



The EUROPEAN COMMISSION

DG DEVELOPMENT

Development policy and sectoral Questions  
**Economic co-operation and PRSP process**

Brussels, December 2002

## **Guidelines for the use of Indicators in country performance assessment**

The aim of the present guidelines is to define principles and guidance for the choice of indicators to be monitored in Country Strategy Papers's intervention frameworks. They also propose that a minimum set of 10 key indicators be monitored across all countries. Specific guidelines for each focal sector have been (transport sector) or will be very soon (education and health sector) defined and distributed. They aim to complement the present document by an update on work carried out with Member States and at international level on "good practice" indicators. They will also link the identification of indicators to the Commission policy in each sector.

Each donor is indeed faced with the necessity to define guidelines on this issue. Adopting common guidelines between donors should help making the dialogue with beneficiary countries more efficient and constructive.

The European Commission (EC) has contributed to this process by working jointly with Member States, the World Bank, UNDP and OECD-DAC on its guidelines. The document was revised and updated following meetings in March and October 2002.

This document was presented as the EC contribution to the work of the OECD-DAC on harmonisation of donor practices, and a working group has been set up to carry forward this work within the DAC. We hope that Member states and other donors will now use these guidelines. Already, some Member States have agreed to use the document as a basis for the definition of their own guidelines on this issue. Discussions with the World Bank are also on a very good track.

## **1. INTRODUCTION**

There is currently considerable confusion over the purpose, methodology, terminology and typology of indicators. It shows in the various documents drawn up by donors and beneficiary countries (PRSP, HIPC, PRGF, PRSC and CSP – CAS or similar documents<sup>1</sup>).

To date, the ‘Millennium Development Goals’, adopted by 189 countries in September 2000, represent the only agreed point of reference among all those active in this field.

In general, statistical data on developing countries are disconcerting because of both their abundance (“catalogues” issued by various UN organisations) and their lack of reliability and prioritisation. Two possible explanations for this situation could be on the one hand the lack of co-ordination of external requests in terms of reporting (leading to an accumulation of requests) and on the other hand the fact that the main actors of development, namely governments, but also donors and the civil society, do not use the key data for policy making.

The implementation of the PRSP process, the evolution towards new aid instruments (budget support, joint financing) and the growing focus on the results of policies on beneficiaries had a strong influence on the demand for statistical data both from governments and from donors. In particular, the assessment of the countries’ performance in terms of poverty reduction and social development has become an essential element of PRSPs and their annual review, as well as of donors’ programming documents.

In this context, it is essential for donors to encourage and support the development of national reporting & monitoring processes. A better co-ordination between donors, be it concerning the precise definition of their needs, the dialogue with the government or the support to statistical systems, is the first step in this direction.

This document identifies key principles and a typology on which the use of indicators concerning our development policy should be based, especially in the programming documents. It aims at defining a coherent and constructive framework for discussion with other donors and with beneficiary countries.

In particular, this document identifies a minimum “core set” of indicators drawn from the Millennium Development Goals to measure the countries’ performance in terms of poverty reduction and social development, that would be followed in all countries. These indicators will be progressively integrated into the Commission Country Strategy Papers, before their presentation to the management committees for the documents still in preparation and at the reviews for the documents already adopted.

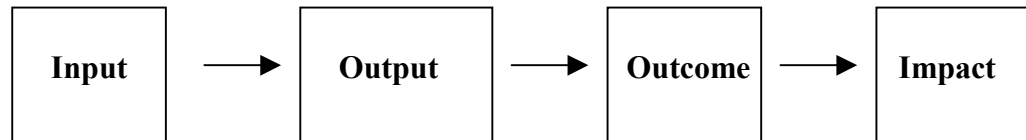
---

<sup>1</sup> Poverty Reduction Strategy Papers, Heavily Indebted Poor Countries, Poverty Reduction Growth Facility, Poverty Reduction Support Credit, Country Strategy Papers, Country Assistance Strategy.

## 2. GUIDELINES

### 2.1. Choice of the indicators

- 2.1.1. **It is necessary first to classify the indicators according to a clear typology.** We propose to use the following classification, with a view to ensure coherence with earlier work:



- **Indicators of input** measure the financial, administrative and regulatory resources (often called “process”) provided by the Government and donors. It is necessary to establish a link between the resources used and the results achieved in order to assess the efficiency of the actions carried out.

*Ex: Share of the budget devoted to education expenditure, abolition of compulsory school uniforms, definition of a sector strategy*

- **Indicators of output** measure the immediate and concrete consequences of the measures taken and resources used:

*Ex: Number of schools built, number of teachers trained*

- **Indicators of outcome** measure the results at the level of beneficiaries. The term ‘results indicators’ is used as well.

*Ex: school enrolment, percentage of girls among the children entering in first year of primary school*

- **Indicators of impact** measure the consequences of the outcomes. They measure the general objectives in terms of national development and poverty reduction.

*Ex: Literacy rates, unemployment rates*

These various types of indicators are all relevant for policy makers, *i.e.* for Governments. However, they are not all similarly relevant for donors, who should concentrate on the outcomes of policies.

The conclusions of the pilot exercise on the reform of conditionality<sup>2</sup> clearly showed the need for donors to lay **particular weight on outcome (result) indicators**. Past practice however was rather focused on input or output indicators, whose improvement gives no guarantee of improvement of services: there are, for example, numerous examples of an increase in budgets or even in the number of health centres, which go along with a drop in attendance at these centres. Impact indicators are slow to respond, complex to measure and depend on numerous factors

---

<sup>2</sup>Led in Burkina Faso by the European Commission in the framework of the SPA, with 12 other donors.

other than the Government's policy. **Focusing on outcome (result) indicators should allow increasing ownership by Governments of the policies to be implemented in order to attain these results.**

A focus on these indicators will inevitably also enhance the credibility of development assistance, in beneficiary countries as well as in donor countries.

- 2.1.2. It is necessary that each country and its main donors agree to **use common outcome indicators to measure each country's performance against its objectives**. In the countries concerned, this should be done in the frame of the monitoring system defined in the PRSP, i.e. during the annual PRS review that should ideally be integrated into the national budget cycle. It is essential also to ensure the coherency of the PRS monitoring system with the indicators defined at sectoral level by line ministries.
- 2.1.3. It is useful to disaggregate indicators by:
- Gender
  - Public / private sector
  - Geographic (by distinguishing in particular the poorest regions)
  - Rural / urban
  - Income level and main source (although that is seldom possible)

In all cases the level of disaggregation should be specified when the indicators are defined. This disaggregation allows a better focus on the target populations of the development and poverty reduction policies.

- 2.1.4. It is preferable to restrict the list to a **limited number of essential indicators**. A multiplicity of indicators of all kinds creates great difficulties of interpretation. It also makes it difficult to focus on the essentials. **These indicators have to be defined clearly and very precisely** (e.g. for vaccination, to specify which vaccines this involves, what is the target population *etc.*).
- 2.1.5. **It is important to consider the ease of measurability and responsiveness to policy-changes of the indicators as key criteria when selecting them**. When defining each indicator, it is essential to pay attention to the time and costs necessary to collect the data, and the frequency with which these data could be obtained. An indicator which is technically measurable on an annual basis may only show significant variations in the medium to long term.
- 2.1.6. It is important to express the statistical data for indicators not only in percentage terms but also in absolute value. That allows analysis to exclude errors due to uncertainties in estimating the population. It is also preferable to work on trends rather than just on isolated data. Accordingly, it is important to review existing databases when selecting the indicators. The data over the last five years should be provided systematically. If that is not possible, clear reasons need to be given.

## **2.2. Reliability and quality of data**

- 2.2.1. **It is necessary to keep a watchful eye on the reliability and the representativity of the statistical data on which the analysis of the indicators is based.** In case of doubt, it is preferable to use a 'proxy', *i.e.* indirect indicator that is easier to measure and which gives a good approximation for other indicators that are more difficult to measure. It is then essential to adopt an evolutionary approach and to check regularly the validity of the indicators in relation to the objective they are assessing.
- 2.2.2. Support often has to be provided to check the quality of the data and to help the Government to improve their reliability and increase the speed of data processing. Existing systems are often excessively heavy and slow. Experience shows that it is possible to get better results without investing large sums of money, and that quick progress on the essential data is possible. It is clear however that in the medium term, strong and co-ordinated support to the statistical information system is necessary. **It will be important to develop collaboration with Eurostat – and PARIS 21<sup>3</sup> – in strengthening statistical capacity.**

## **2.3. Setting targets to the indicators**

- 2.3.1. **The Government of the country will set the target values for the indicators, in a manner coherent with recent trends and policy orientations.** They should be discussed with the donors who plan to support the country. The Government should define the targets, year by year, for at least the next 3 years.
- 2.3.2. Discussion of the target values has to avoid two difficulties: excessive optimism (often connected with the fact that the indicators are used as a slogan rather than as a decision-making tool) and excessive prudence (showing a lack of ambition). The best way to avoid these two excesses is to follow a transparent process within the country, involving particularly civil society, and Parliament in both the discussions which lead to the definition of indicators and their monitoring. This transparency also affords the targets greater visibility.

## **2.4. Analysis of the evolution of indicators**

- 2.4.1. **The analysis of the evolution of countries' performance should never be confined to a mechanical interpretation of indicators. It should be done in the framework of a deep policy dialogue with the Government, taking into account the influence of prospective internal or external factors.**

---

<sup>3</sup> The PARIS21 Consortium was set up in November 1999. Its founding organisers are the UN, OECD, World Bank, IMF and EC. It exists to boost statistical capabilities especially in poor countries.

- 2.4.2. It is important to state that following an indicator does not imply any preconceived idea of the evolution it should take (for example, following the budget allocated to health does not necessarily mean encouraging its increase).
- 2.4.3. **It is necessary to keep in mind the potential perverse effects of the use of each indicator.** Focusing on a limited number of indicators, in particular when target values determine the levels of financial support from donors, can alter reporting behaviour and bias the analysis of the statistical data.

### **3. WHY DEFINE INDICATORS?**

Indicators provide objective information on the resources employed and outcomes obtained, as well as their progress over the long term. However, they are mainly warning signals. It is important to bear in mind that indicators are only instruments to measure the degree of progress towards objectives previously defined by the Government.

**Monitoring indicators is only useful if it results directly from the definition of the Government's objectives and policies, allows an analysis of the outcomes, and potentially leads to re-orientations of policies if outcomes are unsatisfactory.** This examination of outcomes (results) has to be illuminated by the analysis of other types of indicators (inputs, outputs, and impact) and by more detailed analyses or research that may need to be financed. This monitoring should ideally be carried out within the framework of PRS annual reviews (for countries to which it applies).

As far as Commission activities are concerned, the use of country performance indicators meets two distinct and complementary needs, each requiring the monitoring of a separate set of indicators:

1. Measure the performance of the country's policies in terms of poverty reduction and improved social and living standards.
2. Measure in a more detailed way the performance of the country's sectoral policies in the sectors supported by the Commission.

**The two needs outlined above constitute in fact two complementary degrees of detail,** which will have to be analysed in a coherent way.

As a donor, the Commission has therefore to make sure that it will have the data to enable it to meet each of these needs. Their monitoring in the framework of the programming documents will take place both annually and in the medium-term. The relevant indicators for a medium-term follow-up will have to be complemented by indicators allowing yearly monitoring and performance review.

The evaluation of the **implementation and performance assessment of the Commission's actions (efficiency, effectiveness, and management indicators)** is not examined in this document and will have to be developed and deepened in the longer term.

**This does not contradict the principle of ownership. It is important that it be done within the framework of very close co-operation with the Governments of the beneficiary countries and with other donors. It is moreover necessary that the objectives and the guidelines of the Commission be drawn up clearly in order to make this dialogue more effective and constructive.** That is the aim of the following proposal.

#### **4. PROPOSAL**

We suggest focusing the monitoring of performance of beneficiary countries on the following indicators, for each of the levels defined above:

##### **4.1. Measure the performance of the country's policies in terms of poverty reduction and improved social and living standards**

We propose to monitor systematically a list of 10 key indicators drawn from the MDGs in all developing countries (or their equivalent if the country has chosen to monitor a different but equivalent indicator). These indicators were selected mainly on data availability and reliability, and coherence with international initiatives such as Education for All. In particular we reviewed the selections made by other donors such as for example the World Bank or DFID. The work done by the sectoral working groups (see 4.2) was also taken into account for the selection. The list of the 48 indicators defined under the MDGs is at annex 1, accompanied by an example of a country data sheet.

**In addition, it will be important to monitor wherever possible shares of the budget going to health and education, as well as macro-economic indicators. The latter can easily be drawn at national level or from international databases on an annual basis (IMF). A limited number of additional country-specific indicators may also be added to the core set.**

This “minimum core set” will be complemented by the more country-specific indicators defined in the logical framework for each focal sector (see 4.2)

There is clearly a tension between the definition of a minimum set of indicators that donors wish to have available in all countries and the country definition of its own needs in terms of monitoring. The proposed approach does not deny the necessity for the countries to develop specific and contextual indicators, but the existence of a very limited number of core indicators is undeniable. The will to harmonise these indicators between countries should not be in contradiction with the principle of ownership.

The analysis of PRSP documents drawn up in many countries underlines the necessity to follow at least some essential indicators. Some indicators concerning health, education and macro-economy are almost systematically identified in each PRSP, although the exact indicator used may vary. For example, the MDG for vaccination is ‘Vaccination rate for measles’, whereas many countries have chosen to monitor ‘DTP3 vaccination rate’ in their PRSP or sector strategy. It is therefore important for the Commission to remain flexible and adopt the country’s own indicators as much as possible.

It is proposed that these indicators (or their equivalent) be progressively incorporated into all CSPs, through the annual review process. Ideally, having a limited set of identical indicators available for all countries should make it

possible to compare situations and evolutions of countries to which the Commission provides development aid. It is also an important element for the mid-term reviews of the CSPs. These reviews will indeed allow a reallocation of funds determined among other things by countries' performances, in ACP countries.

The following selection remains open for modification depending on new developments at international level and the outcomes of the work of sectoral working groups.

Type	Indicator	Suggested periodicity <sup>4</sup>
Impact	1. Proportion of population below \$1 per day <sup>5</sup>	Medium-term
	2. Prevalence of underweight children (under-five years of age)	Medium-term
	3. Under-five mortality rate	Medium-term
Outcome	4. Net enrolment ratio in primary education	Annual
	5. Primary Completion Rate <sup>6</sup>	Annual
	6. Ratio of girls to boys in primary, secondary and tertiary education	Annual
	7. Proportion of births attended by skilled health personnel <sup>7</sup>	Annual
	8. Proportion of 1 year old children immunised against measles	Annual
	9. HIV prevalence among 15-24 year old pregnant women	Annual
	10. Proportion of population with sustainable access to an improved water source	Medium-term

The statistical data for these indicators have to be wherever possible complemented and updated within countries, with data collected in the framework of the PRSP or sector programmes in countries concerned. When national data is not available, the World Bank's database 'World Development Indicators' can be used. It is available on [www.developmentgoals.org](http://www.developmentgoals.org). UNDP is also in charge of drafting the country reports on progress towards the MDGs (see <http://www.undp.org/mdg/>), and could provide another source of data.

---

<sup>4</sup> Period in which it is possible to identify a significant move of the indicator.

<sup>5</sup> For monitoring country poverty trends, indicators based on national poverty lines should be used, where available

<sup>6</sup> The near-equivalent MDG indicator is "Proportion of pupils beginning the first year in the primary education and completing the fifth year.

<sup>7</sup> data on "maternal mortality ratio" are infrequent, model-based and lack quality; a good proxy is provided by "births attended by skilled health personnel"



## **4.2. Measure the performance of sectoral development policies**

Working groups bringing together the sectoral experts of the Commission and Member States are reflecting on sectoral level indicators and defining for each sector an *indicative* list or menu of the key indicators in each sector in the framework of the categorisation input/output/outcome and impact.

The objective is NOT that all these indicators be included in each country's sector strategy nor in each CSP's intervention framework. The principles defined in the first part of this document and these indicative lists of indicators should serve as a guide and support for the discussion to be held country by country, and for the Delegations' work, but are in no way mandatory. It is crucial that this discussion on sectoral indicators involves the country and all the donors concerned.

CSP indicators should then draw from the indicators defined by the Government at sectoral level.

The sectors concerned are the following:

- Health (Guidelines foreseen for January 2003)
- Education (Guidelines foreseen for January 2003)
- Transport (Note to delegations D/3542, 31 July 2002)
- Water and sanitation
- Rural development and food safety
- Environment

Work on regional integration is also being carried out.

Some principles are in any case important to follow when defining indicators to monitor country performance in focal sectors.

- At sectoral level, it is useful to monitor the four types of indicators (input, output, outcome and impact) in order to have a global vision that would be representative of the situation of the sector and of its development.
- It is necessary to work as much as possible with other donors, in order to avoid parallel and additional requests on Government, even if there is no established sector programme.

The principles defined in part I (typology, measurability, non-mechanical data analysis, etc.) should also be applied to those indicators.

## **4.3. Countries involved in the PRSP (Poverty Reduction Strategy Paper) process**

Donor assessment of the performance of countries in the fight against poverty should as much as possible be based on a unique set of indicators per country, defined by the government in a process that would ideally be transparent and participative.

When it exists, the PRSP provides an ideal framework for this co-ordination. However the existing indicators in PRSPs are still far from being satisfactory (with rare exceptions). It is therefore crucial to ensure, through a discussion with the Government and the other donors, that the indicators defined in the PRSP and

analysed annually during the annual review of the poverty reduction strategy meet the needs of the donors, in order to avoid that each donor makes additional and separate requirements for indicators. The discussion of this document with other donors aims at defining a common approach between donors in order to facilitate this dialogue.

It will be necessary for donors and international organisations, following this dialogue and the precise definition of the content of the PRSP annual review, not to add any additional request in terms of indicator monitoring and to provide coordinated support for the strengthening of these countries' statistical capacity.

## Annex 1: Millennium Development Goals Indicators

<b>Millennium Development Goals (MDGs)</b>	
Goals and Targets(Millennium Declaration)	Indicators for monitoring progress
<b>GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER</b>	
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1. Proportion of population below \$1 (PPP) per day <sup>8</sup> 2. Poverty gap ratio [incidence x depth of poverty] 3. Share of poorest quintile in national consumption
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of underweight children under-five years of age 5. Proportion of population below minimum level of dietary energy consumption
<b>GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION</b>	
Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6. Net enrolment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15-24 year-olds
<b>GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN</b>	
Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	9. Ratios of girls to boys in primary, secondary and tertiary education 10. Ratio of literate females to males of 15-24 year-olds 11. Share of women in wage employment in the non-agricultural sector 12. Proportion of seats held by women in national parliament
<b>GOAL 4: REDUCE CHILD MORTALITY</b>	
Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of 1 year-old children immunised against measles
<b>GOAL 5: IMPROVE MATERNAL HEALTH</b>	
Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel
<b>GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES</b>	
Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	18. HIV prevalence among 15-24 year old pregnant women 19. Condom use rate of the contraceptive prevalence rate <sup>9</sup> 20. Number of children orphaned by HIV/AIDS <sup>10</sup>
Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	21. Prevalence and death rates associated with malaria 22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures <sup>11</sup> 23. Prevalence and death rates associated with tuberculosis 24. Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)
<b>GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY</b>	
Target 9: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	25. Proportion of land area covered by forest 26. Ratio of area protected to maintain biological diversity to surface area 27. Energy use (kg oil equivalent) per \$1 GDP (PPP) 28. Carbon dioxide emissions (per capita) and consumption of ozone-depleting CFCs (ODP tons) 29. Proportion of population using solid fuels
Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water	30. Proportion of population with sustainable access to an improved water source, urban and rural
Target 11: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	31. Proportion of urban population with access to improved sanitation 32. Proportion of households with access to secure tenure (owned or rented)

<sup>8</sup> For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

<sup>9</sup> Amongst contraceptive methods, only condoms are effective in preventing HIV transmission. The contraceptive prevalence rate is also useful in tracking progress in other health, gender and poverty goals. Because the condom use rate is only measured amongst women in union, it will be supplemented by an indicator on condom use in high risk situations. These indicators will be augmented with an indicator of knowledge and misconceptions regarding HIV/AIDS by 15-24 year-olds (UNICEF – WHO).

<sup>10</sup> To be measured by the ratio of proportion of orphans to non-orphans aged 10-14 who are attending school.

<sup>11</sup> Prevention to be measured by the % of under 5s sleeping under insecticide treated bednets; treatment to be measured by % of under 5s who are appropriately treated.

<b>GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT</b>	
<p>Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system</p> <p>Includes a commitment to good governance, development, and poverty reduction – both nationally and internationally</p>	<p>Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked countries and small island developing States.</p> <p><u>Official development assistance</u></p> <p>33. Net ODA, total and to LDCs, as percentage of OECD/DAC donors' gross national income</p> <p>34. Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)</p> <p>35. Proportion of bilateral ODA of OECD/DAC donors that is untied</p> <p>36. ODA received in landlocked countries as proportion of their GNIs</p> <p>37. ODA received in small island developing States as proportion of their GNIs</p> <p><u>Market access</u></p> <p>38. Proportion of total developed country imports (by value and excluding arms) from developing countries and LDCs, admitted free of duties</p> <p>39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries</p> <p>40. Agricultural support estimate for OECD countries as percentage of their GDP</p> <p>41. Proportion of ODA provided to help build trade capacity<sup>12</sup></p> <p><u>Debt sustainability</u></p> <p>42. Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</p> <p>43. Debt relief committed under HIPC initiative, US\$</p> <p>44. Debt service as a percentage of exports of goods and services</p> <p>45. Unemployment rate of 15-24 year-olds, each sex and total<sup>13</sup></p>
<p>Target 13: Address the special needs of the least developed countries</p> <p>Includes: tariff and quota free access for least developed countries' exports; enhanced programme of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p>	
<p>Target 14: Address the special needs of landlocked countries and small island developing States</p> <p>(through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</p>	
<p>Target 15: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>	
<p>Target 16: In co-operation with developing countries, develop and implement strategies for decent and productive work for youth</p>	
<p>Target 17: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries</p>	<p>46. Proportion of population with access to affordable essential drugs on a sustainable basis</p>
<p>Target 18: In co-operation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<p>47. Telephone lines and cellular subscribers per 100 population</p> <p>48. Personal computers in use per 100 population and Internet users per 100 population</p>

*The Millennium Development Goals and targets come from the Millennium Declaration signed by 189 countries, including 147 Heads of State, in September 2000 ([www.un.org/documents/ga/res/55/a55r002.pdf](http://www.un.org/documents/ga/res/55/a55r002.pdf) - A/RES/55/2).*

*The goals and targets are inter-related and should be seen as a whole. They represent a partnership between the developed countries and the developing countries determined, as the Declaration states, "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty."*

<sup>12</sup> OECD and WTO are collecting data that will be available for 2001 onwards.

<sup>13</sup> An improved measure of the target is under development by ILO for future years.

**Data sheet on Benin (www.developmentgoals.org) – April 2002**

	1990	1995	1999	2000
<b>1 Eradicate extreme poverty and hunger</b>	<b>2015 target = halve 1990 \$1 a day poverty and malnutrition rates</b>			
Population below \$1 a day (%)	..	..	..	..
Poverty gap at \$1 a day (%)	..	..	..	..
Percentage share of income or consumption held by poorest 20%	..	..	..	..
Prevalence of child malnutrition (% of children under 5)	..	29.2	..	..
Population below minimum level of dietary energy consumption (%)	19.0	..	15.0	..
<b>2 Achieve universal primary education</b>	<b>2015 target = net enrolment to 100</b>			
Net primary enrolment ratio (% of relevant age group)	48.8	59.7	70.3	..
Percentage of cohort reaching grade 5 (%)	55.0	60.9	..	..
Youth literacy rate (% ages 15-24)	40.4	47.0	51.9	53.1
<b>3 Promote gender equality</b>	<b>2005 target = education ratio to 100</b>			
Ratio of girls to boys in primary and secondary education (%)	..	..	60.6	..
Ratio of young literate females to males (% ages 15-24)	43.6	47.3	50.4	51.1
Share of women employed in the nonagricultural sector (%)	46.0	..	..	..
Proportion of seats held by women in national parliament (%)	6.3	..	5.0	..
<b>4 Reduce child mortality</b>	<b>2015 target = reduce 1990 &lt; 5 mortality by 2/3</b>			
Under 5 mortality rate (per 1,000)	185.0	167.0	..	143.2
Infant mortality rate (per 1,000 live births)	104.4	92.0	..	87.2
Immunization, measles (% of children under 12 months)	79.0	65.0	79.0	..
<b>5 Improve maternal health</b>	<b>2015 target = reduce 1990 maternal mortality by 3/4</b>			
Maternal mortality ratio (modeled estimate, per 100,000 live births)	..	880.0	..	..
Births attended by skilled health staff (% of total)	38.0	60.0	..	..
<b>6 Combat HIV/AIDS, malaria and other diseases</b>	<b>2015 target = halt, and begin to reverse, AIDS, etc.</b>			
Prevalence of HIV, female (% ages 15-24)	..	..	2.2	..
Contraceptive prevalence rate (% of women ages 15-49)	..	16.4	..	..
Number of children orphaned by HIV/AIDS	..	..	22,000	..
Incidence of tuberculosis (per 100,000 people)	..	..	266.0	..
Tuberculosis cases detected under DOTS (%)	..	..	31.0	..
<b>7 Ensure environmental sustainability</b>	<b>2015 target = various</b>			
Forest area (% of total land area)	30.3	..	..	24.0
Nationally protected areas (% of total land area)	..	7.1	7.0	..
GDP per unit of energy use (PPP \$ per kg oil equivalent)	2.0	2.5	2.9	..
CO2 emissions (metric tons per capita)	0.1	0.1	0.1	..
Access to an improved water source (% of population)	..	..	..	63.0
Access to improved sanitation (% of population)	20.0	..	..	23.0
Access to secure tenure (% of population)	..	..	..	..
<b>8 Develop a Global Partnership for Development</b>	<b>2015 target = various</b>			
Youth unemployment rate (% of total labor force ages 15-24)	..	..	..	..
Fixed line and mobile telephones (per 1,000 people)	3.1	5.3	8.5	17.5
Personal computers (per 1,000 people)	..	0.5	1.5	1.6
<b>General indicators</b>				
Population	4.7 M	5.5 M	6.1 M	6.3 M
Gross national income (\$)	1.7 bn	1.9 bn	2.3 bn	2.3 bn
GNI per capita (\$)	370.0	350.0	370.0	370.0
Adult literacy rate (% of people ages 15 and over)	26.4	31.5	36.3	37.4
Total fertility rate (births per woman)	6.6	6.1	..	5.5
Life expectancy at birth (years)	51.9	53.1	..	53.0
Aid (% of GNI)	14.8	14.3	9.1	11.1
External debt (% of GNI)	71.5	82.1	72.9	74.4
Investment (% of GDP)	14.2	19.6	17.9	19.7
Trade (% of GDP)	40.6	53.2	46.1	44.3

### Definition of the indicators selected

Sources : [www.millenniumindicators.un.org](http://www.millenniumindicators.un.org) (UN Statistics Department) & [www.developmentgoals.org](http://www.developmentgoals.org) (World Bank)

Indicateur	Définition	Source <sup>14</sup>
1. Population below \$1 a day	Percentage of the population living on less than \$1.08 a day at 1993 international prices (equivalent to \$1 in 1985 prices, adjusted for purchasing power parity). Poverty rates are comparable across countries, but as a result of revisions in PPP exchange rates, they cannot be compared with poverty rates reported in previous editions for individual countries.	Updated annually by the World Bank in its publication in print and CD-ROM "World Development Indicators", and <a href="http://www.worldbank.org">www.worldbank.org</a>
2. Prevalence of child malnutrition	Percentage of children under five whose weight for age is less than minus two standard deviations from the median for the international reference population ages 0 to 59 months. The reference population adopted by the WHO in 1983, is based on children from the United States, who are assumed to be well nourished.	Estimates compiled by the United Nations Children's Fund (UNICEF) and World Health Organisation, based on Demographic and Health Surveys (DHS, <a href="http://www.measuredhs.com">www.measuredhs.com</a> ), Multiple Indicator Cluster Surveys (MICS, <a href="http://www.childreninfo.org">www.childreninfo.org</a> ), and UNICEF and WHO country sources.
3. Under 5 mortality rate	Probability that a new-born baby will die before reaching age five, if subject to current age-specific mortality rates. The probability is expressed as a rate per 1,000.	United Nations Children's Fund, The State of the World's Children (annual). Data compiled and estimated by Unicef based on Demographic and Health Surveys (DHS, <a href="http://www.measuredhs.com">www.measuredhs.com</a> ), Multiple Indicator Cluster Surveys (MICS, <a href="http://www.childinfo.org">www.childinfo.org</a> ), WHO and Unicef sources

<sup>14</sup> When the sources indicated differ in both internet sites, the site is indicated in parenthesis.

Indicateur	Définition	Source <sup>15</sup>
4. Net primary enrolment ratio	Ratio of the number of children of official school age (as defined by the national education system) who are enrolled in school to the population of the corresponding official school age. Primary education provides children with basic reading, writing, and mathematics skills along with an elementary understanding of such subjects as history, geography, natural science, social science, art, and music. Based on the International Standard Classification of Education, 1997 (ISCED97).	Data provided annually. Series on educational attainment of the population and enrolment at third level are from the UN Statistics Division's Women's Indicators and Statistics Database CD-ROM, Version 4 (UN Stats)  UNESCO Institute for Statistics (WB)
5. Primary Completion Rate <sup>16</sup>	Total number of students successfully completing (or graduating from) the last year of primary school in a given year, divided by the total number of children of official graduation age in the population. In countries where the number of primary graduates is not reported, a proxy primary completion rate is calculated: the total number of students in the final year of primary school, minus the number of students that repeat the grade in a typical year, divided by the total number of children of official graduation age in the population Primary Completion Rates (PCR) are calculated based on each country's definition of the primary school cycle (PSC). If data is not available for the last grade of the PSC, PCRs are calculated using 6th, 5th, or other closest to the last grades. Below are notes by Country.	The primary completion rate is compiled by staff in the education group in the World Bank's Human Development Network.

Indicateur	Définition	Source <sup>17</sup>
------------	------------	----------------------

<sup>15</sup> When the sources indicated differ in both internet sites, the site is indicated in parenthesis.

<sup>16</sup> The MDG indicator is: **Percentage of cohort reaching grade 5**-is the share of children enrolled in primary school who eventually reach grade 5. The estimate is based on the reconstructed cohort method. (UNESCO Institute for Statistics) Nevertheless, the primary completion rate is being used increasingly by the World Bank and other donors as a core indicator of education system performance, in particular in the framework of the Education For All. It is expected that it will replace the current MDG indicator in the future.

6. Ratio of girls to boys in primary and secondary education	Percentage of girls to boys enrolled at primary and secondary levels in public and private schools.	Data provided annually. Series on educational attainment of the population and enrolment at third level are from the UN Statistics Division's Women's Indicators and Statistics Database CD-ROM, Version 4 (UN Stats)  UNESCO Institute for Statistics (WB)
7. Births attended by skilled health staff	percentage of deliveries attended by personnel trained to give the necessary supervision, care, and advice to women during pregnancy, labor, and the postpartum period, to conduct deliveries on their own, and to care for the newborns	United Nations Children's Fund, The State of the World's Children (annual). Data compiled and estimated by Unicef based on Demographic and Health Surveys (DHS, <a href="http://www.measuredhs.com">www.measuredhs.com</a> ), Multiple Indicator Cluster Surveys (MICS, <a href="http://www.childinfo.org">www.childinfo.org</a> ), WHO and Unicef sources.
8. Children immunised against measles	Percentage of children under one year of age who received measles vaccine. A child is considered adequately immunised against measles after receiving one dose of vaccine.	United Nations Children's Fund, The State of the World's Children (annual). Data compiled and estimated by Unicef based on Demographic and Health Surveys (DHS, <a href="http://www.measuredhs.com">www.measuredhs.com</a> ), Multiple Indicator Cluster Surveys (MICS, <a href="http://www.childinfo.org">www.childinfo.org</a> ), WHO and Unicef sources
9. Prevalence of HIV, female	percentage of females ages 15-24 who are infected with HIV	UNAIDS (biennial), Joint Programme on HIV/AIDS with UNICEF, UNDP, UNFPA, UNDCP, UNESCO, WHO, World Bank, <a href="http://www.unaids.org">www.unaids.org</a> . Report on the global HIV/AIDS epidemic - updated biennially. Available at <a href="http://www.unaids.org">www.unaids.org</a> .
10. Access to an improved water source	Percentage of the population with reasonable access to an adequate amount of water from an improved source, such as a household connection, public standpipe, borehole, protected well or spring, and rainwater collection. Unimproved sources include vendors, tanker trucks, and unprotected wells and springs. Reasonable access is defined as the availability of at least 20 liters a person a day from a source within one kilometer of the dwelling.	UNICEF, <a href="http://www.childinfo.org">www.childinfo.org</a> (UN stats)  World Health Organization and United Nations Children's Fund, Global Water Supply and Sanitation Assessment 2000 Report (WB)

<sup>17</sup> When the sources indicated differ in both internet sites, the site is indicated in parenthesis.



