

MONITORING ACHIEVEMENT OF SOCIAL GOALS IN THE 1990s

Report prepared by the United Nations Children's Fund

- 1) Monitoring the achievement of social goals in the 1990s was initially discussed at the 23rd session of the ACC Sub-committee on Statistical Activities. Since then the goals being advocated by UNICEF for country adoption have been added to and refined. Some further small modifications can be expected to the current set of goals given in the annex, but no major changes are foreseen.
- 2) A task force on global and national level monitoring has been established within UNICEF to identify indicators for monitoring goals, frequency of related data collection, preferred methods of collection and processing, and an outline of how these indicators will be used. Many of these indicators have been identified and an integrated report is being prepared.
- 3) Meanwhile, other work is being carried out on improving the data for monitoring specific sector goals. The child immunization programme is close to its 1990 target of 80% coverage of children against diphtheria, pertussis, tetanus, measles, polio and tuberculosis. The joint UNICEF, WHO and National Government monitoring of this programme utilises a mix of administrative and household survey data to estimate the immunization coverage of children at age one.
- 4) The UNICEF nutritional surveillance programme, using data from WHO, the Demographic and Health Surveys (DHS) and other household surveys, has published A Global, Regional and Country Assessment of Child Malnutrition by Carlson and Wardlaw. This report emphasises anthropometric measures of malnutrition and covers 76 developing countries.
- 5) Reduction of under-five mortality is one of the major UNICEF advocated goals for children. However, as countries become more sensitized to this indicator, differences between country and other external estimates are a source of increasing irritation. Using Iran and Indonesia as examples, work has been initiated on specifying an information base where such differences might be resolved.
- 6) Work on assessing the availability of other data for monitoring progress towards social goals for the 1990s, as well as the status of systems able to obtain this data, has been initiated in Guyana under a joint UNICEF, UNFPA and UN Statistical Office working group. More is reported on this work in the UN Statistical Office report to this meeting.

GOALS FOR CHILDREN AND DEVELOPMENT IN THE 1990s

The U.N. Convention on the Rights of the Child embodies the most comprehensive listing of goals for the well-being of children. Full implementation of the Convention is the ultimate objective of programmes for children and development. The following goals, derived through a process of extensive international consultation, are essential means to achieve that ultimate objective.

I. Major Goals for Child Survival, Development and Protection

- Between 1990 and the year 2000, reduction of infant and under-5 child mortality rate in all countries by one-third or to 50 and 70 per 1000 live births respectively, whichever is less.
- Between 1990 and the year 2000, reduction of maternal mortality rate by half.
- Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-5 children by half.
- Universal access to safe drinking water and to sanitary means of excreta disposal.
- By the year 2000, universal access to basic education and completion of primary education by at least 80% of primary school age children.
- Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level with emphasis on female literacy.
- Improved protection of children in especially difficult circumstances.

- Growth promotion and its regular monitoring to be institutionalised in all countries by the end of the 1990s.

- Dissemination of knowledge and supporting services to increase food production to ensure household food security.

3. Child Health

- Global eradication of poliomyelitis by the year 2000.
- Elimination of neonatal tetanus by 1995.
- Reduction by 95 percent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunisation levels by 1995, as a major step to the global eradication of measles in the longer run.
- Maintenance of a high level of immunisation coverage (at least 85% of children under one year of age) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of child bearing age.
- Reduction by 50 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.
- Reduction by one-third in the deaths due to acute respiratory infections in children under five years.

II. Supporting/Sectoral Goals

1. Women's Health and Education

- Special attention to the health and nutrition of the female child, and pregnant and lactating women.
- Access by all couples to information and services to prevent pregnancies which are too early, too closely spaced, too late or too many.
- Access by all pregnant women to prenatal care, trained attendants during child birth and referral facilities for high risk pregnancies and obstetric emergencies.
- Universal access to primary education with special emphasis for girls, and accelerated literacy programmes for women.

2. Nutrition

- Reduction in severe as well as moderate malnutrition among under-5 children by half of 1990 levels.
- Reduction of the rate of low birth weight (2.5 kg or less) to less than 10%.
- Reduction of iron deficiency anaemia in women by one-third of 1990 levels.
- Virtual elimination of iodine deficiency disorders.
- Virtual elimination of vitamin A deficiency and its consequences, including blindness.
- Empowerment of 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.

4. Water and Sanitation

- Universal access to safe drinking water.
- Universal access to sanitary means of excreta disposal.
- Elimination of guinea-worm disease (dracunculiasis) by the year 2000.

5. Basic Education

- Expansion of early childhood development activities including appropriate low-cost family and community based interventions.
- Universal access to basic education, and achievement of primary education by at least 80 per cent of primary school age children through formal schooling or non-formal education of comparable learning standard, with emphasis on reducing the current disparities between boys and girls.
- Reduction of the adult illiteracy rate (the appropriate age group to be determined in each country) to at least half its 1990 level, with emphasis on female literacy.
- Increased acquisition by individuals and families of the knowledge, skills and values required for better living, made available through all educational channels, including the mass media, other forms of modern and traditional communication, and social action, with effectiveness measured in terms of behavioural change.

6. Children in Difficult Circumstances

- Provide improved protection of children in especially difficult circumstances and tackle the root causes leading to such situations.