



FEMISE RESEARCH
PROGRAMME

2006-2007

***The Children Challenge
In The Mediterranean Area***

***Experiences and perspectives
in child well-being promotion***

***Research n°FEM31-22R
Directed By
Carla Collicelli, CENSIS, Rome, Italy***

In collaboration with :

Massimiliano Valerii, CENSIS, Rome, Italy

Vittoria Coletta, CENSIS, Rome, Italy

Maria Antonietta Mariani, CENSIS, Rome, Italy

Fatma El-Zanaty, Cairo University, Cairo, Egypt

March 2008



Ce rapport a été réalisé avec le soutien financier de la Commission des Communautés Européennes. Les opinions exprimées dans ce texte n'engagent que les auteurs et ne reflètent pas l'opinion officielle de la Commission.

This report has been drafted with financial assistance from the Commission of the European Communities. The views expressed herein are those of the authors and therefore in no way reflect the official opinions of the Commission.

THE CHILDREN CHALLENGE IN THE MEDITERRANEAN AREA

**Experiences and perspectives
in child well-being promotion**

FEM31-22R

Carla Collicelli, CENSIS, Rome, Italy
Massimiliano Valerii, CENSIS, Rome, Italy
Vittoria Coletta, CENSIS, Rome, Italy
Maria Antonietta Mariani, CENSIS, Rome, Italy
Fatma El-Zanaty, Cairo University, Cairo, Egypt

This document has been produced with the financial assistance of the European Union within the context of the FEMISE program. The contents of this document are the sole responsibility of the authors and can under no circumstances be regarded as reflecting the position of the European Union.

Rome, March 2008

CONTENTS

Introduction	“	1
Part One - The Med-CWI (Mediterranean Child Well-being Index)	“	2
1. Trends in children’s well-being	“	3
2. The children in the Mediterranean region: a comparative framework	“	17
3. The Med-CWI (Mediterranean Child Well-being Index)	“	41
3.1. Monitoring children’s well-being	“	41
3.2. Description of methodology	“	47
3.3. Synthesis of principal results	“	49
4. Conclusions	“	64
References	“	66
Part two - Egypt country-report	“	69
1. Introduction	“	70
2. What did the Government of Egypt do to achieve children’s well-being and rights? – Policies and programs	“	71
2.1. Efforts in child mortality and health	“	72
2.2. Striving to achieve universal primary education and equality	“	74
2.3. Prohibiting female circumcision	“	75
2.4. Ending child labor	“	75
3. Improvement in child well-being in Egypt in the last few years	“	77
3.1. Child health	“	77
3.1.1. Childhood mortality	“	78
3.1.2. Differentials in mortality	“	79
3.1.3. Trends in infant and child mortality	“	81
3.1.4. Other health indicators	“	82
3.2. Child education	“	85
3.2.1. Educational attainment ratios and trend	“	85
3.2.2. Trends in child education	“	86
3.3. Children’s protection	“	87
3.3.1. Child labor	“	87
3.3.2. Prevalence and trends of girls circumcision	“	88
3.4. Other measures related to child well-being and rights	”	91
3.4.1. Drinking water and sanitation facilities	“	91
3.4.2. Maternal mortality ratio	“	94
3.4.3. Poverty	“	94
4. Challenges	“	95
References	“	97

Part three - Child conditions in the Mediterranean area:	
A literature review	“ 99
1. Introduction	“ 100
2. Children issues across literature	“ 102
2.1. Palestine: education, child labour and refugee children	“ 102
2.2. Egypt: education, child labour and investment in children’s human capital	“ 105
2.3. Morocco: child labour	“ 111
2.4. Lebanon: political, social, and economic environment affecting children lives	“ 112
2.5. Child mortality in the MENA region	“ 115
2.6. Children and disability in the MENA region	“ 117
2.7. Children and urban space in the MENA region	“ 119
2.8. A regional approach to children issues: The Child Protection Initiative	“ 122
3. Approaches and theoretical frameworks	“ 124
4. Conclusions	“ 129

INTRODUCTION

Since investing in childhood is the natural starting point for investing in human development, the aim of this report is to suggest a tool to measure how all Mediterranean countries are moving toward promoting and achieving children's well-being.

In the first part of the report we examine some factors related to children's health, education, and social and economic welfare in an attempt to build a more comprehensive index for estimating and understanding differences in child condition within the Mediterranean region.

This section begins by providing a descriptive portrait of the state of the Mediterranean's children based on a comparative framework about demographic indicators, nutrition, health, education, and social and economic development.

Data on vulnerable and disadvantaged children is useful for planners to assess the current situation and to think of means by which they can control and promote the condition of children and moreover to forecast the future and put into effect protection measures. Such information is also useful for monitoring programmes of public spending and investment in the sector of children's health and social security to respond rapidly to the risks faced by vulnerable and disadvantaged children in the Mediterranean area.

In the second part of the report we present a country-study on Egypt. This country has recently made significant progress towards achievement of the Millennium Development Goals (MDGs) and with regards to MDGs directly related to children. The national report analyses government policies for child protection and their effects on child well-being.

The last part of the report includes a representative and synthetic description of the literature regarding the situation of children in Mediterranean countries. The aim was to show the reader both children issues across literature and theoretical frameworks and approaches used to examine them. We consider the reviewed studies as a sort of qualified opinions about what is necessary to do in order to strengthen the perspectives of convergence between the North and the South of the Mediterranean basin so as to draw up policy recommendations for orientating the process launched by the Euro-Mediterranean Partnership.

Part one

**THE MED-CWI
(MEDITERRANEAN CHILD WELL-BEING INDEX)**

1. TRENDS IN CHILDREN'S WELL-BEING

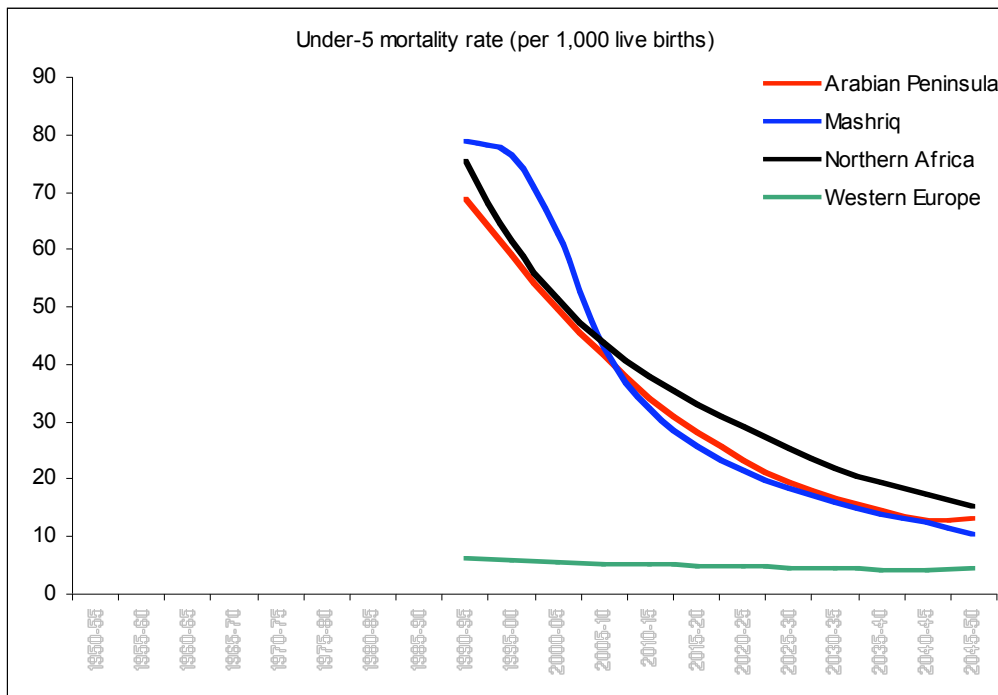
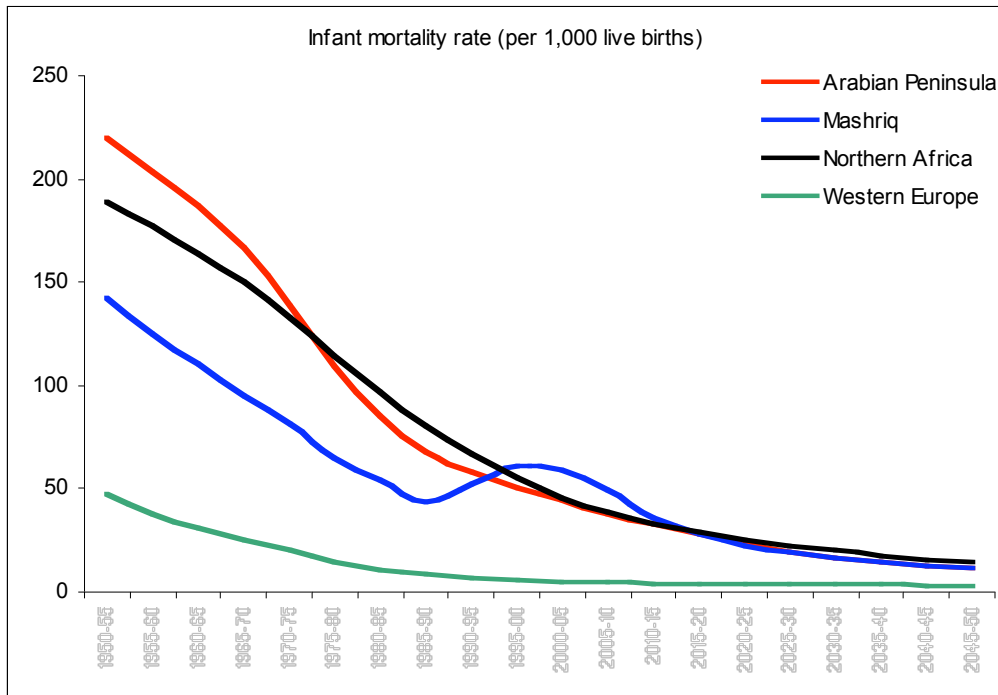
Younger generations have and will have a key part to play in progress towards a integrated, harmonious, and sustainable development in the Mediterranean area, and health and education of children performs a crucial function in this process.

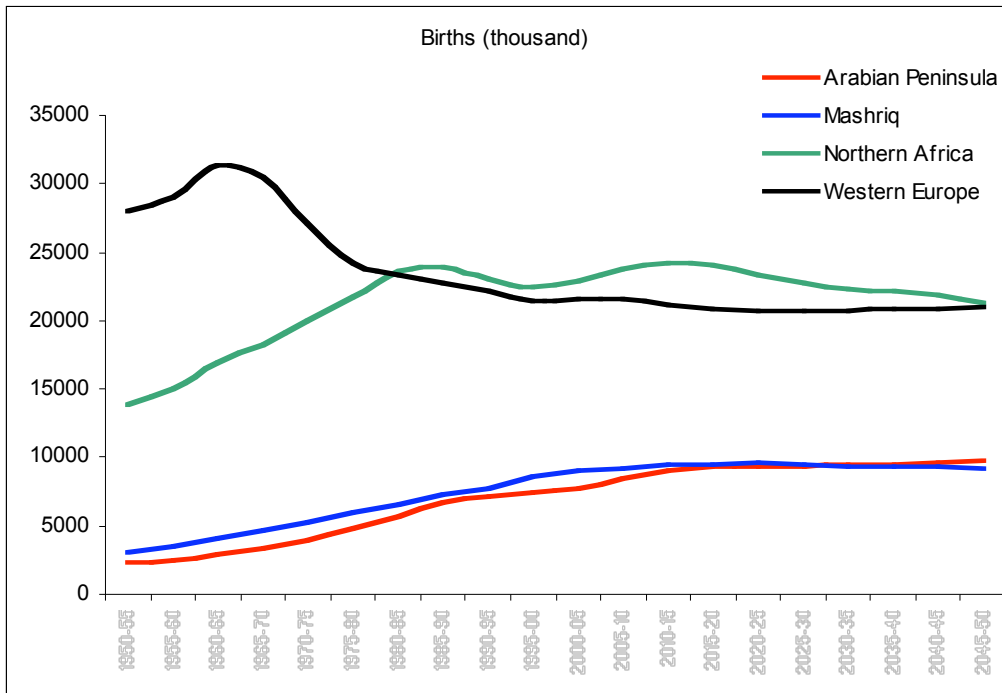
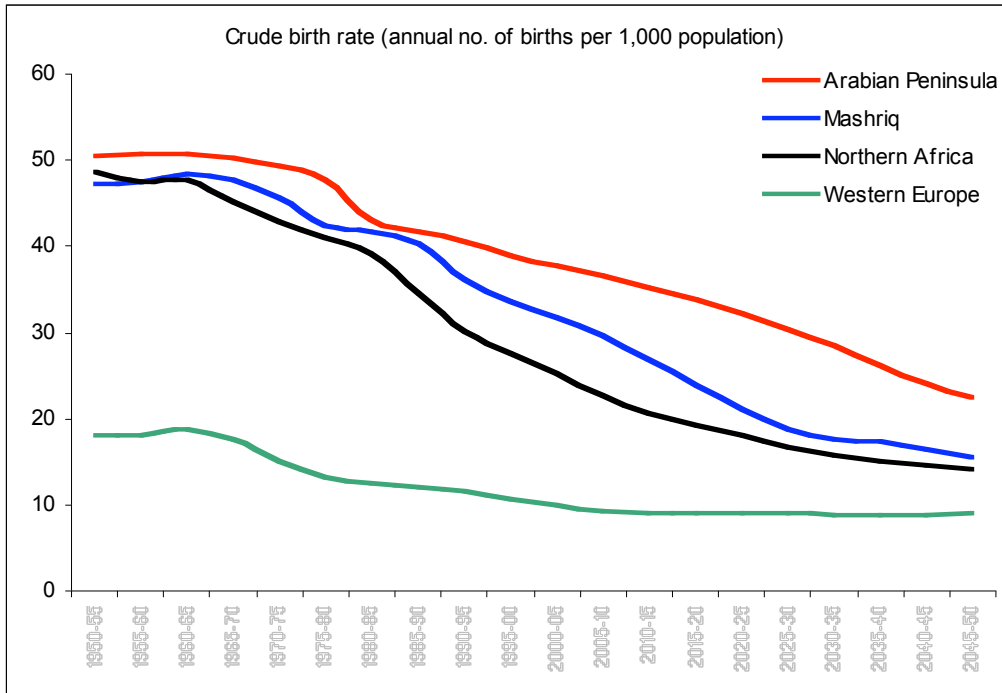
The primary role played by children in the development of a country is now acknowledged at the international level. At least four of the development goals set by the United Nations in the Millennium Declaration of 2000 are in fact directly linked to the children's well-being: reduce by two-thirds the mortality rate among children under age five; improve maternal health by reducing by three-quarters the maternal mortality ratio; ensure that all children, female and male alike, are enabled to complete the cycle of primary education; and also eliminate gender inequalities in primary and secondary education by 2005 and at all levels by 2015.

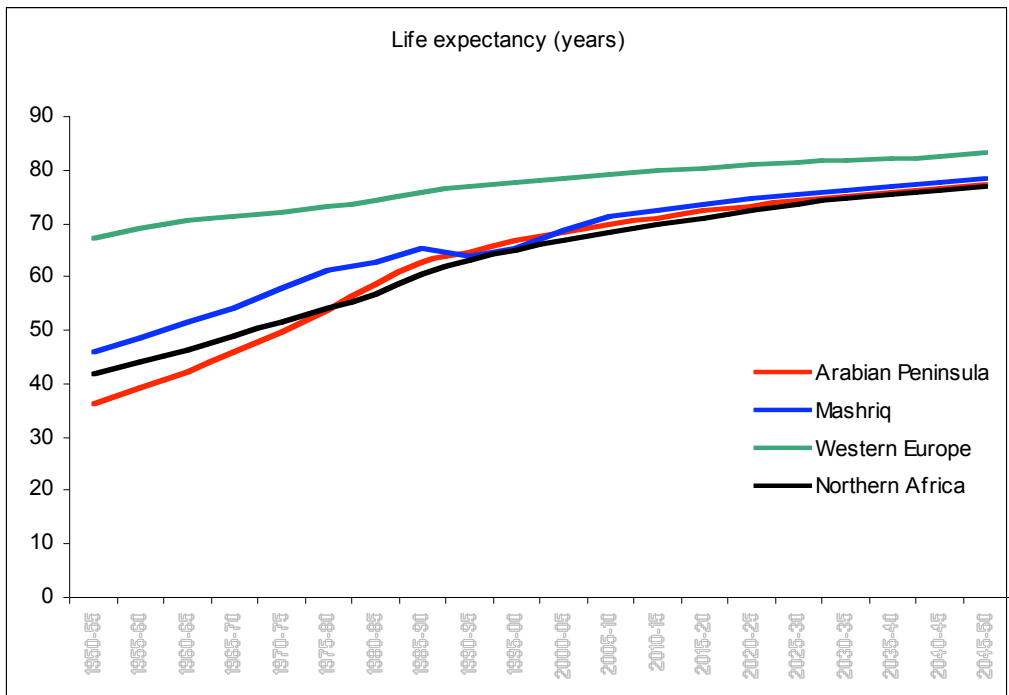
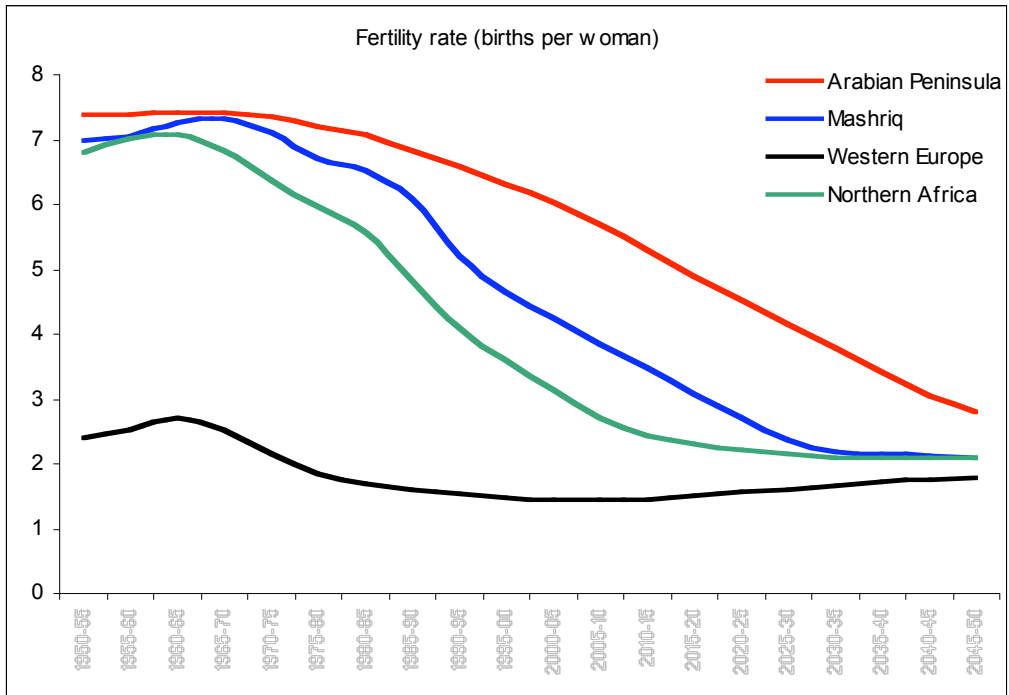
Across this region – and between the European countries on the northern shore of the Mediterranean basin and those on its southern and eastern shores – the conditions children live in differ widely. With respect to progress towards integration of the Mediterranean area, sharp regional and intra-country discrepancies are evident. Some of the countries are among the richest of the world, for example France and Italy, whereas others, like Syria, have a GDP per capita of only 3,600 dollars. Also, human development varies widely, and some countries have attained higher levels in Human Development Index (HDI) than others.

UN projections up to 2050 suggest that the demographic structure in the different areas of the Mediterranean region will gradually fall into line with the European model, but without eliminating all the differences in the long term (especially in the countries of the Arab peninsula). A steady fall is, however, evident both in the fertility rate and in the proportion of children and adolescents as percentages of total population. Positive prospects of convergence are also registered as regards the infant mortality rate (within the first year of life) and the under-five mortality rate, both of which show a significant decrease, while the life expectancy at birth tends to increase (Figure 1).

Figure 1. Child related indicators: data and projections, 1950-2050







Source: UN data processed by CENSIS

These optimistic demographic projections cannot, however, conceal the imbalances currently existing and must not discourage research into the primary causes of hardship for children and adolescents in the Mediterranean area.

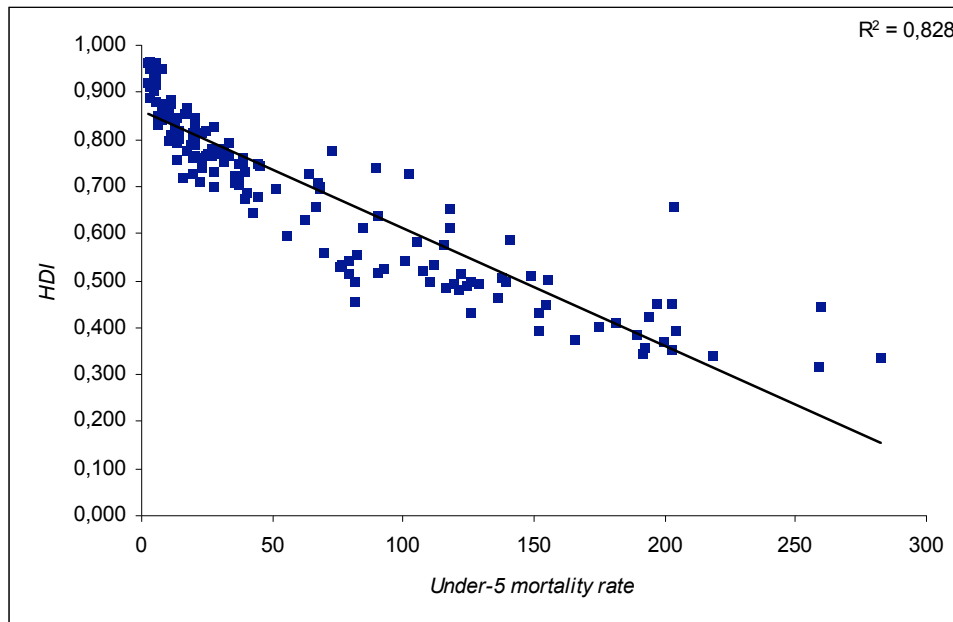
The under-5 mortality rate (number of deaths of children under-5 years per 1,000 live births), which is an important indicator for overall assessment of children's living conditions and the differences existing between societies, provides a good sign of the progress made by a country – or the lack of it. Worldwide there is a clear correlation between the human development (as defined by the UNDP and measured by the Human Development Index) and the under-5 mortality rate (U5MR), in that a lower death rate for children is synonymous with and an integral part of the progress achieved by a society (Figure 2).

The wealth of a nation (expressed as GDP per capita PPP US\$) is of course a variable with a significant influence on children's living conditions, albeit not in such an obvious way as it may appear at first sight, showing a non-linear correlation with the U5MR. If a modest GDP per capita is in fact associated to a high child mortality rate, significant differences can be identified in U5MR in many countries even though the individual income levels are practically identical (Figure 3).

The link between a country's economic prosperity or poverty and childhood well-being is anything but automatic and straightforward, and the same applies to the link between economic growth, reduction of poverty, and improvement in the social indicators for youngest slice of the population. In other words, a country's progress could prove detrimental to children by actually maintaining or even worsening the state of deprivation affecting this vulnerable section of the population.

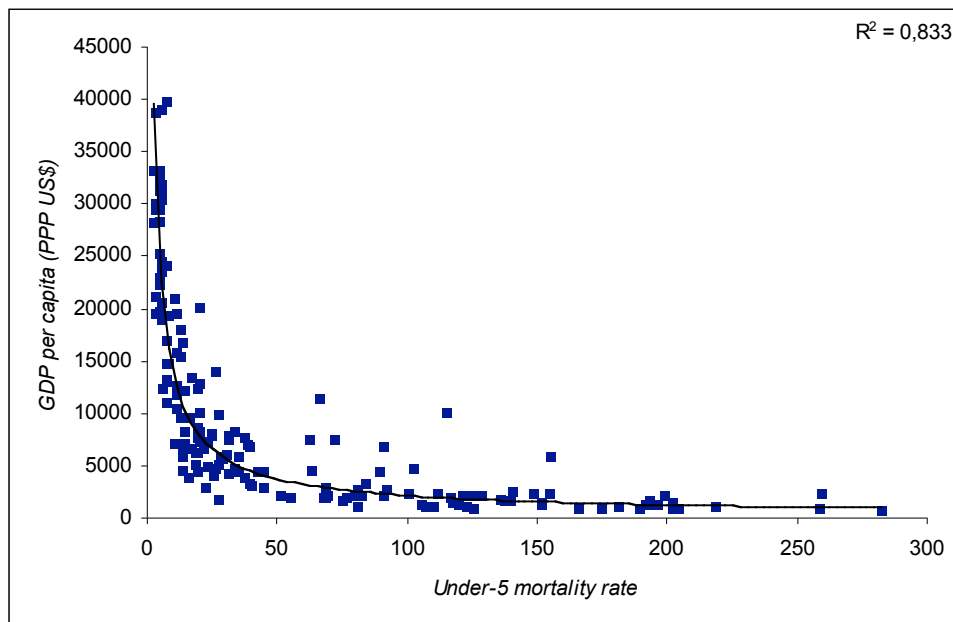
In addition, figure 4 illustrates two separate distribution of countries worldwide. The upper curve represents their ranking according to HDI while the lower curve shows their ranking according to UM5R. The two curves reveal that the disparity among countries is much greater in child mortality than in human development. So in a country that has reached higher levels of HDI can remain disadvantageous conditions for children.

Figure 2. Correlation between U5MR and HDI in 176 worldwide countries



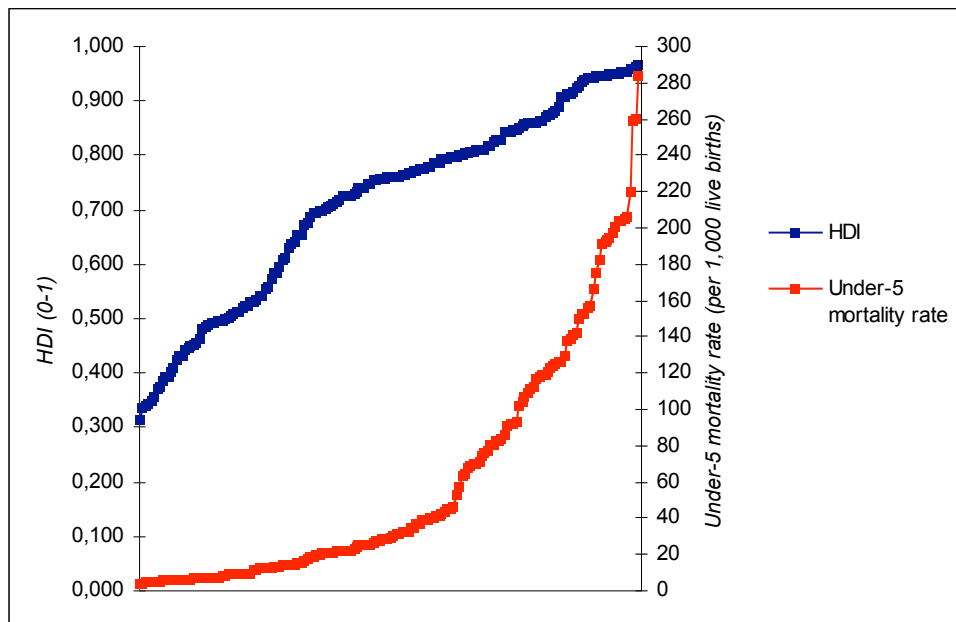
Source: UNDP data processed by CENSIS

Figure 3. Correlation between U5MR and GDP per capita in 170 worldwide countries



Source: UNDP data processed by CENSIS

Figure 4. Ranking of 176 worldwide countries' HDI and U5MR



Source: UNDP and UNICEF data processed by CENSIS

Figure 5 shows some bivariate associations between U5MR and selected indicators for the countries belonging to the Mediterranean area¹. Strong and significant correlations are found between U5MR and HDI ($r^2=-0,836$), GNI per capita ($r^2=-0,768$), government expenditure on health ($r^2=-0,729$), enrolment ratio in pre-primary education ($r^2=-0,510$), and also telephone lines density per 100 inhabitants ($r^2=-0,677$).

Our findings however indicate that child mortality correlates more strongly with social development than economic development. Actually, as shown in figure, the associations between child mortality and social development indicators are fairly linear, but the corresponding association with GDP per capita average annual growth rate between 1990 and 2005 is non-linear and non-significant. In addition, the association of the U5MR average annual reduction rate with GDP per capita average annual growth rate in the period 1990-2005 is non-significant too.

Evidently, while the Middle East and North Africa (MENA) countries seem to be progressing well with regard to income and economic indicators, they are not in good standing with regard to other child health measures such as nutrition, disease and prevention care.

Although GDP per capita can be accepted as being an expression of wealth, it is nevertheless not the best parameter for measuring real child well-being. Improved human life conditions do not depend solely, or very much, of the accumulation of wealth, but more on the way in which it is distributed.

John Caldwell illustrated that many Arab countries, particularly the wealthy oil-producing Gulf Arab countries, are “poor health achievers” when analyzing infant mortality data in relation to the economic wealth within individual countries (Caldwell, 1986).

Despite the social and economic progress registered, the percentage of children at risk still appears excessively high in the Middle East and North Africa as a whole. The area of the Arab countries sharply displays the paradoxical situation where economic growth and the successes achieved in

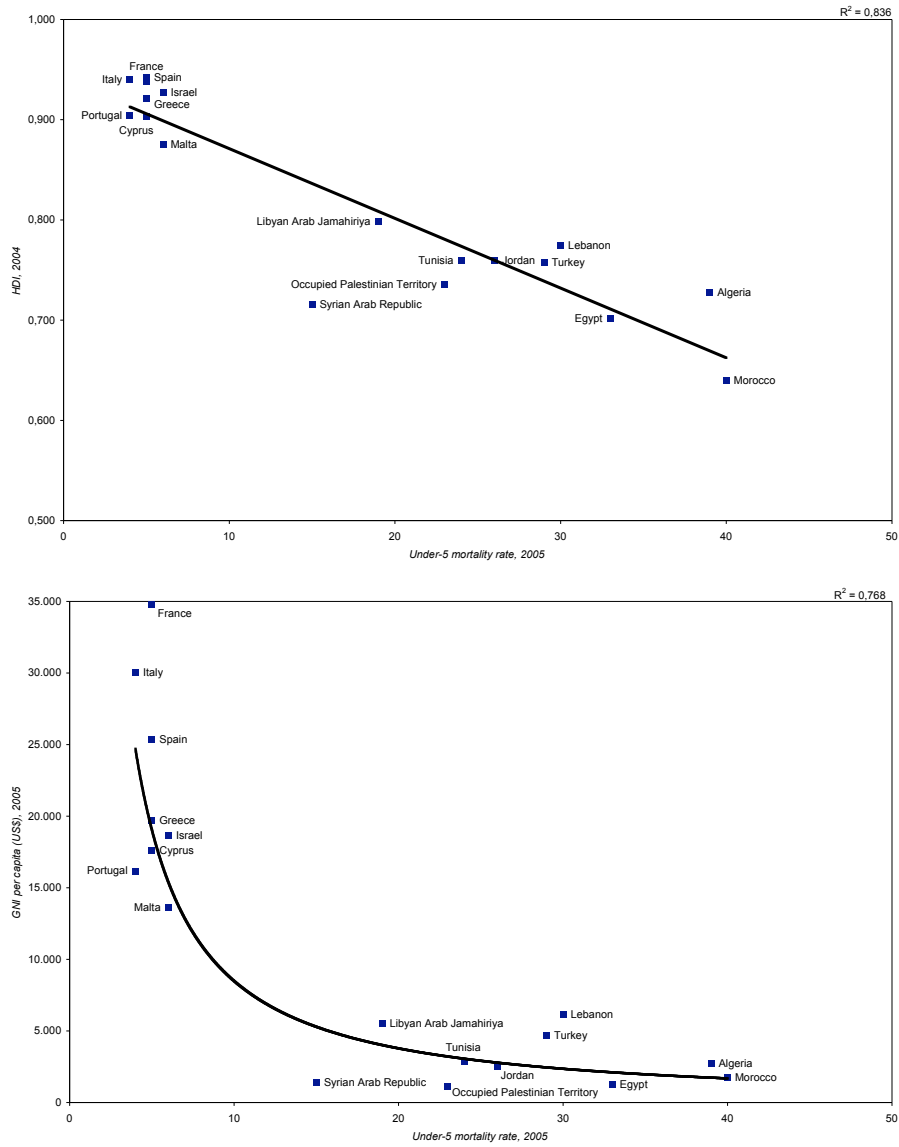
¹ In this report we consider the following countries geographically belonging to the Mediterranean area: Algeria, Cyprus, Egypt, France, Greece, Israel, Jordan, Lebanon, Libyan Arab Jamahiriya, Malta, Morocco, Occupied Palestinian Territory, Portugal, Spain, Syrian Arab Republic, Tunisia, Turkey.

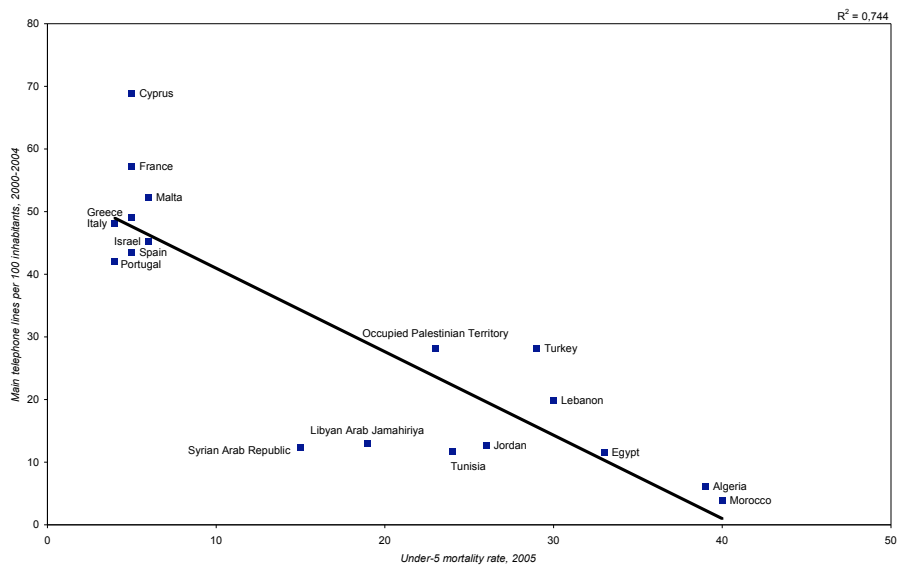
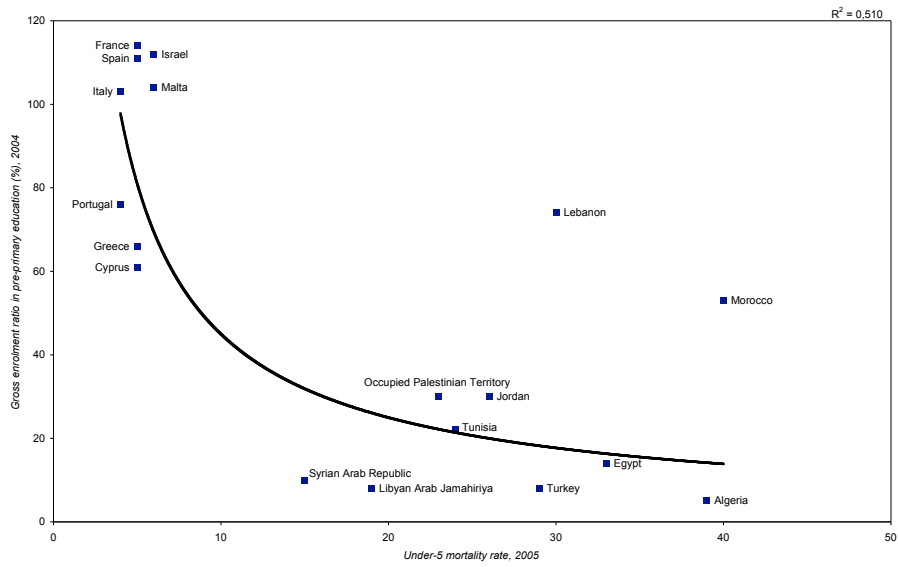
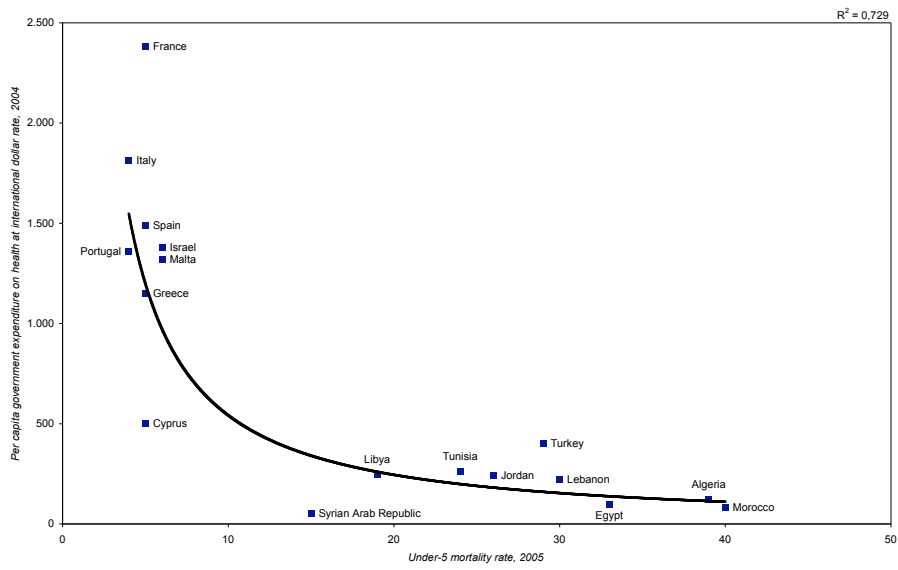
reducing the incidence of income poverty have still to be matched by analogous success in translating the economic prosperity attained into improved standards of living for the population as a whole, and children in particular.

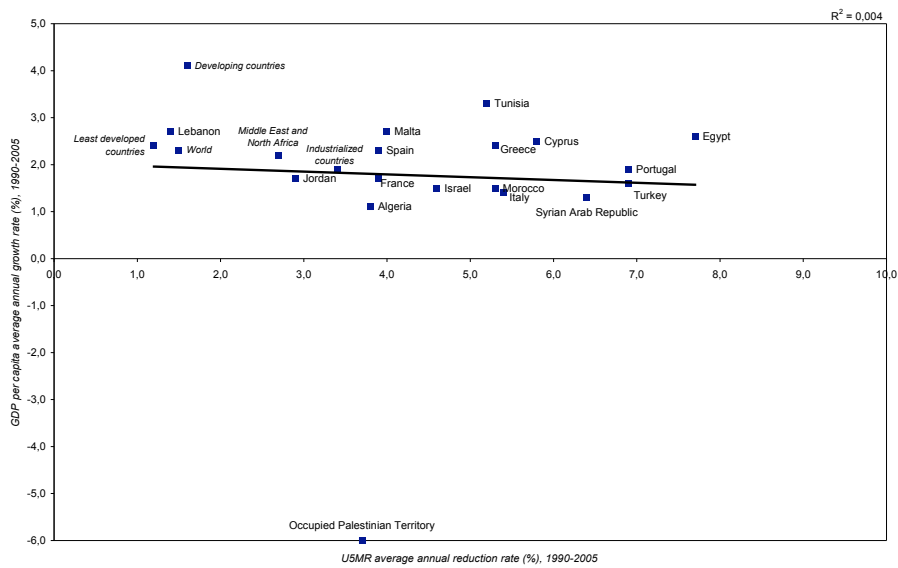
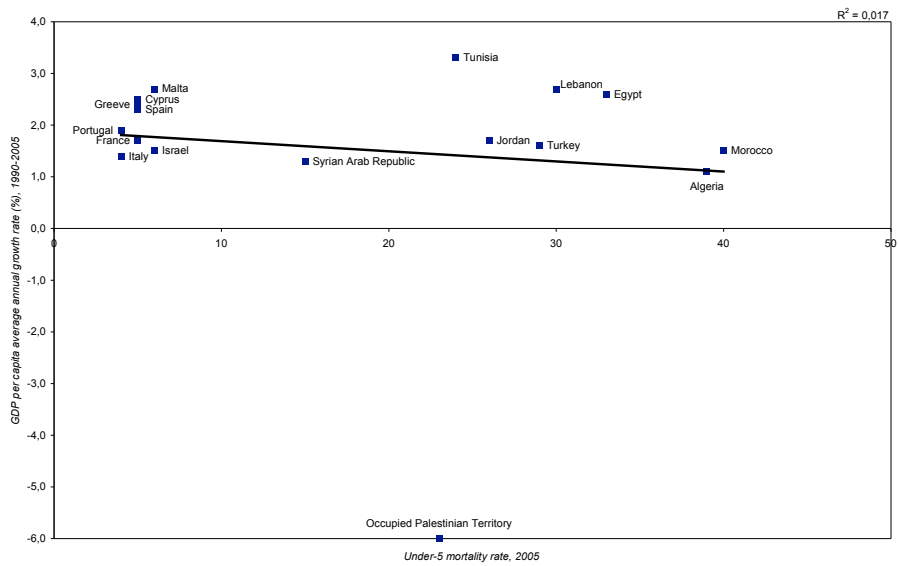
Researches show that the impact of poverty on the outcomes of children is particularly pervasive. Poverty may have detrimental effects in almost all areas related to children's healthy development: physical, cognitive, behavioral, social, and emotional outcomes. Scarce economic resources at the household level impact children's nutritional status, health, and cognitive development. Low parental income and wages translate into low parental access to services and, thus, poor access to services for children. Reduced access to social services cuts down children's immediate and future opportunities, which, in turn, leads to social exclusion (Van der Gaag and Dunkelberg, 2005)

A literature review on child poverty shows an existing wealth of studies on the extent, trends, and effects of child poverty, as well as the effectiveness of antipoverty measures in western developed countries, particularly in European and English-speaking nations (Bradshaw, 1990; Cornia and Sipos, 1991; Cornia and Danzinger, 1997; Bradbury and Janti, 1999; Bradbury, Jenkins and Micklewright, 2000; Smeeding et al., 2000; Gordon et al., 2003; Micklewright, 2003; Rainwater and Smeeding, 2003). Most of these reports use data from the Luxembourg Income Study (LIS) – a collection of household survey data which provides demographic, income and expenditure information on three levels household, person and child – and/or specific national surveys on youth and children (Bradbury and Janti, 1999; Smeeding, Rainwater, and Burtless, 2000; Cantillon and Van den Bosch, 2002; Jeandidier and Albiser, 2002).

Figure 5. Bivariate associations between U5MR and selected indicators in the Mediterranean region







Source: UNDP and UNICEF data processed by CENSIS

Gordon et al. (2003) conducted a study on child poverty in fifty-four countries, primarily Sub-Saharan countries. Of these fifty-four countries, only two countries (Egypt and Morocco) are part of the Mediterranean region. Gordon and colleagues measure child poverty in terms of deprivations and demonstrate that 57% of rural children and 9% of urban children in the MENA region live in absolute poverty (that is, suffer from two or more severe deprivations). Similarly, the World Bank (2001) poverty assessments demonstrate that in Morocco, where 44% of the poor are children under age 15 and 25% of all children are poor, the incidence of poverty among children is about 1.5 times higher than that among adults. Like in Egypt, child poverty in Morocco concentrates in rural areas, where children are approximately 4 to 10 times more likely to be poor.

Parental employment is another factor related to child poverty (Cantillon and Van den Bosch, 2002). As Smeeding et al. (2000) explain, a country with an egalitarian wage structure tends to have lower child poverty rates. Overall, countries with large state expenditures on family benefits and generous per-child allowances appear to have significantly lower rates of overall child poverty and produce greater equity between children in families of different sizes when parental participation in the labour market is taken into account (Redmond, 1999).

Poverty, illiteracy, and low investment in social services, including health, education, water and sanitation, are some of the basic causes for child hardship. Establishing the state of children's health goes beyond analyzing mortality statistics and should include consideration of factors that measure deterioration of health such as nutritional status and disease as well as preventative aspects that protect children's health such as immunization and breastfeeding status.

This leads us to reflect on the importance of accompanying policies capable of combining economic growth – expected as a result of the process of economic integration between the two sides of the Mediterranean, which is often accompanied by unjust distribution on such a scale as to endanger or significantly slow down social progress in general, and improvements in living conditions for children in particular – with the need to incorporate the fight against the hardships affecting children into the general strategies of development and thus convert a part of the resources into investments aimed at child empowerment.

For these reasons, particular importance attaches to “charting” the condition of children in the countries of the Mediterranean basin as precisely as possible, so as to extend the current reflection to include a segment of society that proves particularly vulnerable to the effects of economic integration if these processes are not suitably governed through action designed to safeguard and promote the children rights and well-being.

2. THE CHILDREN IN THE MEDITERRANEAN REGION: A COMPARATIVE FRAMEWORK

Initiated with the Euro-Mediterranean Partnership for harmonious and sustainable development in the region, the process of progressive integration between the Mediterranean countries is just getting underway. The different countries still present very heterogeneous situations in economic, social, and cultural terms.

As it is well known, the southern Mediterranean countries are now characterized by a highly ambivalent situation:

- on the one hand, recent years have seen a significant reduction in population below the income poverty line (measured by the international standard of one dollar a day per person), with averages of less than 2% of the total population and indexes that are gradually falling and in any case lower than those characteristic of the developing countries (CENSIS, 2000);
- on the other hand, inequality of distribution is comparatively limited with respect to other countries at a similar stage of development (Page, 1998; Van Eeghen, 1998).

Nevertheless, the countries on the southern shore of the Mediterranean basin have not achieved similar successes in reducing “human poverty” (still very high especially in Morocco and Egypt) and improving the social conditions of the population as a whole, and children in particular (Shafik, 1994; Van Eeghen, 1998; CENSIS, 2003; UNDP, 2006; UNICEF, 2006).

Approximately 44,7 million people under 5 years old live in the Middle East and North Africa. Yet, the region is quite diverse in its demographic and socio-economic make up. The child population is about 17.5% of the total in the Occupied Palestinian Territory, 13.3% in Syria, more than 12% in Jordan and Egypt, but this percentage declines to 9% in Lebanon and 8% in Tunisia, and it is about 5-6% in the European countries of the Mediterranean area (Table 1).

Table 1. Child populations and birth rate in the Mediterranean countries, 2005

Countries and territories	Child population (under 5) (thousands)	Child population (under 5) (%)	Annual no. of births (thousands)	Crude birth rate (annual no. of births per 1,000 population)	Total fertility rate (births per woman)	Adolescent fertility rate 2000-2005 (1) (2)	Population urbanized (%)
Algeria	3.160	9,6	684	21	2,4	20,3	60
Cyprus	49	5,9	10	12	1,6	10,0	69
Egypt	8.933	12,1	1.909	26	3,1	34,3	42
France	3.727	6,2	742	13	1,9	8,8	77
Greece	514	4,6	101	9	1,2	9,8	61
Israel	666	9,9	134	20	2,8	17,1	92
Italy	2.662	4,6	528	9	1,3	6,2	68
Jordan	732	12,8	150	26	3,3	37,8	79
Lebanon	322	9,0	66	18	2,2	25,2	88
Libyan Arab Jamahiriya	636	10,9	136	23	2,9	34,8	87
Malta	20	5,0	4	10	1,5	11,6	92
Morocco	3.378	10,7	717	23	2,7	28,3	59
Occupied Palestinian Territory	646	17,5	138	37	5,3	-	72
Portugal	561	5,3	111	11	1,5	17,3	56
Spain	2.217	5,1	454	11	1,3	6,3	77
Syrian Arab Republic	2.526	13,3	532	28	3,3	38,3	50
Tunisia	806	8,0	166	16	1,9	16,8	64
Turkey	7.212	9,9	1.500	20	2,4	50,9	67
Middle East and North Africa	44.711	11,8	9.743	26	3,1	-	58
Industrialized countries	54.239	5,6	10.848	11	1,6	-	77
Developing countries	550.130	10,5	120.128	23	2,8	-	43
Least developed countries	119.352	15,7	28.258	37	4,9	-	28
World	616.219	9,6	133.449	21	2,6	-	49

(1) Data refer to the most recent year available during the period specified in the column heading

(2) Annual births per 1,000 girls aged 15-19

Source: UNICEF and WHO data processed by Censis

Arab countries have made considerable progress over the past few decades in improving the health and well-being of their people. Infant and child mortality declined rapidly, but the turn down is not uniform across countries. There are significant disparities in rates of mortality and in child health and well-being indicators across and within countries.

According to the UNICEF estimates, infant mortality rate (number of infant deaths per 1,000 live births), which is one of the most widely used indicator of socio-economic development, declined on average from 128 per 1,000 live births in 1970 to 43 per 1,000 in 2005 in the MENA region (Table 3).

This is an impressive decline of about 66% on average over the course of 35 years, compared to a corresponding decline of 46% for the world, and 36% for less developed countries. However, there is a wide regional range for infant mortality. Morocco and Algeria have the highest rate with respectively 36 and 34 deaths per 1,000 live births, and Syria has the lowest rate with 14 per 1,000 (Table 2).

With few exceptions, the trends in child mortality are similar to the trends in infant mortality in the Arab countries. The under-five mortality rate fell in the MENA region throughout the latter part of the 20th century: from 195 per 1,000 live births in 1970 to 81 per 1,000 in 1990 and 54 per 1,000 in 2005. This means 526,000 annual child deaths, that are 5.2% of the global total in 2005.

Nevertheless, while between 1970 and 1990 the U5MR dropped by 4.4% every year, in the period between 1990 and 2005 the average annual rate of reduction was only 2.7% (Table 3).

The regional averages also hide important differences between the countries of the region, and also inside each country. The U5MR displays considerable fluctuation with minimum values in West Europe and maximum values in North Africa, and above all Morocco (40 per 1,000 live births) and Algeria (39 per 1,000), the most backward countries of the area with respect to child care. The U5MR is almost three times higher in Morocco than in Syria. While in Egypt the reduction of U5MR since 1990 was by 68%, in Jordan it was only by 35%, and it was by 19% in Lebanon (Figure 6).

Table 2. Death rate and life expectancy in the Mediterranean countries, 2005

Countries and territories	Neonatal mortality rate (per 1,000 live births) 2000	Infant mortality rate (under 1) (per 1,000 live births)	Under-5 mortality rate (per 1,000 live births)	Reduction U5MR since 1990 (%)	Annual no. of under-5 deaths (thousands)	Life expectancy at birth (years)
Algeria	20	34	39	43	27	72
Cyprus	4	4	5	58	0	79
Egypt	21	28	33	68	63	70
France	3	4	5	44	4	80
Greece	4	4	5	55	1	78
Israel	4	5	6	50	1	80
Italy	3	4	4	56	2	80
Jordan	17	22	26	35	4	72
Lebanon	20	27	30	19	2	72
Libyan Arab Jamahiriya	11	18	19	54	3	74
Malta	5	5	6	45	0	79
Morocco	21	36	40	55	29	70
Occupied Palestinian Territory	-	21	23	43	3	73
Portugal	3	5	4	64	1	78
Spain	3	4	5	44	2	80
Syrian Arab Republic	9	14	15	62	8	74
Tunisia	14	20	24	54	4	74
Turkey	22	26	29	65	44	69
Middle East and North Africa	26	43	54	33	526	69
Industrialized countries	4	5	6	40	65	79
Developing countries	33	57	83	21	9971	65
Least developed countries	43	97	153	16	4323	53
World	30	52	76	20	10142	68

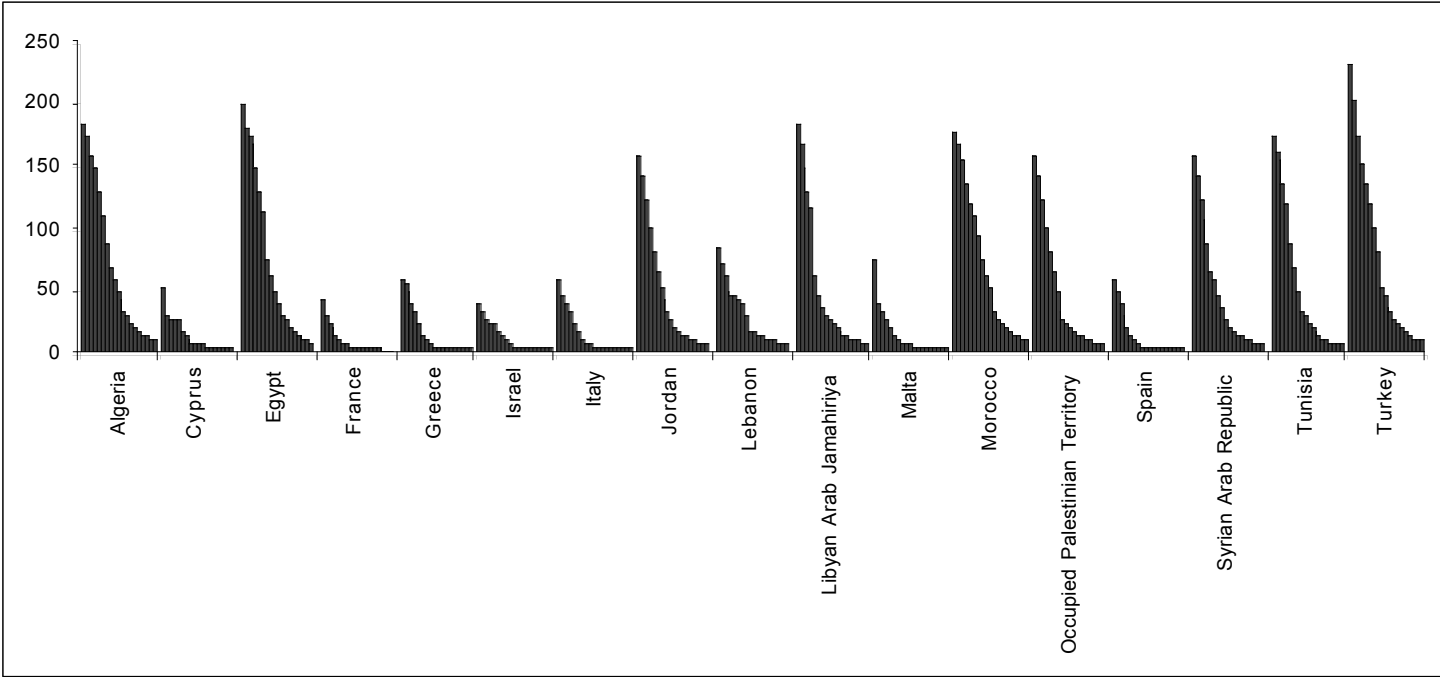
Source: UNICEF data processed by Censis

Table 3. Trends in Infant mortality rate, Under-5 mortality rate and GDP per capita

Countries and territories	Under 5 mortality rate							Average annual rate of reduction (%)		Infant mortality rate							GDP per capita average annual growth rate (%)	
	1960	1970	1980	1990	1995	2000	2005	1970-1990	1990-2005	1960	1970	1980	1990	1995	2000	2005	1970-1990	1990-2005
Algeria	261	220	134	69	53	44	39	5,8	3,8	166	143	94	54	43	37	34	1,6	1,1
Cyprus	36	33	20	12	9	6	5	5,1	5,8	30	29	18	10	9	6	4	6,1	2,5
Egypt	278	235	173	104	71	49	33	4,1	7,7	186	157	118	76	56	40	28	4,3	2,6
France	34	24	13	9	6	6	5	4,9	3,9	29	18	10	7	6	5	4	2,2	1,7
Greece	64	54	23	11	9	7	5	8,0	5,3	53	38	20	10	8	5	4	1,3	2,4
Israel	39	27	19	12	9	7	6	4,1	4,6	32	24	16	10	7	6	5	1,9	1,5
Italy	50	33	17	9	7	5	4	6,5	5,4	44	30	15	9	6	5	4	2,6	1,4
Jordan	139	107	65	40	35	30	26	4,9	2,9	97	77	52	33	29	25	22	2,5	1,7
Lebanon	85	54	44	37	34	32	30	1,9	1,4	65	45	38	32	30	28	27	-	2,7
Libyan Arab Jamahiriya	270	160	70	41	28	22	19	6,8	5,1	159	105	55	35	25	20	18	-4,8	-
Malta	42	32	17	11	11	7	6	5,3	4,0	37	25	14	9	8	6	5	6,5	2,7
Morocco	211	184	144	89	69	54	40	3,6	5,3	132	119	99	69	56	45	36	2,0	1,5
Occupied Palestinian Territory	-	-	65	40	33	27	23	-	3,7	-	-	55	34	28	24	21	-	-6,0
Portugal	112	62	31	14	10	8	5	7,4	6,9	81	53	25	11	8	6	4	2,6	1,9
Spain	57	34	16	9	7	6	5	6,6	3,9	46	27	13	8	6	4	4	1,9	2,3
Syrian Arab Republic	199	123	72	39	28	20	15	5,7	6,4	134	90	53	31	24	18	14	1,9	1,3
Tunisia	254	201	100	52	40	31	24	6,8	5,2	170	135	72	41	32	25	20	2,5	3,3
Turkey	219	201	133	82	63	44	29	4,5	6,9	163	150	103	67	52	38	26	1,9	1,6
Middle East and North Africa	249	195	132	81	71	62	54	4,4	2,7	158	128	91	59	55	49	43	2,4	2,2
Industrialized countries	39	27	15	10	8	7	6	5,0	3,4	32	21	13	9	7	6	5	2,3	1,9
Developing countries	223	167	133	105	98	92	83	2,3	1,6	141	109	88	71	68	63	57	3,2	4,1
Least developed countries	279	245	209	182	171	161	153	1,5	1,2	172	152	130	115	109	102	97	-	2,4
World	191	148	118	95	89	84	76	2,2	1,5	123	96	79	65	62	58	52	2,5	2,3

Source: UNICEF data processed by Censis

Figure 6. The U5MR reduction in Mediterranean countries: data and projections, 1950-2050



Source: UN data processed by CENSIS

Most of the Arab countries have an average life expectancy at birth of 69 years. This is slightly higher than the average for developing countries (65 years) but it is still far away from those of industrialized countries (with an average of 79 years). In particular, Syria and Tunisia (74 years) are those that, more than the others, have life expectancies that are close to that of the European populations (Table 2).

Nevertheless, some countries still have high rates of maternal mortality. For example, the maternal mortality ratio is 230 per 100,000 live births in Morocco, 130 per 100,000 in Turkey, and 120 per 100,000 in Algeria. The lowest rate is in Jordan (41 per 100,000) (Table 5).

In some countries such as Egypt, Syria, and Turkey, child mortality has been declining rapidly. However, fertility levels remain high. For example, Egypt's total fertility rate is estimated at nearly 3.1 children per woman, and adolescent fertility rate (annual births per 1,000 girls aged 15-19) is 34.3. In Syria this indexes are respectively 3.3 and 38.3. Turkey's adolescent fertility rate is even higher: 50.9 per 1,000 (Table 1).

Actually, over the last decade Egypt has made great strides towards the achievement of child rights. The reduction by half of infant and under-five mortality during the last decade is promising for achievement of the goal, aimed at reaching child mortality rate of only one-third in 2015 compared to the early 1990s. Immunization coverage is currently 98%. Statistics also show improved access to safe drinking water (98%). Primary school net enrolment has risen and the gender gap has decreased. The gender gap in primary, preparatory and secondary education is closing steadily.

The reduction of maternal mortality ratio to 84 per 100,000 live births in 2000, down from 174 per 100,000 live births in the early 1990s is a tremendous achievement. Thus Egypt has so far reduced maternal mortality by three-quarters and may be expected to fully achieve this goal by 2015. But, despite the achievements registered during the last decade in improving children's and women's survival and narrowing the gender gap in education enrolment, there are still disadvantaged groups that require attention. This is especially evident in Upper Rural Egypt (UNICEF, 2006).

However, as the 2000-2001 World Bank report on poverty shows, while poverty decreased nationwide during the second half of the 1990s, in Upper Egypt it actually increased. The number of children who work and do not

attend school in Upper Egypt is also disproportionately higher than elsewhere in the country. So working children, many of whom do not go to school, are a particularly vulnerable group nationwide and specially in the most disadvantaged governorates from Upper Egypt, as Assiut, Sohag, and Qena (World Bank, 2002a; World Bank, 2002b).

Thus, infant mortality is a misleading measure of child health and welfare, as it does not relate to other important indicators such as nutritional status, disease, and preventive care. Statistical data also show that the incidence of pathologies linked to malnutrition or inadequate treatment for illnesses, that are now harmless in northern side of the basin, is one of the factors involved in the infant and under-five mortality among the poorer and disadvantaged classes living in rural areas. Across countries disparities in the levels of child survival, nutritional status, disease, immunization coverage, and breastfeeding are shown in the following tables.

Although the MENA region is below the world average in malnutrition rates, 16% of children under age five is still suffering underweight moderate or severe, only 88% of the population living in the region uses improved drinking water sources (81% in Morocco, 56% in Moroccan rural areas), and only 65% of the households consumes iodized salt (59% in Morocco) (Table 4).

Preventive care for children is best exemplified by breastfeeding rates (percentage of children exclusively breastfed under 4-6 months) and immunization rates. It is widely known that infant feeding has a clear positive influence on the health of a child, and also beneficial for the mother. Exclusive breastfeeding from birth through the first 6 months provides required nutrients and reduces infant from infectious diseases and malnutrition. On the other hand, vaccination of a child against major diseases of childhood is a fundamental factor in improving its survival rate.

As shown in Table 4, the highest rate of exclusive breastfeeding is in Syria (81%) and Turkey (47%), with a rate higher than the developing countries average (36%). The lowest rate of breastfeeding is in Algeria (13%). Other countries with relatively low rates include Jordan and Lebanon (27%).

Table 4. Malnutrition in the Mediterranean countries, 1996-2005 (1)

Countries and territories	Infants with low birthweight (%)	Children exclusively breastfed (< 6 months) (%)	Children breastfed with complementary food (6-9 months) (%)	Children still breastfeeding (20-23 months) (%)	Children under-5 suffering underweight moderate & severe (%)	Children under-5 suffering underweight severe (%)	Population using improved drinking water sources (%)			Households consuming iodized salt (%)
							Total	Urban	Rural	
Algeria	7	13	38	22	10	3	85	88	80	69
Cyprus	-	-	-	-	-	-	100	100	100	-
Egypt	12	38	67	37	9	1	98	99	97	78
France	7	-	-	-	-	-	100	100	100	-
Greece	8	-	-	-	-	-	-	-	-	-
Israel	8	-	-	-	-	-	100	100	100	-
Italy	6	-	-	-	-	-	-	-	-	-
Jordan	12	27	70	12	4	1	97	99	91	88
Lebanon	6	27	35	11	3	0	100	100	100	92
Libyan Arab Jamahiriya	7	-	-	-	5	1	-	-	-	90
Malta	6	-	-	-	-	-	100	100	100	-
Morocco	15	31	66	15	10	2	81	99	56	59
Occupied Palestinian Territory	9	29	78	11	4	1	92	94	88	64
Portugal	8	-	-	-	-	-	-	-	-	-
Spain	6	-	-	-	-	-	100	100	100	-
Syrian Arab Republic	6	81	50	6	7	1	93	98	87	79
Tunisia	7	47	-	22	4	1	93	99	82	97
Turkey	16	21	38	24	4	1	96	98	93	64
Middle East and North Africa	15	30	59	24	16	4	88	95	78	65
Industrialized countries	7	-	-	-	-	-	100	100	100	-
Developing countries	16	36	52	46	27	10	80	92	70	71
Least developed countries	19	34	64	65	36	11	59	79	51	53
World	15	36	52	46	26	9	83	95	73	70

(1) Date refer to the most recent year available during the period specified in the column heading

Source: UNICEF data processed by Censis

Table 5. Health and women in the Mediterranean countries

Countries and territories	Population using adequate sanitation facilities (%) 2004			Antenatal care coverage (%) 1996-2005 (1) (2)	Skilled attendant at delivery (%) 1996-2005 (1)	Maternal mortality ratio (per 100,000 live births) 1990-2005 (1) (3)	Contraceptive prevalence (%) 1997-2005 (1) (4)
	Total	Urban	Rural				
Algeria	92	99	82	81	96	120	57
Cyprus	100	100	100	-	-	0	-
Egypt	70	86	58	70	74	84	59
France	-	-	-	99	99	10	75
Greece	-	-	-	-	-	1	-
Israel	-	100	-	-	-	5	-
Italy	-	-	-	-	-	7	60
Jordan	93	94	87	99	100	41	56
Lebanon	98	100	87	96	89	100	58
Libyan Arab Jamahiriya	97	97	96	81	94	77	45
Malta	-	100	-	-	98	-	-
Morocco	73	88	52	68	63	230	63
Occupied Palestinian Territory	73	78	61	96	97	-	51
Portugal	-	-	-	-	100	8	-
Spain	100	100	100	-	-	6	81
Syrian Arab Republic	90	99	81	71	77	65	48
Tunisia	85	96	65	92	90	69	66
Turkey	88	96	72	81	83	130	71
Middle East and North Africa	74	90	53	70	76	-	53
Industrialized countries	100	100	99	-	99	-	-
Developing countries	50	73	33	71	60	-	59
Least developed countries	36	55	29	59	35	-	29
World	59	80	39	71	63	-	60

(1) Date refer to the most recent year available during the period specified in the column heading

(2) Percentage of aged 15-49 years attended at least once during pregnancy by skilled health personnel (doctor, nurse, midwife)

(3) Annual number of deaths of women from pregnancy-related caused per 100,000 live birth

(4) Percentage of women in union aged 15-49 currently using

Source: UNICEF data processed by Censis

Table 6. Pneumonia, ARI and HIV in the Mediterranean countries

Countries and territories	Children under-5 with suspected pneumonia (%) 1995-2004 (1) (2)	Children under-5 with suspected pneumonia taken to a health provider (%) 1995-2004 (1) (3)	Deaths among children under-5 due to pneumonia (%) 2000-2005 (1)	Children under-5 with acute respiratory infection and fever (ARI) taken to facility (%) 2002-2005 (1)	Children under-5 with diarrhoea receiving oral rehydration and continued feeding 1998-2005 (%) (1)	HIV prevalence (% ages 15-49) 1995-2004 (4)
Algeria	9	52	13,7	-	-	0,1 [<0,2]
Cyprus	-	-	1,7	-	-	[<0,2]
Egypt	9	70	14,6	72,6	29	<0,1 [<0,2]
France	-	-	0,6	-	-	0,4 [0,3 – 0,8]
Greece	-	-	2,6	-	-	0,2 [0,1 – 0,3]
Israel	-	-	0,4	-	-	[<0,2]
Italy	-	-	1,0	-	-	0,5 [0,3 – 0,9]
Jordan	6	78	11,7	71,7	44	[<0,2]
Lebanon	4	74	1,1	-	-	0,1 [0,1 – 0,5]
Libyan Arab Jamahiriya	-	-	8,5	-	-	[<0,2]
Malta	-	-	0,0	-	-	0,1 [0,1 – 0,2]
Morocco	12	38	14,0	34,5	46	0,1 [0,1 – 0,4]
Occupied Palestinian Territory	17	65	-	-	-	-
Portugal	-	-	1,8	-	-	0,4 [0,3 – 0,9]
Spain	-	-	1,3	-	-	0,6 [0,4 – 1,0]
Syrian Arab Republic	18	66	9,9	-	-	[<0,2]
Tunisia	9	43	7,6	-	-	0,1 [0,1 – 0,3]
Turkey	29	41	14,0	41,0	19	[<0,2]
Middle East and North Africa	13	66	-	-	39	0,2 [0,1 - 0,3]
Industrialized countries	-	-	-	-	-	0,4 [0,3 - 0,5]
Developing countries	16	54	-	-	35	1,1 [1,0 - 1,4]
Least developed countries	16	37	-	-	40	2,7 [2,3 - 3,1]
World	15	54	-	-	35	1,0 [0,9 - 1,2]

(1) Date refer to the most recent year available during the period specified in the column heading

(2) Percentage of children (0-4 years) with suspected pneumonia in the past two weeks

(3) Percentage of children (0-4 years) with suspected pneumonia in the past two weeks taken to an appropriate health-care provide

(4) Data are point and range estimates based on new estimation models developed by the Joint United Nations Programme on HIV/AIDS (UNAIDS). Range estimates are presented in square brackets

Source: UNICEF, UNDP and WHO data processed by Censis

Table 7. Vaccines in the Mediterranean countries

Countries and territories	Routine EPI vaccines financed by government (%) 2005	Immunization DPT3 (%) 2005 (1)	Immunization polio3 (%) 2005	Immunization measles (%) 2005 (2)
Algeria	100	88	88	83
Cyprus	25	98	98	86
Egypt	100	98	98	98
France	-	98	98	87
Greece	-	88	87	88
Israel	100	95	93	95
Italy	-	96	97	87
Jordan	100	95	95	95
Lebanon	100	92	92	96
Libyan Arab Jamahiriya	100	98	98	97
Malta	60	92	94	86
Morocco	100	98	98	97
Occupied Palestinian Territory	-	99	99	99
Portugal	-	93	93	93
Spain	100	96	96	97
Syrian Arab Republic	100	99	99	98
Tunisia	100	98	98	96
Turkey	100	90	90	91
Middle East and North Africa	80	89	90	89
Industrialized countries	75	96	94	92
Developing countries	78	75	76	75
Least developed countries	23	76	76	72
World	78	78	78	77

(1) Percentage of infant who received three doses of diphtheria, pertussis and tetanus vaccine

(2) Percentage of one-year old children immunized against measles

Source: UNICEF and UNDP data processed by Censis

Table 8. Health expenditure in the Mediterranean countries, 2004

Countries and territories	Total expenditure on health (% of GDP)	General government expenditure on health as % of total expenditure on health	Private expenditure on health as % of total expenditure on health	Per capita total expenditure on health at international dollar rate	Per capita government expenditure on health at international dollar rate
Algeria	3,6	72,5	27,5	167	121
Cyprus	5,8	44,3	55,7	1128	499
Egypt	6,1	38,2	61,8	258	99
France	10,5	78,4	21,6	3040	2382
Greece	7,9	52,8	47,2	2179	1150
Israel	8,7	70,0	30,0	1972	1380
Italy	8,7	75,1	24,9	2414	1812
Jordan	9,8	48,4	51,6	502	243
Lebanon	11,6	27,4	72,6	817	224
Libyan Arab Jamahiriya	3,8	74,9	25,1	328	246
Malta	9,2	76,1	23,9	1733	1318
Morocco	5,1	34,3	65,7	234	80
Occupied Palestinian Territory	-	-	-	-	-
Portugal	9,8	71,6	28,4	1897	1359
Spain	8,1	70,9	29,1	2099	1488
Syrian Arab Republic	4,7	47,4	52,6	109	52
Tunisia	6,2	52,1	47,9	502	262
Turkey	7,7	72,3	27,7	557	402
World	8,7	55,9	44,1	777	434

Source: UNICEF and UNDP data processed by Censis

Table 9. Resources for health in the Mediterranean countries, 1995-2005 (1) (per 100,000 population)

Countries and territories	Physicians	Nurses	Midwives	Dentists	Pharmacists	Hospital beds (per 10,000 population)
Algeria	113	199	24	31	20	17
Cyprus	234	376	-	82	18	34
Egypt	54	198	2	14	10	22
France	337	724	26	68	106	75
Greece	438	386	18	113	82	47
Israel	382	626	19	117	70	63
Italy	420	544	-	58	115	40
Jordan	203	294	30	129	314	17
Lebanon	325	118	-	121	95	36
Libyan Arab Jamahiriya	129	360	-	14	25	34
Malta	318	583	32	42	203	75
Morocco	51	72	7	10	24	9
Occupied Palestinian Territory	-	-	-	-	-	-
Portugal	342	436	8	55	95	37
Spain	330	768	15	49	87	35
Syrian Arab Republic	140	184	-	72	52	15
Tunisia	134	258	29	25	29	18
Turkey	135	170	-	24	32	26
World	123	256	-	29	-	26

(1) Date refer to the most recent year available during the period specified in the column heading

Source: UNDP and World Bank data processed by Censis

While a great deal of progress has been achieved in the field of children's education over the last few years, the information drawn from international sources shows that further efforts must be made in the Mediterranean region to promote education as a fundamental right of children, to improve the quality of educational structures and programs, and to stimulate experimentation and innovation.

MENA countries spend for education a percentage of GDP varying from 2.6% in Lebanon to 8.1% in Tunisia (Table 10).

Figures on literacy rates for the 15-24 age group show that the national and international policies in support of education are achieving appreciable results. The difference between the young and the previous generations is particularly marked in North Africa, primarily as a result of major advances in female education. The situation appears less positive in Morocco (where 30% of the young population has not received basic education) and in Egypt (15%), while Jordan and Palestine present the best figures (the youth literacy rate is 99%) (Table 10).

The net enrolment ratio for primary school (the indicator giving the clearest picture of access) increased during the 1990s and reached 97% in Algeria, for example, but is still 86% in Morocco and in the Occupied Palestinian Territory (Table 13).

Finally, the Human Development Index (HDI) ranking reproduces an obvious classification, on the one hand, with the European countries at the highest levels of human development and the MENA countries in the lowest positions, while the median positions are held by Cyprus and Malta. On the other hand, HDI ranking presents quite differentiated situations within the group of the Arab countries. While Libya, Lebanon, Jordan, Tunisia, and Turkey all have indexes over 0.750, Palestine and the other North African countries oscillate around lower values. In particular, Egypt (0.702) and Morocco (0.640) are placed in the lowest positions (Table 15).

Table 10. Education in the Mediterranean countries

Countries and territories	Youth literacy rate (15-24 years) 2000-2004	Youth literacy rate (15-24 years) Projected 2015	Central government expenditure allocated to education (%) 1994-2004 (2)	Public expenditure on education (% of GDP) 2002-2004 (2)
Algeria	90	94	24	-
Cyprus	100	100	12	7.4
Egypt	85	88	15	-
France	-	-	7	6.0
Greece	99	100	11	4.3
Israel	100	100	15	7.3
Italy	100	100	10	4.9
Jordan	99	100	16	-
Lebanon	92 (1)	-	7	2.6
Libyan Arab Jamahiriya	91 (1)	-	-	-
Malta	96	97	13	4.6
Morocco	70	82	18	6.3
Occupied Palestinian Territory	99	99	-	-
Portugal	100 (1)	-	16	5.9
Spain	100 (1)	-	2	4.5
Syrian Arab Republic	92	97	9	-
Tunisia	94	98	20	8.1
Turkey	96	96	10	3.7
Industrialized countries	99	100	4	-
Developing countries	85	89	10	-
Least developed countries	99	99	15	-
World	87	90	6	-

(1) 1990

(2) Date refer to years or period other than specified in the column heading, differ from the standard definition or refer to only part of a country

Source: UNDP and UNESCO data processed by Censis

Table 11. Early childhood education in the Mediterranean countries, 2004

Countries and territories	Gross enrolment ratio in pre-primary education (%)	Net enrolment ratio in pre-primary education (%)
Algeria	5	5
Cyprus	61	57
Egypt	14	8
France	114	100
Greece	66	66
Israel	112	88
Italy	103	98
Jordan	30	27
Lebanon	74	72
Libyan Arab Jamahiriya	8 (1) (2)	-
Malta	104	87
Morocco	53	46
Occupied Palestinian Territory	30	19
Portugal	76	75
Spain	111	97
Syrian Arab Republic	10	10
Tunisia	22 (1) (2)	22 (1) (2)
Turkey	8	8
Arab States	16	-
Industrialized countries	78	-
Developing countries	32	-
Least developed countries	77	-
World	37	-

(1) UIS estimate

(2) Data are for the school years ending in 2003

Source: UNESCO data processed by Censis

Table 12. Access to primary education in the Mediterranean countries, 2004

Countries and territories	Gross intake rate (GIR) in primary education (%)	Net intake rate (GIR) in primary education (%)	Pupil/teacher ratio in primary education	School life expectancy (years) (4)
Algeria	102	90,0	27	12,5 (1)
Cyprus	100	91 (2)	18	12,5
Egypt	99 (1)	92 (1)	22 (1)	12,0 (1)
France	-	-	19	15,7 (1)
Greece	102 (1)	96 (1)	11	13,8 (1)
Israel	101	-	12	15,0 (1)
Italy	103	95 (3)	11	14,9 (1)
Jordan	92	60,0	20 (1) (3)	13,1 (1)
Lebanon	100	79	14	14,1 (1)
Libyan Arab Jamahiriya	-	-	-	16,2 (1) (3)
Malta	97	69,7 (3)	19	14,5 (3)
Morocco	98	80,0	28	9,9 (1)
Occupied Palestinian Territory	84	62,0	27	13,4
Portugal	97 (1)	-	12	15,7
Spain	100 (1)	-	14	15,9
Syrian Arab Republic	120	63,0	18 (1)	-
Tunisia	95	88,0	21	13,7(1)
Turkey	91	72 (1)	17 (3)	11,1
Industrialized countries	101	-	13	15,9
Developing countries	113	64,0	27	10,1
Least developed countries	101	-	14	15,7
World	111	67,0	21	10,7

(1) UIS estimate

(2) Data are for the school years ending in 2002

(3) Data are for the school years ending in 2003

(4) Expected number of years of formal schooling from primary to tertiary education

Source: UNESCO data processed by Censis

Table 13. Participation and survival in primary education in the Mediterranean countries

Countries and territories	Net enrolment ratio in primary school 2004 (%)	Out-of-primary- school children 2001/2002 (%)	Survival rate to last grade in primary education 2003 (%)	Repeaters, all grades in primary education 2004 (%)	Transition from primary to secondary general education 2003 (%)
Algeria	97	3,1	93,4	11,8	79
Cyprus	96	1,5	98,7 (1)	128	100
Egypt	95 (1)	7,5	98,6 (1)	4,0 (1)	86 (1)
France	99	-	-	-	99 (2)
Greece	99	<1	-	-	-
Israel	98	2,0	99,9	1,6	74
Italy	99	<1	96,5 (3)	0,3	100
Jordan	91	5,1	97,8	1,0 (1)	97
Lebanon	93	8,4	96,3	10,6	86
Libyan Arab Jamahiriya	-	-	-	-	-
Malta	94	4,6	99,0 (2)	2	91 (2)
Morocco	86	11,5	75,5 (2)	13,2	79 (1)
Occupied Palestinian Territory	86	1,4	98,5	0,2	100
Portugal	99	1,0	-	-	-
Spain	99	<1	-	-	-
Syrian Arab Republic	92	2,6	91,8	7,5	94
Tunisia	97	2,2	93,3	7,3	88
Turkey	89 (1)	12,1	91,6 (1)	3,2	91 (1)
Industrialized countries	96	-	-	0,4	100
Developing countries	85	-	79,7	6,7	87
Least developed countries	96	-	98,3	1,0	99
World	86	-	86,6	4,3	94

(1) UIS estimate

(2) Data are for the school years ending in 2002

(3) Data are for the school years ending in 2001

Source: UNESCO data processed by Censis

Table 14. Child protection in the Mediterranean countries

Countries and territories	Birth registration 1999-2005 (%) (1)	Child labour (5-14 years) 1999-2005 (%) (1)	Child marriage 1987-2005 (%) (1)	Female genital mutilation/cutting 1997-2005 (%) (1)		Convention on the Rights of the Child 1989	Abolition of child labour Convention 138	Abolition of child labour Convention 182
				Women (15-49 years)	Daughters			
Algeria	-	-	-	-	-	●	●	●
Cyprus	-	-	-	-	-	●	●	●
Egypt	-	8	17	96	28	●	●	●
France	-	-	-	-	-	●	●	●
Greece	-	-	-	-	-	●	●	●
Israel	-	-	-	-	-	●	●	●
Italy	-	-	-	-	-	●	●	●
Jordan	-	-	11	-	-	●	●	●
Lebanon	-	7	11	-	-	●	●	●
Libyan Arab Jamahiriya	-	-	-	-	-	●	●	●
Malta	-	-	-	-	-	●	●	●
Morocco	85	11	16	-	-	●	●	●
Occupied Palestinian Territory	98	-	19	-	-			
Portugal	-	-	-	-	-	●	●	●
Spain	-	-	-	-	-	●	●	●
Syrian Arab Republic	-	8	-	-	-	●	●	●
Tunisia	-	-	10	-	-	●	●	●
Turkey	-	-	23	-	-	●	●	●
Middle East and North Africa	-	10	-	-	-			
Industrialized countries	-	-	-	-	-			
Developing countries	46	17	36	-	-			
Least developed countries	32	29	51	-	-			
World	-	-	-	-	-			

(1) Date refer to years or period other than specified in the column heading, differ from the standard definition or refer to only part of a country

Source: UNICEF data processed by Censis

Table 15. Trends in Human development index (HDI) in the Mediterranean countries

Countries and territories	HDI rank 2004	1975	1980	1985	1990	1995	2000
France	16	0.853	0.869	0.884	0.904	0.923	0.935
Italy	17	0.844	0.859	0.868	0.890	0.908	0.924
Spain	19	0.844	0.861	0.875	0.893	0.910	0.927
Israel	23	0.804	0.829	0.850	0.867	0.890	0.918
Greece	24	0.839	0.854	0.868	0.876	0.880	0.897
Portugal	28	0.791	0.807	0.830	0.853	0.883	0.902
Cyprus	29	-	0.803	0.823	0.846	0.868	0.893
Malta	32	0.730	0.766	0.793	0.828	0.855	0.876
Libyan Arab Jamahiriya	64	-	-	-	-	-	-
Lebanon	78	-	-	-	0.682	0.729	0.748
Jordan	86	-	0.643	0.665	0.685	0.710	0.744
Tunisia	87	0.516	0.572	0.623	0.659	0.700	0.739
Turkey	92	0.591	0.614	0.650	0.682	0.713	0.743
Occupied Palestinian Territories	100	-	-	-	-	-	-
Algeria	102	0.508	0.560	0.611	0.650	0.672	0.701
Syrian Arab Republic	107	0.543	0.589	0.625	0.646	0.673	0.690
Egypt	111	0.439	0.488	0.541	0.580	0.613	0.654
Morocco	123	0.432	0.479	0.517	0.549	0.580	0.610

Source: UNDP data processed by Censis

It should be stressed, however, that during the last few decades the HDI of the above mentioned countries grew visibly, albeit at different speeds. For example, between 1975 and 2004 Morocco has gone from 0.432 to 0.640, while Egypt went from 0.439 to 0.702 over the same period. These countries have thus moved from the lower to a medium human condition level, and have narrowed their disadvantage with respect to the countries on the northern shore of the Mediterranean basin.

The average GNI per capita of the MENA countries is US\$ 2,627 in 2005. Nevertheless, in some countries the value is below two thousand dollars, such as in Palestine (US\$ 1,110), Egypt (US\$ 1,250), Syria (US\$ 1,380), and Morocco (US\$ 1,730), while the richest country of the area is Lebanon (US\$ 6,180 per capita) (Table 16).

The Human Poverty Index calculated for the developing countries (HPI-1) indicates that the best conditions are recorded in Jordan (8.1%), Lebanon (9.6%), and Turkey (9.7%), while the situations in Egypt and Morocco are less positive (30.9% and 34.5% respectively). This means that in the last two countries in particular, about one third of the population is forced to live in uncertain conditions, even though the percentage of individuals living under the income poverty line is rather low: 3% in Egypt and less than 2% in Morocco (Table 16).

Table 16. Income and poverty in the Mediterranean countries

Countries and territories	GNI per capita (US\$) 2005	% of population below poverty line of \$1 a day 1994-2004 (1)	Human Poverty Index 2004
Algeria	2.730	<2	21,3
Cyprus	17.580	-	-
Egypt	1.250	3	30,9
France	34.810	-	11,4
Greece	19.670	-	-
Israel	18.620	-	-
Italy	30.010	-	29,9
Jordan	2.500	<2	8,1
Lebanon	6.180	-	9,6
Libyan Arab Jamahiriya	5.530	-	15,3
Malta	13.590	-	-
Morocco	1.730	<2	34,5
Occupied Palestinian Territory	1.110	-	-
Portugal	16.170	<2	-
Spain	25.360	-	11,6
Syrian Arab Republic	1.380	-	13,8
Tunisia	2.890	<2	18,3
Turkey	4.710	3	9,7
Middle East and North Africa	2.627	4	-
Industrialized countries	35.410	-	-
Developing countries	1.801	22	-
Least developed countries	383	41	-
World	7.002	21	-

(1) Data refer to the most recent year available during the period specified in the column heading

Source: UNICEF and UNDP data processed by Censis

Table 17. Information and communication technology in the Mediterranean countries, 2000-2004 (1)

Countries and territories	Main telephone lines per 100 inhabitants	Mobile phone subscribers per 100 inhabitants	Personal computers per 1,000 inhabitants	Internet users per 1,000 inhabitants	Information and communication technology expenditure (% of GDP)
Algeria	6,1	1	8	16	-
Cyprus	68,8	58	270	294	-
Egypt	11,5	7	17	28	1,15
France	57,2	65	347	314	6,35
Greece	49,1	85	82	135	4,4
Israel	45,3	96	243	301	7,73
Italy	48,1	94	231	352	4,48
Jordan	12,7	23	38	58	8,41
Lebanon	19,9	23	81	117	-
Libyan Arab Jamahiriya	13,0	1	23	22	-
Malta	52,3	70	255	303	-
Morocco	3,8	21	17	24	5,43
Occupied Palestinian Territory	28,1	35	45	73	7,46
Portugal	42,1	83	135	194	4,35
Spain	43,4	82	196	193	4,07
Syrian Arab Republic	12,3	79	709	351	7,56
Tunisia	11,7	6	34	52	5,04
Turkey	28,1	35	45	73	7,46

(1) Date refer to the most recent year available during the period specified in the column heading

Source: WHO data processed by Censis

3. THE MED-CWI (MEDITERRANEAN CHILD WELL-BEING INDEX)

3.1. Monitoring children's well-being

Given the diversity in the levels and patterns of children's welfare indicators described above across countries and groups of countries within the Mediterranean region, a simple summary measure of child well-being is desirable.

The literature defines children's well-being as a comprehensive term that encompasses all aspects of a child's life – that is, physical, mental, social, emotional, and economic welfare –, which the child needs to lead a good life (Van der Gaag and Dunkelberg, 2005). No one single dimension can explain the entire concept of well-being on its own and most reports refer to a common group of dimensions. These dimensions reflect the main social sectors: education, health, and economic welfare.

On a recent report by Micklewright and Stewart (2000) on children's well-being in EU and non-EU member countries, the authors referred to the three dimensions – economic welfare, health, and education – to assess children's well-being. For the most part, the international debate has focused on which type of social indicators used to assess well-being. The most commonly used indicators clustered under the traditional three dimensions are child malnutrition, child and infant mortality rates (for health), primary gross enrolments (education), and GDP or income (economic). However, as with dimensions, indicators may vary depending on the scope of the assessment (national or local level) and the specific context (developed nations or developing countries) (Van der Gaag and Dunkelberg, 2005).

A literature review on child poverty and well-being also shows some early attempts to develop a measure of human development that goes beyond economic status to consider all aspects of human development, and child well-being in particular. There are a range of aggregate indices that measure child well-being, as the Index of Social Health (Brink and Zeesman, 1997), the Child Quality of Life Index (Raab et al., 2000), the Vulnerability Index

(Willms, 2002), the International Index of Child Welfare (Dalirazar, 2002), the Early Development Instrument (Janus and Offord, 1999), the Kids Count Report (The Annie Casey Foundation, 2003), the Child Well-Being Index (Land, 2000), the Child Welfare Index (Van der Gaag and Dunkelberg, 2005).

Van der Gaag and Dunkelberg (2005) offer a broad overview of the studies carried out in this connection (Table 18) and also contribute toward identification of key indicators needed to represent the phenomenon. No specific comprehensive index of child well-being for the Mediterranean area was still elaborated, with the exception of those of the authors mentioned here.

The aim of this report is to identify the social and economic variables which determine the hardship of the children in the Mediterranean countries, starting from the point of view that child well-being is a multidimensional concept that can be assessed through multiple dimensions and domains, and using a combination of indicators to capture each one of the dimensions.

Following in the path of the work initiated by scholars such as Van der Gaag and Dunkelberg (2005) and the CER institute (2004), our analysis regards three essential aspects: the key components accounting for the variability of child welfare in the different countries, the comparative weight of the policy measures susceptible of implementation in the various major areas determining welfare, and the classification of the different countries considered.

This study aims to define a methodology that makes it possible to correlate the complex phenomena discussed above: economic growth and poverty, on the one hand, and overall children's well-being and social development, on the other. As already mentioned, these are complex phenomena which, as such, cannot be observed directly but which have many aspects that can be represented by a number of variables. As a result, some indications can be given as to the best type of methodology to be adopted:

- since the phenomenon to be studied is of a multidimensional nature, the interpretative model must also be of a multidimensional kind;

Table 18. Summary of child well-being indices

Index	Purpose	Dimensions/Indicators	Calculations
The Vulnerability Index (Willms, 2002)	To identify children's chances of leading a healthy and productive life	Cognitive: Scores on standardized motor and social development test; Peabody Picture Vocabulary Test (PPVT); Math score Behavior: Temperament; any six identified behaviour problems	Summary measure of the prevalence of vulnerable children. Vulnerable children as defined by cut-off scores on tests. Two sub-indices: (1) cognitive index: low scores on standardized test of motor and social development at ages 0 to 3, low PPVT R at ages 4-5, or low math scores at ages 6-11; (2) behaviour index: difficult temperament at ages 0-1, or any one of six identified behaviour problems at ages 2-11. Children coded as vulnerable if they were identified as being vulnerable in either domain
The Early Development Instrument (EDI) (Janus and Offord, 2003)	To assess how ready kindergarten children are for school	Physical health and well-being Social competence Emotional maturity Language and cognitive development Communication skills General knowledge	Questionnaires are completed by teachers for each individual child, but are interpreted at the group level. Vulnerable children are those who score the lowest 10 percent in any one of the scales. The 120 core questions are grouped into five scales
The Index of Social Health (ISH) (Brink and Zeesman, 1997)	To examine progress or setbacks on social health over time	Children: infant mortality rate, child abuse, and child poverty Youth: Teen suicide, drug abuse, and high school dropout Adults Elderly All ages	Indicators are grouped by demographic structure instead of dimensions. To standardize indicators, each is measured in comparison with its own best and worst performance over the time period. Best performance is scored as 10, worst as 1. The scores derived for the indicators are averaged and expressed as a percentage to derive the aggregate index

Table 18.

Index	Purpose	Dimensions/Indicators	Calculations
The Kids Count Report (The Annie Casey Foundation, 2003)	To develop a national state-by-state profile of child well-being	Infant mortality rate Low birth weight Child death rate Teen death rate by accident or homicide Teen birth rate Percent of high school dropouts Percent of teens out-of-school and not working Percent of children living in households where no parents have full-time jobs Percent of children living in poverty Percent of families with children and headed by a single parent	Overall ranking is determined by the sum of a states' standing on each of 10 measures of the condition of children arranged in sequential order, from highest/best (1) to lowest/worst (50). The 200 numerical values for each of the 10 indicators were converted into standard scores. Those scores were summed to create a total standard score for each of the 50 states. Standard scores are calculated by subtracting the mean score from the observed score and dividing the amount by the standard deviation for that distribution of scores. Percent change was computed by comparing the 2000 data for each of the 10 indicators with data for the base year 1990
The Child Well-Being Index (CWBI) (Land 2003)	To assess the overall direction of change in the well-being of children in the United States	Material well-being Health Safety and behavioural concerns Productive activity Place in community Social relationships Emotional and spiritual well-being	Equally weighted method. Each one of the 28 social indicators within the seven domains is equally weighted. The seven domains are then combined into equally weighted summary indices of child and youth well-being. Annual observations are computed as percentages of the base year values
The National Performance Gap (NPG) (UNICEF, 1996)	To measure the extent to which positive child rights are honoured by countries in relation to available resources	Percent of children adequately nourished Percent of children being educated to at least grade 5 Percent of children surviving to age 5	An expected level of performance is derived for each of three indicators. It requires the fitting of a line to country data represented by points on a graph of which one axis is always GNP per capita. The fitted line represents the average achievement and it is calculated using a least-squares regression method. The difference between the expected level and the actual level is the country's NPG. There is no aggregate summary measure

Table 18.

Index	Purpose	Dimensions/Indicators	Calculations
The International Index of Child Welfare (ICWI) (Dalirazar, 2002)	To construct a holistic child welfare index based on the concept of the NGP as an indicator of child welfare	Infant mortality rate Under-5 mortality rate Under-5 malnourishment Net enrolment rate in primary school Percent of children reaching grade 5	This index is the simple average of the relative NPGs for the five child welfare indicators, where the signs for several indicators are reversed, so that higher values uniformly denote greater child welfare. NPGs are the derivation of the expected values for each variable via regressions using double-log specifications. Absolute NPGs are calculated by subtracting the expected values from the actual values. Absolute NPGs are divided by the expected value to obtain relative NPGs
The Child Quality of Life Index (CQLI) (Raab et al., 2000)	To assess countries' abilities to maximize specific child development goals while minimizing resource utilization	Under-5 mortality rate Youth literacy rate Chronic malnutrition Per capita income Female literacy Female age at first marriage Population per doctor	Uses a linear programming approach (DEA) to measure and rank the relative efficiency of countries. The DEA ranks are developed by evaluating the extent to which each country minimizes input components and maximizes outputs. Redefines the relationship between U5MR, youth literacy rates, and chronic malnutrition into an input-output paradigm. Outputs: under-5 survival rate, lack of severe malnutrition, youth literacy rate. Inputs: per capita real domestic product, female literacy, female average age at first marriage, and population per doctor
The Children's Index (CI) (Project on Human Development, Boston University, 2003)	To assess children's well-being	Infant mortality rate Gross primary enrolment rate Percent of population with access to safe water Percent of children under age 5 suffering from moderate-to-severe nutritional wasting	Standard scores (Z-scores) are created for each of four indicators. The standard scores for each indicator are averaged to create the index

Source: Van der Gaag and Dunkelberg (2005)

- the analytic approach must be in the form of an inspection, that is to say it must not stem from a pre-established definition of the relationships between the variables but must try to penetrate the latent structure of the ratios expressed by the data matrices;
- the results of experiments based on applying the model must constitute a frame of reference to be used to identify operational strategies for fighting the children's hardship in accordance with a multi-criteria approach and in close connection with development policies;
- lastly, the proposed model must allow periodic intervention to monitor and verify the results of the activities planned and carried out within the framework of the management of social questions.

It is therefore necessary to find a methodology for child well-being analysis which satisfy the current requirements to define the phenomenon, keeping in mind two essential aspects:

- the multidimensional perspective, that is to say the influence of the different factors involved in determining the children's well-being;
- the regional factors, very relevant within a geographical context, such as the Mediterranean region, which is characterized by profound variances (first and foremost the fracture between the North and the South of the basin, but also the differences existing within the MENA region).

These conditions appear to be satisfied by a model of differential analysis of child well-being at a country level through the Principal Components Analysis (PCA), an effective way of elaborating a correct definition of the different profiles of the phenomenon within different regional contexts. This method of multivariate statistical analysis was used to identify the variables involved in defining a child well-being profile. The aim of such differential and comparative analysis is to focus accurately not only on the dimensions and composition of child well-being but also on the interrelated factors responsible for the conditions of hardship existing in a given social and territorial context.

In this way, by using PCA it is possible: (a) to make a single evaluation of the influence of many aspects in determining a complex phenomenon, (b) to proceed to make an international comparison, and (c) to extract qualitative

guidelines for interpretative hypotheses as to the components which, by their interaction, help to bring about conditions of suffering and privation.

The expected result is a regional map of child well-being showing both the geographical distribution of the phenomenon and the different components which help to determine children's marginality and social exclusion in a variable manner according to the different geographical contexts.

This methodology can constitute an important point of reference for two reasons:

- initially, because it provides the data necessary to study and draw up programmes for social protection and development, with the aim of fighting against the hardships affecting children by means of a strategy involving management of the projects at a local level, in a focused and more effective manner;
- at a later stage, because this methodology offers important advantages in monitoring and evaluating the effects of the policies and strategies adopted.

A Child Well-being Index for Mediterranean countries (Med-CWI) was constructed and analysed with respect to various macro indicators of social development as well as with income.

3.2. Description of methodology

In accordance with the conceptual hypotheses which underlie the proposed model for interpreting child well-being, the approach adopted focuses not only on variables of an economic and monetary kind, relating to the income and/or spending power of the population, but above all on aspects linked to deprivation and to the social and relational exclusion of the children, thus allowing the definition of indicators connected with the overall standard of living.

First of all, it is necessary to identify the set of simple variables which best describes the basic socio-economic characteristics of the countries considered.

Of course, the choice of the variables to be considered is at present strongly conditioned by the effective availability of reliable and comparable data from official international sources, so as to guarantee the international homogeneity of the criteria adopted for the studies and measurements. Besides the problem of the lack of information, it must also be remembered that the data available does not always allow accurate international comparisons, because of distortions due either to the collection phase or to the different conceptual definitions adopted.

More complex, multidimensional indicators are then constructed by combining the simple indicators using factorial analysis with the method of Principle Components Analysis. This achieves two objectives: on the one hand, concentrating the information available in a synthetic indicator, and on the other, identifying the various dimensions which help to determine the level of well-being/hardship in the countries studied, while simultaneously highlighting existing regional discrepancies.

PCA is a multivariate analysis technique that is generally used to reduce the number of variables considered by extracting new variables (the factors) which express in a synthetic form the information contained in the original battery of data. The factors extracted show a linear relationship with the original variables and account for ever-smaller quotas of overall variability. Essentially, they constitute completely new variables, independent of one another, each of them summing up a particular aspect of the phenomenon being investigated (and therefore of the original set of simple indicators) and adding an autonomous, original piece of information. It is possible to identify these aspects by considering the importance of each of the original variables in determining a given factor (factor score), so as to reproduce the implicit structure of the “weights” of the ratios of the basic indicators. The specific contribution of this technique derives from an analysis of the correlation between the factor extracted and the original variables, which determine the possibility of making a satisfactory qualitative interpretation. PCA does not allow a definition of the relationships existing between the variables in terms of cause-and-effect, but gives a clearer (and therefore easier to interpret) snapshot of the relationships between the variables characteristic of the phenomenon.

In the presence of complex phenomena, the specific contribution of PCA is the opportunity to identify the main dimensions which determine the relationships between variables not directly observable. The complexity of

the analysis carried out is due to the attempt to allow the emergence of appreciable results other than the obvious empirical evidence.

Data were been drawn from the major official sources and international organizations (UNICEF, UNPD, UNESCO, WHO, World Bank), which guarantee their homogeneity and comparative reliability. They provide a sufficiently detailed, specific and calibrated picture of the regional situation.

The operational application of the multidimensional concept of child well-being was executed on the basis of a matrix of 55 variables in five dimensions: demographic indicators, nutrition, health, education, economic and social indicators (Table 19).

The preliminary analysis of the matrix of correlations allowed us to identify and eliminate the variables with high levels of interdependence, which therefore determine redundant information. Thus the PCA was applied to a set of 24 variables and allowed us to extract the first factorial axis, which explains 54.6% of the overall variance. Thus the first factor can provide a suitable description of the phenomenon.

3.3. Synthesis of principal results

An empirical analysis carried out on the basis of the proposed methodology allowed the verification of certain aspects relating to the intertwined relationships existing between the child well-being and structural, social, economic and political factors, in the countries belonging to the Mediterranean region.

The first factor extracted (which, as mentioned above, accounts for 54.6% of the original variance) presents highest correlations with indicators which significantly determine the child well-being level reached by a country.

Since we gave the right orientation to the axis in regard to the studied phenomenon (so that a positive coordinate corresponds to a positive degree of well-being, and vice versa), it is clearly evident the existence of a positive correlation between child well-being and those variables that identify a better standard of living. On the negative semi-axis we find instead those variables negatively correlated with child well-being (Figure 7).

Table 19. Complete list of variables utilized in the PCA (1)

Variables	Years	Sources
DEMOGRAPHIC INDICATORS		
Child population (%)	2005	UNICEF
Population urbanized (%)	2005	UNICEF
Birth rate	2005	UNICEF
Birth registration	2005	UNICEF
Total fertility rate	2005	UNICEF
Adolescent fertility rate	1999-2004	WHO
Under-5 mortality rate	2005	UNICEF
Infant mortality rate	2005	UNICEF
Average annual rate of reduction U5MR (%)	1990-2005	UNICEF
Life expectancy at birth (years)	2005	UNICEF
NUTRITION		
Infants with low birthweight (%)	1998-2005	UNICEF
% under-5 suffering underweight moderate & severe	1996-2005	UNICEF
% under-5 suffering underweight severe	1996-2005	UNICEF
% of population using improved drinking water sources	2004	UNICEF
Vitamin A supplementation coverage rate (6-59 months)	2004	UNICEF
% of households consuming iodised salt	1998-2005	UNICEF
HEALTH		
Antenatal care coverage (%)	1996-2005	UNICEF
Skilled attendant at delivery (%)	1996-2005	UNICEF
Maternal mortality ratio	1990-2005	UNICEF
Contraceptive prevalence (%)	1997-2005	UNICEF
% population using adequate sanitation facilities	2004	UNICEF
% of routine EPI vaccines financed by government	2005	UNICEF
Immunization DPT3	2005	UNICEF
Immunization polio3	2005	UNICEF
% of one-year old children immunized against measles	2005	UNICEF
Total expenditure on health as % of GDP	2004	WHO
Per capita govern. expend. on health at intern. dollar rate	2004	WHO
Physicians per 100,000 population	1995-2004	WHO
Pharmacists per 100,000 population	1995-2004	WHO
Hospital beds per 10,000 population	2003-2005	WHO
% under-5 whit suspected pneumonia	1999-2005	UNICEF
% of under-5 deaths due to pneumonia	2004	UNICEF
HIV prevalence (% ages 15-49)	1995-2004	UNDP

Table 19

Variables	Years	Sources
EDUCATION		
Gross enrolment ratio in pre-primary education (%)	2002/2003	UNESCO
Net enrolment ratio in pre-primary education	2002/2003	UNESCO
Gross intake rate (GIR) in primary education (%)	2004	UNESCO
Net intake rate (GIR) in primary education (%)	2004	UNESCO
Pupil/teacher ratio in primary education	2004	UNESCO
School life expectancy	2004	UNESCO
Net enrolment ratio in primary school	2004	UNESCO
Out-of-primary-school children	2001/2002	UNESCO
Survival rate to last grade in primary education	2003	UNESCO
Repeaters, all grades in primary education	2004	UNESCO
Transition from primary to secondary general education	2003	UNESCO
Youth literacy rate	2000-2004	UNESCO
% of central governm. expenditure allocated to education	1994-2004	UNICEF
ECONOMIC AND SOCIAL INDICATORS		
GDP per capita	2005	UNDP
Human development index (HDI)	2004	UNDP
Income poverty	2004	UNDP
Information and communication technology diffusion	2000-2004	WHO
Main telephone lines per 100 inhabitants	2000-2004	WHO
Mobile phone subscribers per 100 inhabitants	2000-2004	WHO
Personal computers per 1,000 inhabitants	2000-2004	WHO
Internet users per 1,000 inhabitants	2000-2004	WHO
ICT expenditure (% of GDP)	2000-2004	WHO

(1) Active variables in bold type

Source: CENSIS, 2008

The thumbnail analyses suggested is consistent with the most intuitive expectations regarding variables capable to influence the children's welfare, thus confirming that the first axis constitutes a credible synthesis of child well-being. HDI is the indicator with the maximum "weight" on the positive semi-axis: it synthesizes the three dimensions of human development (living a long and healthy life, measured by life expectancy; being educated, measured by adult literacy and enrolment at the primary, secondary and tertiary level; and having a decent standard of living, measured by purchasing power parity, PPP, income). Then follow life expectancy at birth, since higher life hope is positively linked to child well-being, and the availability of physicians compared to the number of inhabitants.

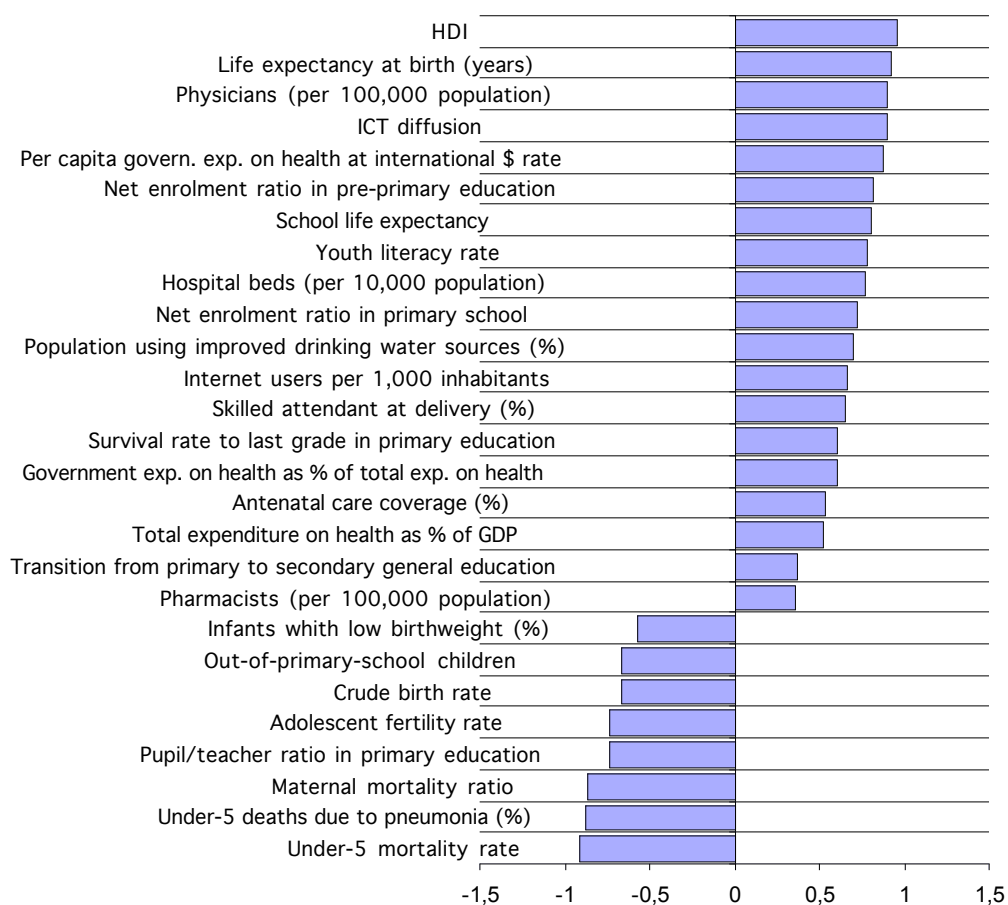
No wonder that among the first variables there is also the degree of diffusion of information and communication technologies: a sign of the attainment of higher thresholds of prosperity, not only material, because ICTs provide easier access to information and are instrumental in raising the general cultural level.

The analysis confirms, however, the existence of a positive relationship between children's well-being and per capita public expenditure on health, a number of indicators related to school participation and the rate of literacy among young people, the availability of hospital beds.

It may be noted that the phenomenon is characterized, although gradually in lesser degree, by the access to improved drinking water sources, the possibility to obtain qualified assistance in childbirth, and by an indicator of social development such as the access to the Internet.

At the opposite side, a group of different variables seems to be negatively correlated to the children's well-being. Of course we find here some fundamental demographic aspects. A low under 5 mortality rate, a low maternal mortality ratio, and a little number of deaths of children under age five due to pneumonia are all indicators of welfare for children. Similarly, a low pupil/teacher ratio in primary schools positively correlates with child well-being.

Figure 7. Distribution of active variables on the first factorial axis (1)



(1) The first factorial axis explains 54.6% of the overall variance

Source: CENSIS, 2008

With declining shares of importance, we have two purely demographic indicators: the adolescent fertility rate and the crude birth rate. Regarding the indicators on education, we note that the number of children without access to the primary school is negatively correlated to the child well-being. The same holds with the percentage of infants with low birthweight.

In building the synthetic index Med-CWI, for each country of the Mediterranean region we considered its coordinate on the first axis, “weighted” for the variance explained. To make the grasp easier, values have been standardized, so that the Med-CWI moves within a defined range from 0 (lowest score) to 100 (maximum score) (Table 20).

As shown in the Table 20, the success cases in the pursuit of the children’s well-being in the Mediterranean region are France and Italy, respectively the first and second ranked. Then we have Spain, Israel, and Portugal. In a central position we have Lebanon, Libya, Jordan, and Tunisia. While the last places are occupied by Morocco, Egypt, and Algeria.

The fact that some countries present a better score regarding child well-being compared to the region in general is confirmed by the measure that correlates the average income of the population with the level of Med-CWI reached (the range of GNI per capita minus the range of the Med-CWI). If a country’s position on the Med-CWI is better than its range on the GNI per capita ranking, this means that it has made greater progress in orienting the acquired economic wealth towards improving the overall condition of its children. It has done this by using its investments towards reducing the deprived conditions of the children, by extending their access to social protection services and the instruments that are able to strengthen human resources, thus enhancing individual opportunity. This is, then, the case of the Occupied Palestinian Territory (+5), Jordan (+3) and Syria (+2), and Portugal and Malta in Europe, which present a positive coefficient compared, for example, with Turkey (-4), Algeria, Morocco and Greece (-3) (Table 20).

Table 20. The Med-CWI: values, scores and ranking

	Value	Med-CWI score (0-100)	Rank Med-CWI (a)	Rank GNI per capita (b)	(b)-(a)
France	2,8	100	1	1	0
Italy	2,6	98	2	2	0
Spain	2,2	92	3	3	0
Israel	2,0	90	4	5	+1
Portugal	1,9	89	5	7	+2
Malta	1,8	86	6	8	+2
Greece	1,7	86	7	4	-3
Cyprus	1,1	77	8	6	-2
Lebanon	0,0	64	9	9	0
Libyan Arab Jamahiriya	-0,5	57	10	10	0
Jordan	-0,6	55	11	14	+3
Tunisia	-0,8	53	12	12	0
Occupied Palestinian Territory	-0,8	53	13	18	+5
Syrian Arab Republic	-1,6	43	14	16	+2
Turkey	-2,2	35	15	11	-4
Algeria	-2,2	34	16	13	-3
Egypt	-2,7	27	17	17	0
Morocco	-4,8	0	18	15	-3

Source: CENSIS, 2008

Figure 8 shows, for the countries for which we calculated it, that Med-CWI moves essentially in line with HDI.

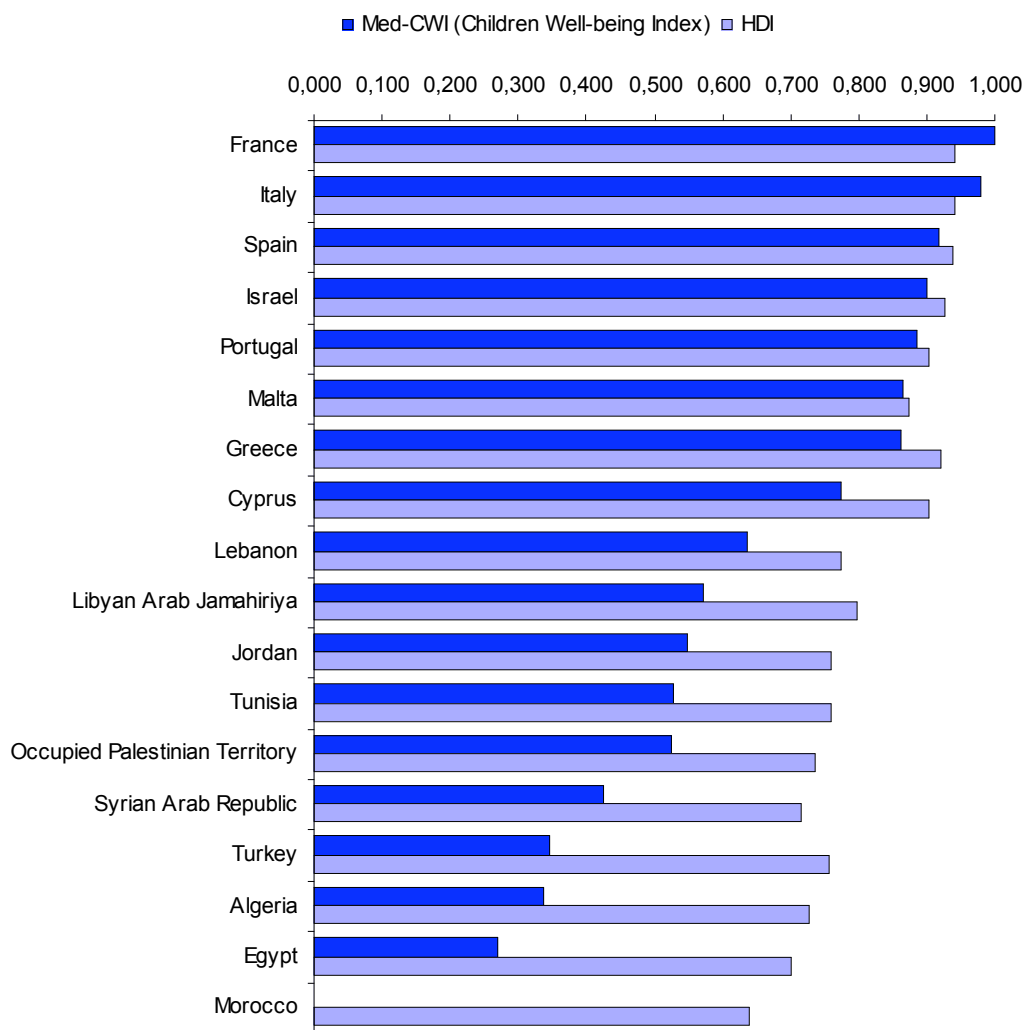
Figure 9 illustrates a series of bivariate associations between Med-CWI and selected indicators in the Mediterranean region.

We can observe not only the high correlation of Med-CWI with HDI ($r^2=0.925$), but also the inverse relation, strongly significant, with U5MR ($r^2=0.831$). In addition, figure shows the relation of the child well-being index with the per capita total expenditure on health ($r^2=0.792$). A positive linear correlation exists also between the Med-CWI and the GNI per capita, but it is weaker ($r^2=0.729$).

At a first glance, the correlation between Med-CWI and GNI per capita seems to be less contradictory. This is because as the average disposable income grows, so does the Med-CWI value. However, this relationship is not a strictly direct one. In fact, among European countries with different wealth, France, Italy, and Spain have very similar Med-CWI scores. Israel, Portugal, and Malta, which have a lower average individual wealth than the other mentioned European countries, were the most successful in reaching relatively better child living conditions.

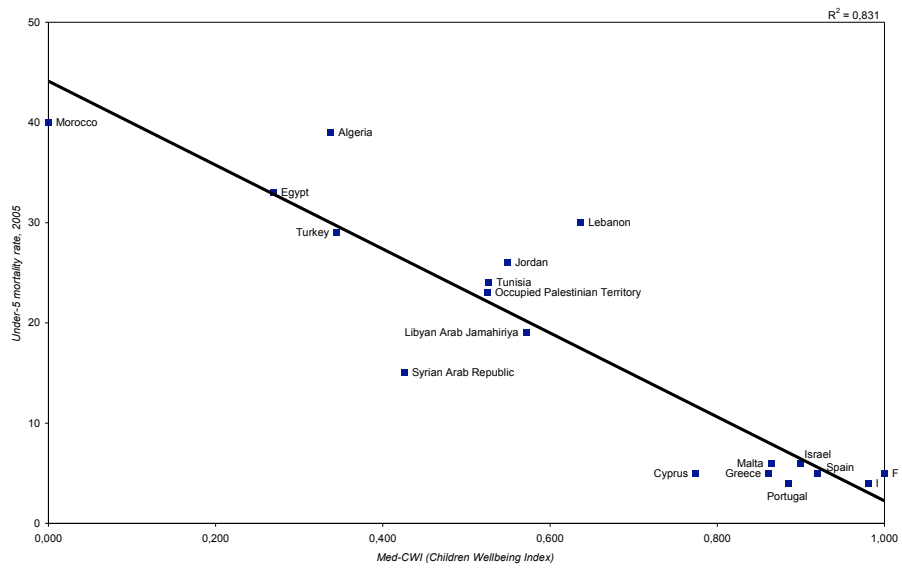
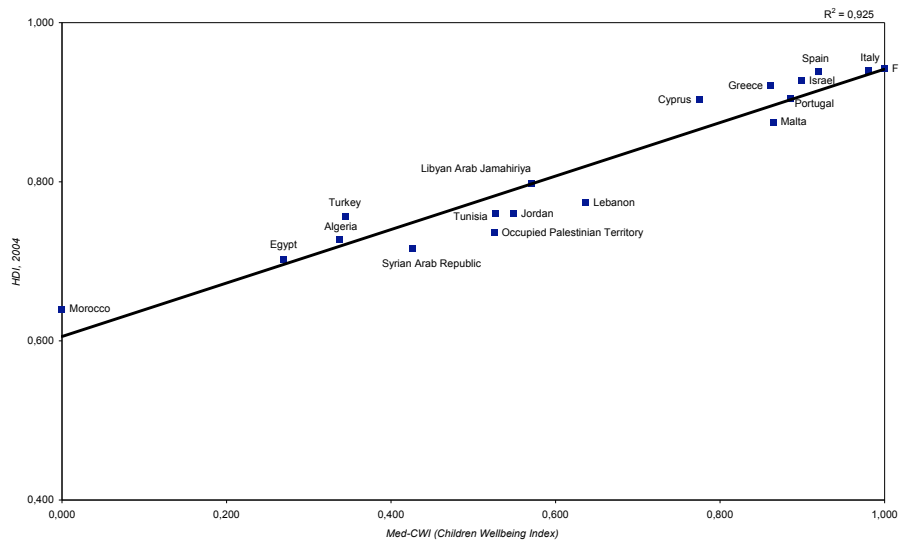
A similar observation can be made for the MENA countries. They all have more or less similar GNI per capita values, but they occupy very different positions on the Med-CWI axis. This means that although they have similar national wealth, they also have different children living conditions. For example, Morocco, Egypt, Syria, and Palestine have a very similar GNI per capita between US\$ 1,110 and 1,730, but very different Med-CWI scores, from zero to 0.525. It signifies that in some countries, the overall wealth was actually used to improve the overall social conditions (thus producing a progress in children's well-being), while the others still lag behind from this point of view. The countries that are above the curve are countries which have a lower Med-CWI than expected, given their average income per capita. Their distance above the curve indicates potential improvement in child well-being, i.e. the gains that would result from their "joining the curve".

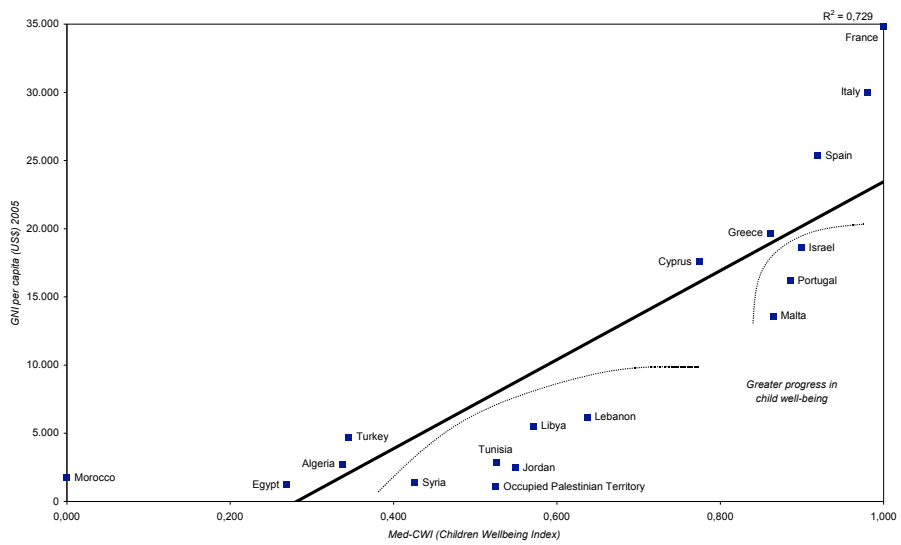
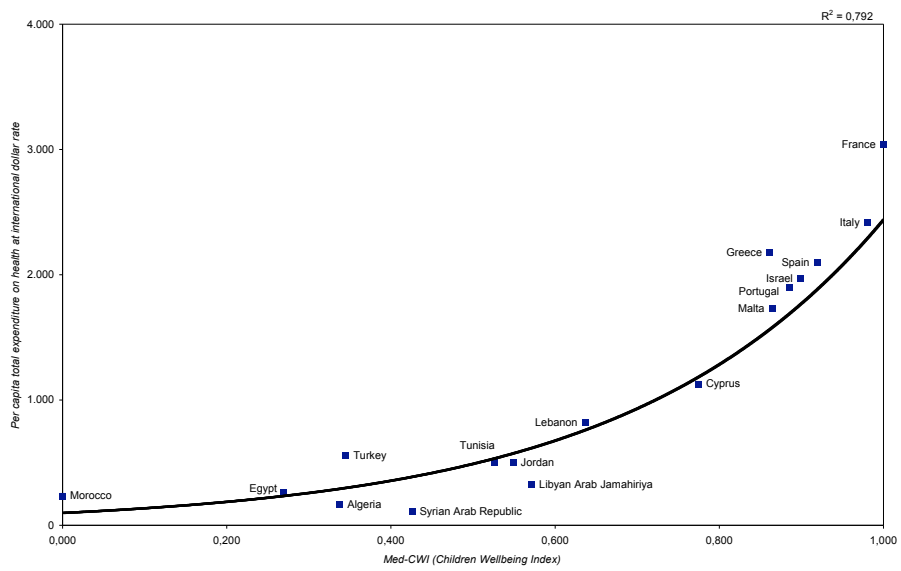
Figure 8. Comparison of Med-CWI and HDI



Source: UNDP and CENSIS data

Figure 9. Bivariate associations between Med-CWI and selected indicators in the Mediterranean region





Source: UNDP and UNICEF data processed by CENSIS

3.4. Annex

VALEURS PROPRES

APERCU DE LA PRECISION DES CALCULS : TRACE AVANT DIAGONALISATION .. 27.0000
 SOMME DES VALEURS PROPRES 27.0000

HISTOGRAMME DES 18 PREMIERES VALEURS PROPRES

NUMERO	VALEUR PROPRE	POURCENT.	POURCENT. CUMULE	
1	14.7377	54.58	54.58	*****
2	2.7130	10.05	64.63	*****
3	2.0370	7.54	72.18	*****
4	1.5902	5.89	78.07	*****
5	1.2273	4.55	82.61	*****
6	1.0918	4.04	86.66	*****
7	0.7966	2.95	89.61	*****
8	0.7029	2.60	92.21	****
9	0.5211	1.93	94.14	***
10	0.4664	1.73	95.87	***
11	0.3734	1.38	97.25	***
12	0.2989	1.11	98.36	**
13	0.1565	0.58	98.94	*
14	0.1128	0.42	99.35	*
15	0.0847	0.31	99.67	*
16	0.0597	0.22	99.89	*
17	0.0301	0.11	100.00	*
18	0.0000	0.00	100.00	*

EDITION SOMMAIRE DES VALEURS PROPRES SUIVANTES

19 = 0.0000 20 = 0.0000 21 = 0.0000 22 = 0.0000 23 = 0.0000
 24 = 0.0000 25 = 0.0000 26 = 0.0000 27 = 0.0000

RECHERCHE DE PALIERS (DIFFERENCES TROISIEMES)

PALIER	ENTRE	VALEUR DU PALIER	
1--	2	-11119.54	*****
4--	5	-387.23	**
6--	7	-289.51	**
8--	9	-165.25	*
2--	3	-145.23	*
12--	13	-86.18	*
13--	14	-12.41	*
16--	17	-7.97	*

RECHERCHE DE PALIERS ENTRE (DIFFERENCES SECONDES)

PALIER	ENTRE	VALEUR DU PALIER	
1--	2	11348.71	*****
2--	3	229.16	**
4--	5	227.45	**
6--	7	201.49	*
8--	9	127.03	*
12--	13	98.56	*
3--	4	83.94	*
10--	11	18.40	*
13--	14	15.63	*
14--	15	3.22	*

COORDONNEES DES VARIABLES SUR LES AXES 1 A 5
VARIABLES ACTIVES

VARIABLES		COORDONNEES					CORRELATIONS VARIABLE-FACTEUR					ANCIENS AXES UNITAIRES				
IDEN	LIBELLE COURT	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
C4	- Crude birth rate	0.67	-0.47	0.15	0.11	-0.02	0.67	-0.47	0.15	0.11	-0.02	0.17	-0.28	0.10	0.09	-0.02
C6	- Adolescent fert. rate	0.73	-0.10	-0.19	0.52	0.02	0.73	-0.10	-0.19	0.52	0.02	0.19	-0.06	-0.13	0.41	0.02
C7	- Under-5 mortalityrate	0.91	-0.16	-0.02	-0.22	0.07	0.91	-0.16	-0.02	-0.22	0.07	0.24	-0.10	-0.02	-0.17	0.06
C10	- Lifeexpectancyatbirth	-0.92	0.27	0.11	-0.01	-0.01	-0.92	0.27	0.11	-0.01	-0.01	-0.24	0.16	0.08	-0.01	-0.01
C11	- Infantslowbirthweight	0.57	-0.13	-0.45	0.37	0.31	0.57	-0.13	-0.45	0.37	0.31	0.15	-0.08	-0.32	0.29	0.28
C14	- Improveddrinkingwater	-0.70	-0.26	-0.28	0.34	-0.10	-0.70	-0.26	-0.28	0.34	-0.10	-0.18	-0.16	-0.19	0.27	-0.09
C16	- Antenatalcarecoverage	-0.53	-0.66	-0.06	-0.41	0.00	-0.53	-0.66	-0.06	-0.41	0.00	-0.14	-0.40	-0.04	-0.32	0.00
C17	- Skilled at delivery	-0.65	-0.56	0.29	-0.19	0.28	-0.65	-0.56	0.29	-0.19	0.28	-0.17	-0.34	0.20	-0.15	0.26
C18	- Maternalmortalityrati	0.88	0.18	-0.19	-0.23	0.08	0.88	0.18	-0.19	-0.23	0.08	0.23	0.11	-0.13	-0.18	0.07
C23	- Expend.healthas%ofGDP	-0.60	-0.33	-0.63	-0.21	-0.04	-0.60	-0.33	-0.63	-0.21	-0.04	-0.16	-0.20	-0.44	-0.17	-0.04
C24	- Governm.exp.on health	-0.52	0.04	0.26	0.13	0.72	-0.52	0.04	0.26	0.13	0.72	-0.13	0.02	0.18	0.11	0.65
C26	- Percapitagovern.exp.h	-0.88	0.15	-0.20	-0.11	0.14	-0.88	0.15	-0.20	-0.11	0.14	-0.23	0.09	-0.14	-0.09	0.13
C28	- Physiciansper100,000	-0.90	0.03	-0.19	-0.11	-0.07	-0.90	0.03	-0.19	-0.11	-0.07	-0.24	0.02	-0.14	-0.08	-0.06
C32	- Pharmacistsper100,000	-0.36	-0.59	-0.31	-0.21	0.04	-0.36	-0.59	-0.31	-0.21	0.04	-0.09	-0.36	-0.21	-0.17	0.03
C33	- Hospitalbedsper10,000	-0.77	0.04	-0.24	-0.05	0.35	-0.77	0.04	-0.24	-0.05	0.35	-0.20	0.02	-0.17	-0.04	0.32
C34	- Under5deathspneumonia	0.86	-0.11	0.05	0.22	0.35	0.86	-0.11	0.05	0.22	0.35	0.22	-0.07	0.04	0.17	0.31
C36	- Netenrolmentpreprimar	-0.82	0.34	-0.27	-0.30	0.03	-0.82	0.34	-0.27	-0.30	0.03	-0.21	0.20	-0.19	-0.23	0.03
C39	- Pupil/teacher ratio	0.74	-0.19	0.23	-0.29	0.19	0.74	-0.19	0.23	-0.29	0.19	0.19	-0.12	0.16	-0.23	0.17
C40	- Schoollife expectancy	-0.81	-0.04	0.30	-0.07	0.03	-0.81	-0.04	0.30	-0.07	0.03	-0.21	-0.03	0.21	-0.05	0.03
C41	- Net enrolment primary	-0.72	0.33	0.31	0.06	0.02	-0.72	0.33	0.31	0.06	0.02	-0.19	0.20	0.22	0.05	0.02
C42	- Out-of-primary-school	0.67	0.03	-0.64	-0.05	0.19	0.67	0.03	-0.64	-0.05	0.19	0.18	0.02	-0.45	-0.04	0.18
C43	- Survival rate	-0.60	-0.52	0.18	0.34	-0.01	-0.60	-0.52	0.18	0.34	-0.01	-0.16	-0.32	0.12	0.27	-0.01
C45	- Transitionfromprimary	-0.37	-0.45	-0.01	0.15	-0.30	-0.37	-0.45	-0.01	0.15	-0.30	-0.10	-0.28	0.00	0.12	-0.27
C46	- Youth literacy rate	-0.78	-0.41	0.14	0.31	-0.02	-0.78	-0.41	0.14	0.31	-0.02	-0.20	-0.25	0.10	0.25	-0.01
C50	- HDI	-0.96	0.18	-0.04	0.06	0.08	-0.96	0.18	-0.04	0.06	0.08	-0.25	0.11	-0.03	0.05	0.08
C52	- ICT diffusion	-0.90	0.20	-0.16	0.16	0.18	-0.90	0.20	-0.16	0.16	0.18	-0.23	0.12	-0.11	0.13	0.17
C56	- Internetusersper1,000	-0.66	0.21	-0.26	0.33	-0.16	-0.66	0.21	-0.26	0.33	-0.16	-0.17	0.13	-0.18	0.26	-0.14

AXES 1 A 5

INDIVIDUS			COORDONNEES					CONTRIBUTIONS					COSINUS CARRES				
IDENTIFICATEUR	P.REL	DISTO	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Algeria	5.56	31.61	4.08	0.28	3.00	-0.94	1.56	6.3	0.2	24.6	3.1	11.0	0.53	0.00	0.28	0.03	0.08
Cyprus	5.56	15.10	-1.98	0.59	0.35	0.99	-1.54	1.5	0.7	0.3	3.4	10.7	0.26	0.02	0.01	0.06	0.16
Egypt	5.56	35.29	5.03	0.05	-0.30	1.94	-0.26	9.5	0.0	0.2	13.1	0.3	0.72	0.00	0.00	0.11	0.00
France	5.56	34.28	-5.11	-0.06	-0.95	-1.10	1.05	9.8	0.0	2.5	4.2	5.0	0.76	0.00	0.03	0.04	0.03
Jordan	5.56	26.05	1.15	-4.42	-0.84	-0.50	-0.22	0.5	40.0	1.9	0.9	0.2	0.05	0.75	0.03	0.01	0.00
Greece	5.56	16.20	-3.19	1.09	-0.10	-0.01	-0.57	3.8	2.4	0.0	0.0	1.5	0.63	0.07	0.00	0.00	0.02
Israel	5.56	24.91	-3.71	1.15	-0.41	0.95	1.21	5.2	2.7	0.5	3.1	6.6	0.55	0.05	0.01	0.04	0.06
Italy	5.56	28.37	-4.84	1.11	-0.10	0.16	-0.58	8.8	2.5	0.0	0.1	1.5	0.83	0.04	0.00	0.00	0.01
Lebanon	5.56	18.69	-0.07	-0.92	-2.11	-1.86	-1.94	0.0	1.7	12.2	12.1	17.0	0.00	0.05	0.24	0.18	0.20
Libyan Arab Jamahiriya	5.56	11.43	0.84	0.26	2.17	-0.09	0.93	0.3	0.1	12.8	0.0	3.9	0.06	0.01	0.41	0.00	0.08
Malta	5.56	19.43	-3.23	-0.29	-1.06	-0.34	1.34	3.9	0.2	3.1	0.4	8.2	0.54	0.00	0.06	0.01	0.09
Morocco	5.56	97.82	8.77	3.25	-1.79	-2.27	0.00	29.0	21.7	8.7	17.9	0.0	0.79	0.11	0.03	0.05	0.00
Syrian Arab Republic	5.56	25.08	2.86	0.55	1.00	2.24	-1.98	3.1	0.6	2.7	17.6	17.7	0.33	0.01	0.04	0.20	0.16
Spain	5.56	19.46	-3.99	1.17	0.53	-0.12	-0.31	6.0	2.8	0.8	0.0	0.4	0.82	0.07	0.01	0.00	0.00
Occupied Palestinian Ter	5.56	22.20	1.48	-3.37	1.03	-0.50	-0.02	0.8	23.2	2.9	0.9	0.0	0.10	0.51	0.05	0.01	0.00
Tunisia	5.56	9.43	1.46	-0.23	1.84	-0.99	-0.65	0.8	0.1	9.3	3.4	1.9	0.23	0.01	0.36	0.10	0.04
Turkey	5.56	34.69	3.98	-0.59	-2.52	2.38	1.75	6.0	0.7	17.3	19.8	13.9	0.46	0.01	0.18	0.16	0.09
Portugal	5.56	15.96	-3.52	0.38	0.26	0.04	0.22	4.7	0.3	0.2	0.0	0.2	0.78	0.01	0.00	0.00	0.00

4. CONCLUSIONS

Income emerges as an important determinant of child survival and well-being across countries. This is certainly the case in the Mediterranean region as indicated by significant associations between income and child health and well-being in the northern shore of the basin. However, a closer look at the data reveals that more national wealth does not necessarily bring better health and welfare for childhood. It was shown above that three of the Arab countries ranked lower on their child well-being than their income ranking.

Income growth and improved educational levels, and consequent improvements in food intake and sanitation, have accounted for part of the dramatic decline in child mortality in the Arab countries of the Mediterranean region. But access to new knowledge, drugs and vaccines appears to have been substantially more important. The decline in mortality has had far-reaching consequences for every aspect of life: fertility began a rapid decline, populations are ageing and better healthy.

The fact that there are many countries with comparable levels of wealth but showing significant differences in children's living conditions (as regards the infant mortality rate, malnutrition, health services, education, etc.) confirms the importance of the role played by public policies in ensuring acceptable and dignified living conditions for children. In other words, only a few Arab countries have succeeded in effectively channeling the economic prosperity achieved in the 1980s and 1990s into tools and resources to improve living conditions for children through investments designed to reduce the deficit in basic skills, increasing access to services of social protection and to resources capable of strengthening the social capital represented by the young.

The evidence presented here pertaining to child well-being rather than merely survival has important implications for social and health policies at the regional and national levels. Policies which aim at improving access to public and private health services and reducing socio-economic disadvantage will certainly result in improved health status and reduced disparities in child well-being (Yount, 2004).

It should once more be emphasised that optimum conditions for making a more detailed analysis than the current experimentation, in order to obtain

reliable results and to identify clear policy guidelines for the eradication of children hardship, depend on the quality and completeness of the data set available to be utilised for each country considered. More precisely, the successful outcome of the analysis depends on:

- level of regional break-down of the units under examination;
- how up-to-date the figures are;
- whether all the indicators used to measure the phenomenon point in one direction;
- the reliability, homogeneity and comparability of the data utilised for the different geographical areas.

In order to achieve an effective system for monitoring the conditions and trends of child well-being in the Mediterranean region it is therefore essential also to have complete data on the economic and social structures at intra-country level: an information base which is at present not entirely satisfactory.

REFERENCES

- Bradbury, B. & Janti, M. 1999. "Child Poverty across Industrialized Nations". Occasional Paper No 71. Florence: UNICEF Innocenti Research Centre.
- Bradbury, B., Jenkins, S. & Micklewright, J. 2000. "Child Poverty Dynamics in Seven Nations". Florence: UNICEF Innocenti Research Centre.
- Brink, S. & Zeesman, A. 1997. "Measuring Social Well-Being. An Index of Social Health for Canada". Applied Research Branch Strategic Policy. Quebec: Human Resources Development Canada.
- Caldwell, J. 1986. "Routes to Low Mortality in Poor Countries". *Population and Development Review*, 12(2):171-220.
- Cantillon, B. & Van de Bosch, K. 2002. "Social Policy Strategies to Combat Income Poverty of Children and Families in Europe". Luxembourg Income Study Working Paper No. 336.
- CENSIS, 2000. *Poverty in Transformation: Definition, Indicators, and Key Players at the National and Mediterranean Level*. Marseille: FEMISE.
- CENSIS, 2003. *The Mediterranean Limes. The Social Variables of Development: Health, Poverty, and Crime*. Marseille: FEMISE.
- CER. 2004. *Towards an Estimate of Child Welfare*. Roma.
- Cornia, G. & Danzinger, S. 1997. *Child Poverty and Deprivation in Industrialized Countries 1945-1995*. Oxford: Oxford University Press.
- Cornia, G. & Sipos, S. 1991. *Children and the Transition to the Market Economy: Safety Nets and Social Policies in Central and Eastern Europe*. UNICEF. England: Avebury Academic Publishers.
- Dalirazar, N. 2002 "An International Index of Child Welfare". Working Papers Series N. 40. Political Economy Research Institute University of Massachusetts Amherst.

- Gordon, D., Nandy, S., Pantazis, C., Permberton, S. & Townsend, P. 2003. *Child Poverty in the Developing World*. United Kingdom: The Policy Press.
- Janus, M. & Offord, D. 1999. "Readiness to Learn at School". *ISUMA* 1 (2): 71-75.
- Jeandidier, B. & Albiser, E. 2002. "To What Extent do Family Policy and Social Assistance Transfers Equitably Reduce the Intensity of Child Poverty? A Comparison between the US, France, Great Britain and Luxembourg". Luxembourg Income Study Working Paper No 255.
- Micklewright, J & Stewart, K. 2000. "Child Well-Being in the EU and Enlargement to the East". *Innocenti Working Papers. Economic and Social Policy Series N 75*. Florence: UNICEF Innocenti Research Centre.
- Micklewright, J. 2003. "Child Poverty in English Speaking Countries". *Innocenti Working Papers No. 94*. Florence: UNICEF Innocenti Research Centre.
- Page J., 1998. "From Boom to Bust and Back? The Crisis of Growth in the Middle East and North Africa", in Shafik, N. (ed.), *Prospects for Middle Eastern and North African Economies. From Boom to Bust and Back?* London: Macmillan Press.
- Raab R., et al. 2000. "Efficient Provision of Child Quality of Life in Less Developed Countries: Conventional Development Indexes Versus a Programming Approach to Development Indexes". *Socio-Economic Planning Sciences* 34: 51-67.
- Rainwater, L. & Smeeding, T. 2003. *Poor Kids in Rich Countries: America's Children in Comparative Perspectives*. New York: Russell Sage Foundation Publications.
- Redmond, G. 1999. "Large Families: Disadvantaged or Just Different?" Paper prepared for the Conference *Child Well-Being in Rich and Transition Countries. Are Children Growing in Danger of Social Exclusion*. Luxembourg Income Study.

- Shafik, N. 1994. *Big Spending, Small Returns: The Paradox of Human Resource Development in the Middle East*. Washington DC: World Bank.
- Smeeding, T., Rainwater, L. & Burtless, G. 2000. "United States Poverty in a Cross-National Context". Luxembourg Income Study Working Paper No 244.
- The Annie Casey Foundation. 2003. *Kids Count Data Book. State Profiles of Child Well-Being*. Baltimore: The Annie Casey Foundation.
- UNDP, 2006. *Human Development Report 2006*. New York: Oxford University Press.
- UNICEF, 2006. *The State of the World's Children 2007*. New York: Oxford University Press.
- Van der Gaag, J. & Dunkelberg, E. 2005. *Measuring Child Well-Being in the Mediterranean Countries. Toward a Comprehensive Child Welfare Index*.
- Van Eeghen, W. 1998. "Poverty in the Middle East and North Africa", in Shafik, N. (ed.), *Prospects for Middle Eastern and North African Economies. From Boom to Bust and Back?* London: Macmillan Press.
- Willms, D. (ed.). 2002. *Vulnerable Children. Findings from Canada's Longitudinal Survey of Children and Youth*. Alberta: The University of Alberta Press.
- World Bank, 2001. *Kingdom of Morocco Poverty Update*. Washington DC: World Bank.
- World Bank, 2002a. *Arab Republic of Egypt: Poverty Reduction in Egypt*. Washington DC: World Bank.
- World Bank, 2002b. *Arab Republic of Egypt: Strategic Options for Early Childhood Education*. Washington DC: World Bank.
- Yount K. M. 2004. "Maternal Resources, Proximity of Services, and Curative Care of Boys and Girls in Minya, Egypt 1995-97". *Population Studies* 58(3): 345-355.

Part two

EGYPT COUNTRY-REPORT

1. INTRODUCTION

In Egypt children under the age of 18 years compromise 40% of the population (74 million).

At the international level, the United Nations Convention on the Rights of the Child was the first legally binding international instrument to incorporate the full range of human rights for children: civil, cultural, economic, political and social rights. It is monitored by the United Nations' Committee on the Rights of the Child which is composed of members from countries around the world.

Egypt ratified the Convention on the Rights of the Child on 2 September 1990. Its initial report was submitted to the Committee on the Rights of the Child on 23 October 1992 and the Committee issued its first Concluding Observations on 18 February 1993. Egypt reported a second time to the Committee on 18 September 1998 and the Concluding Observations were issued on 21 February 2001.

Also, acknowledging the role of children at the international level, four of the eight goals set by the United Nations in the Millennium declaration are directly related to children well-being: universal primary education, reduction of infant and child mortality, promote gender equity and improve maternal health. Human development is a fundamental objective that has been agreed upon by most countries. In affirmation of this commitment, countries signed the Millennium Declaration with its set of eight Millennium Development Goals (MDGs) and its proposed global compact. The MDGs include a select series of numerical and time-bound targets that encapsulate people's basic aspiration for a better life.

A country-study on Egypt was needed to document recently made progress towards the achievement of MDGs relating to children and identify effort exerted to achieve children safety and protection in terms of government policies and programs. This part of the report will tackle both the progress achieved and identify areas of weakness and challenges that still need to be addressed.

2. WHAT DID THE GOVERNMENT OF EGYPT DO TO ACHIEVE CHILDREN'S WELL-BEING AND RIGHTS? – POLICIES AND PROGRAMS

Over the last two decades, the Egyptian government has put supporting and protecting children's rights at the center of its policy agenda. Many various initiatives were taken by the government in order to achieve development and prosperity of the Egyptian children. These continuous efforts resulted in great achievements in the area of child mortality and health, children's education, etc., that will be presented later in this report. However, many profound challenges exist that need to be addressed.

In 1988, the Egyptian government took the initiative of creating an independent body that govern the Egyptian children rights by establishing the National Council for Childhood and Motherhood (NCCM). The council was established with a presidential decree and included a technical advisory committee headed by her Excellency, the first lady, Mrs. Suzan Mubarak.

The NCCM main goal is to protect Egyptian children rights, to guarantee that they live in a secure environment that brings them up socially, psychologically perfect and in a good health. Also, one of the council's priorities is to incorporate and rehabilitate children at risk such as: street children, those working in dangerous jobs and disabled, etc. The council also set one of its objectives as to eradicate the harmful acts against girls (deprivation from education, early marriage, female circumcision).

In 1989, President Mubarak emphasized more on children rights and development by declaring that the 1990s is the decade of the Egyptian child. In 1990, the government of Egypt signed the convention on the rights of the child imposing an international commitment to achieve child rights, safety and protection. The Convention on the Rights of the Child (CRC) covers various aspects of children's rights. It include the right to: be protected from all types of harm; be provided with things they need to survive and grow; take part in community and political life; grow up in their own family, culture, language and religion whenever possible.

Consequently, in 1996 the government issued child law no. 12 of 1996 and its implementing regulations by the Prime Ministerial decree 3452 of 1997.

This law included about 240 articles that support children's right and cancels other legislations and judgments against children.

In year 2000, the president declared the second decade for the protection and welfare of the Egyptian child guided the formulation of a National Plan of Action to implement the outcome of the United Nations General Assembly Special Session on a World Fit for Children. In the beginning of year 2004, the Government established the National Council for Human Rights to monitor and report on the human rights situation in the country. Also in October 2004, a new concept of courts was introduced by the Family Courts. Family courts objective were to reach solutions that are of the best benefit the child, in addition, in those courts the child's opinion was listened to by the judge and taken into consideration.

In fact, the National Council for Childhood and Motherhood has been the highest national authority in relation to ensuring commitment and implementation of the CRC. However, the National Council for Human Rights, Ministry of Health and Population, UNICEF and other UN organizational and non-governmental organization have worked, strived, and collaborated to attain protection and promotion of the children's rights.

2.1. Efforts in child mortality and health

In recent decades, the Egyptian government has achieved notable improvement in the area of child survival and development. With the establishment of rural center in 1962, community coverage expanded to cover about 98 percent of the community (MOHP). The ministry of health has attain great accomplishments in maternal and child health care services. A number of health projects were implemented that improved and sustained the maternal and child health services, among which are: The Child Survival Project 1989-1996 and the Health Mother/Healthy Child Project 199-current. In addition, the health sector reform program in 1997 has sat one of its goals to reduce infant and maternal mortality rates over the next five to ten years. It was planned to achieve this goal via introducing an integrated approach called the Integrated Management of Childhood Illness (IMCI). As a result of the ministry's continuous efforts both the infant and under five mortality rates have dropped dramatically over the past two decades.

Healthy Mother/ Healthy Child Project: The Healthy Mother/Healthy Child project focus of the population needs in the area of maternal and child healthcare. As geographical discrepancies exist in maternal and child mortality indicators, thus the project emphasis services in high-risk areas. The primarily objectives of the project are: 40% reduction in maternal mortality rates, 15% reduction in infant mortality rates, 20% reduction in neonatal mortality rates, 15% reduction in children under five mortality rates (MOHP).

Expanded Program on Immunization – EPI: One of the most effective weapons that have been recognized as the most successful component of child survival is the Expanded Program on Immunization which was developed by the Ministry of Health & Population in collaboration with Healthy Mother/Healthy Child Project. The goal of the EPI program is to reduce morbidity and mortality resulting from the most dangerous diseases that affect children early in life including: polio, diphtheria, tetanus, pertussis, measles, tuberculosis, and hepatitis B. Thus, the main objective of the EPI is to decrease the incidence rate of 9 vaccine preventable diseases and subsequent morbidity and mortality from these diseases. The implementation of this program resulted in an improvement in all of the nine preventable childhood diseases. In 2006, Egypt was announced to be free of polio.

In addition to the EPI, the Ministry of Health initiated an aggressive Neonatal Tetanus elimination program in 1988. The program included two main components; 1) annual nationwide TT vaccination campaigns targeting pregnant women, and 2) supplementary campaigns targeting all women of childbearing age in districts where NT rates were highest. This program achieved outstanding progress in reducing the NNT.

Acute Respiratory Infections Control Program (ARI): Acute Respiratory Infections (ARI) are the second leading cause of morbidity and mortality among children under five in Egypt. In 1989, the program was launched and it has been effective in reducing mortality due to ARI, as well as reducing its severity and complications.

National Control of Diarrheal Diseases Project (NCDDP): In the 1980s, diarrheal diseases were the leading cause of infant and childhood mortality (MOHP). Even among children who survived consequently they suffered from malnutrition what lead to increased vulnerability to diseases especially

growth and mental retardation. In 1983, the National Control of Diarrheal Diseases Project (NCDDP) was introduced with the main objective of reducing child mortality from diarrheal diseases by 25% within the first five years period.

2.2. Striving to achieve universal primary education and equality

In 1953, the Education Act provided free and compulsory education for all children between the ages of 6 and 12 (i.e. primary education). This free compulsory education law was later extended in 1981 to include the preparatory phase, as well as the primary. Thus, providing free and compulsory education for children age 6 through 15.

The government of Egypt has revealed strong commitment to achieving universal education among its population. At the political level, President Mubarak stressed in his speeches on the importance of education and combating illiteracy indicating that education serves the comprehensive development.

To this regard, the ministry of education has implemented the Basic Education Improvement Project during the period 1993-2003. The project aimed at improving access to and increasing the quality and efficiency of the basic education system. The primarily goal of this project was to achieve the MDG of attaining universal primary education.

In 1996, the Education Enhancement Program Project (EEP) was launched by the Ministry. This project was the first project extended the coverage to vulnerable groups as it was designed to increase gender equity, improve instructional quality and increase efficiency.

Realizing the importance of girls' education and achieving educational equity, Egypt was the among the first countries to show interest in the United Nations Girls Education Initiative (UNGEI). In 2003, the Girls' Education initiative was launched expressing a strong commitment to collaborate with the UN system and other partners in improving girls' education. The initiative was lead by the National Council for Childhood

and Motherhood with the aim of increasing girls' enrolment in school. This Initiative led to the building of 594 schools.

Recently, the Ministry of educational has developed a National Strategic Plan for education to be implemented during the period 2007-2012. The primarily goal of the strategic plan is to "provide universal basic education and ensure equal and high quality educational opportunities for all students" with the aim of enabling students to obtain various skills of reading, writing, mathematics, science, communication, tolerance and democracy.

2.3. Prohibiting female circumcision

Egypt has been battling female circumcision practice for a long time. The National Council on Childhood and Motherhood took a leading role in combating this practice. Since 2002, the NCCM has led the national movement against FGM/C (female genital mutilation) at the national and sub-national levels, and has succeeded in building partnerships with the different governmental, non-governmental, donor and U.N. stakeholders to advocate against the practice. The NCCM initiated a national campaign with the participation of religious authorities to raise awareness at the community level.

In June 2007, the government passed a decree in prohibiting female circumcision. This law overwrites the 1996 law which gave medical professional the right to perform this practice in certain exceptional cases.

Meanwhile, the NCCM also put among its top priority programs that national project for combating female circumcision. The project aims at increasing public awareness about female children's right and the practice implications on the female child health.

2.4. Ending child labor

In the early 2006, the government of Egypt stand against child labor was reinforced with the declaration of s national strategy developed to combat

the practice. The government, is enforcing this strategy via improving the quality of life of children who work. Also, the first lady, Suzanne Mubarak, publicized the importance of ending child labor in Egypt by participating in the ILO's international "Red Card to Child Labor" campaign.

3. IMPROVEMENT IN CHILD WELL-BEING IN EGYPT IN THE LAST FEW YEARS

In the last few years, Egypt has put the survival and development of children at the core of its policy agenda. Efforts exerted in these years have led to improve health care services for all children, provide social protection to children and families in difficult situations, including children who drop out of school, child workers, and ensure the registration of all children in compulsory free education (Leila, 2006). The situation of children in Egypt has significantly improved and the progress towards achievement of the Millennium Development Goals (MDGs) and with regards to MDG goals directly relating to children is very apparent. The progress achieved put Egypt with counties in group B instead of group A according to UNFPA classifications. The Human Development Index (HDI) for Egypt has been steadily rising from 0.439 in 1975 to 0.541 in 1990 and 0.709 in 2005. Life expectancy at birth has also been increasing. According to the 2006 Human Development Report, in the early seventies the life expectancy at birth was 52.1 years, while its current value is 69.6 years (68 years for males and 72.4 years for females).

This section reviews the main indicators and trends that highlight the progress achieved in Egypt in the area of child health, education, protection and other related aspects. This part will mainly present quantitative data derived from the Demographic and Health Surveys (DHS) in Egypt (1995, 1997, 1998, 2000 and 2005) and information from other sources such as, the Human Development Report and the 2005-2006 Egypt Household Education Survey (EHES).

3.1. Child health

In the early eighties, the infant mortality rate in Egypt was estimated at a high level of around 100 infant deaths per one thousand live births. Morbidity and case fatality were also significant among children under five in general. Diarrheal diseases, acute respiratory infections and complications surrounding pregnancy and delivery were the main causes of infant deaths, underlying 3.5, 26 and 8 percent respectively of such deaths

before 1983 (El Deeb, 1992). Since that time, several programs and health interventions as reported earlier have been designed and implemented by the Egyptian government with the technical aid and financial support of interested international agencies.

Egypt has achieved an impressive 68 percent decline in child deaths in the past 15 years. Investments in health services for mothers and children have helped improve care for pregnant women, made childbirth safer and increased the use of family planning services. As a result, thousands of children's lives have been saved.

3.1.1. Childhood mortality

The infant and child mortality level is central to the assessment of the demographic situation in Egypt. It is important in efforts to improve child survival programs in Egypt and to identify those segments of the child population who are at increased risk. Infant (neonatal and post-neonatal), child and under five mortality rates are presented in Table 1 for five-year periods using the 2005 EDHS.

The current level of under-five mortality for the last five years preceding the survey is 41 deaths per 1,000 births. This means that less than one in twenty children born in Egypt die before reaching their fifth birthday. Roughly, four in five under five deaths occur in the first year (infant mortality is 33 deaths per 1,000 births) and child mortality is 8 deaths per 1,000 births. Comparing these figures to those estimated in the period (1991-1995) shows the significant improvement achieved during the last 15 years. In that period, the under five child mortality rate was 81 deaths per 1,000 with 60 deaths occur in the first year.

Table 1 Early childhood mortality rates Neonatal, post-neonatal, infant, child, and under-five mortality for five-year periods preceding the survey, EDHS 2005

Years preceding the survey	Approximate midpoint of calendar period	Mortality rate				
		Neonatal	Post-neonatal	Infant (1q0)	Childhood (4q1)	Under-5 (5q0)
0-4	2003	19.7	13.5	33.2	8.1	41.0
5-9	1998	26.0	21.8	47.8	12.2	59.4
10-14	1993	32.2	28.1	60.3	22.1	81.0

Source: El-Zanaty, Fatma and Ann A. Way, 2005, Table 10.1

3.1.2. Differentials in mortality

Differentials in infant and child mortality rates by background and demographic characteristics are presented in Table 2, for ten-year period. The table focuses on residence differentials including urban/rural residence, place of residence, gender, and mother's education.

There are differences between urban and rural in both infant and child mortality. Infant mortality rate for rural areas is 14 deaths more than urban rates, and 17 deaths more for under-five mortality.

There is also considerable variation in mortality by place of residence. Mortality for all age groups are highest in rural Upper Egypt, where infant mortality is 56 deaths per 1,000 births and under-five mortality is 72 deaths per 1,000 births. It has to be noted, that despite that rural Upper Egypt reported the highest levels of mortality, yet there has been a great decline achieved. The under-five mortality rate has dropped dramatically from 143 deaths per 1,000 births in 1995 to 73 deaths per 1,000 births in 2003. Also, the infant mortality fell from 105 deaths per 1,000 births in 1995 to 58 per 1,000 births in 2003 (not shown in the table). In general, mortality is generally inversely related to mother's education, with children born to women who never attended school being more than twice as likely to die by the fifth birthday as children born to mothers with a secondary or higher

education. Births to mothers in the highest wealth quintile are nearly three times as likely to survive to their fifth birthday as children born to mothers in the lowest quintile.

Table 2 Early childhood mortality by socio-economic characteristics. Infant and under-five mortality for the ten-year period preceding the survey, by selected socio-economic background characteristics, EDHS 2005

Background characteristics	Infant mortality	Under-5 mortality
Urban-rural residence		
Urban	31.7	39.1
Rural	45.2	56.1
Place of residence		
Urban Governorates	26.0	34.0
Lower Egypt	32.7	38.4
Urban	30.0	34.5
Rural	33.6	39.6
Upper Egypt	51.6	65.2
Urban	39.3	48.4
Rural	56.2	71.5
Education		
No education	52.1	67.7
Some primary	55.6	67.5
Primary complete/some sec.	37.1	42.8
Secondary complete/higher	26.8	30.7
Wealth index		
Lowest quintile	59.2	74.6
Second quintile	43.0	55.1
Middle quintile	38.8	46.8
Fourth quintile	32.7	41.1
Highest quintile	23.0	25.1

Source: El-Zanaty, Fatma and Ann A. Way, 2005, Table 10.3

3.1.3. Trends in infant and child mortality

Table 3 shows the trend in infant and under-five mortality for the last twenty five years based on the EDHS series. The EDHS 2005 results indicated that infant mortality declined from 97 deaths per 1,000 in 1983 (the mid point for the reference period) to 82 deaths per 1,000 in 1988, thus a decrease in the infant mortality by 15 per 1,000 over five years period. A decrease of 19 per 1,000 occurred in the following executive five years to reach 63 per 1,000 in 1997. This trend has continued over the past decade resulting in an infant mortality rate in 2003 of 33 deaths per 1000.

The under-five mortality decline followed the same pattern, where it declined from a level of 139 per 1,000 in 1983 to 110 per 1,000 in 1988, 81 per 1,000 in 1993 then to 54 in 1998. It has to be noted here that the decline in under five mortality was faster than the decrease in infant mortality during the period 10 to 20 years prior to the EDHS 2005, while infant mortality decline was faster than under five mortality during the last ten years.

The estimates in Table 3 indicate that mortality levels have declined rapidly in Egypt since mid 1980s. The current under five mortality rate represents an almost 50 percent decrease from the level of 85 death per 1,000 birth which prevailed during the period 10-14 years before the survey (approximately 1988-1992).

Table 3 Trends in early childhood mortality in Egypt, 1979-2005 - Trends in infant and under-five mortality from selected surveys, EDHS 1988-2005

Approximate reference period	Approximate midpoint	Survey	Infant mortality	Under-five mortality
2001-2005	2003	EDHS-05	33	41
1996-2000	1998	EDHS-00	44	54
1991-1995	1993	EDHS-95	63	81
1988-1992	1990	EDHS-92	62	85
1986-1990	1988	EDHS-95	82	110
1984-1988	1986	EDHS-88	73	102
1983-1987	1985	EDHS-92	97	130
1981-1985	1983	EDHS-95	97	139
1979-1983	1981	EDHS-88	120	167

Source: El-Zanaty, Fatma and Ann A. Way, 2005, Table 10.2

3.1.4. Other health indicators

The health programs implemented in the last decade was accompanied by a lot of interventions that led to a huge child health improvement. Tv and radio spots were aired regularly, aiming to alter the behavior of mothers towards more hygienic practices, increase mothers' awareness of the serious symptoms of diarrhea and pneumonia, and highlight the importance and benefits of timely and full child immunization. Here we introduce some of these improvement indicators.

Children's nutritional status

The overall trend in the nutritional status indicators suggests that the nutritional status of young children in Egypt improved during the period between 1992 and 2005. For example, according to the height-for-age measures recorded in the EDHS surveys, there was a decrease in the percentage of children under-five who were considered stunted, from 26 percent at the time of the 1992 EDHS to 18 percent in the 2005 EDHS.

Although exhibiting more fluctuation, the weight-for-age and weight-for-height measures also has declined, with the levels observed for the 2005 EDHS being considerably lower than the level in surveys conducted during the 1990s. Variations by place of residence are remarkable, 13 percent of children in rural Lower Egypt are stunted compared to 23 percent among those in rural Upper Egypt.

The EDHS 2005, also provides indicators on the nutritional status of youth (10-19 years) using the Body Mass Index. The results of the EDHS showed that 3 percent of male youth are underweight and 6 percent are overweight, whereas 2 percent of females are underweight and 8 percent are overweight. It is observed that overweight is higher among youth age 10-11 (10 percent among males and 9 percent among females).

Immunization

The levels of vaccination coverage increased substantially during the period between the 1992 and 2005 EDHS surveys. Overall, the proportion fully immunized at the time of the 2005 survey (89 percent), i.e., the proportion receiving BCG and measles vaccinations and three doses of DPT and polio, was one-third higher than the level recorded at the time of the 1992 EDHS (67 percent). Among children 12-23 months, less than one percent has never been immunized against any of the vaccine preventable diseases.

Prevalence of Diarrhea

The national Control of Diarrheal Disease Project of Egypt promoted the use of locally manufactured oral rehydration salts. The program succeeded in increasing the production of oral rehydration salts, increasing mothers' correct use of these salts, and feeding behavior. Mortality attributed to diarrhea during 1982 and 1987 fell 82 percent among infants and 62 percent among children (Ruth, 2004).

Among children under age five, 18 percent were reported to have been ill with diarrhea during the two-week period before the EDHS 2005 interview, and one percent had diarrhea with bloody stools. The results of EDHS 2005 show that diarrheal episodes were most common among the small number of children living in households in which the drinking water source were

classified as “not improved”. Children under age 3 were much more likely to have suffered from diarrhea than older children. Diarrheal prevalence decreased markedly with both mother’s education and the wealth quintile and was somewhat higher in Upper Egypt than in other areas.

Table 4 Child Deaths Due to Diarrhea in Mansoura - The number and percent of mortality of children age 0-5 due to diarrhea in Mansoura, RFHS 2006

year	1996	1998	2000	2003
Total number of child deaths	2086	813	964	889
Child deaths due to diarrhea	447	103	59	45
Percent	21.4	12.7	6.1	5.1

Source: Health Impacts of Water and Sanitation Services Improvements from the Secondary Cities Project, Egypt 2006

In addition, over the last 10 years, children deaths because of diarrhea diseases have declined to a considerable extent due to the implementation of Environmental Health Program in Egypt. As an example, USAID conceived the Secondary Cities Project in 1992 as demonstration of decentralized water and wastewater sector improvements for a diverse selection of cities in Egypt. The available data obtained from the health facilities in the city of Mansoura (one of these cities) show that the percent of children age 0-5 mortality due to diarrhea cases declined through the last few years. As shown in Table 4, the percent of mortality in children age 0-5 has reduced significantly in Mansoura city from 21.4 percent in 1996 to 5.1 percent in 2003.

3.2. Child education

In 2003, the Girls' Education Initiative was adopted by the Egyptian government to increase girls' enrolment in school, set up revenue generating activities for graduates and establish school committees to raise community awareness. In addition, this Initiative led to the building of 594 schools to enrol approximately 19,500 students by the end of December 2006, 92 percent of whom were girls from disadvantaged areas within seven governorates. The following subsections present some important indicators regarding child education.

3.2.1. Educational attainment ratios and trend

According to Ministry of Education, net enrolment in primary education, both among boys and girls, followed a sustainable increasing trend, reaching an average rate of 96 percent at national level in 2001-2002. The gender gap in primary, preparatory and secondary education is closing steadily. However, there is still a 5 percent gender gap in school enrolment and girls living in rural regions are particularly vulnerable, having the additional pressure of caring for siblings. Often the eldest daughter will be required to drop school to take household responsibilities or contribute to household income. In the following we present some of the results of the 2005-2006 Egypt Household Education Survey (EHES), a nationally representative sample survey, regarding school attendance.

Primary school attendance ratios

According to the EHES 2005-2006 survey, 91 percent primary school-age children (age 6-10) in Egypt attend primary school. According to the 2006 Human Development Report, the net primary enrolment ratio in Egypt in 1991 was 84 percent. EHES 2005-2006, reported that the primary school-age children in urban Upper Egypt (96 percent) are the most likely to attend primary school while those in rural Upper Egypt (88 percent) are least likely to attend. Overall, males age 6-10 are slightly more likely than females to attend primary school (92 percent for males and 90 for females). However, the gap is wider in rural Upper Egypt where 92 percent of males attend school compared to 85 percent among females.

Preparatory school attendance ratios

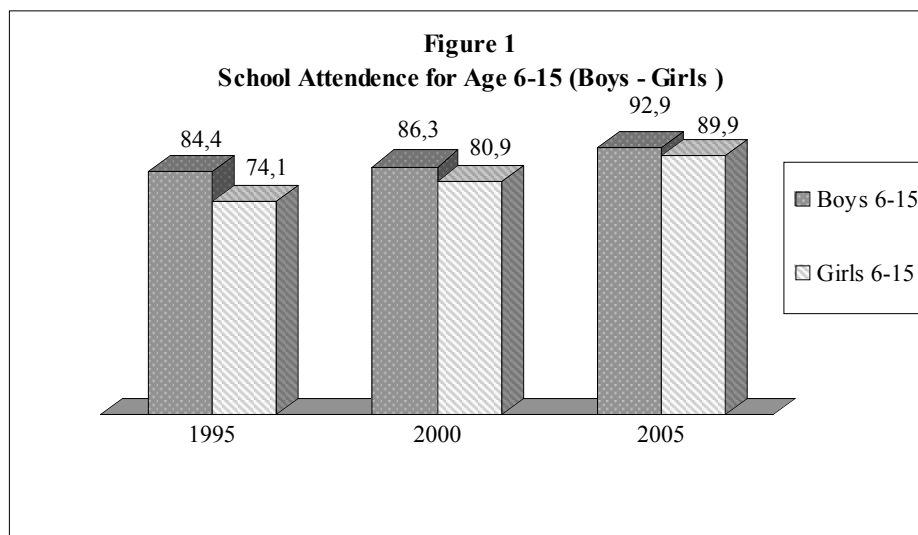
At the preparatory level, 79 percent preparatory school-age children (age 11-13) in Egypt attend preparatory school. Again, preparatory school-age males are slightly more likely than females to attend preparatory school (80 percent for males and 77 for females). Preparatory school-age children in urban Lower Egypt (89 percent) are the most likely to attend preparatory school while those in Frontier Governorates (71 percent) and rural Upper Egypt (73 percent) are least likely to attend.

Secondary school attendance ratios

With respect to the secondary level, 61 percent secondary school-age children (age 14-16) in Egypt attend secondary school, with a slight difference in favour of females (60 percent males and 63 percent females). Again, secondary school-age children in urban Lower Egypt (75 percent) are the most likely to attend secondary school while those in rural Upper Egypt (48 percent) are least likely to attend.

3.2.2. Trends in child education

Figure 1 presents trend in the boys and girls age 6-15 years old over the past decade from the EDHS 2005. The figure shows that school attendance has been increasing at a lower rate of increase. The figure shows that the gap between boys and girls has narrowed by year 2005 presenting only 3 percentage points difference between boys school attendance and girls school attendance.



Source: El- Zanaty, Fatma and Ann A. Way, 2005, Table 18.2.

3.3. Children's protection

Egypt has put the protection and development of children at the centre of its policy agenda. In 1989, President declared the 1990s the Decade of the Egyptian Child. In 2000, the President launched the Second Decade for the Protection and Welfare of the Egyptian Child to provide social protection to children and families in difficult situations, including children who drop out of school, child workers, children living on the streets, and ensure the registration of all children in compulsory free education. In the following subsections we introduce some of the gains resulted from implementing this policy.

3.3.1. Child labor

Child labor is diverse in Egypt and its extent and nature are not clearly understood. In the late nineties, it was estimated that about 2.7 million children aged between 6 and 14 years, representing 20 percent of the

children in that age group, are in the labor force (El-Tawila 1999). In 2001, the majority (58 percent) of working children were aged between 12 and 14, 27 percent of whom were girls and 82 percent of those aged from six to 14 years were registered in schools, although they did not necessarily attend classes (National Council for Childhood and Motherhood, 2006).

The 2005 EDHS estimated that seven percent of Egyptian children age 5-14 were reported as engaged in economic activities in the seven-day period before the survey interview. (This result reflects a decline in the percent of children working in the formal activities). Most children involved in formal work were employed on a family farm or in family business (6 percent). The results of this survey also show that many children, while not engaged in the formal work force, are responsible for domestic chores; 51 percent of children age 5-14 performed at least some domestic chores during the seven-day period preceding the survey. Overall, 54 percent of children age 5-14 were involved in formal work and/or domestic chores during the period.

Also according to the EDHS 2005, boys were more than twice as likely as girls to have participated in formal economic activities (10 percent and 4 percent, respectively). On the other hand, girls performed domestic chores more often than boys (57 percent and 45 percent, respectively).

3.3.2. Prevalence and trends of girls circumcision

The practice of female circumcision is virtually universal among women of reproductive age in Egypt, and despite of the government efforts there has been no significant change in behaviour related to this practice. Ninety-six percent of the ever-married women interviewed in the 2005 EDHS reported that they had been circumcised. The girls circumcision is a cultural practice, not a religious requirement, imposed on girls, generally when they are aged between 6 and 18 years. The EDHS survey for 2005 found that 28 percent of girls aged between 0 and 17 had been mutilated and 41 percent were waiting for the procedure as shown in Table 5. This table presents information on the prevalence of circumcision among girls under age 18 in Egypt. The results indicate that girls age 9-10 are more than twice as likely as girls age 7-8 to have been circumcised (24 percent and 10 percent, respectively). The prevalence of circumcision increases rapidly from age 11 onward to a peak of 77 percent among girls age 15-17.

Table 5 Current and expected prevalence of female circumcision among girls. Percentage of girls age 0-17 years who are currently circumcised, percentage who are not yet circumcised but whose mothers intend that the girl will be circumcised in the future, and percentage expected to be circumcised by age 18 taking into account the current circumcision status and mother's intention, by the girl's current age, Egypt 2005

Age	Percentage circumcised	Percentage whose mothers intend the daughter to be circumcised in the future	Percentage expected to be circumcised by age 18
<3	0.5	60.7	61.2
3-4	1.9	65	66.9
5-6	4.2	58	62.2
7-8	9.6	54.2	63.8
9-10	23.8	45.7	69.5
11-12	51.4	21.6	73
13-14	68.8	8.7	77.5
15-17	76.5	3.3	79.8
Total	27.7	41	68.7

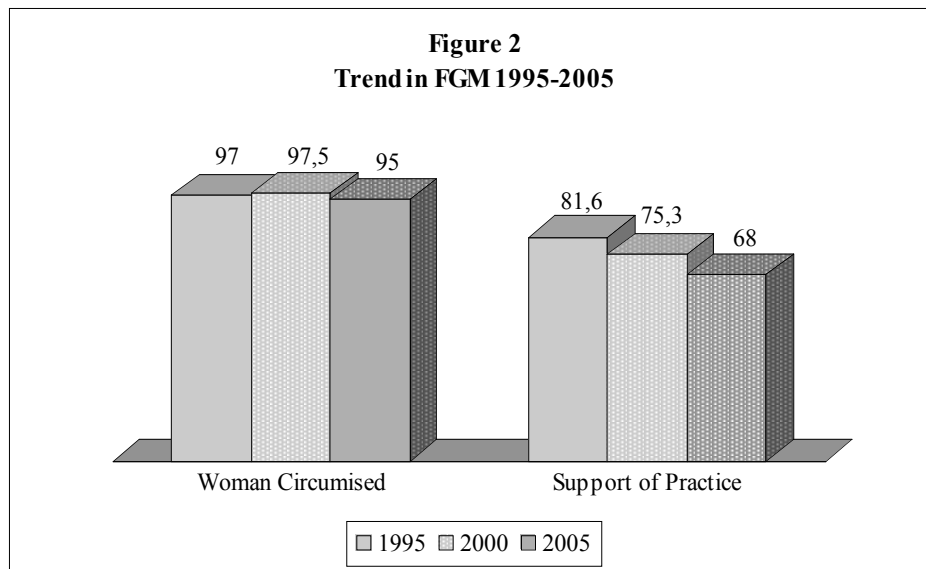
Source: El-Zanaty, Fatma and Ann A. Way, 2005, Table 16.2

Estimating the expected prevalence of circumcision at age 18, the survey combined the percentage already circumcised with the percentage of girls whose mother expressed an intention to circumcise her daughter(s) in the future. The results suggest that the prevalence of circumcision will decline over time, from a level of around 80 percent among girls age 15-17 to around 60 percent among girls currently under age 3.

Looking at the variation in the current prevalence of female circumcision and selected demographic and socio-economic background characteristics, the EDHS 2005 gave the following information. Overall, the results show that residence is strongly associated with the likelihood a daughter will be circumcised now or in the future. The percentage of women who have at least one daughter who had been circumcised or who intend to have their daughter circumcised in the future is 53 percent in urban areas compared to nearly 80 percent in rural areas. The percentage of daughters who are or are

likely to be circumcised in the future is lowest in the Urban Governorates (45 percent) and the Frontier Governorates (43 percent) and highest in rural Upper Egypt (83 percent). The proportion of girls who are currently circumcised or expected to be circumcised in the future decreases with the mother's educational attainment and with wealth status. Notably, 36 percent of girls in the highest wealth quintile are expected to be circumcised by the time they reach age 18 compared to 85 percent of girls in the lowest wealth quintile. The results also show that there are marked differences within subgroups by cohort in the expected prevalence of circumcision, i.e., the sum of the percentage already circumcised and the percentage whose mothers express an intention to circumcise the girls in the future. For all groups, however, the expected prevalence is highest among girls age 12-17 and lowest among girls less than 9 years of age. For example, the expected prevalence declines from a level of 62 percent among urban girls age 12-17 to 48 percent among urban girls under age 9. Cohort trends in circumcision levels are evident even for groups where the prevalence of circumcision remains high, e.g., among girls in rural Upper Egypt, the expected prevalence decreases from 92 percent among girls 12-17 years to 78 percent among girls under age 9.

Figure 2 presents the trend in FGM level and attitudes between 1995 and 2005 EDHS. The figure shows that the level of women circumcised slightly changed, however intention and attitudes toward FGM have declined among ever-married women. In the EDHS 1995, the percentage of women who suggest that the practice should continue was 82 percent. This percent declined to 75 percent in 2000 and dropped more to reach 68 percent in 2005.



Source: EDHS 2005.

3.4. Other measures related to child well-being and rights

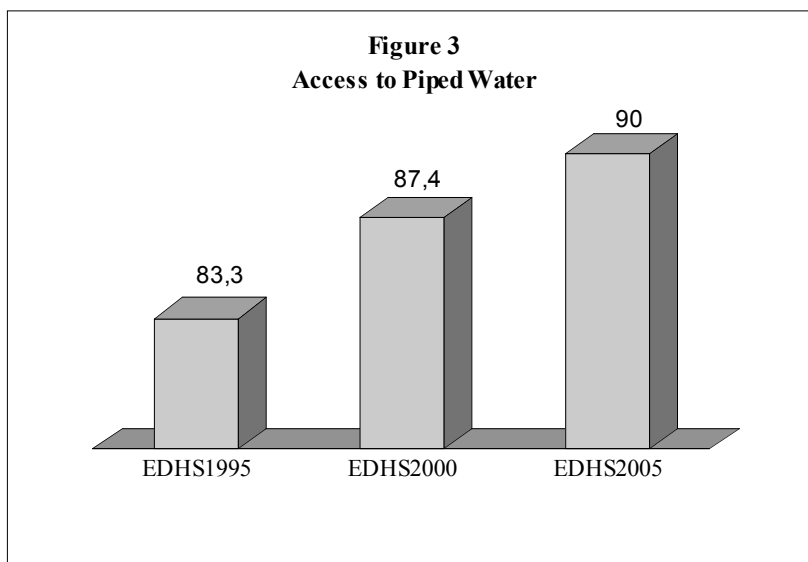
Lack of safe water, basic sanitation and hygiene is the main reason for most of the disease burden in many of the third world countries. For instance, the lack of safe water and basic sanitation may account for as much as 88 percent of the disease burden due to diarrhea. Studies have shown that hygiene improvement interventions such as improved water, sanitation and hygiene have resulted in a 30 percent to 50 percent reduction in the burden of diarrheal diseases (Advancing Hygiene Improvement for Diarrhea Prevention: Lessons Learned, 2004).

3.4.1. Drinking water and sanitation facilities

Increasing access to improved drinking water is one of the MDGs that Egypt along with other nations worldwide has adopted (United Nations General Assembly 2001). The EDHS 2005 results show that 98 percent of households in Egypt have access to water from an improved source. In most cases, the source is a piped connection in the dwelling itself or the plot (90 percent). Almost all households interviewed in the survey get water from a

source on premises (94 percent). The majority of households fetching water from a source outside the dwelling or plot are within 30 minutes of this source.

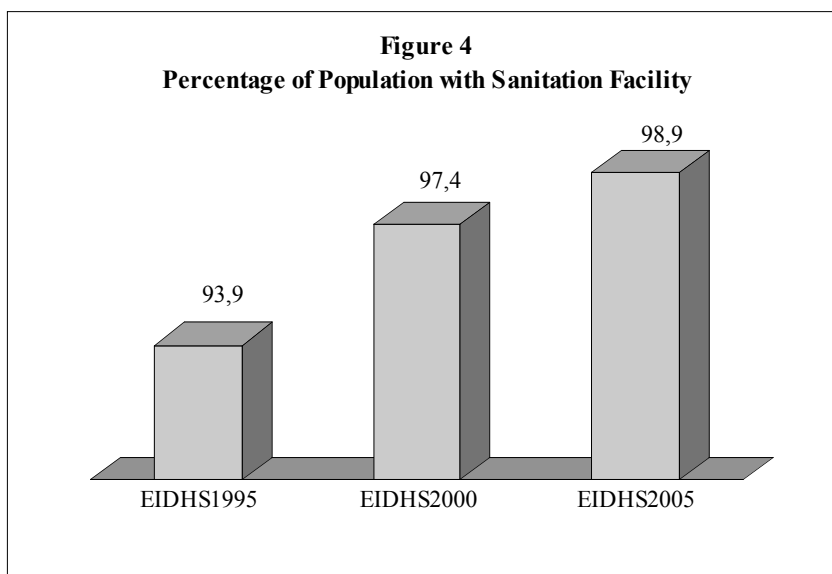
The trend on access to safe drinking water that households use is presented in Figure 3. In the EDHS 1995, the results indicated that 83 percent of Egyptian households have access to piped water, mainly within their dwelling. In 2000, this percent increases to 87 before it increases again in 2005 to 90.



Source: El- Zanaty, Fatma and Ann A. Way, 2004.

Ensuring adequate sanitation facilities is another MDG. The EDHS 2005 results show that most Egyptian households have access to a toilet, with 43 percent reporting they have modern flush toilets, and 55 percent traditional flush toilets. Only one percent of households have no toilet facility. Most households (97 percent) report that the toilet is connected to a sewer, bayara (vault), or septic system. Ten percent of households report problems with the drainage system. Five percent report they share the toilet facility with at least one other household.

As shown in Figure 4, trend in the availability of sanitation shows that there has been a great increase in the availability of sanitation facility, being almost universal in 2005 (98.9 percent). Although there has been a steady increase in the percentage of households having sanitation facilities in Rural Upper Egypt, yet it still presents the worst area. According to the Egypt Demographic and health Survey 2005, 96 percent of households in rural Upper Egypt have a sanitation facility.



Source: El- Zanaty, Fatma and Ann A. Way, 2004, Table 2.6

According to the 2006 Human Development Report, the presence of a flush toilet in the house reduces the risk of infant death by more than 30 percent and reduces the risk of infant death by 57 percent compared with an infant in a household without access to sanitation.

3.4.2. Maternal mortality ratio

According to the 2006 Human Development Report, the maternal mortality ratio has been reduced to 84 per 100,000 live births in 2000, down from 174 per 100,000 live births in the early 1990s. This reduction is a tremendous achievement.

3.4.3. Poverty

Egypt is the most populous country in the Arab world (more than 74 million). According to the 2006 Human Development Report, population under 16 years is expected to decline from 33.9 percent to 31.9 percent by 2015. Also, the annual population growth rate is expected to decline from 2.1 to 1.8 by 2015.

Egypt has the second largest economy in the Arab world; the GDP per capita is USD 4,211. Its economy is primarily based on tourism, remittances from Egyptians working abroad, petroleum and revenues from the Suez Canal. Egypt is steadily improving its economy, achieving an average of 2.5 percent economic growth a year between 1990 and 2004 (Human Development Report 2006). The International Monetary Fund (IMF) considers Egypt one of the top countries in the world undertaking economic reforms. It has been ranked 111 of 177 States in the human development index.

However, Egypt witnesses serious economic and social problems, including the very high population density in the Delta area and along the banks of the Nile. Twenty three percent of the population live below the poverty line and the unemployment rate is close to 30 percent among those aged between 18 and 25 years. Many families encounter great difficulties in fulfilling their responsibilities in raising their children due to their precarious financial situation.

4. CHALLENGES

Although Egypt has achieved significant improvement in all the indicators under study, still some regions which lag behind the other regions and need more effort and also there are some areas which need more intervention in order to continue the improvement.

- In general, Upper Egypt, and specially rural Upper Egypt is still suffering from the highest infant and child mortality, for example, IMR is only 26 per 1,000 birth in Urban Governorate (for 10 years) less than half of the level observed in rural Upper Egypt (58 per 1,000 births). The gap between rural Upper Egypt and other regions is more striking for child mortality rate.
- Looking at Upper Egypt, one can notice that the indicators are not as good as the level observed in the other regions, however, urban Upper Egypt is doing much better than rural Upper Egypt. For example, the gap in basic education between boys and girls almost closed in Urban Upper Egypt. However, looking at rural Upper Egypt we can notice that all the indicators in this region is worth than any other regions, specially, child mortality, stunting among children. The previous analysis indicates that for additional improvement in these indicators more effort is needed with new intervention in Upper Egypt especially rural Upper Egypt.
- The situational analysis showed that Egypt has achieved a significant decline in infant and child mortality. However, the decline was more rapid in post-neonatal mortality, more interventions are needed to achieve more decline specially in neonatal mortality.
- Examining the regional and geographic differences in enrolment in Egypt showed that the national estimates for net enrolment ratios marked significant regional variations. Enrolment rates are much higher in urban Governorates and Lower Egypt compared to Upper Egypt, and much higher among urban residents compared to rural residents across the country. Furthermore, regional variations in enrolment rates are somewhat more significant among older age groups corresponding to secondary education.

- Although literacy of the adult population of Egypt has largely improved for males and females since 1986, there is still a wide gender gap in favor of the males where opportunities and access to educational services are fewer for females than for males. More efforts needed to close the gender gap.
- - Female genital cutting is still one of the clear practices of violence against females in Egypt. Recently, and due to death of two girls during performing this practice, a new law was issued to prohibit this practice. However, more efforts in increasing public awareness and changing their attitudes is needed with more efforts to guarantee the application of the new law.

REFERENCES

- El-Zanaty, F. and A. A. Way. 2006. Egypt Interim Demographic and Health Survey 2005. Cairo, Egypt: Ministry of Health and Population [Arab Republic of Egypt], National Population Council [Arab Republic of Egypt], El-Zanaty & Associates, and ORC Macro.
- El-Zanaty, F. and A. A. Way. 2004. 2003 Egypt Interim Demographic and Health Survey. Cairo, Egypt: Ministry of Health and Population [Arab Republic of Egypt], National Population Council [Arab Republic of Egypt], El-Zanaty & Associates, and ORC Macro.
- El-Zanaty, F. and A. A. Way. 2001. Egypt Demographic and Health Survey 2000. Calverton, Maryland: Ministry of Health and Population [Arab Republic of Egypt], National Population Council [Arab Republic of Egypt], El-Zanaty & Associates, and ORC Macro.
- El-Zanaty and Associates and Macro International Inc. 1999. Egypt Demographic and Health Survey 1998. Cairo, Egypt: El-Zanaty and Associates [Arab Republic of Egypt] and Macro International Inc.
- El-Zanaty and Associates and Macro International Inc. 1998. Egypt Demographic and Health Survey 1997. Cairo, Egypt: El-Zanaty and Associates [Arab Republic of Egypt] and Macro International Inc.
- El-Zanaty, F., E. M. Hussein, G. A. Shawky, A. Way, and S. Kishor. 1996. Egypt Demographic and Health Survey 1995. Calverton, Maryland: National Population Council [Arab Republic of Egypt] and Macro International Inc.
- El-Zanaty, F. and S. Gorin. 2007. Egypt Household Education Survey: 2005-2006: Cairo, Egypt: El Zanaty & Associates and Macro International Inc.
- El-Zanaty & Associates. 2006. Health Impacts of Water and Sanitation Services Improvements from the Secondary Cities Project, Egypt: El-Zanaty and Associates.
- El-Tawila, S. 1999. National Survey on Adolescents in Egypt, National Population Council [Arab Republic of Egypt].

- Lababidy, L. The Delivery of Early Childhood Services: Egypt's National Case Study.
- NCCM. 2006. National Strategy for the Elimination of Child Labor in the Arab Republic of Egypt. National Council for Childhood and Motherhood: 16-17.
- National Strategic Plan for Education in Egypt Towards a Paradigm Shift 2007/08-2011/12,
<http://knowledge.moe.gov.eg/Arabic/about/StrategicPlan/strategicplan-en.htm>.
- Office of the United Nations High Commissioner for Human Rights,
<http://www.unhcr.ch/tbs/doc.nsf/newhvstatusbycountry?OpenView&Start=1&Count=250&Expand=54#54>.
- Ruth Levine and the What Works Working Group with Molly Kinder. 2004. Millions Saved: Proven Successes in Global Health. Washington, D.C.: Center for Global Development: 65-72.
- United Nations Development Program. 2006. Human Development Report 2006. New York: Oxford University Press.
- United Nations Development Program. 2005. *Human Development Report 2005*. New York: Oxford University Press.

Part three

**CHILD CONDITIONS IN THE
MEDITERRANEAN AREA: A LITERATURE REVIEW**

1. INTRODUCTION

Walking through the dusty paths of Kum Ghurab, old Cairo, Egypt, one is reminded of Dante's Inferno. The heat raging around us robbing us of the ability to move forward or even communicate with one another coherently, one cannot help but wonder how anyone can work under these conditions. Yet this is the area that houses Cairo's pottery workers, many of whom are under the age of 15. The scene one encounters is that of muddy, barefoot children going out and about the area, some carrying pottery ready to be burnt and some merely transporting cups of dark sugary tea to the factory owners through the hot streets. One wonders why these children are not in school, but then the poverty that surrounds the old city tells the story².

This chapter focuses on child conditions in the Mediterranean area, particularly on Algeria, Egypt, Israel, Jordan, Lebanon, Libya, Morocco, Palestine, Syria, Tunisia. It develops a representative and synthetic description of the literature regarding the situation of children in Mediterranean countries. The aim was to show the reader both children issues across literature and theoretical frameworks and approaches used to examine them.

For this reason, some papers - written during the period 2002-2006 - have been chosen in order to give a comparative analysis of topics, approaches, methodologies and findings. Nine of them are focalised on specific countries (three papers focus on Egypt situation, another one compares Egypt and Syria, two papers show Palestine conditions, one more gives a

² T. Rifaey, M.M. Murtada, M. Abd El-Azeem, "Urban children and poverty: child labour and family dynamics case studies in old Cairo", paper presented to "Children and the City" Conference, Amman Hashemite Kingdom of Jordan. AUDI and World Bank, 2002 (page 1).

glance at Jordan, one paper examines children in Morocco and the last one is about Lebanon). Finally, four papers examine the whole MENA region.

Most of the papers regard education and child labour. Two of them are related to urban planning matters, one paper describes the role of children in the traditional family, and another one examines the situation of disability.

It is important to underline that one of the papers regarding the whole area, it is not an academic paper, but an independent evaluation of the World Bank about the Child Protective Initiative in MENA region. Because of the impact of this regional program, the World Bank paper will be analysed too. A “map” of the reviewed literature can be found in the tables at the end of this part.

2. CHILDREN ISSUES ACROSS LITERATURE

Education is a precondition for economic development. In particularly gender disparity in education exists because of poverty, cultural traditions, the prevalence of child labour and the female role models in poor urban and rural communities. The MENA countries have made progress towards the goal of universal primary education, even if disparities remain both between and within countries. Illiteracy, school non-attendance and dropouts are widespread within vulnerable people (poor people and women).

Many countries of the MENA region have raised the minimum age for employment: Egypt 14, Lebanon 13, Morocco 15 and Tunisia 16. Even if the number of active children between 5-9 age is 4,800 thousand in all the region, that is 10.8% of the whole number of children³. Graveness of child labour is contingent to the impacts it leaves on child physical, cognitive, emotional, social, and moral development. Most empirical work on the incidences and determinants of child labour highlights the role of school attendance, despite the solid belief that school attendance is not the “inverse” of child labour (S. Al Kafri, 2002). Nevertheless, much of this literature views schooling as the most important means of drawing children away from the labour market.

2.1. Palestine: education, child labour and refugee children

The paper regarding the **West Bank and Gaza** (2003)⁴ estimates the impact of long-term family background variables on the **educational outcomes of children**. Palestinians have high fertility and large families; that increase the cost of educating children. Moreover, the West Bank and Gaza economy generally lacks physical investment opportunities at normal risks that are observed in other economies. Palestinians have traditionally placed a high

³ ILO figure, 2002.

⁴ S. Al-Qudsi and A. Al-Qudsi (2003) “Children’s educational outcomes under adverse labour market conditions: evidence from the West Bank and Gaza” *ERF Working Paper Series* no. 0215, ERF, Cairo.

value on education. Generally, for the uprooted⁵ and displaced, education is a transferable commodity.

According with the authors, higher levels of parent's education are strongly linked to positive educational outcomes for Palestinian children in the West Bank and Gaza. Education may be considered by Palestinian families as a strategic means of survival given the uncertainty of political and economic environment. Anyway there is a clear gender dimension in educational outcomes that Palestinian parents choose to make. The gender divide is stronger in the case of less educated parents and for children with parents engaged in blue-collar jobs. Parental living standards are important determinants of children's educational outcomes. Mother's occupations have some, albeit weak, impact on the educational outcomes of children. Considering religious factor, the study shows that post primary education level, Moslem families tend to educate their boys and girls less than their Christian peers.

The gap is due to differences in geographic locations: Bethlehem, where Christians cluster has well-developed higher education institutions. Then, Christian parents are more educated, enjoy higher standards of living and have fewer children relative to Moslem households. When control is made for parent's education and for living standards, the gap for male children almost disappears but remains perceptible for girls. This suggests that Moslem family expectations regarding behaviour of female children and roles within the family, including early marriage, lead females to interrupt their education earlier than males.

Findings indicate that although refugees experienced severe social and economic disruptions, they succeeded in adapting and in schooling their children.

The other paper on **Palestine** (2002)⁶ regards **the determinants that make Palestinian children decide to choose schooling, working or both**, and **the impact of Israeli aggression on this choice**. About 1,7 million Palestinian children (0-17 years) in the Palestine were born under a military

⁵ In 1995, 40% of the Palestinian populations in the Occupied Territories are UNRWA refugees. Gaza especially experienced a mass influx of refugees from the coastal regions south of Jaffa following the 1948 war. The rest were settled in refugee camps and in scattered townships and villages (Pederson, 2001).

⁶ Al Kafri S. "Impact of Israeli measures on Palestinian child labour and schooling" *ERF Working Paper Series* no. 0215, ERF, Cairo, 2002.

occupation. Children constitute 19.3 percent of the total population, that is, 638,000 of whom 313,000 are female. More than half of these children live in urban communities. One fifth live in crowded refugee camps.

Child labour in the Palestine is not a critical issue from a quantitative point of view if compared to other countries, but it is a problem the kinds of work that the Palestinian children do. One of the most common work they are engaged in is in the Israeli settlements where they may work under the blazing sun or inside greenhouses. Generally, they leave home around 4 o'clock in the morning and return in the afternoon. During the Intifada, the situation became worse. In the case of being discovered by Israeli soldiers they will be arrested and possibly subjected to torture for days, because of the prohibition to Palestinian work in Israeli since the eruption of the Intifada. Other children work in vegetable markets where they are required to carry heavy loads. Some of them are self-employed as sellers of newspapers, posters and other things. There are children who work in industrial zones either self-employed or as wage employees, in addition to the children who work for their families as unpaid family members or in family enterprises like farms or stores. Minimal access to medical treatment results in the spread of diseases that threatens and endangers child growth.

Child labour phenomenon can be explained by the Palestinian labour market structure. The Israeli occupation since the 1940s through the control of passages, borders, and the local economy has created an economical dependence. For instance, prohibition of Palestinian workers from working in Israel or settlements resulted in increasing unemployment and poverty rates and malnutrition among children.

According to the author, the age and the gender of the child, the gender of the head of the household, the education and employment status of the head of the household and the mother, the characteristics of the household as the household density and the number of unemployed adults in the same household, and the geographical and type of residential location are the key factors which affect the household's decision to supply child labour or to send their children to school. Higher education levels of parents reduce the probability of children leaving school and entering the labour market. The analysis showed an increase in the probability of younger children joining the labour market during the crisis. In the Intifada, the probability of girls to stay in school decreased.

The education of the mother and head of the household positively affects the children education. A working woman raises her child's probability to work and stay away from home. Generally, the Palestinian women work usually is unpaid. The number of the unemployed adults in the family has a significant influence on the probability of combining work and education or to work only. The belonging community - whether it is rural, urban, or a refugee camp - has a significant effect on that decision. Rural communities direct their children to go to work whether he attends school or not. The probability of the children who live in Gaza Strip to choose education is more than that of the children who live in the West Bank. This is a significant effect despite the high unemployment and poverty rates there. So school dropouts in the Gaza Strip decrease despite the high unemployment and poverty rates if compared to the West Bank. Most children in the Gaza Strip are enrolled in UNRWA and governmental schools at a minimal cost. Moreover, Gaza Strip is a closed and fenced area, which discourages children to quit schools for work in Israel.

2.2. Egypt: education, child labour and investment in children's human capital

One paper⁷ identifies **factors affecting children's education in Egypt**. So it examines trends in basic education enrolment specifically focusing on gender gap. It analyses the factors perceived as barriers to schooling of children and evaluates the impact of individual, household and community level variables on schooling focusing on child labour as a competing activity to participation in school.

Despite the increase in basic education enrolments in Egypt, although the interventions led by Ministry of Education⁸, local communities and

⁷ El Daw A. Suliman, S.E. El-Kogali (2002) "Why are the children out of school? Factors affecting children's education in Egypt" *ERF 9th Annual Conference*.

⁸ The Ministry of Education (MOE) took the leading role in seven interventions, with financial assistance and/or technical cooperation from international donors, e.g. UNICEF, UNESCO, UNDP, USAID, CIDA, Save the Children (SC-USA), and the Centre for Development and Population Activities (CEDPA).

international donors have been successful in reaching the target of raising girls enrolment, yet the problem exists⁹.

According with authors, among the significant predictors of girls' never attendance are age, household level of wealth, mother's autonomy, parents' education, household ownership of farm/land and the percentage of fathers in white-collar jobs in the community. Data on mothers' reported reasons for school never attendance and dropout reveals that direct costs of education, the opportunity cost of child time, child disinterest in school, school proximity, customs and traditions, and poor academic performance are significant reasons barriers to children's education.

The analysis of both work and schooling reveals that children of poor households are significantly more likely to do work only or do work while attending school as compared to children of non-poor households. Whereas the most significant variable of children's dropout is the grade failure/repetition, in addition to age, household wealth, mother's autonomy (for girls only), parents' education, percentage of mothers in white-collar jobs (for girls only) and cost of education per pupil in the community (for boys only).

Another paper¹⁰ shows empirical evidence from **Egypt on the effects of the women's status within the household regarding decisions on investment in children's human capital, focusing on children's schooling and nutrition.**

Particularly, it examines how the welfare of children living in an empowered female household is compared to their peers who live in low women's status households, and whether parents have gender preferences.

⁹ The situation is worst in Upper Egypt and the Frontier governorates. In Matrou and Beni Suef, for example about 40% of girls never attended school, and in Fayoum and Assuit more than a quarter of girls never attended school. Whereas in Lower Egypt, Behera governorate is lagging behind, where more than 15% of girls have never attended school.

¹⁰ R. Roushdy (2004) "Intrahousehold resource allocation in Egypt: does women's empowerment lead to greater investments in children?" *ERF Working Paper Series* no. 0410, ERF, Cairo. The paper provides econometric evidence on the degree to which women's access to cash resources, schooling levels of parents and women's status interact with child characteristics - mainly gender - and affect investment in children's human capital.

The results confirm that empowered women are more able to make positive investments in their children. The influence of women's status may act differently for boys and girls, and may differently affect children's educational outcome than their nutritional status. Also, the study shows that parents do not always have identical preferences towards sons and daughters.

If fathers having more power, in comparison to mothers, over child related decisions does not necessary disadvantage the children in general; however it might lead to disfavouring girls. Regarding girls schooling, mainly in rural areas, as girls get older, parents give less weight to their schooling attainment because, after all, they will soon leave school to get married.

While parents might have clear gender preferences when it is related to children's schooling, generally they do not differentiate between sons' and daughters' nutrition. The educational level of mothers, their work and household wealth is inversely associated with the level of stunting.

Women's access to cash resources and their role in decision making has the expected signs but are not significant on the level of stunting. Children living in communities with high levels of illiterate husbands are more likely to be stunted than others. The results show that children living in urban and Lower Egyptian governorates and those living in wealthier neighbourhoods are significantly less likely to be stunted.

A third paper¹¹ describes the conditions of **child labourers from a poor district in old Cairo, and their family dynamics**. Old Cairo (Misr al-Qadima) is one of the oldest metropolitan areas in which several traditional trades and crafts, such as pottery and leather, were established. In this area, random squatter neighbourhoods have sprung up around these trades. The most famous ones are Kum Ghurab, al-Fawakhir and al-Sheikh Mubarek, which are all based around the pottery factories.

¹¹ T. Rifaey, M.M. Murtada, M. Abd El-Azeem "Urban children and poverty: child labour and family dynamics case studies in old Cairo" *The Centre for Studies and Programs of Alternative Development*, paper presented to "Children and the City" Conference. Amman Hashemite Kingdom of Jordan. AUDI and World Bank 2002. The paper uses case studies and visual culture.

According to a survey conducted at fifty-two pottery factories, most children employed were between six to fifteen years of age, each factory employed around twenty children, that is about 1,040 working in this area.

Authors analyse conditions of children employed by the pottery factories in the area of Kum Ghurab. Most of them have never received any formal education and are under the legal age of employment. The study also follows the Centre for Studies and Programs of Alternative Development's pilot project¹².

The study results underline that these children work averaged eleven hours per day at a salary of \$5 per week, 87 cents per day and 8 cents per hour. The child survey shows reasons why children dropouts or no attending school. Poverty is the main reason. During the family-structured interviews, observations were recorded of the family and their environment. The average dwellings consisted of two bedrooms, 79 percent had no running water, 53 percent had no sanitation and 29 percent had no electricity. Pigeons and livestock often inhabited home with the families.

Forty-seven percent of children were the sole financial providers for the family, and the average family size was seven. Although fathers were typically the decision-makers in the family, mothers and children seemed to have a dominant role in determining that the child would work. Almost half of fathers reporting that they simply could not find work. An equally large number could not work for health reasons, a number of whom were child labourers and simply became too ill to continue work. The majority of mothers did not work mostly due to husbands objecting or because she has to take care of the children. Children began to work largely due to poverty. The majority of mothers, 94 percent, were illiterate, while 76 percent of fathers were illiterate.

Children reported that 84 percent of the mothers were unskilled compared to 46 percent of fathers. School attendance by children in the centre was reported at 57 percent. But only 17 percent of them remained in school. Unemployment has become a large determinant of the child labour phenomena as education is seen as irrelevant. If a child is given the opportunity to gain employment then the parents agree.

¹² Established in 2001, the centre is geared to enhance children skills as artists and allows to understand the social phenomena of child labour which is dominant in the area.

A surprising result that was produced from the data was the large number of women who did not work. This is due to Southern Egyptian customs that consider it shameful for a woman to leave her home; nevertheless, young girls who have not reached puberty are seen as acceptable in the work force.

The last paper¹³ is not specifically focused on education or child labours, but describes **the traditional role of children in the family and society in the Middle East**. It tries to explain how these roles made some children vulnerable to harm and poverty. It gives some cases from **Egypt** and **Syria**.

It tells as the region changed in the 20th century, and what can happen in the 21st century. The family is the traditional basic socioeconomic unit. It is mainly patriarchal, hierarchical and extended. This holds true in rural, urban, and tribal structures. The structure of the extended family guarantees the maintenance of proper social protocols, and determines the social ranking and roles and responsibilities of each member. Norms, which include line of passage of political authority, inheritance rights, custody of minor children, definition of households, and observance of religious events, vary across the Middle East. The relationship between families or ethnic groups in a geographical region is influenced by the availability of resources, alliances and marriages, and the impact of outside societies and governments. Family members and household members are not necessarily the same. The most frequently encountered household is the nuclear family.

The honour of the family is critical. The success or failure of the individual reflects on the whole family. In the traditional society, family or tribal unit responsibilities were prescribed by customs, norms, and Islamic teachings. The role and domain of men and women are distinct and usually very separate, for this reason segregation of children by gender happens at an early age. The stability of the family depends on marriages. The birth of children makes the marriage more stable. Women especially need children to establish their place in society. Children are seen not as economic burdens, but as economic assets.

During the 20th century the colonial occupations, the disruption from regional disputes, the discovery and exploitation of oil and other resources,

¹³ M. Keath (2005) "The Role of Children in Family and Society in the Middle East: Cases from Cairo and Syria", *Arabic 920 Cultures of the Middle East*

the rise of various Islamic movements, and the availability of technological advances have impacted the traditional way of life in the Middle East.

Children and women experienced a negative impact when urbanization replaced nomadic or rural society. Since they were surrounded by people who were not their kin in urban areas, women were more isolated and had more restrictions on their lives. In turn this often placed more household and caretaker responsibilities on the children due to the isolation from the extended family. Family migration from a rural agricultural area to an urban area may result in the child working when the adult's opportunities do not become a reality.

Gender discrimination concerning access to jobs frequently became codified in family law. Women often needed permission of husband, father, or guardian before seeking employment, requesting a loan, starting a business, or travelling. Inheritance laws favoured males and families tended to make larger investment in education of boys than for girls in rural areas, but not in urban areas.

Children rights and law concerning education and employment have been fairly developed, although many contradictions remain. In most countries some level of compulsory **education** is defined by law. But, for example, in **Egypt**, although a youth may be able to read at an acceptable level when he or she leaves school, without the daily need or opportunity to read or write the Standard Arabic learned in school, the level of literacy usually drops drastically to a non functional level. Egypt's constitution mandates that education should be free for all children.

Efforts¹⁴ to increase the attendance percentage of rural children, especially girls, have yielded good results. Rural attendance was encouraged by building more one-room schools within walking distance, the hiring of more female teachers, and the provision of meals during the school day.

Although a man is expected to support his wife and children, most children are expected to contribute to the household as early as possible. Though restrictions on **child labour** exist in most nations, children still work. The

¹⁴ In 1996 the Ministry of Education established the Mubarak Program for Social Cooperation to provide school grants to families and/or provision of school uniforms, books, supplies, etc. This aided 169,000 children in the 1996-1997 school year.

author underlines the case of agriculture sector, in which use of child labour is traditional and remains high.

A major concern today is the employment in Egypt of over one million children between ages seven and twelve in cotton pest management. Under the authority of the Agriculture Ministry, they work long hours exposed to heat and pesticides. The Human Rights Watch notes that the size of children and the allowable wages make them most desirable for the work of leaf worm control. Egypt's adoption of the Child Law in 1996 has been undermined by this tolerance of seasonal agricultural employment.

Regarding **health situation** in MENA region, the author describes government sponsored healthcare systems of Syria and Egypt. In **Egypt**, the system is multi-tiered. Basic health care is free and medicines are available, even in the remote villages. However the pressures of the growing population are straining this system. Private clinics and specialized treatment are available only to the wealthy. **Syria** has a public and private health care system. Although progress has been made, rural areas have fewer doctors and clinics. Child immunizations in both countries receive considerable attention, especially for measles, polio, and diphtheria. Many Syrians and Egyptians use traditional health practices.

2.3. Morocco: child labour

The paper¹⁵ analyses the **child labour in Morocco**, specifically tries to estimate the phenomenon of young servants, so called “**little maids**” or “**petites bonnes**”.

The author estimates that the number of little girls working as “*petites bonnes*” or living with families other than their own is between sixty and hundred thousand. Such a hypothesis takes into consideration the difficulty to define “domestic employment” and to determine those concerned it. It is also based upon the rate of schooling for girls in rural areas, which is below the national average.

¹⁵ M. Lahlou “Child labour in Morocco. The socio-economic background of the “little maids” phenomenon” paper presented to “*Children and the City*” Conference. Amman Hashemite Kingdom of Jordan. AUDI and World Bank 2002

Many needy parents avoid placing their girls in companies or other similar jobs, fearing to see them in strenuous or unprotected work. For the “little maids”, the workday is constantly longer than the legal eight hours per day and can reach twelve or fourteen hours; vacation are unknown or unpaid and social security is absent. For domestic occupations, and so for “petites bonnes” monthly remuneration is given directly to parents. For a continuous job, the salary averages between 100 and 300/400 dirham, depending on the child's age and the city where she works. Generally employers give them a salary lower than the minimum wage which is given to workers over the age of eighteen.

According to the author, the socio-economic reasons of child labour in the country should be linked to parental poverty, inadequate or no education received by many children, the absence of legal protection and cultural and social environment. It appears that parental poverty or death results in the placement in urban zones of young girls as servants. The existence of working children in Morocco is strongly linked to high numbers of unschooled children and their uneducated parents.

The study on “petites bonnes” reveals that 59 percent of young girls placed as servants have never gone to school¹⁶. The Moroccan educational system continues to be strongly affected by a weak rate of schooling girls in comparison to that of boys in urban and in rural zones.

2.4. Lebanon: political, social, and economic environment affecting children lives

The paper¹⁷ - **an ethnographic study of two low-income suburban communities in Beirut** - underlines the negative impacts that political, social and economic environment can have on children. A Palestinian

¹⁶ For example, the absence of bathrooms inhibits the integration of girls in schools. Because of family and tribal honour, girls must be protected and her and her parents' reputation preserved in the hope of getting married. Early marriages prevent young girls from going to school.

¹⁷ J. Makhoul, D.A. Ghanem, M. Ghanem (2003) “An ethnographic study of the consequences of social and structural forces on children: the case of two low-income Beirut suburbs” *Environment and Urbanization* Vol 15 No 2 October 2003

refugee camp of Borj el Barajneh in a southern suburb of Beirut¹⁸ and the community of Nabaa in the eastern suburbs of the city, are the analysed and compared communities.

State political and economic policies place restrictions on work and mobility for the Palestinians in Lebanon¹⁹ and allow the religious sects to regulate civil life for the Lebanese²⁰. The author highlights how these environmental conditions affect children lives, yielding dropping out, abuse, child labour, illegal status. After the civil war in 1990, the Lebanese state was faced with a damaged infrastructure, internal debt and a widespread unemployment. The state budget deficit has led to a decline in the quality of education in public schools and institutions in Lebanon. High dropout rates as well as a reduction in enrolment in public schools and universities is also noted. Public school registration fees are expensive for families with many children and low or no income. Unemployment and poverty are serious problems. The Lebanese labour market is open to non-Lebanese workers. The increasing number of cheap, foreign labourers competes with the local labour force.

¹⁸ The most of the Lebanese population currently lives in cities. It is estimated that the capital, Beirut, and its suburbs hold 32.5 per cent of the Lebanese population

¹⁹ Large numbers of Palestinians have taken refuge in Lebanon since 1948, and more than half of them currently reside in refugee camps. By law, the Lebanese state considers the Palestinians a special type of foreigner, and it issues them with identity cards that indicate their refugee status. Various restrictions affect the way Palestinians live and work.

²⁰ In its constitution, the Lebanese state allows the religious sects to define their members' personal status through regulations governing marriage, divorce and inheritance. Lebanese are not subject to a single legal code in these matters, although they share the same nationality. The Lebanese state formally acknowledges 18 religious sects. These codes have been approved by the state through the Council of Ministers and are legal and binding; any subsequent changes in these codes must also be approved. This means that all Lebanese are required to belong to a religious sect to be able to marry in Lebanon, and there are no civil marriage procedures. Non-Lebanese persons in Lebanon, such as Palestinians, are also required by law to register their marriage in a Lebanese religious court whose denomination they belong to. Otherwise, the marriage is illegitimate.

Nabaa, in the eastern suburbs of Beirut, is an ethnically mixed²¹ and overcrowded community. With little or no education, men in Nabaa are often employed in semiskilled or unskilled part-time jobs. Women seek employment as shop attendants or house cleaners to increase the household income. Children also help to generate income when they live in single-parent or broken families, or in households with problems. The social support and communal ties, that exist elsewhere in Lebanon, lack here.

Children in Nabaa are adversely affected by both the physical and social conditions in their community. Although environmental problems are not critical enough to present a serious threat to children's health, the densely populated settlement offers few opportunities for safe play. As a result, children have no place to play except on the street, which are risky to their safety.

In the absence of a civil marriage law in Lebanon that allows inter-religious marriages, there are a number of out-of-wedlock living arrangements in Nabaa and, some children are never officially registered as Lebanese citizens of known parents. This becomes increasingly problematic when they need official papers, it happens for hospitalization and for registration in schools too. Because of this, a considerable number of children in Nabaa have never attended school. And even among registered ones, many children drop out because their parents are unable to pay the fee or because of home environment. It is therefore not unusual to find children spending time on the street. Moreover child labour is not uncommon. Employers pay them minimal wages for heavy workloads. Domestic violence against children, that is both physical and sexual abuse, is widespread in the community²².

The social structure of the Borj el Barajneh camp is tribal in origin. Residents came to the camp in groups from Palestinian villages and settled in neighbourhoods that currently carry their names. The camp is densely populated. Physical space is severely limited, considering the average

²¹ Shiite Muslims arrived in this community prior to 1975, together with Armenians escaping prosecution. Muslim residents were later displaced from the community, and an influx of Christians from Mount Lebanon settled there during the civil war. Throughout the 1990s, foreign workers came to the area from surrounding Arab countries, such as Syria and Egypt, as well as from Asia and Africa.

²² The number of non-governmental and volunteer agencies in Nabaa is an indicator of problems and needs intensity

Palestinian family includes five or six children. The houses are poorly built, with little or no ventilation.

The increase in population over the years has not been accompanied by expansion because of the well-defined geographical borders imposed on the camp²³. The Palestinians' employment and economic conditions are similar to those in Nabaa.

Despite these difficult conditions, there are strong social ties among the camp residents. The extended family structure offers stability and physical and psychological support in times of need. Almost every family in the camp has a "family organization" or a family fund that is sometimes able to secure money for those in need²⁴. The identity cards Palestinians acquired when they registered as refugees allow the Palestinians and their children to receive the services offered to refugees.

Living conditions in the camp have more serious implications than those experienced by the children of Nabaa. Children have no access to open spaces for play except the rooftops of buildings. The level of overcrowding also exposes children to indoor air pollution and many children suffer from respiratory problems such as asthma. Other health problems include diarrhoea, fever and a relatively high incidence of infectious diseases. Thalassaemia is also prevalent among children in the camp, because of consanguinity among camp residents. Despite poverty and adverse conditions, families remain intact, children do not take to the street and physical abuse of children is not an issue. The family support and social networks existing in the camp contribute positively to caring for and raising children.

2.5. Child mortality in the MENA region

²³ In general, financial support to Palestinian NGOs in the Palestinian camps cannot be considered sustainable. This funding is affected by political decisions, both local and international. At a local Lebanese level, they are considered a special kind of refugee, and the state hopes they will return to Palestine because they "have the right to return".

²⁴ Another form of financial help is remittances sent by migrant Palestinians to relatives and family members, whenever their financial situations permit.

This paper²⁵ examines **the progress toward Millennium Development Goal (MDG) in the MENA region** during the period of 1975-2000. It analyses three of the MDG indicators longevity, infant mortality and under-5 mortality²⁶.

The primary goal of this paper is therefore to explain the pattern of longevity and mortality indicators and contrast the results in terms of the typical determinants of the income/expenditure based measures of poverty. For this purpose, the authors use the model of income poverty reduction à la Bourguignon, they modify this model by embedding here a role of “institutions” or “value system” as conceived in the new institutional economics literature. Then they review the literature both on broader poverty and on growth, and piece together an *a priori* “model” that would appear to describe the evolution of longevity and mortality indicators over time.

The resulting LMI framework looks similar to the standard income poverty model in its reduced form, though the level of rigour in the process of derivation is very different between the two. The model can give answer to conventional questions such as the role of inequality of income and if social capital and other institutional factors play a material role in determining the LM outcomes.

An important focus of the present paper is in discerning the role that institutions²⁷ à la New Institutional Economics may play in determining broader poverty.

²⁵ S.M. Ahsan, P.N. Pehazi (2004) “Achieving the MDGs in MENA region” *ERF Working Paper*, Cairo.

²⁶ The paper introduces the notion of “distance”. For example, when two countries have a different initial level of life expectancy, the one with the lower figure has less difficulty improving than the one with the higher figure. The distance has conceived as a measure of relative progress, to help one compare how distant each country in the sample is from “the best practice case” at the time. In other words the benchmark country (countries) would have the highest level of life expectancy and lowest level of mortality respectively in 1975 and in 2000.

²⁷ The study conceives of institutions as the enabling framework that facilitates economic and other exchanges, both within and outside of the market mechanism. The central focus of new institutional economics is that transactions are costly to execute. “Institutions must not only provide low-cost enforcement of property rights, bankruptcy laws, but also provide incentives to encourage decentralised decision making and effective competitive markets” North, 1997).

The research discovers that the only common denominator is the strong influence of HIV prevalence on both the processes of longevity and child mortality. While both initial income and past growth experience appear to positively affect longevity growth over time in the generic model, this force is significantly weaker in the MENA region.

Institutional factors play an important role in both longevity and mortality processes. For infant mortality, while initial income or past growth trend were seen to be of marginal importance in the standard case, these variables assume far more significance in the distance model. Such insights would be absent lacking the innovation introduced. An exploration of the MENA interaction model also reveal many nuances in how the HIV prevalence, initial income, past growth trend, as well as the quality of institutions interact in explaining longevity and mortality.

2.6. Children and disability in the MENA region

Disability is considered the most important source of vulnerability among children, specially in developing countries due to shortage in health services, insufficient training health service providers, lack of community education programs and limited rehabilitation services.

One of the analysed paper²⁸ discusses **child disability in the countries belonging to the MENA region**. The author gives some examples such as the preferred option to marry first cousin, particularly in rural areas and Upper Egypt that has increased the probability of disability inheritance, or war-related causes of disability that have also been noticed for the children in Palestine, Syria and Lebanon. Successive generations of Palestinian children have lived continued Israeli military occupation. This has left deeper scars on the psychological well being of the Palestinian children and families.

²⁸ Osman E.H.M. Nour (2005) "Child Disability in some countries of the MENA region: Magnitude, Characteristics, Problems and Attempts to Alleviate Consequences of impairments" *Paper Presented at the XXVth IUSSP International Population Conference*, Tours, France

The paper indicates low enrolment rates for disabled children in many countries of the MENA region²⁹. In addition, experiments with inclusive education are still new in the region. However, mainstreaming projects proved, successful and had positive impact on the quality of education for disabled children, in some countries of the region³⁰.

The study shows that many disabled children in the MENA region are facing health problems, low health awareness and psychological and emotional problems³¹, specially in countries involved in civil wars and military conflicts.

Low health awareness is certainly not only a reason for not detecting disabilities early enough to achieve maximum rehabilitation, but is also one of the underlying factors for high prevalence of the phenomenon. Families who have disabled children often become aware of the problem only when it is already late for successful intervention.

Children of poor families in many countries of MENA region are less likely to have access to health care to be treated for conditions that may result in disability. Many countries in the MENA region have insufficient health facilities and poor training for medical personnel working with disabled children. The lack of community education programs leave many

²⁹ The 2000 Demographic and Health Survey in Egypt has estimated the total number of children in need of special education at 600,000. However, according to Ministry of Education, only 15% of them receive education in regular schools. Girls are even more disadvantaged than boys. The low level of enrolment is partially due to the unavailability of appropriate education and partially to the fact that some parents do not send their disabled children to schools. In Lebanon, 57.5% of handicapped registered at the Ministry of Social Affairs for the year 2002 are illiterate and the percentage of those receiving regular primary education and specialized primary education are 26.6% and 5.4% respectively. The data from the 1997 population census indicate that only 41.7% of children of special needs in the Palestinian territory are enrolled in schools. However, the above percentage increases with age irrespective of gender. It seems that children with special needs in West Bank have better educational opportunities than those in Gaza Strip. As for disabled females, their enrolment in schools is less than that for their counterparts.

³⁰ For example, the World Bank supports the Tunisia Quality Improvement Project for primary and secondary education.

³¹ The study carried out by the World Bank in Egypt, Jordan and Yemen revealed that between 5% and 10% of children under age 18 are having at least one type of disabilities and many of disabled children in countries of the MENA region are facing health, educational, social and psychological problems (World Bank, 2004).

undetected child disabilities. Many communities, specially in rural areas, lack rehabilitative services for disabled children.

Some disabled children in the region are facing problems of stigmatization, social exclusion and isolation. Some countries in the MENA region have no comprehensive national strategy to address issues related to child disability.

According to the author, there is a need to integrate disability in the country's development programs if child disability projects are to receive funding from national and international donors. Many countries in the MENA region lack reliable statistics on child disability. There is a clear lack of standard definitions of disability across the countries of the region, but also within countries. This problem is relevant in order to determine the magnitude of disability, as well as to identify the required intervention strategies.

2.7. Children and urban space in the MENA region

The growth of urban population has been a consistent trend, the population of cities is growing faster than the population of the country as a whole. Urban population in MENA region varies sharply³² between 42 percent in Egypt to 92 in Israel. Many of the previous papers report, although indirectly, the relation between children and urban space. Instead there are two more papers specifically oriented to discuss this issue. In particular, both of them advocate a children involving in the urban planning process.

The first paper³³ discusses **the planning approach in the MENA region**. It underlines that a review of urbanization and demographic trends in the

³² It is 42% in Egypt, 50% in Syria, 58% in Morocco, 59% in Algeria, 64% in Tunisia, 72% in Palestine, 74% in Jordan 87% in Libya, 88% in Lebanon and 92% in Israel³² (data 2004). Source: The state of the World's children, Unicef 2006

³³ U.G. Benna (200) "From planning for, to planning with, MENA children" College of Architecture and Planning, King Faisal University, Dammam, Saudi Arabia, paper presented to "*Children and the City*" Conference. Amman Hashemite Kingdom of Jordan. AUDI and World Bank 2002. It proposes a culturally-acceptable planning process that engages young people in evaluating local environments, analyzing and prioritizing key issues, designing programs and mobilizing resources to implement

MENA region reveals that young people represent the majority of the increasingly urbanized population.

According with the author, the current planning practice in most of the region's municipalities seriously neglects the silent majority of children and young people. Rapid changes in rates and patterns of urban growth and demographic composition of the MENA region have impact on the ability of governments to balance supply of and demand for urban physical and social infrastructure and services. The author underlines that the refugee issue is one of the most intractable problems of the region. Palestinian refugees are the largest and oldest refugee population in the world.

The paper underlines the inadequacy of the existing "planning for" approach. This long-term and product-oriented approach to urban planning and development is too rigid to face with urban complexity. Meanwhile, urban governance and municipal finance systems are similarly too rigid to deal with the rapid socioeconomic changes.

Most of MENA cities fail to meet young people and their families needs for example education or health. Many global best-practices strategies for initiating participatory programs and building institutional support for effective implementation by young people are reviewed³⁴. Then an approach that advocates the participation of young people in the process of urban development planning has proposed. The process is expected to have input from community and development partners. The approach is short-term, practical and project based, unlike the long-term comprehensive policies, programs and projects of the traditional model. The scale is largely neighbourhood based, extended to city and national levels through a network of youth organizations. In this model the "planners" are grass-root children and young people, guided by trained personnel, who identify, plan and execute projects that advance the quality of their lives on an incremental basis.

them. The process is expected to yield an urban community rolling-plan that lists things to observe, to do and to learn by children and young people.

³⁴ One of them is the *Growing Up in Cities program*. It is an international effort to understand better the ways in which children perceive and use the urban environment-both across time and across cultures.

The second paper³⁵ examines how **children interact with their neighbourhood environments** and to what extent planners and designers can learn from children about their use of, and needs. To learn about children's use of neighbourhood spaces the author tells about a research project called "Children and Neighbourhood Design: 'Mental Map' Project" in which Jordanian children were asked to draw mental or **cognitive maps**³⁶.

The main way children come to know a place is by making journeys through it. The routes to school, to the park, or to a friend's house, are important in a child's daily experience, as are the boundaries to these experiences, for example, a road across which a child is not allowed. Children learn and develop their cognitive mapping ability through their way finding. And in their explorations, children, like adults, have their preferences. Based upon this, the author argues that cognitive maps³⁷ can provide a way to explore how children see their community at the neighbourhood level.

According to the result of the field research, cognitive maps are clearly a way of learning from children about what is meaningful in their "landscape", and the range of analysis techniques available means that they can be used effectively in planning and policy contexts.

³⁵ A. Yal-Zoabi (200) "Children's "mental maps" and neighbourhood design of Abu-Nuseir, Jordan" College of Architecture and Planning, King Saud University, Riyadh, Saudi Arabia, paper presented to "*Children and the City*" Conference. Amman Hashemite Kingdom of Jordan. AUDI and World Bank 2002.

³⁶ At the Jordan University of Science and Technology, Jordan, the author developed Children and Neighbourhood Design: 'Mental Map' (CNDMM) research project as an educational outreach activity linking the university with local elementary schools (Al-Zoabi, 2000). In 1998, his first year, four schools and 112 students from grades 3 through 6 were involved in making maps. In 2000, nine other elementary schools in Abu-Nuseir Area, Amman, Jordan have been visited and involved students from kindergarten through grade 7. In all, the author received maps from over 500 students.

³⁷ This paper is concerned with the cognitive 'maps' which people create and carry in their memories. Cognitive maps are mental representations which people construct about the world around them. They are composites created from the continual flow of information they receive. Cognitive maps are built over time and from their experiences. For the purpose of undertaking cognitive mapping exercises with children, clearly age and gender are important and relevant issues.

2.8. A regional approach to children issues: The Child Protection Initiative

The Children Protection Initiative (CPI) was created in 2003 by a partnership launched by the Arab Urban Development Institute (AUDI) and the World Bank and supported by several other regional and international donors, because of an increasing in vulnerable and disadvantaged children in urban areas, that is children with special needs, street children, child labourers, internally displaced and refugee children, and orphans. While responsibility for issues of children has traditionally handled by national governments, the Children Protection Initiative encourages municipal authorities to take more action. The program has three main objectives: build a regional knowledge, strengthen the capacity of municipalities and local authorities, assist stakeholders to mobilizing resources.

One of the reviewed paper³⁸ represents **an evaluation of the World Bank's support of the MENA Child Protection Initiative**. How it has been explained before, it is not an academic paper, such as the previous ones, but it gives a relevant contribution to our analysis. The aim of this choice is to show the reader how children issues can be faced with a regional approach.

Generally, the problems of vulnerable and disadvantaged children are essentially country issues, but a regional approach allows to improve policies and programs strengthened by comparative analysis, standardization of data, and exchange of knowledge and experience across countries, especially where shared socioeconomic conditions and cultural and religious values are. It allows to gain economies of scale from collective knowledge and capacity building activities. Finally, it allows to handle the migration and refugee children across the region.

Authors use the criteria of relevance, efficacy and efficiency to evaluate the program. In addition, they assess the Bank's performance and examine the performance of the regional program's participating countries. They underline that CPI has established its presence in the region on issues of

³⁸ C. Gwin, M.L. Libman (2006) "An independent evaluation of the World Bank's support of regional programs. Case study of the MENA Child Protection Initiative" *The World Bank*, Washington.

urban children even if yet, the program appears unlikely to achieve objectives it set, mainly in the areas of capacity building and resource mobilization.

In fact, authors underline that activities have so far mainly involved one-off meetings, dissemination of papers and reports, and website postings. CPI's capacity building and networking activities have so far been limited to sponsoring a few mayors and other municipal officials to participate in specific regional and international conferences and workshops.

The quality of the Bank's performance in supporting has been mixed. It has been an integral partner in developing and supporting the program. It exercised strong leadership in initiating a quick response to regional interest in building the capacity of municipal authorities to deal with problems of urban children. It played a leading role in designing and launching the CPI, and its resources and convening power have helped mobilize other funders. But there have been shortcomings in its quality of support and oversight.

According to authors, the CPI is an innovative project responsive to a growing problem in the region, on which there is limited knowledge and experience. Its objective of building and sharing knowledge on issues of urban children aims to provide a regional public good of value to all countries in the region, and its focus on strengthening the capacity of municipal authorities meets a clear, previously unattended, need. CPI is relevant to the needs of the participating countries. It was launched as a result of direct demand for a regional initiative to help local authorities address issues faced by children and youths.

In two and a half years, it has become an actor in the region on issues of urban children, begun to raise awareness about the importance of the role of municipalities in addressing those issues, established a working relationship with a number of regional and international partners, and promoted pilot projects in four cities. The Bank has been an integral partner in developing and supporting the program, translating needs into action. Yet, the program appears unlikely to achieve the objectives it set for its first three years, especially in the areas of capacity building and resource mobilization, and its lack of both an explicit business plan and monitoring and evaluation system.

3. APPROACHES AND THEORETICAL FRAMEWORKS

The comparative analysis of literature shows how many different approaches and theoretical frameworks could be used to examine children conditions in the MENA region (table 2). In fact, crossing through the previous papers we look at the children issue as an anthropologist, an economist or a sociologist does, using time by time a sociological, ethnographic, economic or cognitive approach.

For example, child labour has been analysed by completely different points of view. Following a socio-anthropological approach, a field research has been conducted in the case of the old Cairo study³⁹ (Rifaey, Murtada and El-Azeem, 2002). According to a sociological approach, a data analysis records the case of “petites bonnes” in Morocco⁴⁰ (Lahlou, 2002). Finally, the two papers on Palestine child situation⁴¹ use a socio-economic approach based upon an ordered probit model (Al-Qudsi and al Qudsi, 2003) and a sequential-response model (Al Kafri, 2002) respectively.

³⁹ T. Rifaey, M.M. Murtada, M. Abd El-Azeem “Urban children and poverty: child labour and family dynamics case studies in old Cairo”.

⁴⁰ M. Lahlou “Child labour in Morocco. The socio-economic background of the “little maids” phenomenon . The paper contains an estimation of the number of working children between the ages of 7-15 in Morocco. Based upon this amount, it can estimate the number of little girls who work as servants or “petites bonnes” . It also contains essential elements that enable a better understanding of the existence and the extent of this phenomenon. For social and economic reasons, the global number of working children is underestimated. The following hypothesis states that all non-schooled children are likely to work for an employer or their family, with or without remuneration. It is realistic to say that the number of children in the employment market falls between the official data and the total number of uneducated children between the ages of 7 and 15. Child labour is not visible, especially when it occurs behind the closed doors of homes. If the employer or child’ s parents do not manifest it, discovery is difficult. In a country where the registration of a child with the municipality is not necessarily automatic, the child’ s age can be based on his or her physical appearance, meaning that the placement of a child in the adult category can happen

⁴¹ S. Al-Qudsi and A. Al-Qudsi (2003) “Children’s educational outcomes under adverse labour market conditions: evidence from the West Bank and Gaza”. Methodologically, in this paper an ordered probit model has been applied. Al Kafri S., 2002. “Impact of Israeli measures on Palestinian child labour and schooling”. The econometric model used in this paper to analyze the probability of choice and trade off child schooling with labour in PT. The estimation method analyzes the determinants of child labour as a sequential response model (SRM) using three binary probit models.

Furthermore, both the papers on education and investment in children's human capital use an economic approach, even if according to opposite theoretical frameworks. The first one⁴² (Kogali, 2002) draws on Gary Becker's allocation of time theory in which households combine goods and time to produce commodities. Households maximize their utility subject to income and time constraints. The time allocated for school attendance is input in the education process, which could be used to participate more fully in the labour market or home production, and therefore school time represents forgone earnings or gains to households, an indirect cost of education.

Becker's theory of time allocation has been found lacking the inability to incorporate the effects of power and control over resources on the intra-household allocation of time and resources. In this theoretical framework the household is a single economic agent, in which individuals share the same preferences and pool their resources.

These common preferences models only allow the demand behaviour to depend on the total household income and not on the amount of income received or controlled by each individual member. Thus, under these unitary models the household behaviour can only change if prices or the total household income change. For this reason, the other paper⁴³ (Roushdy, 2004) rejects the "unitary" or the "common preferences" models, choosing a collective model. The common implication of all the collective models is that changes in individual-specific control of resources translate into changes in household resource allocation patterns. So the author focuses

⁴² El Daw A. Suliman, S.E. El-Kogali (2002) "Why are the children out of school? Factors affecting children's education in Egypt". The study is based on Becker's theories of time allocation and comparative advantage, as well as other empirical findings from the literature. Basically two methods are employed. First, it has been applied a data reduction technique, using the principle component analysis, to construct two indices of valuable interest to this study namely; a proxy index for household standard of living/wealth level and a proxy index for mother's role in household decision making process. Second, it has been applied a data analysis technique starting with simple bivariate analysis and ending with a multivariate analysis based on multi-level logistic model.

⁴³ R.Roushdy (2004) "Intrahousehold resource allocation in Egypt: does women's empowerment lead to greater investments in children?"

specifically on different measures of women's status⁴⁴ and tries to examine their effect on the above individual child outcomes.

The economic approach appears again in the paper⁴⁵ (Ahsan and Pehazi, 2004) that examines the progress of the region towards the MDG. In this case, it is a model of income poverty reduction à la Bourguignon, modified in order to embed the role of "institutions" as conceived in the New Institutional Economics literature⁴⁶.

On the other hand, some analysed papers are based upon *field researches* in which authors conduct observation and in-depth interviews to children and their family. This is the methodology used in the case of Beirut study⁴⁷ (Makhoul, Ghanem and Ghanem, 2003) according to an **ethnographic approach**, and in the case of old Cairo study⁴⁸ (Rifaey, Murtada and El-

⁴⁴ The paper tries to identify aspects of women's empowerment that are important in explaining positive investment in children's schooling and health outcomes in Egypt. The variables of women's status used at the individual level are mobility, women's opinion towards domestic violence, women's control over the household cash resources allocation and women's role in decision making related to children

⁴⁵ S.M Ahsan, P.N. Pehazi (2004) "Achieving the MDGs in MENA region"

⁴⁶ Cfr. note 27.

⁴⁷ J. Makhoul, D.A. Ghanem, M. Ghanem (2003) "An ethnographic study of the consequences of social and structural forces on children: the case of two low-income Beirut suburbs". The study uses observations and in-depth interviews with residents and key informants in these communities, a research team obtained an inside view of the residents' experiences. Ethnography requires the investigator to rely on informants for information, thereby obtaining an insider's view and an understanding of people's living conditions from their perceptions. Over a period of four months, data about the physical and social aspects of the two communities was collected and analyzed. Methods included interviews, the review of relevant documents and participant observation; the collection and analysis of data were concurrent. Thematic analysis has been used to interpret the interviews and field journal data. Participants included professionals – such as employees in the local municipality – local government employees, community leaders, members of non-governmental organizations (NGOs) and volunteer groups, as well as lay men and women families in their natural settings were also observed and interacted with. Children were not specifically interviewed. Questions about how the participants value their community, the problems and difficulties they faced, what needs to be changed and how they see the future for themselves and their children were adapted to their educational backgrounds.

⁴⁸ The paper uses case studies and visual culture. It records changes in the 25 children that attend the centres and 25 children that do not attend. The age range that is being studied is from 9 to 16 years of age. 44 children (13 children were girls and 31 boys, however out of the centre's 25 children, there are 12 girls and 13 boys) and 17 families have

Azeem, 2002) that, as we underlined before, follows a **socio-anthropological approach**.

In this last paper both interviews/observation and visual culture methods are used. Children were given cameras and asked to photograph important subjects in their lives. Images are tools to examine children conditions and needs. Other images appear in a further different way in the paper on mental maps of Jordanian children⁴⁹ (Yal-Zoabi, 2002). Yet it is a field research, even if following a **cognitive approach** that gathers and interprets children drawings according to Lynch's theory of the representation of space.

The question is which kind of approach and methodology are able to examine children conditions in the MENA region in the best way. This literature review appears as a mosaic in which every piece tells its story and some about hidden stories too. Economic and sociological approaches allow to analyse a complex phenomenon regarding one or more countries or a whole region. It happens that they are not able to explain the phenomenon backgrounds. They often do not consider historical, political or religious reasons. They lost details. Mainly, they need data availability. Otherwise they become no meaningful.

been interviewed and observed. Twenty-five children were given cameras and asked to photograph important subjects in their lives.

⁴⁹ A. Yal-Zoabi (200) "Children's "mental maps" and neighbourhood design of Abu-Nuseir, Jordan" College of Architecture and Planning, King Saud University, Riyadh, Saudi Arabia. Methodologically, the paper does a revision of the literature on mental or cognitive mapping along with some of the limitations and possibilities in using these types of techniques with young children, a project that was developed to analyze and study mental or cognitive 'maps' that children were asked to draw for their aspired neighbourhoods, and a revision/analysis of children's maps against Lynch's well-known typology of urban design elements. These elements are: paths, edges, districts, nodes, and landmarks. Paths are generally considered as the channels along which an observer moves. Edges refer to the boundaries between two places. They act as barriers and as breaks in the linear continuity of paths. In contrast to these one-dimensional elements, districts are two-dimensional subsections of their urban places. They are areas where people can enter and be 'inside'; they are also areas where people do not enter and may feel 'outside'. These areas often develop identities which are known in the locality. Nodes or points identify strategic spots in urban places. They may be focal points for certain types of activity, or the junction points for intersecting paths. Finally, landmarks create a reference point in their community, a point usually identified by some physical object.

Most of the papers based on data analysis underline the lack of reliable statistics, and sometime a lack of standard definitions of the issue (e.g. disability) across the countries of the region, but also within countries. According to Roushdy (2004) results support the need for a richer dataset that allows for more direct measurements of bargaining power in the household. And, for example, in the paper on “petites bonnes” in Morocco, the author affirms that facts on child labour are still limited. First of all there is an insufficient amount of numerical data. Secondly there is a contradiction between concept and reality. This is due to a lack of pertinent information and an absence of national inquiries which shed light on the problem. On the other hand, anthropological/socio-anthropological or cognitive approaches give a deeper view, because they gather information directly, examine observed and “touched” dynamics, but of course it happens in a limited space.

Anyway, it seems urgent to increase a sharing regional knowledge on the matter – through all the available approaches - in order to strengthen governments, international organizations, municipalities and local actors capacities to face with children issues.

4. CONCLUSIONS

Crossing through literature, some remarks and policy recommendations can be expressed on children issues in the Mediterranean area (table 3 and 4).

Undoubtedly, poverty is a serious reason for child conditions. Poverty strongly correlates with negative outcomes as lower school enrolment, malnutrition, higher infant mortality, child labour. The poor have limited access to health and education services, and often they can not pay the opportunity cost to send their children to school.

In most of the MENA countries the human poverty index is high. It is just above 40% for Tunisia and Algeria, rising to 55% in the case of Egypt and to 63% for Morocco. In other words, six in ten persons in Morocco are living in condition of human poverty⁵⁰. The impact of poverty clearly appears in the comparative analysis of literature. Children of poor families in many countries of the MENA region are less likely to have access to health care to be treated for conditions that may result in disability (Nour, 2005). According to Al-Qudsi and Al-Qudsi (2003), parental living standards are significant determinants of children's educational outcomes in Palestine. So as it emerges in the investigation about how children and their families allocate time between school and work (Suliman and El-Kogali, 2002) in Egypt. Their analysis reveals that children of poor households are significantly more likely to do work only or do work while attending school as compared to children of non-poor households.

The opportunity cost of child time is a barrier to school attendance. Similar results have been underlined by Rifaey, Murtada, and el-Azeem (2002): children began to work largely due to poverty, unemployment has become a large determinant of the child labour. During the last years most of the MENA countries have conformed their legal system to ILO Convention 138, increasing the minimum age for employment. Egypt has set the minimum age at 14, Lebanon at 13, Morocco at 15, Tunisia at 16. Despite of this, child labour phenomena remains relevant.

⁵⁰ Human Development Report, UNDP, 2005.

Child labour is connected to family poverty, because it denies educational opportunities to children and push them towards risky conditions. For example, Lahlou (2002) estimates that the number of “petites bonnes” in Morocco is between 60 and 100 thousand. The workday is constantly longer than the legal eight hours per day and can reach twelve or fourteen hours; vacation are unknown or unpaid and social security is absent. It appears that parental poverty or death results in the placement in urban zones of young girls as servants. On the other hand, some positive practical experiences exist, such as the Centre for Studies and Programs of Alternative Development’s pilot project in Kum Ghurab (a poor district in old Cairo). The centre, established in 2001, is geared to enhance children skills as artists and allows to understand the social phenomena of child labour which is dominant in the area. It creates connections between artisans, families, and factory owners. The idea of the centre was performed with the artist Mohamed Mandur, a child labourer himself, who was discovered at an early age by artisans, allowing him to master his skills as a potterer⁵¹.

Furthermore, economic and political asset deeply affect children conditions. Results show a negative effect in the children’s growth because of Israeli repression against the Palestinian people and the intensity in the risks that children take in their attempt to help their families earn their living, especially after the increase in the poverty and unemployment. The Intifada had a negative and significant effect on the younger children. (Al Kafri, 2002).

In the same way, Makhoul, Ghanem and Ghanem (2003) in their ethnographic study of two low-income suburban communities in Beirut, underline that State political and economic policies place restrictions on work and mobility for the Palestinians in Lebanon and allow religious sects to regulate civil life for the Lebanese. Authors highlight how these environmental conditions affect children lives, yielding dropping out, abuse and child labour.

But, even if both communities experienced poverty and unemployment, both of them are affected by legal constraints and regulations, and in both cases there is limited access to social services and quality education, the Palestinian camp enjoys a high level of social solidarity as a result of similar ethnic background and a shared history, while a social network lacks in the

⁵¹ This experience is analysed in T. Rifaey, M.M. Murtada, M. Abd El-Azeem (2002).

community of Nabaa, where the population is both transient and ethnically diverse. So although refugees experienced severe social and economic disruptions, they succeeded in countering them. Al-Qudsi and Al-Qudsi (2003) confirm that in spite of adverse conditions, refugees succeed in adapting and in schooling their children.

Another relevant factor to determine child conditions is women power inside the households. In the Old Cairo, Rifaey, Murtada and el-Azeem (2002) notice that almost half of the interviewed children at the centre are the sole financial providers for the family, while the majority of the mothers didn't work and were illiterate. In fact, Southern Egyptian customs consider shameful for a woman to leave her home.

According to Keath (2005) in the MENA region, children and women experienced a negative impact when urbanization replaced nomadic or rural society. Since they were surrounded by people who were not their kin in urban areas, women were more isolated and had more restrictions on their lives. In turn this often placed more household and caretaker responsibilities on children.

The relevance of traditions and customs emerges in Suliman and El-Kogali (2002): they are perceived as barriers to children's education in Egypt. Specifically Roushdy (2004) analyses women empowerment and their role in children's outcomes in Egypt, showing that both parents may not have identical preferences towards sons and daughters, and that the role of women over the allocation of cash resources and decision making regarding children positively affect their children's outcomes, particularly those related to children's schooling.

Poverty, cultural traditions, female role models and child labour are correlated with *gap in education*. According to Lahlou (2002), the existence of working children in Morocco is strongly linked to high numbers of unschooled children and their uneducated parents.

The MENA countries have made progress towards the goal of universal primary education, even if disparities remain both between and within countries. For example, in Egypt, the Ministry of Education took the leading role in some interventions, with financial assistance and technical

cooperation from international donors⁵². Between 1990 and 1996 the Ministry of Education have raised its investment in basic education (school buildings and infrastructure) by 7,3% annually. In 1992 the Ministry of Education and the UNESCO have signed an agreement to establish local community schools and one-class schools with the aim of narrowing the gap found in girls education, with emphasis on reaching population of the villages, hamlets and remote areas. Between 1992 and 1998, the Ministry of Education and UNICEF launched an experimental community schools project (run by female teachers) aiming at providing access to basic education for girls of the poor and the deprived rural areas. In 1997 CIDA has launched a community based and girl-friendly education project aiming at providing access to quality basic education in Upper Egypt. In 1996 the USAID has began a girls' education program in Egypt with the aim of improving quality (through teacher training and improved instructional materials), increasing access in under-served areas (by constructing schools), and providing scholarships and tutorials jointly with Save for Children and CEDPA. The project was implemented in two governorates in Upper Egypt, one in the Nile Delta area and the urban slums of Cairo⁵³.

In spite of much effort and significant progress in putting girls in school, Suliman and El-Kogali (2002), analysing the Egyptian situation, affirm that much remains to be done in achieving universal basic education eliminating gender gap. Among the significant predictors of girls' never attendance are age, household level of wealth, mother's autonomy, parents' education, household ownership of farm/land and the percentage of fathers in white-collar jobs in the community. Similar conclusions have been reached by Al-Qudsi and Al-Qudsi (2003), that underline a clear gender dimension in educational outcomes that Palestinian parents choose to make. The gender divide is stronger in the case of less educated parents and for children with parents engaged in blue-collar jobs.

Discussing on the education gap, Nour (2005) indicates low enrolment rates for *disabled children* in many countries of the MENA region. However, mainstreaming projects proved, successful and had positive impact on the quality of education for disabled children, in some countries of the region. For example, the World Bank supports the *Tunisia Quality Improvement*

⁵² UNICEF, UNESCO, UNDP, USAID, CIDA, Save the Children, and the Centre for Development and Population Activities-CEDPA.

⁵³ These best practices are discussed in El Daw A. Suliman and S.E. El-Kogali, 2002.

Project for primary and secondary education, which includes a component aimed at ensuring that all vulnerable and handicapped children go to school. In addition, the World Bank worked with “Handicap International” to identify the constraints that face Tunisian handicapped children from attending schools, and to develop a communication strategy to build awareness and improve the educational system for handicapped children⁵⁴.

A growing problem in the region, on which there is limited knowledge and experience, is *urban children*: vulnerable and disadvantaged children living in urban areas - children with special needs, street children, child labourers, internally displaced and refugee children, and orphans. Regarding this issue the World Bank and the Arab Urban Development Institute launched a project in 2003, the *Child Protection Initiative*, for building and sharing knowledge on issues of urban children and on strengthening the capacity of municipal authorities. CPI is relevant to the needs of the participating countries. It was launched as a result of direct demand for a regional initiative to help local authorities and it has become an actor in the region on issues of urban children, begun to raise awareness about the importance of the role of municipalities in addressing those issues, established a working relationship with a number of regional and international partners, and promoted pilot projects in four cities.

But children can represent elements of the landscape with which design and planning professionals can work in creating better environment. Yal-Zoabi (2002) gave a general topic “my community” in his project “Children and Neighbourhood Design: ‘Mental Map’ (CNDMM)”, children were successful in communicating things which made an impression upon them. Regarding the possibility to use a participatory planning process, Benna (2002) mention some best practices.

One of them is the *Growing Up in Cities* program⁵⁵. This is an international effort to understand better ways in which children perceive and use the urban environment-both across time and across cultures. More importantly,

⁵⁴ These projects are analysed in Nour (2005).

⁵⁵ Kevin Lynch initially directed the original project in 1977, but the new program includes nine sites in seven countries with study teams that include a number of leading international child-environment researchers and experts in participatory planning with children. At the international level, the study’s findings revealed the colour and substance of children’s social conditions and provided detailed illustrations of the relationship between children and their surroundings.

it is an effort to apply participatory methods to the local decision-making processes that shape the urban environment.

A regional example of this program is “Growing Up in Lebanon” . This was initiated in 1999 with the collaboration of the City Council and the Hariri Foundation of Lebanon in the ancient city of Saida. The project was designed to address the social and physical fabric of the old city in an integrated plan for development and as part of the goal of connecting the city’ s past with its future. Under the leadership of local dignitaries, other partners included a network of ten NGOs that work on family, child and youth issues under the umbrella of the City Council at the Centre for Extracurricular Activities in the old city.

Finally, after making a comparative analysis of literature, crossing through different approaches and underlying relevant findings, some policy recommendations can be pointed up:

- **to reduce poverty**

Lahlou (2002) affirms that the government must increase national revenue, reduce disparities of distribution and create employment opportunities by using national savings and investments. The need for a national policy which battles poverty is linked to the creation of a national school which should be obligated to integrate all school age children, especially rural children and girls, to at least 16 years of age.

- **to fight against child labour and to improve education enrolment**

Suliman and El-Kogali (2002) advise to raise school enrolments with particular emphasis on girls and the poor and on Matrou, Beni Suef, Fayoum, Assuit and Behera governorates. Improve quality of education to reduce dropout. Efforts are needed to change believes of the poor about the importance of girls education. Decrease the direct and indirect costs of schooling giving cash or some kind the incentive (e.g. food rations) to compensate the child time, providing scholarship or tuition waiver and books, supplies. Build schools at accessible distance.

Al Kafri (2002) believes that it is necessary to find immediate and urgent alternatives to treat the problems of the Palestinian labour market through which the child labour phenomenon addressed. Several emergency committees were established to suggest treatments for different problems

like unemployment and poverty. These committees must concentrate on the children, their education, and the phenomenon of their labour. Concerned institutions should introduce laws that enforce improved abidance to compulsory education. Vocational education and training requires more attention. Similarly, alternative educational institutions should be established to address the needs of vulnerable students.

The reduction of the education cost needs serious consideration. Flexible schooling hours must be established to enable the older children to work and hence secure an income for their families. The current Palestinian labour law indirectly allows child labour within the household frame. But it did not take in consideration the negative effect on the education of the children who work in their household enterprises. Therefore, this matter must be taken in consideration through the passing of laws that prohibit child labour in the household enterprises. That is if such work affects children's education. Urgent mechanism to address children dropout levels are of utmost importance.

Keath (2005) advises to focus the attention of governments and the appropriate non-governmental organizations on goals for a long term sustainable economy and social structure. Adjust the strategies as needed so that within a few generation, there would be children who would maintain the honour of their families in a manner that benefits them and the society as a whole.

Regarding the Centre for Studies and Program of Alternative Development that some children attend in the area of Kum Ghurab, authors recommend to guarantee for the targeted child population a minimum wage, limited the hazards of children work environment, provide psychological and physical care, eliminate illiteracy, raise the awareness of families and factory owners on the child rights. (Rifaey, Murtada and el-Azeem, 2002).

- **to improve urban policy**

Benna (2002) advises to replace the rigid product-oriented master plan approach with a more participatory one. To be effective, the proposed model requires the help of experienced development partners, both international and local.

Yal-Zoabi (2002) believes that cognitive maps are clearly a way of learning from children about what is meaningful in their “landscape”, and they can be used effectively in planning and policy contexts.

- **to handle vulnerable children**

Regarding children disability in MENA region, Nour (2005) affirms there is an urgent need for development of standard definitions and consistent data collection mechanisms. The limited Community based Rehabilitation project (CBR) implemented by some MENA countries, should include welfare rehabilitation, training and employment of disabled. Finally the governments should remove physical and social barriers to disabled people.

To help children who have been affected psychologically by the Intifada, Al Kafri (2002) believes there is an urgent need for psychologists and social researchers to be present in schools. These researchers can explain the importance of the educational stage through which these children are passing. Also, there is an urgent need to clarify to parents the importance of the psychological effects of the Intifada on their children. The activation of the parent’s committees at schools is important.

Table 1. Children in Mediterranean area: a literature review

Country	Title	Author	Purpose	Methodology	Findings
Egypt	Urban children and poverty: child labour and family dynamics - case studies in old Cairo (2002)	T. Rifaey, M.M.Murtada, M.Abd el-Azeem	The paper explores children interactions with their families and environment - the district of Kum Ghurab- the role that mothers play in children lives, the poverty cycle that forces children into the market. Most of the children attend a centre that is geared to enhance their skill as artists. The study has also followed the centre's progress and changes in children who attend it.	Case studies (structured interviews, observations) visual culture.	Children began to work largely due to poverty, unemployment has become a large determinant of the child labour phenomena as education is seen as irrelevant. Almost half of the interviewed children at the centre are the sole financial providers for the family, the majority of the mothers didn't work and were illiterate. Southern Egyptian customs consider shameful for a woman to leave her home.
Egypt	Why are the children out of school? Factors affecting children's education in Egypt (2002)	El Daw, A.Suliman, S.E. El-Kogali	The goal is to examine the effect of child, household, and community-level variables on the likelihood of a child never attending a school or dropping out.	Gary Becker's theories of time allocation and comparative vantage, bivariate and multivariate analysis.	Despite much effort and significant progress in putting girls in school, much remains to be done in achieving universal basic education eliminating gender gap. Even if the gender gap in dropout rates is reversed, with boys dropping out more than girls. Mothers' perception of reasons for never attendance and dropout show that direct costs of education, the opportunity cost of child time, children disinterest in education, school proximity, traditions and customs, and poor academic performance are perceived barriers to children's education. The investigation about how children and their families allocate time between school and work reveals that children of poor households are significantly more likely to do work only or do work while attending school as compared to children of non-poor households. Among the significant predictors of girls' never attendance are age, household level of wealth, mother's autonomy, parents' education, household ownership of farm/land and the percentage of fathers in white-collar jobs in the community.
Egypt	Intrahousehold resource allocation in Egypt: does women's empowerment lead to greater investments in children? (2004)	R.Roushdy	The paper examines the effects of the women's status within the household regarding decisions on investment in children's human capital, focusing specifically on schooling and nutrition.	An econometric model; household "collective" model, alternative to the "common preferences models" à la Becker.	The results show that both parents may not have identical preferences towards sons and daughters, and that the role of women over the allocation of cash resources and decision making regarding children positively affect their children's outcomes, particularly those related to children's schooling. Moreover, the results support the need for a richer dataset that allows for more direct measurements of bargaining power.
Egypt/Syrian Arab Republic	The role of children in family and society in the Middle East: Cases from Cairo and Syria (2005)	M.Keath	This paper provides a brief review of the traditional role of children in the Middle East.	A descriptive analysis of traditional family characteristics and its changes during the 20th century, and of the legal system in Egypt and Syria.	The role of males and females are clearly defined and after a brief period children are indoctrinated into their respective gender roles. The birth of a child makes the marriage more stable. Children are seen not as economic burdens but as economic assets. Children and women experienced a negative impact when urbanization replaced nomadic or rural society. Since they were surrounded by people who were not their kin in urban areas, women were more isolated and had more restrictions on their lives. In turn this often placed more household and caretaker responsibilities on children. So the lack of adults' opportunities in the urban context may result in child working.

Table 1.

Country	Title	Author	Purpose	Methodology	Findings
Jordan	Children's "mental maps" and neighbourhood design of Abu-Nuseir, Jordan (2002)	A. Yal-Zoabi	The research examines how children interact with their neighbourhood environments and how planners and designers can gain first-hand information from children about their use of and needs in such spaces.	A cognitive or mental mapping analysis. A revision/analysis of children's maps against Lynch's typology of urban design elements.	This research shows that children can represent elements of the landscape with which design and planning professionals can work in creating better environment. Given a general topic "my community", children were successful in communicating things which made an impression upon them.
Lebanon	An ethnographic study of the consequences of social and structural forces on children: the case of two low-income Beirut suburbs (2003)	J. Makhoul, D.A. Ghanem, M. Ghanem	The paper discusses how, as a result of State political and economic policies, children face consequences that can include illegal status, dropping out of school, abuse, child labour.	Observation, in-depth interviews.	Both communities experienced poverty and unemployment. Both are overcrowded and challenged by inadequate living condition. In both cases, there is limited access to social services and quality education. Both communities are affected, although differently, by legal constraints and regulations. There is one difference. The Palestinian camp enjoys a high level of social solidarity as a result of similar ethnic background and a shared history. A social network lacks in the community of Nabaa, where the population is both transient and ethnically diverse. The social support in the Palestinian camp helps to counter negative effects of a range of challenging circumstances for the Palestinian children. Meanwhile children in Nabaa experience community tensions, broken families and abuse.
Morocco	Child labour in Morocco. The socio-economic background of the "little maids" phenomenon (2002)	M. Lahlou	This contribution contains an estimation of working children between the age 7-15 in Morocco. Based upon this, it estimates the number of little girls that work as servants or "petites bonnes".	Data analysis.	The study estimates that the number of little girls working as "petites bonnes" is between 60 and 100 thousand. The workday is constantly longer than the legal eight hours per day and can reach 12 or 14 hours; vacation are unknown or unpaid and social security is absent. Monthly remuneration is given directly to parents. For a continuous job, the salary averages between 100 and 300/400 dirham, depending on the child's age and the city where she works. Generally employers give them a salary lower than the minimum wage which is given to workers over the age of 18. Children work has four main consequences: it amplifies the unemployment problem; it maintains pressure on salaries; it represents an incentive for the poorest people to produce numerous children as a natural income source; it maintains a low level of qualification.
Mena Region	From planning for, to planning with, MENA children (2002)	U. G. Benna	This paper suggests an approach that advocates the participation of young people in the process of urban development planning.	A review of many global best practices strategies for participatory urban development process.	In response to regional trends and worldwide people empowerment drive, this paper suggests a five-stage youth-oriented action planning process which is deemed suitable for use, with necessary modifications to suit local conditions and circumstances. The study has advocated replacing the rigid product-oriented master plan approach with a more participatory one. To be effective, the proposed model requires the help of experienced development partners, both international and local. So a number of development partners have been identified.

Table 1.

Country	Title	Author	Purpose	Methodology	Findings
Mena Region	Achieving the MDGs in MENA region (2004)	S.M Ahsan, P.N. Pehazi	This paper examines the progress toward Millennium Developmental Goals (MDG) in MENA region during the period 1975-2000. It focuses on three indicators: longevity, infant mortality and under-5 mortality. Its goal is to explain the pattern of longevity and mortality indicators and contrast the results in terms of the typical determinants of the income/expenditure based measures of poverty.	A model of income poverty reduction à la Bourguignon has been modified in order to embed the role of institutions as conceived by the new institutional economics literature (North, Coase, Williamson). Reviewing the literature both on broader poverty and on growth pieces together an a priori model that would appear to describe the evolution of longevity and mortality indicators over time.	Even though the underlying analytical model is the same of previous writings on the impact of growth and income, this research discovers that longevity and mortality need not to be explained by similar factors. Indeed the only common denominator is the strong influence of HIV prevalence on both the processes. An exploration of the MENA interaction model also reveal many nuances in how HIV prevalence, initial income, past growth trend, as well as the quality of institutions interact in explaining longevity and mortality.
Mena Region	Child disability in some countries of MENA region: magnitude, characteristics, problems and attempts to alleviate consequences of impairments (2005)	O.E.H.M Nour	This paper discusses child disability in the countries of MENA region trying to answer the following questions: what are the magnitude and type of child disabilities? what are the demographic and social characteristics of disabled children? What are the problems they face with? What are the public/private efforts to face them?	An analysis of demographic characteristics, of distribution of child disability by type and countries and of problems facing disabled children in the region.	The study indicates low enrolment rates for disabled children in many countries of the MENA region. In addition experiments with inclusive education are still new in the region. However, mainstreaming projects proved, successful and had positive impact on the quality of education for disabled children, in some countries of the region. The study shows that many disabled children in the region are facing health problems, low health awareness and psychological and emotional problems, specially in countries involved in civil wars and military conflicts. Some disabled children in the region are facing problems of stigmatization, social exclusion and isolation.
Mena Region	An independent evaluation of the World Bank's support of regional programs. Case study of the MENA Child Protection Initiative (2006)	C. Gwin, M.L.Libman	This review of the MENA Child Protection Initiative is a part of an independent evaluation of the effectiveness of World Bank support for multi-country regional programs. While responsibility for issues of children has traditionally resided with national governments, the CPI was created in 2003 to encourage municipal authorities to take more action. The program has three main objectives: build a regional knowledge, strengthen the capacity of municipalities and local authorities , assist stakeholders to mobilizing resources.	A desk review . The review uses the criteria of relevance, efficacy and efficiency. In addition, it assesses the Bank's performance and examines the performance of the regional program's participating countries.	CPI is relevant to the needs of the participating countries. In two and half years, it has established its presence as an actor in the region on issues of urban children, begun to raise awareness about the importance of the role of municipalities in addressing those issues, established a working relationship with a number of regional and international partners, and promoted pilot projects in four cities. The bank has been an integral partner in developing and supporting the program. Yet the program appears unlikely to achieve the objectives it set for its first three years, especially in the area of capacity building and resource mobilization.

Table 1.

Country	Title	Author	Purpose	Methodology	Findings
Occupied Palestinian Territory	Children's educational outcomes under adverse labour market conditions: evidence from the West Bank and Gaza (2003)	S. Al-Qudsi and A. Al-Qudsi	This paper has estimated the impact of long-term family background variables on the educational outcomes of children.	An ordered probit model.	Increasing age of the household head contributes to better children educational outcome. Higher levels of parent's education are strongly associated with positive educational outcomes for Palestinian children in the West Bank and Gaza. There is a clear gender dimension in the educational outcomes that Palestinian parents choose to make. The gender divide is stronger in the case of less educated parents and for children with parents engaged in blue-collar jobs. Parental living standards are significant determinants of children's educational outcomes. Children of Moslem households have lower educational attainments than children of Christian upbringing. The negative marginal impact of religion is much stronger for female Moslems than their males' counterparts. Although refugees experienced severe social and economic disruptions, they succeeded in adapting and in schooling their children. Birth order has a positive and significant effect on completed education, hence, it appears to be an advantage to be born as one of the later children.
Occupied Palestinian Territory	Impact of Israeli measures on Palestinian child labour and schooling (2002)	S. Al Kafri	The paper studies the determinants that make the Palestinian children decide to choose schooling, working or both. In addition, this paper aims to study the impact of the Israeli aggression (since October 2000) on children as well as on children's decision to take one or more of the above-mentioned paths.	A sequential-response models method. In each case, the probit method to assess the model for each decision is used.	Results show a negative effect in the children's growth because of Israeli repression against the Palestinian people and the intensity in the risks that the children take in their attempt to help their families earn their living, especially after the increase in the poverty and unemployment more recently. The increase in the probability for the boys to go to work and for the girls to leave school are among the indications of this. The age showed a negative effect. The Intifada had a negative and significant effect on the younger children. Householder gender, employment status, age and level of educational attainment are insignificant as is mother employment status. The older the head of the household, the more likely it is that the child will be attending school and notworking. Parent's education has an approximately similar positive influence on child education.

Source: Censis, 2008

Table 2. Children in Mediterranean area: a literature review (approaches and methodologies)

Country	Title	Object	Approach	Methodology
Egypt	Urban children and poverty: child labour and family dynamics case studies in old Cairo (2002)	Child labour/family dynamics	Socio-anthropological	A field research/case studies (structured interviews, observations) visual culture
Egypt	Why are the children out of school? Factors affecting children's education in Egypt (2002)	Education	Economic	Gary Becker's theories of time allocation and comparative vantage, bivariate and multivariate analysis
Egypt	Intrahousehold resource allocation in Egypt: does women's empowerment lead to greater investments in children? (2004)	Investments in children's human capital (education/nutrition)	Economic	An econometric model; household "collective" model, alternative to the "common preferences models" à la Becker
Egypt/Syrian Arab Republic	The role of children in family and society in the Middle East: Cases from Cairo and Syria (2005)	The role of children in the family and society	Socio-anthropological	A descriptive analysis of traditional family characteristics and its changes during the 20th century, and of the legal system in Egypt and Syria
Jordan	Children's "mental maps" and neighbourhood design of Abu-Nuseir, Jordan (2002)	Children and urban space	Cognitive or mental mapping	A field research/a revision of children's maps according to Lynch's typology of urban design elements.
Lebanon	An ethnographic study of the consequences of social and structural forces on children: the case of two low-income Beirut suburbs (2003)	Economic/political conditions and policies effects on children lives	Ethnographic	A field research/observation, in-depth interviews
Morocco	Child labour in Morocco. The socio-economic background of the "little maids" phenomenon (2002)	Child labour "petites bonnes"	Sociological	Data analysis
Mena Region	From planning for, to planning with, MENA children (2002)	Children and urban development	Urban study	A review of many global best practices strategies in order to propose a participatory urban planning process that engages young people

Table 2

Country	Title	Object	Approach	Methodology
Mena Region	Achieving the MDGs in MENA region (2004)	The progress of Millennium Development Goal (MDG)/children mortality	Economic	A model of income poverty reduction à la Bourguignon has been modified in order to embed the role of institutions as conceived by the new institutional economics literature (North, Coase, Williamson).
Mena Region	Child disability in some countries of MENA region: magnitude, characteristics, problems and attempts to alleviate consequences of impairments (2005)	Child disability	Sociological	An analysis of demographic characteristics, of distribution of child disability by type and countries and of problems facing disabled children in the region
Mena Region	An independent evaluation of the World Bank's support of regional programs. Case study of the MENA Child Protection Initiative (2006)	Child Protection Initiative (CPI)	An independent evaluation of the World Bank's support for multi-country regional programs	A desk review
Occupied Palestinian Territory	Children's educational outcomes under adverse labour market conditions: evidence from the West Bank and Gaza (2003)	Education/child labour	Socio-economic	An ordered probit model
Occupied Palestinian Territory	Impact of Israeli measures on Palestinian child labour and schooling (2002)	Education/child labour	Socio-economic	A sequential-response models method

Source: Censis, 2008

Table 3. Children in Mediterranean area: a literature review (policy recommendations)

Issue	Title	Policy recommendations
Education	Why are the children out of school? Factors affecting children's education in Egypt (2002)	Raise school enrolments with particular emphasis on girls and the poor and on Matrou, Beni Suef, Fayoum, Assuit and Behera governorates. Improve quality of education to reduce dropout. Efforts are needed to change believes of the poor about the importance of girls education. Decrease the direct and indirect costs of schooling giving cash or some kind the incentive (e.g. food rations) to compensate the child time, providing scholarship or tuition waiver and books, supplies. Build schools at accessible distance.
	Intrahousehold resource allocation in Egypt: does women's empowerment lead to greater investments in children? (2004)	Designing family policies, pay special attention to not use a unitary model as a description of the household behaviour in Egypt. A richer data set could be guarantee a deeper analysis of intrahousehold allocation of resources in the future
Child labour	The role of children in family and society in the Middle East: Cases from Cairo and Syria (2005)	Focus the attention of governments and the appropriate non-governmental organizations on goals for a long term sustainable economy and social structure. Adjust the strategies as needed so that within a few generation, there would be children who would maintain the honour of their families in a manner the benefits them and the society as a whole.
	Child labour in Morocco. The socio-economic background of the "little maids" phenomenon (2002)	To reduce poverty, the government must increase national revenue, reduce disparities of distribution and create employment opportunities by using national savings and investments. The need for a national policy which battles poverty is linked to the creation of a national school which should be obligated to integrate all school age children, especially rural children and girls, to at least 16 years of age.
Health	Achieving the MDGs in MENA region (2004)	n.a.
	Child disability in some countries of MENA region: magnitude, characteristics, problems and attempts to alleviate consequences of impairments (2005)	Regarding children disability in MENA region, there is an urgent need for development of standard definitions and consistent data collection mechanisms. The limited Community based Rehabilitation project (CBR) implemented by some MENA countries, should include welfare rehabilitation, training and employment of disabled. Finally the governments should remove physical and social barriers to disabled people.
Children in urban areas	Children's "mental maps" and neighbourhood design of Abu-Nuseir, Jordan (2002)	Cognitive maps are clearly a way of learning from children about what is meaningful in their "landscape", and they can be used effectively in planning and policy contexts.
	From planning for, to planning with, MENA children (2002)	Replace the rigid product-oriented master plan approach with a more participatory one. To be effective, the proposed model requires the help of experienced development partners, both international and local. So a number of development partners have been identified.

Table 3

Issue	Title	Policy recommendations
Child labour/children in urban areas	Urban children and poverty: child labour and family dynamics case studies in old Cairo (2002)	Regarding the Centre for Studies and Program of Alternative Development that some children attend in the area of Kum Ghurab, the authors recommend to guarantee for the targeted child population a minimum wage, limited the hazards of children work environment, provide psychological and physical care, eliminate illiteracy, raise the awareness of families and factory owners on the child rights.
Education/child labour/refugee children	Children's educational outcomes under adverse labour market conditions: evidence from the West Bank and Gaza (2003)	n.a.
	Impact of Israeli measures on Palestinian child labour and schooling (2002)	It is necessary to find immediate and urgent alternatives to treat the problems of the Palestinian labor market through which, in particular, the child labor phenomenon addressed. Several emergency committees were established to suggest treatments for different problems like unemployment and poverty. These committees must concentrate on the children, their education, and the phenomenon of their labor. There is also an urgent need for psychologists and social researchers to be present in schools to help the children who have been affected psychologically by the intifada. These researchers can explain the importance of the educational stage through which these children are passing. Also, there is an urgent need to clarify to parents the importance of the psychological effects of the intifada on their children. The activation of the parent's committees at schools is as important. Concerned institutions should introduce laws that enforce improved abidance to compulsory education. Vocational education and training requires more attention. Similarly, alternative educational institutions should be established to address the needs of vulnerable students. The reduction of the education cost needs serious consideration. Flexible schooling hours must be established to enable the older children to work and hence secure an income for their families. The current Palestinian labor law indirectly allows child labor within the household frame. But it did not take in consideration the negative effect on the education of the children who work in their household enterprises. Therefore, this matter must be taken in consideration through the passing of laws that prohibit child labor in the household enterprises. That is if such work affects the children's education. Throughout the crisis child education in the Gaza Strip underwent severe deterioration. Urgent mechanism to address children dropout levels are of utmost importance.
Education/child labour/children in urban areas/refugee children	An ethnographic study of the consequences of social and structural forces on children: the case of two low-income Beirut suburbs (2003)	Remind of children and their families can be affected by larger social, political and economic forces, and of critical importance of weighing such impacts in the course of decision-making on a wide range of policies.
	An independent evaluation of the World Bank's support of regional programs. Case study of the MENA Child Protection Initiative (2006)	Regional networks programs need to assess capacity gaps. A strong host institution can facilitate the establishment and credibility of a regional knowledge sharing program and network. Three years of funding is unlikely to be sufficient to launch an establish the financial sustainability of a multi-country program. Realistic objectives and monitorable progress indicators should be linked to proposals for year-to-year funding requests.

Source: Censis, 2008

Table 4. Children in Mediterranean area: a literature review (findings and remarks)

Critical points	Title	Findings	Remarks
Children labourers/children in urban areas	Urban children and poverty: child labour and family dynamics case studies in old Cairo (2002)	Children began to work largely due to poverty, unemployment has become a large determinant of the child labour phenomena as education is seen as irrelevant. Almost half of the interviewed children at the centre are the sole financial providers for the family, the majority of the mothers didn't work and were illiterate. Southern Egyptian customs consider shameful for a woman to leave her home.	Regarding the Centre for Studies and Program of Alternative Development that some children attend in the area of Kum Ghurab, the authors recommend to guarantee for the targeted child population a minimum wage, limited the hazards of children work environment, provide psychological and physical care, eliminate illiteracy, raise the awareness of families and factory owners on the child rights.
Children education	Why are the children out of school? Factors affecting children's education in Egypt (2002)	Despite much effort and significant progress in putting girls in school, much remains to be done in achieving universal basic education eliminating gender gap. Even if the gender gap in dropout rates is reversed, with boys dropping out more than girls. Mothers' perception of reasons for never attendance and dropout show that direct costs of education, the opportunity cost of child time, children disinterest in education, school proximity, traditions and customs, and poor academic performance are perceived barriers to children's education. The investigation about how children and their families allocate time between school and work reveals that children of poor households are significantly more likely to do work only or do work while attending school as compared to children of non-poor households. Among the significant predictors of girls' never attendance are age, household level of wealth, mother's autonomy, parents' education, household ownership of farm/land and the percentage of fathers in white-collar jobs in the community.	Raise school enrolments with particular emphasis on girls and the poor and on Matrou, Beni Suef, Fayoum, Assuit and Behera governorates. Improve quality of education to reduce dropout. Efforts are needed to change believes of the poor about the importance of girls education. Decrease the direct and indirect costs of schooling giving cash or some kind the incentive (e.g. food rations) to compensate the child time, providing scholarship or tuition waiver and books, supplies. Build schools at accessible distance.

Table 4

Critical points	Title	Findings	Remarks
Children education	Intrahousehold resource allocation in Egypt: does women's empowerment lead to greater investments in children? (2004)	The results show that both parents may not have identical preferences towards sons and daughters, and that the role of women over the allocation of cash resources and decision making regarding children positively affect their children's outcomes, particularly those related to children's schooling. Moreover, the results support the need for a richer dataset that allows for more direct measurements of bargaining power.	Designing family policies, pay special attention to not use a unitary model as a description of the household behaviour in Egypt. A richer data set could be guarantee a deeper analysis of intrahousehold allocation of resources in the future.
Children labour	The role of children in family and society in the Middle East: Cases from Cairo and Syria (2005)	The role of males and females are clearly defined and after a brief period children are indoctrinate into their respective gender roles. The birth of a child makes the marriage more stable. Children are seen not as economic burdens but as economic assets. Children and women experienced a negative impact when urbanization replaced nomadic or rural society. Since they were surrounded by people who were not their kin in urban areas, women were more isolated and had more restrictions on their lives. In turn this often placed more household and caretaker responsibilities on children. So the lack of adults' opportunities in the urban context may result in child working.	Focus the attention of governments and the appropriate non-governmental organizations on goals for a long term sustainable economy and social structure. Adjust the strategies as needed so that within a few generation, there would be children who would maintain the honour of their families in a manner the benefits them and the society as a whole.
Children in urban areas	Children's "mental maps" and neighbourhood design of Abu-Nuseir, Jordan (2002)	This research shows that children can represent elements of the landscape with which design and planning professionals can work in creating better environment. Given a general topic "my community", children were successful in communicating things which made an impression upon them.	Cognitive maps are clearly a way of learning from children about what is meaningful in their "landscape", and they can be used effectively in planning and policy contexts.

Table 4

Critical points	Title	Findings	Remarks
Children education/child labourers/children in urban areas/refugee children	An ethnographic study of the consequences of social and structural forces on children: the case of two low-income Beirut suburbs (2003)	Both communities experienced poverty and unemployment. Both are overcrowded and challenged by inadequate living condition. In both cases, there is limited access to social services and quality education. Both communities are affected, although differently, by legal constraints and regulations. There is one difference. The Palestinian camp enjoys a high level of social solidarity as a result of similar ethnic background and a shared history. A social network lacks in the community of Nabaa, where the population is both transient and ethnically diverse. The social support in the Palestinian camp helps to counter negative effects of a range of challenging circumstances for the Palestinian children. Meanwhile children in Nabaa experience community tensions, broken families and abuse.	Remind of children and their families can be affected by larger social, political and economic forces, and of critical importance of weighing such impacts in the course of decision-making on a wide range of policies.
Child labour	Child labour in Morocco. The socio-economic background of the "little maids" phenomenon (2002)	The study estimates that the number of little girls working as "petites bonnes" is between 60 and 100 thousand. The workday is constantly longer than the legal eight hours per day and can reach 12 or 14 hours; vacation are unknown or unpaid and social security is absent. Monthly remuneration is given directly to parents. For a continuous job, the salary averages between 100 and 300/400 dirham, depending on the child's age and the city where she works. Generally employers give them a salary lower than the minimum wage which is given to workers over the age of 18. Children work has four main consequences: it amplifies the unemployment problem; it maintains pressure on salaries; it represents an incentive for the poorest people to produce numerous children as a natural income source; it maintains a low level of qualification.	To reduce poverty, the government must increase national revenue, reduce disparities of distribution and create employment opportunities by using national savings and investments. The need for a national policy which battles poverty is linked to the creation of a national school which should be obligated to integrate all school age children, especially rural children and girls, to at least 16 years of age.
Children in urban areas	From planning for, to planning with, MENA children (2002)	In response to regional trends and worldwide people empowerment drive, this paper suggests a five-stage youth-oriented action planning process which is deemed suitable for use, with necessary modifications to suit local conditions and circumstances. The study has advocated replacing the rigid product-oriented master plan approach with a more participatory one. To be effective, the proposed model requires the help of experienced development partners, both international and local. So a number of development partners have been identified.	Replace the rigid product-oriented master plan approach with a more participatory one. To be effective, the proposed model requires the help of experienced development partners, both international and local. So a number of development partners have been identified.

Table 4

Critical points	Title	Findings	Remarks
Children health	Achieving the MDGs in MENA region (2004)	Even though the underlying analytical model is the same of previous writings on the impact of growth and income, this research discovers that longevity and mortality need not to be explained by similar factors. Indeed the only common denominator is the strong influence of HIV prevalence on both the processes. An exploration of the MENA interaction model also reveal many nuances in how HIV prevalence, initial income, past growth trend, as well as the quality of institutions interact in explaining longevity and mortality.	n.a.
Disabled children	Child disability in some countries of MENA region: magnitude, characteristics, problems and attempts to alleviate consequences of impairments (2005)	The study indicates low enrolment rates for disabled children in many countries of the MENA region. In addition experiments with inclusive education are still new in the region. However, mainstreaming projects proved, successful and had positive impact on the quality of education for disabled children, in some countries of the region. The study shows that many disabled children in the region are facing health problems, low health awareness and psychological and emotional problems, specially in countries involved in civil wars and military conflicts. Some disabled children in the region are facing problems of stigmatization, social exclusion and isolation.	Regarding children disability in MENA region, there is an urgent need for development of standard definitions and consistent data collection mechanisms. The limited Community based Rehabilitation project (CBR) implemented by some MENA countries, should include welfare rehabilitation, training and employment of disabled. Finally the governments should remove physical and social barriers to disabled people.
Children education/child labourers/children in urban areas/refugee children	An independent evaluation of the World Bank's support of regional programs. Case study of the MENA Child Protection Initiative (2006)	CPI is relevant to the needs of the participating countries. In two and half years, it has established its presence as an actor in the region on issues of urban children, begun to raise awareness about the importance of the role of municipalities in addressing those issues, established a working relationship with a number of regional and international partners, and promoted pilot projects in four cities. The bank has been an integral partner in developing and supporting the program. Yet the program appears unlikely to achieve the objectives it set for its first three years, especially in the area of capacity building and resource mobilization.	Regional networks programs need to assess capacity gaps. A strong host institution can facilitate the establishment and credibility of a regional knowledge sharing program and network. Three years of funding is unlikely to be sufficient to launch an establish the financial sustainability of a multi-country program. Realistic objectives and monitorable progress indicators should be linked to proposals for year-to-year funding requests.

Table 4

Critical points	Title	Findings	Remarks
Children education/child labourers/refugee children	Children's educational outcomes under adverse labour market conditions: evidence from the West Bank and Gaza (2003)	Increasing age of the household head contributes to better children educational outcome. Higher levels of parent's education are strongly associated with positive educational outcomes for Palestinian children in the West Bank and Gaza. There is a clear gender dimension in the educational outcomes that Palestinian parents choose to make. The gender divide is stronger in the case of less educated parents and for children with parents engaged in blue-collar jobs. Parental living standards are significant determinants of children's educational outcomes. Children of Moslem households have lower educational attainments than children of Christian upbringing. The negative marginal impact of religion is much stronger for female Moslems than their males' counterparts. Although refugees experienced severe social and economic disruptions, they succeeded in adapting and in schooling their children. Birth order has a positive and significant effect on completed education, hence, it appears to be an advantage to be born as one of the later children.	n.a.
Children education/child labourers/refugee children	Impact of Israeli measures on Palestinian child labour and schooling (2002)	Results show a negative effect in the children's growth because of Israeli repression against the Palestinian people and the intensity in the risks that the children take in their attempt to help their families earn their living, especially after the increase in the poverty and unemployment more recently. The increase in the probability for the boys to go to work and for the girls to leave school are among the indications of this. The age showed a negative effect. The Intifada had a negative and significant effect on the younger children. Householder gender, employment status, age and level of educational attainment are insignificant as is mother employment status. The older the head of the household, the more likely it is that the child will be attending school and not working. Parent's education has an approximately similar positive influence on child education.	It is necessary to find immediate and urgent alternatives to treat the problems of the Palestinian labor market through which, in particular, the child labor phenomenon addressed. Several emergency committees were established to suggest treatments for different problems like unemployment and poverty. These committees must concentrate on the children, their education, and the phenomenon of their labor. There is also an urgent need for psychologists and social researchers to be present in schools to help the children who have been affected psychologically by the intifada. These researchers can explain the importance of the educational stage through which these children are passing. Also, there is an urgent need to clarify to parents the importance of the psychological effects of the intifada on their children. The activation of the parent's committees at schools is as important. Concerned institutions should introduce laws that enforce improved abidance to compulsory education. Vocational education and training requires more attention. Similarly, alternative educational institutions should be established to address the needs of vulnerable students. The reduction of the education cost needs serious consideration. Flexible schooling hours must be established to enable the older children to work and hence secure an income for their families. The current Palestinian labor law indirectly allows child labor within the household frame. But it did not take in consideration the negative effect on the education of the children who work in their household enterprises. Therefore, this matter must be taken in consideration through the passing of laws that prohibit child labor in the household enterprises. That is if such work affects the children's education. Throughout the crisis child education in the Gaza Strip underwent severe deterioration. Urgent mechanism to address children dropout levels are of utmost importance.

Source: Censis, 2008