

Poverty (NMDP). The 'weighted sum of deprivations' for a household is determined by adding the weights for the deprivations the household is facing simultaneously. Multidimensionally poor are those living in households facing a weighted sum of 33.3 percent or more of the deprivations and NMDP are those living in households facing a weighted sum of more than 20.0 percent and less than 33.3 percent of deprivations.

The NMDP are those considered to be vulnerable to MDP. As the weighted sum of deprivations of Sunil's household in the above example is 44.6 percent and therefore, exceeds 33.3 percent, Sunil's family is multidimensionally poor.

Contributions of deprivations to MDP and NMDP

The first pie chart in Figure 1 shows the magnitude of the contributions of deprivations to MDP. The second shows the corresponding contributions to NMDP. It is clear that the highest contributions to MDP and NMDP are from deprivations 1, 2, 4 and 7.

For MDP, the highest contribution (24.5 percent) is from the lack of education; no one in the household has 6 years of education.

HIGHEST NUMBER OF PERSONS IN MDP OR NMDP IS IN THE KANDY DISTRICT

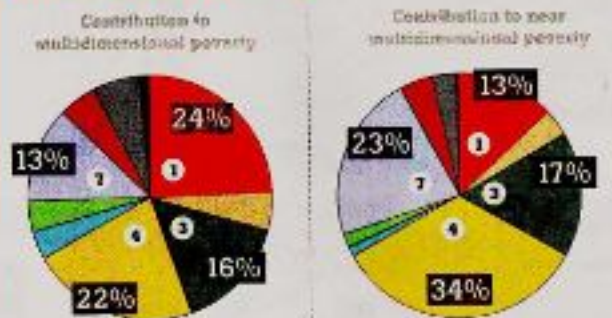
This is followed by the two health-related deprivations and the lack of access to improved sanitation. These four elements make up almost 75 percent of the deprivations contributing to MDP.

In the case of NMDP, the main contribution is related to inability to work; head of the household is not working due to a chronic illness, disability or old age. This amounts to 33.9 percent. The other main deprivations are related to education, health and sanitation. These four aspects account for 86.1 percent of deprivations contributing to NMDP.

Who are battered by multiple deprivations?

Although the incidence of MDP in Sri Lanka is only 1.9 percent (around 400,000 persons), nearly 10 percent of the population or around two million people are in NMDP, which means they can slip into the former easily. Altogether, 2.4 million people (or 11.5 percent of the population) in Sri Lanka are either in MDP or NMDP.

Figure 1: Percentage Contributions of Deprivations Faced by Persons in MDP/NMDP by Type of Deprivation

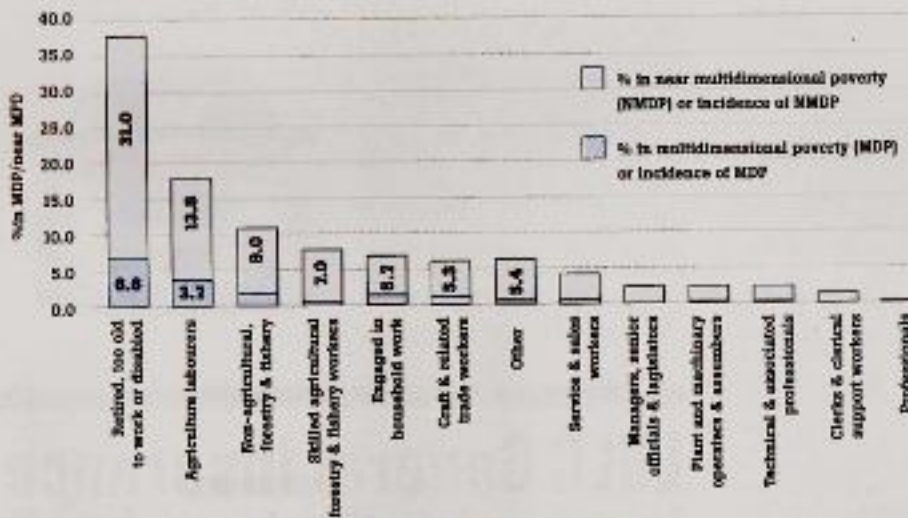


- 1 - Education: No one in the household has completed 6 years of school education [18.7]
- 2 - Education: Child in compulsory age in the household not attending school [16.7]
- 3 - Health: Household not receiving at least 80% of calorie (energy) requirement although expenditures on food is 90% or more [18.7]
- 4 - Health: Head of household not working (chronically ill/disabled/very old) [36.7]
- 5 - Living conditions: Household has no electricity [16.7]
- 6 - Living conditions: Household not having access to safe drinking water [5.6]
- 7 - Living conditions: Household not having access to improved sanitation [5.6]
- 8 - Living conditions: Household using wood, dung or coal for cooking [5.6]
- 9 - Living conditions: Household having a dirty floor (mud, sand/ dung) [5.6]
- 10 - Living conditions: Assets of the household inadequate [14.6]

Note: The percentage contributions of deprivations given in the above chart are for persons who have been classified as Multidimensionally Poor / Near Multidimensionally Poor. The contributions are highest for deprivations 1, 2, 4 and 7; the highest 'x' percentage is with education for multidimensional poor (24%).

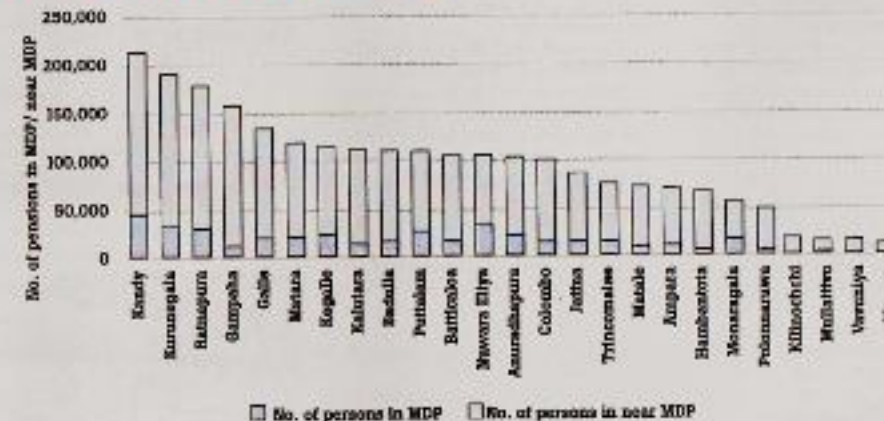
Source: Author's estimates based on Household Income and Expenditure Survey 2016, DHS

Figure 2: Incidence of MDP and NMDP, by socioeconomic group-2016



Source: Author's estimates based on Household Income and Expenditure Survey 2016, DHS

Figure 3: Distribution of People in MDP / NMDP and the Incidence of MDP/NMDP by Districts-2016



Source: Author's estimates based on Household Income and Expenditure Survey 2016, DHS

IN THE CASE OF NMDP, THE MAIN CONTRIBUTION IS RELATED TO INABILITY TO WORK; HEAD OF THE HOUSEHOLD IS NOT WORKING DUE TO A CHRONIC ILLNESS

The other three SEGs with high shares of MDP or NMDP consist of households headed by agricultural labourers, non-agricultural labourers and skilled agricultural, forestry and fishery workers. These four groups account for nearly 80 percent of those in MDP or NMDP.

Spatial distribution of persons in MDP or NMDP

The regions where a majority of the people in MDP or NMDP live should be identified to develop area-specific strategies. In Sri Lanka, the highest number of persons in MDP or NMDP is in the Kandy District (9 percent out of the total number in MDP or NMDP in the country).

Other districts with high shares of MDP or NMDP are Kurunegala (8 percent), Ratnapura (7.5 percent), Gampaha (6.6 percent), Galle (5.6 percent) and Matale (5 percent).

or the percentages of persons in MDP or NMDP within each district. The incidence is highest in the Batticaloa District (19.5 percent), followed by Trincomalee (18.2 percent), Mullaitivu (16.4 percent), Kilinochchi (15.9 percent), Ratnapura (15.9 percent) and Kandy (15.4 percent).

While the incidence of MDP and NMDP is low in some districts, the number of people living in poverty in absolute terms is high.

ALTHOUGH THE INCIDENCE OF MDP IN SRI LANKA IS ONLY 1.9 PERCENT (AROUND 400,000 PERSONS), NEARLY 10 PERCENT OF THE POPULATION OR AROUND TWO MILLION PEOPLE ARE IN NMDP

Figure 3 shows that the number of persons in NMDP in almost all districts is considerably high compared to those in MDP. This indicates that although the incidence of MDP is low in Sri Lanka, a large number of people are at risk of slipping into MDP.

Monitoring all dimensions of poverty

The strategies to minimise MDP and NMDP depend on the types of deprivations faced by the poor, their locations and their socioeconomic groups. Continuous monitoring of all dimensions of poverty and identifying the most threatened regions and groups are essential to eliminate all forms of poverty. Such information will be useful in developing region-specific strategies.

As shown in Figure 1, there are four major deprivations contributing to MDP and to NMDP. If these four deprivations could be minimised or eliminated, it would be possible to eliminate MDP.

Ensuring at least eight years of quality education for all, additional attention to households headed by persons who are unable to work, targeted measures to combat undernutrition and the provision of sanitation facilities to deprived households are some of the interventions that can help in this regard.

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