, delivery and post-partum period.
Goal 3:	Ensure reduction of perinatal and neonatal morbidity and mortality through provision of quality care.
Goal 4:	Enable all children under five years of age to survive and reach their full potential for growth and development through provision of optimal care.
Goal 5:	Ensure that children aged five to nine years and adolescents realize their full potential in growth and development in a conducive and resourceful physical and psychosocial environment.
Goal 6:	Enable children with special needs to optimally develop their mental, physical and social capacities to function as productive members of society.
Goal 7:	Enable all couples to have a desired number of children with optimal spacing while preventing unintended pregnancies.
Goal 8:	Promote reproductive health of men and women assuring gender equity and equality.
Goal 9:	Ensure that national, provincial, district and divisional level health managers are responsive and accountable for provision of high quality maternal and child health services.
Goal 10:	Ensure effective monitoring and evaluation of maternal and child health programmes that would generate quality information to support decision-making.
Goal 11:	Promote research for policy and practices in maternal and child health.
Goal 12:	Ensure sustainable, conducive behaviour among individuals, families and communities to promote maternal and child health.

Source: National Maternal and Child Health Policy 2013.

Further, the Family Health Bureau has taken many initiatives in recent years to enhance maternal and child health care, such as by advancing maternal death surveillance activities through a rapid communication system that facilitates links between hospitals and field health-care workers, and formulating a foeto-infant mortality system.[84]

The Public Investment Strategy for Sri Lanka for 2014-2016 identifies three health sector targets for 2020 that relate to maternal and child health: reducing the maternal mortality rate to 0.2 deaths per 1,000 live births, decreasing the under-five mortality rate to 6 deaths per 1,000 live births, and cutting the infant mortality rate to 8 deaths per 1,000 births.[85]

83 National Maternal and Child Health Policy 2013.
84 Ministry of Health 2013.
85 Department of National Planning 2013.

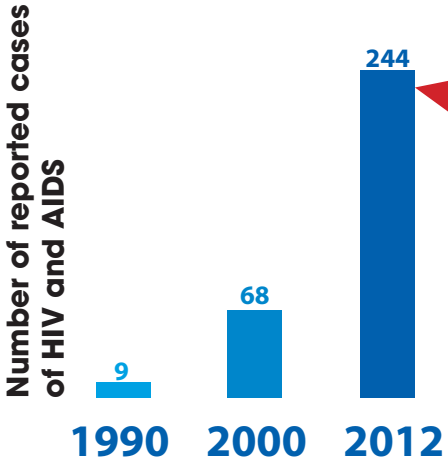


MDG

6

COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

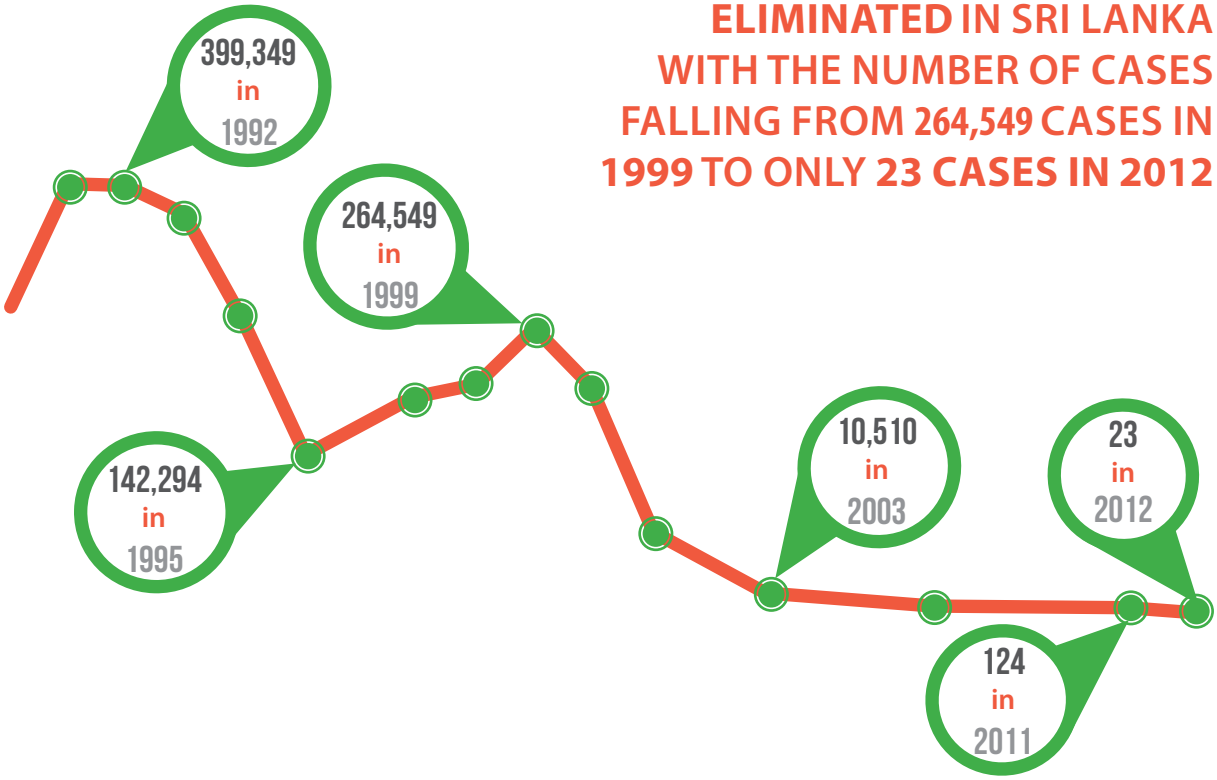
WITH INCREASING TOURIST ARRIVALS AND MIGRATION OF POPULATION INTERNALLY AND EXTERNALLY, THERE IS A POTENTIAL DANGER IN INCREASING INFECTION RATES



The Government launched the National Policy on HIV/AIDS in 2011 which aims to prevent new infections by working with particularly vulnerable groups, and ensure provision of comprehensive care and treatment for people living with HIV.

Number of Malaria Cases

MALARIA HAS ALMOST BEEN ELIMINATED IN SRI LANKA WITH THE NUMBER OF CASES FALLING FROM 264,549 CASES IN 1999 TO ONLY 23 CASES IN 2012



Summary

HIV/AIDS: Sri Lanka remains a low prevalence country for HIV/AIDS, with a rate below 0.01 percent. The number of recently reported cases has gradually increased, however. By the end of 2012, 1,649 HIV-positive cases had been reported, with 40.5 percent among females, and 432 AIDS cases, with 32.6 percent among females. Through 2012, there were 283 AIDS-related deaths. While it is unlikely that Sri Lanka will develop a generalized HIV epidemic, certain groups face high risks, such as female sex workers, men who have sex with men and injecting drug users. As such, the Government has prioritized developing and implementing policies to prevent greater transmission of HIV/AIDS, provide quality care, and support persons and families affected by HIV/AIDS.

Malaria: Sri Lanka has experienced an almost 100 percent reduction in malaria, from 264,549 cases in 1999 to only 23 cases in 2012. No malaria-related deaths have occurred since 2007, a marked decrease from 115 deaths in 1998. The Anti-Malaria Campaign is now working towards complete elimination of the disease by the end of 2014.

Tuberculosis: Tuberculosis continues to be a public health problem as around 8,000 new cases are reported every year. Around 60 percent are smear-positive pulmonary TB cases. The TB prevalence rate slightly declined from 118 cases per 100,000 people in 1990 to 115 in 2004, and then stabilized at around 108 in 2012. According to available statistics compiled by the National Programme for TB Control and Chest Diseases, the treatment success rate has increased from 78.6 percent in 2000 to 87 percent in 2006. The overall treatment default rate has dropped from 14.8 percent in 2000 to 6.8 percent in 2008, mainly due to intensified default tracing efforts implemented by the Government.

Key challenges and ways forward

HIV/AIDS: In March 2003, the Ministry of Health launched a five-year National HIV/AIDS Prevention Project under a grant from the World Bank/International Development Association. In 2011, the Ministry of Health initiated the National Policy on HIV/AIDS to prevent new HIV infections, and provide comprehensive care and treatment for people affected by HIV/AIDS.

Malaria: Although Sri Lanka is presently working towards eliminating malaria by the end of 2014, vigilance must be sustained to prevent reoccurrence.

Tuberculosis: Measures that would help in addressing the challenge of TB include maintaining adequate human resources given the turnover of trained staff; reaching unreached population groups with limited access to services, such as in urban slums, prisons, and on tea and rubber estates; scaling up TB control services among returning migrants and the resettled population in the Northern and Eastern provinces; addressing the high disease burden and high defaulter rate in urban areas, especially in Colombo; overcoming TB-related stigma; and financial sustainability. Sri Lanka also needs to compile more accurate TB burden estimates, to better assess progress in controlling the disease.

GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDs for all those who need it

Table 6.1: Progress and Status of Indicators under Targets 6A and 6B since 1990[86]

Indicators for monitoring progress	1990	2000	2006	2013 or latest	Target	Status and remarks
6.1 HIV prevalence among population aged 15 to 24 years (%)[87]	<0.01	<0.01	<0.01	<0.01	Have halted by 2015 & begun to reverse	**"On Track"** Low prevalence, but numbers are increasing-Needs attention
6.2 Condom use at last high-risk sex (%)[88]	5.0 (1993)	5.3 (2000)	8.3 (2006-2007)	-	No target	Knowledge among persons with high risk sexual behavior needs to be increased
6.3 Proportion of population aged 15 to 24 years with comprehensive correct knowledge of HIV/AIDS (%)	-	-	**35.3**[a] (2006-2007)	-	No target	Knowledge among youth need to be improved
6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10 to 14 years (%)	-	-	-	-	No target	No reliable information
6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs (%)[89]	-	-	**16.8** (2009)	**21.1** (2011)	100% by 2010	**"Off Track"** Need to increase access to antiretroviral drugs

Source: Department of Census and Statistics 2008.

Sri Lanka remains a low prevalence country for HIV/AIDS, although there has been a gradual increase in the number of cases.

Sri Lanka has an estimated adult prevalence of less than 0.01 percent. HIV infection was first reported in 1987 (figure 6.1). Since then, through 2012, a total of 1,649 HIV cases and 432 AIDS cases have been reported (table 6.2). Out of the HIV cases, 981 were men and 668 (or 40.5 percent) were women. Out of the AIDS cases, 291 were men and 141 (or 32.6 percent) were women. A gradual increase in new cases has occurred for both males and females. By the end of 2012, there had been 283 AIDS-related deaths.

86 No reliable information related to indicators 6.1, 6.2 and 6.4 is available, mainly due to the very low prevalence of HIV/AIDS. As numbers are increasing annually, action needs to be taken to maintain statistics.

87 As the information on the indicator is not currently available for the 15 to 24 age group, estimates for the 15 to 49 age group is given; see http://unstats.un.org/unsd/mdg/SeriesDetail.aspx?srid=765.

88 As the information on the indicator is not currently available, the ratio of condom use to overall contraception use among currently married women aged 15 to 49 years is given under this indicator; see http://unstats.un.org/unsd/mdg/SeriesDetail.aspx?srid=765.

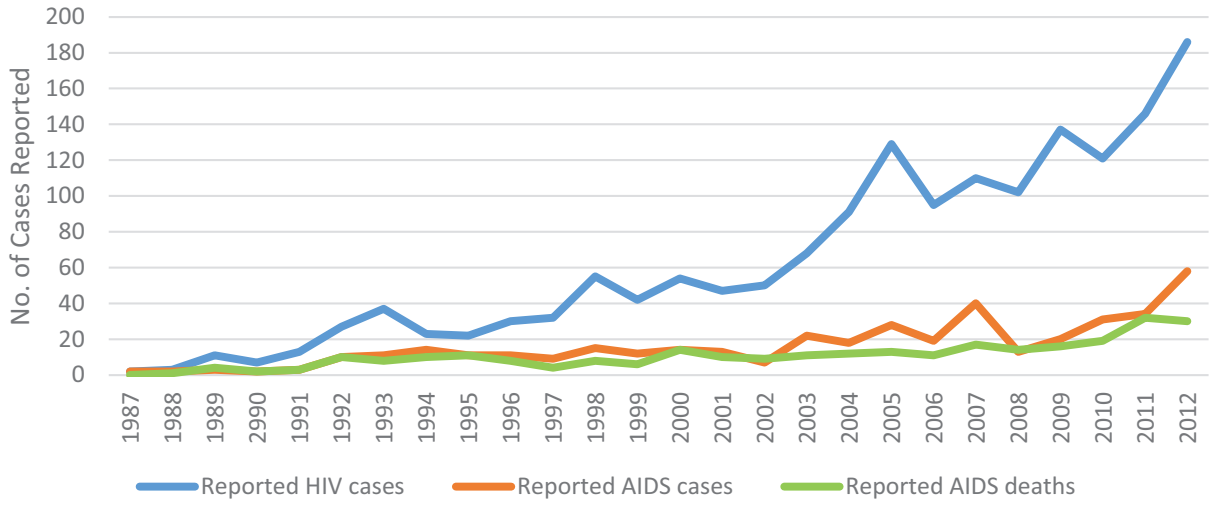
89 See: http://unstats.un.org/unsd/mdg/SeriesDetail.aspx?srid=765.

Table 6.2: Cumulative HIV and AIDS Cases by Sex, 2007 to 2012

Year	Cumulative HIV cases at the end of the year			Cumulative AIDS cases at the end of the year		
	Both sexes	Male	Female	Both sexes	Male	Female
2007	957	-	-	268	182	86
2008	1059	615	444	289	200	89
2009	1196	707	489	299	200	99
2010	1317	784	533	340	232	108
2011	1463	866	597	374	255	119
2012	1649	981	668	432	291	141

Source: National STD/AIDS Control programme, Ministry of Health

Figure 6.1: Number of Annual Cases of HIV and AIDS, and Deaths due to AIDS, 1987-2012



Source: National STD/AIDS Control Programme, Annual Report 2012.

Although it is unlikely that Sri Lanka will develop a generalized HIV epidemic, there are certain highly vulnerable at-risk groups, which include female sex workers, men who have sex with men, their sex partners and intravenous drug users. As has been experienced in other countries, there is a risk of rapid transmission of HIV among these groups.

The Government recognizes the importance of controlling the transmission of HIV/AIDS. Following the five-year National HIV/AIDS Prevention Project launched in 2003, it adopted the 2011 National Policy on HIV/AIDS. It aims to prevent new HIV infections, and provide comprehensive care and treatment for people affected by HIV/AIDS. One of the more effective interventions was to make antiretroviral therapy available from 2004 onwards.

Due to the low prevalence of HIV/AIDS, for indicators 6.1 to 6.5, either some are not relevant or reliable information is not available. The National Policy on HIV/AIDS has stressed the need for more reliable information.

Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Table 6.3: Progress and Status of Indicators under Target 6C since 1990

Indicators for monitoring progress		1990	2000	2005	2013 or latest	Target	Status and remarks
6.6 Death rates associated with malaria (per 100,000 people)		-	-	0.0 (2007)	0.0 (2013)	0.0	"Achieved"
6.7 Proportion of children under five sleeping under insecticide-treated bed-nets (%)		12.0	-	64.0 3.8*	-	-	No information after 2006-2007
6.8 Proportion of children under five with fever who are treated with appropriate anti-malarial drugs (%)		-	-	-	-	-	No indigenous cases, hence not applicable
6.9 Prevalence and death rates associated with tuberculosis (per 100,000people) **	Prevalence	118	115	108	109	Have halted and begun to reverse	"On Track"
	Death rate	7.5	10.0	6.9	1.1		
6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOT) (%)***		58	67 (2000)	72 (2005)	73 (2011)	70[90]	"Achieved"
		-	78.6	86.3 (2005)	84.9 (2008)	85	"Achieved"

*Notes: * First figure, sleeping under ordinary mosquito nets; second figure, sleeping under treated mosquito nets. Both figures from the Demographic and Health Survey 2006-2007.*
*** Prevalence includes HIV, death rates exclude HIV. Based on table A4.1 (p. 257), WHO 2013.*
**** Upper row, percentage of cases detected, WHO 2013; lower row, percentage cured, National Programme for TB Control and Chest Diseases.*

Indicator 6.6: Incidence and death rates associated with malaria[91]

Sri Lanka has experienced an almost 100 percent reduction in malaria, from 264,549 cases in 1999 to only 23 cases in 2012, and no indigenous cases since November 2012. It has had no malaria-related deaths since 2007, down from 115 deaths in 1998. Malaria control must now be maintained to prevent a reoccurrence.

While Sri Lanka has experienced several major malaria epidemics since independence. It is now on track to eliminate malaria by the end of 2014 (table 6.4 and figure 6.2).

Table 6.4: Number of Malaria Cases, 1945 to 2012

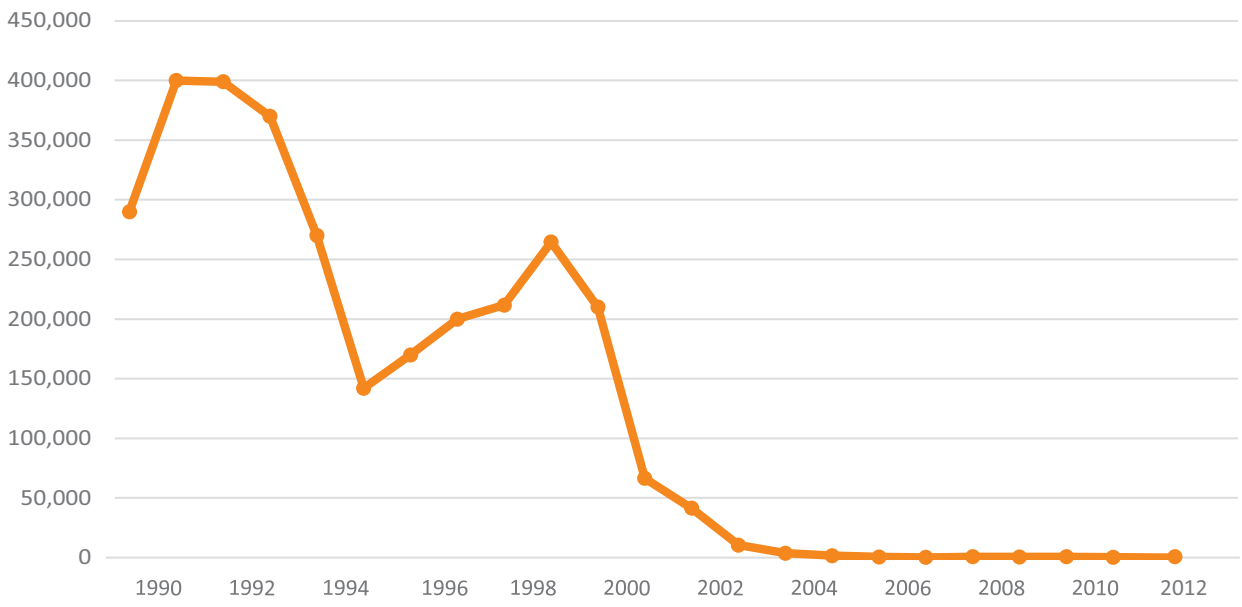
Year	Number of cases	Year	Number of cases	Year	Number of cases
1945	2,539,949	**1978**	69,685	**2005**	1,640
1950	610,781	**1987**	687,599	**2010**	684
1963	17	**1995**	142,294	**2011**	124
1969	537,705	**1999**	264,549	**2012**	23
1975	400,777	**2000**	210,039		

Source: WHO 2012.

90 Sri Lanka has adopted the global targets of a 70 percent case detection rate and an 85 percent treatment success rate, both of which have been achieved.

91 Ministry of Health Sri Lanka, WHO and the University of California 2012; The Global Health Group and Anti-Malaria Campaign in Sri Lanka, country briefing on eliminating malaria in Sri Lanka.

Figure 6.2: Number of Malaria Cases, 1990 to 2012



Source: WHO 2012.

Since 1999, the willingness and ability of successive governments to quickly adopt new strategies according to rapidly changing circumstances has contributed to a sustained case reduction. Highly effective surveillance and response systems will be critical to complete and lasting elimination.

Indicator 6.9: Incidence, prevalence and death rates associated with tuberculosis[92]

Tuberculosis is still a health problem, although treatment success has reached the global target of 85 percent. The mortality rate associated with TB declined from 7.5 deaths per 100,000 people in 1990 to 1.1 in 2012.

About 8,000 new cases of TB are reported every year,[93] of which around 60 percent are smear-positive pulmonary TB cases. Control of TB is the responsibility of the National Programme for TB Control and Chest Diseases, which operates through 23 district chest clinics and two chest hospitals. The Government provides the major funding for the TB programme, with additional resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the WHO. A Global Drug Facility grant has been approved to meet all requirements for adult and paediatric first-line drugs.

92 Mainly based on WHO 2013.
93 Based on the website of the National Programme for TB Control and Chest Diseases, Ministry of Healthcare and Nutrition.

Table 6.5: Estimates of the Burden of Disease Caused by TB, 1990-2012

		1990	1995	2000	2005	2010	2011	2012
Population (millions)		17	18	19	20	21	21	21
Mortality (excluding HIV)	No. ('000)	**1.3**	**1.6**	**1.9**	**1.4**	**0.59**	**0.41**	**0.24**
	Rate *	7.5	9.0	10.0	6.9	2.8	2.0	1.1
Prevalence (including HIV)	No. ('000)	**20**	**23**	**22**	**22**	**22**	**23**	**23**
	Rate*	118	125	115	108	108	108	109
Incidence (including HIV)	No. ('000)	**11**	**12**	**12**	**13**	**14**	**14**	**14**
	Rate *	66	66	66	66	66	66	66
Notified new and relapses	No.	**6,660**	**5,956**	**8,413**	**9,451**	**9,934**	**10,181**	**9,155**
	Rate*	38	33	45	47	48	49	43
Case detection	%	58	49	67	72	72	73	66
Cured	%	-	75	75	83	83	83	83

*Note: * Rates are per 100,000 people.*
Source: WHO 2013.

Table 6.6: Treatment Success, Default and Death Rates Associated with TB, 2000 to 2008

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Treatment success rate (%)	78.6	79.9	80.7	80.4	84.9	86.3	87.0	86.1	84.9
Default rate (%)	14.8	13.2	12.1	10.6	8.4	6.2	6.7	7.1	6.8
Death rate associated with TB	3.7	4.6	4.1	5.0	5.0	5.1	4.8	4.9	5.9

Source: National Programme for TB Control and Chest Diseases.

The TB prevalence rate[94] has slightly declined from 118 cases per 100,000 people in 1990 to 115 in 2000, and stabilized at around 108/109 in 2012 (table 6.5). The TB mortality rate fell from 10 deaths per 100,000 people in 2000 to 1.1 in 2012. The notification rate[95] for all forms of TB increased from 38 per 100,000 people in 1990 to 49 in 2011, but then dropped to 43 in 2012.

The Government has adopted the global target of a treatment rate of 85 percent and a case detection rate of 70 percent as minimum goals. According to the National Programme for TB Control and Chest Diseases, Sri Lanka reached and has sustained the 85 percent target among new smear-positive cases since 2005 (table 6.6).

According to programme statistics, the treatment success rate increased from 78.6 percent in 2000 to 87 percent in 2006, and has remained around 85 percent since 2004. The overall treatment default rate dropped from 14.8 percent in 2000 to 6.8 percent in 2008, due to intensified default tracing efforts involving district and field public health inspectors and other health staff, and services focusing on TB. An innovative case-finding strategy[96] is to be implemented through TB-diabetes collaborative activities, for which the pilot phase has begun. Table 6.7 also shows an improvement in the case notifications of new smear-positive cases.

94 Rates are per 100,000 people.
95 Annual number of newly notified cases per 100,000 people.
96 National Programme for TB Control and Chest Diseases.

Major achievements of the TB programmes to date include the expansion of the Directly Observed Treatment Short course (DOTS) throughout the country (100 percent coverage); reaching and sustaining the global targets; further reduction in default rates; revision of the National Strategic Plan for 2012-2016, in order to introduce new technologies for more rapid diagnosis of TB cases; development of an electronic patient information management system; re-introduction and scaling up of TB control activities in resettled areas of the Northern and Eastern provinces; establishment of systematic screening of high-risk groups (prisoners, estate population, food handlers and solid waste handlers); expansion of service coverage by consultant respiratory physicians; expansion of TB culture facilities to the regional level; development of infection control at TB treatment facilities; quality testing of fixed dose combination drugs established at the national drug quality assurance laboratory; refurbishment of a multi-drug-resistant TB ward; refurbishment of the central drug storage facility; improved quality assurance in all chest clinic smear microscopy centres; systematic review of TB-related deaths; strengthened links with parallel health services, the estate sector, the private sector and migration services; further improvement in TB-HIV collaborative activities; and operational research on the prison community and diabetics.

Table 6.7: New Smear-Positive Case Notifications by Sex, 1995-2012

Sex	1995	2000	2005	2010	2011	2012
Male	2,191	2,662	3,593	3,438	3,262	3,101
Female	829	1,121	1,268	1,197	1,228	1,168
Both sexes	**3,020**	**3,783**	**4,861**	**4,635**	**4,490**	**4,269**

Source: WHO 2013.

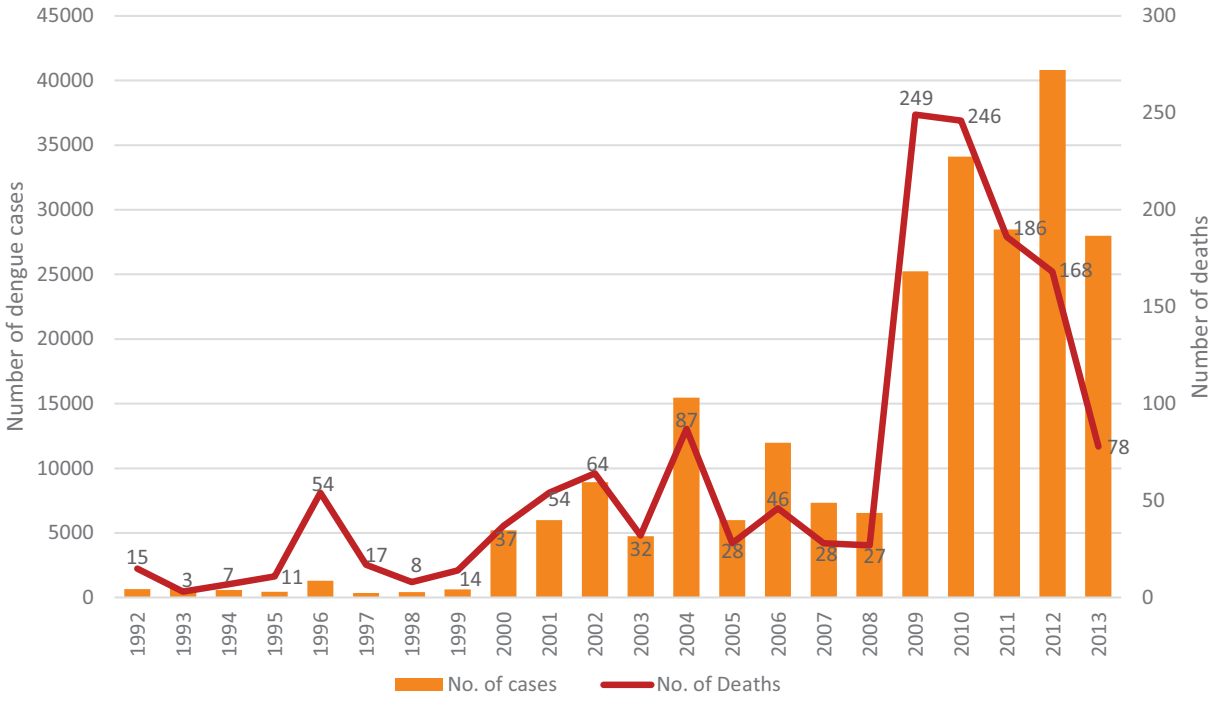
Dengue Cases Reported and Deaths

The increasing incidence of dengue fever has become a priority health issue since 2000. Reported cases jumped from 656 in 1992 to 40,823 in 2012 and then fell to 27,991 in 2013. Meanwhile the number of deaths rose from 15 in 1992 to 249 in 2009, but fell to 78 in 2013.

The parliamentary Prevention of Mosquito Breeding Act, No. 11 of 2007[97] has been gazetted by the Government, which makes it the duty of every owner or occupier of any premises to create conditions unfavourable to the breeding of mosquitoes. Anyone who contravenes or fails to comply with this ordinance is guilty of an offence and could be charged and fined.

97 See:www.documents.gov.lk/Acts/2007/Prevention%20of%20Mosquito%20Breeding%20Act%20No%2011/Act%20No%2011%20E.pdf.

Figure 6.3: Number of Reported Dengue Cases and Deaths, 1992 to 2013



Source: Epidemiological Unit, Ministry of Health.

Key Challenges and Ways Forward

HIV/AIDS

The Government has recognized that HIV/AIDS is not only a public health concern, but also a social and development challenge, hence the importance of scaling up prevention interventions aimed at behavioural change to maintain low prevalence. The National STD/AIDS Control Programme of the Ministry of Health, together with many different stakeholders, spearheads the national response to HIV/AIDS.

As the number of cases has been gradually increasing, although prevalence is still low, the Ministry of Health launched the National Policy on HIV/AIDS in 2011. It aims to prevent HIV and other sexually transmitted infections through effective strategies aimed at reducing sexual transmission, mother-to-child transmission, and transmission through blood and blood products. It also seeks to improve the quality of life of people affected by HIV/AIDS through minimizing stigma and discrimination, and ensuring quality care and support.

To back the policy, the National Strategic Plan (2013-2017) was formulated[98] with the vision of creating a "country free of new infections, discrimination and AIDS related deaths." It includes the goals to "prevent new HIV infections and provision of comprehensive care and treatment for people living with HIV."

Malaria

While Sri Lanka hopes to eliminate malaria by the end of 2014, it can learn an important lesson from history about remaining vigilant into the future, so as to carefully monitor and respond to any new cases and avoid a renewed outbreak. In the mid 1960s, after malaria cases fell to only 17 in 1963, the authorities disbanded the entire malaria prevention programme. By 1969, cases had surpassed 500,000.

Tuberculosis

Although the prevalence rate is relatively low, measures that would help in addressing the challenge of TB include maintaining adequate human resources given the turnover of trained staff; reaching unreached population groups with limited access to services, such as in urban slums, prisons, and on tea and rubber estates; scaling up TB control services among returning migrants and the resettled population in the Northern and Eastern provinces; addressing the high disease burden and high defaulter rate in urban areas, especially in Colombo; overcoming TB-related stigma; and financial sustainability. Sri Lanka also needs to compile more accurate TB burden estimates, to better assess progress in controlling the disease.

Dengue

With regard to mosquito-borne diseases, while malaria is under-control, the scale of the dengue outbreak requires sustained government attention. Implementation of the Prevention of Mosquito Breeding Act is important. The Ministry of Health and local authorities need to undertake inspection visits of possible breeding grounds. The cooperation of people at large is essential to eliminate mosquito-breeding environments, and families must remain vigilant to recognize symptoms of dengue early on.

98 Section based on the National Strategic Plan (2013-2017), and statistics compiled by the National STD/AIDS Control Programme, Ministry of Health. See: www.aidscontrol.gov.lk/web/images/web_uploads/Guidelines_Reports_Publications/Sri%20Lankan%20National%20HIV%20M&E%20plan%202013-2017.pdf.

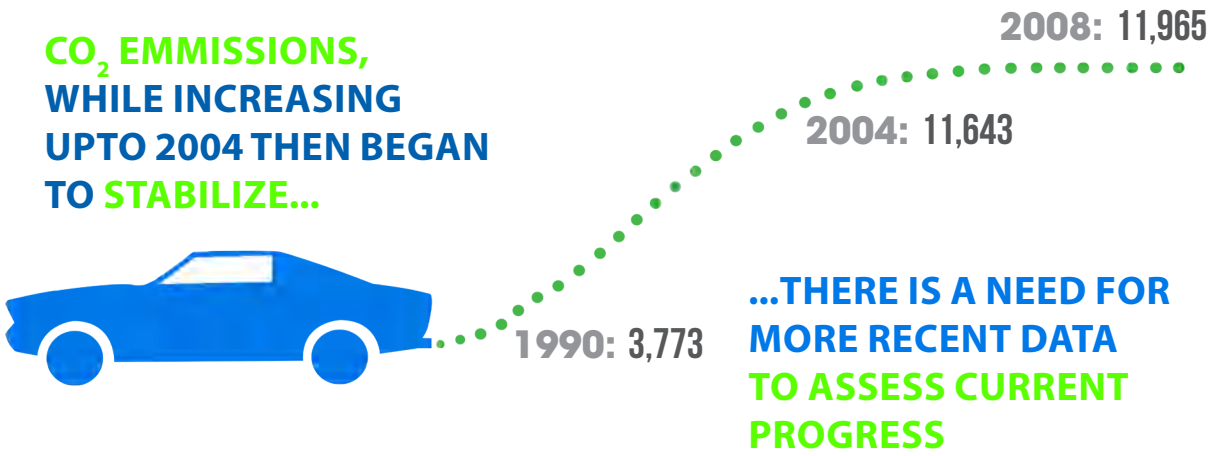
MDG

7

ENSURE ENVIRONMENTAL SUSTAINABILITY

As Sri Lanka develops and urban areas grow, the area of land covered by forest has declined

Carbon dioxide emmissions (Metric tons)



Summary

Increasing urbanization and infrastructure development generally consume more land area and degrade forest cover. Sri Lanka has been able to maintain a decent percentage of forest cover, with the rate of reduction declining over time.

Carbon dioxide emissions, in total and per capita, have remained unchanged, and have declined per US$1 of GDP (purchasing power parity). It is important to monitor and control any increases in emissions on a continuous basis. Sri Lanka does not produce ozone-depleting substances, and whatever usage is recorded relates to imports.

Fish stocks in inland reservoirs have increased over time, mainly in minor reservoirs. The inland fisheries sector has been recognized as a major supplier of fish protein for Sri Lankans and a provider of livelihoods for the poor in rural areas.

Access to safe drinking water has improved at the national level, from 68 percent in 1990 to 89.7 percent in 2012-2013. In urban and rural areas, 98 percent and 90 percent of people, respectively, had access to safe drinking water. The estate sector continues to lag behind, at 46.3 percent. This could be partially due to the global definition of safe drinking water, in which water from springs is considered unsafe. Many people in the estate sector, especially on tea estates at high elevations, use spring water for drinking, as they consider it safe. As such, subject to testing, it may be necessary to reconsider the definition of safe drinking water to include spring water in national calculations.

Improved sanitation facilities ensure hygienic separation of human excreta from human contact. In 2012-2013, an estimated 87.2 percent of households had improved facilities, up from 69 percent in 1990.

Key challenges and ways forward

Sri Lanka is in an era of rapid development. Urbanization and infrastructure development will consume more land cover, especially forests. There will be a necessary trade-off between how much forest cover it can maintain while supporting growth and development. Until now, it has been able to maintain a decent cover, but this will be a major challenge in the future considering economic growth and greater development. One suggested approach is to promote more environmentally friendly infrastructure that causes minimum damage to forests and the environment more widely.

Sri Lanka's policy towards the environment is guided by national strategies such as the Haritha (Green) Lanka Strategy, the Roadmap towards a Safer Sri Lanka, the National Climate Change Adaptation Strategy and the National Cleaner Production Strategy which together promote a vision for a greener, safer and cleaner environment.

Investments in environmental data collection and management would also aid policy makers and planners in managing environmental resources and planning sustainably. The monitoring of greenhouse gas emissions should be a priority.

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Goal 7 has four targets measured by 10 indicators. Sri Lanka does not have specific targets for any of these indicators; data for some are not collected.

Target 7A: Integrate the principles of sustainable development into the country's policies and programmes and reverse the loss of environmental resources

Target 7A comprises four indicators: the proportion of land area covered by forests; carbon dioxide emissions in total, per capita and per US$1 of GDP (purchasing power parity); consumption of ozone-depleting substances and proportion of fish stocks within safe biological limits (table 7.1).

Table 7.1: Progress and Status of Indicators under Target 7A since 1990

Indicators for monitoring progress	1990 or closest year	2006 or closest year	2013 or latest year	Target for 2015	Status and remarks
7.1 Proportion of land area covered by forest (%)	33.8 (1992)	27.5 (2005)	29.6 (2012)	Reverse the loss	**"On Track"** Recent improvement although overall reduction since 1990
7.2 Carbon dioxide emissions, total, per capita and per US$1 of GDP (purchasing power parity)				No targets	
Total carbon dioxide emissions (metric tons)	3,773 (1990)	11,643 (2005)	11,764 (2008)		Has remained unchanged since 2004
Per capita carbon dioxide emissions (metric tons)	0.2182 (1990)	0.5961 (2005)	0.5864 (2008)		Has remained unchanged since 2004
Kilogrammes of carbon dioxide emissions per US$1 of GDP (purchasing power parity)	0.1093 (1990)	0.1823 (2005)	0.1385 (2008)		Declined after 2004
7.3 Consumption of ozone-depleting substances (all linked to imports), Metric tons	538.7 (1998)	358.4 (2005)	312.9 (2012)		Overall decreasing trend up to 2008; gradual increase thereafter. Needs attention
7.4 Proportion of fish stocks within safe biological limits (millions)	-	12.18 (2007)	36.63 (2012)		Showing improvement

Indicator 7.1: Proportion of land area covered by forest

Table 7.2: Rate of Change in Forest Cover

Item	1990	2000	2005	2010
Forests excluding rubber (hectares)	2,167,000	1,925,000	1,804,000	1,743,000
		1990-2000	**2000-2005**	**2005-2010**
Annual change rate (hectare)		-24200	-12100	-6100
Annual change rate (%)		-1.1	-0.6	-0.3

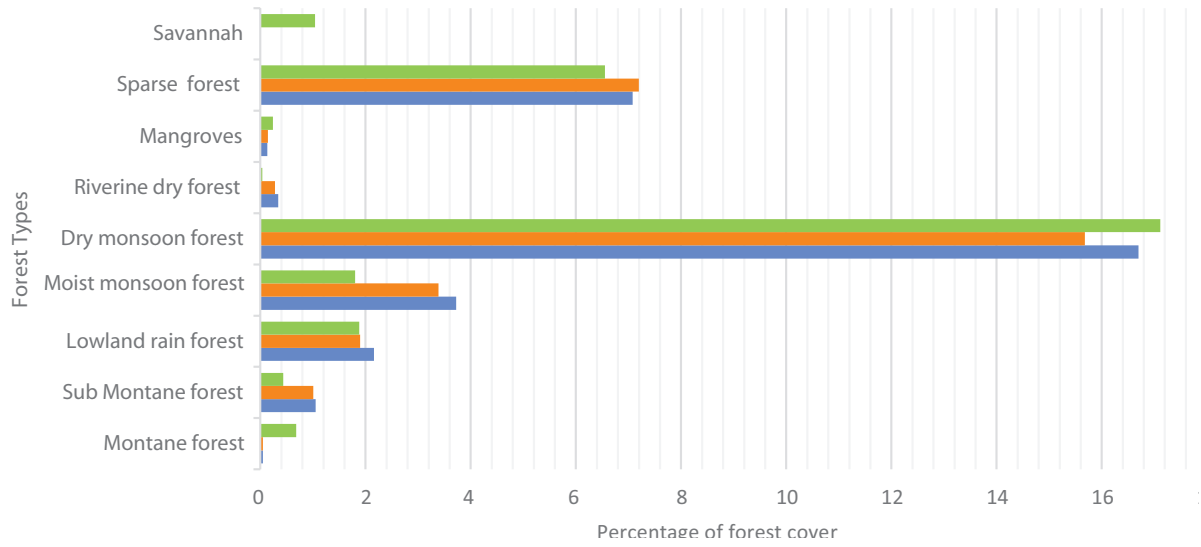
Source: Forest Department

The proportion of land area covered by forest has declined from 33 percent in 1990 to 29.6 percent in 2012, although there has been an increase since 2007 when the cover was 27.5%.

Several categories comprise total forest cover: savannah, sparse forests, mangroves, riverine dry forests, dry monsoon forests, moist monsoon forests, lowland rain forests, sub-montane forests and montane forests.

The majority are dry monsoon forests. Over the years, dry monsoon forest cover has fluctuated but increased overall, from 16.7 percent in 1992 to 15.6 percent in 1999 to 17.1 percent in 2010. Total forest cover shows a decrease, from 31.2 percent in 1992 to 29.6 percent in 1999 to 29.8 percent in 2010. Savannah forest cover was recognized globally as a type of forest cover only recently, however. Excluding savannah forest, the total forest cover shows a larger decrease. Without savannah forests, the total forest cover in Sri Lanka by 2010 was 26.6 percent (figure 7.1). Even though total forest cover has declined, the rate of reduction is very low. Table 7.2 presents the total forest cover and rate of change from 1990 to 2010. From 1990 to 2000, the annual rate of change was -1.1 percent. From 2000 to 2005 and 2005 to 2010, the annual rate of change fell to -0.6 percent and -0.3 percent, respectively. While there is less forest cover, the decline is occurring at a slower pace, an encouraging sign.

Figure 7.1: Proportion of Land Area Covered by Forests

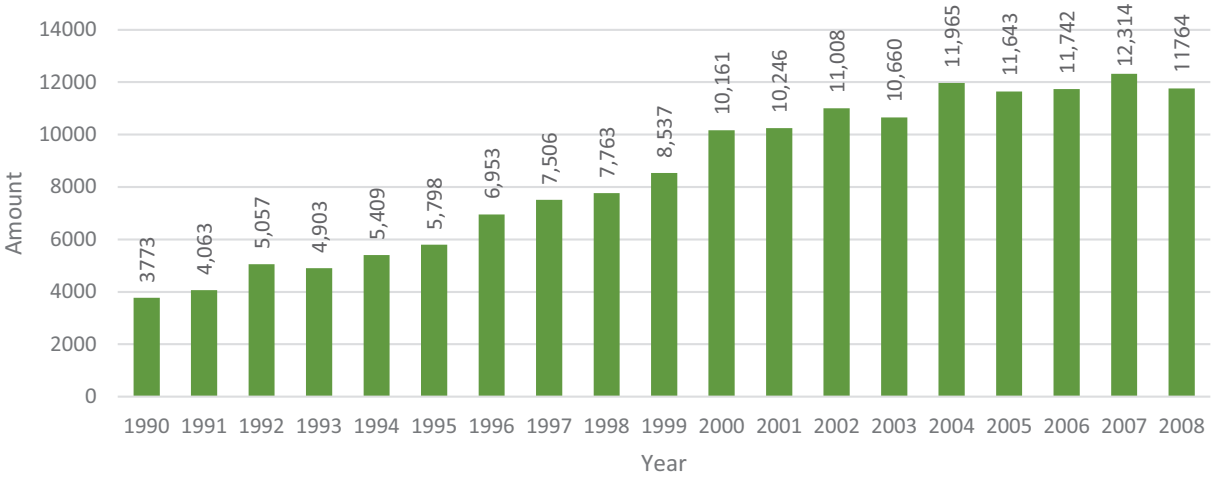


Source: Forest Department.

Indicator 7.2: Carbon dioxide emissions, total, per capita and per US$1 of GDP (purchasing power parity)

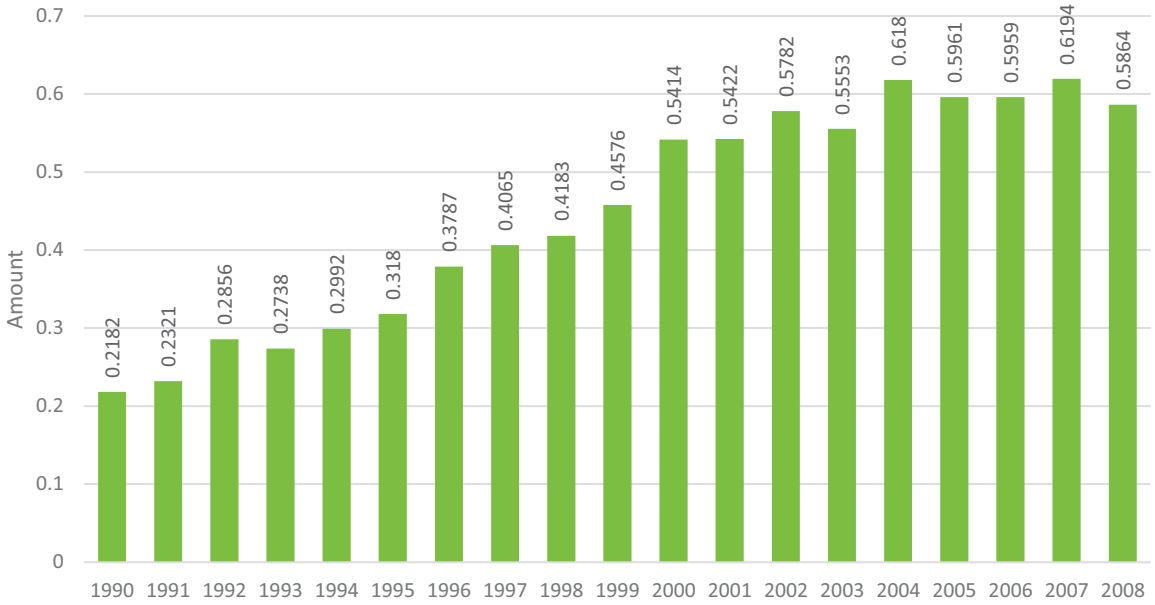
Emissions data is available from 1990 to 2008. All three indicators showed an increasing trend from 1990 to 2004, but remained more or less constant between 2004 and 2008 (figures 7.2, 7.3 and 7.4). Unfortunately, no statistical data shows what has happened since 2008.

Figure 7.2: Total Carbon Dioxide Emissions (Metric Tons)



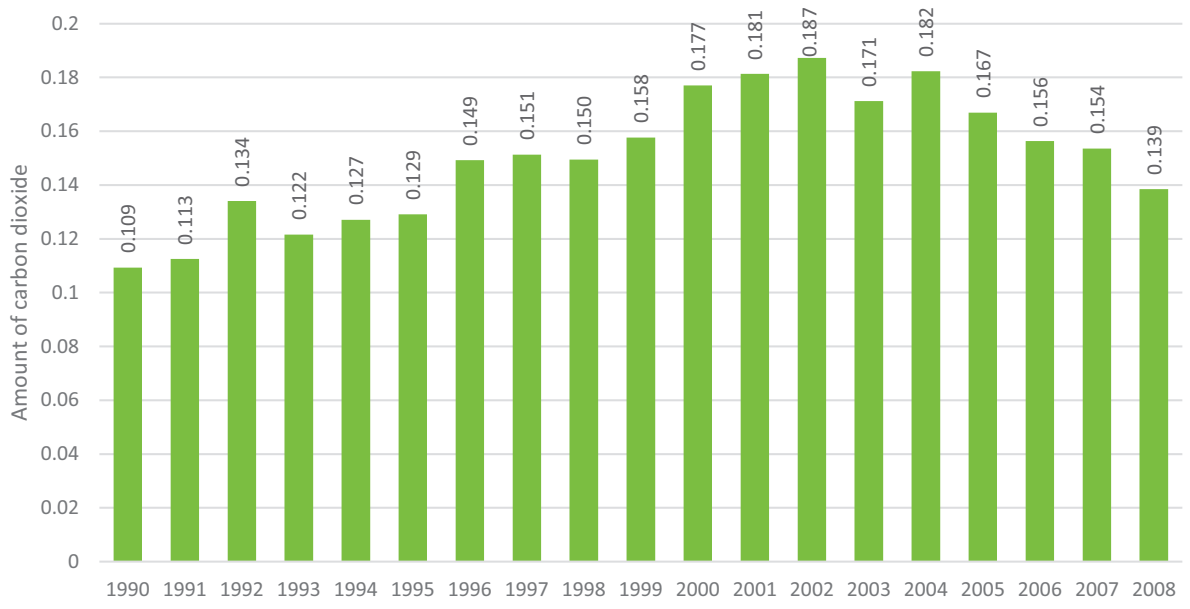
Source: Ministry of Environment and Renewable Energy, Climate Change Secretariat and UN Statistics Division (http://data.un.org)

Figure 7.3: Carbon Dioxide Per Capita Emissions (Metric Tons), 1990-2008



Source: Ministry of Environment and Renewable Energy, Climate Change Secretariat. Division (http://data.un.org)

Figure 7.4: Kilogrammes of Carbon Dioxide Emissions Per US$1 of GDP



Source: Ministry of Environment and Renewable Energy, Climate Change Secretariat UN Statistics Division (http://data.un.org).

Indicator 7.3: Consumption of ozone-depleting substances

Sri Lanka does not produce ozone-depleting substances; consumption is based on imports that are used in the tea industry, in fumigation of agricultural exports, in certain industrial processes like the manufacture of packaging foam, in industrial refrigerants and in air conditioning. Consumption decreased until 2008 and increased thereafter (figure 7.5). By 2012, consumption had reached 312.96 metric tons. However, it is important to note that prior to 2008 the composition of Ozone-depleting substances was mostly Chlorofluorocarbons (CFCs) yet after 2008 this was replaced mostly by the less potent Hydrofluorocarbons (HCFCs).

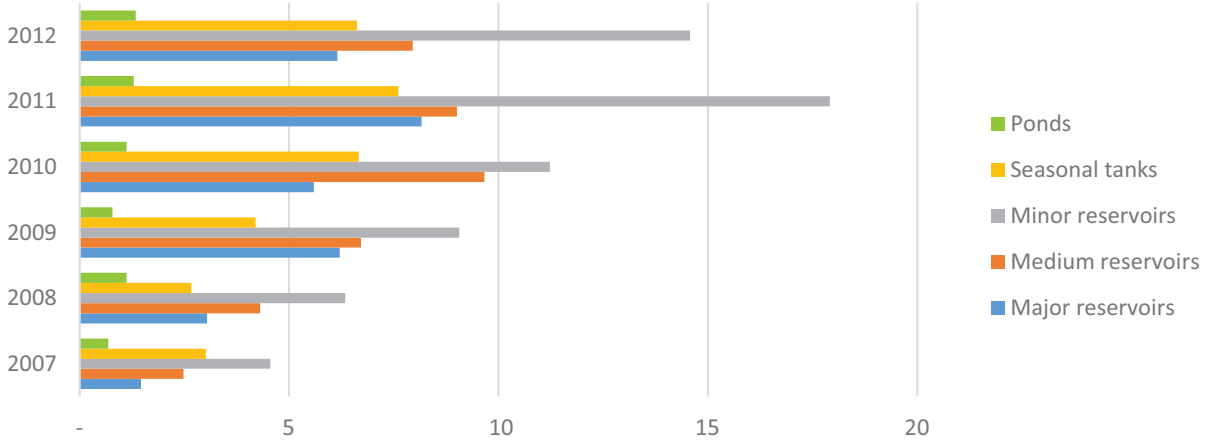
Figure 7.5: Consumption of Ozone-Depleting Substances Entirely From Imports

Source: Ministry of Environment and Renewable Energy, Ozone Unit.

Indicator 7.4: Fish stocks at inland fisheries

Inland fisheries are stocked in major, medium and minor reservoirs, and in seasonal tanks and ponds. From 2007 to 2012 the majority of fish were stocked in minor reservoirs.

Figure 7.6: Fish Stocked in Inland Reservoirs



Source: Ministry of Fisheries and Aquatic Resources, National Aquaculture Development Authority.

Table 7.3: Inland Fisheries Stock (Mn) by districts

District	2010	2011	2012
Ampara	5.6	8.6	9.1
Anuradhapura	8.4	7.7	4.9
Badulla	1.8	2.0	1.2
Batticaloa	2.3	1.9	1.9
Colombo	0.1	0.0	0.1
Galle	0.5	0.3	0.2
Gampaha	0.1	0.1	0.1
Hambantota	4.1	4.9	6.6
Kalutara	0.2	0.1	0.0
Kandy	0.3	0.6	0.3
Kegalle	0.1	0.0	0.1
Kilinochchi	0.5	1.0	0.6
Kurunegala	4.7	5.5	2.9
Mannar	0.3	0.7	0.6
Matale	1.3	1.8	1.5
Matara	0.8	0.5	0.0
Monaragala	3.8	2.7	4.7
Mullaitivu	0.6	1.4	2.7
Nuwara Eliya	0.7	1.1	0.9
Polonnaruwa	2.5	5.0	4.8
Puttalam	4.1	5.6	3.6
Ratnapura	0.4	0.7	0.6
Trincomalee	1.2	2.7	2.3
Vavunia	1.4	1.1	1.8
Total	46.0	56.0	51.1

Source: Ministry of Fisheries and Aquatic Resources, National Aquaculture Development Authority, Sri Lanka

The amount of fish stocked in minor reservoirs has decreased from 17.9 million in 2011 to 14.5 million in 2012. Stocks in inland reservoirs have increased over time, however (figure 7.6). Table 7.3 shows the stocking of inland fisheries by district. Ampara had the highest stock in 2011 and 2012. It decreased in other districts from 2011 to 2012. The National Aquaculture Development Authority suggests this is mainly due to poor and unseasonal weather conditions, mainly increased drought.

Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

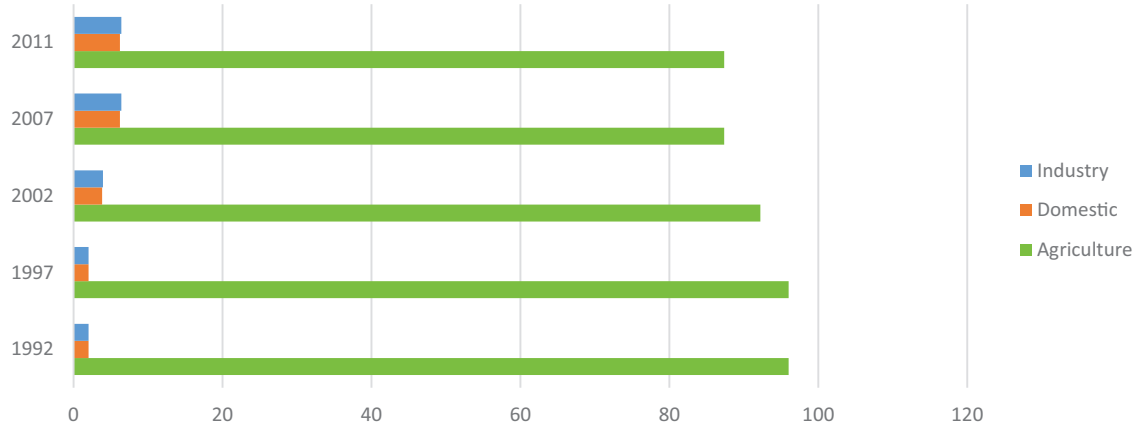
Target 7B comprises three indicators: the proportion of total water resources used for agriculture, the proportion of terrestrial and marine areas protected, and the proportion of species threatened with extinction.

Indicator 7.5: Proportion of total water resources used by for irrigation, and industrial and domestic use

Table 7.4: Progress and Status of Indicators under Target 7B since 1990

Indicators for monitoring progress	1990 or closest year	2013 or latest year	Target for 2015	Status and remarks
7.5 Proportion of water resources used for agriculture (%)	**96.01** (1992)	**87.37** (2007)	No targets specified	Terrestrial areas protected show an increase
7.6 Terrestrial areas protected (hectares)	**971,780** (1997)	**10,434,424** (2009)		
7.6 Marine areas protected (hectares)	-	**31,492** (2009)		
7.7 Proportion of species threatened with extinction (%)	-	-		No information on indicator 7.7

Figure 7.7: Percentages of Annual Freshwater Withdrawals, 1992-2011



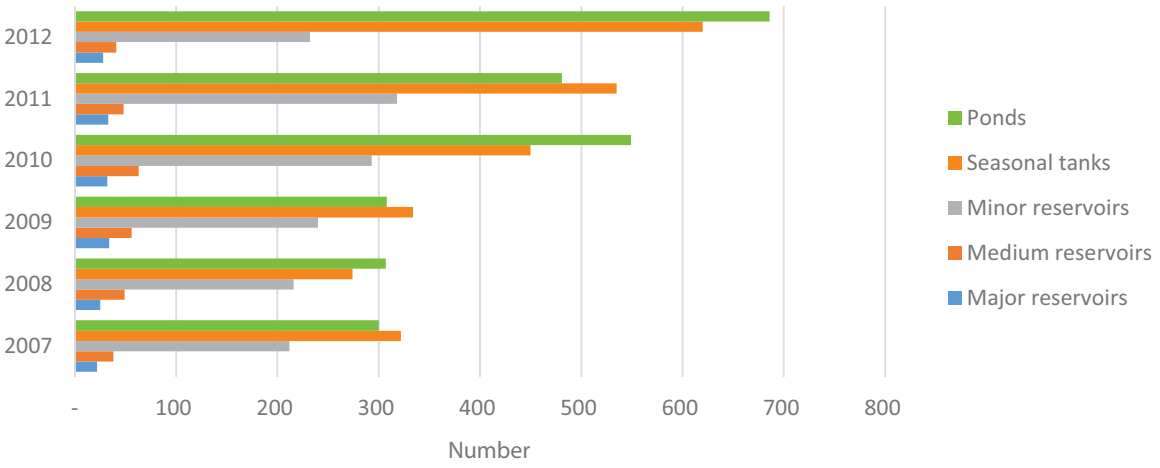
Source: National Water Supply and Drainage Board.

In 2011, agriculture used 87.37 percent of fresh water, while 6.22 percent went to domestic use and 6.42 percent to industry (figure 7.7). Over time, the share going to agriculture has declined from 96.01 percent in 1990, while domestic and industrial shares have increased.

Indicator 7.5: Proportion of water resources used for agriculture[99]

The number of inland water reservoirs has increased (figure 7.8), particularly ponds, seasonal tanks and minor reservoirs. From 2007 to 2012, the number of major reservoirs increased from 22 to 28, medium reservoirs from 38 to 41, minor reservoirs from 212 to 232, seasonal tanks from 322 to 620 and ponds from 300 to 686. The area of the reservoirs has expanded as well (figure 7.9).

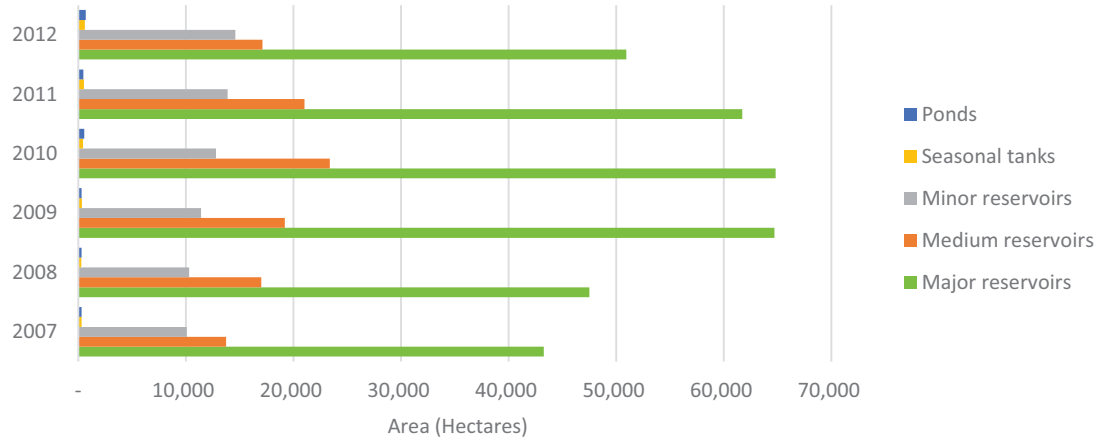
Figure 7.8: Number of Inland Reservoirs, 2007-2012



Source: Ministry of Fisheries and Aquatic Resources, National Aquaculture Development Authority.

99 Data was only available for the number and area of water resources. It was not possible to calculate the proportion of the water used for agriculture .

Figure 7.9: Area of Inland Reservoirs



Source: Ministry of Fisheries and Aquatic Resources, National Aquaculture Development Authority.

Indicator 7.6: Proportion of terrestrial and marine areas protected[100]

Protection of forests in Sri Lanka, falls under the jurisdiction of the Forest Department and Department of Wildlife Conservation. Types of protected forests under the Forest Department are international biosphere reserves, national biosphere reserves, national heritage and wilderness areas, and conservation forests. From 1997 to 2009, protected forests under the Forest Department decreased from 149,909 hectares to 145,754 hectares (table 7.5).

Table 7.5: Protected Forest Cover, 1997 and 2009

Category	1997	2009
Under Forest Department		
International biosphere reserves	9,376	42,768
National biosphere reserves	63,384	
National Heritage and Wildness areas	11,187	11,127
Conservation forests	76,525	91,859
Subtotal	149,472	
Subtotal corrected*	149,909	145,754
Under Department of Wildlife Conservation		
National parks	462,448	522,263
Nature reserves	33,372	53,829
Strict natural reserves	31,574	31,574
Sanctuaries	284,117	270,863
Jungle corridors		19,141
Subtotal	821,871	897,670
Total	971,780	1,043,424

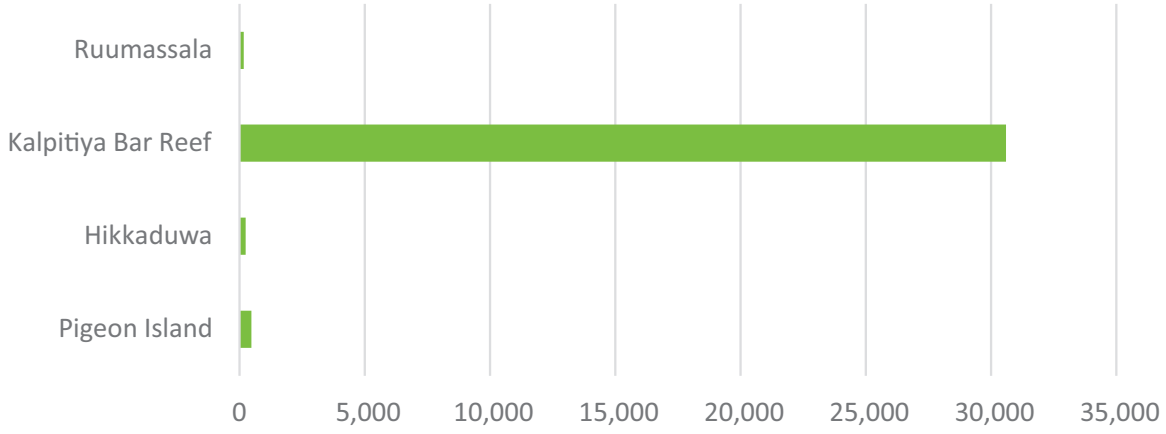
*Note: *Corrected for international and national biosphere reserves that are located in national heritage and wilderness areas and conservation forest*
Source: Forest Department, Sri Lanka

100 Only protected areas are included in data.

Protected forests areas under the Department of Wildlife Conservation are national parks, nature reserves, strict natural reserves, sanctuaries and jungle corridors. These increased from 971,780 hectares in 1997 to 1,043,424 hectares in 2009.

There are four main protected marine areas located at Rumassala, Kalpitiya, Hikkaduwa and Pigeon Island (figure 7.10). The biggest marine protected area is at Kalpitiya; it comprises 30,600 hectares.

Figure 7.10: Marine Protected Areas



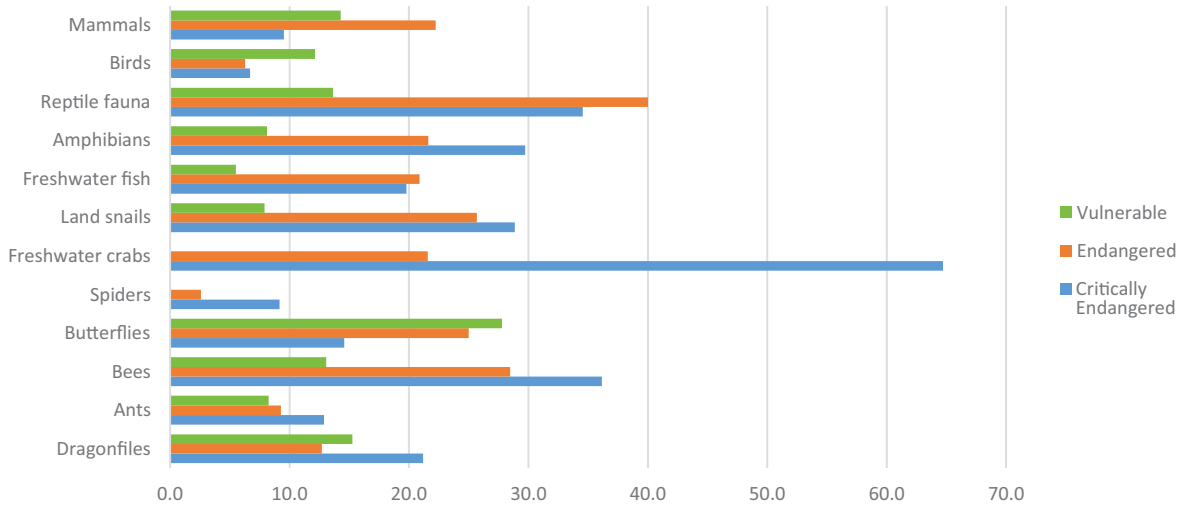
Source: Ministry of Fisheries and Aquatic Resources, National Aquatic Resource Research and Development Agency.

Indicator 7.7: Proportion of species threatened with extinction

Figures 7.11 and 7.12 illustrate the degree of threats to different fauna and flora species. Almost 70 percent of all freshwater crabs are considered critically endangered, and the level is also relatively high for reptiles, amphibians, land snails and bees. There are notable threats to both pteridophytes[101] and angiospersms.[102]

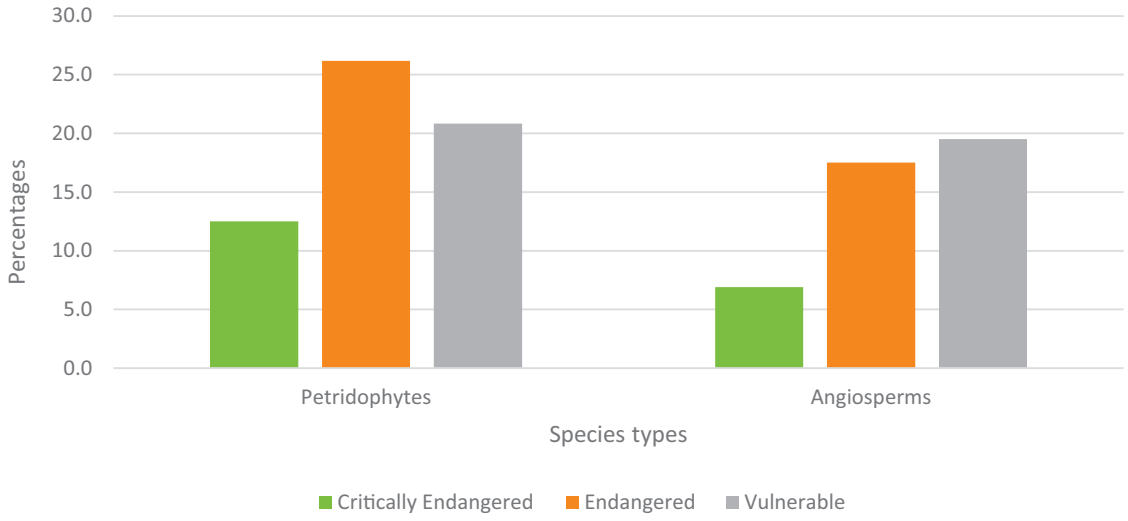
101 Pteridophytes are flowerless green plants.
102 Angiosperms are plants that have flowers and produce seeds.

Figure 7.11: Threatened Fauna Species



Source: National Red List 2012 of Sri Lanka, Ministry of Environment and Renewable Energy, Biodiversity Secretariat.

Figure 7.12: Threatened Flora Species



Source: National Red List 2012 of Sri Lanka, Ministry of Environment and Renewable Energy, Biodiversity Secretariat.

Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Target 7C comprises two indicators: the proportion of the population using an improved drinking water source and the proportion using an improved sanitation facility (table 7.6).

Table 7.6: Progress and Status of Indicators under Target 7C since 1990

Indicators for monitoring progress	1990 or closest year	2006 or closest year	2013 or latest year	Target for 2015	Status and remarks
7.8 Proportion of population using an improved drinking water source	68.0 (1990)	84.7 (2006-2007)	89.7 (2012-2013)	89.0	**"Achieved"**
7.9 Proportion of population using an improved sanitation facility	69.0 (1990)	93.9 (2006-2007)	87.2 (2012-2013)	89.5	**"On Track"**

Indicator 7.8: Proportion of population using an improved drinking water source

Access to safe drinking water has improved at the national level, from 68 percent in 1990 to 89.7 percent in 2012-2013; this part of the target has been met in both urban and rural areas (table 7.7). Safe drinking water reached 98.8 percent and 90 percent of people there, respectively, by 2012-2013.

The estate sector continues to lag behind, at 46.3 percent. This could be partially due to the global definition of safe drinking water, in which water from springs is considered unsafe. Many people in the estate sector, especially on tea estates at high elevations, use spring water for drinking, as they consider it safe. As such, subject to testing, it may be necessary to reconsider the definition of safe drinking water to include spring water in national calculations.

Table 7.7: Access to Improved Drinking Water

Sector	1990	1994	2006-2007	2012-2013
Sri Lanka	**68.0**	**72.0**	**84.7**	**89.7**
Urban	-	-	95.4	98.8
Rural	-	-	84.6	90.0
Estate	-	-	57.8	46.3

Sources: IPS 2010b; Household Income and Expenditure Survey 2012-2013, Department of Census and Statistics.

Indicator 7.9: Proportion of population using an improved sanitation facility

Improved sanitation facilities ensure hygienic separation of human excreta from human contact.[103] In 2012-2013, an estimated 87.2 percent of households had improved facilities, up from 69 percent in 1990 (table 7.8). The figure declined by 6.7 percent from 2006-2007, however. This could be due to the latest definition of improved sanitation, which is a "water sealed type sanitation facility which is for the exclusive use of the household."[104]

Table 7.8: Access to Improved Sanitation

Sector	1990 (%)	1994 (%)	2006-2007 (%)	2012-2013 (%)*
Sri Lanka	**69.0**	**85.7**	**93.9**	**87.2**
Urban	-	-	91.5	89.2
Rural	-	-	94.8	87.5
Estate	-	-	85.1	72.5

Note: * Considering water sealed toilets for the exclusive use of a household.
Sources: IPS 2010b; Household Income and Expenditure Survey 2012-2013, Department of Census and Statistics.

Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Target 7D comprises a single indicator on the proportion of the urban population living in slums (table 7.9).

Table 7.9: Progress and Status of Indicators under Target 7D since 1990

Indicators for monitoring progress	1990 or closest year	2006 or closest year	2013 or latest year	Target for 2015	Status and remarks
7.10 Proportion of urban population living in slums	-	0.9 (2009-2010)[105]	1.4 (2012-2013)[106]	Minimize	Action is being taken to provide alternative housing to people living in urban slums

Indicator 7.10: Proportion of urban population living in slums

According to the Household Income and Expenditure Survey 2012-2013, which covered the entire country, only 1.4 percent of the urban population currently lives in slums. As the Government is taking actions to provide alternative housing to slum dwellers, the percentage may fall even further.

103 They can include flush or pour-flush toilets/latrines to a piped sewer system, septic tanks, pit latrines, ventilated improved pit (VIP) latrines, pit latrines with slabs or composting toilets.
104 Reference http://mdgs.un.org/unsd/mi/wiki/7-9-Proportion-of-population-using-an-improved-sanitation-facility.ashx
105 Household Income and Expenditure Survey 2009-2010, Department of Census and Statistics; excludes Kilinochchi, Mulaitivu and Mannar.
106 Household Income and Expenditure Survey 2012-2013, Department of Census and Statistics; includes all districts.

Key Challenges and Ways Forward

Finding current data can be a challenge in monitoring indicators under MDG 7. For example, while data is periodically collected for the percentage of forest cover, coordination issues between relevant agencies mean that it is not always easily accessible, except when the official statistics report is published. For carbon dioxide emissions, data has not been collected for the last several years. Statistics on some indicators, especially on the proportion of fish stocks within safe biological limits, have never been collected. The relevant authorities only collect data on fish stock amounts and monthly production. There are clear challenges with respect to technical capacities in calculating specific indicators.

Sri Lanka is in an era of rapid development. Urbanization and infrastructure development will consume more land cover, especially forests. There will be a necessary trade-off between how much forest cover it can maintain while supporting growth and development. Until now, it has been able to maintain a decent cover, but this will be a major challenge in the future considering economic growth and greater development. One suggested approach is to promote more environmentally friendly infrastructure that causes minimum damage to forests and the environment more widely. There are many examples of green infrastructure in the world, and learning from these would benefit Sri Lanka in the long run.

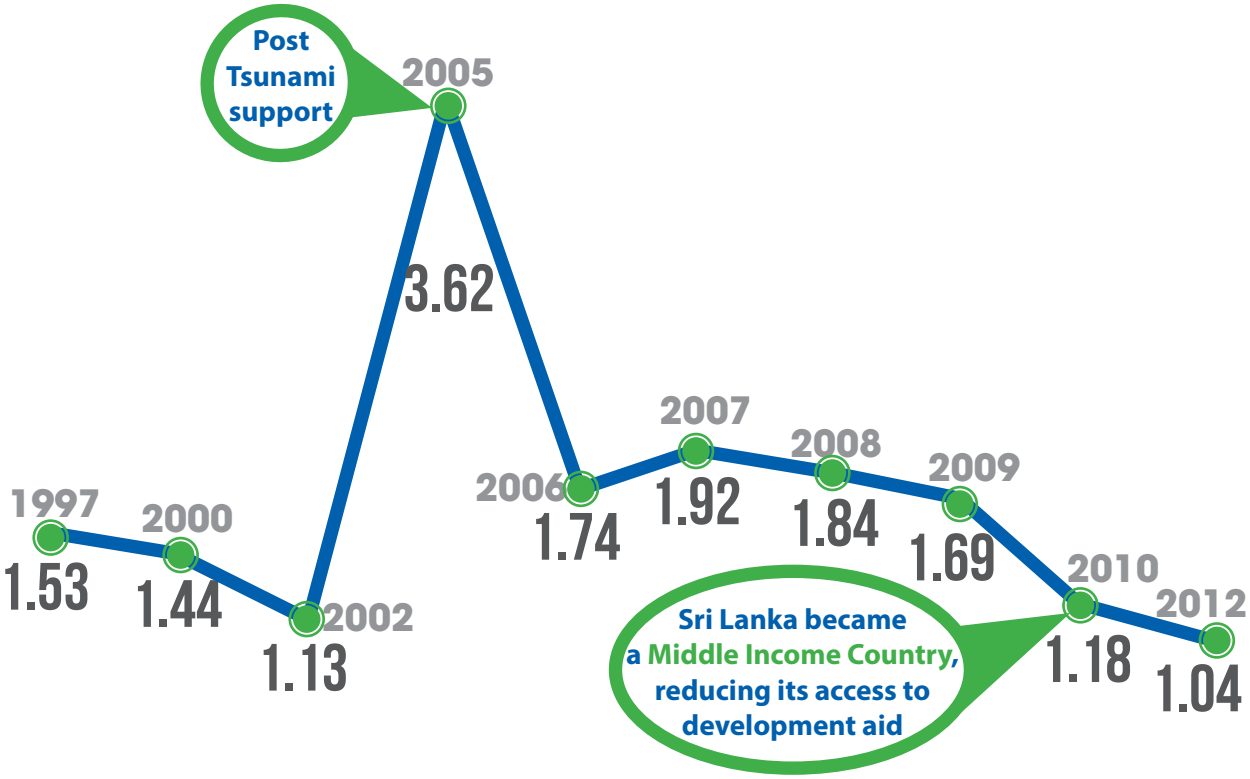
While there are measures in place to reduce greenhouse gas emissions, the motivation to adopt them is low, as Sri Lanka is still not bound by emission targets. A recent development globally has been that even countries that do not have binding emissions targets, need to formulate nationally appropriate responses to reducing Green House Gas (GHG) emissions. In this regard Sri Lanka has a very progressive attitude towards renewable energy and efficient transport systems. However, emission reduction will remain a challenge as long as fossil fuel and coal power plants continue to dominate the energy mix.

The main threat to the sustainability of inland fisheries and freshwater withdrawals for agriculture is climate change. It will have escalating impacts on water availability, which could potentially negatively impact fish stocks in inland water reservoirs. With increasing droughts, minor tanks will be more greatly affected; fish stocks might have to be concentrated in bigger tanks. Concurrently, water will continue to be demanded by agriculture as well as for hydro-electricity generation. More innovative inland fishery management systems need to be put in place. The Government has already started introducing more efficient systems such as cage culture, culture fisheries and capture fisheries. These efforts need to be scaled up in the very near future to sustain and increase the inland fish supply.

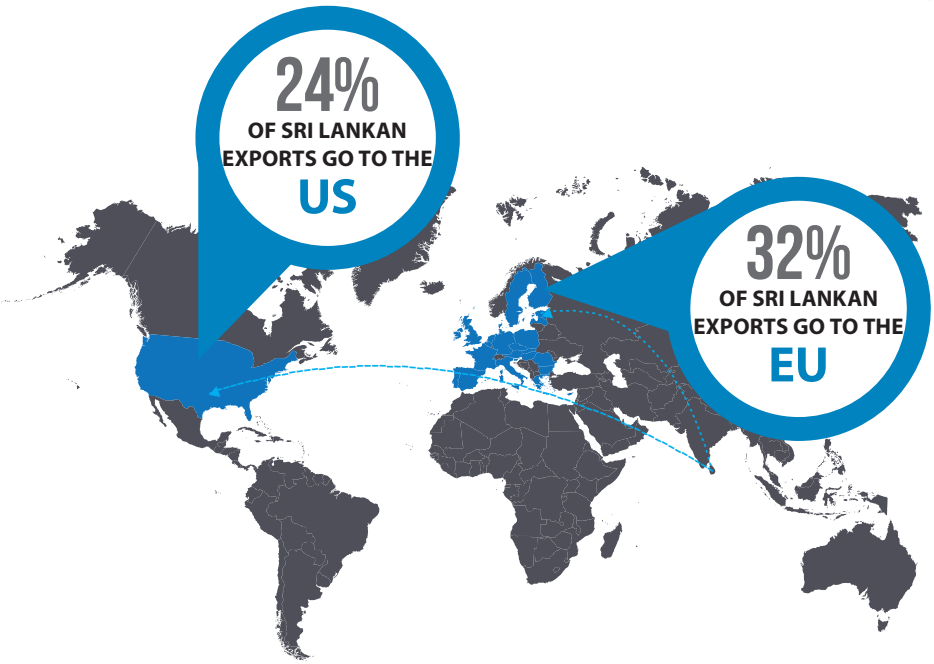
MDG 8

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Official Development Assistance (ODA) Flows to Sri Lanka as a % of Gross National Income (GNI)



Over half of all exports from Sri Lanka go to the US and the EU



Summary

Official Development Assistance (ODA) flows received as a percentage of Sri Lanka's gross national income (GNI) have declined from 1.5 percent in 1997 to 1 percent in 2011. While approximately 50 percent of ODA allocated by sector is devoted to building trade capacity, the amount being channelled directly into trade stood at a mere 0.12 percent in 2011.

Sri Lankan imports admitted duty free into developed countries significantly declined in 2011 to 37.5 percent, largely owing to the loss of the GSP+ (Generalized System of Preferences), and remain far below the developing country average of 80 percent. While tariffs imposed by developed countries on agricultural products have declined over time, textile and clothing products are subject to increasing tariff rates from the United States and the European Union, thereby limiting market access opportunities for exporters. Sri Lanka's export share to developed countries declined from 91.7 percent in 1992 to 60 percent in 2012, though developed countries continue to be the major export destinations. Garments remain the key export product, constituting above 40 percent of total export earnings. Ensuring healthy growth in earnings from exports of goods and services is vital in safeguarding the economy from exposure to foreign debt.

With Sri Lanka moving towards a fully liberalized telecommunications sector, high competition, especially in the mobile cellular market, has resulted in lower call rates, better network coverage and provision of value-added services. This has driven tele-density rates up, with the total number of mobile and fixed telephone subscriptions exceeding the country's population. Mobile cellular subscriptions have jumped from 27.2 per 100 inhabitants in 2006 to 117 in 2012. Access to the Internet is very low at about 13 percent. However, the numbers of Internet and email subscribers have increased rapidly in the last few years and are expected to follow an upward trajectory.

Key challenges and ways forward

A key challenge facing the Sri Lankan economy is reduced access to cheap and concessionary ODA, given the transition into middle-income country status. Maintaining healthy growth in earnings from exports of goods and services is essential in insulating the economy from increasing exposure to external debt and in building a large volume of non-borrowed official reserves. Sri Lanka needs to introduce strategies that enable its producers to expand the currently limited number of exportable products to the world market. Remaining competitive and increasing its share of global exports depends in part on more intensive engagement in regional and bilateral trade agreements to facilitate more market access.

A key priority for Sri Lanka is to raise the value of industrial exports through developing value addition and diversification of the export portfolio. Additionally, greater institutional support can be provided to exporters through a more conducive tax regime, and the implementation of an effective and paperless trade facilitation system. There are also opportunities to facilitate more market access via new multilateral and bilateral trading arrangements.

To support such initiatives, Sri Lanka needs a concrete policy framework that would boost export growth and development. Improved coordination between government and private sector organizations, as well as among different levels of government, is key. Collaboration between the Government and private sector in formulating a national export promotion strategy could help remove barriers and encourage more businesses to engage with global markets.

GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Goal 8 is unique, with its targets and indicators focusing more on commitments and achievements of the developed countries in providing ODA, market access and debt relief to developing nations. The indicators relevant for assessing Sri Lanka's own performance reporting fall under targets 8D and 8F.

Other indicators are analysed to understand Sri Lanka's status with regard to receipt of ODA and market access.

Table 8.1: Targets 8D and 8F

Targets	Remarks
8D: Deal comprehensively with the debt problem	*Needs attention*
8F: Make available the benefits of new technologies, especially information and communication	*Satisfactory progress*

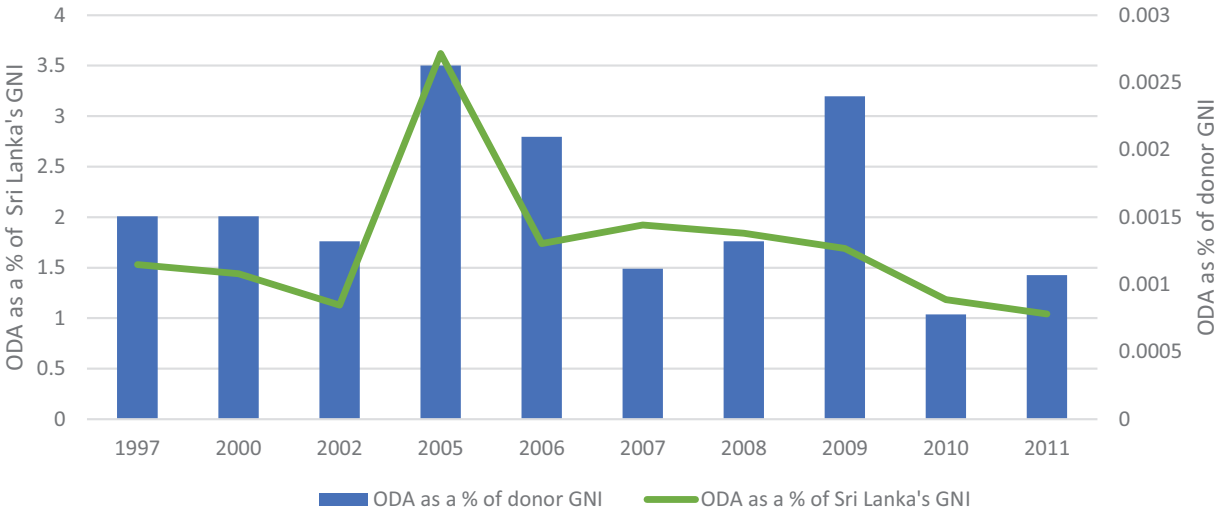
Official Development Assistance

Indicator 8.1: Net ODA, total and to the least developed countries, as a percentage of OECD/DAC (Organisation for Economic Co-operation and Development/Development Assistance Committee) donors' gross national incomes

In order to support the efforts of developing countries in meeting MDG targets, especially those relating to poverty reduction, education and health, Goal 8 stipulates that net ODA from donor countries should reach at least 0.7 percent of their GNI, and net ODA to the least developed countries should be at least 0.15 percent of GNI.

While there are no targets for how much ODA developing countries should receive, ODA as a percentage of Sri Lanka's GNI has declined from 1.5 percent in 1997 to 1 percent in 2011, with the exception of 2005, where the value spiked due to the extra aid that came in for post-tsunami rehabilitation (figure 8.1). Since 2009, the decline has been due to a combination of reasons, including the after-effects of the protracted global economic crisis and the country's transition into a middle-income economy in 2010.

Figure 8.1: ODA Flows to Sri Lanka, 1997-2011



Sources: OECD 2013a, Department of External Resources of Sri Lanka 2013, IPS 2010a, IPS 2010b.

Market access

Indicator 8.6: Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries admitted free of duty

Sri Lankan imports admitted duty free into developed countries have significantly declined and remain far below the developing country average. Developed country[107] imports from developing countries[108] admitted duty free have remained more or less constant at approximately 80 percent since 2004. As indicated in figure 8.2, however, despite a steady increase in the percentage of duty free imports since 2004, Sri Lanka saw a sharp decline in 2011 to 37.5 percent, from 69.8 percent in 2010, primarily due to the loss of GSP+ concessions granted by the European Union. Sri Lanka was a beneficiary between 2005 and 2010.[109]

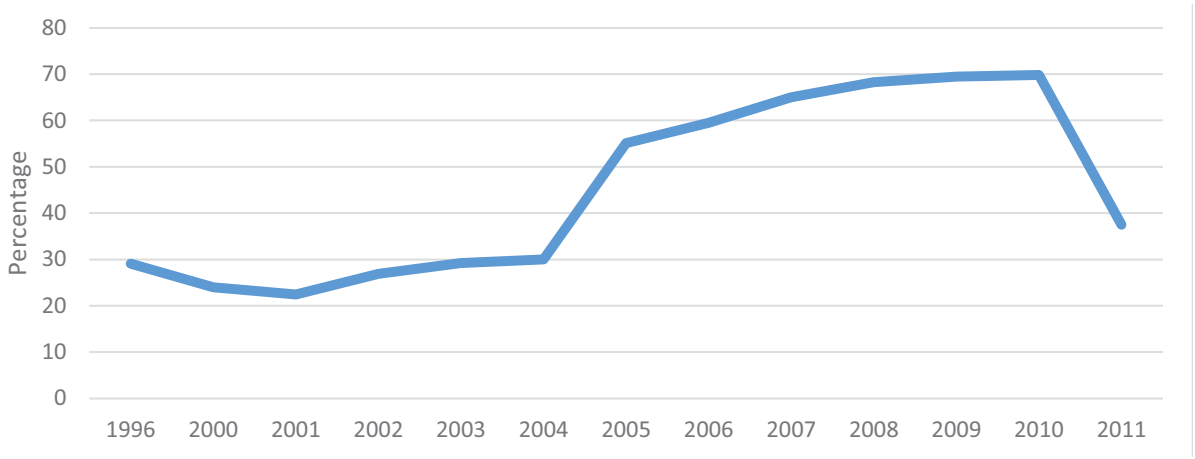
With the loss of duty free access to one of Sri Lanka's key export markets, maintaining and improving external competitiveness is a key challenge, particularly since many South and South-east Asia competitors are eligible for significantly higher percentages of duty free imports from developed countries (figure 8.3).

107 For calculating this indicator, developed countries refer to Japan in Asia, Canada and the United States in North America, Australia and New Zealand in Oceania, and Iceland, Norway, Switzerland and the European Union (25 countries included since 2004) in Europe.

108 Developing countries include all countries not listed as developed or transition countries.

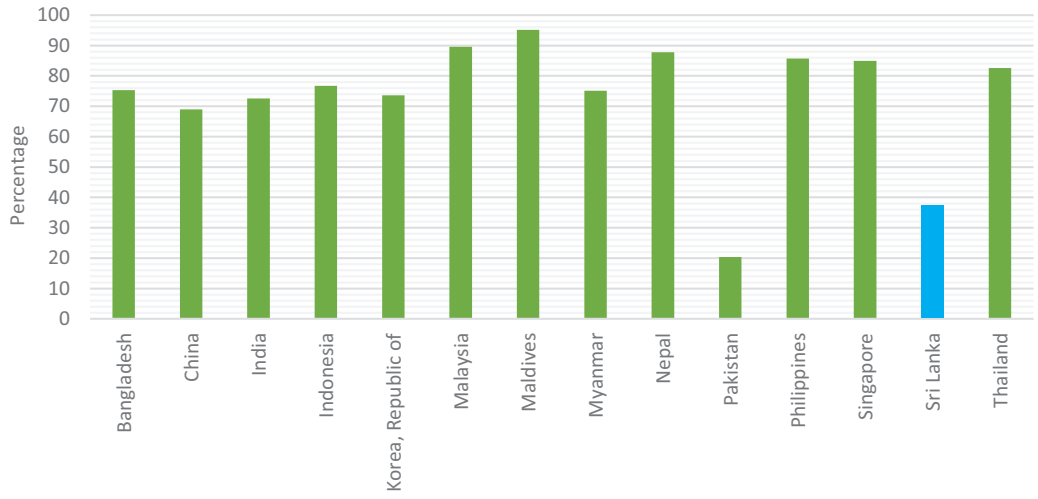
109 The GSP+ scheme offers additional tariff reductions over and above the standard GSP scheme to 15 developing countries with vulnerable economies, providing duty free access to over 7,200 products.

Figure 8.2: Proportion of Sri Lankan Imports to Developed Countries Admitted Duty Free, 1996-2011



Source: United Nations 2013.

Figure 8.3: Percentage of Imports Admitted Duty Free to Developed Markets, 2011

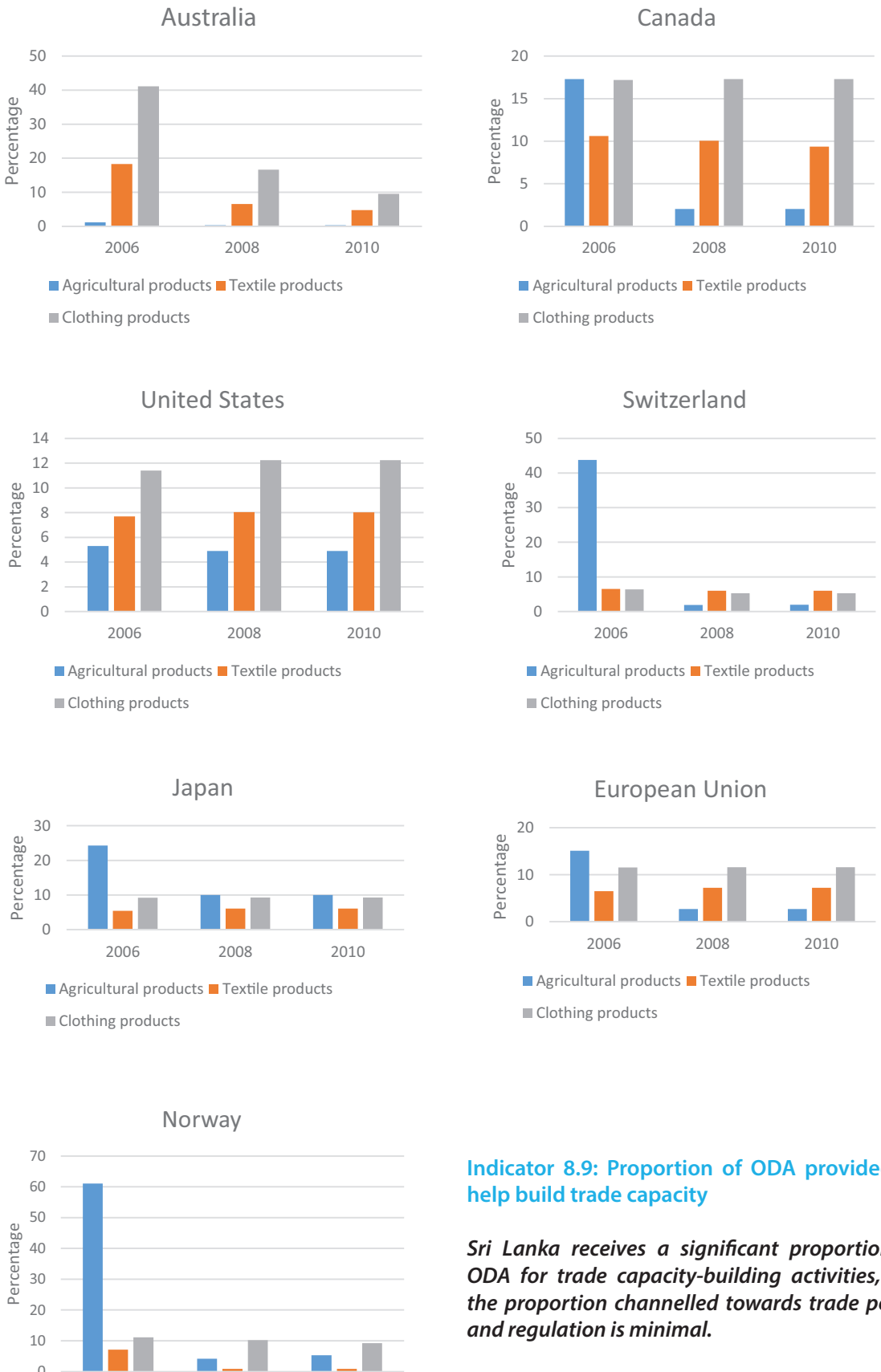


Source: United Nations 2013.

Indicator 8.7: Average tariffs imposed by developed countries on agricultural products and textiles and clothing products from developing countries

Tariffs imposed on Sri Lankan agricultural products have fallen considerably over time, but the reduction in textile and clothing tariffs has been minimal. Agricultural tariffs have significantly declined for a majority of developed countries, in line with the objective of eventually moving towards a zero-tariff regime. Tariff rates imposed by Canada, Norway and Switzerland fell by 95 percent, 91 percent and 88 percent, respectively, between 2006 and 2010 (figure 8.4). While tariff reductions by Australia and the United States have been far less significant, overall, their rates are low. Tariffs on textile and clothing products have fallen at much slower rates and in some cases have remained more or less constant over the years. Rates imposed by the United States and European Union, Sri Lanka's two key export markets for textile and clothing products, marginally increased between 2006 and 2010.

Figure 8.4: Average Tariffs Imposed by Developed Countries by Type of Product, 2006, 2008 and 2010



Source: Department of Commerce.

Indicator 8.9: Proportion of ODA provided to help build trade capacity

Sri Lanka receives a significant proportion of ODA for trade capacity-building activities, but the proportion channelled towards trade policy and regulation is minimal.

The proportion of ODA to help build trade capacity accounted for close to 50 percent of total ODA flows in 2011 (table 8.1). The bulk

of this has been directed towards economic infrastructure, primarily in upgrading transport and storage capacities. The amount of ODA received for trade policy and regulations, which includes subcomponents such as administrative management, trade facilitation, trade agreements, and trade-related education and training, is considerably less. The proportion of ODA was a mere 0.12 percent in 2011, and has been on the decline.

Table 8.2: Proportion of Aid for Trade received by Sri Lanka, 2006 to 2011

Year	Proportion of ODA provided to help build trade capacity	Proportion of ODA provided for trade policy and regulation
2006	41.36	0.20
2007	40.63	0.28
2008	53.21	0.24
2009	56.65	0.22
2010	43.96	0.16
2011	49.13	0.12

Sources: OECD 2013b.

Debt sustainability

Target 8D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Table 8.3: Progress and Status of Indicators Under Target 8D

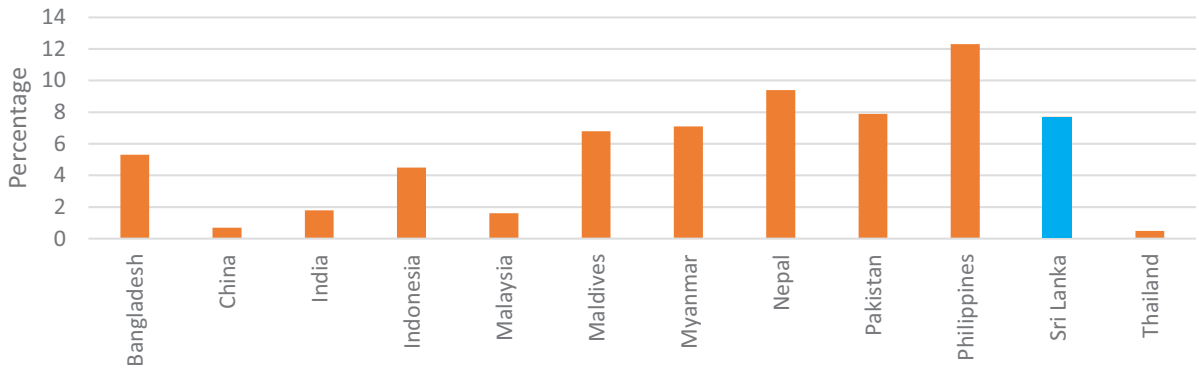
	1990	2006	2012	2013	2015 target	Status and remarks
Debt service as a percentage of exports of goods and services	14.2	9.8	13.5	17.6	-	Needs attention, exports need to increase

Sources: Central Bank of Sri Lanka, annual report, various issues.

Sri Lanka's debt service to export ratio remains relatively high. A country's external debt burden has a bearing on its creditworthiness and affects its exposure to economic shocks. The burden of debt service in developing countries has come down over the past decade, owing to factors such as better debt management, increasing trade volumes and debt relief for the least developed countries.[110] Sri Lanka's debt service ratio remains relatively high compared to many South and South-east Asian economies, however (figure 8.5).

110 United Nations 2013a.

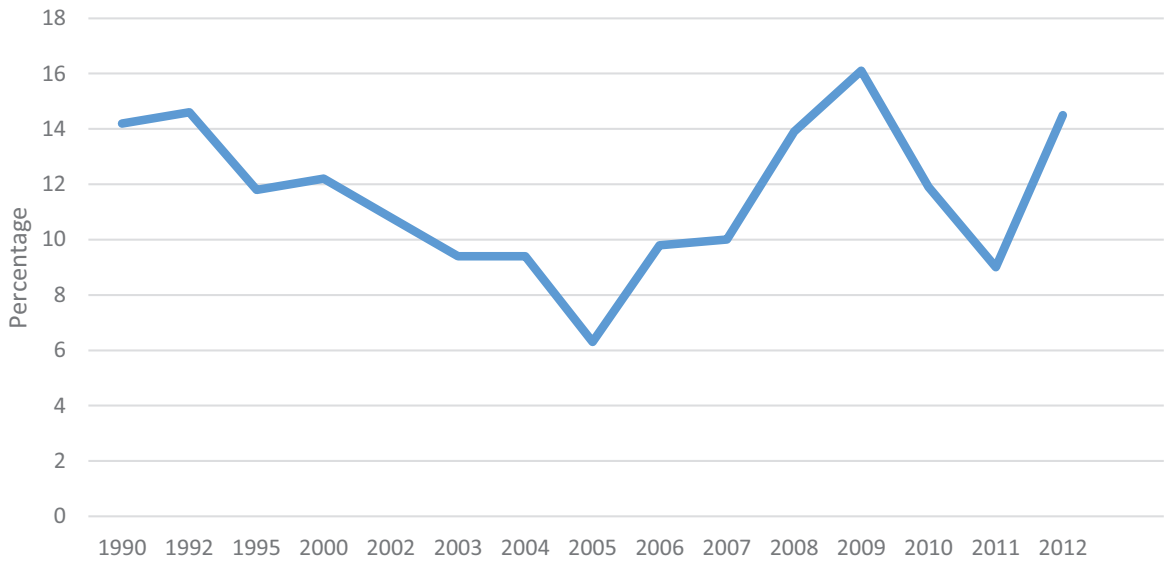
Figure 8.5: Debt Service as a Percentage of Exports of Goods and Services and Net Income, 2011



Source: United Nations 2013b.

Sri Lanka has experienced notable increases in its debt service payments in recent years while export growth has lagged behind. Sri Lanka's debt service payments as a percentage of exports of goods, services, net income and current transfers steadily declined from 1990 until 2005, falling from 14.2 percent to 6.3 percent. While total debt service payments began to rise, driven by increased amortization and interest payments, earnings from exports and income and current transfers increased at a higher rate, thereby leading to an overall decline in the debt service percentage. The debt moratorium granted following the tsunami in December 2004 contributed to the notable decline in the ratio in 2005. Between 2006 and 2012, however, Sri Lanka's external debt grew at an annual average rate of 16.4 percent, whereas export earnings grew at only 8.7 percent (figure 8.6).

Figure 8.6: Debt Service in Sri Lanka as a Percentage of Receipts from Exports of Goods, Services, Income and Current Transfers, 1990-2012

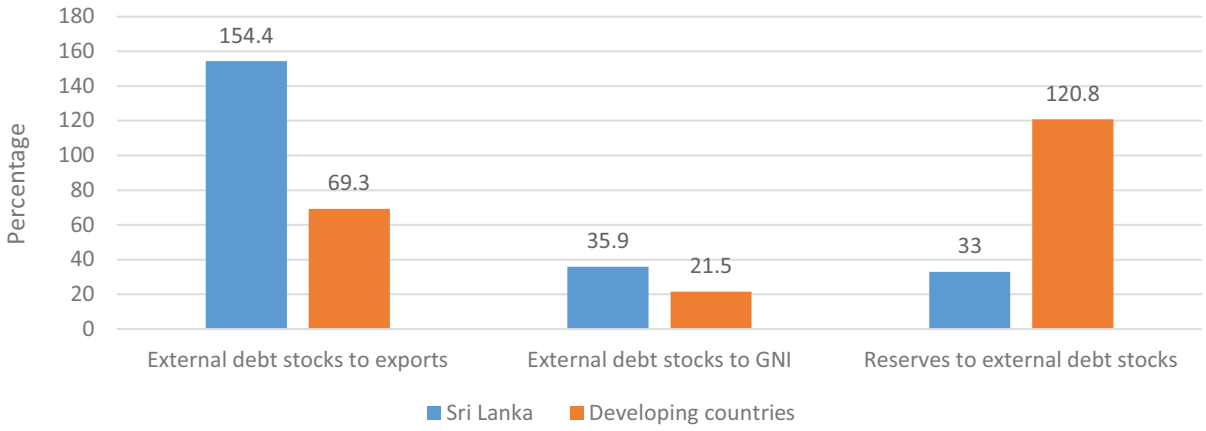


Sources: Central Bank of Sri Lanka, annual report, various issues.

The initial increase in 2006 is attributed to the resumption of scheduled debt repayments after the one-off reduction in 2005.[111] Since then, the contraction in export earnings in the face of the global economic crisis has increased Sri Lanka's demand for foreign sources of funding to bridge its resource gap, thereby exerting pressure on the ratio of debt service to export earnings. Sri Lanka's transition to a middle-income country has also limited its access to cheap and concessionary ODA. Upon receiving a sovereign credit rating in 2005, Sri Lanka since 2007 has issued five sovereign bonds amounting to US$4 billion.[112]

Regulations pertaining to foreign borrowing by the country's private sector have been relaxed to encourage private firms and commercial banks to secure foreign sources of funding. Accordingly, the composition of external debt has changed markedly, with the share of non-concessional and commercial borrowing increasing from 7.2 percent of total external debt in 2006 to 50.5 percent in 2012.[113] Higher repayments, including the settlement of the first sovereign bond for US$500 million issued in 2007, were largely responsible for the spike in the debt service ratio in 2012.[114] The 7.4 percent contraction in merchandise export earnings in 2012 over 2011 contributed as well. A comparison of Sri Lanka's external debt with the developing country average is given in figure 8.7. To insulate the economy from rising vulnerabilities to foreign debt, it is vital to ensure high and sustainable growth in earnings from exports of goods and services, and to build up a large volume of non-borrowed official reserves.

Figure 8.7: External Debt Stock, Sri Lanka and the Developing Country Average, 2011



Source: World Bank, 2013, International Debt Statistics,2013.

111 Central Bank of Sri Lanka 2006.
112 Weerakoon 2013.
113 Central Bank of Sri Lanka 2012.
114 Weerakoon 2013.

Access to new technologies

Target 8F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

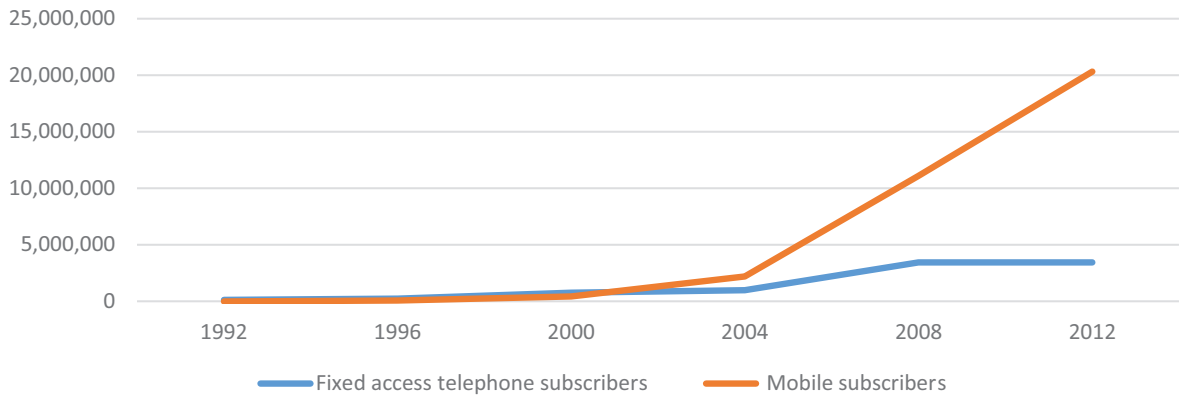
	1990	2006	2012	Target for Indicator	Status of indicator and remarks
8.14 Fixed telephone lines per 100 inhabitants*	0.8	9.5	17	No target	No target
8.15 Mobile cellular subscriptions per 100 inhabitants		27.2	117.0		Progressing very well
8.16 Internet users per 100 inhabitants**		0.65	6.72		Need to improve
Percentage of households with Internet access from home			11.4***		Need to improve
Percentage of households with Internet access through offices, the Nenasala Project,[115] communication centres, etc.			12.7***		Need to improve

Note: * *Fixed access services and wireless services only.*
** *Includes mobile broadband services.*
*** *Census of Population and Housing 2012, Department of Census and Statistics.*

Sources: Central Bank of Sri Lanka, annual report, various issues; IPS 2010.

Telephone density has increased rapidly with the number of telephone connections exceeding the country's population. Tele-density for mobile connections has risen from 27.2 lines per 100 persons in 2006 to 117 lines in 2012. The total number of telephone connections, fixed line and mobile, stood at 23.8 million in 2012, with high mobile penetration driving greater tele-density. Around 85 percent of the country's current telephone subscriptions are for mobile services. The number of fixed access telephone subscribers is only around 3.5 million (see figure 8.8).

Figure 8.8: Fixed Access and Mobile Telephone Subscribers, 1992-2012

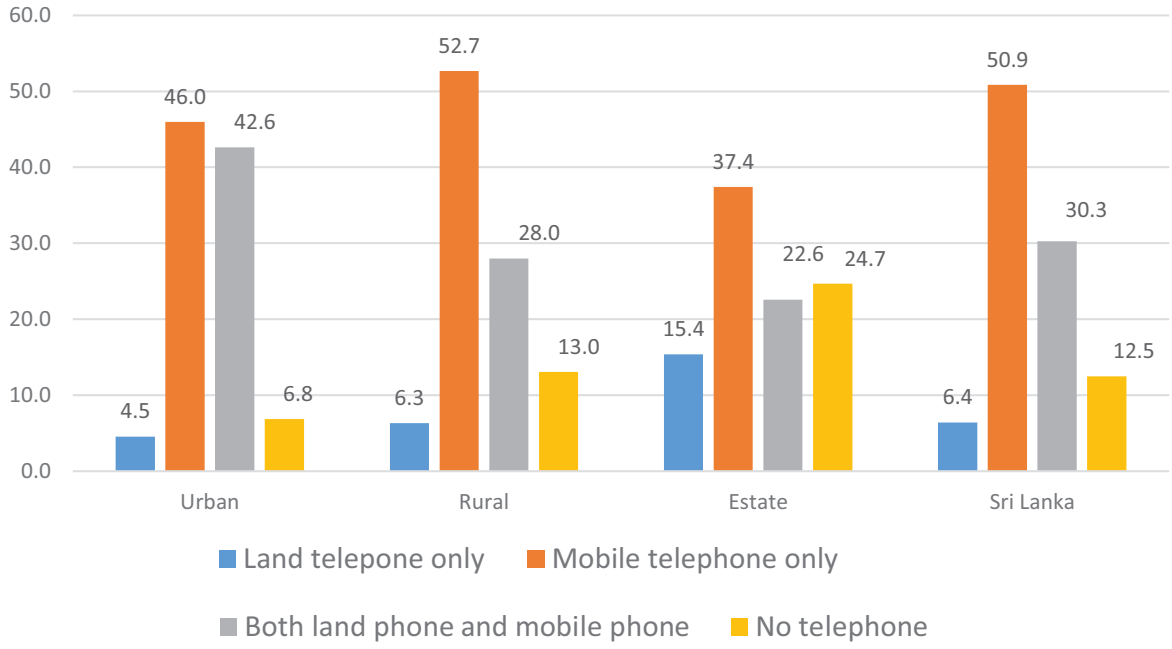


Source: Telecommunications Regulatory Commission 2012.

115 The Nenasala Project was implemented under the e-Sri Lanka Initiative. Nenasalas or telecentres provide free access to computers and Internet in remote and rural areas. The Government launched the program as a way to boost digital literacy and encourage economic development throughout the country. The project won the Bill & Melinda Gates Foundation's 2014 Access to Learning award.

Reforms undertaken in the early 1990s to deregulate the once state-owned telecom sector resulted in increased private sector participation and high competition. This led to expanded network coverage, easy access to services, lower call rates and other value-added services, attracting an influx of mobile subscribers. Sri Lanka's mobile cellular prices are now among the lowest in the world, ranking 14th globally in 2011.[116] On the other hand, for fixed lines, factors such as high costs, removal of non-revenue

Figure 8.9: Percentage Distribution of Households That Own Telephones by Sector, 2012-2013



Source: Household Income and Expenditure Survey Report 2012-2013, Department of Census and Statistics.

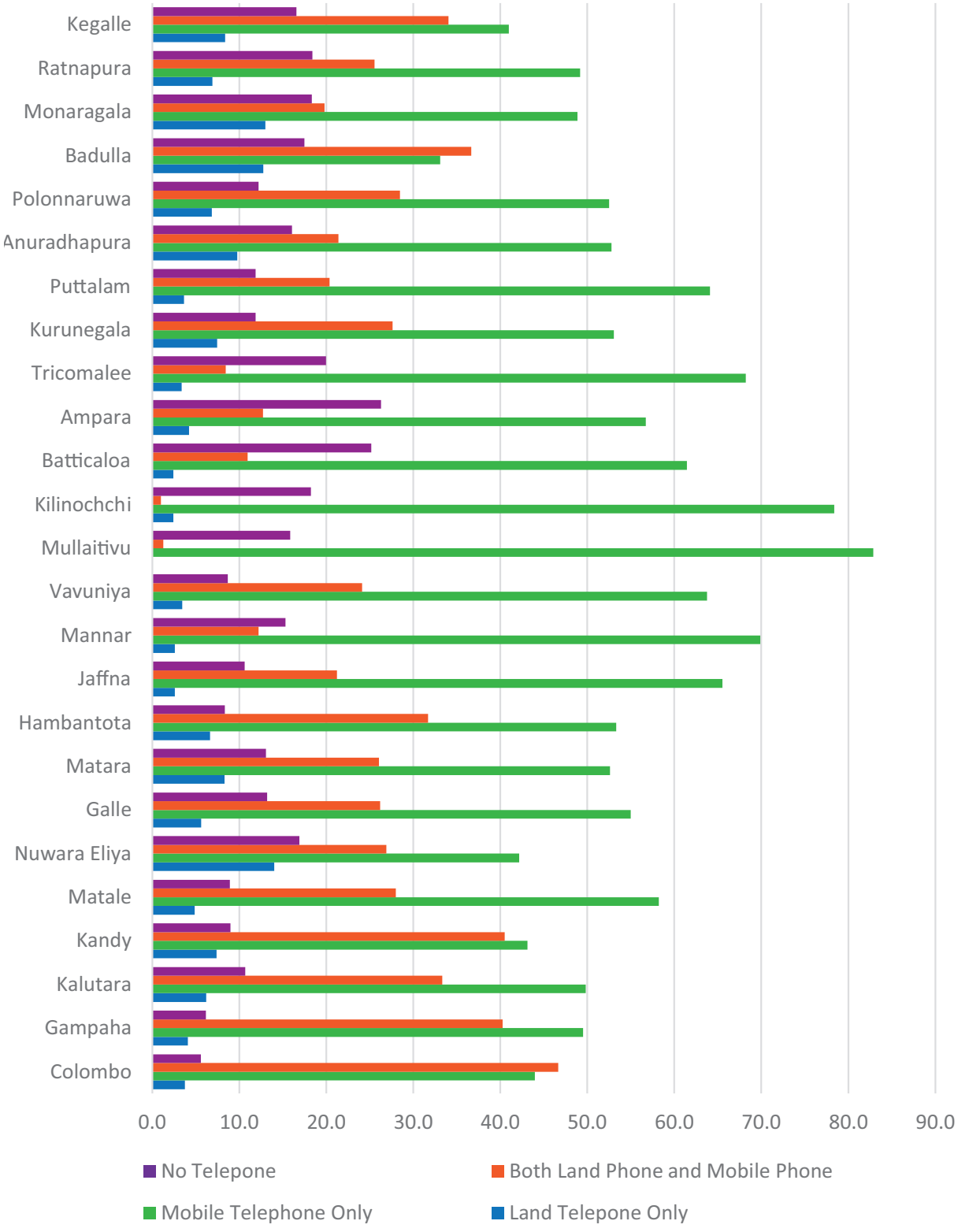
generating connections and little in the way of value-added services have resulted in negative growth for some years.

Disparities in household ownership of phones across sectors and districts.

Despite growth in tele-density, there are disparities between sectors and regions, with 13 percent of rural households and close to 25 percent of estate sector households yet to own either a fixed or mobile telephone (figure 8.9). Analyses at the district level show that, encouragingly, in a majority, over 80 percent of households own a telephone (figure 8.10). As of 2012-2013, Colombo, Gampaha, Hambantota, Vavuniya, Matale and Kandy were the most densely connected districts, with more than 90 percent of households owning a telephone. In the district of Ampara, only 73.7 percent of households owned a telephone. Batticaloa and Jaffna districts recorded the lowest percentages in 2009, with only 44 percent and 40 percent of households, respectively, having telephones. However, both these districts have progressed well, with Jaffna reaching 89.4 percent and Batticaloa 74.8 percent in 2012-2013.

116 International Telecommunications Union (2012)

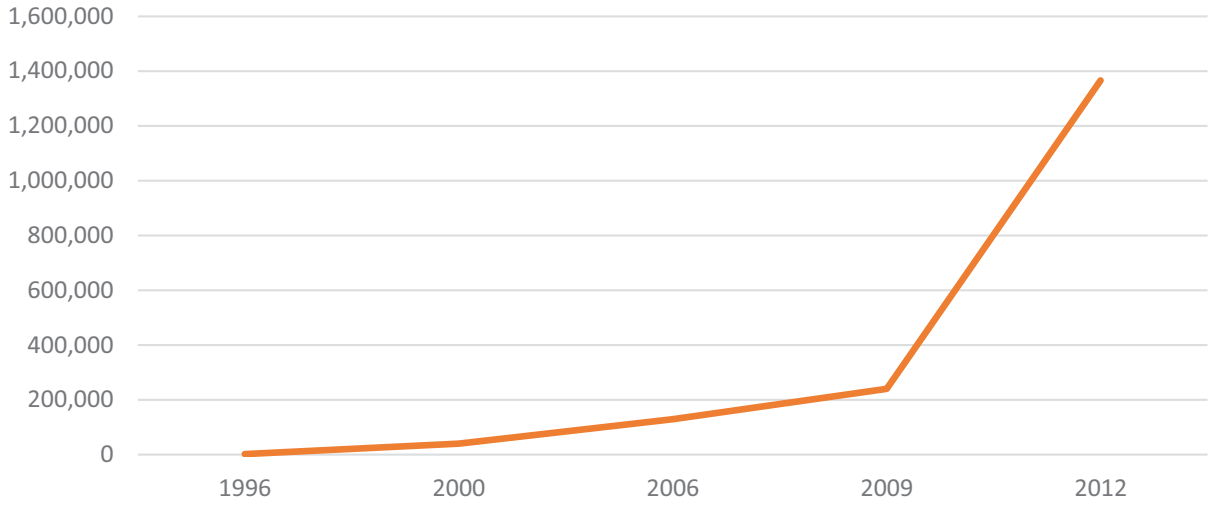
Figure 8.10: Percentage Distribution of Household Ownership of Telephones by District, 2012-2013



Source: Household Income and Expenditure Survey Report 2012-2013, Department of Census and Statistics.

The current level of Internet penetration is low but expected to grow significantly over the next few years. According to Central Bank data, the number of email and Internet subscribers has increased from 0.37 percent of the population in 2002 to 6.7 percent in 2012. The total number in 2012 was 1,365,655, compared to only 2,504 in 1996 (figure 8.11). The growth of mobile broadband connections has accelerated Internet penetration.

Figure 8.11: Number of Internet and Email Subscribers, 1996-2012

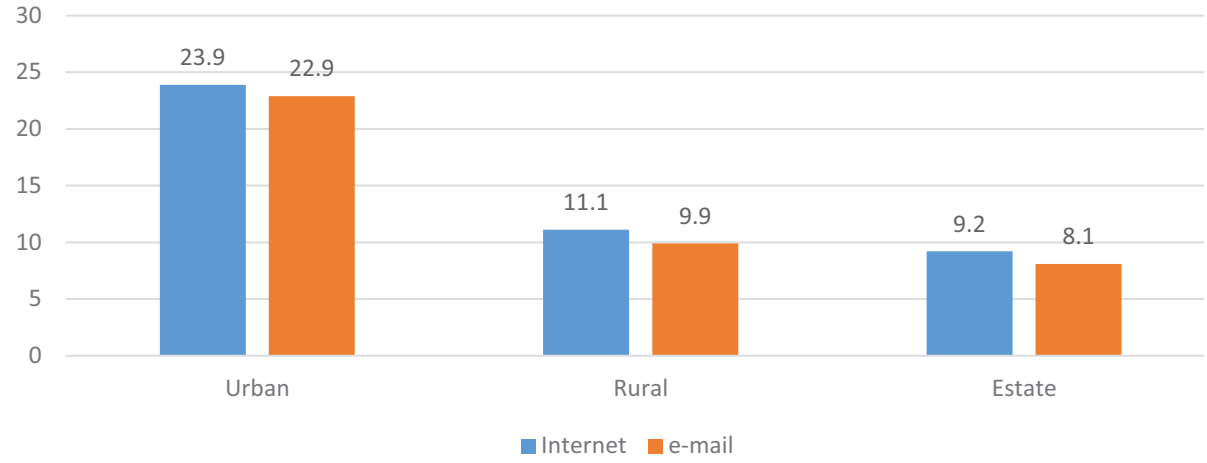


Sources: Central Bank of Sri Lanka, annual report, various issues.

According to the Computer Literacy Survey carried out by the Department of Census and Statistics, 13.1 percent of all Sri Lankans used the Internet in 2009.[117] Usage rates ranged from 24 percent of the urban population to only 11.1 percent of the rural population and 9.2 percent of the estate population (see figure 8.12). The numbers of Internet and email users were low in the rural and estate sectors given limited access to IT services and low computer literacy. The highest percentage of Internet users was in the Western Province, followed by the Central Province. The lowest portions were in the North Western and Sabaragamuwa provinces, with 6.3 percent and 8.1, respectively (figure 8.13).

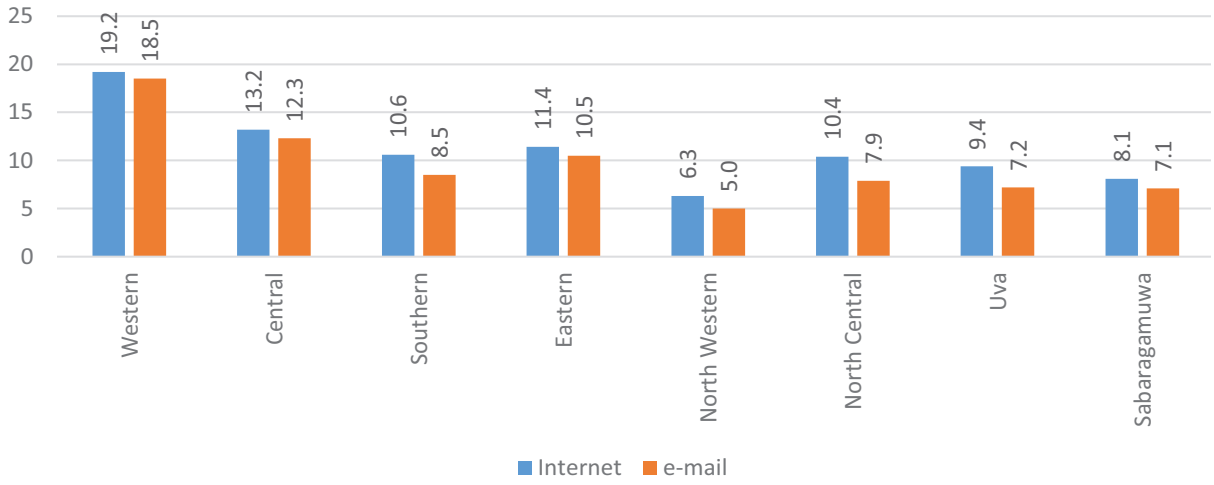
117 The Central Bank calculates Internet penetration as a percentage of the total population, whereas the Computer Literacy Survey of 2009 calculated it based on the number of persons between the ages of 5-69 years who have used the Internet at least once in the last 12 months. The Computer Literacy Survey has not been carried out since 2009.

Figure 8.12: Percentage of the Population Aged 5 to 69 Using the Internet and Email, by Sector, 2009



Source: Computer Literacy Survey 2009, Department of Census and Statistics.

Figure 8.13: Percentage of Population Aged 5 to 69 Using the Internet and Email, by Province, 2009

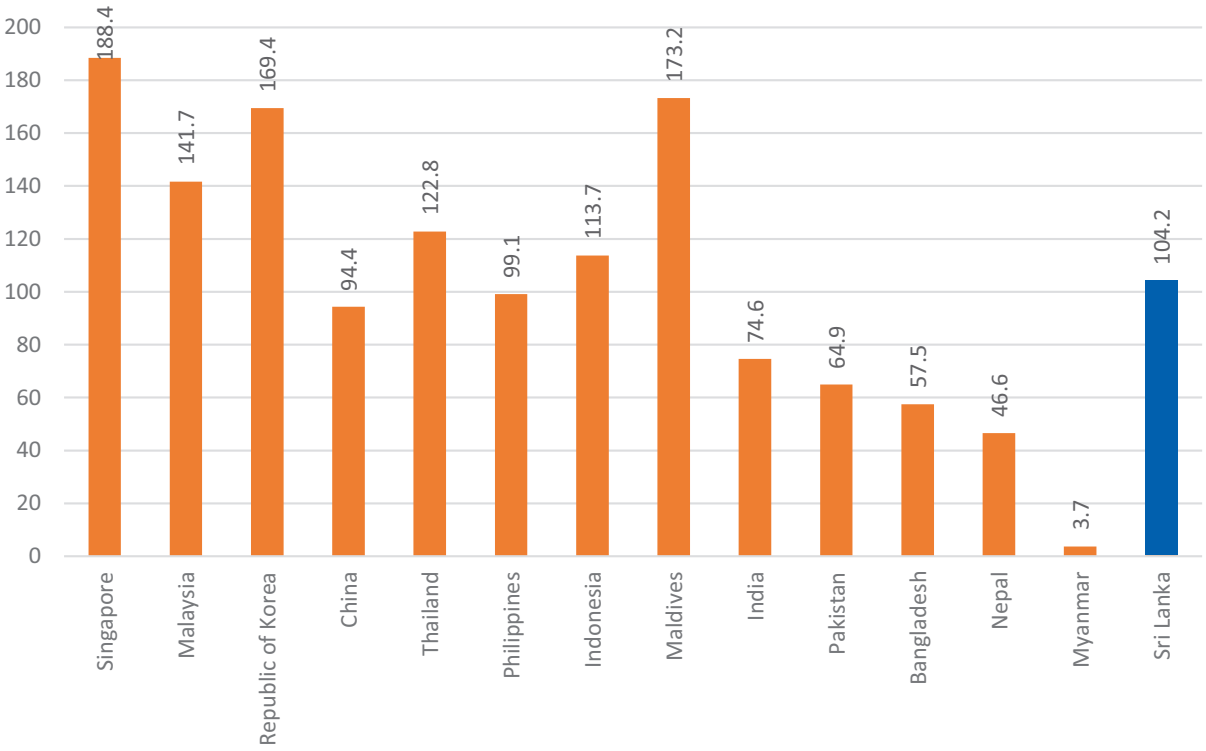


Source: Computer Literacy Survey 2009, Department of Census and Statistics.

Sri Lanka performs relatively well in levels of tele-density, but not so in the use of the Internet. Its fixed telephone and mobile penetration levels, at 17 percent and 117 percent, respectively, are higher than the averages in developing countries, at 11.3 percent and 84.3 percent in 2012.[118]

Compared with its South Asian counterparts, Sri Lanka has the highest number of telephone subscriptions per 100 inhabitants, at 104.2, after the Maldives (figure 8.14). But tele-density levels in some other Asian countries are higher, such as

Figure 8.14: Telephone Subscribers per 100 inhabitants, 2011



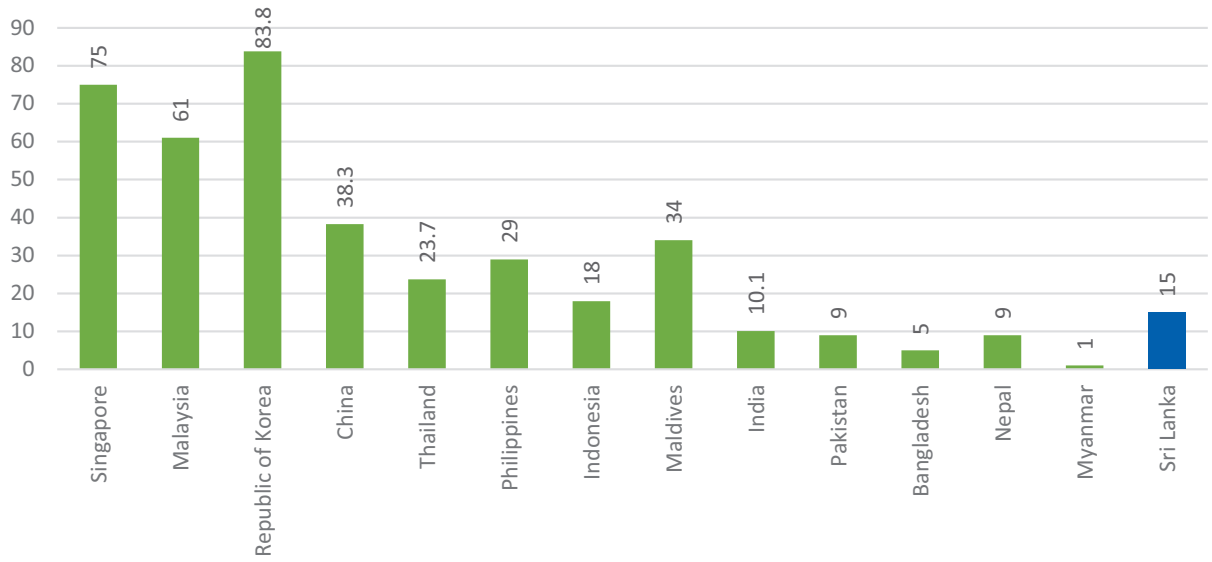
Source: United Nations data, 2013, http://data.un.org.

Singapore at 118, the Republic of Korea at 169 and Malaysia at 141.7.

In the use of the Internet, Sri Lanka performs better than other South Asian countries except for the Maldives (figure 8.15). With a 15 percent penetration rate in 2011, it was far behind Asian countries such as the Republic of Korea and Singapore, with rates of 83.8 percent and 75 percent, respectively. Both private and public sector initiatives will likely rapidly increase use in the next few years.

118 International Telecommunications Union (2012)

Figure 8.15: Internet Users per 100 Inhabitants, 2011



Source: United Nations data, 2013, http://data.un.org.

Several factors have contributed to Sri Lanka's relatively good performance in telecommunications and increasing Internet subscriptions. They include deregulation and market competition, which led to innovative products and services at low prices; the early introduction of new technologies such as 3G, which Sri Lanka became the first Asian country to launch commercially in 2006; and government commitment to expanding ICT services as part of the development agenda, such as through the e-Sri Lanka initiative.[119] With ICT an increasingly vital tool in fostering economic development in developing nations—from providing basic access to information on prices, education, health, and so on, to making payments and accessing banking services—it is important to extend necessary infrastructure to lagging regions while putting related institutions and policies in place.

119 The e-Sri Lanka initiative aims to build information infrastructure and an enabling environment, develop ICT-related human resources, modernize government services, leverage ICT for economic and social development, and promote Sri Lanka as an ICT destination. See: www.icta.lk/en/programmes.html.

Key Challenges and Ways Forward

A key challenge facing the Sri Lankan economy is reduced access to cheap and concessionary ODA following the transition into middle-income country status. With a small, open economy that cannot rely on domestic demand alone, Sri Lanka must focus on export-led development to sustain economic growth. Healthy earnings from exports of goods and services are essential in insulating the economy from increasing exposure to external debt and in building up a large volume of non-borrowed official reserves. In this context, diversification of export markets and products will be key. Currently, over half of exports end up in the United States and European Union. Garments and tea account for over 50 percent of total exports by value. Sri Lanka needs strategies that enable its producers to expand their offerings.

The loss of duty free access to key markets such as the European Union and high tariffs in developed country markets pose impediments to higher export growth. For Sri Lanka to remain competitive and increase its share of exports, it needs to intensify engagement in regional and bilateral trade agreements to facilitate more market access, while also addressing domestic issues such as the need for better trade facilitation mechanisms, and market and governance gaps.

Sri Lanka would like to raise the value of its exports through developing value addition and diversification of the export portfolio, while also providing greater institutional support to exporters, such as through a more conducive tax regime, and the implementation of an effective and paperless trade facilitation system. There are also opportunities to boost market access via multilateral and bilateral trading arrangements, and a strategy to identify creative and skilled manufacturers that can be encouraged as potential exporters.

To support such targets, Sri Lanka needs a concrete policy framework that would boost export growth and development. Improved coordination between government and private sector organizations, as well as among different levels of government, is key. Collaboration between the Government and private sector in formulating a national export promotion strategy could help remove barriers and encourage more businesses to engage with global markets. The expansion of ICT is also a major objective under Sri Lanka's development vision.

SETTING SRI LANKA'S COURSE FOR POST-2015: THE UNFINISHED BUSINESS OF THE MDGS AND EMERGING ISSUES

As the MDGs come to an end in 2015, it is important to identify priority areas for the post-2015 development agenda. This section discusses MDGs that require further efforts and some emerging issues for the future.

The MDGS: An Unfinished Agenda

Sri Lanka has made significant progress towards achieving the majority of the MDGs. The poverty head count ratio declined from 26.1 percent in 1990 to 6.7 percent in 2012-2013, reaching the MDG target of halving the poverty level well before 2015. Sri Lanka is well on track to achieving universal primary education, eliminating gender disparity in all levels of education, reducing child and maternal mortality, combating diseases like malaria, and halving the proportions of people without sustainable access to safe drinking water and basic sanitation.

Despite these accomplishments, further efforts are required to accelerate advancements on some MDGs to achieve the targets by 2015, and to sustain and further improve progress after that. The pace of change in halving the proportion of the population below the minimum level of dietary energy has been inadequate. Around 50 percent of the population is below the minimum level, which has to be brought down to 25 percent per the MDG target. The fact that 20 percent of children under five are underweight remains an issue of concern, although the country is on track for the MDG target. While Sri Lanka has also made substantial progress in reducing child and maternal mortality to rates much lower than those of many developing countries, further interventions are required to sustain the achievement and further supress mortality after 2015.

Looking beyond the national level is vital to ensuring that the MDGs are met in each sector, province and district, across income groups. Notable disparities across sectors and districts persist in child and maternal mortality rates and the proportion of underweight children below age five. In addition to universal policies and programmes, specific interventions need to target lagging regions and vulnerable segments of the population.

Beyond the MDGs

While attaining the MDGs and sustaining their progress is important, several emerging issues need to be taken into account in setting Sri Lanka's course after 2015. Many build on the MDGs, but also go beyond them.

- **The quality and relevance of education**: Although Sri Lanka has made remarkable progress with regard to primary school enrolment and completion rates, youth literacy and gender parity in education, quality of education at all levels is an issue of great concern. Further efforts are needed to minimize disparities in education facilities across and within districts, particularly in terms of those for science, mathematics and technology. The quality of education should be a priority in Sri Lanka's post-2015 development agenda. Moreover, it is of prime importance to look beyond primary and secondary education. Only a small share of those who qualify for a university education each year actually enroll due to limited space at state universities. Expansion of tertiary education—both at universities and through vocational training—is key to meeting demands for high-skilled labour and reducing skills mismatch in the labour market. Recent government actions include the expansion of vocational training programmes, and the introduction of an Advanced Level (A/L) technology stream, with the aim of offering alternative paths to obtain a degree or a post-graduate degree after completing necessary national vocational qualifications.

- **Creating productive and decent employment**: Despite the reduction of unemployment to 4 percent by 2012, over 60 percent of those employed are informal sector workers. This share has not changed significantly over the past decade but needs attention, since workers in the informal sector

often lack social security benefits and work in difficult, unregulated conditions. The portion is particularly high in the agriculture sector at 85 percent; the construction, mining and quarrying industries at 79 percent; hotels and restaurants at 50 percent; and the manufacturing sector at about 47 percent.[120] And a growing informalization of work is seen in many formal sector enterprises, primarily due to the weaknesses of various regulations governing the labour market. The continued low female labor force participation rate and higher youth unemployment are other issues that need to be addressed.

- **Poverty and vulnerability**: Despite the steady decline in poverty over the past decade, a significant share of the population is clustered just above the poverty line, facing the risk of slipping under it due to various shocks, such as economic downturns, extreme weather or lifecycle events. The estate sector, with the highest poverty rates, also has the greatest portion of vulnerable people.[121] Policies and programmes need to maintain efforts to reduce poverty, but interventions could also support those just above the poverty line. Ending poverty and reducing vulnerability has to be considered a priority in the post-2015 agenda.

- **Promote gender equality in employment**: Although Sri Lanka has achieved gender parity in education at all levels, further efforts are required to reduce gender differences in the labour market. Given the relatively low rates of female labour force participation, at 30 percent compared to 69 percent for males, and higher rates of female unemployment, gender parity in the labour market has to be considered an important issue for the post-2015 agenda. Addressing gender segregation in employment and gender wage gaps in some sectors of the labour market[122] are key concerns.

- **Demographic changes**: Like many countries, Sri Lanka is facing a rapidly ageing population. By 2041, the number of people over the age of 60 will double and become around one-fourth of the total population. This will imply additional pressure on the social protection system that needs to be anticipated and planned for. As the longevity of women is expected to increase further relative to that of men, there will be a higher share of elderly females. Many will not have adequate social protection, particularly old-age retirement benefits, given low female labor force participation rates. In addition, retirement benefit schemes at present are largely confined to the formal sector; only a small share of informal sector workers have access to these. Falling family sizes and migration of children suggest additional challenges in meeting the needs of the elderly.

  The portion of youth, in contrast, is shrinking. But the unemployment rate among youth remains much higher than for the rest of the population. Sri Lanka needs to take measures to enhance their skills and employability, and create productive employment opportunities, especially for females

- **Non-communicable diseases**: Issues pertaining to illnesses such as cardiovascular diseases and cancer should be central to the post-2015 agenda, because they account for the greatest disease burden globally, and are no longer viewed as diseases of affluence.[123] Sri Lanka's ageing population will bring escalating health costs related to these illnesses. Other contributing factors include increased urbanization, consumption of alcohol and cigarettes, and less healthy diets. There is a need to increase public spending on health care, since the current levels are relatively low and care for non-communicable diseases is increasingly financed through individual spending with a greater burden on the poor. Better prevention and treatment of non-communicable diseases would significantly reduce disabilities, lost wages and pre-mature deaths.[124]

120 Department of Census and Statistics 2012.
121 IPS 2013
122 World Bank 2012
123 Alleyne et al. 2013.
124 World Bank 2011.

- **Climate change**: Environment policies need to be at the forefront of Sri Lankan development planning alongside climate change adaptation technologies, especially related to the management of water, coastal and agricultural resources. Already, shifting weather patterns have produced fluctuating rice harvests and severe water scarcity. Erratic rainfall during monsoon seasons has led to an increased number of disaster affected people who need support to increase their resilience to these recurring events. Similarly, continuous increases in energy consumption and use of fossil fuels are contributing to increases in greenhouse gas emissions which are a key driver of global warming.

- **Governance issues**: Democratic governance is a prerequisite for the empowerment of people and for sustainable development, and has been the basis for many MDG achievements. Development agendas need to support effective governance capabilities at all levels. Accountability is crucial to strengthening individual and institutional capabilities, and addressing root causes of poverty and other development challenges.

- **Social integration**: Social integration and reconciliation should be at the forefront of planning and policy making in the post-war and post-2015 era. Promoting social integration helps minimize disparities, increase social interaction and co-existence among all ethnic groups, and ultimately contributes to a united nation. Sri Lanka's National Policy Framework for Social Integration aims to foster a 'society for all'. It defines ethics, education and empowerment as the three pillars of an informed and an integrated society, drawing on key elements of the social integration process: access to education, economic activities and employment, justice and legal resources, a safe and secure social and physical environment, political participation, and belonging and responsibility. The policy framework further provides special emphasis on language links and media as instruments of positive change.

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ANNEX 1
Statistical Annex

ANNEX 1
Statistical Annex

Table A1- MDG 1 – Eradicate Extreme Poverty and Hunger: Indicators 1.1 to 1.9 – Latest figures by Sector/District

Province	District/ Sector	**1.1** - *Poverty Headcount, HIES – 2012/13*	**1.1** - *Poverty Headcount, HIES – 2009/10*	**1.2** - *Poverty Gap Ratio - HIES – 2012/13*	**1.3** - *Share of poorest quintile in national consumption – HIES-2009/10*	**1.5** –*Employment-to-population ratio – **Both Sexes** – CP&H-2012*	**1.5** –*Employment-to-population ratio – **Males** – CP&H-2012*	**1.5** –*Employment-to-population ratio – **Females** – CPH-2012*	**1.6** - *Proportion of employed people living below poverty line-HIES-*	**1.7** –*Proportion of own-account and contributing family workers in total employment –CPH-2012*	**1.8**- *Prevalence of underweight children under 5 years- DHS2006/07*
Sri Lanka		**6.7**	8.9	**1.2**	**7.7**	**43.3**	**71.5**	**27.1**	**5.8**	**38.2**	**21.1**
Sector	Urban	2.1	5.3	0.3	6.8		-	-	1.7	-	16.5
	Rural	7.6	9.4	1.4	8.0	-	-	-	6.5	-	21.2
	Estate	10.9	11.4	1.6	9.7	-	-	-	8.4	-	30.1
Western	Colombo	1.4	3.6	0.3	7.2	50.0	70.9	30.2	1.2	24.3	14.1
	Gampaha	2.1	3.9	0.4	7.4	48.2	70.2	27.7	1.6	27.1	11.6
	Kalutara	3.1	6.0	0.5	7.8	47.4	69.6	27.4	2.5	29.1	16.9
Central	Kandy	6.2	10.3	1.0	7.6	45.6	69.1	25.4	5.2	33.4	25.3
	Matale	7.8	11.5	1.1	8.0	49.4	74.8	26.6	7.2	51.0	23.2
	Nuwara Eliya	6.6	7.6	1.0	9.5	53.9	68.6	41.0	4.6	28.1	25.3
Southern	Galle	9.9	10.3	1.8	8.2	46.3	67.5	27.5	8.4	32.0	23.2
	Matara	7.1	11.2	1.2	7.8	46.0	67.8	26.9	6.3	36.0	23.3
	Hambantota	4.9	6.9	0.9	8.3	48.2	73.9	23.8	3.7	52.5	23.8
Northern	Jaffna	8.3	16.1	1.7	10.5	39.3	66.0	16.6	8.2	38.3	-
	Killinochchi	12.7	-	2.4	-	40.6	72.4	11.1	9.8	51.3	-
	Mannar	20.1	-	4.6	-	41.6	72.2	13.3	14.0	54.1	-
	Vavuniya	3.4	2.3	0.5	9.4	40.9	68.5	15.4	2.7	39.0	-
	Mullativu	28.8	-	6.2	-	44.8	74.6	16.1	23.2	58.1	-
Eastern	Batticaloa	19.4	20.3	4.5	8.3	42.3	72.4	16.2	16.5	48.6	27.5
	Ampara	5.4	11.8	0.6	9.2	42.4	70.3	17.1	5.2	49.2	22.0
	Trincomalee	9.0	11.7	1.4	10.4	44.6	72.7	18.6	8.2	47.4	27.8
North Western	Kurunegala	6.5	11.7	1.3	8.0	48.9	73.4	27.0	5.8	45.3	20.6
	Puttalam	5.1	10.5	0.9	8.4	49.1	75.6	25.2	5.1	40.3	19.2
North Central	Anuradhapura	7.6	5.7	1.1	8.3	52.6	77.2	30.0	7.2	60.0	25.0
	Polonnaruwa	6.7	5.8	0.9	8.4	47.6	76.9	20.2	5.8	56.2	25.6
Uva	Badulla	12.3	13.3	1.8	8.5	53.2	71.4	36.2	11.0	48.7	32.8
	Monaragala	20.8	14.5	4.2	9.7	54.2	80.2	28.8	17.6	65.3	26.6
Sabaragamuwa	Ratnapura	10.4	10.5	1.8	8.7	52.6	74.6	31.5	8.9	42.3	23.9
	Kegalle	6.7	10.8	1.1	8.9	48.1	69.1	29.6	6.6	30.5	23.3

ANNEX 1
Statistical Annex

Table A2 - MDG 2-Achieve Universal Primary Education- Indicator 2.1-2.3 and MDG 3 – Promote Gender Equality and Empower Women- Indicator 3.1 to 3.3 - Latest Figures by Sector and District

Province	District/ Sector	2.1- *NER in Primary school (HIES 2009/10)*	2.2- *Proportion of pupils stating Grade 1 who reached Grade (2006/07)*	2.3- *Literacy rate in the age group 15-24 (HIES-2009/10)*	3.1-*Ratio of Girls to Boys in Primary Schools (CPH-2012)*	3.1- *Ratio of Girls to Boys in Secondary schools (CPH-2012)*	3.2- *Share of women in wage employment in the non-agricultural sector (LFS- 2011)*
Sri Lanka		**99.3**	**99.6**	**97.8**	**99.4**	**102.6**	**32.0**
Sector	Urban	99.8	-	98.5	98.6	102.7	33.7
	Rural	99.3	-	97.9	99.5	102.8	31.9
	Estate	98.2	-	91.1	99.8	97.5	30.8
Western	Colombo	99.7	99.5	98.5	99.7	100.6	35.1
	Gampaha	99.1	99.6	98.7	99.1	104.5	33.0
	Kalutara	97.9	98.6	98.2	97.8	101.3	32.3
Central	Kandy	99.6	100.0	97.7	96.4	99.5	30.7
	Matale	99.7	100.0	97.8	97.7	106.7	31.9
	Nuwara Eliya	100.0	100.0	96.5	101.8	97.4	41.4
Southern	Galle	99.1	100.0	98.0	99.3	105.3	31.9
	Matara	99.5	99.7	96.1	100.3	103.9	35.9
Northern	Jaffna	100.0	-	98.5	103.1	103.9	-
	Killinochchi	99.5	-	99.0	97.7	101.5	-
	Mannar	-	-	98.6	97.8	110.0	-
	Vavuniya	100.0	-	98.7	99.2	100.6	-
	Mullativu	-	-	96.0	99.7	107.2	-
Eastern	Batticaloa	98.3	100.0	94.4	95.9	105.6	-
	Ampara	99.6	96.4	97.6	99.8	103.3	24.5
	Trincomalee	98.3		97.8	100.7	99.2	-
North Western	Kurunegala	99.5	100.0	98.7	98.2	105.7	30.9
	Puttalam	98.2	100.0	96.9	102.7	98.9	33.4
North Central	Anuradhapura	99.6	100.0	97.9	101.6	104.3	29.2
	Polonnaruwa	99.3	100.0	97.1	100.9	98.5	30.4
Uva	Badulla	98.8	99.1	97.0	98.3	101.1	28.5
	Monaragala	98.4	100.0	97.2	101.2	105.6	32.6
Sabaragamuwa	Ratnapura	98.6	100.0	97.3	101.2	103.0	30.6
	Kegalle	100.0	100.0	97.4	98.6	100.6	39.6

ANNEX 1
Statistical Annex

Table A3 – MDG 4 – Reduce Child Mortality Indicators 4.1 to 4.3 Latest figures by Sector/ Districts

Province	District/ Sector	4.1 - *Under-5 mortality rate (2009)*	4.2 *Infant mortality rate (2009)*	4.3 *Proportion of 1-year-old children immunized against measles (2012)*
Sri Lanka		**11.3**	**9.4**	**95**
Sector	Urban	-	-	-
	Rural	-	-	-
	Estate	-	-	-
Western	Colombo	18.0	15.2	100
	Gampaha	5.6	4.7	97
	Kalutara	6.5	5.3	94
Central	Kandy	15.4	13.2	93
	Matale	7.7	6.6	91
	Nuwara Eliya	12.0	10.6	87
Southern	Galle	12.2	10.3	94
	Matara	10.0	8.9	95
	Hambantota	7.1	5.2	92
Northern	Jaffna	10.9	8.1	100
	Killinochchi	0.6	0.2	95
	Mannar	2.9	1.5	89
	Vavuniya	85.3	54.2	95
	Mullativu	24.3	3.9	100
Eastern	Batticaloa	17.6	16.1	98
	Ampara	5.4	2.8	97
	Trincomalee	6.1	4.2	95
North Western	Kurunegala	10.2	9.7	95
	Puttalam	7.5	6.1	95
North Central	Anuradhapura	13.2	12.1	97
	Polonnaruwa	8.9	7.9	98
Uva	Badulla	7.9	5.9	93
	Monaragala	6.7	5.0	96
Sabaragamuwa	Ratnapura	5.1	6.8	94
	Kegalle	6.8	6.3	98

ANNEX 1
Statistical Annex

Table A4 –MDG 5 – Improve Maternal Health Indicators 5.1 to 5.6 – Latest figures by Sector/ District

Province	RDHS Area/ District/ Sector	5.1 - Maternal mortality ratio (deaths per 100,000 live births) 2009 (provisional) RGD	5.1 - Maternal mortality ratio (deaths per 100,000 live births) 2010 FHB	5.2 - Proportion of births attended by skilled birth attendants (2010)	5.3 - Contraceptive prevalence (2010)	5.4 - Adolescent birth rate (2010)	5.5 - Antenatal coverage (2010)	5.6 - Unmet need for family planning (2010)
Sri Lanka		**7.4**	**33.3**	**99.8**	**64.2**	**6.5**	**94.4**	**8**
Sector	Urban	-	-	-	-	-	-	-
	Rural	-	-	-	-	-	-	-
	Estate	-	-	-	-	-	-	-
Western	Colombo	3.5	19.5	100.0	66.4	4.3	92.3	8.8
	Colombo MC		8.09	100.0	45.6	6.7	96.9	8.3
	Gampaha	7.9	21.53	100.0	64.9	4.4	95.7	9
	Kalutara	0.0	39.97	99.9	64.5	5.7	97.4	8
	Kalutara N.I.H.S.		36.31	100.0	65.5	5.2	94.8	6
Central	Kandy	6.4	41.99	99.8	63.1	5.2	93.1	7.3
	Matale	9.6	29.73	99.8	66.2	6.7	95.2	6.8
	Nuwara Eliya	18.5	36.64	99.1	70	6.1	105.1	5.9
Southern	Galle	4.8	29.06	100.0	67.6	5.7	93.0	6.7
	Matara	0.0	12.96	99.9	68	5.5	87.6	8.3
	Hambantota	10.3	50.1	100.0	64.7	6.6	93.4	8.8
	Jaffna	13.6	49.33	99.7	60.3	4.5	87.7	8.8
Northern	Jaffna	13.6	49.33	99.7	60.3	4.5	87.7	8.8
	Killinochchi	0.0	0	99.8	36.3	11.3	88.4	18.6
	Mannar	0.0	100.35	99.5	48.7	7.4	99.1	5.5
	Vavuniya	0.0	29.33	98.9	53.7	8.6	97.4	10.1
	Mullativu	0.0	0	99.7	39.8	9.3	74.8	2.9
Eastern	Batticaloa	9.0	30.99	98.9	47.3	11.2	90.4	9.6
	Ampara	14.1	31.22	99.9	72	8.6	97.7	6.4
	Kalmunai		29.2	99.8	51	8.7	94.4	10.6
	Trincomalee	21.6	43.21	99.2	58.3	12.1	94.6	9.8
North Western	Kurunegala	22.4	37.85	99.9	66.7	5.7	90.9	6.9
	Puttalam	6.7	32.98	99.8	62	9.6	93.6	8.9
North Central	Anuradhapura	12.1	37.38	99.9	65.4	8.5	95.6	6.6
	Polonnaruwa	0.0	25.27	99.9	67.4	7.8	96.8	5.6
Uva	Badulla	0.0	33.93	99.8	71	7.8	92.9	8.4
	Monaragala	0.0	30.67	99.7	72.8	7.4	95.9	6.2
Sabaragamuwa	Ratnapura	9.4	25.65	99.8	64	7.1	99.2	9.7
	Kegalle	0.0	45.71	99.9	65.4	4.9	98.8	7.8

ANNEX 1
Statistical Annex

Table A5 - MDG 8 – Develop a Global Partnership for Development

Province	District/ Sector	Percentage of Households Owning Fixed Telephones only (HIES-2009/10)	Percentage of Households Owning Mobile Telephones only (HIES-2009/10)	Percentage of Households Owning both Fixed and Mobile Telephones (HIES-2009/10)
Sri Lanka		**17.0**	**29.8**	30.3
Sector	Urban	10.6	32.5	41.7
	Rural	17.7	29.7	29.3
	Estate	25.1	22.2	13.8
Western	Colombo	11.1	28.8	48.5
	Gampaha	11.7	31.9	42.4
	Kalutara	17.7	31.9	31.9
Central	Kandy	17.8	33.5	33.5
	Matale	20.5	22.8	22.8
	Nuwara Eliya	24.5	25.8	22.0
Southern	Galle	16.6	24.4	24.4
	Matara	21.6	29.6	26.7
Northern	Jaffna	5.3	40.2	15.0
	Killinochchi	n.a.	n.a	n.a.
	Mannar	n.a.	n.a	n.a.
	Vavuniya	12.5	34.8	33.1
	Mullativu	n.a.	n.a	n.a.
Eastern	Batticaloa	7.3	34.0	15.1
	Ampara	11.6	36.8	18.4
	Trincomalee	10.6	39.9	18.7
North Western	Kurunegala	20.0	27.2	27.7
	Puttalam	10.7	43.5	21.1
North Central	Anuradhapura	26.0	19.6	31.4
	Polonnaruwa	20.0	30.8	30.0
Uva	Badulla	29.8	17.8	24.9
	Monaragala	29.2	24.1	17.0
Sabaragamuwa	Ratnapura	17.0	28.3	24.5
	Kegalle	22.5	29.7	29.7

ANNEX 2
Official list of MDG indicators

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Official list of MDG indicators
All indicators should be disaggregated by sex and urban/rural as far as possible.

Millennium Development Goals (MDGs)	
Goals and Targets (from the Millennium Declaration)	**Indicators for monitoring progress**
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below US$1 (PPP) per day[i] 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below US$1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade primary 2.3 Literacy rate of 15-24 year-olds, women and men
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning

ANNEX 2
Official list of MDG indicators
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Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non orphans aged 10 - 14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bednets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.1 Proportion of land area covered by forest 7.2 CO2 emissions, total, per capita and per US$1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used 7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums[ii]

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Goal 8: Develop a global partnership for development	
Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Includes a commitment to good governance, development and poverty reduction – both nationally and internationally	*Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.* <u>Official development assistance (ODA)</u> <u>Market access</u> 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product 8.9 Proportion of ODA provided to help build trade capacity <u>Debt sustainability</u> 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC <u>completion points (cumulative)</u> 8.11 Debt relief committed under HIPC and MDRI Initiatives 8.12 Debt service as a percentage of exports of goods and services
Target 8.B: Address the special needs of the least developed countries Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction	
Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)	
Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	

ANNEX 2
Official list of MDG indicators
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Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.1 Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.2 Telephone lines per 100 population 8.3 Cellular subscribers per 100 population 8.4 Internet users per 100 population

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000 (http://www.un.org/millennium/declaration/ares552e.htm) and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly - A/RES/60/1, http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty".

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i For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

ii The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (a) lack of access to improved water supply; (b) lack of access to improved sanitation; (c) overcrowding (3 or more persons per room); and (d) dwellings made of non-durable material

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