

MONITORING ACHIEVEMENT OF SOCIAL GOALS IN THE 1990s
Report prepared by the United Nations Statistical Office

1. This report indicates the progress in the implementation of the proposal to establish a statistical programme to monitor the achievement of social goals in the 1990s which are recommended by international bodies for adoption by national governments. The proposal, first presented at the 23rd Session of the ACC Sub-Committee, was developed by a Working Group consisting of UNICEF, UNFPA and UN Statistical Office. UNICEF, in collaboration with WHO, and UNFPA have identified certain goals which are targeted for monitoring during the fourth development decade. A list of goals so far identified is here attached. These include such matters as reducing child mortality and childhood diseases and achieving more effective water and sanitation standards. A wide range of information needs is being conceptualized to help monitor such goals and the United Nations programme for monitoring implementation of the Nairobi Forward-looking Strategies for the Advancement of Women to the Year 2000. The basic substantive framework for this work is provided by the United Nations Handbook on Social Indicators (1989) and preliminary guidelines on social indicators (1978).

2. The strategy for implementing the monitoring process will involve a mix of instruments and methods in collection and analysis of relevant data. Household surveys are expected to play a major role. Existing national statistics operations are to be utilized. Also several international support programmes already exist, and these are to be availed as much as practicable. They include NHSCP, the Interagency Food and Nutritional Surveillance (IFNS) Programme, the Demographic and Health Survey (DHS) and the World Bank's SDA Project. In-depth technical guidance for this work is provided by the United Nations Handbook of Household Surveys (Revised Edition) (1984), Improving Statistics and Indicators on Women Using Household Surveys (1988) and the technical manuals published by NHSCP on health, literacy, nutrition, income and expenditure surveys and household economic activities.

3. Further steps in planning the programme entail clarifying the goals in order to identify the appropriate statistical indicators for monitoring progress, determining the relevance and adequacy of existing data bases for compiling indicators at the country level, improving measurement instruments and collecting or otherwise compiling relevant new data.

4. Since the last meeting of the ACC Sub-Committee, UNICEF and UNFPA have further clarified their goals with respect to the achieving of social progress. In order to develop the details of the statistical mechanism for monitoring progress, including measuring the appropriate indicators, the Working Group will recruit one or two consultants to visit approximately 6 pilot countries. Terms of reference for the pilot studies have been prepared in draft form and are being tested in Guyana before finalization. The terms of reference call for the consultant(s) to determine the degree to which the necessary statistics for the social indicators are currently collected and available at national and international levels, from whatever database; to appraise the quality of these statistics relative to the indicators desired and the extent to which the indicators are in fact compiled and available in the country and at international level and their quality; to identify gaps in availability of indicators; and to recommend the type of statistical programme which would be necessary to fill the gaps.

5. When final terms of reference are prepared, following the Guyana test, consultants will be recruited to visit 6 countries - 2 each in Asia, Latin America and Africa.

6. An FAO/World Bank/UN Statistical Office Technical Consultation on the FAO Socio-Economic Indicators Programme and the World Bank's SDA Project and NHSCP was held at FAO in Rome on 25-26 January 1990. One of the recommendations from that meeting was to exchange information and coordinate work among the three agencies, especially on methodological research and the study of analytical techniques for identifying vulnerable groups. In that connection, the need for interagency technical level discussions on the social monitoring programme of UNICEF/UNFPA/UN Statistical Office was indicated. Accordingly, it is proposed that details on the social monitoring programme will be circulated to all the concerned agencies for comments and suggestions before the programme is finalized and taken up for implementation.

*See FAO
Notes.*

**WHO/UNICEF COMMON GOALS FOR HEALTH DEVELOPMENT OF
WOMEN AND CHILDREN BY THE YEAR 2000**

The goals have been grouped under: Reduction of mortality, Women's education and health, Better nutrition, Control of childhood diseases and Control of the Environment.

1. Reduction of mortality
 - 1.1 Reduction by 50% of maternal mortality rates from 1980 levels.
 - 1.2 Reduction of 1980 infant mortality rates by at least half or to 50 per 1000 live births, whichever achieves the greater reduction.
 - 1.3 Reduction of 1980 under-five mortality rates by at least half or to 70 per 1000 live births, whichever achieves the greater reduction.
2. Women's education and health
 - 2.1 Achievement of universal primary education and 80 per cent female literacy.*
 - 2.2 Access by all couples to information and services for child spacing.
3. Better nutrition
 - 3.1 Reduction of the rate of low birth weight (2.5 kg) to less than 10%.
 - 3.2 Enable all women to exclusively breast-feed their child for four to six months and to continue breast-feeding with complementary food well into the second year.
 - 3.3 Virtual elimination of severe malnutrition among under-5 children and reduction by half of moderate malnutrition.
 - 3.4 Virtual elimination of iodine deficiency disorders.
 - 3.5 Virtual elimination of the blindness and other consequences of vitamin A deficiency.
4. Control of childhood diseases
 - 4.1 Global eradication of polio.
 - 4.2 Elimination of neonatal tetanus by 1995.
 - 4.3 Reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases in 1995, compared to pre-immunisation levels as a major step to the global eradication of measles in the longer run.
 - 4.4 Reduction by 70 per cent in the deaths due to diarrhoea in children under the age of five years; and 25 per cent reduction in the diarrhoea incidence rate.
 - 4.5 Reduction by 25 per cent in the deaths due to acute respiratory infections in children under five years.
5. Control of the environment
 - 5.1 Universal access to safe drinking water.
 - 5.2 Universal access to sanitary means of excreta disposal.
 - 5.3 Elimination of guinea-worm disease by 1995.
 - 5.4 Achievement of a safer and more sanitary environment, with significant reductions of radioactive, chemical and other microbiological pollutants.

* each country to define the age group.

UNFPA GOALS IN THE 1990's

These were enunciated in a recent statement by the Executive Director of UNFPA with an objective to:

- make family planning a development priority, ranked alongside major economic investments, and with an allocation of not less than one per cent of GNP in the countries concerned;
- extend family planning services to 500 million women;
- ensure that no person lives more than one hour's walk away from a health facility providing basic health care and family planning and that no-one lives more than two hours' travelling time from basic emergency facilities;
- ensure that all women pay at least one visit to a health care facility during pregnancy;
- reduce maternal mortality by at least 50 per cent especially in those countries where such mortality is very high (higher than 100 maternal deaths per 100,000 births);
- reduce infant mortality to 50 per 1000 live births - especially in those countries where infant mortality is high;
- expand girls' enrolment in primary school to at least 75 per cent. In countries where girls' enrolment is particularly low, ensure that the ratio of girls to boys in primary school is at least 4:5;
- expand girls' enrolment in secondary school to at least 60 per cent. In countries where girls' enrolment is particularly low, ensure that the ratio of girls' to boys in secondary school is at least 3:5;
- combat women's illiteracy so that at least 70 per cent are able to read and write.