



Millennium Development Goals (MDGs) Needs Assessment

Presentation Objectives

- Discuss the purpose of MDG needs assessment in support of MDG-based poverty reduction strategies;
- Identify methodological challenges in carrying out MDG needs assessment.
- Address frequent questions about needs assessment
- Present and discuss the Millennium Project's needs assessment methodology for selected sectors

Agenda

- **Motivation and Overview** (using Education as an example)

- Discussion by Selected Intervention Area
 - Energy Services
 - Hunger (multi-sector)
 - Gender
 - Health

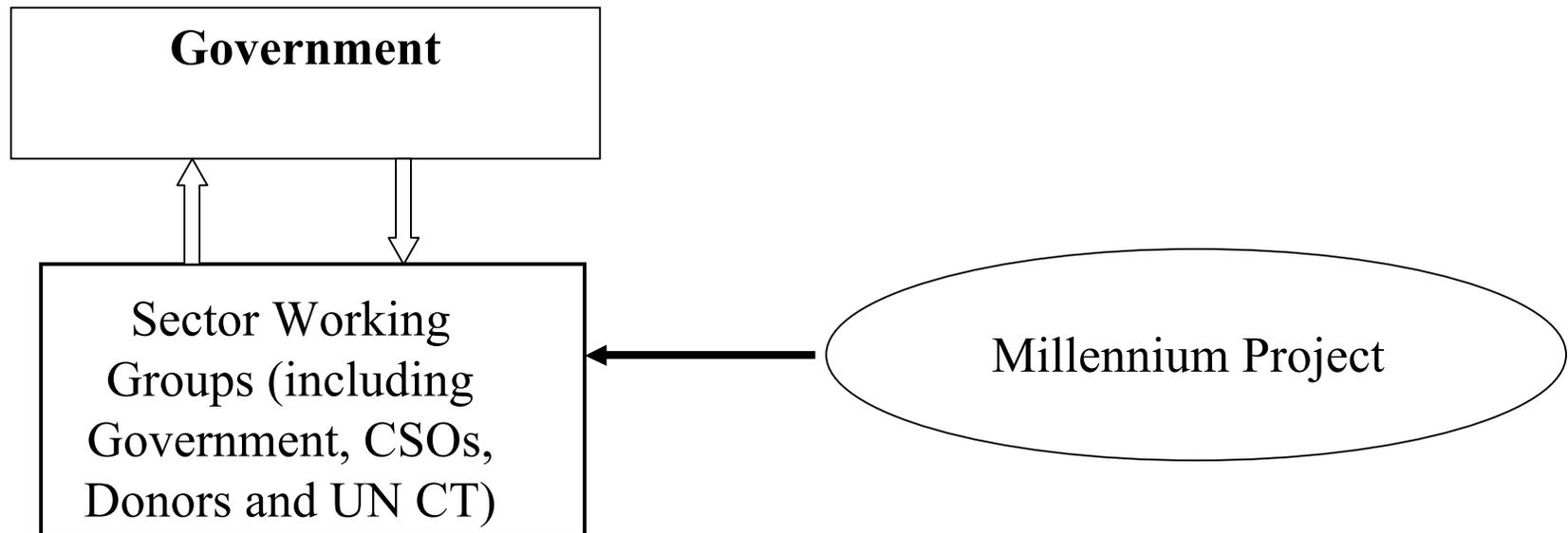
Motivation

The Needs Assessment Exercise aims to flip the question:

FROM: How close can we get to the MDGs under the current constraints?

TO: What will it take to achieve the MDGs?

Organizational Framework for Pilot Country Collaboration



The 4 key steps for preparing an MDG-based poverty reduction strategy

- 1) Comprehensive needs assessment, identifying “what it would take” to meet the MDGs by 2015
- 2) Long-term (10-12 year) framework for action, including a policy and public sector management framework for scale up as well as a broadly defined financing strategy.
- 3) Detailed 3-5 year MDG-based poverty reduction strategy elaborated within the context of the 10-year framework. The PRS is a more detailed, operational document, attached to a Medium Term Expenditure Framework (MTEF), which translates the PRS into budgetary terms.
- 4) Public sector management strategy, with a key focus on transparency, accountability, and results-based management.

What is an MDG Needs Assessment?

- **Who and how many** people need to be assisted in order to meet the MDGs?
 - Identifying the population in need
- **What** needs to be provided to meet the MDGs?
 - Goods, services, infrastructure
- **How much** will it cost and what are the human resource implications?
 - Local unit costs x population in need
 - Human resources required to meet each MDG

Objectives of an MDG Needs Assessment

- Translate the MDGs into operational targets
- “Localize” the MDGs
- Develop a strategy for increasing “absorptive capacity”
- Support the national policy dialogue and negotiations with development partners
- Strengthen coherence between planning and budget processes and guide programming of expenditures
- Provide a monitoring and accountability framework
- Answer the question: “What would it take to achieve the MDGs?”

This page has been added to extend the notes page for the previous slide. It is hidden in the presentation.

Typology of Approaches to Estimating Resource Needs for Meeting the MDGs

Methodology

(i) Costings based on aggregate unit costs

Examples

- GWP (2000)
- Delamonica et al. (2001)

(ii) Costings based on Incremental Capital-Output Ratio (ICOR)

- AfDB (2002)
- Devarajan et al. (2002)
- Mbelle (2003)

(iii) Costings based on aggregate input-outcome elasticities

- Beltran et al. (2004)
- Devarajan et al. (2002)

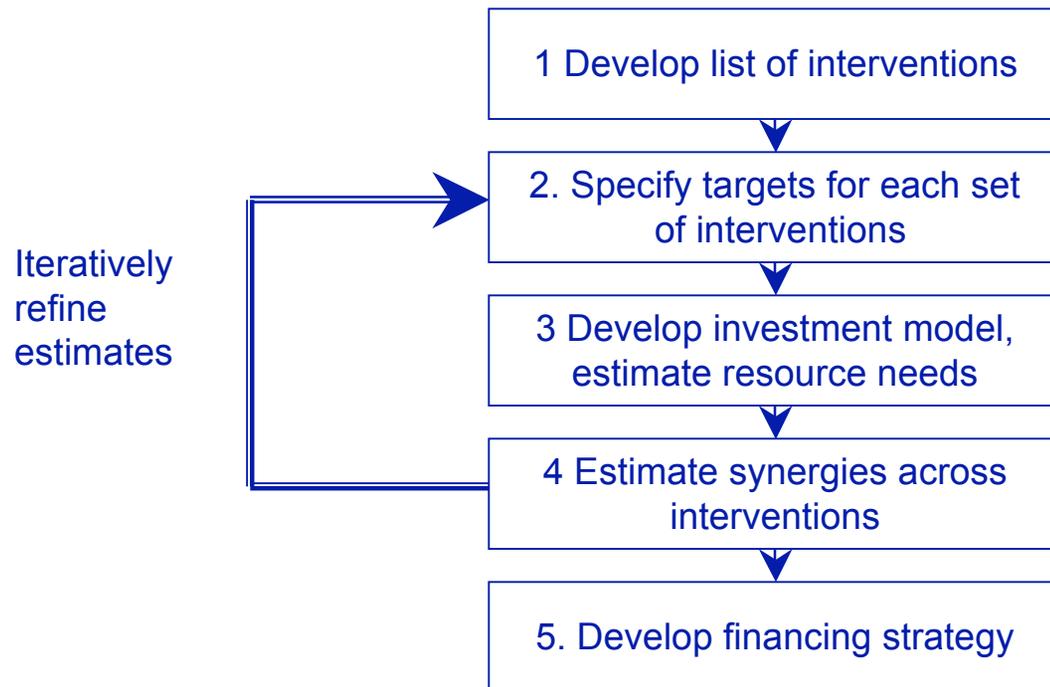
(iv) Intervention-based needs assessments

- Bruns et al. (2003)
- CMH (2001)
- EPRC (2002)
- FAO (2002)
- Sachs et al. (2004)

14 Intervention Areas to an MDG Needs Assessment

Area	Goal
1 Hunger (MDG 1 Target 2)	Halve, between 1990 and 2015, the proportion of people who suffer from hunger
2 Education (MDG 2 Target 3)	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling
3 Gender Equality (MDG 3 Target 4)	Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015
4 Child Health (MDG 4 Target 5)	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
5 Maternal Health (MDG 5 Target 6)	Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio
6 HIV/AIDS (MDG 6 Target 7)	Have halted by 2015 and begun to reverse the spread of HIV/AIDS
7 Malaria (MDG 6 Target 8)	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
8 TB (MDG 6 Target 8)	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
9 Environment (MDG 7 Target 9)	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
10 Water and Sanitation (MDG 7 Target 10)	Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation
11 Urban (MDG 7 Target 11)	By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers
12 Science and Technology (MDG 8 Target 18)	In co-operation with the private sector, make available the benefits of new technologies, especially information and communications
13 Transportation	Provide necessary infrastructure for achieving the MDGs
14 Energy	Provide necessary infrastructure for achieving the MDGs

MDG needs assessment methodology

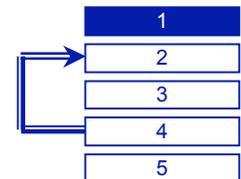


1. Develop List of Interventions

Interventions are defined as “investments in goods, services and infrastructure” as distinct from policies and institutions

For example, interventions for primary education include:

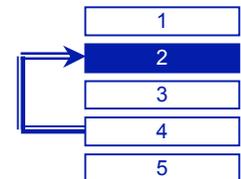
- Provision of infrastructure (classrooms, toilets, girls toilets, water connections)
- Provision of human resources (trained teachers, non teaching administrative support)
- Provision of learning materials (textbooks, stationery)
- Provision to spur demand for primary education (subsidies for girls, school meals, uniforms, abolition of school meals)



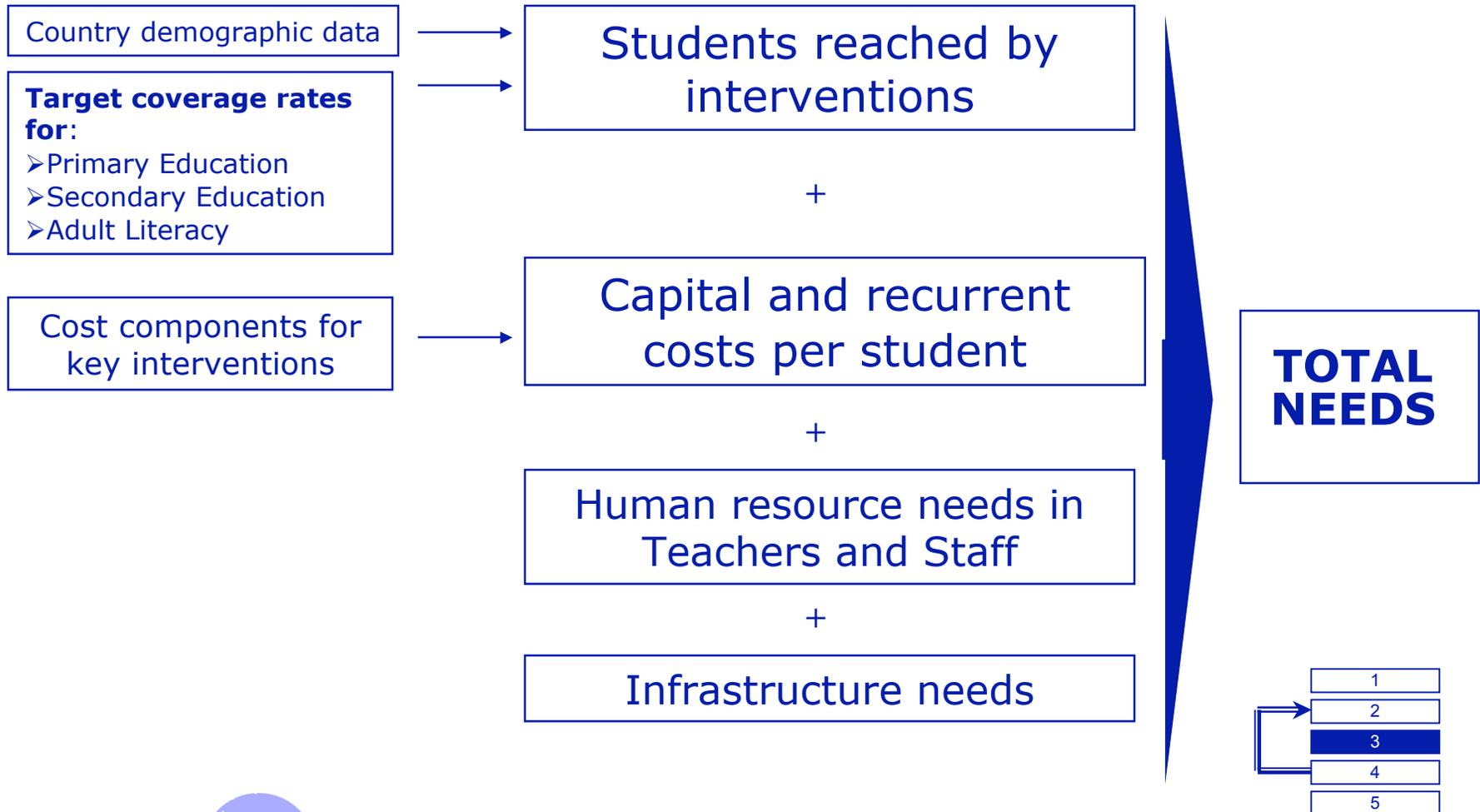
2. Specify Targets for Each Intervention

**Task Forces specify coverage targets for interventions.
For education these are:**

- Primary completion rate to reach 100 percent, gross enrolment rate to reach 107 percent by 2015
- Gender parity target to be achieved in 2005
- Transition rate to secondary education to reach 80 percent by 2015



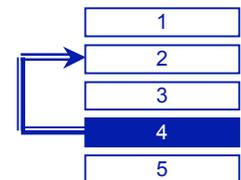
3. Develop Investment Model—Estimate All Required Inputs



4. Estimate Synergies Across Interventions (Education)

Interventions will have direct benefits and in some cases will positive externalities across sectors. These impacts should be accounted for in the needs assessment. Examples of direct benefits and synergies include:

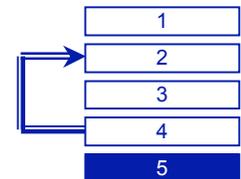
- Long-term sectoral synergies: Maternal education leads to higher enrolment of children
- Immediate sectoral synergies: Prevention interventions (e.g. health) have rapid impact on incidence rates
- Cross-sectoral synergies: Provision of piped water to households allows young girls to attend school



5. Develop Financing Model

Long-term (10 year) financing framework:

- Share of needs that can be borne by households
- Share of needs that can be borne by domestic revenue mobilization
- Gap in resource needs that will need to be externally financed



Frequently Raised Issues

- Distinguishing between policies and interventions.
- Synergies between interventions
- Double-counting of interventions and cross-cutting issues
- Marginal vs. Average costs
- “Absorptive capacity”
- Macroeconomic issues (e.g. “Dutch disease”)
- Dealing with Target 1 (income poverty)

Key Drivers of Cost and Variation

The key drivers of cost and variation* in a comprehensive country-wide needs assessment are:

- Health interventions to combat infectious diseases and strengthen health systems
- Large-scale infrastructure interventions such as for roads and energy services

*as seen in MP needs assessment analysis

Agenda

- Motivation and Overview (using Education as an example)

- **Discussion by Selected Intervention Area**

- Energy Services
- Hunger (multi-sector)
- Gender
- Health