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SOCIAL INDICATORS IN ARAB COUNTRIES FOR ASSESSING THE REALIZATION OF UNITED NATIONS GOALS: UNICEF PROGRESS REPORT

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Social Indicators in Arab Countries to address UN goals;

UNICEF Progress Report

Abstract

This paper outlines UNICEF's three major areas for priorities: 1) World Summit for Children (WSC) Goals, 2) Provision of Convention of the Rights of the Child (CRC) and Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) and 3) Emerging Priorities for the year 2000 and beyond for a shared vision for children. These form the basis of data collection and monitoring.

The proposed Menu of Indicators for Common Country Assessment (CCA) are reviewed. The revised list from the Economic and Social Council of July 1999 does not include indicators for Human Rights and Governance, apparently due to a lack of clear definitions. This requires urgent attention.

UNICEF describes the process of the current Multiple Cluster Indicator Surveys (MICS2) being done in 11 Arab countries, where timely data was unavailable. This contributes to End-Decade Goals of the WSC to be reviewed by a Special Meeting of the General Assembly of the UN in 2001. MICS2 and related surveys with results are due by the end of this year, contribute greatly in harmonizing the indicators and help build national statistical capacities. Three MICS2 regional workshops with country statistical and technical survey focal points have been successfully conducted. Two further workshops on use of micro-data files and presentation of findings to policy makers are planned.

UNICEF presents key emerging issues such as those pertaining to child rights, and recent initiatives in the region, such as the Mediterranean Initiative for Child Rights (MEDIN). The need for appropriate data use is stressed. This includes disaggregation, within-country descriptions with mapping to present key results and mechanisms to publish and update, using electronic microdata files, networking, with MICSnet as an example, and the development of linkages on the world wide web.

I. INTRODUCTION

UNICEF Regional Office for the Middle East and North Africa (MENARO) welcomes the opportunity to participate in this important regional meeting as a follow-up to the Conference on Social Statistics organized by ESCWA in late 1998. The theme of this meeting is especially timely as we are now working towards measuring the achievement of the 1990 WSC goals. UNICEF is globally conducting a series of Multiple Cluster Indicator Surveys (MICS) with nine countries in our region participating[1]. Results are expected by the end of 2000 in preparation for the End-Decade Assessment (EDA). This paper highlights the process of these surveys in the context of international, regional and national efforts to harmonize and rationalize the basic indicators in follow-up to UN conferences in the 90's.

UNICEF strongly supports the UN Development Assistance Framework (UNDAF) to follow-up on resolutions and commitments emanating from the global conferences of the 1990s. As a member of the Joint Consultative Group on Policy (JCGP), UNICEF also strongly supports appropriate frameworks for Common Country Assessments (CCA). Indeed most of the basic indicators affect children and mothers both directly and indirectly.

The paper will 1) outline the major elements of UNICEF's child-centered programme and policy framework that provide the focus for its data collection and monitoring activities; 2) review selected indicators in the Common Country Assessment Framework (CCA); 3) outline the process of the current MICS surveys and their relevance to End-Decade Goals; 4) present recent initiatives in the region, such as the Mediterranean Initiative for Child Rights (MEDIN); 5) outline progress in efforts to disseminate results appropriately; and 6) suggest specific actions to strengthen data-gathering and analysis activities in the region.

II. UNICEF'S PROGRAMME/POLICY FRAMEWORK

UNICEF's statistical follow-up and monitoring activities emanate from three interrelated and mutually reinforcing elements in its programme and policy framework: 1) World Summit for Children (WSC) Goals; 2) Provisions of the Convention on the Rights of the Child (CRC); and 3) emerging priorities for the year 2000 and beyond for a shared vision for children.

A. World Summit for Children Goals

The Declaration and Plan of Action of the World Summit for Children in 1990 resulted in commitments and action plans of over 180 countries to a set of 27 specific and measurable health, education, and development goals for children by the end of the decade. Additionally, 13 goals were agreed upon for achievement by mid-decade. Indicators to measure the goals were developed jointly by UNICEF/WHO and UNESCO, and UNICEF assisted governments to review progress at mid-decade.

The mid-decade review process demonstrated the feasibility of collecting timely quality data, particularly through the use of household surveys, evidence by the MICS, the Gulf Family Health Survey and the PAPFAM exercise. These efforts helped strengthen national data collection and

[1] For UNICEF programming purposes, the Middle East and North Africa (MENA) region includes: Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, U.A.E., West Bank and Gaza, and Yemen.

analysis activities. This was an appropriate forerunner to the repeat current MICS process, with better technology, standardization and training methods. For this purpose, the goal monitoring indicators have been revised *(See Annex II).*

B. Convention on the Rights of the Child

The Convention on the Rights of the Child (CRC) was adopted by the United Nations General Assembly in 1989, and since ratified by 191 states. This contribution to human rights was reinforced by the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), adopted in 1979 and ratified by 166 states. The CRC in particular stands as our guiding frame of reference, as spelled out in UNICEF's Mission Statement.

A rights-based approach to programming for children and women influences monitoring and indicator choice at the global and country level. Important features of CRC are the principles of non-discrimination and the universality of rights, which move us beyond WSC goals into strategies aimed at eliminating disparities at all levels so that all children everywhere enjoy equal survival, development, protection, and participation rights. In the MENA region in particular, where many of the WSC goals have been met, if not surpassed, the universality of the rights embodied in CRC take on special significance for development efforts

C. Emerging priorities

In the MENA region, UNICEF has identified a number of emerging issues[2]. These include:

1) Armed conflict and sanctions, including ?misuse of children as soldiers
2) Domestic violence, including child abuse
3) Child Labour
4) Gender discrimination – Education, Female genital mutilation, Income opportunities
5) Social exclusion
   - Children without parents, refugees
   - Childhood disability
   - Minority groups, e.g., nomads
   - Children at risk and children in conflict with the law

   UNICEF is also concerned with the effect of globalization on child welfare

There are also continuing old issues, such as poverty elimination to start with the child, and basic services (e.g., primary and secondary education). A major global concern is HIV/AIDS[3]. While the prevalence of HIV/AIDS is relatively low in MENA countries, it still occurs and without preventive measures is likely to increase.

[2] See Emerging issues in the Twenty-First Century: The Middle East and North Africa Region (1999), UNICEF/MENARO

[3] In UNICEF's Progress of Nations 2000, the major emphasis is on HIV/AIDS.

III REVIEW OF SELECTED INDICATORS IN THE COMMON COUNTRY ASSESSMENT FRAMEWORK (CCA)

The first two recommendations of Expert Working Group at the Beirut meeting in December 1998 concern the use of the CCA. These were to:

1. Use the Common Country Assessment Framework (CCA) as the basic set of indicators to be implemented by the ESCWA member states and
2. Establish an Inter-Agency Task Force (ESCWA) to take follow-up actions on the core set of indicators and share experiences on review, with technical support.

A. The ESCWA list for CCA

The CCA (E/ESCWA/STAT/1998/WG) compiled by ESCWA and presented at the December 1998 Beirut Meeting was grouped under 14 major sections and included 43 indicators (*see Annex 1*). The sections comprise (1) Legislative Framework of Human Rights, (2) Governance, (3) Income-Poverty, (4) Food and Nutrition, (5) Health and Mortality, (6) Reproductive Health, (7) Child's Health and Welfare, (8) Education, (9) Gender Equality and Women's Empowerment, (10) Employment, (11) Housing and Basic Household Amenities and Facilities, (12) Environment, (13) Drug Control and Crime Prevention, and (14) Reference contextual indicators.

UNICEF has an interest in all sections. Nine sections include at least one indicator from the WSC goals and also included in the MICS2. Those absent from the MICS2, such as Food Security and Income-Poverty are reported yearly in the State of the World's Children Tables. Right Sensitive indicators for children are now in the MICS2, and include birth registration, those not living with a biological parent and child labour. Some of the Arab countries have added these indictors to their MICS2, e.g., Sudan.

B. Revised Economic and Social Council UNDAF/CCA list - 1999

A revised list (E/1999/11 – pp35-38) was prepared for a follow-up ESC session in Geneva in July 1999, with a "core union" of indicator sets: MNSDS, OECD-UN-World Bank, UNDAF/CCA and BSSA. This list had similar sections to that of the 1998 CCA (*Table 1*). It included all of the prior indicators except those for human rights and governance (each still needing definitions), reported cases of violence (perhaps for reasons of feasibility) and adult literacy sex ratio, although a note stated that sex differences should be applied to all indicators, where feasible. The revised list added 19 indicators of which 11 were in the economic, income and poverty, and environment sections. Four of the "added" indicators (from 1998) were MNSDS.

Table 1: Topics and Indicators on Union of core indicator sets - Annex VII, ESC July 1999

			No. CCA	Comments
X	***Legislative Framework of Human Rights (Indicator specification under development)***			
		Scoring observance of human rights conventions (based on ratification, incorporation into national laws and annual reports on implementation of independent commission)	*1*	*Excluded in 1999 list*
X	***Governance (Indicator specification under development)***			
		Existence of independent and autonomous electoral management bodies	*2*	*Excluded in 1999 list*
		Existence of enabling legislation and policies that devolve decision-making authority	*3*	*Excluded in 1999 list*
1	**Population and Population Growth**			Was "Reference Contextual"
	1	Population size by age and sex	39	
	2	Total population		MNSDS
	3	Fertility rate	41	
2	**Health and Mortality**			
	4	Life expectancy at birth	42	
	5	Under 5 mortality rate	12	
	6	Infant mortality rate	11	
	7	% population with access to primary health care services	9	
	8	HIV adult prevalence rate	10	
	9	HIV prevalence in pregnant women aged 15-24		Added to CCA list

Table 1: Topics and Indicators on Union of core indicator sets - Annex VII, ESC July 1999		No. CCA	Comments
3	**Reproductive Health**		
10	Maternal mortality ratio	13	
11	Contraceptive prevalence rate	15	
12	% of births attended by trained health personnel	14	
4	**Food security and nutrition**		Former title: Food- nutrition
13	% of household income spent on food		
14	% of population below minimum level of dietary energy consumption	8	
15	% of children under age 5 underweight	7	
5	**Education**		
16	Adult literacy rate	20	
17	Net primary enrolment ratio	18	
18	% completing primary grade 4	19	
19	Average number of years of schooling completed		MNSDS
20	Literacy rate of 15-24 year olds	21	
6	**Gender Equality and Women's Empowerment**		
21	% of seats held by women in national government, including parliament	24	
22	% of paid employees who are women		
23	Ratio of girls to boys in primary and secondary education	22	
7	**Child's Health and Welfare**		
24	% of 1 year old children immunised against measles	16	
25	% of children < age 15 who are in employment	17	
8	**Employment**		
26	Unemployment rate	26	
27	Informal sector employment as % of total employment		
28	Employment-population ratio		
9	**Income-Poverty**		
29	Household income per capita (level and distribution)		MNSDS
30	Poverty headcount ratio (% of population below national poverty line)		Added to CCA list
31	Poverty headcount ratio (% below $1 a day)	4	
32	Poverty gap ratio	5	
33	Monetary value of the minimum food basket		MNSDS
34	Poorest fifth's share of national consumption	6	
10	**Housing and Basic Household Amenities and Facilities**		
35	% of population with access to safe drinking water	28	
36	% of population with access to adequate sanitation	29	
37	Number of persons per room, excluding bathroom		
11	**Environment**		
38	Arable land per capita		Added to CCA list
39	% change in forest land area in the last 10 years		Added to CCA list
40	% of population that relies on traditional fuels for energy use		Added to CCA list
41	Implementing a national sustainable development strategy	30	
42	Annual withdrawals of fresh water		Added to CCA list
43	Biodiversity: Land area protected	32	
44	GDP per unit of energy use	34	
45	Carbon Dioxide emissions (per capita)	31	
12	**Drug Control and Crime Prevention**		
46	Area under cultivation of coca, opium, poppy and cannabis	35	
47	No. of crimes per 100,000 inhabitants		
48	Prevalence of drug-abuse (???)	37	
49	Seizures of illicit drugs and laboratories	36	
13	**Economics**		Was "Reference Contextual"
50	Total gross national product (GNP)		Added to CCA list
51	Per capita % of GNP	43	
52	External debt as a % of GNP		Added to CCA list
53	Decadal growth of GNP per capita (US$)		Added to CCA list
54	Gross domestic savings as % of GDP		Added to CCA list
55	Investment as a % of GDP		Added to CCA list
56	Trade as a % of GDP		Added to CCA list
57	Aid as a % of GDP		Added to CCA list
58	Share of foreign direct investment (FDI) in GDP		Added to CCA list
59	% of public expenditures on social services		Added to CCA list
	% of population living in urban areas	40	Excluded from 1999 list
	Ratio of literate females to males at ages 15-24	23	Excluded from 1999 list
	Labour force participation rate	25	Excluded from 1999 list
	Average floor area per person, excluding kitchen and bathroom	27	Replaced by persons/room
	No. of reported cases of violence	38	Replaced by crime rate

No. CCA refers to the number of the indicator on the Dec 1998 ESCWA list

The issue of indicators for scoring observations for human rights conventions, such as CRC and CEDAW is especially important for UNICEF. It was also a recommendation from the December 1998 Beirut Meeting. *Table 2* shows the progress of MENA countries in this regard. Also, under National Mechanisms and Coalitions, some of the major user groups for indicator information related to CRC and CEDAW are identified. These often include policy-makers as well as technicians and have a vital role to influence the actions related to information use.

Table 2. Status of CRC and CEDAW in MENA region at end-1999

COUNTRY	CRC	NATIONAL MECHANISMS/ COALITIONS	CEDAW	NATIONAL MECHANISMS/ COALITIONS
Algeria	1990 (S) 1993 (R)		1996 (a)	National Council for Women
Djibouti	1990 (S) 1990 (R)		1998 (a)	
Egypt	1990 (S) 1990 (R)	NGOs Coalition on CRC	1980 (S), 1981 (R)	NGO's Coalition on CEDAW
Gulf Area				
Bahrain	1992 (A)	National Council for Children	NOT RATIFIED	
Kuwait	1990 (S) 1991 (R)		1994 (R)	
Oman	1996 (A)	Inter-Ministerial Committee on CRC	NOT RATIFIED	Committee to study implications of Oman's Ratification
Qatar	1992 (S) 1995 (R)	Family Welfare Council	NOT RATIFIED	
S. Arabia	1996 (A)	Saudi National Commission for Child Welfare	NOT RATIFIED	
U.A.E.	1997 (A)	Supreme Court for Childhood	NOT RATIFIED	
Iran	1991 (S) 1994 (R)		NOT RATIFIED	
Iraq	1994 (A)	Child Welfare Commission	1986 (R)	
Jordan	1990 (S) 1991 (R)	National Task Force for Children	1980 (S) 1992 (R)	Jordanian National Committee for Women
Lebanon	1990 (S) 1991 (R)		1997 (A)	National Commission for Lebanese Women
Libya	1993 (A)		1989 (A)	
Morocco	1990 (S) 1993 (R)	Observatoire National des Droits de l'Enfant	1993 (A)	
Sudan	1990 (S) 1990 (R)	National Council for Child Welfare	NOT RATIFIED	
Syria	1990 (S) 1993 (R)	Higher Committee for Children	NOT RATIFIED	
Tunisia	1990 (S) 1992 (R)	Child Protection Delegates	1980 (S) 1985 (R)	
West Bank/Gaza		Multi-disciplinary Task Force for Children's Rights Charter		
Yemen	1990 (S) 1991 (R)	Higher Council for Mother and Children	1984 (A)	

*** S: Signature**
*** R: Ratification**
*** A: Accession**

IV. PROCESS OF THE CURRENT MICS2 SURVEYS AND THEIR RELEVANCE TO WSC GOALS

A. Multiple Indicator Cluster Surveys (MICS)[4]

The first series of MICS (MICS1) was conducted from 1995-1997 in 100 countries and the results contributed for assessing progress for 13 of the WSC goals, which culminated in the Secretary-General's report to the General Assembly at its 51st session in 1996. *The General Assembly resolution (A/51/186) stressed the .... importance of setting measurable indicators and targets and of improving data collection and assessment .... It also decided to convene a special session of the General Assembly in 2001 to review the achievement of the goals of the World Summit for Children.*

1. Findings of the Evaluation of the Mid-Decade MICS (MICS1)

The evaluation of the Mid-Decade MICS1 revealed good quality of the data generated by the surveys and their ability to produce information more quickly and economically than other methods of data collection. The country offices that undertook a MICS1 believe that the exercise improved the skills and capacity of local government staff as well as UNICEF staff. Government involvement in the MICS1 process varied greatly. Insufficient training caused problems in some cases, and there were some concerns about inconsistencies between the MICS1 results and those from other surveys. Almost all the countries used the data in some way, however, only half of those countries that did a MICS1 used the data to report on progress towards the WSC goals, the usual reason being that the results were not ready in time.

2. The role of the End-decade MICS (MICS2)

The end-decade MICS2 questionnaire and manual have been developed specifically to obtain the data for 63 of the 75 end-decade indicators listed in Annex II, with those in the CCA being marked with an "φ". Their choice draws heavily on experiences with the mid-decade MICS1 and on the subsequent MICS1 evaluation.

Annex III presents a comparison between the content of the mid-decade and that of the end-decade MICS2. The content is organized into question modules, for countries to adopt or omit according to the status of reviewed data availability. Another possible approach, as has been done in Morocco, Iran, West Bank/Gaza and Sudan, is arranging for selected MICS2 modules or questions to be added to other suitable surveys.

MICS2 optional modules in Annex II should only be included if they are of particular relevance and use to the country. The maternal mortality module should only be considered if data are 10 years old or older, or if no national data exist; the child disability module should only be used if there is a specific interest in assessing disability and if a linked, in-depth study will be done by way of follow-up. These two optional modules are not in the core questionnaire.

The development of the end-decade MICS questionnaire and manual has drawn on an even wider spread of organizations than the mid-decade MICS. They include WHO, UNESCO, ILO, UNAIDS, the United Nations Statistical Division, CDC, MEASURE (USAID), Johns Hopkins University, Columbia University, the London School of Hygiene and Tropical Medicine, and others. A technical advisory group helped coordinate and advise on inputs from many technical

[4] A distinction is made between MICS1 conducted during the mid-decade (1995-96) and MICS2 as the current surveys for the end-decade.

experts and researchers. In particular, close working relations with the Demographic and Health Surveys (DHS) programme not only improved the commonality and consistency of indicators between the MICS and DHS surveys, but also resulted in an agreement to work together at country level so as to maximize the usefulness of the two organizations' survey activities. This eases collaboration with DHS at country level, even more so than at mid-decade, when about 20 countries added MICS questions to their DHS surveys.

In Summary, Multiple Indicator Cluster Surveys can_1) Fortify local-level programme monitoring, 2) Satisfy national-level goal-monitoring needs, 3) Perform at low cost, 4) Produce rapid results, 5) Strengthen existing national capacities for monitoring and 6) Ensure internationally comparable results.

B. MICS2 in the Arab Region

1. Content and progress

The MICS2 is being fully implemented in eight ESCWA countries and partially in three (Figure 1 and Table 3). Morocco is adding the child labour module through the Ministry of Planning and micronutrients through the Ministry of Health to complement available data. The Demographic Health Surveys have been used for three countries; hence a MICS2 was not deemed necessary.

Figure 1: Countries in MENA region implementing MICS2 and other surveys

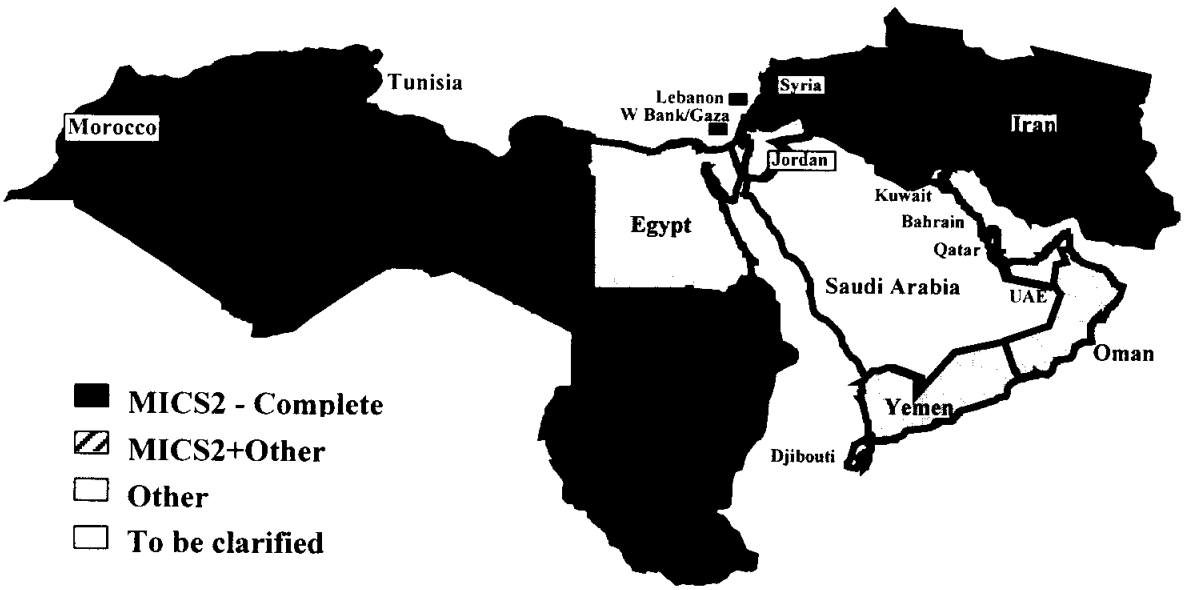


Table 3: Surveys currently conducted in MENA region countries by type

Country	MICS-full	MICS+Other	DHS	Other	To clarify
Algeria	X				
Djibouti					X
Egypt (1)			X		
Bahrain (2)					X
Kuwait					X
Oman				X	
Qatar (2)					X
Saudi Arabia (2)					X
United Arab Emirates					X
Iran (3)		X			
Iraq	X				
Jordan (4)			X		
Lebanon	X				
Libya	X				
Morocco (5)		X			
Sudan	X				
Syria		X			
Syria – Palestinian	X				
Tunisia	X				
West Bank/Gaza	X				
Yemen (6)			X		
TOTAL	8	3	3	1	6

(1) Egypt is conducting a DHS and adding child labour from MICS2
(2) Bahrain, Qatar and Saudi Arabia plan to conduct a limited MICS2
(3) Iran is conducting a combined MICS2/DHS
(4) Jordan conducted a DHS, reported in 1997
(5) Morocco has selected modules from MICS2
(6) Yemen conducted a DHS, reported in 1999.

None of the gulf countries carried out a MICS2 or any other household survey for the preparation of the End-decade report. The recent field visit to these countries revealed that many have data from the Gulf Family Health Survey, except Saudi Arabia. The data in Saudi Arabia are 5 years old, hence cannot be used for reporting the WSC goals achievement. Two countries – Kuwait and UAE have yet to inform about their status.

For each country conducting MICS2, almost all mandatory modules (for households, women and children) are included (Table 4).

Table 4: MICS2 Modules Included by Type of Questionnaire

Modules In The Household Questionnaire

Country	Household Listing	Education	Child Labour	Maternal Mortality	Child Disability	Water & Sanitation	Salt Iodization
Algeria	X	X				X	X
Iraq	X	X	X		X	X	X
Lebanon	X	X	X		X	X	X
Libya	X	X	X	X	X	X	X
Morocco*	X	X	X				X
Tunisia	X	X	X		X	X	X
Sudan	X	X	X		X	X	X
Syria	X	X		X		X	X
Palestinians in Syria	X	X	X	X	X	X	X
WBGS	X	X	X			X	X

Modules In The Women (15-49 years) Questionnaire

Country	Child Mortality	Tetanus Toxoid	Maternal & New born Health	Contraceptive use	HIV/AIDS
Algeria	X	X		X	
Iraq	X	X	X	X	X
Lebanon	X			X	
Libya	X	X	X	X	X
Morocco*					
Tunisia		X	X	X	
Sudan	X*	X	X		X
Syria	X	X	X	X	X
Palestinians in Syria	X	X	X	X	X
WBGS	X	X	X	X	X

*female circumcision

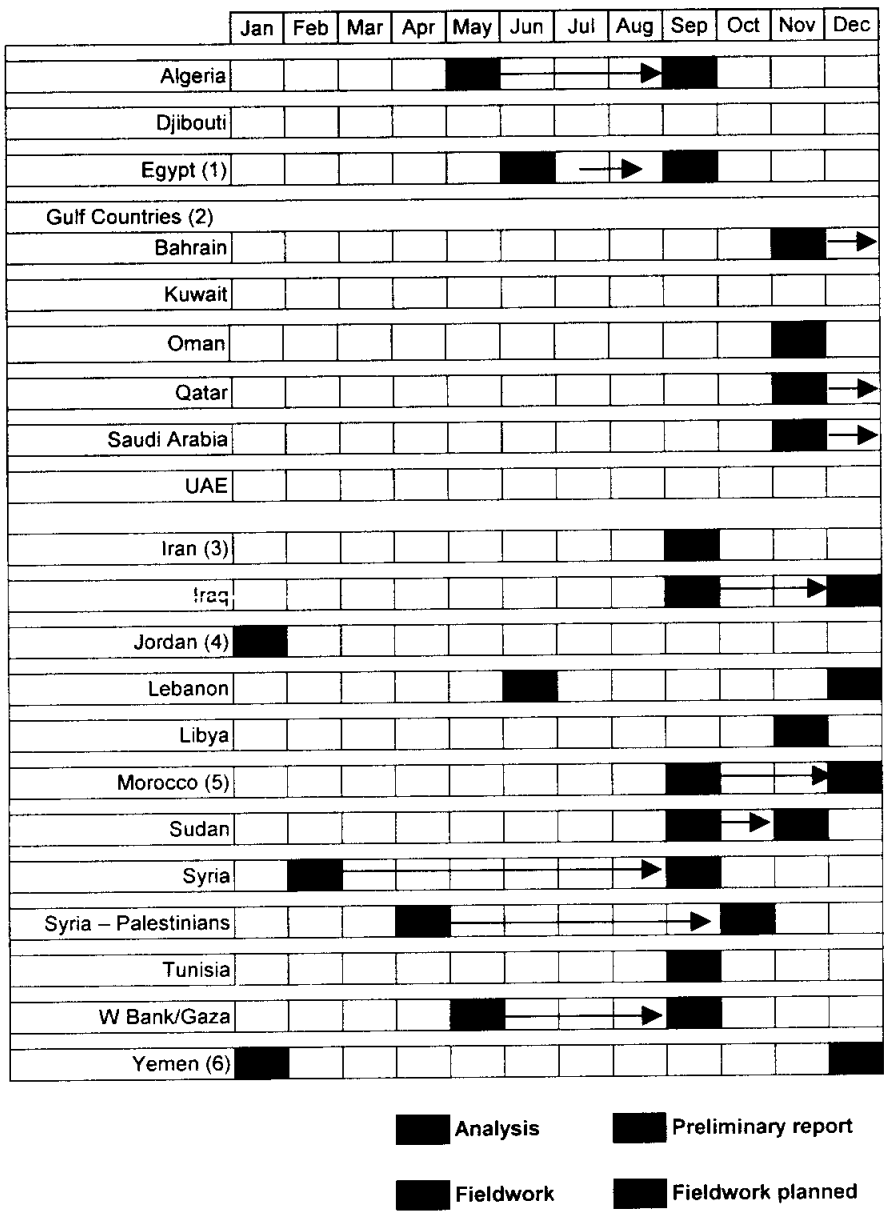
Modules In The Children (<5 years) Questionnaire

Country	Birth Registration	Vitamin A	Breast Feeding	Care of Illness	Malaria	Immunization	Anthropometry
Algeria			X			X	X
Iraq	X	X	X	X	X	X	X
Lebanon		X	X	X		X	X
Libya	X		X	X		X	X
Morocco*	X	X					
Tunisia			X	X		X	
Sudan	X	X	X	X	X	X	X
Syria	X	X	X	X		X	X
Palestinians in Syria	X	X	X	X		X	X
WBGS	X	X	X	X		X	X

* Morocco is conducting two surveys using some of the MICS2 modules.

The known current status of the surveys by country is shown in Table 5. It would appear the duration of fieldwork to the preliminary report usually takes some 3-4 months, as expected. The main problem is that in some countries the survey onset was delayed, due to preparation time. A key issue is to ensure timely reporting without compromising the data and presentation quality. Another is to encourage those countries without appropriate surveys and data to commence as soon as possible and feasible

Table 5: Progress in countries performing MICS2 surveys during 2000



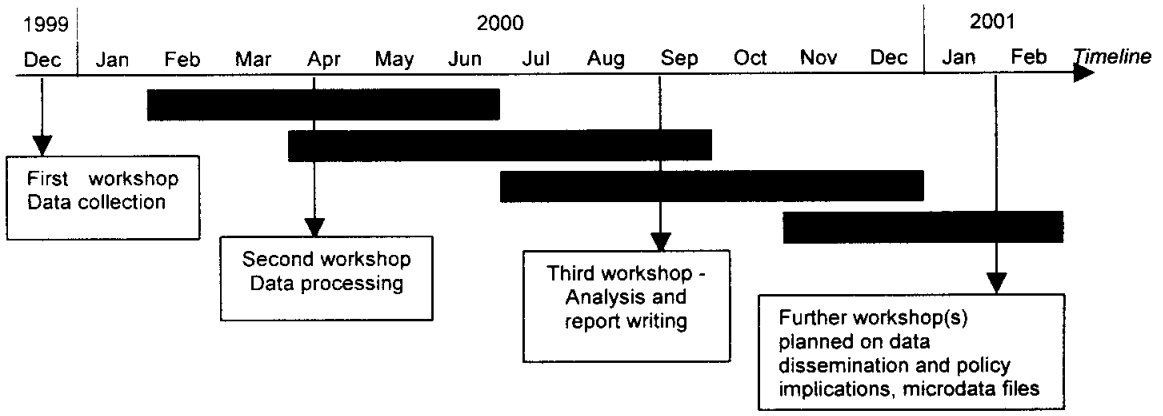
(1) Egypt is conducting a DHS (Demographic Health Survey) and adding child labour from MICS2
(2) Bahrain, Qatar and Saudi Arabia plan to conduct a limited MICS2
(3) Iran is conducting a combined MICS2/DHS
(4) Jordan conducted a DHS, reported in 1997
(5) Morocco has selected modules from MICS2
(6) Yemen conducted a DHS, reported in 1999.

MICS2 is a rich data source, with consistency in planning, training and supervision, sampling, questionnaires, field methods, analysis and reporting. The data entry uses varied software (EpiInfo, SPSS, oracle, etc) in compatible forms; the analysis uses SPSS in all cases. Reporting uses MSWord. Questionnaires are standardized in English, French and Arabic. The manual (in English and French) is available at the UNICEF web site. Complete model preliminary and final reports have been developed. A CD-ROM is being prepared, which includes all questionnaires, the manual and workshop proceedings. An initial workshop was conducted in Bangkok in September 1999 and field-tested.

2. Regional Training Workshops

For MENA Region countries, UNICEF supported three workshops in December 1999, April and September 2000. These workshops were timed to pre-empt the stages of country pace in conducting the surveys (Figure 2).

Figure 2: Approximate timing of regional survey activities and workshops - Sept 2000



The first workshop in Amman, Jordan (December 3-8, 1999) covered purpose and initial phases of the surveys up to data entry. Topics included:

- WSC Reporting Requirements and Time Frame for the End-decade Assessment
- WSC Goals Indicators and Data Sources
- Lessons Learned from Mid-Decade MICS Experience
- Review of the Survey Work Cycle
- Flow of Modules: Household, Women's and Child Information
- Interviewing and Survey techniques
- Survey Logistics
- Instructions to use of UNICEF equipment
- Guidelines for field work and field visit with evaluation
- Sampling; with Group exercise
- Steps to be followed for the implementation
- Data Entry;
- Work plan for Implementation and Analysis
- Final evaluation results and Follow-up action

All countries attending presented work plans for implementation. Two countries: West Bank/Gaza and Yemen presented more detailed information of prior similar surveys. Participants conducted, presented and reviewed daily and final evaluations. This was done in all workshops.

The second workshop in Bloudan, Syria (April 10-20, 2000) on data entry and processing was more technical, with statisticians comprising the most of the participants. Topics included:

- WSC Reporting Requirements and Time Frame
- General description of MICS2 data processing
- Data descriptions: Household, women and children
- Data entry programme and menus
- Data structure check
- Secondary Editing
- Secondary Processing menus
- Conversion to analysis file format in SPSS
- Recoding of variables in SPSS
- Calculation of sample weights and anthropometric scores
- Analysis tabulations in SPSS
- File copying and backup.
- Final evaluation results and Follow-up action

All entry and analysis sessions involved hands-on computer training and supervision with added practicals as required.

The third workshop in Broumana, Lebanon (September 3-8, 2000) was on data analysis and report writing, with both statisticians and analysts. Topics included:

- The context of the End-Decade Review, National reports
- Guidelines for statistical appendix
- Current status of reporting, Aspects and Linkages of EDR
- Experiences of review process and development of a Work Plan
- World Summit for Children - Plan of Action
- Overview of model preliminary report
- Overview of model full report
- Elements of survey documentation (questionnaires, timetable, staff, funding, problems)
- Draft of all sections of the preliminary report
- Overview of anthropometric measurements
- Indirect estimation of infant and child mortality and sampling errors
- Economic status of households and the wealth index
- Executive Summary and Indicators table for full report
- Survey Documentation & Dissemination, Data Bases.
- Final evaluation results and Follow-up action

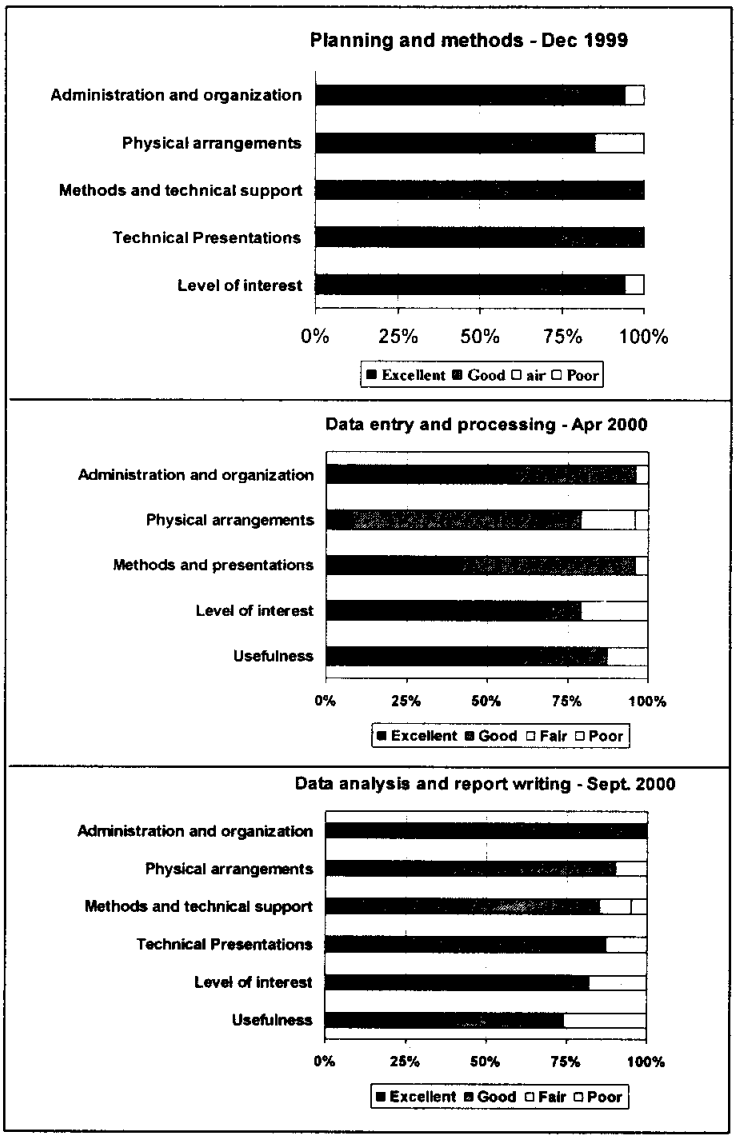
With each section of the report, all participants performed hands-on generation of frequencies, tables and graphs. They also delivered National Report Presentations for the End Decade

Evaluations

There were five or six major issues for the for the final evaluations: administration and organization, physical arrangements, methods and technical support, value of presentations, level of interest and use of the workshop. Selected summary results for each workshop follow, illustrated in Figure 3.

Figure 3

Final evaluations MICS2 Regional Training



Workshop 1 - Dec 1999.
Most participants (82 -100%) responded favourably to the workshop components, with about one-half in the excellent category.

Workshop 2 – Apr 2000
Again, most participants (79-100%) responded favourably.
The "fair" replies to level of use and interest may reflect participants not previously experienced with the software packages used in training. The less favourable responses to physical arrangements was due to the location of the hotel far from any major city (35 km from Damascus), considered an obstacle to planning after workshop hours.

Workshop 3 – Sept 2000.
Although favourable responses remained high (74-100%), the area of methods and technical support had few excellent replies. Some of the comments and suggestions (listed below) would indicate that the scope of work was too great to be fully accomplished in the space of 5 days. Hence UNICEF is planning a workshop on data dissemination and policy implications early 2001, when COUTRIES are expected to have draft or finalized reports.

Detailed comments from and suggestions the third workshop on data analysis and report writing were as follows:

General

- All participants recognized the importance of data and its appropriate use
- All agreed about what countries need to do for reporting
- The workshop allowed participants to sensitize their governments on the EDR
- Representatives of countries without up-to-date information (e.g., from Libya and Saudi Arabia) understood the need for this and will encourage their governments to conduct an urgent survey
- Participants recognized the need for networking and were incorporated into the MICSNET

Specific

Workshop methodology: To use different methodologies, need more time to practice (e.g., to produce tables and check quality of data), for group work and to communicate with new comers; to exchange experiences with colleagues for side-meetings; need more facilitators to discuss country findings.

Workshop topics - Challenges:

Challenges in the analysis included: Data analysis and interpretation techniques, Use of different statistical package, More time for statistical packages, SPSS process, Techniques for further analysis, syntax writing in SPSS, Sampling errors, Data quality checks, Weighting.

Challenges in the survey indicators included: Child and infant mortality, Maternal mortality, Child disability, Anthopometric measures, HIV/AIDS, Vitamin A, Contraceptive use, Child Labour, Orphans, Economic status of households and the wealth index.

Challenges in the report writing included: Sample and survey documentation, Drafting various sections of the report, Overview of the model preliminary and final reports, Design content and outline of EDR, How to write recommendations.

Suggestions

For follow-up:
(1) Progress reporting and feed-back should continue after finalization of reports,
(2) To organize a workshop on causal analysis and use of results for analysts, programme officers and policy makers,
(3) To organize a workshop on presentation of reports,
(4) To review country findings and not only process,
(5) Closer consultation with countries to update their activities.

For preparation:
(1) To define objectives of country presentations in advance,
(2) To prepare country presentation in advance,
(3) To send the workshop documentation in advance.

For the workshop (see also above sections):
(1) More side-meetings with facilitators,
(2) More group work,
(3) More time to exchange information and experiences,
(4) Too long working hours, better if more days but shorter.

V. NATIONAL CAPACITIES AND APPROPRIATE DATA USE

The MICS process for countries to plan, carry out a survey and utilize the results, is an important way to strengthen national monitoring efforts for the future. This should involve personnel from national institutions such as medical and public health schools, education and training institutes, university statistics departments and social science departments.

A survey Microdata file, contains at a minimum, the raw systematized data compatible with a regular package, such as SPSS or EpiInfo with coding and guidelines for use. Governments need to develop these Microdata files in electronic formats for advocacy, planning and programmes. Because of the pressure to report findings quickly, the information presented in a survey report usually includes only the basic findings of a survey. A public-use Microdata file creation, well documented and made readily available, will allow more in-depth analyses by subject specialists in the government as well as many institutes, universities and other interested organizations who would otherwise be unable to access this data resource. A small amount of funds, together with the Microdata file, can generate many detailed analyses of the data and lead to further dissemination, via a variety of media, of information on children.

Such files will be especially suitable for within-country use (e.g. regions). UNICEF will support a regional workshop in Jan 2001 for training on the preparation and use of Microdata files.

MICSnet

MICSnet is being developed by MENARO for networking purposes throughout the region. About 100 resource people are presently comprised of the participants from the three MICS2 Training Workshops. These include statisticians, other technicians and administrators. This will further support communication between countries in the region for the collection and use of appropriate data. It will be further expanded to include as many as possible of those contributing to this goal.

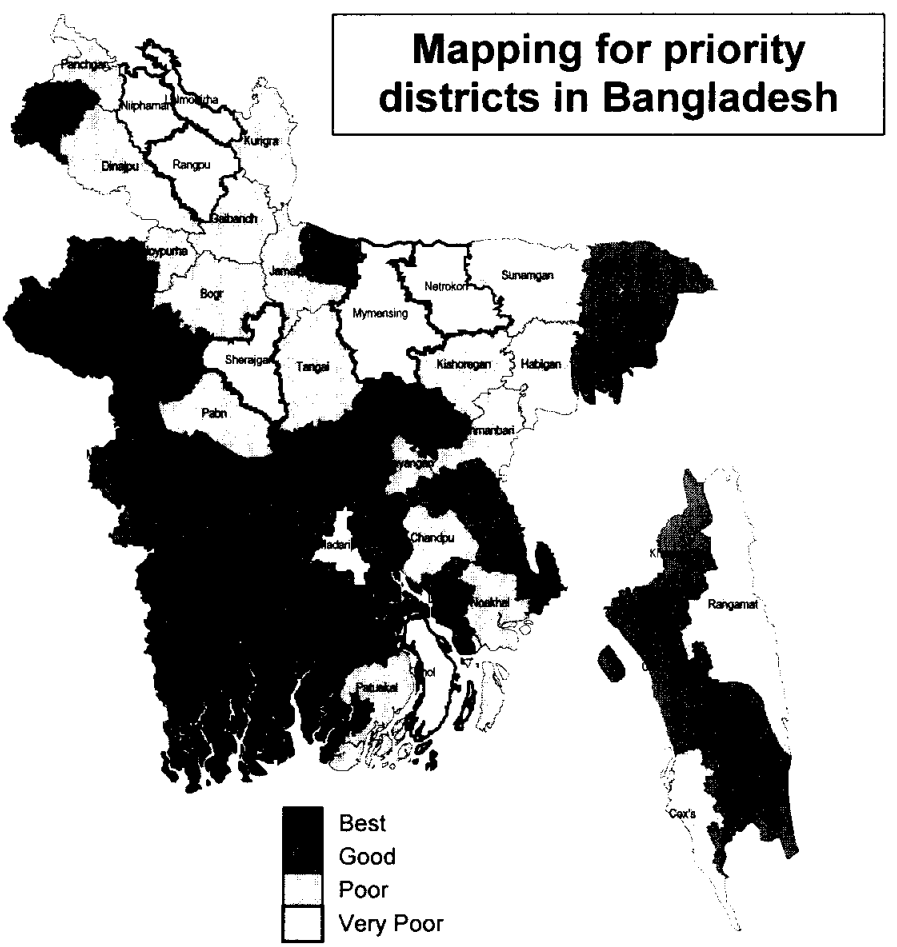
Web site

The MICSnet can be coordinated with the planned website. Information about the workshops is being prepared on a CD-ROM. This and other developments, such as country results, as allowed, can be incorporated. UNICEF has prepared the ChildInfo Database for several countries on CD-ROM. A similar process can be developed for MENA countries.

Importance of presenting within-country information

Sub-national descriptions are needed in order to plan and monitor programmes suitably - by region, urban/rural and special groups. This will highlight problem areas. An example comes from Bangladesh. District-level data was acquired through standardized surveys. Results were used to develop an index for each district. Prior beliefs about district ranking were resolved when the information was presented. Mapping communicated this effectively to show clustering throughout the country. For example, Most of the poor and very poor districts tended to be in the northern parts of the country. (*Figure 4*).

Figure 4

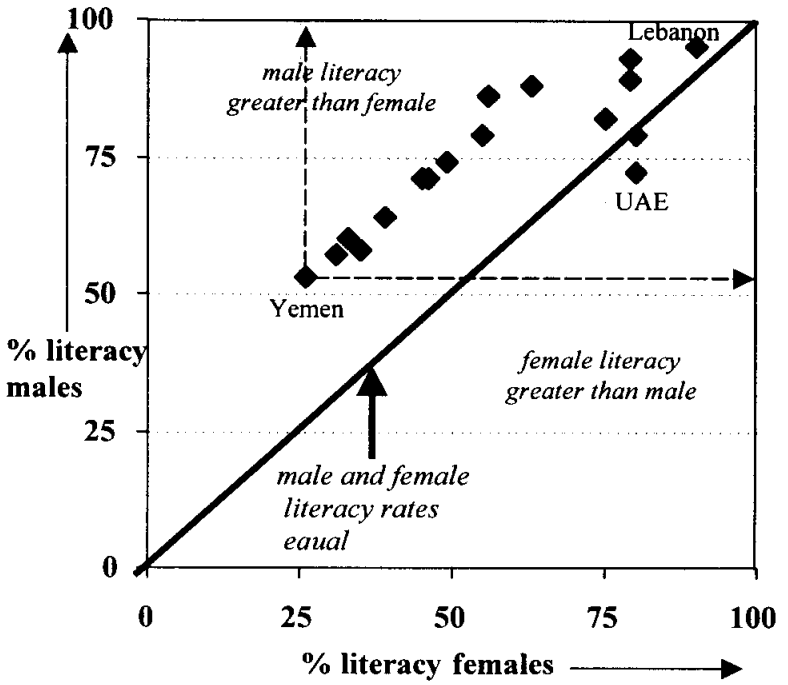


An index comprising 5 key indicators (e.g. U5 mortality, education, etc) was assessed in all 64 Districts of Bangladesh. Based on values of the index, 9 districts had the best results, 28 were good, 19 poor and 9 very poor results. In this way it was possible to identify priority districts for programme support and resource use in a valid way. Mapping was a powerful means to show this information to policy-makers.

This example show the importance of mapping to present results powerfully. Another graphic shows comparisons by country within MENA of adult education by sex. This can be applied to within country descriptions to shown the range and priority targeting. One continuing problem in most Arab countries is low adult literacy rates and the wide disparity between males and females. This is shown in *Figure 5* graph and table. A more sensitive indicator of progress, included in the CCA, is the literacy rates of adults aged 15-24 years. This reflects the end result of all child education indicators.

Figure 5

Adult literacy rates MENA region - by sex



	% Male	% Female	Differ-ence
Lebanon	95	90	5
Jordan	93	79	14
Kuwait	89	79	10
Bahrain	89	79	10
Libya	88	63	25
Syria	86	56	30
Qatar	82	75	7
Tunisia	79	55	24
S. Arabia	79	80	-1
Algeria	74	49	25
Iran	78	50	28
UAE	72	80	-8
Oman	71	46	25
Iraq	71	45	26
Egypt	64	39	25
Djibouti	60	33	27
Sudan	58	35	23
Morocco	57	31	26
Yemen	53	26	27

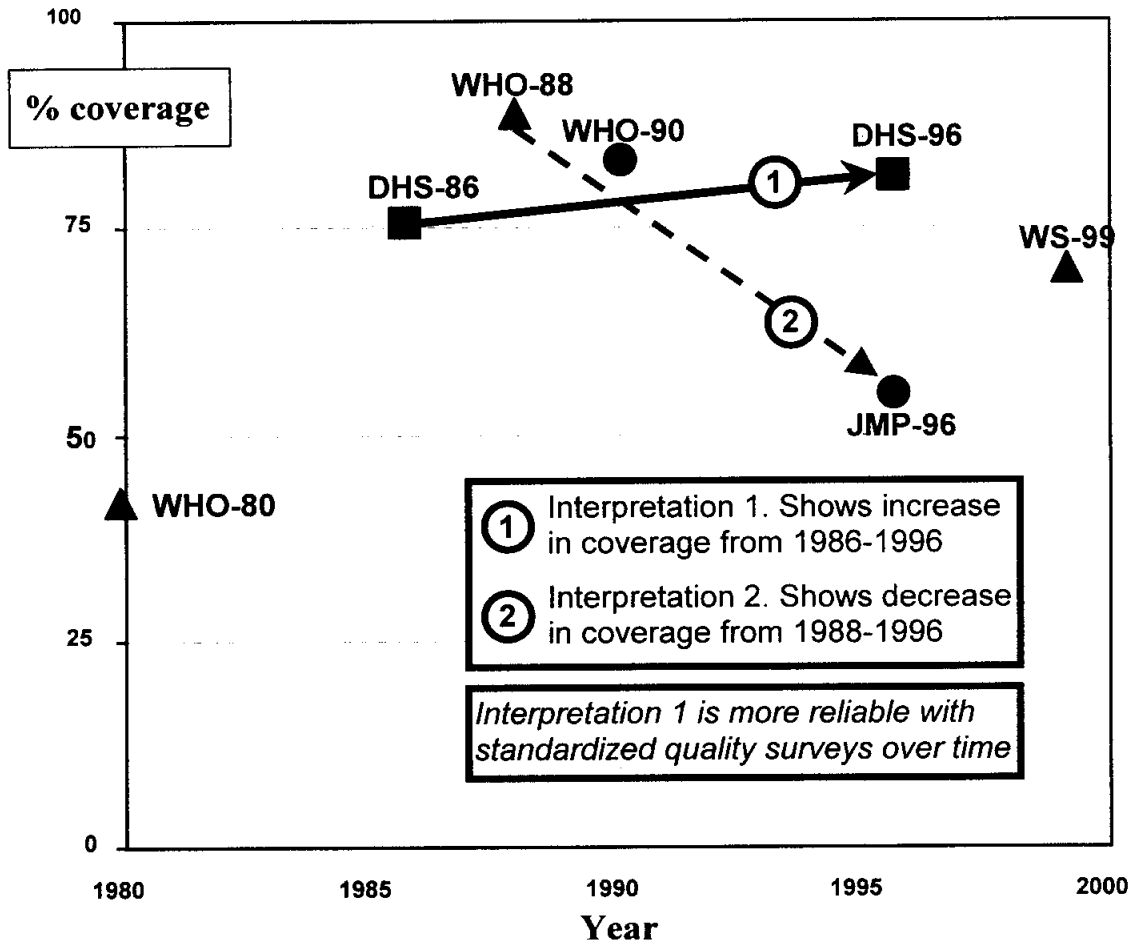
This graph and table show that male literacy rates are much greater than female rates in almost all MENA countries. This means it is easier for males to reach universal literacy, compared with females. Yemen, for example has 53% literate males vs 26% females.

Of great importance to assess progress is the choice of information and the need to interpret from standardized sources over time. An example from Brazil is taken from various surveys between 1980 and 1999 on improved sanitation coverage (*Figure 6*). Opposite inferences can be applied, depending on how the sources are used.

Figure 6:

Trends over time, based on information from varied sources

Brazil: access to improved sanitation coverage - urban



VI RIGHTS-SENSITIVE INDICATORS AND THE ROLE OF MEDIN[5]

The issue of deriving appropriate Right Sensitive Indicators was a major recommendation of the Beirut meeting. Of these, Child Rights is especially important. Underlying or structural factors affect the rights of children. More direct factors affect survival and health, development, protection and participation rights. The lack of indicator coverage for these rights in the CCA and WSC lists demands further review. This also reflects the section on the Legislative Framework of Human Rights section of the CCA for progress in the implementation of conventions, including those for children.

The CCA indicators cover most of the underlying and structural issues affecting children's rights such as rapid population growth, poverty, poor economic performance and external indebtedness, and decreasing expenditures on social services. They comprise 25 of the CCA indicators. Other issues, such as political instability and conflict, rural-urban migration and limited progress in introducing legislation changes consistent with CRC and CEDAW, are of concern. There are also important under-served and neglected areas in the region.

Indicators for survival and health rights are prominent, covered by 10 indicators of the CCA and in those for the WSC follow-up (58 of the 66 indicators and 21 of the 27 goals). These include maternal and young child mortality, underweight malnutrition, immunization, water-sanitation, HIV/AIDS, contraceptive prevalence, fertility rate and birth attendance on the CCA list. Missing on the CCA list but present in the WSC include micronutrient malnutrition, low birth weight, diarrhoea and respiratory disease and other immunizations (e.g., tetanus).

Indicators for development rights are less prominent, represented by education – primary enrollment and completion rates, average number of years of schooling completed and ratio of girls to boys at school in the CCA, with the addition of early childhood care in the WSC. Other important indicators include quality of education at pre-primary and all school levels, school drop-out and repetition, non-formal education/learning opportunities, life skills and knowledge of young people, role of the family in promoting and supporting learning, and opportunities for recreation.

The CCA has one indicator for the right to protection - employment rate for children aged 10-14 years (previously 5-14 years). This is not present in the WSC, but is covered by MICS2. Disability rate is covered by the WSC and optional in the MICS2. Other important issues not covered include - domestic violence (dropped from the 1998 CCA list, probably for feasibility reasons), children who are ethnic minorities, live and/or work on the street, refugee and displaced, without families, juvenile offenders and the girl child - early marriage, female genital mutilation (FGM), gender-based discrimination in care practices, etc.)

A major problem for the right to participation is the lack of an operational definition. What participation means in the socio-cultural context of countries, of the evolving capacities of the child, and of the family, the school, the community, and society at large, has yet to be fully discussed. Adolescents cannot voice their concerns effectively. Teacher-centred pedagogic approaches without child participation remain common.

[5] Much of this text comes from the August 2000 Interim Report of the Mediterranean Initiative for Child Rights (MEDIN). This project began in 1999 to help build capacity in Participating Countries (Algeria, Egypt, Jordan, Lebanon, Libya, Morocco, Palestine, Syria and Tunisia) to identify, analyse and act on children's rights concerns. This would be primarily done through improving the quality and availability of relevant data. The MEDIN project is co-ordinated by UNICEF – both through MENARO and the Innocenti Research Centre, Italy.

Annex I
Core CCA Indicators Relating to Major Summit and Conference Goals
ESCWA (December 1998) – φ and shaded areas are relevant to WSC goals of the 1990's

Summit/Conference Goal	Target	Indicators (numbered)
Legislative Framework of Human Rights (Indicator specification under development)		
Human rights, including children and women's rights	Promotion and protection of all individual and community rights and freedoms (UDIHR/CRH/FWCW)	1. Scoring observance of human rights conventions (based on ratification, incorporation into national laws and annual reports on implementation of an independent commission)
Governance (Indicator specification under development)		
Strengthen governing institutions for people-centred development	Strengthen institutional capacity of electoral commissions	2. Existence of independent and Autonomous electoral management bodies
Promote decentralisation that supports local governance	Development of decentralised policy-making	3.Existence of enabling legislation and policies that devolve decision-making authority
Income-Poverty		
Reduced Poverty levels	Proportion in extreme poverty in 1990 reduced by ½ by 2015(WSSD)	4.Poverty headcount ratio (% below $1 a day) 5.Poverty ratio 6.Poorest fifth's share of national consumption
Food and Nutrition		
φImproved Child Nutrition	Severe/moderate malnutrition among children <5 ½ of 1990 level by 2000 (WSSDIFWCWAVSC)	φ7. % of children under age 5 underweight
Increased food security	Reduce number of under-nourished by x % by 2015 (WFS) ???	8. % of population below minimum level of dietary energy consumption
Health and Mortality		
Improved health care	Universal accessibility of primary health care (ICPD/WSSD/FWCW)	9. % population with access to primary health care services
Reduction in levels of HIV/AIDS	Universal access to RH services and information by 2015 (ICPD)	10. HIV adult prevalence rate
φReduced infant mortality	Reduction of IMR by 1/3 of 1990 level and below 35 per 1,000 by 2015 (ICPD/WSSD/WCW/WSC)	φ11. Infant mortality rate
φReduced child mortality	MR at ages <5 reduced by 2/3 of 1990 level by 2015 (ICPD/WSC)	φ12. Under 5 mortality rate
WSC Gal relevance φ		

Summit/Conference Goal	Target	Indicators (numbered)
Reproductive Health		
φImproved maternal health and reduced maternal mortality	Reduction by ½ of 1990 levels by year 2000 and a further ½ by 2015 (ICPD/WSSD/WCW/WSC)	φ13. Maternal mortality ratio φ14. % of births attended by trained health personnel
φIncreased access to family planning	Universal access to safe/reliable contraceptive methods (ICPD)	φ15. Contraceptive prevalence rate
Child's Health and Welfare		
φImproved child's health	Universal immunization against measles (WSC)	φ16.% of I year old children immunized against measles
φReduced child labour	Eradication of child labour (WSSD)	φ17.% of children < age I5 who are employed
Education		
φIncreased access to basic education.	Universal access, and completion of primary education by 2015 (EFA/WCW/WSC/ICPD)	φ18. Net primary enrolment ratio φ19. % completing primary grade 4
φIncreased literacy	Adult illiteracy reduced by ½ by 1990 level by 2000 (EFA/WSSD/WCW)	φ20. Adult literacy rate φ21. Literacy rate of 15-24 year olds
φGender equality in secondary education	Eliminate disparity in primary and secondary education by 2005 (ICPD/WSSD/FWCW)	φ22. Ratio of girls to boys in primary and education combined φ23.Ratio of literate females to males 15-24 yr
Gender Equality and Women's Empowerment		
Women's political empowerment	Equitable access to political institutions (FWCW)	24. % of seats held by women in national government, including parliament
Employment		
Full employment	Universal access to paid employment (WSSD)	25. Labour force participation rate 26. Unemployment rate
Housing and Basic Household Amenities and Facilities		
Adequate shelter for all	Provision of sufficient living space and avoidance of overcrowding (HABITAT II)	27. Average floor area per person, excluding kitchen and bathroom
φImproved access to safe water	Universal access to safe drinking water (WCW)	φ28.% of population w. access to safe drinking water
φImproved access to safe sanitation	Universal sanitary waste disposal (WCW/WCS)	φ29. % of population with access to adequate sanitation

WSC Goal relevance φ

Summit/Conference Goal	Target	Indicators (numbered)
Environment (Indicator specification under review)		
National consciousness to improve the environment	Strategy for sustainable development in implementation stages by 2005 (UNCED)	30. Implementing a national sustainable development strategy
Improved environment	Clean and healthy environment and reversal of current trends in loss of environmental resources (UNCED)	31. Carbon Dioxide emissions (per capita) 32. Biodiversity: Land area protected 33. Annual withdrawals of fresh water 34. GDP per unit of energy use
Drug Control and Crime Prevention		
Improved drug control	Measurable results in reducing cultivation, manufacture and illicit drugs by 2008 (UNAD)	35. Area under cultivation of coca, opium, poppy and cannabis 36. Seizures of illicit drugs and laboratories 37. Prevalence of drug-abuse (???)
Improved crime prevention	Eliminate significantly reduce violence and crime (UNCPCTO)	38. No. of reported cases of violence
Reference contextual indicators		
φPopulation	Targets not applicable	39. Population size 40. % of population living in urban areas φ41. Fertility rate 42. Life expectancy at birth
Economy	Targets not applicable	43. Per capita % of GNP

WSC Goal relevance φ

Notes:
All selected indicators should be classified separately by sex. An age classification will also generally be required to identify target groups, for example the elderly, and this should be defined contextually.

EFA: 1990 World Conference on Education for All held in Jomtien
WSC: 1990 World Summit for Children, New York
UNCED: 1992 United Nations Conference on Environment and Development, Rio
CHR 1993 LTN Conference on Human Rights, Vienna
ICPD: 1994 International Conference on Population and Development, Cairo
FWCW: 1995 Forth World Conference on Women, Beijing
WSSD: 1995 World Summit for Social Development, Copenhagen
UNAD 1998 UN General Assembly on Drugs, New York
UNCPCTO 1995 UN Congress on the Prevention of Crime and Treatment of Offenders, Cairo
WFS 1996 World Food Summit, Rome
HABITAT 111996 Second LTN Conference on Human Settlements, Istanbul

ANNEX II

Indicators for Monitoring Progress at End-Decade

The following list includes the indicators for monitoring the WSC goals as well as additional indicators to monitor children's rights, HIV/AIDS, the Integrated Management of Childhood Illness (IMCI) initiative, and malaria. All the indicators on this list are covered in the current MICS except the ones marked with an 'X'. Age ranges indicated with a hyphen include the month or year given as the outer boundary of the range: for example, '6-9 months' includes 6-month-olds and 9-month-olds. *Indicators included in the CCA are marked with an* "φ".

	Indicator	Description
	Indicators reflecting World Summit for Children goals	
	***WSC goal 1.* Between 1990 and the year 2000, reduction of infant and under-five child mortality rate by one third or to 50 and 70 per 1,000 live births respectively, whichever is less**	
φ	*Under-five mortality rate*	Probability of dying between birth and exactly five years of age, per 1,000 live births
φ	*Infant mortality rate*	Probability of dying between birth and exactly one year of age, per 1,000 live births
	***WSC goal 2.* Between 1990 and the year 2000, reduction of maternal mortality rate by half**	
φ	*Maternal mortality ratio (MMR)*	Annual number of deaths of women from pregnancy- related causes, when pregnant or within 42 days of termination of pregnancy, per 100,000 live births
	***WSC goal 3.* Between 1990 and the year 2000, reduction of severe and moderate malnutrition among under-five children by half**	
φ	*Underweight prevalence*	Proportion of under-fives who fall below minus 2 and below minus 3 standard deviations from median weight- for-age of NCHS/WHO reference population
	Stunting prevalence	Proportion of under-fives who fall below minus 2 and below minus 3 standard deviations from median height- for-age of NCHS/WHO reference population
	Wasting prevalence	Proportion of under-fives who fall below minus 2 and below minus 3 standard deviations from median weight-for-height of NCHS/WHO reference population
	***WSC goal 4.* Universal access to safe drinking water**	
φ	*Use of safe drinking water*	Proportion of population who use any of the following types of water supply for drinking: piped water; public tap; borehole/pump; protected well; protected spring; rainwater
	***WSC goal 5.* Universal access to sanitary means of excreta disposal**	
φ	*Use of sanitary means of excreta disposal*	Proportion of population who have, within their dwelling or compound: toilet connected to sewage system; any other flush toilet (private or public); improved pit latrine; traditional pit latrine

***Indicators included in the CCA are marked with an* "φ".**

WSC goal 6. **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**		
φ	*Children reaching grade 5*	Proportion of children entering first grade of primary school who eventually reach grade 5
X φ	*Net primary school enrolment ratio*	Proportion of children of primary-school age enrolled in primary school
	Net primary school attendance rate	Proportion of children of primary-school age attending primary school
	Optional	
	Proportion entering school	Proportion of children of primary-school entry age who enter school at that age
X	*Learning achievement*	Proportion of children aged 10-12 years reaching a specific level of learning achievement in literacy, numeracy and life skills
WSC goal 7. **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**		
φ	*Literacy rate*	Proportion of population aged 15 years and older who are able, with understanding, to both read and write a short simple statement on their everyday life
WSC goal 8. **Provide improved protection of children in especially difficult circumstances and tackle the root causes leading to such situations**		
	Total child disability rate	Proportion of children aged less than 15 years with some reported physical or mental disability
WSC goal 9. **Special attention to the health and nutrition of the female child and to pregnant and lactating women**		
φ	*Under-five mortality rate: female/male*	Probability of dying between birth and exactly five years of age, per 1,000 live births: disaggregated by gender
φ	*Underweight prevalence: female/male*	Proportion of under-fives who fall below minus 2 standard deviations from median weight-for-age of NCHS/WHO reference population: disaggregated by gender
φ	*Antenatal care*	Proportion of women aged 15-49 attended at least once during pregnancy by skilled health personnel
X φ	*HIV prevalence: female/male*	Proportion of population aged 15-49 who are HIV- positive: disaggregated by gender and age
X	*Iron-deficiency anaemia*	Proportion of women aged 15-49 with haemoglobin levels below 12g/100ml for non-pregnant women, and below 11g/100ml for pregnant women

Indicators included in the CCA are marked with an "φ".

WSC goal 10. **Access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many**		
φ	*Contraceptive prevalence*	Proportion of women aged 15-49 who are using (or whose partner is using) a contraceptive method (either modern or traditional)
X	*Fertility rate for women 15 to 19*	Number of live births to women aged 15-19 per 1,000 women aged 15-19
X φ	*Total fertility rate*	Average number of live births per woman who has reached the end of her childbearing period
WSC goal 11. **Access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies**		
	Antenatal care	Proportion of women aged 15-49 attended at least once during pregnancy by skilled health personnel
φ	*Childbirth care*	Proportion of births attended by skilled health personnel
X	*Obstetric care*	Number of facilities providing *comprehensive* essential obstetric care per 500,000 population
		Number of facilities providing *basic* essential obstetric care per 500,000 population
WSC goal 12. **Reduction of the low birthweight rate (less than 2.5 kg) to less than 10 per cent**		
	Birthweight below 2.5 kg	Proportion of live births that weigh below 2,500 grams
WSC goal 13. **Reduction of iron-deficiency anemia in women by one third of the 1990 levels**		
X	*Iron-deficiency anaemia*	Proportion of women aged 15-49 with haemoglobin levels below 12g/100ml for non-pregnant women, and below 11g/100ml for pregnant women
WSC goal 14. **Virtual elimination of iodine deficiency disorders**		
	Iodized salt consumption	Proportion of households consuming adequately iodized salt
X	*Low urinary iodine*	Proportion of population (school-age children or general population) with urinary iodine levels below 10mcg/100ml
	Optional	
X	*Goitre in schoolchildren*	Proportion of children aged 6-11 years with any size of goitre (palpable and visible combined)

Indicators included in the CCA are marked with an "φ".

	Indicator	Description
WSC goal 15. **Virtual elimination of vitamin A deficiency (VAD) and its consequences, including blindness**		
	Children receiving vitamin A supplements	Proportion of children aged 6-59 months who received a high-dose vitamin A supplement in the last 6 months
	Mothers receiving vitamin A supplements	Proportion of mothers who received a high-dose vitamin A supplement before infant was 8 weeks old
X	*Low vitamin A*	Proportion of children aged 6-59 months with serum retinol below 20mcg/100ml
	Optional	
	Children with night blindness	Proportion of children aged 24-59 months with night blindness
	Night blindness in pregnant women	Proportion of women who had night blindness during the last pregnancy
WSC goal 16. **Empowerment of all women to breastfeed their children exclusively for four to six months and to continue breastfeeding, with complementary food, well into the second year**		
	Exclusive breastfeeding rate	Proportion of infants under 4 months (120 days) who are exclusively breastfed
	Timely complementary feeding rate	Proportion of infants aged 6-9 months (180-299 days) who are receiving breastmilk and complementary food
	Continued breastfeeding rate	Proportion of children aged 12-15 months and 20-23 months who are breastfeeding
X	*Number of baby-friendly facilities*	Number of hospitals and maternity facilities designated as baby-friendly according to global BFHI criteria
X	*Polio cases*	Annual number of cases of polio

WSC goal 20. **Elimination of neonatal tetanus by 1995**		
X	*Neonatal tetanus cases*	Annual number of cases of neonatal tetanus
WSC goal 21. **Reduction by 95 per cent in measles deaths and reduction by 90 per cent of measles cases compared to pre-immunization levels by 1995, as a major step to the global eradication of measles in the longer run**		
X	*Under-five deaths from measles*	A· ıual number of under-five deaths due to measles
X	*Under-five measles cases*	Annual number of cases of measles in children under five years of age

WSC goal 22. **Maintenance of a high level of immunization coverage (at least 90 per cent of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis, tuberculosis and against tetanus for women of childbearing age**		
	DPT immunization coverage	Proportion of one-year-old children immunized against diphtheria, pertussis and tetanus (DPT)
φ	*Measles immunization coverage*	Proportion of one-year-old children immunized against measles
	Polio immunization coverage	Proportion of one-year-old children immunized against poliomyelitis
	TB immunization coverage	Proportion of one-year-old children immunized against tuberculosis
	Neonatal tetanus protection	Proportion of one-year-old children protected against neonatal tetanus through immunization of their mother
WSC goal 23. **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**		
X	*Under-five deaths from diarrhoea*	Annual number of under-five deaths due to diarrhoea
	Diarrhoea cases	Average annual number of episodes of diarrhoea per child under five years of age
	ORT use	Proportion of children aged 0-59 months who had diarrhoea in the last two weeks and were treated with oral rehydration salts or an appropriate household solution (ORT)
	Home management of diarrhoea	Proportion of children aged 0-59 months who had diarrhoea in the last two weeks and received increased fluids and continued feeding during the episode
WSC goal 24. **Reduction by one third in the deaths due to acute respiratory infections in children under five years**		
X	*Under-five deaths from acute respiratory infections (ARI)*	Annual number of under-five deaths due to acute respiratory infections
	Care seeking for acute respiratory infections	Proportion of children aged 0-59 months who had ARI in the last two weeks and were taken to an appropriate health provider
WSC goal 25. **Elimination of guinea worm disease (dracunculiasis) by the year 2000**		
X	*Dracunculiasis cases*	Annual number of cases of dracunculiasis (guinea worm) in the total population
WSC goal 26. **Expansion of early childhood development activities, including appropriate low-cost family- and community-based interventions**		
	Preschool development	Proportion of children aged 36-59 months who are attending some form of organized early childhood education programme
WSC goal 27. **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**		

Indicators included in the CCA are marked with an "φ".

	Indicator	Description
	Additional indicators for monitoring children's rights	
	Birth registration	Proportion of children aged 0-59 months whose births are reported registered
	Children's living arrangements	Proportion of children in households aged 0-14 years not living with a biological parent
	Orphans in households	Proportion of children in households aged 0-14 years who are orphans
φ	*Child labour*	Proportion of children in households aged 5-14 years who are currently working (paid or unpaid; inside or outside home)
	Additional indicators for monitoring IMCI initiative and malaria	
	Home management of illness	Proportion of children aged 0-59 months who were ill during the last two weeks and received increased fluids and continued feeding
	Care-seeking knowledge	Proportion of caretakers of children aged 0-59 months who know at least two of the following signs for seeking care immediately: child not able to drink or breastfeed, child becomes sicker, child develops a fever, child has fast breathing, child has difficult breathing, child has blood in the stools, child is drinking poorly
	Bednets	Proportion of children aged 0-59 months who slept under an insecticide-impregnated bednet during the previous night
	Malaria treatment	Proportion of children aged 0-59 months who were ill with fever in the last two weeks and received antimalarial drugs
	Additional indicators for monitoring HIV/AIDS	
	Knowledge of preventing HIV/AIDS	Proportion of women who correctly state the three main ways of avoiding HIV infection
	Knowledge of mis-conceptions of HIV/AIDS	Proportion of women who correctly identify three misconceptions about HIV/AIDS
	Knowledge of mother- to-child transmission of HIV	Proportion of women who correctly identify means of transmission of HIV from mother to child
	Attitude to people with HIV/AIDS	Proportion of women expressing a discriminatory attitude towards people with HIV/AIDS
	Women who know where to be tested for HIV	Proportion of women who know where to get a HIV test
	Women who have been tested for HIV	Proportion of women who have been tested for HIV
X	*Attitude toward condom use*	Proportion of women who state that it is acceptable for women in their area to ask a man to use a condom
	Adolescent sexual behaviour	Median age of girls/women at first pregnancy

Indicators included in the CCA are marked with an "φ".

ANNEX III

MICS Question Modules: Mid-Decade and End-Decade

MID-DECADE MICS	END-DECADE MICS
Household modules	***Household modules***
Household composition	Household composition
φ **Water and sanitation**	φ **Water and sanitation**
Salt iodization	Salt iodization
	φ **Literacy**
	Alternative care and orphans
Modules for women	***Modules for women***
Tetanus toxoid	Tetanus toxoid
	φ **Reproductive health (antenatal and delivery care)**
	φ **Family planning**
	Vitamin A
	φ **HIV/AIDS**
Modules for children	***Modules for children***
φ **Education**	φ **Education (including early childhood)**
Diarrhoea	Diarrhoea
Vitamin A	Vitamin A
φ **Immunization**	φ **Immunization**
φ **Child malnutrition**	φ **Child malnutrition**
	Breastfeeding
	Care of acute respiratory illness
	φ **Child mortality**
	Low birthweight
	Birth registration
	Child labour
	Malaria
Optional modules	**Optional modules**
Breastfeeding	φ **Maternal mortality**
Care of acute respiratory illness	Child disability
Child mortality	

Included in CCA list φ

VII ACRONYMS & ABBREVIATIONS

ACRONYMS & ABBREVIATIONS

CCA	Common Country Assessment
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
EFA	Education For All
EPI	Expanded Programme of Immunization
ESCWA	Economic and Social Commission for Western Asia
DPT	Diphtheria/Polio/Tetanus
GFHS	Gulf Family Health Survey
GNP	Gross National Product
HIV-AIDS	Human ImmunodeficiencyVirus - Acquired Immune Deficiency Syndrome
JCGP	Joint Consultative Group on Policy
MENA	Middle East and North Africa
MENARO	(UNICEF) Middle East and North Africa Regional Office
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Rate
MNSDS	Minimum National Data Set
NIDs	National Immunization Days
ODA	Overseas Development Assistance
ORT	Oral Rehydration Therapy
PAPCHILD	Pan Arab Project for Child Development
PAPFAM	Pan Arab Project for Family Development
STDs	Sexually Transmitted Diseases
TB	Tuberculosis
UCI	Universal Child Immunization
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WSC	World Summit for Children

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