The Country Report of the
Islamic Republic of Iran on the
Ten-Year Evaluation of Implementing
the Commitments Undertaken in the
World Summit for Children (WSC)

December 2000
The Islamic Republic of Iran
Ministry of Foreign Affairs

In the Name of Allah

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1 – Overview and Background

The World Summit for Children was held on September 29-30, 1990 in the United Nations in which a high-ranking delegate from the Islamic Republic of Iran headed by the then First Deputy President, Dr Hassan Habibi, took part. The Summit ratified the Declaration on the Survival, Protection, and Development of Children together with a Plan of Action for implementing the Declaration during the 1990s.

1.1 – How urgently were follow-up measures adopted and was the national plan of action compiled? If so, when and how?

In the last ten years, the Islamic Republic of Iran (IRI) has directed a national plan of action in various fields of citizens’ rights including the rights of the child within the context of nationwide five-year economic, social, and cultural development plans the first of which was from 1989 to 1993, the second, 1994 to 1999, and the third, 2000 till 2004. Various legislative, executive, and judicial measures commensurate with Iran’s means and capabilities have been implemented based on the aforementioned development plans.

1.2 – What peripheral mechanism for the periodical re-examining and analysis of progress has been adopted?

1.2.1 – As one of the states who signed the World Summit for Children goals for 2000, the IRI has continuously conducted periodical studies and evaluations to supervise and monitor the progress achieved by implementing the above goals and the Convention on the Rights of the Child (CRC) through close collaboration with UNICEF. Prior to the 1990s, the health conditions of women and children were presented in non-centralized and diverse studies but from 1995 onwards, conducting MDG (Mid-Decade Goals) studies have enabled the adoption and implementation of centralized and purposeful studies for monitoring the objectives and ratifications of the Summit including the MDG study in 1995, the Multiple Indicator Cluster Survey (MICS1) of 1997, and the MICS2 of 2000 which is underway at the moment. Other programs in this respect include Health for All 2000 in collaboration with WHO and also an integrated DHS and MICS study in 2000 in collaboration with UNFPA and UNICEF.

1.2.2 – In November 1997, the IRI Ministry of Health, Treatment, and Medical Education in collaboration with the Ministry of Education and UNICEF adopted MICS to clarify the inter-provincial, urban-rural, and gender differences and also the coverage of the services provided.

1.3 – Was there a mid-decade re-examining? What were its principal findings and how were they employed?

1.3.1 – To clarify the MDGs while emphasizing the end-of-decade goals, a nationwide MICS was conducted from September 23-27, 1995 and the inter-sector committee including representatives of the Ministry of
1.3.2 – The Ministry of Health, Treatment, and Medical Education was assigned to carry out the MICS duty, operational task, and analysis and, in this regard, the MICS was highly prioritized in the agenda of both the Government of the IRI and the Ministry of Health, Treatment, and Medical Education. The provincial staff of the Ministry comprising 226 provincial supervisors, 924 personnel in 107 urban teams and 201 rural teams, and 226 personnel in 113 local supervisory systems were assigned to this project. In addition, 25 central supervisors of the Ministry were trained and dispatched to the provinces to monitor MICS. The results obtained from these efforts would have definitely been impossible had it not been for the extreme commitment of the IRI Government to achieve both mid-decade and end-of-decade goals.

1.3.3 – The IRI has supervised MDGs in recent years and the extent of the achievements, despite the fact that these goals were often beyond the goals set for 1995 and were close to those of 2000, are considerable and have been included in UNICEF reports such as Girls’ Dropout from Schooling in the Middle East and North Africa: Challenges and Alternatives for educational indices and the MENA region for immunization indicators and the Declaration of the Achievement of the MIDG Goals for many other indicators.

1.3.4 – The results of the mid-decade re-examining presented in the IRI’s MICS (September 23-27, 1995) demonstrate that the IRI has succeeded in realizing all MDGs except for the 80% employment of ORT as a part of CDD. Iran was behind this goal approximately 10%.

1.3.5 – The achievements regarding immunization are greater than what was anticipated. Studies revealed that the IRI was able to prevent the influx of polio and other EPI diseases from neighboring countries by the mid 1990s. Two of Iran’s neighboring countries, Pakistan and Afghanistan, held the highest rate of polio throughout the globe. Surveys showed that almost all achievements have been stabilized facilitating the realization of end-of-decade goals.

It is worth noting to add that the findings of the MDG survey in 1995 was presented to Ms Carol Belamy by the then Iranian president, Mr Hashemi Rafsanjani, as a report of the IRI’s achievement of the MDGs. This became the basis for two-year studies and implementations.

1.3.6 – In 1997, ie the last year of Iran’s second socioeconomic development program, the MICS1 the results of which were accessible for every single province was conducted and its findings were published in books and made available to the relevant committees within the IRI Government, Islamic Consultative Assembly (the Iranian parliament), and the general public so that they may be used by policymakers and programmers.

1.3.7 – Such a process has also been devised for the MICS2 findings in 2000.

1.3.8 – The program of the Ministry of Health, Treatment, and Medical Education has been evaluated based on the findings of the MICS1 and MDG studies and is being implemented. There are still some problems with the obtained findings regarding harmonizing the policies and programming.

1.4 – Has Iran submitted its reports on the measures they have adopted according to Article 44 of the CRC? Which themes have been highlighted in the report or by the Committee on the Rights of the Child? When were final considerations on the report published?

The Government of the IRI acceded to the CRC on September 5, 1991 and the Islamic Consultative Assembly ratified it with reservation in March 1994. On June 15, 1994, Iran became party to the CRC and, accordingly, it became obliged to implement the Convention as of August 12, 1994.

1.4.1 – Iran’s preliminary report on the measures it has adopted which give effect to the rights recognized in the Convention was presented to the Committee on the Rights of the Child in December 1997 and was discussed in the 24th session of the Committee on May 16, 2000. The IRI described in the preliminary report the measures it had adopted to unify different ages, reduce the gap between girls and boys in certain fields
such as the increase in the rate of girls’ matriculation and their higher percentage of admission to university as examples of Iran’s success in decreasing the gender gap. The rights of Iranian children to take their case to court and have attorneys, adopting special strategies to control child abuse, establishing a supervisory-executive organization within the Presidential Office to centralize child work, children’s not having criminal liability before the age of puberty and having their charges referred to a general court specializing in juvenile offences since 1999, referring cases of custody to family courts since 1997, and increasing the facilities regarding issuing birth certificates for children belonging to unrecognized sects through the legislation of “citizenship rights” by the Assembly of Expediency were among the most significant cases raised in the IRI’s report to the Committee on the Rights of the Child.

The final considerations of the Committee on the Rights of the Child regarding Iran’s preliminary report on implementing the CRC was adopted on June 2, 2000 and published on the same date.

1.4.2 – The Committee on the Rights of the Child has welcomed the achievements of most of the objectives of the Plan of Action for implementing the Declaration on the Survival, Protection, and Development of Children in 1990.

1.4.3 – Among the positive points within Iran’s preliminary report highlighted by the Committee on the Rights of the Child were Iran’s attention to Article 30 of the Constitution of the IRI regarding free of charge education for all citizens up to high school and that over 90% of children between 6 to 10 years of age attend primary schools and the fact that the world’s largest population of refugees – a high percentage of whom are children – live in Iran and despite the restricted assistances and contributions of the international community, immediate and effective aid has been granted to them.

1.4.4 – The Committee on the Rights of the Child also appreciated the IRI for realizing all of the goals set by the World Summit for Children regarding health and education. While stressing the promotion of girls’ circumstances despite the legislative efforts fulfilled, the Committee found the need to reform all kinds of children’s age limitations necessary and further highlighted the establishment of an organization called “Protecting the Rights of the Child”.

2 – The Procedure Created for End-of-Decade Survey

2.1 – How was the re-examining and survey procedure organized?

2.1.1 – To re-examine and survey the end-of-decade goals, the inter-sector committee was formed including representatives from the Judiciary, the Ministry of Health, Treatment, and Medical Education, Ministry of Education, Iran Welfare Organization, Ministry of Labor and Social Affairs, Ministry of Interior, Iran Management and Planning Organization, the Commission of Islamic Human Rights, the Bar, university faculty members, and the Presidential Office’s Center for Women’s Participation in the Ministry of Foreign Affairs. Meanwhile, another commission was established within Iran General Prosecutor’s Office comprising the Deputy General Prosecutor, the Supreme Court’s General Prosecutor Assistant, the UNICEF representative, the representative of the General Office of Compiling Laws and the Parliamentary Deputy of the Ministry of Justice, the IRI Law Enforcement representative, the representative of Tehran Provincial Judiciary, the representative of Iran Prisons Organization, and a university representative. This Commission reviewed the CRC.

2.1.2 – End-of-decade indicators are currently being re-examined through a broad survey of the Ministry of Health, Treatment, and Medical Education in collaboration with Iran Statistics Center, Iran Registry Organization, UNFPA, and UNICEF.

2.2 - Were there any provincial (sub-national) surveys?
The aforementioned survey in 2000 and the MICS was designed and implemented on a provincial (sub-national) basis.

2.3 – What was the role of civil society institutions and other players including children themselves?
2.3.1 – In the re-examining procedure, representatives from civil society including the Bar, university professors, and the Commission of Islamic Human Rights (a national institution) participated regularly in the sessions of the inter-sector committee which was responsible for evaluating the mechanism of implementing the Declaration on the Survival, Protection, and Development of Children (adopted by the World Summit for Children) and exchanged their views and information in this regard. Furthermore, there have been reports on this issue from certain NGOs active in the field of women and children.

2.4 – Have fundamental studies, assessments, policymaking discussions, and public debates been put into effect to raise awareness on re-examining?
2.4.1 – Among the most important tasks and functions of the National Inter-Sector Committee on the Rights of the Child is the follow-up of the re-examining and assessment procedures through executive, judicial, and legislative bodies and their related representatives. Throughout the different sessions held by this Committee, representatives of different bodies were informed of the ten-year survey procedure and its goals and, hence, each of the organizations, ministries, GOs, and NGOs who were members of the Committee were encouraged to initiate the re-examining procedure in their own organizations and the results of this re-examining were regularly reported to the Committee on a biweekly basis.
2.4.2 – The IRI held a seminar in Tehran in collaboration with UNICEF on the occasion of the 11th anniversary of the ratification of the CRC on November 20, 2000 one working session of which was allocated to the presentation of a national report on implementing the goals of the World Summit for Children and an assessment of the end-of-decade goals by high-ranking representatives of the Ministry of Education, Ministry of Health, Treatment, and Medical Education, Iran Management and Planning Organization, Iran Welfare Organization, and the Judiciary.

2.5 – How were the results found and published?
The findings of the re-examining in different sections were submitted to the National Inter-Sector Committee on the Rights of the Child stationed in the Ministry of Foreign Affairs and finalized as the national report following subsequent reviews by the Committee members.

3 – National and International Measures
What were the measures taken under Article 34 and Article 35 of the Plan of Action for implementing the World Declaration on the Survival, Protection, and Development of Children in the 1990s? Provide a brief assessment of their impact.

3.1 – Paragraph 34
3.1.1 – Owing to the lack of an institution or organization specializing on children, coordination of goals, strategies, and executive policies within the context of the annual and mid-term development program is practically done, supervised, and evaluated through Iran Management and Planning Organization in the state planning system.
3.1.2 – All ministries, organizations, and bodies which are one way or another affiliated with the issues of children have compiled specific measures for children within the framework of the policies of the development plan and specific departments for children and young adults have been established within these
ministries and organizations in this regard which bear the task of coordinating activities and implementing the different plans of each sector.

3.1.3 – In practice, the measures related to fulfilling the commitments undertaken in the World Summit Declaration include the following items:

3.1.3.1 – Strengthening and, if necessary, establishing a specific department for children and young adults in all ministries, organizations, and bodies which have the strongest connections with children’s issues, particularly the Ministry of Education, Ministry of Health, Treatment, and Medical Education, Ministry of Labor and Social Affairs, and Iran Welfare Organization.

3.1.3.2 – Different sections of Iran’s planning system generally include the programs and activities targeted at children. The five-year economic, social, and cultural development plans focus on all target groups.

3.1.3.3 – From previous years, the Health Deputy’s Children Bureau within the Ministry of Health, Treatment, and Medical Education has been active in programming and directing executive measures in the field of protecting children, vaccination, fighting child diseases, fighting prevalent childhood diseases, etc. Also, separate offices such as the Nutrition Office are involved in policymaking and directing necessary measures to fight child malnutrition and promote breastfeeding, etc.

3.1.3.4 – Iran Welfare Organization, one of the institutions responsible for social welfare, comprises a broad domain of preventive, supportive, and rehabilitative, empowerment, and specific social services activities and programs which are carried out under the supervision and assistance of the Government and public volunteer institutions and groups to promote individuals’ living conditions. These programs incorporate two general and specific approaches. The general approach addresses all the population, whereas the specific approach covers individuals and groups who are under critical circumstances. Each of the deputies and offices of Iran Welfare Organization is responsible in rendering services to a specific group of children. Accordingly, the measures taken in this respect may be categorized in three groups:

a. Measures taken for all children in general.

b. Measures and services carried out for children with special needs or children in difficult circumstances e.g. disabled children and/or children from rural areas.

c. Directive and protective measures taken for children who have been maltreated such as street children and abused children.

4 – Special Measures for the Survival, Protection, and Development of Children

4.1 – With respect to the immediate promotion of ratification and publication of the CRC and promoting its implementation and supervision, the following steps were taken.

4.1.1 – The CRC was signed by the IRI Government on September 5, 1991 and adopted conditionally by the Islamic Consultative Assembly and the IRI Government formally submitted its document of conditional accession to the CRC to the Secretary-General of the United Nations.

4.1.2 – Three years after acceding to the CRC, the IRI presented its preliminary report regarding its implementation to the Committee on the Rights of the Child on December 2, 1997; this report was reviewed by the members of the Committee on May 16, 2000.

4.1.3 – The text of the Convention was released through the mass media prior to the preliminary report to raise public awareness.

4.1.4 – Various educational workshops and seminars, governmental and non-governmental and, at times, in collaboration with UNICEF were held in order to inform the public, specialists, policymakers, and decision-makers of the rights of the child. An example of such activity is the annual seminar of different executive bodies held on the occasion of the anniversary of the ratification of the CRC the last instance of
which was on November 20, 2000 held in Tehran through the collaboration of the Ministry of Foreign Affairs and UNICEF and the participation of GOs and NGOs.

4.1.1 – In reviewing Iran’s preliminary report on implementing the CRC, the Committee on the Rights of the Child welcomed the progress in realizing a major part of the goals of the Plan of Action for implementing the World Summit Declaration including children’s survival, protection, and development. This report was translated after the release of the final considerations of the Committee and distributed extensively among the pertinent bureaus within the Legislative, Judicial, and Executive bodies and also MPs, representatives of various executives bureaus, and representatives of civil society including the Bar and university professors.

4.1.1 – Following the regular sessions of the representatives of different Executive, Legislative, and Judiciary bureaus and the representatives of civil society within the National Committee of the Rights of the Child, the final considerations and conclusions of the Committee of the Rights of the Child regarding the IRI’s preliminary report have been distributed among the members of the National Committee of the Rights of the Child for their information.

Under the current circumstances and with respect to the necessity of submitting the IRI’s first periodical report to the Committee on the Rights of the Child in 2001, the issue of compiling this report based on the guidelines provided by the Committee on the Rights of the Child through regular sessions of the National Committee of the Rights of the Child in which the representatives of different ministries, organizations, and departments and members of civil society participated was discussed. Alongside this, the measures taken in implementing the content of the CRC are continuously followed up.

4.2 – Child disease control measures were taken through:

4.2.1 – Inexpensive treatment,
4.2.2 – Promoting health precautions,
4.2.3 – Primary health services,
4.2.4 – Prioritizing prevention to treatment,
4.2.5 – Preventing AIDS,
4.2.6 – Providing access to safe drinking water,
4.2.7 – Sanitary wastewater treatment, and
4.2.8 – Controlling waterborne diseases.

The following measures had been put into effect in the IRI as of the beginning of the 1990s to control childhood diseases:

4.2.9 – In the mid 1980s, the implementation of the Oral Rehydration Therapy (ORT) in Iran's health-treatment system, conducting vast training courses within both the society and the human resources engaged in the health, treatment, and medical sector, and also the operationalization and stabilization of two Child Health Mobilization programs one of which was ORT and the other Oral Rehydration Solution (ORS) led to the decrease of the rate of diarrhea-caused mortality under five from 34,000 cases in 1985 to 280 such cases within the same age group in 1999. There have unquestionably been other factors at work here too.

4.2.10 – Promoting Primary Health Care (PHC) is the major fundament and principle of the health system of various countries. Iran's health-treatment system is basically founded upon: PHC principles, classifying services, and the components of this care system. In this respect, it is a completely evident and internationally reliable example. In any case, Iran's PHC is a role model and training school not only for the region but also for the entire globe.

4.2.11 – PHC: There are over 30,000 male and female health practitioners in Iran in 15,000 health centers who provide PHC services ranging from simple and symptom treatments to sanitation of drinking water reservoirs and encouraging public participation within approximately 90% of Iran's rural population. Municipal health-
treatment centers, bases, and headquarters also provide such health services in a larger scale within those in need from among the country's urban populace.

4.2.12 – Prioritizing prevention to treatment: One of the four-pronged policies of the Ministry of Health, Treatment, and Medical Education in Iran is prioritizing preventive measures to those of treatment. Other principles of the treatment sector include:

4.2.12.1 – Prioritizing deprived regions (villages) to wealthy regions (cities),
4.2.12.2 – Prioritizing non-hospitalized treatment to hospitalization, and
4.2.12.3 – Prioritizing health services to therapeutic measures.

4.2.13 – Preventing AIDS: The AIDS Scientific and Technical Committee in Iran, in which the Minister of Health, Treatment, and Medical Education participates, leads the policies, scientific and technical measures, and executive services to fight AIDS. A large portion of the aforementioned measures are done outside the health and treatment sector within the radio and television and other educational and cultural fields. The health and treatment sector directs the intra-sector activities within annual programs.

4.2.14 – Providing access to safe drinking water: Although large sections of Iran are located on an arid desert belt of the earth and drought as an ever-existing or, at least, periodical chronic disease damages these regions while in the other regions of the country which are mostly mountainous, rainwater rapidly and easily leaves the country (through the north and south seas), extremely hard efforts were put into effect in the last two decades of the 20th century to enable 94.5% of the municipal and rural population of the country to access safe drinking water.

4.2.15 – Sanitary wastewater treatment: 97.6% of families in Iran have access to sanitary means of excreta disposal. Nomadic (migrating) families have no access to such disposal mechanism in most seasons. The same is true about semi-migrating nomads in some parts of the year. Certain parts of the country such as the south regions of Sistan and Baloocheshan, the east of Hormozgan, the south of Kerman, and certain rural regions of the Province of Kohkilooyeh and Booyerahmad have fewer toilets available.

Sanitary and healthy wastewater and means of excreta disposal application is obviously not as appropriate as it should be in some rural parts.

4.2.16 – Controlling contagious waterborne diseases and reducing parasitic infections, instances of typhoid, and diarrhea are control indicators for controlling waterborne diseases. Various studies show, for instance, that in the late 1980s a child under five would contract diarrhea an average of five times; this rate had reduced to 2.9 instances by 1979, however.

4.3 – Overcoming malnutrition is possible through measures including guaranteeing family security and developing the necessary strategies such as creating jobs, continuous income-generating opportunities, promotion of knowledge, and supporting the production and distribution of goods increasingly.

As was described in the opening of this section, measures and activities regarding children are incorporated generally throughout Iran's planning system although they do not appear under the term "child".

The IRI Government has pursued specific measures in its five-year development plans (mid-term programs) and also its annual budgets (short-term programs) to reduce economic, social, and family security differences and also reduce geographical differences namely those between rural and urban regions. These specific measures include:

4.3.1 - Prioritizing social justice as an objective and major fundament throughout the country. Accordingly, one of the orientations of the third five-year development plan is promoting social security coverage.
4.3.2 - Emphasizing the institutionalization of food security, betterment of people's nutrition, reducing the diseases caused by malnutrition especially among children and ultimately promoting the health of society which has been elaborated in Article 197 of the Third Five-Year Development Plan Act.

This legislation, adopted by the Islamic Consultative Assembly and submitted to the Government for implementation, has clarified certain tasks for executive departments regarding the institutionalization of food security as follows:

4.3.2.1 – Preparing an optimal food basket by the Ministry of Health, Treatment, and Medical Education.
4.3.2.2 – Promoting nutrition culture and awareness and providing necessary training in order to promote optimal food basket within the public by ministries affiliated with cultural and educational work and also the Islamic Republic of Iran Broadcasting (IRIB).
4.3.2.3 – Distributing subsidy and credit resources on food materials supervised by the Ministry of Health, Treatment, and Medical Education in order to implement the optimal food basket of the Council of Economy.
4.3.2.4 – Increasing the subsidy on basic products granted to the needy, villagers, and inhabitants of less-developed regions as compared to that granted to others in order to eliminate low-income families' malnutrition.
4.3.2.5 – Preparing and completing the security standards of food products up to the end of third five-year development plan (2004) in order to supervise production quality and food products distribution to promote the overall health of the public.
4.3.2.6 – Preparing the appropriate structure and organization of food and nutrition security in both a national and provincial scale by the Ministry of Health, Treatment, and Medical Education under the approval of Iran Management and Planning Organization and the Board of Ministers.

The following two sections have been highlighted in preparing the executive strategies of the Article:

a. Preparing the executive program for the health sector including pursuing the current successful program regarding children's immunization, control and prevention of infectious diseases, control and prevention of micro-nutrient deficiencies, control and prevention of metabolic diseases (food and lifestyle and the national policy regarding the production and consumption of fat and oil), care especially from women and children, monitoring food and nutrition (a tool for recognizing the problem, promoting management and the necessary data resources for advocacy, food security, diet therapy, and nutrition consultancy).

b. Preparing an executive program for other sectors including poverty and economic accessibility to food, nutritional culture and knowledge, food policies, education from a broad systematic perspective, designing and establishing a national management structure, and designing and establishing a provincial management structure.

With respect to promoting nutrition culture and knowledge, one of the major and expectable achievements is empowering and providing participation domains particularly women's participation in food and nutrition security management within the family and the community. It has been anticipated that through purposeful intervention at a community level and the participatory management model and public intervention and also the cooperation of the Ministry of Education in producing curricula for primary and junior high schools, and the collaboration of the health and treatment services system and the mass media in promoting the nutrition culture and knowledge of low-income families (those with the 30% lowest income), necessary measures would be taken for children and youth in primary and junior high schools and girls and women between 15 and 45 years of age.

4.3.3 – Adopting an amendment in the Budget Act of 2000 in order to eliminate malnutrition of the needy and low-income groups and increase by 12% the subsidy on basic products granted to those covered by Imam Khomeini's Assistance Fund and Iran Welfare Organization.
4.3.4 – Preparing the draft of a legislation on poverty alleviation by Iran Management and Planning Organization in order to alleviate poverty generally throughout the country and increase the income of low-income individuals so that by the end of the third development plan (2004), the number of the poor would have decreased by at least 50% compared with that of 1998. Through carrying out this plan, families who live under the poverty line, families who have become temporarily poor due to natural or non-natural disasters, and low-income families and minor orphans shall be covered. The principal orientation of poverty alleviation is as follows:

4.3.4.1 – Empowering families so that they would promote themselves from their existing poverty-ridden circumstances through creating jobs.

4.3.4.2 – Policymaking for increasing the income of low-income families through developing job creation and making subsidies purposeful.

4.3.4.3 – Enforcing direct protection of the needy who are unable to work and creating simple jobs for such families.

4.3.4.4. – Highlighting rural development and policymaking in order to increase villagers’ income.

4.3.4.5 – Employing existing subsidy resources to secure parts of poverty control expenses.

4.3.4.6 – Implementing the system of identifying low-income and poor families.

4.3.4.7 – Alongside the above items and in accordance with the supreme teachings of Islam with respect to securing the social rights of parentless children woman-headed households and in order to eliminate poverty from Islamic Iran and to implement sections of Article 21 of the IRI Constitution, the Protecting Parentless Children and Woman-Headed Households Act was adopted by the Islamic Consultative Assembly on November 14, 1992 and the executive bylaw of this Act was adopted by the Board of Ministers on October 3, 1995 according to which parentless children and woman-headed households who are not covered by other protective legislation would be entitled to the protections stated in this Act.

4.4 – Promoting women and children’s conditions and securing their complete access to health, nutrition, education, credits, family planning, pre-childbirth services, parturition services, referral services, and other basic services.

To secure and promote health, survival, and development of the country, the IRI Government takes measures to prepare programs in its five-year development plans and also annual budgets and classifications for different sectors which are one way or another affiliated with children (eg health, education, vocational training, social security, protections, etc). The strategic policies of the Ministry of Health, Treatment, and Medical Education, Ministry of Education, and Iran Welfare Organization focus on women and children as their target groups.

4.4.1 – The greatest achievements of the IRI have been in securing and promoting the health of the different layers of the society for the above two groups. The mortality rate of pregnant women and childbirth-caused deaths has decreased from 90 in 100,000 live births to half as many reaching 37.4 in 100,000 live births by the mid-1990s.

4.4.2 – The rate of average and extreme malnutrition in children under five has also decreased.

4.4.3 – 88% of women who had childbirth in the last five years have enjoyed the services of trained and specialized individuals during their childbirths.

4.4.4 – 455 of the 500 hospitals which have labor and newborn wards have received the UNICEF Baby-Friendly Hospital Certificate.

4.4.4.1 – Health, nutrition, mother’s health, and family planning:

a. Establishing and expanding a health service network throughout the country which covers 85% of the rural population and 100% of the city population especially with respect to fertility health services.
b. Decentralizing health services and extending them to remote areas and villages through rural health centers.
c. Establishing a databank of fertility health research from the viewpoint of gender.
d. Providing information on family planning and fertility health through special counseling courses for young couples.
e. Genetic counseling for those intending to marry.
f. Promoting public awareness, especially among women, on contraception, early diagnosis, and prevention of breast cancer and cancer of the cervix and immediate therapeutic measures.
g. Successful implementation of family planning programs and decreasing population growth rate from 2.7% in 1979 to 1.4% in 1996 and expanding contraceptive measures.
h. Vaccinating girls in high schools against tetanus.
i. Holding educational workshops on young girls’ health focusing on the three issues of fertility and puberty health, mental health, and nutrition.
j. Vaccination of approximately 78% of pregnant women against tetanus according to the 1997 MICS of women and children.
k. Compiling family files in all health centers and health stations for all families covered. One of the permanent components of each file is care of pregnant mothers which requires eleven instances of care throughout their pregnancy.
I. In order to promote the rural population’s access to healthy and secure childbirth services by trained personnel, 394 childbirth services departments have been set up and 6300 rural midwives have been trained and are currently providing childbirth, family planning, and pregnancy services.
m. Reduction of mother mortality from 91 in 100,000 live births in 1989 to 37.4 in 1996 and establishing the Committee of Mother and Newborn Mortality in the provincial departments of the Ministry of Health, Treatment, and Medical Education.
n. Women’s access to iodine to the extent that 94.5% of families currently use iodine salts.
o. Adopting protective measures for women (workers and clerks) during their pregnancy and after their childbirth through granting them privileges such as childbirth leave (increasing the leave from 3 to 4 months while receiving their salaries), leave for breastfeeding (approving and implementing the Promoting Breastfeeding Act of 1995) and adopting the bylaw on establishing breastfeeding rooms and daycares within governmental and government-affiliated workshops (the executive regulations bylaw of the child care centers of the General Bureau of Labor Services of the Ministry of Labor and Social Affairs, adopted in 1991).

4.4.4.2 – Education (schooling):
a. 96.3% of girls between 6 and 10 attended school in 1999-2000. This figure shows an increase of 3.04% compared to that of 1997.
b. 65.27% of girls between 14 and 17 attended school in 1999-2000. This figure too shows an increase of 4.72% compared to that of 1997.
c. The literacy rate of girls above six years of age is 79% which has increased by 3.7% since 1997.
d. The 21% increase in the rate of women’s literacy in the period between 1986-96 may be considered as the result of the policies and measures of the first and second five-year economic, social, and cultural development plans with respect to increasing the literacy rate and expanding the efforts of the Literacy Campaign. Women’s educational progress throughout the last two decades is not limited to an increase of literacy among them. Women’s education as compared to that of men’s within the twenty-year period between 1976 and 1996 increased from 66% to 90% in primary schools, 57% to 84% in junior high schools, and 59% to 99% in high schools. These achievements, especially throughout the 1990s, have come about through the educational goals and policies of the first and second development plans.
e. Girls comprise 60.4% of the students attending the pre-university year which is after ending high school and before they take the nationwide university entrance examination.
f. 47.2% of the overall population of school-goers in 1999-2000 were girls.
g. The number of technical-vocational schools became 2½ times as many in 1997.
h. Boarding schools were established and developed in villages (310 out of the overall 916 boarding schools are girls’ schools).
i. Amendment 3 of the Budget Act of 1998 was adopted in order to establish and equip boarding schools especially for girls in deprived and remote areas.
j. The literacy rate of women rose from 52.1% to 74.2% in a period of ten years. UNESCO awarded Iran with four medals in this regard.
k. A center for coordinating women’s activities and gender-based policymaking and planning was promoted within the Ministry of Education.
l. The indicators of education growth among girls have been increased (reduction of the number of those who fail an academic year, the period of going through a course, the mean age in different school years, etc).
m. Amendment 62 of the second development plan was implemented in order to identify and enroll school-age children in primary schools with an emphasis on girls.

n. The General Bureau of Physical Education within the Ministry of Education was established in order to pay special attention to girls’ sport.
o. The number of girls’ cultural and sport centers was increased.
p. Educational workshop for girls was held and future collaboration between the Ministry of Education and NGOs and UNICEF is anticipated in this regard.

4.4.4.3 – Credits (allocations):
a. According to Paragraph 2 of Article 43 of the IRI Constitution, providing the circumstances and means of work for all in order to achieve comprehensive employment and creating means for jobs available to all who can work but do not have the means should be incorporated within the goals of the complete development plan.
b. To give financial support through granting financial assistance with respect to the fact that woman-headed families are within the vulnerable classes, particularly in rural areas, the Keshavarzi (Agriculture) Bank has adopted a new measure since 1994 to support woman-headed families within villages through allocating credit assistance for production and helping them increase their savings (executive instructions of a special plan to protect vulnerable rural women – known as the Zaynabeh Kobra Plan, dated May 29, 1994).
c. For the first time in the Budget Act of 1994, bank assistance was included to encourage women’s self-employment.
d. In 1998, the Job Opportunities Fund was established following the approval of the Islamic Consultative Assembly.
e. There are currently three departments within the Ministry of Labor and Social Affairs, namely Women’s Self-Employment, Women’s Job Seeking and Granting Self-Employment Loans, and Technical-Vocational Training, which create supportive grounds for women’s self-employment.
f. According to Paragraph B of Amendment 11 of the Budget Act of 2000, the credits of 112503 and 112511 are capitals that the Government allocates to Job Opportunities Fund through which up to 15 million rials could be granted to those who are eligible for implementing rapid-output plans.
g. Amendment 11 of the Budget Act of 1998 was adopted to secure and protect parentless children and woman-headed families and adopt the executive bylaws of this Act.
h. According to the Budget Act of 2000 (Paragraph E of Amendment 3), the cooperative institutions 70% of whose staff is comprised of women are exempt of deposited share. This leads to an increased share of women in the country’s economic enterprises in comparison with that of previous years.
i. Certain projects were carried out in cooperation with specialized UN agencies such as UNDP within the field of women’s self-employment especially rural women.
j. A budget of over 3 billion rials was allocated by the Ministry of Jahad-e-Sazandegi to a plan of household training and employment of rural women through technical-vocational training and promoting housewifery, family management, and developing household jobs with emphasis on rural women’s economic organizations.
k. One of the plans being carried out by the Presidential Office’s Center for Women’s Participation based on Paragraph D of Article 158 of the Third Five-Year Development Plan Act is supporting the establishment of rural women’s cooperatives.

4.5 – Securing support of parents and other individuals who play a supportive role in children’s care and nutrition. Preventing the separation of children from women and guaranteeing appropriate periodical care in case of such separation.

4.5.1 – The Iran Welfare Organization conducts a plan of empowering and re-enabling the families it covers in order to minimize the problems and issues of woman-headed families and their children. The general objective of this plan is to identify the psychological traits, tendencies, potentials, and capabilities, technical-vocational training, and the problems and issues of every single member of the families covered by the Iran Welfare Organization so that the target group’s capabilities may be promoted and problems and impediments reduced. Some other objectives of this plan include promoting the knowledge level of family members within the context of appropriate interaction methods and social relations with one another and children. This plan is currently being implemented by the Iran Welfare Organization in all twenty-eight provinces of the country.

4.5.2 – Effective measures are being taken to promote the health, treatment, and nutrition of the disabled through the following:

4.5.2.1 – Increasing the subsidy shares of families including a disabled individual.
4.5.2.2 – Increasing the credits from public budget and popular participation resources to help those covered by the Iran Welfare Organization earn more money.
4.5.2.3 – Generalizing treatment dual insurance for all the disabled.
4.5.2.4 – Necessary facilities for admitting any disabled individual in treatment centers.

4.5.3 – The Iran Welfare Organization has based most of its plans and programs in order to assist groups in need and with no one to take care of them, protect and take care of parentless children, and providing social and vocational rehabilitation and prevention facilities for the therapeutically and physically disabled. In conducting any plan and program for the welfare of children, all attempts are put into effect so that these services for children are provided within the framework of the child’s family aiming at preventing the separation of these children from their warm and affectionate families. The following programs which are underway may be indicated in this regard:

4.5.3.1 – Establishing centers which intervene in social crises aiming at providing immediate and specialized services and necessary training and guidelines for those individuals and families who are socially vulnerable or exposed to vulnerability and have referred to the Iran Welfare Organization in order to overcome their problems.
4.5.3.2 – Providing necessary specialized services to couples who intend to separate in order to return them to their family and prevent the social complications caused by divorce.
4.5.3.3 – Establishing Rehabilitation Centers for Socially Vulnerable Girls in order to provide the required services and facilities for the psychological and social rehabilitation and restoration of the target group and prevent them from falling into perversion again and encourage them to reintegrate within their families. The number of these centers was increased to 17 in the year 2000.

4.5.3.4 – Establishing Girls’ Health Homes with the aim of protecting and keeping girls in need of social protection, providing them with opportunities for education, vocation, self-reliance, and independence and identifying the talents and capabilities of girls and directing them towards making use of these capabilities. There are currently 23 active Girls’ Health Homes.

4.5.3.5 – Establishing the Semi-Family Affairs Bureau in 1998 to deal further with protecting parentless children. The most important plans, activities, and measures put into effect by the Bureau include:

a. The plan to reduce and optimize governmental and non-governmental boarding centers with the aim to establish centers with vocational functionality including the qualities and structures similar to those of a family. The results of this plan include the increase of the transfer of children to families and semi-families and preventing their separation from their families and encouraging the continuity of their relationship with their brothers and sisters. The above project was carried out in all Iran’s provinces during 1999-2000.

b. The semi-family plan was put into effect to prevent long-term residence of children within boarding centers and encourage inside-family care models. This project, being carried out in four provinces, is one of the most significant forms of protecting parentless children and the custody of such children is given to qualified volunteer relatives and families.

4.5.3.6 – A project to encourage public participation through volunteer guardians who would give financial and spiritual support to children that are residents of boarding centers and/or kept with families and relatives. This plan was carried out in seven different provinces.

4.5.4 – Providing a part of the covert educational expenses of students coming from destitute families such as their shoes, clothes, stationery, textbooks, and free snack during recess given by the Ministry of Education.

4.5.5 – One of the specific measures incorporated in the third economic, social, and cultural development plan of Iran is efforts to bring about social justice prioritizing it as a fundamental objective throughout the country. One of the orientations of this plan is expanding the social security system so that it would be encouraged and extended in such a way that all citizens, especially women and children, would be protected against economic, social, and natural events and their aftermath in different cases.

Implementing social security programs with the aim of developing social insurance and protecting vulnerable groups such as orphaned children, woman-headed families, those in need, etc pursuing their empowerment and eventual disentanglement from vulnerability as an aim. To this end, the General Insurance of the Medical Care Act was adopted on October 24, 1994 and a bylaw on identifying and determining those who are in need as indicated in Amendment 1 of Article 14 of the General Insurance of the Medical Care Act adopted by the Board of Ministers on August 1, 1995.

4.5.6 – As stated earlier in 4.3, Article 197 of the Third Five-Year Development Plan Act states the country’s new program of food and nutrition security and has allocated a specific section to this program in the annual budget.

In this program, a project is followed up to take care of women and children in order to promote the nutrition circumstances of nutritionally vulnerable groups within the extent of both the family and society and with various specialized objectives such as increasing the extent of care of pregnant women (six times and more), decreasing the number of pregnant women suffering from malnutrition, increasing the number of those who receive social security pension, and covering vulnerable classes by social security.
4.5.7 – Follow-up of the food and nutrition monitoring program with the aim to continuously supervise the country’s nutrition condition and employing the data gathered in policymaking and programs which lead directly or indirectly to the improvement of the nutrition conditions throughout the country. One of the considerable achievements regarding the culture and knowledge of nutrition is empowerment and providing the grounds for women’s participation in food and nutrition security management especially within families and neighborhoods.

4.6 – Ensuring and prioritizing the primary development of children, public access to fundamental education, reduction of adult illiteracy, vocational training, and preparing for work, and ever-increasing acquisition of knowledge, skills, and values through existing channels. The IRI Ministry of Education is the main body in charge of children’s education in Iran and to ensure children’s primary development and education, it has adopted the following specific measures for the survival, protection, and the growth of children:

4.6.1 – Publishing the CRC (translated into Farsi) and promoting its process of implementation through holding educational workshops for the experts of the Headquarter Management of the Ministry of Education in collaboration with UNICEF to acquaint them with the contents of the CRC and preparing projects and programs to actualize the rights of children, publishing posters on the rights of the child and distributing them among primary schools all over Iran, and publishing educational cards conveying the rights of the child and distributing them among the parents of primary schoolchildren.

4.6.2 – Girls’ educational conditions has been promoted within the Ministry of Education. The percentage of girls attending primary school has risen from 46.2% in 1990-91 to 47.5% in 1999-2000. The most effective factors at work here are:

4.6.2.1 – Employing woman teachers for girls.
4.6.2.2 – Having separate classes for boys and girls.
4.6.2.3 – Training rural families and bringing about appropriate changes in the their approach towards girls’ education.
4.6.2.4 – Establishing teacher training colleges to provide the required number of woman teachers.
4.6.2.5 – Implementing the plan for making primary education more accessible and available for girls in collaboration with UNICEF.

4.6.3 – Securing and prioritizing the following issues:

4.6.3.1 – In preschool, the two major measures taken by the Ministry of Education include:

a. Putting into effect the expansion of preschool education project in the bilingual regions of the country prioritizing those regions in more need. This project was implemented to obtain the goals which are:

- Providing proper educational opportunities for children of bilingual and deprived regions,
- Reducing educational failures (failing, dropping out, etc) in the first grade of primary school,
- Preparing first graders in bilingual regions so that they would have a relative command of Farsi (the Persian language),
- Preliminary education of health issues, discipline, and the social regulations of school and home, and
- Preparing textbooks, teacher’s books, and educational plates and tapes by the Ministry of Education to enrich the educational quality of the one-month preparatory school of bilingual regions.

b. Implementing the development plan of the one-year preschool (preparatory school) period through public participation. This project has been implemented seeking two objectives:

- Creating appropriate educational opportunities for children between five and six years of age and
- Promoting the quality of primary education especially in deprived regions.

The rate of children who passed preschool in this regard rose from 15.2% in 1991 to 25.2% in 1998.
4.6.3.2 – The rate of children aged between 6 and 10 who receive primary education in Iran has been calculated based on the following indices:

a. The indicators of the enrollment of six-year-olds show that 89.4% of this population enrolled in school in 1990-91; this figure rose to 95.7% in 1999-2000. The reason for the above rise are:
- Encouraging Islamic culture in rural families regarding the importance of learning literacy,
- Prioritizing the enrollment of school-age children and providing the necessary facilities for this process,
- The relative decrease of the number of students in primary schools from 1992-93 onwards due to the decrease of the population growth rate allowing more classes and human resources within primary schools.
- Adequate attention to girls through briefing the children’s parents and also providing woman teachers especially in rural areas,
- Providing transportation means for students of rural regions to collect them in central village schools,
- Giving free snacks during recess to children in deprived regions and helping destitute students,
- Active participation of the teachers in most of the remote villages that have few students,
- Prioritizing the employment of local personnel,
- Establishing teacher training colleges and providing the required human resources from the destitute regions,
- Establishing multi-grade classes in villages that have few students and providing free stationery for students of deprived regions, and
- Distributing educational opportunities based on the needs of the region.

b. The real school coverage indicator (for children between 6 and 10) in 1990-91 was 92.2% which reached 97% in 1999-2000 and the reasons for this rise are as follows:
- The increase in the enrollment of six-year-olds,
- Setting classes in most of the villages that have a population of at least seven students,
- Directing the students of scarcely populated villages to adjacent villages or their migration to central villages,
- Using woman teachers for girls of school age,
- Separating boys and girls classes gradually,
- Implementing the plan for identifying and enrolling school-age children who did not receive schooling as according to Amendment 62 of the Second Five-Year Development Plan Act in some of the provinces in need,
- Raising public awareness on their children’s education,
- Giving free snack for recess in rural and needy areas, and
- Establishing junior high schools and creating the necessary motivation among primary schoolchildren to continue studying.

c. The apparent school coverage indicator for primary school in 1990-91 was 110.6% rising to 107.2% in 1999-2000. The factors leading to this decrease within the last two decades are:
- The decline in the rate of student population growth and, consequently, the decrease of first-graders,
- The change of certain articles of the examination bylaws in order to facilitate promotion to higher grades allowing those above ten years of age to leave primary school, and
- The increase of real education coverage which would bring about apparent education coverage decrease.

d. The rate of internal efficiency of the five grades of primary school has been calculated with a maximum of two years of failing. Based on the rates of the flow of students (promotion, repetition, and dropping out), the ratio of waste, the rate of staying, and the mean of the education course of graduates in 1990-91 and 1997-98 was computed. This rate for all the students rose from 79.9% in 1990-91 to 92.5% in 1997-98.

4.6.3.3 – Vocational training and preparing students for work, knowledge, and skills: To enable students to acquire skills and familiarize them with jobs and occupations and prepare them to step into the labor market, encouraging technical-vocational training has been emphasized as a principle in the educational system of Iran and the rate of their enrollment within the technical-vocational education system has risen from 1990 onwards.
The reason for the decline in the number of students in the technical-vocational section was the establishment of the vocation-knowledge section.

The percentage of technical-vocational students compared to all students of two-year and three-year high school

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<td>Percentage of the technical-vocational students in Iran</td>
<td>12.64</td>
<td>11.96</td>
<td>12.08</td>
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The percentage of the students within the vocation-knowledge section from all the students of high school was 0.86% in 1993-94. This figure rose to 15.11% in 1999-2000.

4.6.4 – To encourage the participation of students in education, research, and discipline and to create a continuous and correct relationship between students and school staff allowing the former to voice their opinions, the Council of Students was established in schools throughout the country. Some examples of the students’ activities in this Council are:

4.6.4.1 – Cooperation in programming and implementing national-religious ceremonies in schools.
4.6.4.2 – Preparing within-school bulletins and administering the affairs of the library and the school.
4.6.4.3 – Collaboration in holding religious and recreational camps and field trips and visits.
4.6.4.4 – Establishing and administering students’ cooperatives in the school.
4.6.4.5 – Helping with the school’s disciplinary and sanitary works.
4.6.4.6 – Discussing various education, research, and administrative issues within the framework of the rules and regulations and transferring the students’ recommendations to the Council of School. According to the authority granted to students by the Council, they are entitled to the right to make decisions and express themselves when it comes to their own issues.

4.7 – Paying special attention to children in difficult circumstances namely through ending child labor and controlling drugs, tobacco, and alcohol among youth.

4.7.1 – The minimum age for work and apprenticeship according to Iranian legislation is 15. Therefore, the laws in Iran state that only those who are not less than 15 may be permitted to work as laborers. Alongside the fact that this law decides the minimum age of working according to the Labor Act, it also declares this age as the minimum legal age for capacity and filing complaints to conflict resolution bodies (labor courts). Hence, some of the accepted and definite rights of children who are allowed to work are the right to refer to a labor court, the right to file a complaint, and the right to be heard directly by the deciding bodies.

4.7.1.2 – To prevent any form of mistreatment on the side of the employer regarding child laborers between the age of 15 and 18, labor inspectors should enforce their special supervision (Paragraph A of Article 96 of the Labor Act). It has also been stated that should the kind of labor be detrimental to the health or the conduct of child laborers, their employment in such vocations is prohibited (Article 84 of the Labor Act).

4.7.1.3 – The IRI Labor Act has considered two minimum ages for starting work. Firstly, there is a minimum age for normal jobs as compared to difficult and harmful ones. Regarding the latter, the minimum age is 18 (Article 183 of the Labor Act) and in this regard, punishments have been specified for offending employers. Secondly, if the Ministry of Labor and Social Affairs reaches the decision that certain jobs are harmful for the health and moral conduct of child laborers due to their nature or the working conditions, it may set the minimum age for those jobs at the full age of 18.

4.7.1.4 – Regarding the best interest of the child as stated in Article 2 of the CRC, the interests of the child have been particularly emphasized within a special framework in the IRI Labor Act. Regardless of the kind of
job they choose, young laborers between 15 and 18 should undergo a medical examination upon employment and throughout their work so that a physician may pass judgment on their work. Should the physician find the work inappropriate, the employer is then obliged to change the child’s work to the extent possible. In addition, children are prohibited from doing extra work, night work, doing difficult and harmful work, and moving extra-heavy loads manually without the use of mechanical equipment.

4.7.1.5 – Their working hours is less than that of adult laborers and supervising child laborers’ work has been specifically highlighted within the responsibilities of labor inspectors.

4.7.1.6 – All the laborers officially employed and their employers should be informed of the rights and privileges of children within workshops and child laborers and employers should also be informed of all the rights and responsibilities stated in the Labor Act.

4.7.2 – Establishing a group to protect the rights of children and young adults within the Iran Welfare Organization’s Bureau of Children and Young Adults to pursue the executive impediments of the rights of the child and follow up the implementation of the CRC regarding those children covered by the Iran Welfare Organization and also children in difficult circumstances.

4.7.3 – Establishing the Semi-Family Bureau and implementing the following projects:

4.7.3.1 – Reducing and optimizing governmental and non-governmental boarding centers.

4.7.3.2 – Putting into effect the semi-family project to allow eligible volunteer relatives to take care of one to three children.

4.7.4 – Optimizing the protection of disabled parentless children.

4.7.5 – Non-camp employment of national projects with the aim to improve parentless disabled and non-disabled children’s living conditions.

4.7.6 – Optimizing the conditions of child prisoners.

4.7.7 – Optimizing the living conditions of refugees’ parentless children.

4.7.8 – Setting up an aid telephone line to prevent any abuse of children residing in boarding centers and to supervise the form of protection and care offered by boarding centers, funds, board of trustees, and other institutions. It is worth noting that the headquarter budget for the project and its educational courses have been provided in collaboration with UNICEF.

4.7.9 – The plan to establish counseling centers for the children who have been dismissed from protection centers. The goals of this project are:

4.7.9.1 – Establishing counseling centers for young adults in boarding centers.

4.7.9.2 – Employing the contributions of consultants and experienced psychologists in solving the problems of children and young adults dismissed from such centers.

4.7.9.3 – Promoting the knowledge of the staff of these centers.

4.7.9.4 – Teaching life skills.

4.7.9.5 – Establishing a crisis intervention line.

4.7.9.6 – Collecting data regularly on those dismissed and other children who refer to counseling centers. Seven counseling centers were active in fall 1998 and winter 1999.

4.7.10 – The plan to prevent child abuse. The goals of this project include achieving the data related to the frequency of all forms of child abuse at the level of family and society, providing easy means of information in order to register and document child abuse instances through counseling centers, and raising general sensitivity throughout the society on the unpleasant phenomenon of child abuse. In 2000, nine provinces carried out the plan each province having ten daycares, ten primary schools, ten junior high schools, ten high schools, and other centers affiliated with Iran Welfare Organization.

4.7.11 – The Ministry of Education fully recognizes the importance and priority of preventing and controlling drugs and raising the awareness of children and young adults (as the most vulnerable age group) on the
adverse effects of drug, tobacco, and alcohol abuse and the physical, mental, moral, and social complications of addiction and has incorporated certain issues in school curricula and promotes the practice of supervising, counseling, and guiding the students by teachers, coaches, and consultants inside the school to the extent possible. Some of these measures are:

4.7.11.1 – Establishing the Ministry of Education’s Executive Bureau of Preventing Drug Abuse.
4.7.11.2 – Holding students’ seminars on addiction and ways to prevent it in most provinces of the country.
4.7.11.3 – Preparing educational films such as psychodramas and/or theater therapy and education on how to use plays, movies, etc in the treatment and prevention of drug abuse.
4.7.11.4 – Preparing textbooks on preliminary introduction with different kinds of drugs and their effects and complications on students with respect to their age, intelligence level, and cognition.
4.7.11.5 – Preparing an extracurricular course on life skills with emphasis on addiction.
4.7.11.6 – Publishing warning posters.
4.7.11.7 – Implementing a plan of solidarity of Iranian school-goers with their counterparts in other countries in order to participate in the struggle with drug abuse through signing the Children and Young Adults’ Declaration on a Drug-Free 21st Century. This plan, proposed by UNESCO and implemented by the Ministry of Education, followed a series of sessions in which teachers, coaches, and school authorities talked with students on the adverse effects of drug abuse and succeeded in raising over two million students’ signatures from all around the country in the form of different petitions examples of which were sent to the UNESCO central office in Paris.
4.7.11.8 – Appointing addiction liaison officers in all provinces and holding educational and scientific seminars.
4.7.12 – A comprehensive plan to prevent the addiction of children and young adults. The major strategies of this project include raising information and awareness among individuals on the dangers and adverse effects of drugs, promoting life skills such as decision-making, social relations, encouraging alternative activities for drugs to satisfy the psychological and social needs of children and young adults, counseling and intervening during the different crises throughout life, promoting cultural and religious notions, and encouraging the rules and regulations on drug control.

The above project has been implemented in 19 different provinces of the country through employing the group discussion method for vulnerable groups and the population influencing these vulnerable groups (parents).

4.7.13 – Rehabilitating children under 18. In 2000, this project was put into effect in 7 different provinces throughout Iran. The objectives of this project include covering individuals under 18 in need of the specialized services not provided by boarding (semi-family) centers and reformatories, filling the gaps of Iran Welfare Organization regarding services for damaged children and young adults under 18, preventing these individuals’ residing in adult centers, identifying the grounds that lead to such damages, and providing services that would prevent further damages.

4.7.14 – Establishing centers that would intervene in social crises, the objectives of which are providing immediate and specialized services to those individuals who are entangled in critical circumstances in order to prevent perversion or repeated perversion, providing necessary training and guidelines to individuals and families exposed to suffering from social vulnerability who refer to such centers to find ways to cope with their difficulties, providing necessary specialized services to couples who intend to separate in order to return them to their families and prevent the social complications that come about following a divorce, identifying the areas of crisis, and planning to raise awareness in collaboration with affiliated departments. The number of these centers was raised to 25 in the year 2000.
4.7.15 – Establishing centers for identifying and substituting street children. The objectives of this plan include identifying, recognizing, and substituting street children appropriately to accelerate the procedure of
protecting them to prevent social damages, providing the grounds for returning them to their families so that they could live healthily and properly, identifying their talents and creating suitable opportunities for them so that these talents and creativities would be flourished, providing educational facilities and appropriate vocational training, and creating a healthy environment in cities. These centers exist in 21 provinces of Iran and 27.5% of all those admitted are within the 11-13 age group.

4.7.16 – Girls’ Health Homes were created to protect and look after girls in need of social protection and providing opportunities of education, vocation, self-reliance, and independence for these individuals and recognizing the talents and abilities of girls and directing them towards employing these capabilities. There are currently 23 centers which are active in this regard.

4.8 – Ensuring special protection of children in armed conflicts and seeking a peaceful global foundation through promoting tolerance, understanding, and dialogue.

4.8.1 – A number of 183,372 Afghan and Iraqi refugee children were enrolled in the primary, junior high, and high schools of the Ministry of Education in the academic year of 1999-2000. 11,792 of these students were in camps while the rest were in different cities alongside their Iranian counterparts. The expenses per capita for Iranian schoolchildren is roughly 700,000 rials and UNHCR pays 10% of the expenses of the Ministry of Education for Afghan and Iraqi children. One point worth mentioning in this regard is that all camps have primary and junior high schools according to their needs and high school students go to villages or cities for their education. 50 schools have made for refugees so far. Almost all Afghan and Iraqi refugee children within the school age are studying in the IRI schools and a limited number of them who do not have IDs enjoy non-formal education in the Literacy Campaign or other non-formal schools.

4.8.2 – All refugee and immigrant children are generally vaccinated against contagious diseases all the way from birth to the necessary age in treatment centers. There have also been many vaccination packages dispatched to Afghanistan.

4.8.3 – The nutrition and health section of schools provide the following services for refugee schoolchildren: establishing health centers in schools, assigning health teacher-assistants in schools to conduct various tests of optometry and audiometry, dental and tongue checkup, and other primary healthcare services in all camps and schools. All individuals inflicted with pediatric diseases receive free of charge medical services in treatment centers throughout the country.

4.8.4 – Following the coordination with WPF, all children residing in camps from the age of 2 onwards are covered by a free nutrition program and five food items including bread, rice, oil, sugar, and beans are given to them freely every month. In addition, these children receive financial donations, clothing, and food according to their needs.

4.8.5 – As a result of the conflicts in Afghanistan, a large number of children were hit by bullets and lost their legs in minefields. Based on humanitarian grounds, the IRI Government forwarded these children to the Iran Red Crescent Society so that appropriate prosthetics and empowering devices would be made for them. Also, with respect to extended minefields in Afghanistan and children’s vulnerability, centers were opened in zero border regions which is the route taken by Afghan refugees and children, in particular, back to their homeland. These centers inform these refugees and children, in particular, of the main points regarding how to deal with mines practically by using audiovisual materials and realia.

4.8.6 – One of the greatest problems of refugee children is being separated from the family, especially when they enter Iran in large crowds. The IRI has always tried to have these children reunite with their families through different ways and means. The protective measures adopted in this regard include searching for the parents or relatives and issuing legal permits to leave or enter Iranian territory. These attempts in their legal
forms for reuniting children with their parents, particularly under the conditions that parents live in a third country, are done in collaboration with the UNHCR office in the IRI.

4.8.7 – The plan to identify and substitute street children in Iran, 95% of whom are Afghan refugee children, seeks to provide the grounds and facilities for these children to return to their own families and give them support and protection when faced with social dangers and allow them to enjoy education and suitable vocational training.

4.8.8 – Eight years of war imposed on the IRI took away the lives of many children’s parents in both warfronts and air-raids. The number of the children of those martyred in the war is 147,757; some of them are now young individuals who receive special assistance including family support funds and education grants from the Foundation of Martyrs.

4.8.9 – Many mines from the war period remain to be detonated. Hence, the child victims of these mines who are in difficult circumstances and disabled receive financial and spiritual support from the Foundation of War Victims and the Deprived (MJF: Mostazafan and Janbazan Foundation) which is responsible to provide services and assistance for war victims. The Bureau of Disability Prevention of the Prevention Deputy of Iran Welfare Organization is currently preparing a plan for preventing disabilities caused by non-detonated mines.

4.8.10 – Other concepts such as peace, friendship, tolerance, respect for others’ views, teamwork, participation and cooperation, counseling, and dialogue as opposed to conflict have been incorporated within students’ curricula and posters have been published in this regard. These concepts and themes have been highlighted especially in the last three years following President Khatami’s proposal of Dialogue among Civilizations in his address to the General Assembly of the United Nations in September 1998. At the beginning of the current academic school year (2000-01), he asked all the students of Iran to take part in a contest and respond to the following question through papers, poems, illustrations, stories, etc:

How can we further humanize and beautify the world through dialogue among civilizations?

4.9 – Preventing environmental destruction through pursuing the objectives of the World Summit for Children, promoting and encouraging respect for the environment, and changing non-useful consumption models.

With respect to inappropriate environmental procedures concerning prevention and treatment, the major trend of the IRI is in favor of prevention and it was in this very respect that the third development plan adopted a preventive approach within the major structural, institutional, and political principles of the country regarding environment which are:

4.9.1 – Protecting and revitalizing the environment.

4.9.2 – Promoting public awareness of the environment when it comes to increasing energy and materials consumption in the process of production.

4.9.3 – Coordination and cooperation of departments affiliated with the environment and sustainable development.

Processes, trends, and recognition of the activities which had the largest share in deteriorating environmental procedures, analysis of problems and deficiencies, evaluating the outcomes and effects caused by the continuation of the procedures, and the need to change the structural principles and programming are important in this case.

To this end, the importance of paying attention to and respecting the environment, identifying contaminants and destruction factors of the environment, correct mechanisms of employing natural resources like water, energy, fuel, and food materials, correct garbage disposal, etc have been included within the curricula in courses such as science, biology, Farsi literature, and social sciences and published into posters so that current and future generations would make the world a better place.
Schoolchildren engage in planting trees every year on March 5th which is National Tree Planting Day in Iran. There are also other cultural and extracurricular activities focusing on cherishing and cleaning the environment and the mountains around the cities.

4.10 – Attending to poverty and debt, mobilizing financial development, preventing the transition of resources from developing countries to developed countries, establishing an appropriate system of exchange, and securing the prioritization of children’s socioeconomic development

4.10.1 – 20/20 Initiative was one of the results of the World Summit for Social Development. Alongside the official ODA development aids with the goal to allocate 0.7% of gross national product to official aids of development, 20/20 Initiative was the most principal suggestion of the World Summit for Social Development to eliminate poverty in developing nations. The information currently available shows that 13% of national budgets and 10% of the flowing liquidity around the globe should be allocated to social services. It is obvious that the financial load of actualizing the goals is on the shoulder of developing nations. Renovating the budget structure in a short-term period is not feasible without international support. Therefore, eliminating the worst aspects of poverty necessitates a realization of the 0.7% objective. Without renovating the structure of national budgets and increase of international aid, development and elimination of poverty is not possible.

4.10.2 – Within the last decade, the overall budget of Iran has been based on 17.6% to 27.2% gross national product. The share allocated to social services within the overall state budget varied between 39.6% to 58.1% with an average of 46.7%. The share of the social services budget from domestic national product varied between 8.7% to 11.9% with an average rate of 10.1%. Within this period, 9% of all the state expenses of the services sector was allocated to health and education. Despite the problems that the Government of IRI has been faced with, it has succeeded in maintaining investments within the basic social services sector regarding 20/20 Initiative which mainly covers women and children.

Concerning the Human Development Report of 1998, the average value of the share of public expenses of health was 2.2% for high HDI countries and 2.1% for medium HDI countries; Iran belongs to the latter group. As a result of high investments in basic social services, the IRI Government has raised the level of health and education of its population significantly and elevated living standards. The impact of high investment in social services and human capital is evidently reflected in social indicators such as the rate of literacy, school and educational attendance, access to safe drinking water, mother and child mortality rate, and life expectancy upon birth. Since Iran’s economy is extremely dependent upon its oil revenues and that these revenues play a major role in the Government’s budget, any form of fluctuation in oil prices would influence the IRI’s fulfillment of social services.

4.10.3 – With respect to the aforementioned points, a serious need is felt for changing the policies in order to reduce the role of the Government, cutting subsidy assistances and products and directing them towards the more needy layers of the society, encouraging the private sector, and transferring some monopolies to provincial authorities or civil institutions. The Government’s expenses in basic social services can be categorized in the following three groups of public education, health, and local and housing development. This classification includes various activities in municipal and rural classification, regional development, physical education, and the issues of the youth.
5 – Conclusions
To prevent the rights of the children from being neglected due to economic globalization and the children from poor social classes becoming more vulnerable, the vast expansion of global communication and, thus, rapid cultural changes, the reduction of governments’ economic support of social services and health, and the trend of privatization, it is imperative that goals and indicators be determined and agreed upon by the leaders of all countries.

5.1 – The education sector.
5.1.1 – The key impeding parameters of the education sector include:
5.1.1.1 – Preschool (the one-year preparatory course) not being official and obligatory.
5.1.1.2 – Lack of appropriate educational space and human resources for developing preschool due to its being unofficial.
5.1.1.3 – Lack of strong executive insurance for implementing the Obligatory Education Act.
5.1.1.4 – The existence of specific regional ethnic cultures regarding girls’ education and enrollment of all school-age girls.
5.1.1.5 – Undefined and yet, lucrative, occupations which are strong impediments for boys’ education especially in border areas.
5.1.1.6 – Participation of some children of rural and needy areas in their families’ breadwinning.
5.1.1.7 – Lack of cooperation of a percentage of illiterate individuals with literacy and illiteracy eradication programs.
5.1.1.8 – Incompatibility of sections of the curricula with ethnic-regional demands.
5.1.1.9 – Inadaptability of the school calendar with the life schedule of rural and nomadic people.
5.1.1.10 – Lack of adequate attention to public education. Special emphasis on primary school as the basis of the process of education and special attention to the success of junior high schoolchildren, in this regard, is an inevitable necessity.
5.1.1.11 – Centrality of management and decision-making and lack of adequate authority within provincial and regional management.
5.1.1.12 – The limitation of women’s participation within management and decision-making layers.
5.1.1.13 – Lack of implementation of the regulations to do with the regional council of the Ministry of Education.
5.1.1.14 – An imbalanced distribution of human resources due to various different reasons including the deficiency of woman educational staff in rural regions leading to a reluctance in allowing girls to go to school. Employing local personnel in underdeveloped or non-developed regions, the inevitability of employing and obligatorily dispatching non-local personnel to such regions, and maximizing the enrollment of students together with educational enhancement are the strongest challenges that the development of the country’s educational system is faced with.
5.1.1.15 – Unequal access to educational opportunities and distribution of facilities.
5.1.1.16 – Educational quality including the inefficiency of the syllabus and curriculum design and the incompatibility of some parts of the curricula with the current needs of the society.
5.1.1.17 – Inadequacy of the allotments of the Ministry of Education and disproportionateness of existing facilities with educational needs and the inefficiency of the means adopted in gaining non-governmental resources through public participation in educational affairs.

5.1.2 – The facilitating factors in the education sector are:
5.1.2.1 – The cooperation of other institutions such as the Presidential Office’s Center for Women’s Participation in covering school-age children, particularly girls.
5.1.2.2 – The collaboration of UNICEF in promoting and publishing the contents of the CRC and life skills education.
5.1.2.3 – The cooperation of the Islamic Republic of Iran Broadcasting in promoting the importance of literacy in everyday life.
5.1.2.4 – The gradual flexibility of educational programs so that they would become more compatible with the special conditions of different regions and provinces.
5.1.2.5 – Expanding girls’ boarding junior high and high schools.
5.1.3 – The challenges within the education sector include:
5.1.3.1 – The limitation of governmental resources and facilities in the education sector as compared to the day-by-day increase in the public demand for education in all different levels.
5.1.3.2 – The extensiveness of the education sector regarding the number of schoolchildren covered, the staff, the number of educational districts, and over-centrality within the management and decision-making.
5.1.3.3 – Structural changes within the composition of Iran’s schoolchildren as the population who demand education and the disproportionate distribution of educational means and, particularly human resources, in the different courses and ineligibility of some of the personnel.
5.1.3.4 – The ambiguity of the development model of the country and, hence, incongruence of different educational courses in high school with the work market.
5.1.3.5 – The increase of global developments within production and expansion of science and, thereby, general information and employing modern educational means and the creation of gaps in the quality of education, means, and tools used both in Iran and overseas.
5.1.3.6 – The influx of the schoolchildren within high school causing serious bottlenecks in the provision of required resources and facilities.
5.1.3.7 – Maximizing school enrollment while intending to bring about qualitative enhancement of education is the major challenge that the development of the country’s educational system is confronted with.

5.2 – The most important existing problems and issues within the welfare, growth, and development sector are:
5.2.1 – Lack of adequate and necessary budget allocated to children’s welfare sector.
5.2.2 – The existence of parallel departments and organizations focusing on children and the lack of a coordinating institution for children’s issues throughout the country.
5.2.3 – The incompatibility of certain regulations regarding children with the current circumstances of the society. This calls for a reform of legislation; a trend of reforming the legislation in contradiction with existing social circumstances is already underway.

5.3 – The health sector: The pattern of child mortality and disease in many countries has changed due to health transition. To reduce child mortality and instances of the following diseases, certain measures and goals must be adopted to protect children:
5.3.1 – Newly-occurring and recurring diseases such as AIDS.
5.3.2 – Death and handicap caused by accidents.
5.3.3 – Death and handicap caused by social and individual violence.
5.3.4 – Death and handicap caused by non-contagious diseases such as cancers (leukemia, in particular), genetic and/or congenital diseases, and premature childbirth.
6 – Future Steps

As far as the education sector is concerned, approximately 34% of the overall population of Iran in 1996 was comprised by school-age children of between 6 and 17. With the decline in the overall population growth rate, the population of school-age individuals also fell. The estimates concluded – based on the assumption that the status quo would continue – demonstrate that the population of the students in Iran from the beginning of the third development plan in 2000 to the end of the fourth development plan in 2009, that is throughout almost a decade, would fall and then rise again. In other words, Iran has a ten-year opportunity to prepare and compensate for the deficiencies caused by the quantitative rise of schoolchildren. By 2009, the number of schoolchildren in primary and junior high schools will have somewhat fallen, whereas the number of high school students will have risen. This will pose some problems for preparing the education sector with respect to annual development and budget programs for facing future events. The most important future measures and strategic policies in the macro-scale include:

6.1 – Creating necessary grounds for using equal educational opportunities and generalizing public education for all school-age children.

6.2 – Promoting the quality of education regarding acquisition of science, application of science and skills, and moral and ideological teachings.

6.3 – Organizing and changing the structure of human resources to promote the quality of human resources and increase their efficiency.

6.4 – Increasing public participation and encouraging the private sector and the activities of the Ministry of Education.

6.5 – Improving resources management and efficient application of the existing facilities and capacities of the Ministry of Education.

6.6 – Diversifying and equipping financial resources for the different sectors of the Ministry of Education.

6.7 – Reforming the organizational structure of the education sector to reduce centralization and increase the authority of managers at different levels.

6.8 – Clarifying the gender approach within education and attending to the gender issue in policymaking and planning of the educational system.

6.9 – Increasing the enrollment of girl students within junior high and high schools in rural areas.

6.10 – Encouraging girls’ social activities and participation grounds.

6.11 – Special measures for women’s literacy in deprived provinces which would provide the possibility for increasing the human development indicator that is reduced based on gender.

6.12 – Promoting women’s participation in the planning and policymaking of the educational system and extended application of them within managerial layers.

6.13 – Encouraging the youth and girls, in particular, to undergo technical-vocational training and creating financial and administrative facilities for the expansion of technical-vocational training departments in order to establish equal opportunities for both girls and boys in this field.

6.14 – Complete coverage of all school-age girls and overcoming literacy impediments throughout 15 provinces and also increasing vocational skills of students in girls’ boarding junior high schools and developing and equipping technical-vocational education of girls and training woman coaches in deprived and non-developed regions. The latter is one of the projects which is currently underway by the Presidential Office’s Center for Women’s Participation in collaboration with the Ministry of Education.

6.15 – Teaching the rights of the child in large scales within the layers of decision-making, planning, and policymaking to administration.

6.16 – Teaching life skills to children.
6.17 – Increasing the rate of enrollment of six-year-olds and the real rate of coverage (children between 6 and 10).
6.18 – Reviving the Obligatory Public Education Act and devising fundamental strategies in order to implement it.
6.19 – Increasing the rate of literacy within the population over 15.
6.20 – Attempting to establish Educational Management Information system (EMIS).
6.21 – Increasing the internal efficiency rate of the educational system through identifying and removing impediments and encouraging facilitating factors.
6.22 – Bringing about gradual flexibility within educational planning, programs, and curricula in order to make them more compatible with the ethnic, cultural, social, and economic circumstances of Iran. In the current academic school year, the contents of the first-grade Farsi book was changed and was distributed in the form of a two-volume book on an experimental basis in some of the educational districts of the country.
6.23 – Using teachers with expertise in teaching and class management.
6.24 – Decreasing the number of schoolchildren in each class leading to a relative qualitative enhancement of education.
6.25 – Improving the condition of educational equipment, facilities, and tools.
6.26 – Improving educational patterns and means.
6.27 – Stabilizing schools.
6.28 – Implementing the school-centered policy in order to decentralize and transfer more authority to those directly involved with education in the provinces and educational districts so that they could use their resources to make the educational programs more compatible with the specific economic, cultural, and ethnic circumstances and conditions of each region.
6.29 – Promoting the participation of teachers in educational decision-making and policymaking.
6.30 – Employing mass media (radio, TV, and the press) in order to promote the educational goals of the Ministry of Education, dissemination of the contents of the CRC, preparing programs to fight illiteracy, etc.
6.31 – Equipping school libraries and promoting the culture of studying and book reading among students.
6.32 – Reforming the educational achievement evaluation system.
6.33 – Encouraging and developing practical works in primary schools.
6.34 – Developing the skills and abilities of students according to their gender, talent, interest, and the economic needs of the country and training semi-professional, professional, and expert human resources for industrial, agricultural, and service sectors.
6.35 – Increasing the skill courses required by the society in the vocation-knowledge course.
6.36 – Expanding preschool educational programs in a large scale throughout Iran.
6.37 – Categorizing the preschool program in the two separate parts of children before the age of 3 who would take advantage of counseling and psychological health services within the family and children between 3 and 6 who would go to daycares and receive various services there.
6.38 – Implementing the inclusive and comprehensive screening project and assessing the mental-physical health of children and assessing their overall health from birth to the age of 6 to maintain timely diagnosis of diseases and disabilities.
6.39 – Comprehensive optimization of the conditions of street children and the children who work on the streets.
6.40 – Identifying instances of child abuse throughout the country and resolving the cases through collaboration with the relevant departments.
6.41 – Expanding the centers of empowering children under 18 in order to substitute the sanction of institutionalization with alternative empowerment programs for children under 18 who have committed wrong acts.
6.42 – Expanding marriage and family counseling in general courts to reduce the divorce rate and optimize the fate of the children of divorced families and prevent serious vulnerabilities which threaten such children.
6.43 – Attending to children who are parentless or without eligible parents within the context of semi-family plans, child adoptions, temporary trustees, etc.
6.44 – Active identification of disabled children and problem children and providing services for them.
6.45 – Unifying the provision of services to children in Iran Welfare Organization.
6.46 – Establishing the Deputy for Children and Young Adults within Iran Welfare Organization.
6.47 – Creating a complete children’s databank in Iran Welfare Organization.
6.48 – Finalizing the draft of the Alleviation of Poverty Bill which has been compiled by Iran Management and Planning Organization in order to alleviate poverty in general throughout the country and increase the income of low-income individuals to the extent that by the end of the third development plan in 2004, the ratio of poverty would have decreased by a minimum of 50% compared to that of 1998. This plan would cover families whose income is below the poverty line, families who would be placed within poor families momentarily because of natural and unnatural impediments, low-income families, and minor orphans.
6.49 – Finalizing the Elimination of Discrimination Bill meaning the elimination of all forms of inequality including that of race, color, gender, socioeconomic grounds, etc which is a fundamental step by Iran Management and Planning Organization in order to eliminate discrimination especially regarding women, children, and villagers.
The End-of-Decade Monitoring
Indicators for all the Goals Set in the
World Summit for Children in the 1990s
in the Islamic Republic of Iran²

December 2000
Goal Number 1: The fall in mortality of children under one and under five years of age with the ratio of the previous one-third or up to 50 and 70 in 1000.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>1990</th>
<th>1995</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>The rate of under-one child mortality</td>
<td></td>
<td>51 in 1000 live births Year of study 1984</td>
<td>32.5 in 1000 live births Year of study 1994</td>
<td>26 in 1000 live births Year of study 1996</td>
</tr>
<tr>
<td>The probability of under-five child mortality</td>
<td></td>
<td>60 in 1000 live births Year of study 1984</td>
<td>41.5 in 1000 live births Year of study 1994</td>
<td>33 in 1000 live births Year of study 1996</td>
</tr>
</tbody>
</table>

* The aforementioned rates have decreased in the 1990s.
* The aforementioned rates are under 50 and 70 in 1000 live births.

Goal Number 2: The fall of childbirth- and pregnancy-caused mortality rate of mothers to the extent of 50%.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>1990</th>
<th>1995</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>The rate of childbirth- and pregnancy-caused mortality of mothers</td>
<td></td>
<td>91 in 100,000 live births Year of study 1988</td>
<td>53.6 in 100,000 live births Year of study 1991</td>
<td>37.4 in 100,000 live births Year of study 1997</td>
</tr>
</tbody>
</table>

* The aforementioned rates have decreased by half in the 1990s.
Goal Number 3: The fall of average and extreme malnutrition among children under five years of age as much as half compared to that of the early 1990s.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>1990 Year of study 1981</th>
<th>1995 Year of study 1995 Z score</th>
<th>2000 Year of study 1998 Z score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting</td>
<td>Average</td>
<td>18.9% 5.3%</td>
<td>15.4% 3.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extreme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wasting</td>
<td>Average</td>
<td>6.6% 0.6%</td>
<td>4.9% 0.9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Extreme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Underweight</td>
<td>Average</td>
<td>15.8% (Third sub-percentage)</td>
<td>15.7% 2.9%</td>
<td>10.9% 1.5%</td>
</tr>
<tr>
<td></td>
<td>Extreme</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Complete information is not available for the beginning of the 1990s but a comparison of the data of 1995 and 1998 demonstrates the falling trend of malnutrition indicators in Iran.

Goal Number 4: Public access to safe drinking water.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>1990</th>
<th>1995</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of families who have access to safe drinking water</td>
<td>76% Year of study 1987</td>
<td>90.2% Year of study 1995</td>
<td>94.5% Year of study 1997</td>
<td></td>
</tr>
</tbody>
</table>

* Less than 6% of small village inhabitants, migrating nomads, and unofficial city outskirts inhabitants do not have access to safe drinking water.
Goal Number 5: public access to health of environment facilities and sanitary means of excreta disposal.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year of study</th>
<th>1990</th>
<th>1995</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>The percentage of families who have access to sanitary means of excreta disposal</td>
<td>1989</td>
<td>71%</td>
<td>80.5%</td>
<td>97.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Year of study 1995</td>
<td>Year of study 1997</td>
</tr>
</tbody>
</table>

* Less than 4% of families within the rural villages of the Province of Sistan and Baloochestan, the south of Kerman, the east of Hormozgan, and also some migrating nomads do not have access to sanitary means of excreta disposal.

Goal Number 6: Access to primary education for at least 80% of school-age children through formal schools and non-formal education enjoying comparable standards with emphasis on reducing the difference between girls and boys.

- The children who reach the fifth (last) grade of primary school (the rate of children who have started the first grade of primary school and have reached the fifth grade).

<table>
<thead>
<tr>
<th>Gender</th>
<th>Academic year</th>
<th>1990-91</th>
<th>1997-98</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td></td>
<td>78.2</td>
<td>91.7</td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td>81.7</td>
<td>93.4</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>79.9</td>
<td>92.5</td>
</tr>
</tbody>
</table>
- The real rate of enrollment in primary schools (the rate of school-age children who enroll in primary schools).

<table>
<thead>
<tr>
<th>Gender</th>
<th>Academic year</th>
<th>1990-91</th>
<th>1999-2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td></td>
<td>95.9</td>
<td>98.5</td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td>88.4</td>
<td>96.3</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>92.2</td>
<td>97</td>
</tr>
</tbody>
</table>

- The real rate of attendance in primary schools (the rate of school-age children who actually attend primary schools).

All students who enroll in primary schools in Iran attend their classes. Dropouts are very rare – almost zero – throughout the school year. For this very reason, the real rate of educational coverage (the above indicator) can be employed.

The rest of Goal Number 6:

The percentage of girl students among all primary schoolchildren.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Girl students in primary schools</td>
<td></td>
<td>46.2%</td>
<td>47.1%</td>
<td>47.5%</td>
</tr>
</tbody>
</table>

**Voluntary**

- The rate of admission to schools (the rate of children who get admitted to schools at the right age).

<table>
<thead>
<tr>
<th>Gender</th>
<th>Academic year</th>
<th>1990-91</th>
<th>1999-2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td></td>
<td>86.3</td>
<td>94.5</td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td>92.4</td>
<td>96.8</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>89.4</td>
<td>95.7</td>
</tr>
</tbody>
</table>
- Learning achievements (the rate of children between 10 and 12 who reach a special level of learning achievements in counting literacy and social skills).

* No statistics are currently available in this regard.

Goal Number 7:
The fall of the rate of adult illiteracy to at least half as much compared to 1990 with emphasis on women’s literacy (the appropriate age should be specified in each country).

- The fall of adult illiteracy (in the appropriate age group to at least half as much compared to 1990) with emphasis on women’s illiteracy (the share of the fifteen-year-old and older population who are able to fully comprehend and read and write a short sentence).

The percentage of the literate population of 15 years of age and above.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Year</th>
<th>1990-91</th>
<th>1994-95</th>
<th>1999-2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Females</td>
<td></td>
<td>53.1</td>
<td>62.3</td>
<td>69.2</td>
</tr>
<tr>
<td>Males</td>
<td></td>
<td>71.9</td>
<td>77.6</td>
<td>81.6</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>62.9</td>
<td>70.1</td>
<td>75.5</td>
</tr>
</tbody>
</table>

The rest of Goal Number 7:
- The number of the literate population of 15 years of age and above has increased from 62.9% in 1990 to 75.5% in 1998.
- The increase of the rate of women’s literacy in the last ten years enabled Iran to receive a UNESCO medal.

Goal Number 8: Providing protective measures for children, especially those in difficult circumstances, to eradicate the factors that lead to such circumstances.

* No statistics are currently available in this regard.
Goal Number 9: Special attention to the health and nutrition of girls, pregnant women, and lactating women.

The difference of the rate of mortality between two genders

<table>
<thead>
<tr>
<th>Gender</th>
<th>Year</th>
<th>1990</th>
<th>1995</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>under 1 year</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td>37.7</td>
<td>32.6</td>
<td>25.9</td>
</tr>
<tr>
<td>Boys</td>
<td></td>
<td>38.5</td>
<td>33.6</td>
<td>28.5</td>
</tr>
<tr>
<td>The probability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of under-five</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>child mortality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td>46.01</td>
<td>41.2</td>
<td>32.1</td>
</tr>
<tr>
<td>Boys</td>
<td></td>
<td>47.6</td>
<td>42.4</td>
<td>35.5</td>
</tr>
</tbody>
</table>

* No discrimination between girls and boys regarding their mortality indicators are observed even in rural regions.

The rest of Goal Number 9:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Intensity</th>
<th>Year</th>
<th>1990</th>
<th>1995</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stunting</td>
<td>Girls</td>
<td>-</td>
<td></td>
<td>18.4%</td>
<td>13.9%</td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td>-</td>
<td></td>
<td>19.5%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Wasting</td>
<td>Girls</td>
<td>-</td>
<td>7.1%</td>
<td>4.7%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td>-</td>
<td>6.1%</td>
<td>5.1%</td>
<td></td>
</tr>
<tr>
<td>Underweight</td>
<td>Girls</td>
<td>19.4%</td>
<td>16.3%</td>
<td>9.7%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Boys</td>
<td>12%</td>
<td>15%</td>
<td>11.9%</td>
<td></td>
</tr>
</tbody>
</table>
The rest of Goal Number 9: Pregnancy cares (in women who have had a childbirth at least five years before the study in 1997).
- 87.7% have had at least one pregnancy care.
- 76.5% have had at least two pregnancy cares.
- 64.1% have had at least six pregnancy cares.

Pregnancy cares (in women who have had a childbirth at least five years before the study in 1997):
- 76.2% have had complete tetanus vaccination coverage at least once for that pregnancy.

The rest of Goal Number 9: The difference of HIV+ and AIDS prevalence between the two genders among those between 15 and 49 based on gender.
- The rate of prevalence of HIV+ among women between 15 and 49 based on registered cases: 6.8 persons in 1,000,000.
- The rate of prevalence of HIV+ among men between 15 and 49 based on registered cases: 166.7 persons in 1,000,000.

The rest of Goal Number 9: The rate of anemia prevalence among women (the rate of women between 15 and 49 whose hemoglobin level is under 12 g in 100 ml).
- 33.4% of such women had a hemoglobin level of under 12 g in 100 ml.
- 40.5% of pregnant women had a hemoglobin level of under 11 g in 100 ml.

Goal Number 10:
The general public’s access to information and services of contraception for very early pregnancies, very subsequent pregnancies, very late pregnancies, and very frequent pregnancies.
- 72.9% of women use contraceptives 56% of whom use modern techniques.
- 79.5 in 1000 women between 15 and 19 have had childbirths.
- The total fertility rate of women is 2.6 children.

Goal Number 11: All pregnant women’s access to pregnancy and childbirth care by trained personnel and referrals for high-risk pregnancies and emergency childbirths.
* Pregnancy cares for women who have had childbirth at least five years before the study in 1997:
  - 87.7% have had at least one pregnancy care.
  - 76.5% have had at least two pregnancy cares.
  - 64.1% have had at least six pregnancy cares.

* Childbirth through the assistance of trained personnel among women who have had childbirth at least five years before the study in 1997:
  - 85.88% of women’s childbirth is done by trained personnel.

* The number of health and treatment centers who provide basic services for pregnancy for each population of 500,000 throughout the country:
- 480 hospitals have a gynecology and maternity ward and there are 53 specialized hospitals for gynecology and obstetrics. In other word there are 4.4 hospitals with maternity facilities per 500,000 people.

Goal Number 12: Decreasing neonatal underweight to less than 10%.
- According to the analysis of the conditions of women and children in 1994, LBW was estimated to be 9% and lowered to 7% in 1995. Because the LBW indicator is mixed with the incompleteness of growth upon birth and premature childbirth, the assessment of this indicator with usual means is fundamentally questionable.

Goal Number 13: The decrease of anemia because of iron deficiency among women up to one-third of that of 1990.
- 33.4% of non-pregnant women between 15 and 49 whose hemoglobin level is under 12 g in 100 ml.
- 40.5% of pregnant women between 15 and 49 whose hemoglobin level is under 11 g in 100 ml.
- A study is currently underway for assessing the amount of micronutrients throughout the country.

Goal Number 14: The general decline of iodine deficiency complications.
* The rate of families who have access to iodine salt:
  - In 1994, 65% of families used iodine salt.
  - In 1995, 82% of families used iodine salt.
  - In 1997, 94.4% of families used iodine salt.
* 85% of children between the age of 8 and 10 have 10 µg of iodine in their urine (The national study of IDD in 1999).

Goal Number 15: The general elimination of vitamin A deficiency and its adverse effects including blindness.
- Proportion of children between 6 and 59 months old who have had high-dose vitamin A complements in the last six months.
- Proportion of mothers who have had high-dose vitamin A complements before their children become eight weeks old.
- Proportion of children between 6 and 59 months old with retinal serum under 20 µg in 100 ml.
- Proportion of children between 24 and 59 months old inflicted with night-blindness.
- Proportion of mothers who have had night-blindness in the last week of their pregnancy.
Since vitamin A deficiency has not been proven at the national or even the provincial level and there have only been a limited number of reports regarding marginal complications in some small regions in the south and the east of Iran, the following measures have been taken:

1. Designing a study to assess retinal serum in children and pregnant women in each province separately to determine the circumstances and conduct planning.
2. The free of charge distribution of A+D drops among children under 5.
3. Distribution of mega-dose complements in high-risk areas in which scarce probable complications caused by vitamin deficiency have been reported.
4. Finally, this issue – even though very limited – has been adopted in the agenda of the Ministry of Health, Treatment, and Medical Education to assess the scale of the problem and program necessary interventions.

Goal Number 16: Empowering and supporting all mothers so that they would be able to breastfeed their children exclusively during the first 4 to 6 months and continue feeding their children through breastfeeding and supplementary food up to the second year. The indicators of feeding children through breastfeeding:
- 65.8% of mothers breastfeed their children exclusively during the first 4 months.
- 84% of children between 6 and 9 months feed on breastfeeding together with supplementary food.
- 84% of children between 12 and 15 months old are still nursed.
- 42.5% children between 20 and 23 months old continue being nursed.
- Out of approximately 500 hospitals, 455 have baby-friendly certificates.

Goal Number 17: Improvement and promotion of social growth and its regular monitoring to the extent that it would be implemented in all countries in an organized way by end decade.
- The third development plan seeks to create the grounds for the realization of a sustainable growth through institutionalizing the required structures in economy and employing political obligations and necessary mechanisms.
- The average growth of gross national products within the third development plan (2000-04) was anticipated to be 6%. Realizing this goal with respect to the mechanism of economic growth during the second development plan which was roughly 3.2% requires obligations within the economic, social, political, administrative, and judicial sectors of Iran.
- The third development plan includes the main and decisive orientations of Iran’s future development together with clear executive strategies.
- Comparative plans of different regions are prepared in the Government according to the pertinent legislation and within the definition of the quantitative objectives of annual plans and are submitted to the Islamic Consultative Assembly with the budget bills. This mechanism provides for the possibility of reviewing and correcting the plan’s figures and quantity on a yearly basis.
Goal Number 18: Promoting awareness and protective services, increasing food products, and ensuring food security within families.

- Emphasizing the institutionalization of food security, improvement of people’s nutrition, reducing the diseases caused by malnutrition especially among children, and promoting social health have been adopted within the context of the new program for nutrition and food security within the third economic, social, and cultural development plan and annual budget plans. Two issues have been highlighted with respect to creating executive strategies:
  1) Preparing an executive plan within the health sector with emphasis on preventing and controlling micronutrient deficiency, monitoring food and nutrition, diet therapy, and nutritional counseling.
  2) Preparing an executive plan for other sectors including poverty and economic access to food, nutritional culture and literacy, and food policies.

The system of evaluating and monitoring nutritional circumstances highlights identification of nutrition problems, the degree of those problems, the rate of its prevalence depending on the region, province, and the causes and factors facilitating the emergence of those problems.

Goal Number 19: Eradicating polio up to the year 2000.

- The number of the cases of polio registered in 1991: 55 determined and 67 AFP.
- The number of the cases of polio registered in 1995: 71 determined and 229 AFP.
- The number of the cases of polio registered in 1999: 3 determined (all three of which were Afghan and immigrants) and 157 AFP.

Iran is currently within the stage of the approval of polio eradication.
Goal Number 20: The eradication of neonatal tetanus in countries.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>1990</th>
<th>1995</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cases of neonatal tetanus per year</td>
<td></td>
<td>26</td>
<td>21</td>
<td>12</td>
</tr>
</tbody>
</table>

Iran is currently within the stage of the approval of neonatal tetanus eradication.

Goal Number 21: Reduction of 95% of measles-caused deaths and reduction of 90% of the instances of measles compared to those of the previous period before vaccination as the major step for the immediate global eradication of measles.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>1990</th>
<th>1995</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of measles-caused deaths</td>
<td></td>
<td>17</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Number of cases of measles</td>
<td></td>
<td>950</td>
<td>549</td>
<td>705</td>
</tr>
</tbody>
</table>
Goal Number 22: On an average basis, creating high immunization coverage (at least 90% of children under one until 2000) against diphtheria, whooping cough, tetanus, measles, polio, tuberculosis, and neonatal tetanus for women who are within the fertility period.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>1990</th>
<th>1995</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of 3 vaccination in children under 1</td>
<td></td>
<td>88%</td>
<td>97%</td>
<td>96.9%</td>
</tr>
<tr>
<td>Rate of polio vaccination in children under 1</td>
<td></td>
<td>88%</td>
<td>97%</td>
<td>96.9%</td>
</tr>
<tr>
<td>Rate of BCG vaccination in children under 1</td>
<td></td>
<td>91%</td>
<td>99%</td>
<td>98.6%</td>
</tr>
<tr>
<td>Rate of measles vaccination in children under 1</td>
<td></td>
<td>84%</td>
<td>95%</td>
<td>95.9%</td>
</tr>
<tr>
<td>Rate of immunization against neonatal tetanus in children under 1 through mothers</td>
<td></td>
<td>-</td>
<td>-</td>
<td>76.2%</td>
</tr>
</tbody>
</table>

Goal Number 23: Reduction of 50% of diarrhea-caused deaths among children under 5 and reduction of 25% of the cases of diarrhea among children under 5

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>1990</th>
<th>1995</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate of 3 diarrhea-caused deaths in children under 5</td>
<td></td>
<td>34,000 year 1985</td>
<td>10,000 year 1991</td>
<td>280 year 1999</td>
</tr>
<tr>
<td>Number of instances of diarrhea in children under 5 per year</td>
<td></td>
<td>5 year 1987</td>
<td>3.83 year 1995</td>
<td>2.9 year 1997</td>
</tr>
<tr>
<td>Ratio of children from birth to 59 months old suffering from diarrhea who receive ORT</td>
<td></td>
<td>35% year 1987</td>
<td>36.9% year 1995</td>
<td>37.8% year 1997</td>
</tr>
<tr>
<td>Ratio of children from birth to 59 months old who had diarrhea two weeks before and their intake of liquids has increased and their nutrition has continued</td>
<td></td>
<td>65% year 1987</td>
<td>66.3% year 1995</td>
<td>47.8% year 1997</td>
</tr>
</tbody>
</table>
The IRI has succeeded in achieving the objectives regarding mortality reduction and instances of diarrhea.

Goal Number 24: Reduction of deaths caused by infections of the upper respiratory system to as much as one-third.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Year</th>
<th>1990</th>
<th>1995</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of ARI-caused deaths in children under 5</td>
<td></td>
<td>12,600</td>
<td>-</td>
<td>1300-1670</td>
</tr>
<tr>
<td>Percentage of children under 5 who suffered from ARI two weeks before and received appropriate treatment</td>
<td>-</td>
<td>-</td>
<td>42%</td>
<td></td>
</tr>
</tbody>
</table>

The IRI has succeeded in achieving the objectives regarding reduction of deaths caused by infections in the upper respiratory system.

Goal Number 25: Eradicating dracunculiasis

The IRI has received the certificate for having eradicated dracunculiasis in January 1997.

Goal Number 26: The expansion of the activities related to the growth and development of children including society-oriented interventions for low-income families. Preschool development: The ratio of children between 36 and 59 months old who participated in some preschool courses.

* No statistics are currently available in this regard.
Goal Number 27: The increase of knowledge and skills among all individuals and families to promote life through all educational means such as radio, TV, and other social activities and modern and traditional communication available for all so that it would not cause changes in conduct.

* No statistics are currently available in this regard.

The indicators added in order to monitor the mechanism of observing the rights of the child within countries:

* Birth registry: The ratio of children from birth to 59 months old whose birth was registered during the time of study and did not have birth certificates has been excerpted from the MICS study of 1997 into the table below:

<table>
<thead>
<tr>
<th>Gender</th>
<th>Year</th>
<th>Under 1</th>
<th>12 to 59 months old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td></td>
<td>14.9%</td>
<td>2.97%</td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td>15.9%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time between birth and registry</th>
<th>3 months old</th>
<th>6 months old</th>
<th>1 year</th>
<th>2 years</th>
<th>3 years</th>
<th>4 years</th>
<th>5 year</th>
<th>6 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1997</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1998</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1999</td>
<td>922,889</td>
<td>34,521</td>
<td>32,393</td>
<td>30,701</td>
<td>18,609</td>
<td>12,961</td>
<td>8477</td>
<td>5790</td>
</tr>
<tr>
<td>2000</td>
<td>222,495</td>
<td>12,826</td>
<td>8977</td>
<td>5681</td>
<td>3454</td>
<td>2469</td>
<td>1934</td>
<td>1500</td>
</tr>
</tbody>
</table>

The ratio of children from birth to 14 years of age who do not live with their parents.

* No authentic statistics are currently available in this regard.

The ratio of children from birth to 14 years of age who are orphans.
* No authentic statistics are currently available in this regard.

The indicators added in order to monitor the mechanism of the implementation of the IMCI project and malaria:
- Household treatment: The ratio of children from birth to 59 months old who were sick in the previous two weeks whose intake of liquids has increased and have continued their nutrition.
- The awareness of mothers or guardians of the child: The ratio of mothers or guardians of children from birth to 59 months old who were taken sick in the previous two weeks and the following symptoms were used to treat them immediately: unable to drink or have milk, the mitigation of the fevering child’s health, child with hyperventilation, child with respiratory problem, child with blood in his/her feces, and child who is weak in drinking.
- Using mosquito-nets: The ratio of children from birth to 59 months old who had slept in mosquito-nets during the previous night.
- Treatment of malaria: The ratio of children from birth to 59 months old who were taken sick or who had fever and received anti-malaria drugs.

There are no IMCI plans in Iran and malaria exists in certain parts of the southern and eastern provinces of Iran and is not considered as national problem.

The indicators added to monitor the activities related to HIV/AIDS.

Awareness of HIV/AIDS prevention
   The ratio of women who observe the three main ways of preventing HIV correctly.

Awareness regarding wrong beliefs
   The ratio of women who identify the three wrong beliefs regarding HIV correctly.

Awareness of AIDS transmission from mother to child
   The ratio of women who identify completely the concept of HIV transmission from mother to child.

Dealing with HIV/AIDS patients
   The ratio of women who have a discriminatory perspective towards HIV+ individuals.

Women who know where to refer to for HIV test
The ratio of women who know where to take the HIV test.

Women who have taken the HIV test
  The ratio of women who have taken the HIV test.

Using condoms
  The ratio of women for whom it is acceptable to ask their husbands to wear condoms.

Fertility behavior
  The mean age of girls and women during their first pregnancy.

No other indicator in Iran except HIV+ and AIDS infliction is tested for this disease.