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**OVERVIEW OF
THE SITUATION OF
EARLY CHILDHOOD
DEVELOPMENT**
IN THE MIDDLE EAST AND
NORTH AFRICA REGION

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About the report

This situation analysis on Early Childhood Development in the Middle East and North Africa region is an initiative by the UNICEF Middle East and North Africa Regional Office in collaboration with the UNICEF Global Office of Research and Foresight – Innocenti. This report presents a summary of the findings of the analysis, utilizing the available evidence related to ECD in the MENA region.

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List of Acronyms

AIDS	Acquired Immunodeficiency Syndrome
ALD	Arab Least Developed countries
CRC	Convention on the Rights of the Child
DHS	Demographic and Health Surveys
ECD	Early childhood development
ECD-I	Early Childhood Development Index
GCC	Gulf Cooperation Council
GDP	Gross domestic product
GORFI	Global Office of Research and Foresight – Innocenti
HIV	Human immunodeficiency virus
ILO	International Labour Organization
MENA	Middle East and North Africa
MENARO	Middle East and North Africa Regional Office
MICS	Multiple Indicator Cluster Surveys
NCF	Nurturing Care Framework
OPHI	Oxford Poverty and Human Development Initiative
PPP	Purchasing power parity
SDG	Sustainable Development Goal
SEM	Social Expenditure Monitor
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDESA	United Nations Department of Economic and Social Affairs
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNESCWA	United Nations Economic and Social Commission for Western Asia
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

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EXECUTIVE SUMMARY



Executive summary

All children have the right to a good start in life. Supporting disadvantaged children and their families through policies and services reduces inequalities and benefits the whole society.

The Middle East and North Africa (MENA) is home to over 100 million children aged 0-8 years, accounting for around one-fifth of the total population. The region exhibits a wide range of socioeconomic contexts across its 20 countries, varying from high-income nations to low-income and least-developed countries. Moreover, many of these countries have faced significant challenges, such as conflicts, unrest and humanitarian crises in the past decade.

Overall in the last decades, the progress in Early Childhood Development (ECD) in MENA has been slow and hampered by low investment and lack of effective reforms. To address this issue, UNICEF conducted this situational analysis to assess the state of ECD in the region, identify barriers to progress and provide evidence-based insights for enhancing ECD planning and programming.

Framework

The analysis took a rights-based approach and focused on outcomes for children and the determinants of these outcomes at three nested levels: family environment, social service environment and macro environment. The analysis utilizes the UNICEF ECD Programme Guidance and the Nurturing Care Framework (NCF) as references.

Early childhood outcomes

By making use of the data available in international databases, the analysis focuses on three key areas of early childhood outcomes, namely child mortality/survival, nutrition and overall ECD. The analysis revealed the following findings:

- **Child mortality/survival:** From 1990-2021, under-five mortality in MENA dropped by around two-thirds, from 73 child deaths per 1,000 live births to 27 child deaths per 1,000 live births. Nevertheless, there is substantial variation in these rates, both between and within countries in the region. For instance, according to the most recent estimates, under-five mortality rates range from 7-9 deaths per 1,000 live births in the Gulf States and Lebanon to over 50 deaths per 1,000 live births in Djibouti, Sudan and Yemen.
- Within countries, substantial disparities in child survival are another key feature of the region, with children living in rural and remote areas and those from the poorest socio-economic group at a higher risk of mortality. This situation is largely determined by limited healthcare access and challenges in receiving timely and adequate health assistance.
- **Nutrition:** Several countries in the MENA region are grappling with a triple burden of malnutrition, characterized by substantial levels of stunting and wasting; widespread micronutrient deficiencies; and a growing prevalence of overweight and obesity. The MENA region is facing an exacerbated nutrition challenge due to the widespread humanitarian situation, compounded by the impacts of the COVID-19 pandemic and the spillovers of the war in Ukraine.
- Around two-thirds of the children aged 6-23 months in MENA face food poverty, lacking the minimum diverse diet required for proper growth and development. These children are typically fed extremely poor diets consisting of, at most, four out of the eight food groups recommended for their age. Additionally, one in four children under the age of 5 suffers from severe food poverty, with diets limited to just two food groups, often cereal and some milk.
- **Early childhood development:** While comparable cross-country evidence is limited only to seven countries, the data show that the percentage of children aged 36-59 months who are developmentally on track ranges between 68 per cent in Oman to 84 per cent in Qatar and the State of Palestine. The major disparity across countries is in the literacy and numeracy domain of the Early Childhood Development Index (ECD-I). The other domain where substantial gaps are observed is the social-emotional domain. On the other hand, higher rates of children developmentally on track are found in the physical and cognitive domains.
- According to the ECD-I, children from households belonging to the poorest wealth quintile, children not attending early childhood education and children with functional disabilities are at a higher risk of not being developmentally on track.

Immediate context and family environment

The immediate context and family play an essential role in shaping the environment as young children grow and develop. Four main areas are reviewed in the situational analysis, namely poverty; home learning environment; parenting knowledge and capacities; and safety and security.

- **Poverty:** Around 10 per cent of the children in MENA live in extreme poverty (below US\$1.90 per person a day), with high rates recorded in the Arab Least Developed Countries (ALD) of the region. Approximately six children in ten in the region live in households with a per capita consumption below US\$5.50 a day. Children under 5 years are over-represented in the population living in monetary poverty. In addition, children residing in rural areas and large families are at a greater risk of being monetary poor.
- Approximately one-third of children under 5 years in middle-income countries of MENA experience multidimensional poverty. The multidimensional child poverty rate is close to 90 per cent for the low-income countries of the region. Children living in multidimensional poverty are deprived in essential dimensions of their well-being, such as lacking access to basic health services like immunization or perinatal care; facing inadequate diets or malnutrition; living in overcrowded housing; and lacking sufficient access to water and sanitation.
- **Home learning environment:** The home environment plays a very important role in a child's development and encompasses factors such as the availability of age-appropriate books, stimulating toys and educational materials, as well as parental involvement in learning activities. Almost 60 per cent of children aged 2-5 years receive adequate stimulation through home learning activities – but with substantial disparities between countries (ranging between 33 per cent in Yemen and more than 90 per cent in Jordan). Half of the region's children have playthings at home adequate for their age. Meanwhile, only 15 per cent have children's books, with the two lowest rates in Sudan (2 per cent) and Iraq (3 per cent).
- **Parenting skills and knowledge:** Socio-cultural values and traditions significantly influence parents' knowledge and capacities to practice nurturing care with their young children. Studies conducted in the MENA region to understand parent/caregiver perceptions, beliefs and practices related to nurturing care of young children revealed that there is a significant gap between the actual parents' behaviours and the principles of positive parenting, for instance, parental beliefs that children's cognitive development does not start before the age of 2.
- **Safety and security:** Creating a safe and secure environment is crucial for promoting the well-being and optimal development of children. This entails ensuring child supervision to prevent accidents or harm and utilizing positive reinforcement and non-violent disciplinary strategies. It also involves providing safe physical environments, adequate living spaces and suitable furniture and equipment, as well as educating children about what is safe and what is not.
- The percentage of young children left without adequate adult supervision is, on average, 12 per cent, but with large variation across countries. Most children under 5 years are subjected to disciplinary methods which involve some form of violence, with only 12 per cent of young children receiving exclusively positive and non-violent disciplinary methods. The percentage of birth registration is over 90 per cent on average for the MENA region; the percentage, however, is substantially lower in the ALD, at 67 per cent in Sudan and 31 per cent in Yemen.

Underlying context, social policies and services

- **Social protection:** In recent years, some countries in the MENA region have started to reform their social protection system; reduce dependency on subsidies; and introduce cash transfer programmes targeting vulnerable populations, including children. Nevertheless, significant gaps in coverage remain, particularly for children under the age of 5. Overall, social protection systems in the MENA region are still weak and fragmented, often failing to reach the most vulnerable families.
- The political momentum to scale up social protection coverage and adequacy was already increasing before the COVID-19 pandemic. Subsequently, the economic crisis that ensued further strengthened this trend, as affirmed by the Declaration on the Future of Social Protection in the Arab Region signed by 20 countries at the Arab Ministerial of Ministries of Social Development Forum in 2021.
- **Access to health care:** Health is a primary determinant of ECD outcomes, and access to key health services is essential for ensuring children's survival, health development and well-being. Regular healthcare visits, immunizations, proper nutrition and adequate healthcare facilities contribute to optimal physical development during early childhood. The percentage of adequate antenatal care (four visits or more) is at 59 per cent on average in MENA, ranging from 100 per cent in Bahrain and 95 per cent in the State of Palestine to 22 per cent in Djibouti and 25 per cent in Yemen.
- While most countries in the region have made progress in improving vaccination coverage for specific vaccines, the progress has been uneven. Conflict, instability and humanitarian situations are significantly impacting immunization programmes in some parts of the region.

- **Disability:** The MENA region has the second highest prevalence of childhood disability globally, with a rate of 13 per cent. Several factors contribute to the higher prevalence observed in the region, including disabilities resulting from being injured in conflict settings, and a high level of consanguinity, which can increase the risk of certain genetic conditions.
- In many countries of the region, the existing referral pathways and public services to support parents of children with disabilities are inadequate, making it challenging the access to necessary assistance and support. The lack of effective referral systems can result in delays in identifying and addressing developmental delays or disabilities in children.
- **Water, sanitation and hygiene:** Access to clean water, sanitation and hygiene services is crucial for creating a safe and healthy environment for young children. Adequate water, sanitation and hygiene facilities and practices reduce the risk of illness, contribute to overall well-being and support children's physical and cognitive development. Around 92 per cent of the MENA population has access to basic drinking water services. Nevertheless, there are still disparities within countries, negatively affecting rural dwellers and urban dwellers living in slums. The ALD have substantially lower coverage of basic drinking water services compared to the other country groups.
- Slightly less than 85 per cent of the MENA population has access to basic sanitation services. Some middle-income countries face challenges in providing basic sanitation services to a portion of their populations, especially those living in rural and remote areas. The ALD exhibit significantly lower coverage rates for basic sanitation and basic hygiene facilities.
- **Early learning:** Early childhood education – at the right time and of good quality – is important for child development, providing a strong foundation for learning, socialization and cognitive development during the formative years. By engaging in age-appropriate activities and interactions, children develop essential skills (e.g., language, numeracy, problem-solving and social-emotional competence), gain social skills and the ability to collaborate and communicate effectively. Despite some progress, early childhood education and care participation rates in the MENA region remain low compared to the global average.
- The average attendance rate in early childhood education in MENA is 26 per cent, lower than the global average of 39 per cent. The regional average rate of preschool participation one year before primary school entry stands at 46 per cent compared to the global average of 73 per cent. Disparities in access to formal early learning opportunities are large between and within countries. Recent evidence highlights the correlation between teachers' competencies and qualifications and the quality of early childhood programmes, alongside proper monitoring, evaluation and overseeing of programmes.

Macro context

- **Demographics:** Though at different paces, the countries of the MENA region will continue to witness a marked demographic shift in the decades ahead, as a significant proportion of their population will enter their most productive years, with the demographic dependency ratios (the ratio of the dependent population – children and elderly – to the working-age population) temporarily set to decline.
- This transition presents a unique opportunity for the region to tap into a potential demographic dividend. Nevertheless, realizing the full benefits of this demographic dividend is contingent upon certain conditions, particularly effective investments in human capital starting from early childhood. This encompasses areas such as education, healthcare and skill development, as well as creating job opportunities that align with the skills and aspirations of the youth.
- **Public social expenditure and family policy:** The overall country's economic situation, including macroeconomic and fiscal balances, significantly influences the living environment of young children and the resources available for policies that invest in their well-being. The allocation of public expenditure toward social sectors and family policies plays a crucial role in supporting ECD.
- On average, the public social spending in the region (8 per cent of the gross domestic product [GDP]) is well below the global average (20 per cent of the GDP). Besides, public spending on health, education and social protection is inadequate when compared with international benchmarks, and the spending is not equitable, tending to benefit the rich more than the poor. One consequence of the relatively low public spending on health in the region is the significant portion of out-of-pocket health spending. This is particularly evident in Egypt, where out-of-pocket outlays account for 59 per cent of total current national health spending, as well as in Sudan, where out-of-pocket expenditure is 53 per cent.
- All countries with available data offer some form of paid maternity leave, although the durations vary substantially across countries. It is important to highlight that parental leave provisions typically apply to the public sector and formal private sector employees, excluding a large share of the work force employed in the informal sector.

- **Socio-cultural factors:** The social and cultural beliefs, values and practices within a society significantly influence how children are nurtured, educated and supported during their formative years. These factors encompass various elements, including social and cultural norms and traditions; gender roles; and family dynamics and roles, which influence interpersonal and social communication and interactions, as well as cognitive, social and emotional development.
- Most children in the region grow up in a socio-cultural environment in which family plays a central role alongside traditional gender roles and a prevailing patriarchal hierarchy, all influencing the expectations and opportunities afforded to individual boys and girls.
- **Gender equality:** Gender roles and norms are among the factors that shape the environment of ECD. Gender disparities and discrimination are among the major social and development challenges in MENA. Nevertheless, the region has made substantial recent progress in gender equality in some areas over the last two decades, especially in health and education.
- While notable progress is observed in advancing gender equality in the education sector, achievements have not been paralleled by similar improvements for girls and women in the region in terms of the access to labour market, decent employment opportunities and active participation in social and political life.
- **Conflicts:** Conflict and displacement affect the lives of children, posing serious risks to their health and nutrition, early learning, safety and security. A significant number of young children have been affected by accidents resulting in physical disabilities, and live in locations where support services for inclusion and participation in learning are challenged by the physical environment.
- **Environmental factors:** Climate change has a significant impact on the pre-existing fragile situation in MENA. Children are particularly vulnerable to climate change, as they are less able to survive extreme weather and are more susceptible to temperature changes and water scarcity.

Way forward

This report suggests some key recommendations for governments and partners to improve ECD outcomes in the MENA region, as summarized below:

- **Define ECD national priorities** with a clear roadmap and accountability roles by creating multisectoral mechanisms, as well as developing, implementing and monitoring ECD policies, strategies and action plans through data and evidence.
- **Protect and promote ECD financing** in the context of scarce resources and limited fiscal space, through smart investments, cost-prioritization and increased public and private investments.
- **Introduce and strengthen family-friendly policies related to childcare** to allow social, economic and educational benefits for children and families. For example, expanding paid parental leaves; support for breastfeeding; access to affordable and quality childcare; and child benefits, in particular for young children.
- **Provide equitable ECD programmes and services** in reaching out to the most vulnerable children and families. Efforts can include enhancing the capacity of front-line workers to support delivery through existing services.
- **Support ECD programmes/services and financing in a humanitarian context** as part of integrated interventions for optimal nutrition, the health of infants and young children, early learning and protection. Interventions should include support for parents' and caregivers' well-being during crises.



SECTION 1:
INTRODUCTION

Section 1: Introduction

All children have the right to a good start in life. Effectively supporting disadvantaged children and their families in the early years through a combination of policies and services can significantly reduce early and ongoing inequalities, and ultimately benefit society as a whole.

As early as 2007, there were promising signs of countries developing an agenda for young children in the MENA region.¹ Nevertheless, progress eventually stalled, and the region still exhibits one of the lowest investment rates in ECD worldwide.²

In recognizing this critical situation and the future opportunities for the development of the region, the UNICEF Middle East and North Africa Regional Office (MENARO) decided to undertake a thematic ECD situation analysis with the following objectives:

- Assess the overall situation of young children (0-8 years old) and analyse the key challenges the children face.
- Identify the primary obstacles and barriers hindering investment and progress in ECD.
- Provide evidence-based insights to design effective strategies for enhancing ECD programming through a multisectoral approach.

This report presents a summary of the results of the analysis, utilizing the available evidence in international databases. The primary purpose of this report is to serve as an informative resource for policymakers, development partners, civil society organizations and other stakeholders actively involved in supporting ECD.

By prioritizing and investing in ECD, the MENA Governments and societies collectively pave the way for a brighter future, ensuring the potential of every child is nurtured and the right of every child is protected, and eventually, build a more equitable and prosperous society for all.

The Middle East and North Africa region

The MENA region consists of more than 530 million people, one in five of whom are aged 0-8 years, across 20 diverse countries. These countries span the entirety of the World Bank's income group classifications, with 3 classified as low-income, 11 as middle-income and 6 as high-income. Furthermore, the countries exhibit variations in other relevant domains, such as demographic structures, political factors and cultural factors, which are important to ECD.

To facilitate the analysis, the 20 countries of the MENA region are categorized into 4 groups based on their geographical locations, contextual factors and policy environments.³

- Gulf Cooperation Council (GCC): Bahrain, Kuwait, Oman, Saudi Arabia, Qatar and the United Arab Emirates.
- Mashreq and Iran: Egypt, Iran, Iraq, Jordan, Lebanon, the State of Palestine and the Syrian Arab Republic.
- Maghreb: Algeria, Libya, Morocco and Tunisia.
- Arab Least Developed Countries (ALD): Djibouti, Sudan and Yemen.

This classification is used in the report where it appears relevant and useful. There are, however, other factors to consider in interpreting the results, such as conflicts and fragility, which cut across this classification.

¹ UNESCO 2007.

² El-Kogali, S. and Krafft, C. 2015.

³ UNESCWA 2020.

COVID-19, conflict and climate

Similar to the global context, the trajectory of countries within the MENA region is continuously shaped by events occurring beyond their borders. External factors inevitably influence the capacity of countries to develop and maintain favourable environments for ECD. The COVID-19 pandemic, in particular, has had a profound impact on family life across many countries, resulting in limited access to education, including early years education, and placing strain on healthcare and social services.

Within the region, COVID-19 has worsened poverty and exacerbated existing inequalities, particularly among children from the most economically disadvantaged households.⁴ The COVID-19 crisis is expected to have intergenerational repercussions, primarily through its impact on education. Children directly affected by the disruptions in learning caused by the pandemic risk experiencing setbacks in human capital development, leading to increased educational and income inequalities in the future.⁵

Simultaneously, the MENA region confronts other significant challenges, such as inflation, macroeconomic crises, food insecurity and conflicts. The conflict in Ukraine, for instance, is reverberating through the region, affecting food supplies. Given that the region heavily relies on imports, with over half of its cereal supplies originating from Russia and Ukraine, the conflict-induced food shortages or price hikes pose a considerable risk of plunging millions more individuals, including children, into food insecurity and malnutrition.

Furthermore, the effects of climate change are already amplifying the risks of poverty and potentially driving migration within and between countries. Nevertheless, it is important to note that the available data used in this report largely reflect the realities before 2020 and may not fully capture the current situation and emerging risks. Whenever possible, the analysis incorporates recent evidence relevant to the topic of this report.

Data used in this report

This report aims to review and present selected indicators related to ECD outcomes and their associated factors. The data are sourced primarily from international databases managed by United Nations organizations and were last accessed in July 2023. These databases provide a comprehensive and reliable source of information for analysing and understanding ECD on the regional scale, providing standardized indicators which enable meaningful comparisons across countries.

⁴ Hoogeveen, J. G. and Lopez-Acevedo, G. eds. 2021.

⁵ UNESCO, UNICEF and World Bank 2021.

SECTION 2: THE CONCEPTUAL FRAMEWORK



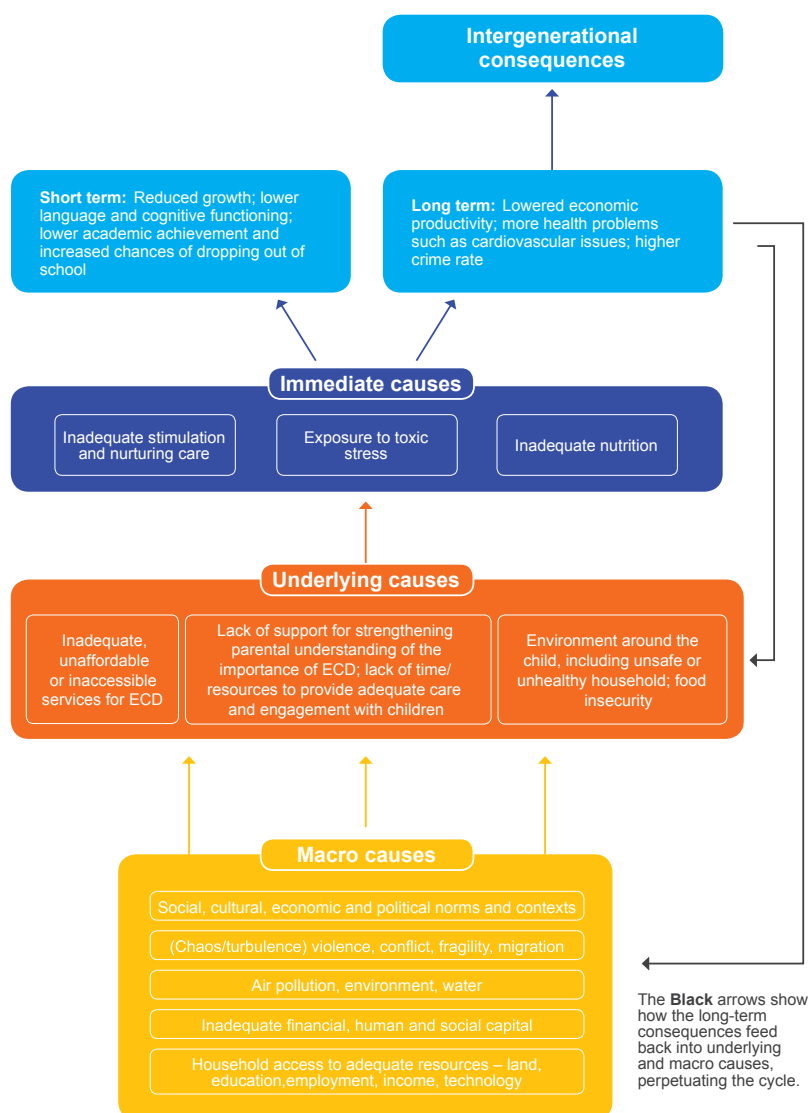
Section 2: The conceptual framework

The conceptual approach of this analysis is grounded in the principle that a positive environment for development is the right of all children. This right is embedded in Article 6 of the United Nations Convention on the Rights of the Child (CRC).

Moreover, this analysis aligns with the core programming principles of the United Nations, which include human rights; gender equality and women’s empowerment; sustainability and resilience; and accountability. By adhering to these principles, the analysis aims to promote a holistic and comprehensive understanding of the ECD landscape.

The principles and approaches of the Human Rights Approach to programming, in particular, are reflected in the conceptual framework of UNICEF’s Programme Guidance for ECD.⁶ This framework identifies three layers of causality that influence ECD outcomes, as illustrated in Figure 1. The framework considers immediate, underlying and macro factors within a causal network, allowing for a deeper understanding of the factors impacting early childhood development.

Figure 1: Conceptual framework of the ECD programme guidance



Source: UNICEF (2017).

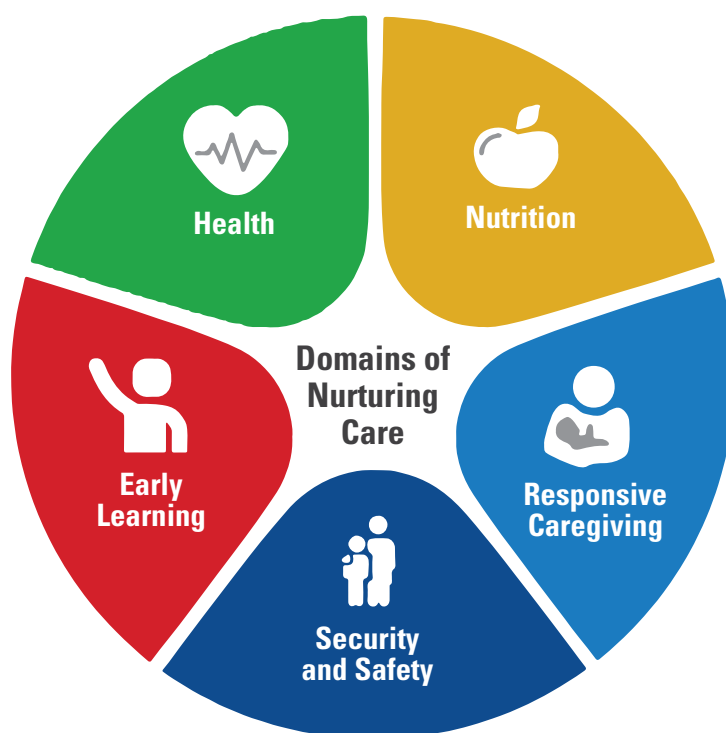
6 UNICEF 2017.

Furthermore, this analysis incorporates the NCF⁷ that emphasizes the significance of the “ecosystem of relationships” between the children and their developmental environment. By employing this framework, the analysis highlights the importance of creating nurturing environments where optimal development can occur.

The NCF encompasses a series of interconnected domains, namely good health, adequate nutrition, responsive caregiving, safety and security, and opportunities for early learning. These domains play a vital role in shaping the developmental experiences and the outcomes of a child (see Figure 2).

By considering the NCF, the analysis examines the broader ecosystem in which children grow and develop. It considers the factors that contribute to or hinder nurturing care, enabling a comprehensive assessment of the region’s ECD landscape. This approach helps identify areas that require attention and intervention to enhance the quality of care and support available to young children in the MENA region.

Figure 2: Components of nurturing care



Source: WHO, UNICEF and World Bank (2018).

Building upon these two frameworks, the analysis presentation follows a structured approach. Section 3 focuses on presenting evidence on a limited set of key ECD outcomes.

The subsequent Sections 4 to 6 correspond to the layers depicted in the conceptual framework in Figure 1. These sections delve into the different levels of causality affecting ECD. Section 4 explores the immediate causes, addressing factors that directly influence early childhood outcomes. Section 5 examines the underlying causes, considering the deeper determinants and contextual factors that shape these outcomes. Section 6 analyses the macro causes, which encompass broader societal and structural factors impacting ECD. At each of these levels, the relevant components of the NCF are taken into account, ensuring a comprehensive assessment of the nurturing care ecosystem.

The concluding part of the analysis, Section 7, offers insights into the way forward for ECD in the MENA region. This section synthesizes the findings from the previous sections and proposes strategies and recommendations to enhance ECD outcomes.

⁷ WHO, UNICEF and World Bank 2018.



SECTION 3:
EARLY CHILDHOOD
OUTCOMES

Section 3: Early childhood outcomes

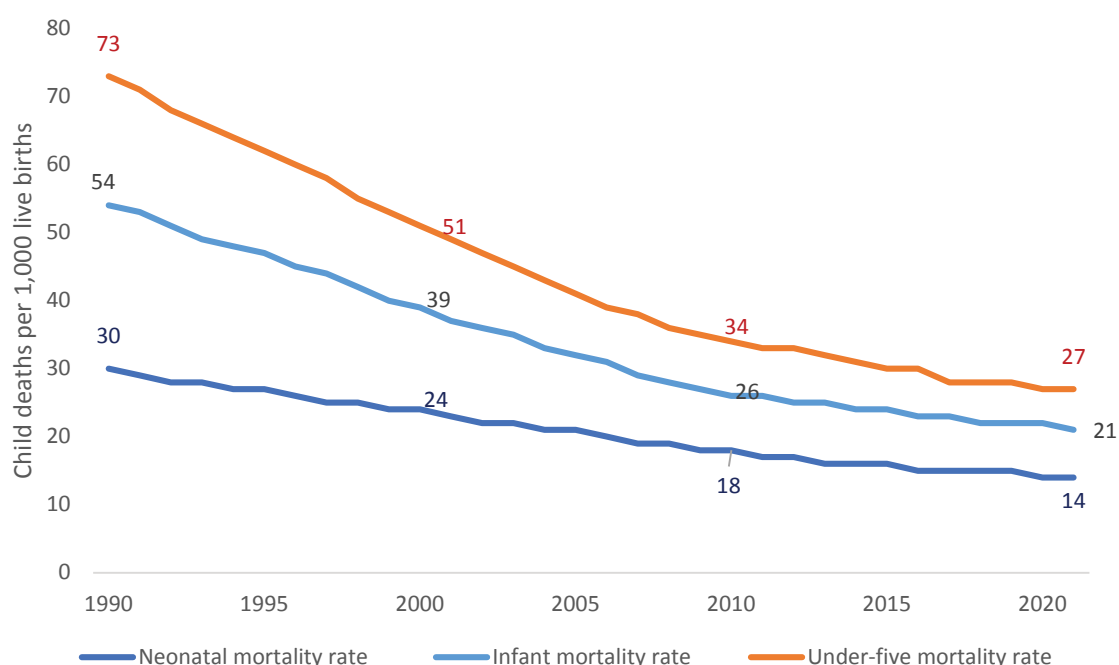
This section provides a summary of evidence regarding early childhood outcomes throughout the MENA region. The section encompasses a wide array of indicators related to health, nutrition and child development. By examining these indicators, readers can gain insights into the current state of early childhood well-being in the region and its diversity, as well as identify areas that require attention and intervention.

Childhood and maternal mortality

Child mortality indicators provide a clear measure of the well-being and overall health status of children within a population. These indicators offer insights into the quality of healthcare systems, the access to essential health services and the effectiveness of public health interventions.

Figure 3 presents an overview of the regional trends in different indicators of childhood mortality over the past three decades in the MENA region. The figure illustrates the substantial progress made in improving childhood survival on average across the region.⁸

Figure 3: Trends in neonatal, under-five and infant mortality rates in the MENA region, 1990-2021 (child deaths per thousand live births)



Source: United Nations Inter-agency Group for Child Mortality Estimation (2022).

Note: The neonatal mortality rate measures the probability of a newborn dying within the first 28 days of life; the infant mortality rate measures the probability of a child dying before their first birthday; and the under-five mortality rate measures the probability of a child dying before reaching the age of 5.

Between 1990 and 2021, the neonatal mortality rate (death before 28 days) and infant mortality rate (death before 1 year) reduced by more than half, whereas the under-five mortality rate dropped by slightly less than two-thirds. As of 2021, the region had an estimated average of 14 neonatal deaths, 21 infant deaths and 27 deaths before the age of 5 per 1,000 live births. There is, however, substantial variation in these rates both between and within countries in the region. For instance, the under-five mortality rate ranges from around 7 to 9 deaths per 1,000 live births in the Gulf States and Lebanon to over 50 deaths per 1,000 live births in Djibouti, Sudan and Yemen (see Table 1).

⁸ It is important to note that the impact of the COVID-19 pandemic on childhood mortality is still incorporated into the data and assessed. When more recent data from the years 2020 to 2022 are available, a more comprehensive and accurate assessment will then be possible.

Neonatal mortality is prevalent among children who are born prematurely or with low birth weight. The leading causes of death of young children over 3 months old are pneumonia and diarrhoea.⁹ These diseases can be effectively prevented and treated through access to appropriate healthcare, immunizations, clean water, sanitation and improved nutrition.

Table 1: Key child and maternal survival and newborn health indicators

	Under-five mortality rate per 1,000 live births (2021)	Maternal mortality ratio per 100,000 live births (2020)	Preterm births, % (latest estimate available)	Low birthweight, % of new of newborns (2015)
Algeria	22	78	7.4	7.3
Bahrain	7	16	14.0	11.9
Djibouti	54	234	11.9	-
Egypt	19	17	7.3	-
Iran	13	22	12.9	-
Iraq	25	76	6.5	-
Jordan	15	41	14.4	13.8
Kuwait	9	7	10.6	9.9
Lebanon	8	21	7.9	9.2
Libya	11	72	8.3	-
Morocco	18	72	6.7	17.3
Oman	10	17	14.3	10.5
Qatar	5	8	10.5	7.3
Saudi Arabia	7	16	6.0	-
State of Palestine	15	20	-	8.4
Sudan	55	270	13.2	-
Syria	22	30	10.9	-
Tunisia	16	37	8.9	7.5
United Arab Emirates	6	9	7.6	12.7
Yemen	62	183	13.2	-
MENA average	27	84	10.7	11.3

Sources: For under-5 mortality: United Nations Inter-agency Group for Child Mortality Estimation (2022); for maternal mortality: WHO et al. (2023); for pre-term births: Blencowe, H. et al. (2013); for low birthweight: UNICEF and WHO (2019).

More recent evidence (from Egypt in 2021 and yet to be incorporated in the global mortality estimates) indicates signs of stagnation in childhood mortality and even slight deterioration in neonatal mortality. According to the results of the Egypt Family Health Survey (2021), the under-five mortality rate in Egypt stood at 28 deaths per 1,000 live births in 2021 as opposed to 27 deaths in 2014. Similarly, the survey shows that the neonatal mortality rate in the country was 18 deaths per 1,000 live births in 2021 as opposed to 14 deaths in 2014, suggesting a noticeable increase in the neonatal mortality rate over the surveyed period. The rise in neonatal and infant mortality rates is concerning and warrants further investigation into the factors contributing to this trend.¹⁰

⁹ UNICEF 2016.

¹⁰ CAPMAS Egypt 2022.

In addition to the marked differences between countries, inequalities in childhood survival within countries are also significant. These disparities highlight the inequitable access to healthcare and other essential services, as well as the influence of socioeconomic factors on child health outcomes. Data show marked differences in childhood mortality rates between rural and urban areas and across different wealth quintiles within countries. Children living in rural and remote areas often face higher risks of death due to limited access to healthcare facilities, lower availability of trained healthcare professionals and challenges in reaching timely medical assistance.

For example, in 2018 in Tunisia, the under-five mortality rate was 23 deaths per 1,000 live births in rural areas compared to 13 deaths per 1,000 live births in urban areas. Meanwhile, in Morocco in the same year, the under-five mortality rate was 28 deaths per 1,000 live births for children belonging to the poorest wealth quintile compared to 11 deaths per 1,000 live births for children belonging to the richest wealth quintile.¹¹

Along with this overview of childhood mortality trends in the region, examining trends in maternal mortality¹² is crucial for understanding the health and well-being of women during pregnancy, childbirth and the postpartum period.

Over the last two decades, the regional average maternal mortality ratio has decreased from 169 deaths per 100,000 live births in 2000 to 84 deaths per 100,000 live births in 2020. Impressive reductions in maternal mortality have been observed in several countries. For instance, Morocco has made substantial progress with the maternal mortality ratio, declining from 244 deaths per 100,000 live births in 2000 to 72 deaths per 100,000 live births in 2020.¹³ Nevertheless, disparities across countries in the region are significant, as highlighted by the wide range of the estimations observed in the region: 9 deaths per 100,000 live births in the United Arab Emirates as opposed to 270 deaths per 100,000 live births in Sudan and 234 deaths per 100,000 live births in Djibouti (see *Table 1*).

Nutrition in early childhood

Early childhood nutrition plays a critical role in the overall health, growth and development of children. Adequate nutrition during the early years, starting from birth, is essential for several reasons, including promoting physical growth, strengthening the immune system, improving cognitive development and establishing healthy eating habits.

Child nutrition starts during pregnancy and continues after birth. Low birth weight¹⁴ is an important indicator of the health and well-being of a newborn. Child nutrition can have significant implications for the immediate and long-term health of a child.

Although the available regional comparable data on low birth weight are from 2015, they provide valuable information for this analysis. As indicated in *Table 1*, the proportion of babies born with a birth weight of less than 2,500 grams in the MENA region was 11 per cent in 2015, registering a modest improvement compared to 2000 with an estimated low-birth-weight newborns at 13 per cent. The prevalence of low birth weight varies across countries in the region. Among the 11 countries with available national estimates, Morocco had the highest rate at 17 per cent, while Algeria, Qatar and Tunisia each had the lowest rate at 7 per cent.

In contrast to the evidence available on birth weight, more recent data are available on different aspects of nutrition for children under 5 years. The data point out that several countries in the MENA region are grappling with a triple burden of malnutrition, characterized by substantial levels of stunting and wasting; widespread micronutrient deficiencies; and a growing prevalence of overweight and obesity.

11 Institute National de la Statistique - Tunisie 2019, and Ministère de la Santé – Maroc - 2019

12 Maternal mortality refers to the death of a woman while pregnant or within 42 days after the termination of pregnancy, regardless of the duration or site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management. It is measured as the number of maternal deaths per 100,000 live births.

13 WHO et al. 2023.

14 Low birth weight is defined as a birth weight of less than 2,500 grams.

Here are some key facts regarding early childhood nutrition in the MENA region, highlighting both areas of concern and opportunities (see *Table 2*):

- Approximately 66 per cent of children aged 6-23 months in the MENA region experience food poverty. These children are not fed the minimum diverse diet they need to grow and develop to their full potential. In other words, these children are fed extremely poor diets that include only four food groups out of the eight recommended food groups at most. Even more, one in four children under 5 years lives in and suffers from severe food poverty, indicating they are fed extremely poor diets that include only two food groups at most, often cereal and some milk. Yemen and Sudan have the two highest levels of severe food poverty in the MENA region, with 30 per cent and 34 per cent, respectively.¹⁵
- Only 23 per cent of young children (6-23 months old) in MENA have a minimum acceptable diet in terms of feeding frequency and food diversity. This percentage varies across countries, ranging from a very low 15 per cent in Sudan and Yemen to 54 per cent in Tunisia.
- Approximately six per cent of children under 5 years in the region were estimated to be wasted in 2020, with Yemen and Sudan having the two highest wasting rates at over 16 per cent.
- An estimated 15 per cent of young children in the MENA region are stunted, with the majority of under-5 children with stunted growth concentrated in four countries: Iraq, Egypt, Sudan and Yemen.
- Around 10 per cent of young children in MENA are overweight.¹⁶
- Micronutrient deficiencies are prevalent, with an estimated average of 31 per cent of pregnant women in MENA experiencing anaemia.¹⁷ Consumption of iodized salt, which is crucial for brain development of the child, was low in the region compared to global rates. Although, there have been improvement in recent times with an estimated 77 per cent of households consuming iodized salt.¹⁸
- Exclusive breastfeeding rates for children under 6 months are around 37 per cent on average in the region, with Iran and Sudan having rates over 50 per cent.¹⁹ In two of the GCC countries with available data, namely Oman and Qatar, exclusive breastfeeding rates are only 23 per cent and 29 per cent, respectively.

¹⁵ UNICEF 2022b.

¹⁶ WHO et al. 2023.

¹⁷ WHO 2022.

¹⁸ UNICEF 2019c.

¹⁹ UNICEF 2022f.

Table 2: Key early childhood nutrition indicators

	Child food poverty, % of children aged 6-23 months (latest estimates available)		Minimum acceptable diet, % of children aged 6-23 months (latest)	Exclusive breastfeeding, % of children under 6 months (latest)	Wasting, % of children under 5 years (latest)	Stunting, % of children under 5 years (2022, modelled)	Overweight, % of children under 5 years (2022, modelled)
	Severe	Moderate					
Algeria	16.8	43.8	19.2	28.6	2.7	8.6	11.9
Bahrain	-	-	-	-	-	5.0	-
Djibouti	-	-	-	12.4	10.6	29.6	3.2
Egypt	26.4	38.9	23.3	39.5	9.5	20.4	18.8
Iran	-	-	-	53.1	4.3	4.7	3.8
Iraq	14.3	41.1	34.1	25.8	3.0	9.9	6.4
Jordan	19.4	42.5	19.6	25.4	0.6	6.6	9.5
Kuwait	-	-	-	-	2.3	6.9	11.7
Lebanon	-	-	-	-	1.4	7.4	8.3
Libya	-	-	-	-	10.2	52.2	28.7
Morocco	-	-	-	35.0	2.3	12.8	4.9
Oman	-	-	-	23.2	9.3	12.7	6.5
Qatar	-	-	-	29.3	-	4.4	11.7
Saudi Arabia	-	-	-	-	4.4	12.4	10.1
State of Palestine	12.9	42.4	31.2	38.9	1.3	7.5	8.3
Sudan	33.8	42.2	14.7	54.6	16.3	36.0	2.7
Syria	-	-	-	28.5	11.5	25.4	11.7
Tunisia	8.4	28.4	54.1	13.5	2.1	8.6	19.0
United Arab Emirates	-	-	-	-	-	-	-
Yemen	30.2	48.5	15.4	9.7	16.4	35.1	1.7
MENA average	24.3	41.6	23.0	37.0	5.5	15.3	10.3

Sources: For child food poverty: UNICEF (2022b); for minimum acceptable diets: UNICEF (2022e), for exclusive breastfeeding: UNICEF (2022f), for all the other indicators: UNICEF, WHO and World Bank: Malnutrition Data (database) available at <https://data.unicef.org/resources/dataset/malnutrition-data>.

While the nutrition data presented above predates 2020, a recent survey conducted in Egypt (the 2021 Egypt Family Health Survey) reveals some positive trends in key nutrition indicators for children under 5 years. The survey shows a reduction in the stunting rate among Egyptian under-five children from 21 per cent in 2014 to 13 per cent in 2021, as well as a decrease in wasting from 8 per cent to 3 per cent. Nevertheless, the survey highlights a persistent issue of high levels of anaemia, with a prevalence of 43 per cent among children aged 6-59 months. These findings suggest promising progress in addressing malnutrition in Egypt – accounting for the largest number of children in the region – but concurrently indicate the ongoing need for targeted interventions to address anaemia and further improve nutritional outcomes for young children.²⁰

It is important to note that all the data on nutrition in the MENA region needs to be understood within the context of the challenging circumstances the region has faced in recent years. These circumstances have further exacerbated the precarious food security and nutrition situation in the region.

Firstly, the COVID-19 pandemic has brought about significant challenges, with access and affordability being major issues in relation to food security.²¹ Countries like Iraq, Libya, Syria, Sudan and Yemen have experienced irregular access to food, affecting approximately 13 per cent of their populations.²²

Moreover, the ongoing conflict in Ukraine has added to the challenges, particularly in terms of food prices. This situation has put millions of children in MENA at a higher risk of malnutrition. Projections indicate that around 2.2 million children under the age of 5 in the MENA region are expected to suffer from acute malnutrition in 2022.²³

Early childhood development (Early Childhood Development Index)

This section focuses on the overall development of a child, including physical, socio-emotional and cognitive development. Assessing the overall development of young children is crucial for identifying needs, monitoring progress, informing interventions, advocating for support and resources, and promoting holistic development.

The ECD-I is utilized in this section as a proxy measure of the overall development of younger children.²⁴ The ECD-I is a composite indicator for assess the overall development and well-being of young children; providing a comprehensive measure of ECD across multiple domains; and capturing various aspects of child development during the early years of life up to the age of 5.

The ECD-I assesses the development of children aged 36-59 months in four domains: literacy and numeracy; physical development; socio-emotional development; and cognitive development. From the assessment in each of the four domains, an overall index score is then calculated as the percentage of children who are ‘developmentally on track’ in at least three of the four domains.

Data on the ECD-I are available for 7 of 20 MENA countries and are derived from Multiple Indicator Cluster Surveys (MICS) and Demographic and Health Surveys (DHS) conducted between 2012 and 2020. The ECD-I data are reported in Table 3 by domain and overall index score.

²⁰ CAPMAS Egypt 2022.

²¹ Karasapan 2020.

²² FSIN 2020.

²³ UNICEF MENARO 2022.

²⁴ A more recent version of the indicator, the ECD-I 2030, is used to measure the SDG indicator 4.2.1 “Proportion of children aged 24-59 months who are developmentally on track in health, learning and psychosocial well-being, by sex”. Source: UNICEF 2023.

Table 3: Children aged 36-59 months who are developmentally on track in four ECD domains (ECD-I) (% of children) – 2012-2020

	Percentage of children aged 36-59 months who are developmentally on track in the following domains:				Early childhood development index score	Source
	Literacy-numeracy	Physical	Social-emotional	Cognitive		
Algeria	39.1	97.1	76.9	88.1	76.8	MICS 2019
Iraq	12.9	97.6	85.3	90.3	79.3	MICS 2018
Jordan*	38.4	95.1	71.2	86.7	70.7	DHS 2017-2018
Oman	36.7	92.0	68.4	83.8	68.3	MICS 2014
Qatar	62.7	92.3	76.0	87.2	83.9	MICS 2012
State of Palestine	38.4	98.8	81.9	92.8	83.9	MICS 2019-2020
Tunisia	40.8	95.8	81.5	91.3	82.3	MICS 2018

Source: UNICEF and Countdown to 2030 (2022).

Note: *Based on the youngest child aged 36-59 months.

In the literacy and numeracy domain, the percentage of children aged 36-59 months who are developmentally on track varies substantially across the countries: Iraq has the lowest proportion of young children who are developmentally on track at 13 per cent, while Qatar has the highest proportion at 63 per cent. The remaining countries fall within a range of 35-40 per cent.

In the physical domain, the differences among countries are limited, with all the countries reporting a high percentage of children (over 90 per cent) who are developmentally on track. This suggests that the majority of children in these countries are meeting the expected milestones in terms of physical development.

For the cognitive development domain, the countries with available data have relatively high percentages of children who are developmentally on track. Oman has the lowest proportion at 84 per cent, while the State of Palestine has the highest percentage at 93 per cent. This indicates that the majority of children in these countries are achieving appropriate cognitive development milestones.

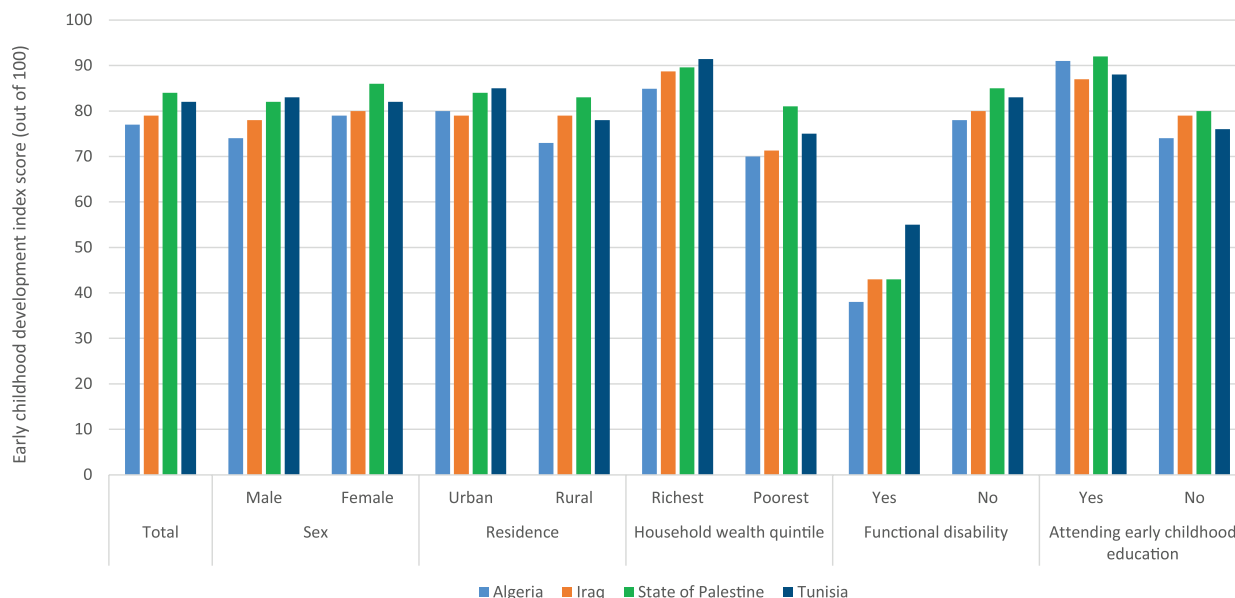
In the socio-emotional development domain, Iraq and the State of Palestine have the highest scores with 86 per cent and 82 per cent of children being developmentally on track, respectively.

In Table 3, the summary index indicates the proportion of children who are developmentally on track in at least three out of the four domains assessed. Qatar, the State of Palestine and Tunisia have the highest percentages of children who are developmentally on track, slightly exceeding 80 per cent. These countries demonstrate relatively positive outcomes across multiple domains of child development.

Jordan and Oman have lower percentages of children developmentally on track, standing at around 70 per cent. The lower scores in these countries are primarily attributed to the performance in the dimensions of literacy and numeracy, as well as socio-emotional development.

Understanding the variations in developmental outcomes across different countries can help policymakers and stakeholders identify areas that require attention and prioritize interventions to support the holistic development of children. By addressing the specific challenges related to literacy and numeracy skills and socio-emotional development, countries can work toward improving the overall developmental trajectories of young children.

Figure 4: Disparities in the ECD-I in four MENA countries – 2018-2020



Source: Data extracted from the following MICS reports: Algeria MICS 2018-2019; Iraq MICS 2018; State of Palestine MICS 2019-2020; and Tunisia MICS 2018, these reports and the survey microdata are available at www.mics.unicef.org.

Figure 4 provides a breakdown of the results of the ECD-I for four countries (Algeria, Iraq, the State of Palestine and Tunisia) based on various socioeconomic and demographic characteristics. The analysis includes factors such as the child’s sex, residential area (urban or rural), household wealth quintile, presence of functional disabilities and participation in early childhood education.

The data highlight a significant association between the presence of functional disabilities and the lower percentage of children being developmentally on track. Specifically, in Algeria, Iraq and the State of Palestine, only around 40 per cent of children with disabilities are developmentally on track. In comparison, the overall rate for children without disabilities is close to 80 per cent. These findings indicate a considerable developmental gap between children with disabilities and their peers without disabilities.

Less marked but still substantial are the disparities in the ECD-I between children belonging to the richest wealth quintile and those in the poorest quintile; between those attending some form of early childhood education and those not attending; and between urban and rural residents. On the other hand, the differences in the ECD-I are less pronounced between boys and girls, with a slight advantage for girls.

These findings highlight the need for targeted interventions and policies to address the developmental gaps among children with disabilities and those from disadvantaged socio-economic backgrounds. Efforts should also focus on expanding access to quality early childhood education programmes, particularly in rural areas. By addressing these disparities, countries can strive toward ensuring equitable early childhood development outcomes for all children irrespective of their socio-economic status, disabilities or gender.



SECTION 4: IMMEDIATE CONTEXT AND FAMILY ENVIRONMENT

Section 4: Immediate context and family environment

Building upon the conceptual framework outlined in Section 2, this section delves into the immediate contexts where a child lives that significantly shape key ECD outcomes.

Specifically, this section explores the latest poverty evidence for the region, encompassing monetary and multidimensional approaches. Additionally, the section investigates the crucial role of the home learning environment, highlighting the impact of parental involvement, availability of educational resources and stimulation. Next, the section discusses the importance of parenting knowledge and capacities, emphasizing their influence on child development. Lastly, it addresses the critical aspect of safety and security, proxied by indicators related to child supervision and child disciplinary practices at home.

Poverty

Child poverty refers to the condition where children lack the resources, opportunities and security necessary to meet their basic needs and achieve their full potential. Child poverty is a complex and multidimensional problem that deprives children of their rights and risks compromising their future.

The poverty experienced during early childhood can have profound and enduring effects on children's physical, cognitive and emotional development, as well as their social and economic prospects. Addressing child poverty requires a comprehensive and multi-sectoral approach that includes policies and interventions aimed at improving access to and the quality of education, healthcare, nutrition and social protection, as well as addressing the root causes of poverty, including inequality and discrimination.

Evidence on child poverty – both in the monetary domain and according to multidimensional approaches – is scattered across the region. It is, however, worth noting that in all cases, this evidence pre-dates COVID-19 pandemic and the war in Ukraine, which have had a profound impact on the material conditions of households and children.

Global estimates of children living in monetary poor households released in 2020 by the World Bank and UNICEF found that children, children under 5 years in particular, are over-represented in the population living in monetary poverty. In addition, children in rural areas and those in large families are at greater risk of being monetary poor, irrespective of the poverty line used for the assessment.²⁵

The World Bank and UNICEF analysis includes child poverty estimates for 12 middle-income and low-income MENA countries based on the extreme poverty line (US\$1.90 per person per day [2011 PPP]), the Lower-Middle Income International poverty line (US\$3.20 per person per day [2011 PPP]) and the upper-middle-income international poverty line (US\$5.50 per person per day [2011 PPP]).

The data show that the percentage of children living in households experiencing extreme poverty (under US\$1.90 per person per day) in 2017 was 57 per cent in Yemen, 21 per cent in Djibouti and close to 10 per cent in Sudan, whereas the other MENA countries recorded percentages lower than 10 per cent (see Table 4).

The percentage of children living in monetary poor households grows steeply when using other poverty lines as a reference: if monetary poverty is assessed using the US\$3.20 line, the percentage of children living in poverty grows to almost 40 per cent in Egypt, and to 28 per cent for the MENA region as a whole. Finally, if the poverty line of US\$5.50 is considered, six children out of ten in the whole MENA region were living in households with per capita consumption below that poverty line in 2017.

²⁵ Silwal et al. 2020.

Table 4: Children in monetary poor households in MENA countries by international poverty lines (in 2017)

	% of children (0-17) living in monetary poverty according to the following international poverty lines (in \$PPP per person per day)		
	< \$1.90	< \$3.20	< \$5.50
Djibouti	21.9	46.7	78.1
Egypt	5.8	39.4	84.0
Iran	0.6	4.7	18.7
Iraq	2.2	18.5	59.7
Jordan	0.4	4.4	31.8
Lebanon	0.0	0.2	2.9
Morocco	1.0	7.9	33.2
State of Palestine	1.4	7.4	29.8
Sudan	9.9	32.1	66.3
Syria	1.6	15.5	50.8
Tunisia	0.5	4.9	23.5
Yemen	56.6	84.2	95.3
MENA Average	9.1	28.3	59.1

Source: Silwal et al. (2020).

Unlike measuring poverty solely based on monetary values (consumption or income), which may provide a limited understanding of the challenges children face, a multidimensional approach takes into account the various interconnected aspects of their well-being. By considering multiple dimensions, such as education, health, nutrition and living conditions, the multidimensional poverty analysis provides a more comprehensive and nuanced understanding of the extent and nature of child poverty. While household income and wealth play a crucial role in determining the material well-being of families and, therefore, children, their well-being also depends on public and community resources, social services and basic social infrastructure (e.g., healthcare facilities; educational institutions; transportation systems; water and sanitation services; and social protection programmes). These resources and infrastructure have a direct impact on people's access to quality healthcare, education, clean water, sanitation and other essential services.

Many countries in MENA, over the last two decades, have undertaken national measurements and analyses of child multidimensional poverty.²⁶ In addition, two regional reports were produced by the United Nations Economic and Social Commission for Western Asia (UNESCWA), League of Arab States, UNICEF, United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA) and Oxford Poverty and Human Development Initiative (OPHI) on multidimensional poverty in the Arab region.²⁷

Along with the analysis of poverty made at the household level, the Arab Multidimensional Poverty Reports included specific measurements of multidimensional child poverty, focusing on children aged 0-4 years and children aged 5-17 years. For the younger age group, multidimensional poverty was assessed on five well-being dimensions, namely health, nutrition, water, sanitation and housing.

²⁶ A catalogue of national studies on child multidimensional poverty is available on the website of the Global Coalition to End Child Poverty at <http://www.endchildhoodpoverty.org/child-poverty-reports>.

²⁷ UNESCWA et al. 2023.

Table 5: Children in multidimensional poverty in selected MENA countries based on the Arab Multiple Overlapping Deprivation Analysis Framework

	Child multidimensional poverty headcount ratio rate (% , latest)			Year
	0-4	5-17	0-17 year olds	
Algeria	39.5	22.8	27.8	2019
Egypt	28.1	11.2	16.6	2014
Iraq	45.4	35.5	38.2	2018
Jordan	23.0	10.8	13.9	2017-2018
Morocco	30.4	21.3	23.9	2018
State of Palestine	30.8	31.6	31.4	2019-2020
Sudan	88.4	86.4	87.0	2014
Tunisia	21.7	15.0	16.8	2018
Yemen	88.4	71.7	76.3	2013
MENA average	48.9	35.6	39.6	-

Sources: For Algeria, Egypt, Iraq, Jordan, Morocco, State of Palestine and Tunisia: UNESCWA et al. (2023); for Sudan and Yemen: UNESCWA et al. (2017).

Note: A child is considered living in multidimensional poverty if he/she is deprived of at least two essential dimensions of well-being as stipulated in the Arab Multiple Overlapping Deprivation Analysis Framework.

Table 5 presents the data on multidimensional poverty prevalence among children for seven MENA middle-income countries derived from the Second Arab Multidimensional Poverty Report (2023), and two MENA low-middle-income countries derived from the First Arab Poverty Report (2017). The analysis here focuses on the poverty situation of children under 5 years.

Among the seven middle-income countries, approximately one-third of children under 5 years experienced multidimensional poverty in the second half of the 2010s. This indicates that they are deprived of at least two essential dimensions of their well-being, such as lacking access to vital health services like immunization or antenatal care; facing inadequate diets or malnutrition; living in overcrowded housing; and lacking sufficient access to water and sanitation. Iraq has the highest prevalence at 45 per cent, followed by Algeria at 40 per cent. On the other hand, Jordan and Tunisia have the two lowest rates at 23 per cent and 22 per cent, respectively. Rural areas have the highest risk of multidimensional poverty for young children, particularly those belonging to the poorest wealth quintile. The urban-rural disparities are most pronounced in Morocco.

For the MENA low-income countries, Sudan and Yemen, the data on multidimensional child poverty are for the years 2014 and 2013, respectively. These figures indicate that already a decade ago - before the current crises and conflicts affecting these countries - 9 out of 10 young children were living in multidimensional poverty, being deprived of at least two essential dimensions of their well-being.

Overall, these findings highlight the significant prevalence of multidimensional poverty among young children in MENA, with large disparities observed between countries, between rural and urban areas, and between wealth quintiles.

Home learning environment

The home learning environment plays a very important role in a child’s development. It encompasses factors such as the availability of age-appropriate books, stimulating toys and educational materials, as well as parental involvement in learning activities. Research consistently shows that a supportive home environment influences cognitive, language and socio-emotional development in children positively. Promoting literacy, providing parenting education and encouraging positive parent-child interactions can enhance the home learning environment.

An environment that facilitates early learning stimulates brain development.²⁸ Such an environment can be provided both at home and in structured early childhood settings. In most of the countries with available information, early stimulation and learning opportunities for young children in the region are primarily provided within home settings.²⁹ The key evidence in MENA is summarized as follows and presented in Table6:

- The highest levels of regular participation of young children in home learning activities reported in MICS and DHS across the 13 countries with data are in Jordan (92 per cent), followed by 2 GCC countries – Qatar (88 per cent) and Oman (81 per cent). On the other hand, there are much lower rates in Morocco (36 per cent) and in two ALD – Djibouti (37 per cent) and Yemen (33 per cent).
- Most young children in MENA do not have access to children’s books in their homes. There is considerable variability in this indicator across the 14 countries with data. The share of children under 5 years with access to books at home range from below 5 per cent in Iraq and Sudan to 30-40 per cent in Iran, Qatar and Syria.
- The lowest rate of plaything availability at home is observed in Morocco, with only 14 per cent of children having access to playthings. Similarly, Lebanon has a relatively low rate of 16 per cent. In contrast, Iran reports a significantly higher rate, with over 80 per cent of children having access to playthings at their homes.

Table 6: Selected indicators of the home learning environment

	Early stimulation at home, % of children aged 24-59 months (latest)	Availability of children’s books in the home, % of children under 5 (latest)	Availability of playthings at home, % of children under 5 (latest)
Algeria	63	8	49
Djibouti	37	15	24
Iran	70	36	83
Iraq	46	3	47
Jordan	92	16	71
Lebanon	56	29	16
Morocco	36	21	14
Oman	81	25	75
Qatar	88	40	55
State of Palestine	76	12	73
Sudan	-	2	46
Syria	70	30	52
Tunisia	74	24	62
Yemen	33	10	49
MENA average	58	15	50

Source: UNICEF and Countdown to 2030 (2022).

²⁸ The Lancet 2016.

²⁹ Global Education Monitoring Report Team 2020.

Similar to other parts of the world, the COVID-19 pandemic has had a significant impact on early learning environments in the MENA region. To control the spread of the virus, measures such as home confinement and the closure of preschool and ECD services were implemented across the region.³⁰

During the COVID-19 lockdowns, UNICEF estimated that around 40 per cent of young children globally did not receive adequate cognitive and socio-emotional stimulation from an adult at home.³¹ This situation likely has similar repercussions in the MENA region, potentially affecting the children's development and learning outcomes negatively.

Parenting knowledge and capacities

Parenting from early childhood is an essential requirement for ensuring that children thrive and reach their full potential. Parents who possess adequate knowledge about child development, nutrition and health are better equipped to provide nurturing and responsive care. Evidence shows that children and adolescents who have experienced positive parenting in the form of positive reinforcement and involvement, warmth and affection, and sensitive and responsive care are less likely to be exposed to violence at home and more likely to achieve their developmental potential.

Overall, sociocultural values and traditions significantly influence the knowledge and capacities of parents to practice nurturing care with their young children. Studies conducted to understand the perceptions, beliefs and practices of parents/caregivers related to nurturing care of young children reveal that there is a significant gap between the actual parents' behaviours and the principles of positive parenting, including the parental belief that a child's cognitive development does not start before the age of 2, as described in a case study in Morocco;³² or the parental misconception and lack of understanding of the benefits of breastfeeding, as found in a case study in Oman.³³

Safety and security

Ensuring a safe and secure environment is essential for children's well-being and optimal development. A safe environment includes child supervision to prevent accidents or harm, as well as child discipline strategies that prioritize positive reinforcement and non-violence. Such an environment also includes the presence of safe, adequate home spaces where the child lives, adequate furniture and equipment, and also how children learn what is and is not safe.

Children who feel safe and secure are more likely to explore, learn and develop positive relationships. Promoting child safety measures, raising awareness about child protection and supporting parents in implementing positive discipline practices are important for fostering a secure environment.

The inadequacy of adult supervision of young children is measured through surveys as the percentage of children under 5 years left alone or under the supervision of another child younger than 10 years old for more than one hour at least once in the week preceding the survey.³⁴ Table 7 shows that the percentage of young children left without adequate adult supervision is below 15 per cent in most MENA countries. The percentage of children not adequately supervised, however, is substantially higher in Oman and Yemen at 45 per cent and 34 per cent, respectively.

In relation to positive discipline, the data reveal that only a minority of children under 5 years in the 11 countries with data do receive exclusively positive discipline, with a percentage ranging from 7 per cent in Syria to 37 per cent in Qatar.

Children in the MENA region are found to be exposed to some of the highest rates of violent disciplinary methods globally.³⁵ On average, 8 out of 10 children under 5 years in the region have experienced at least one form of violent discipline. It is noteworthy that Qatar has a relatively low rate of 47 per cent compared with other countries in the region, indicating a better situation regarding violent disciplinary practices.

³⁰ UNESCO, UNICEF and World Bank 2021.

³¹ Gromada, A., Richardson, D. and Rees, G. 2020.

³² UNICEF et al. 2021.

³³ Al-Ghannami, S. et al. 2023.

³⁴ Gromada, A., Richardson, D. and Rees, G. 2020.

³⁵ UNICEF 2018.

Birth registration is important to ensure families receive support and services for nurturing care for young children. In the MENA region, around 91 per cent of children under 5 years have had their birth registered (see Table 7). The rate of registration is much lower in Yemen (31 per cent) and Sudan (67 per cent), while other countries in the region record over 90 per cent registration rate. In the countries with lowest birth registration rate, this is mostly influenced by the non-availability of registration offices and staff in remote and rural areas, as well as the cultural belief of the families, poverty and social exclusion.

Table 7: Child supervision, child discipline and birth registration in the MENA region

	Inadequate supervision, % (latest)	Children 1-4 year old receiving exclusively positive discipline, % (latest)	Children 1-4 receiving any form of violent discipline, % (latest)	Birth registration, % of children under-5 (latest)
Algeria	12.5	10.3	80.6	99.6
Bahrain	-	-	-	100.0
Djibouti	8.1	20.5	62.2	91.7
Egypt	4.1	8.7	78.3	99.1
Iran	12.9	-	-	98.6
Iraq	10.1	8.9	79.0	98.8
Jordan	16.4	14.2	79.8	98.0
Kuwait	-	-	-	-
Lebanon	8.6	-	84.9	99.5
Libya	-	-	-	-
Morocco	7.1	-	-	96.9
Oman	44.7	-	-	100.0
Qatar	11.6	36.5	46.5	100.0
Saudi Arabia	-	-	-	99.2-
State of Palestine	14.3	9.4	85.2	99.2
Sudan	-	20.3	61.3	67.3
Syria	16.6	6.7	83.0	96.0
Tunisia	12.5	9.4	83.2	99.9
United Arab Emirates	-	-	-	100.0
Yemen	34.1	16.1	77.7	30.7
MENA average	12.4	12.1	76.0	90.7

Source: Data on inadequate supervision and on birth registration are from: UNICEF and Countdown to 2030 (2022). Data on child discipline are extracted from relevant MICS and DHS reports, and the averages for the age group 1-4 years old have been recalculated by UNICEF MENARO.

Note: The rate of children left in inadequate supervision refers to the percentage of children aged 0-59 months left alone or in the care of another child younger than 10 years of age for more than one hour at least once in the week preceding the survey.



SECTION 5:
UNDERLYING
CONTEXT, SOCIAL
POLICIES AND
SERVICES

Section 5: Underlying context, social policies and services

This section explores the underlying context and the essential social policies and services that influence ECD outcomes, in line with the conceptual framework introduced in Section 1, and covers several domains that have a significant impact on ECD, including social protection; access to essential health services; access to support and services for children with disabilities; mental health of children and caregivers; access to water; sanitation; hygiene; and access to early learning. These deeper determinants and contextual factors influence the immediate determinants and contribute to shaping the enabling environment that supports optimal ECD outcomes.

Social protection

Social protection measures play an important role in providing support and resources to vulnerable families, ensuring that children have access to necessities and services for their development. Adequate social protection systems contribute to improved ECD outcomes by addressing poverty and inequality, linking children and their families to basic social services and providing financial and material assistance to families.

In MENA, social protection systems have historically relied on universal subsidies for food, fuel and utilities, and partly on contributory insurance schemes. Evidence has shown that these untargeted subsidies are regressive and ineffective in reducing poverty, while contributory insurance schemes only cover a limited portion of the population (those working in the formal sectors), leaving many vulnerable individuals without coverage.³⁶

In recent years, some countries in the region have started to reform their social protection system, reducing dependency on subsidies and introducing cash transfer programmes. Nevertheless, significant gaps in the coverage remain, particularly for children under 5 years.³⁷ Overall, social protection systems in the MENA region are still weak and fragmented, often failing to reach the most vulnerable families. Furthermore, public spending on social protection is inadequate and faces challenges from an equity perspective.³⁸

To effectively address the multiple dimensions of child poverty, strong linkages between social protection provision and social services (health, nutrition, education and child protection) are essential. Attempts to build such linkages in the region, however, are still in their early stages.³⁹

On one hand, the COVID-19 pandemic has exposed the limits of the current national social protection systems in responding to shocks, as governments faced big challenges in implementing emergency cash assistance at scale. On the other hand, the great efforts made by countries in the region demonstrated that with enough political will, governments can invest in expanding social protection.⁴⁰

The political momentum to scale up social protection coverage and adequacy was already increasing before the pandemic, and the economic crisis that ensued has strengthened this trend, as testified by the Declaration on the Future of Social Protection in the Arab Region which was signed by 20 countries at the Arab Ministerial of Ministries of Social Development Forum in 2021.⁴¹

³⁶ UNESCWA, UNICEF and UNDP 2022.

³⁷ Machado, A. C. et al. 2018.

³⁸ UNESCWA, UNICEF and UNDP 2022.

³⁹ Pereira, K. C. and Araújo, F. 2022.

⁴⁰ Bilo, C., Dytz, J. P. and Sato, L. 2022.

⁴¹ Issue-Based Coalition on Social Protection in the Arab Region/MENA 2021.

Access to essential health services

Health is a primary determinant of ECD outcomes, and access to key health services is essential for ensuring children's well-being. Regular healthcare visits, immunizations, proper nutrition and adequate healthcare facilities contribute to optimal physical development during early childhood.

The index of health service coverage used to assess progress for the SDG 3.8 measures on a scale from 0 to 100 the average access of essential services based on 14 tracer interventions, including reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most vulnerable population. Recent estimations for this index are presented in Table 8a.

In the GCC countries, health services are available in well-equipped centres that provide essential health services. In this MENA sub-region, the index of health service coverage ranges from 70 in Oman to 82 in the United Arab Emirates. These countries have relatively better resources and infrastructure to meet the healthcare needs of their populations.

The coverage index shows a relatively large variation in the Mashreq and Iran, ranging between 59 in Iraq to 74 in Iran; while in the Maghreb, the index ranges between 62 in Libya and 74 in Algeria.

The ALD group has the lowest coverage of essential health services, with the index ranging from 42 to 44. These countries face major constraints in providing comprehensive and accessible healthcare to their populations.

Table 8a: Key health provision indicators in the MENA region

	Index of coverage of essential services (index out of 100)	Antenatal care, % of women who received at least four antenatal care visits during the last pregnancy	Postnatal care, % of mothers who received postnatal care within 2 days of giving birth	Treatment for HIV+ pregnant women, %	Care-seeking for children with pneumonia, %
	2021	(latest)	(latest)	2021	(latest)
Algeria	74	69.8	87.6	16	47.0
Bahrain	76	100.0	-	-	-
Djibouti	44	22.6	-	44	94.4
Egypt	70	89.9	79.4	18	64.5
Iran	74	94.3	-	35	75.9
Iraq	59	67.9	82.6	-	44.4
Jordan	65	91.5	83.4	-	60.9
Kuwait	78	-	-	-	-
Lebanon	73	-	-	-	73.6
Libya	62	-	-	64	-
Morocco	69	53.5	-	44	70.3
Oman	70	73.9	94.9	-	56.3
Qatar	76	84.5	-	-	-
Saudi Arabia	74	-	-	-	-
State of Palestine	-	94.8	88.9	-	77.3
Sudan	44	50.7	26.6	4	48.3
Syria	64	63.7	-	-	77.0
Tunisia	67	84.1	88.8	41	97.5
United Arab Emirates	82	-	-	-	-
Yemen	42	25.1	19.9	3.4	34.0
MENA average	-	59.1	-	-	58.5

Sources: Data on the coverage of essential health services are from: WHO. Database on UHC Service Coverage Index (SDG 3.8.1), available at <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/uhc-index-of-service-coverage>; Data on antenatal and postnatal care are from UNICEF MENA Data Portal: Indicators on the situation of children, available at <https://www.unicef.org/mena/unicef-menaro-data-portal>; Data on treatment for HIV+ pregnant women are from UNAIDS (2022); Data on care-seeking for children with pneumonia are from: UNICEF databases 'Pneumonia' available at <https://data.unicef.org/topic/child-health/pneumonia>.

Table 8b: Child immunization coverage in the MENA region

	DTP3, % of children covered with 3 doses of DTP	IPV1, % of children covered with at least one dose of IPV	MCV1, % of children covered with at least one dose of measles-containing vaccine
	2022	2022	2022
Algeria	77	89	79
Bahrain	97	97	99
Djibouti	59	59	50
Egypt	97	97	96
Iran	99	99	99
Iraq	93	96	88
Jordan	77	78	76
Kuwait	96	99	99
Lebanon	67	80	67
Libya	73	74	73
Morocco	99	99	99
Oman	99	99	97
Qatar	98	99	99
Saudi Arabia	98	98	98
State of Palestine	98	99	97
Sudan	84	94	81
Syria	46	65	41
Tunisia	97	96	95
United Arab Emirates	96	98	98
Yemen	74	72	73
MENA average	88	92	87

Source: WHO and UNICEF (2023), available at <https://data.unicef.org/topic/child-health/immunization/>.

Note: DTP3 stands for three doses of the diphtheria and tetanus toxoid with pertussis-containing vaccine; IPV1 stands for the first dose of the inactivated polio vaccine; MCV1 stands for the first dose of measles-containing vaccine.

Tables 8a and 8b provide the key statistics on healthcare coverage in the MENA region, highlighting the following:

- Antenatal care (at least four visits): Djibouti and Yemen have low rates of antenatal care utilization, with only 23 per cent and 25 per cent of pregnant women receiving at least four antenatal care visits, respectively. In contrast, rates are high in Bahrain, Iran, Jordan and the State of Palestine, where over 90 per cent of pregnant women have received at least four antenatal care visits.
- Postnatal care (for the mother): This statistic varies widely across the MENA countries, with rates ranging from 20 per cent in Yemen to 95 per cent in Oman.
- Prevention of mother-to-child HIV transmission: In 2021, out of approximately 2,400 women living with HIV who gave birth in the MENA countries, only about 1,000 received antiretroviral treatment to prevent transmission to infants. About a quarter of pregnant women living with HIV passed the virus to their babies, and only 380 newborns were tested for HIV before 8 weeks of age.⁴²
- Child pneumonia: Rates of care-seeking for children with pneumonia range from 34 per cent in Yemen to 98 per cent in Tunisia.
- Vaccination coverage: While most countries in the MENA region made progress in improving vaccination coverage for specific diseases (e.g., diphtheria, tetanus and pertussis, polio and measles), the progress has been uneven.⁴³ The vaccination rates vary by type of vaccine. The majority of MENA countries have maintained DTP3 and measles vaccination rates at 90 per cent or above, with regional immunization averages respectively at 88 and 87 per cent.
- Conflict, instability and refugee situations are significantly impacting immunization programmes in some Mashreq countries (Iraq, Jordan, Lebanon and Syria) and ALD (Yemen). The WHO-UNICEF estimates of the coverage of the third dose of the diphtheria-tetanus-pertussis vaccine (DTP3) in the Syrian Arab Republic fell from 80 per cent in 2010 to 46 per cent in 2022. In Maghreb, the DTP3 immunization rate is lower than 80 per cent in Algeria and Libya.

The statistics highlight the significant variations and challenges in healthcare coverage within the MENA region. Countries affected by conflict and instability face profound difficulties in ensuring adequate healthcare services and universal immunization coverage for their populations. These challenges have resulted in lower rates of antenatal and postnatal care, limited access to essential treatments for pregnant women living with HIV and lower rates of care for children with pneumonia.

Disability

Disability is another important factor that can impact ECD outcomes. Appropriately addressing the needs of children with disabilities and providing inclusive support and services are critical for their overall development and inclusion in society.

The MENA region has the second-highest prevalence of childhood disability globally, with a rate of 13 per cent.⁴⁴ This higher prevalence may be attributed to various factors, including disabilities resulting from being injured in conflict settings, and a high level of consanguinity, which can increase the risk of certain genetic conditions.⁴⁵

Children with disabilities require early intervention and care to mitigate the negative impacts of their disabilities on their lives and promote their overall development, as well as to support their parents or caregivers. Nevertheless, children with disabilities in MENA are significantly less likely to receive early stimulation and responsive care compared to children without disabilities. The results of the MICS in Algeria, Iraq, the State of Palestine and Tunisia show that adults are less likely to engage children with disabilities in activities that provide early stimulation and responsive care (*see Figure 5*). Furthermore, in Tunisia and the State of Palestine, children with disabilities are significantly less likely to have children's books read to them, which can further hinder their language and cognitive development.⁴⁶

42 UNAIDS 2022.

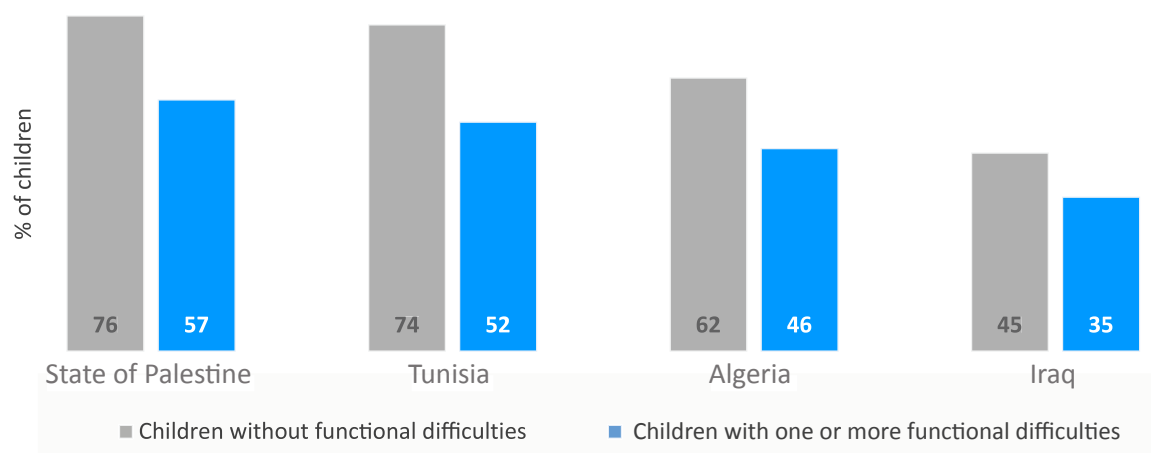
43 For more details, visit <https://data.unicef.org/resources/regional-immunization-snapshots/>.

44 UNICEF 2022d.

45 Al-Gazali, L., Hamamy, H. and Al-Arrayad, S. 2006.

46 UNICEF 2022d.

Figure 5: Percentage of children aged 24-59 months who are engaged in four or more activities with any adult household member to provide early stimulation and responsive care in the last three days



Source: Data extracted from the following MICS surveys: Algeria MICS 2018-2019; Iraq MICS 2018; State of Palestine MICS 2019-2020; and Tunisia MICS 2018, these reports and survey microdata are available at www.mics.unicef.org.

In many countries of the MENA region, the existing referral pathways and public services to support parents of children with disabilities are weak, making it challenging for them to access the necessary assistance and support. The lack of effective referral systems can result in delays in identifying and addressing developmental delays or disabilities in children.

Materials and resources aimed at supporting parents of children with disabilities can help raise awareness, provide information and guide parents in seeking appropriate services for their children. Nevertheless, a major obstacle in effectively supporting children with disabilities in ECD is the lack of adaptation in ECD services to accommodate their needs. Many ECD services, such as early intervention centres, preschools and childcare facilities, are not adequately equipped to cater to children with disabilities and their parents.

This lack of adaptation is manifested in various ways, including physical inaccessibility of facilities; staff members who lack training on adapting activities for children with disabilities; and a lack of willingness or awareness on how to mainstream children with disabilities into their services. These barriers significantly limit the opportunities for children with disabilities to access quality early childhood services that meet their specific needs.

Moreover, screening services for disabilities across the MENA region exhibit significant variation and lack uniformity. The countries each employ different tools and approaches for the early detection of developmental delays and disabilities.⁴⁷ For instance, the United Arab Emirates and Oman have established national or hospital-based registries focused on congenital disabilities.⁴⁸ Jordan, on the other hand, has also initiated a similar programme in certain areas in 2006. Jordan's national programme for newborn medical surveys includes screening for vinyl Kithonoria, congenital deficiency of thyroid secretion and fava bean disease, with free treatments provided for these conditions.⁴⁹

In a thematic review conducted across five countries in the region (Iran, Iraq, Jordan, Lebanon and the State of Palestine), three main early detection tools were identified: the Ages and Stages Questionnaire, the Denver Developmental Screening Test and the Malawi Developmental Assessment Tool.⁵⁰ Most countries use a combination of these tools, with Iraq also including measurements of head circumference, length, height and weight. Meanwhile, the tools used in the State of Palestine have the widest coverage, and the approach has been integrated into the multisectoral ECD strategy. Nevertheless, except for the State of Palestine, Iran and Lebanon, most countries are in the early stages of implementing these screening tools.

After the screening of developmental delays and disabilities, parents or caregivers are typically given some counselling on exercises, stimulating activities and play activities that are appropriate to the age and development of the child. In this regard, Iran has a comprehensive system with nationwide universal early detection and referral pathway. Nevertheless, it remains a challenge in the MENA region to set up an early detection system with a matching referral pathway due to the lack of universally available services for early identification, as well as the lack of services, tools, specialists and specialized facilities to support children and families for early interventions.

Mental health and well-being of children and caregivers

Promoting positive mental health and addressing mental health challenges are essential components of supporting optimal ECD. Positive mental health in children contributes to their cognitive development, emotional well-being and social skills. It also enables them to form healthy relationships, regulate their emotions and develop resilience. On the other hand, mental health challenges such as anxiety, depression, trauma or behavioural disorders can hinder children's development and impact their overall well-being.

Early stimulation, responsive care for young children and adequate supervision by adults not only foster a positive learning environment for the child but also play a vital role in promoting their positive mental health (see Table 6 and Table 7).

Equally important is the mental health of caregivers, as their well-being directly influences the quality of the care and support they provide for children. Caregivers who experience mental health issues may struggle with providing a nurturing and responsive environment for their children. Hence, addressing the mental health needs of caregivers is vital for ensuring a positive and supportive caregiving environment.

According to a global systematic review of postpartum depression among healthy women, the Middle East exhibits the highest prevalence with a rate of 26 per cent, as compared to the global average of 12 per cent.⁵¹

Water, sanitation and hygiene services

Access to clean water, sanitation and hygiene services is crucial for creating a safe and healthy environment for young children. Adequate water, sanitation and hygiene facilities and practices reduce the risk of illness, contribute to overall well-being and support children's physical and cognitive development.

⁵⁰ UNICEF 2022a.

⁵¹ Ahmad, H. A., Alkhatib A. and Luo J. 2021, 542.

Table 9: Access to basic water, sanitation and hygiene services in the MENA region

	Access to basic drinking water, % of households (2022)	Access to basic sanitation, % of households (2022)	Access to basic hygiene, % of households (2022)
Algeria	94.7	85.8	85.0
Bahrain	>99.0	>99.0	>99.0
Djibouti	76.2	66.9	-
Egypt	98.8	97.5	-
Iran	97.7	90.4	-
Iraq	98.4	98.5	97.0
Jordan	99.0	97.1	-
Kuwait	>99.0	>99.0	-
Lebanon	92.6	>99.0	-
Libya	>99.0	92.1	-
Morocco	87.0	87.5	-
Oman	92.4	>99.0	-
Qatar	>99.0	>99.0	-
Saudi Arabia	98.6	95.3	-
State of Palestine	98.4	>99.0	95.0
Sudan	64.9	36.9	11.0
Syria	94.1	95.0	84.0
Tunisia	97.2	97.4	84.0
United Arab Emirates	>99.0	>99.0	-
Yemen	61.8	54.8	-
MENA average	91.7	84.0	-

Source: WHO and UNICEF (2023) available at <https://data.unicef.org/topic/water-and-sanitation/drinking-water/>

Note: Data for Sudan on Basic Sanitation are from 2020.

Table 9 provides an overview of basic drinking water, sanitation and hygiene services in the MENA countries. The main highlights are as follows:

- Around 92 per cent of the MENA population has access to basic drinking water services.⁵²
- The access is universal in most of the GCC countries. In the Mashreq and Maghreb countries, the majority of the population has access to basic drinking water services, with coverage rates ranging between 90 and 99 per cent. Nevertheless, there are still disparities within these countries, particularly affecting rural dwellers and urban dwellers living in slums.
- The ALD have substantially lower coverage of basic drinking water services compared with other MENA countries. The percentage of the population with access to basic drinking water in the ALD ranges from slightly over 60 per cent in Sudan and Yemen to 76 per cent in Djibouti.
- According to the latest estimates available, 84 per cent of the MENA population has access to basic sanitation services.⁵³
- GCC countries, Iraq and Lebanon report a universal or almost universal coverage of their populations with access to basic sanitation services.
- Syria, Morocco and Algeria face challenges in providing basic sanitation services to a portion of their populations. Approximately 10 to 15 per cent of the population in these countries does not have access to basic sanitation services.
- The ALD exhibit significantly lower coverage rates for basic sanitation services. In Djibouti, around 33 per cent of the population lacks access to basic sanitation services. The percentage is higher in Yemen at 46 per cent and reaches a concerning 63 per cent in Sudan.
- The lack of basic handwashing facilities with soap and water is a significant concern in the MENA region. The available data indicate that approximately 62 million individuals in the region do not have access to such facilities in their homes,⁵⁴ and that 31 per cent of schools in the region do not have handwashing facilities with soap and water available to students.⁵⁵

Early learning

Early childhood education – at the right time and of good quality – is important for child development by providing a strong foundation for learning, socialization and cognitive development during the formative years. By engaging in age-appropriate activities and interactions, children develop essential skills, such as language, numeracy, problem-solving and social-emotional competence, which in turn, foster social skills and the ability to collaborate and communicate effectively.

Despite some progress, early childhood education and care participation rates in the MENA region remain low compared to global averages:

- The average attendance rate in early childhood education for children aged 3-5 years in MENA is 26 per cent, lower than most other regions and the global average of 39 per cent.⁵⁶
- The preschool participation rate in organized learning one year before primary school entry, standing at 46 per cent, is also substantially lower than the global rate of 73 per cent.⁵⁷
- The enrolment in pre-primary schools has improved overall in MENA, but the countries affected by conflict and impacted by the refugee crisis in the Mashreq and ALD face major challenges in supplying and ensuring access to pre-primary education services.
- The pre-primary enrolment in structured learning varies dramatically among sub-regions in MENA. Over the last decade, some countries have increased participation either by expanding pre-primary education services or by attaching pre-primary classes to primary schools.⁵⁸

52 Basic drinking water services are defined as drinking water from an improved source where the collection time is not more than 30 minutes for a round trip. Improved water sources include piped water; boreholes or tube wells; protected dug wells; protected springs; and packaged or delivered water.

53 Basic sanitation services refer to improved sanitation facilities that are not shared with other households. This indicator encompasses both people using basic sanitation services and those using safely managed sanitation services. Improved sanitation facilities include flush/pour flush toilets connected to piped sewer systems, septic tanks or pit latrines; pit latrines with slabs (including ventilated pit latrines); and composting toilets.

54 WHO and UNICEF 2023.

55 UNICEF and WHO 2022.

56 UNICEF Global Databases – Early Childhood Education – updated in June 2023.

57 UNESCO Institute for Statistics n.d.

58 UNESCO 2020.

Table 10: Early childhood education provision

	Attendance in early childhood education, percent of children aged 3-5 (latest)	% of children attending 1 year before primary, (latest)
Algeria	14.3	67.3
Bahrain	-	70.1
Djibouti	-	16.9
Egypt	47.4	36.7
Iran	18.0	64.4
Iraq	2.4	-
Jordan	12.8	47.9
Kuwait	-	43.9
Lebanon	-	-
Libya	-	-
Morocco	-	66.1
Oman	29.2	62.7
Qatar	40.8	88.1
Saudi Arabia	-	45.6
State of Palestine	34.2	59.4
Sudan	22.3	40.0
Syria	-	44.8
Tunisia	50.6	-
United Arab Emirates	-	99.2
Yemen	-	4.1
MENA average	26.4	46.2

Sources: Data on attendance in early childhood education: UNICEF Global Databases – Early Childhood Education – updated in June 2023; data on participation rate in organized learning one year before the official primary entry age: Data for the Sustainable Development Goals, UNESCO Institute for Statistics, accessed March 2023, <http://uis.unesco.org>.

In MENA, gender disparities in access to preschool are generally not significant, but access to preschool is more common among wealthier households and urban areas. Private sector providers play a significant role in preschool education, leading to inequalities in access. In Djibouti, for example, where the rate of enrolment is very low, 93 per cent of such enrolment is in the private sector.⁵⁹

The impact of the COVID-19 pandemic on early learning services in MENA has been significant. To control the spread of the virus, social distancing and home confinement involving the closure of preschools and ECD services across countries had excluded all young children from organized early learning.⁶⁰ The disruption of early learning was neglected during the COVID-19 pandemic, where the continuation of education of older children was prioritized instead.

A United Nations Educational, Scientific and Cultural Organization (UNESCO) regional study highlighted the correlation between teachers' competencies/qualifications and the quality of early childhood programmes, alongside proper monitoring, evaluation and overseeing of programmes.⁶¹ Teachers' competencies can be enhanced through teacher preparation programmes and in-service teacher training programmes. There are examples of in-service training requirements for early childhood education in the MENA region, such as in Jordan where all teachers are requested to complete at least 20 hours of professional development annually, as well as in Saudi Arabia, Qatar, United Arab Emirates, and Kuwait require up to 30 hours of in-service mandatory training. On the other hand, in the State of Palestine, Syria, Tunisia and Sudan, there are in-service training provisions mainly in their public sector but not for the private sector. Most of the teacher preparation programmes in these countries focus mainly on preschool age while failing to cover care and early learning for younger children.

59 UNESCO 2020.

60 UNICEF MENARO 2020.

61 UNESCO 2023.



SECTION 6: MACRO CONTEXT

Section 6: Macro context

Demographics

The 20 countries of the MENA region are home to over 530 million people, including 190 million children under the age of 18. Among these children, there are approximately 55 million children under the age of 5, accounting for around 10 per cent of the region's total population. Notably, Egypt alone is home to over 12.3 million children under the age of 5 in 2022, representing around 11 per cent of its overall population.

Across the region, the proportion of children under the age of 5 in the population varies. Sudan, Yemen and the State of Palestine have the highest percentages, ranging between 15 and 16 per cent. Conversely, countries such as Kuwait, Qatar and the United Arab Emirates exhibit lower percentages, below 6 per cent, primarily due to the significant influence of migration on their demographic structures.

Expanding the observation to the age group of children aged 0-8 years, MENA hosts approximately 100 million individuals in 2022, accounting for slightly over one-fifth of the regional total population.

The countries of the MENA region are at different stages of their demographic transition, with most showing unstable trends of fertility reduction over the last two decades. In 2022, the regional average total fertility rate stands at 2.8 births per woman. Sudan and Yemen exhibit the two highest levels with rates of 4.4 and 3.7 births per woman, respectively. Following closely are Iraq and the State of Palestine, each with a total fertility rate of 3.4 births per woman.

Several countries in the region are nearing the replacement level fertility of 2.1 births per woman: Kuwait, Lebanon and Tunisia fall within this range, while Bahrain, Iran, Qatar and the United Arab Emirates have fertility rates below the replacement level.

Table 11: Key demographic indicators for the MENA countries

	Total population, million people (2022)	Total fertility rates, births per woman (2022)	Children under 5 years, million (2022)	Children under 5 years, % of the total population (2022)	Children aged 0-8 years, million (2022)	Children aged 0-8 years, % of the total population (2022)
Algeria	44.9	2.8	4.8	10.7	8.7	19.3
Bahrain	1.5	1.8	0.1	6.4	0.2	12.1
Djibouti	1.1	2.8	0.1	10.4	0.2	18.5
Egypt	111.0	2.9	12.3	11.0	22.7	20.4
Iran	88.6	1.7	6.5	7.4	12.7	14.4
Iraq	44.5	3.4	5.7	12.9	10.3	23.2
Jordan	11.3	2.8	1.2	10.6	2.2	19.1
Kuwait	4.3	2.1	0.2	5.7	0.5	11.6
Lebanon	5.5	2.1	0.4	7.6	0.8	15.4
Libya	6.8	2.4	0.6	8.9	1.1	16.5
Morocco	37.5	2.3	3.3	8.7	6.0	15.9
Oman	4.6	2.6	0.4	9.5	0.8	17.5
Qatar	2.7	1.8	0.1	5.2	0.3	9.7
Saudi Arabia	36.4	2.4	3.2	8.7	5.7	15.6
State of Palestine	5.3	3.4	0.7	13.6	1.3	24.3
Sudan	46.9	4.4	7.2	15.3	12.4	26.4
Syria	22.1	2.7	2.0	9.0	3.6	16.2
Tunisia	12.4	2.1	1.0	8.2	1.9	15.2
United Arab Emirates	9.4	1.4	0.5	5.1	0.9	9.3
Yemen	33.7	3.7	4.7	14.1	8.3	24.8
MENA average	530.3	2.8	55.1	10.4	100.4	18.9

Source: UNDESA (2022) available at <https://population.un.org/wpp/>

Though at different paces, the countries of the MENA region will continue to witness an extraordinary demographic shift in the decades ahead, as a significant proportion of their population will enter their most productive years. Meanwhile, the demographic dependency ratios (the ratio of the dependent population – children and elderly – to the working-age population) are temporarily set to decline.

This transition presents a unique opportunity for the region to tap into a potential demographic dividend, which refers to economic growth facilitated by changes in the population structure. The most promising period for the MENA region is projected to be in the coming two decades, during which the dependency ratio is expected to reach its lowest point.⁶²

⁶² UNICEF 2019d.

Nevertheless, realizing the full benefits of this demographic dividend is contingent upon certain conditions, particularly effective investments in human capital starting from early childhood. This encompasses areas such as education, healthcare and skill development, as well as creating job opportunities that align with the skills and aspirations of the youth.

Failure to fulfil these conditions and create opportunities for young people could result in the transformation of the demographic dividend into a burden for MENA societies. This poses a critical challenge for the entire region, with particular significance for countries already facing humanitarian situations and socio-political instability, whereby they have limited resources and unfavourable conditions to make such crucial investments.

Moreover, the anticipated reduction in the proportion of children and young individuals in the total population over the next decade presents both an opportunity and a risk. On one hand, it allows for increased per capita investments in young children. On the other hand, there is a risk that national budgets and resources may be redirected to other sectors, policies and programmes that cater to the needs of an ageing population.

All in all, balancing these factors is crucial to harnessing the potential of the demographic transition and ensuring sustainable development in the MENA region. By making strategic investments in human capital and maintaining a focus on the needs of the youth, the region can transform its demographic advantage into long-term prosperity and inclusive growth.

Economy

The MENA region exhibits a significant degree of economic diversity, with its 20 countries spanning various income groups of the World Bank classification.⁶³

The high-income GCC countries have achieved prosperity through abundant oil and gas resources, but their economies remain highly reliant on oil revenues, making them vulnerable to fluctuations in global oil prices. Diversification efforts and economic reforms are being implemented to reduce dependence on oil and build more resilient economies.

The upper-middle-income countries in the MENA region consist of Iraq, Libya and the State of Palestine. In Iraq and Libya, the hydrocarbon sector plays a vital role in their economies but likewise makes these countries vulnerable to fluctuations in global oil prices and exposes them to economic volatility. Moreover, all three countries have experienced or are currently subject to socio-political tensions, which have had profound effects on their economic landscapes.

The lower-middle-income group accounts for slightly less than 60 per cent of the MENA population. This group includes Algeria, Jordan, Djibouti, Egypt, Iran, Lebanon, Morocco and Tunisia. These countries exhibit a diverse range of economies, with a combination of agriculture, manufacturing and service-based sectors. In Algeria and Iran, the energy sectors play a crucial role in their economies. To different extents, all these economies have experienced vulnerability to external economic shocks over the past decade. These shocks had notable impacts on the countries' macroeconomic and financial stability, prompting some of them to embark on important structural reform processes.

The low-income countries in MENA include Yemen, Sudan and Syria, which over the last decade, have been deeply affected by conflicts and socio-political instability. Conflicts and humanitarian situations are having devastating impacts on their economic structures and infrastructure, as well as resulting in the displacement of populations, refugees, loss of livelihoods and limited access to basic services, exacerbating the already challenging socio-economic conditions.

63 Hamadeh, N., Rompaey, C. V. and Metreau, E. 2023.

Table 12: Gross national income per capita and government debt in the MENA countries

	Gross national income per capita, Atlas method (US\$) (2021)	World Bank 2023-2024 income classification	Central government debt (% of gross domestic product) (2021)
Algeria	3,900	Lower-middle-income	63.0
Bahrain	27,180	High-income	128.5
Djibouti	3,180	Lower-middle-income	46.0
Egypt	4,100	Lower-middle-income	89.2
Iran	5,270	Lower-middle-income	42.4
Iraq	3,900	Upper-middle-income	59.1
Jordan	4,260	Lower-middle-income	91.9
Kuwait	39,570	High-income	8.7
Lebanon	-	Lower-middle-income	-
Libya	7,260	Upper-middle-income	-
Morocco	3,710	Lower-middle-income	68.9
Oman	20,150	High-income	62.9
Qatar	70,500	High-income	58.4
Saudi Arabia	27,590	High-income	30.0
State of Palestine	4,610	Upper-middle-income	50.4
Sudan	760	Low-income	182.0
Syria	-	Low-income	-
Tunisia	3,840	Lower-middle-income	81.8
United Arab Emirates	48,950	High-income	34.7
Yemen	-	Low-income	69.7

Source: World Bank, World development indicators, available at: <https://databank.worldbank.org/source/world-development-indicators>.

Debt vulnerability remains a concern, particularly for net oil and gas importers in the MENA region. Additional expenditures incurred during the COVID-19 pandemic have put pressure on public budgets. Effective monitoring of budgetary policies and concessional financing trends is crucial to address the needs of children.

Furthermore, high food prices pose a threat to household incomes and spending on essential services, impacting child development and well-being. In recent years, and especially after the beginning of the war in Ukraine, many MENA countries, including Egypt, Djibouti, Morocco, Lebanon, Tunisia and Yemen, have experienced increased food prices, affecting their populations' access to necessary services.

Public social expenditure and family policy

The overall country's economic situation, including macroeconomic and fiscal balances, significantly influences the living environment of young children and the resources available for policies that invest in their well-being. The allocation of public expenditure toward social sectors and family policies plays a crucial role in supporting ECD. Adequate and equitable investments in health, education, protection, basic infrastructure (e.g., water, sanitation and housing), leisure, culture, sports and environmental protection are essential components of fostering optimal conditions for children's growth and development.

The Social Expenditure Monitor (SEM) for Arab States, a collaborative effort by ESCWA, UNICEF and UNDP, provides a comprehensive analysis of public spending in the social sectors in the MENA region.⁶⁴ The 2022 SEM examined the allocation of resources with a focus on equity, efficiency and effectiveness, and found that, on average, the public social spending in the Arab region (8 per cent of the GDP) is well below the global average (20 per cent of the GDP). Also, the public spending on health, education and social protection is inadequate, when compared to international benchmarks, and not equitable, benefiting the rich more than the poor.

The analysis of public social spending on ECD in the region is hindered by the lack of specific and comparable evidence on how much countries are investing in younger children and how these funds are spent.⁶⁵

This subsection specifically focuses on public spending on health as an illustrative example, given the critical role of health services in promoting the well-being and development of young children.

Table 13 presents the most recent estimates of government health expenditure by country and in terms of the percentage of GDP and total public expenditure, as well as the percentage of out-of-pocket health spending in the overall country's health expenditure. The data reveal that, with few exceptions, the MENA countries fall short of the international benchmarks for health expenditure which are set at 5-6 per cent of GDP and 15 per cent of total public spending.⁶⁶

In terms of government health expenditure as a percentage of GDP, Djibouti and Sudan allocate a mere 1.0 per cent, while Egypt allocates 1.4 per cent. On the other end of the spectrum, Algeria, Jordan, Oman, Tunisia and the United Arab Emirates allocate 4 per cent or more of their GDP to healthcare, with Kuwait being the only country exceeding the threshold of 5 per cent. A similar pattern emerges when considering health expenditure as a percentage of total government spending. Only seven countries allocate more than 10 per cent of their public budget to health, and Iran is the sole country that surpasses the international benchmark of 15 per cent of public spending.

One consequence of the relatively low public spending on health in the region is the significant share of out-of-pocket health spending. This is particularly evident in Egypt, where out-of-pocket outlays account for 59 per cent of total current national health spending, and also in Sudan where they represent 53 per cent. In contrast, some of the GCC countries, such as Kuwait, Oman and Qatar, have percentages of out-of-pocket spending of below 10 per cent of total health expenditure.

The low public health spending and significant out-of-pocket expenditures, in particular for the low- and middle-income countries of the region, are two sides of the same coin. These factors contribute to substantial health inequities between and within countries and high vulnerability in the health domain, predominantly among the most disadvantaged households such as those with low incomes and those residing in rural and remote areas.

⁶⁴ UNESCWA, UNICEF and UNDP 2022.

⁶⁵ The Social Expenditure Monitor for Arab States 2022 states that information on public spending on early childhood education is available only for two countries, Jordan and Tunisia, while for other countries, it is not possible to distinguish the budget allocation for early childhood education from the general spending on education. See UNESCWA, UNICEF and UNDP 2022.

⁶⁶ PAHO and WHO 2014; Civil Society Engagement Mechanism for UHC 2030 2019.

Table 13: Health expenditure in the MENA countries

	Domestic general government health expenditure, % of GDP (2020)	Government health expenditure, % of government expenditure (2020)	Out-of-pocket expenditure, % of current health expenditure (2020)
Algeria	4.0	10.7	35.8
Bahrain	3.0	8.3	26.6
Djibouti	1.0	4.3	26.6
Egypt	1.4	5.2	59.3
Iran	2.9	22.1	37.1
Iraq	2.8	6.3	44.8
Jordan	3.7	11.9	30.2
Kuwait	5.7	8.7	9.1
Lebanon	2.6	13.4	44.2
Libya	-	-	-
Morocco	2.6	7.2	42.0
Oman	4.8	10.2	4.7
Qatar	3.3	9.5	9.5
Saudi Arabia	-	-	-
State of Palestine	-	-	-
Sudan	1.0	9.6	53.0
Syria	-	-	-
Tunisia	3.7	10.8	36.4
United Arab Emirates	3.5	10.4	11.2
Yemen	-	-	-

Source: WHO, Global Health Expenditure Database, available at <https://apps.who.int/nha/database/Home/Index/en>.

Alongside public spending on social sectors, family and labour policies play a crucial role in shaping the developmental environment for young children. Family-friendly policies encompass four key sets of measures, namely i) paid parental leaves for the care of young children; ii) support for breastfeeding; iii) affordable, accessible and high-quality childcare; and iv) child benefits.⁶⁷

The availability of comparable data for MENA is scattered. This subsection focuses on the availability of paid maternal and paternal leaves, support for breastfeeding and the coverage of child benefits.

Table 14 shows that all countries with available data offer some form of paid maternity leave, although the durations vary. For instance, countries like Bahrain, Jordan, Kuwait, Lebanon, Oman, Qatar, the State of Palestine, Saudi Arabia, Sudan, Tunisia, the United Arab Emirates and Yemen provide less than 14 weeks of maternity leave, while Djibouti and Iran offer longer leave periods of 52 weeks. On the other hand, only eight countries have legislation that included paternity leave, namely Algeria, Bahrain, Djibouti, Iran, Jordan, Morocco, Tunisia and the United Arab Emirates, but the duration is generally limited to a few days, with the maximum of 14 days in Iraq.

It is important to highlight that parental leave provisions typically apply to the public sector and formal private sector employees, excluding those in the informal sector. This exclusion is significant considering that in some countries, a substantial portion of the workforce is engaged in informal employment. Still limited only to mothers working in the formal sector are the provisions in support of breastfeeding, with paid breastfeeding breaks formally available in the majority of the countries in the region.

⁶⁷ UNICEF 2019a.

Table 14: Snapshot on key family-friendly policies in MENA

	Paid maternity leave, length in days (2022)	Paid paternity leave, length in days (2022)	Legal provision on mother's breastfeeding breaks in the workplace (2022)	% of children covered by at least one social protection benefit (latest)
Algeria	98	3	Not guaranteed	-
Bahrain	60	1	Yes, at least for 6 months of paid working time	3.8
Djibouti	182	3	Yes, at least for 6 months of paid working time	3.5
Egypt	90	0	Yes, at least for 6 months of paid working time	14.0
Iran	180	14	Yes, at least for 6 months of paid working time	16.4
Iraq	98	0	Yes, at least for 6 months of paid working time	-
Jordan	70	3	Yes, at least for 6 months of paid working time	8.8
Kuwait	70	0	Yes, at least for 6 months of paid working time	0.4
Lebanon	70	0	Not guaranteed	32.7
Libya	98	0	Yes, at least for 6 months of paid working time	-
Morocco	98	3	Yes, at least for 6 months of paid working time	13.4
Oman	50	0	Not guaranteed	0.2
Qatar	50	0	Yes, at least for 6 months of paid working time	0.5
Saudi Arabia	70	3	Yes, at least for 6 months of paid working time	6.0
State of Palestine	70	0	-	12.1
Sudan	56	0	-	8.1
Syria	120	0	Yes, at least for 6 months of paid working time	-
Tunisia	30	1	Yes, at least for 6 months of paid working time	28.6
United Arab Emirates	45	0	Yes, at least for 6 months of paid working time	0.2
Yemen	70	0	Not guaranteed	-

Sources: Data on parental leaves are from the World Bank's Women, Business and the Law Database available at <https://wbl.worldbank.org/en/wbl-data>; Data on the legal provision of breastfeeding breaks in the workplace are from the World Policy Center and are available at: <https://www.worldpolicycenter.org>; the data on children's social protection coverage are from the ILO, ILO Stat Social Protection Dashboards and are available at: <https://www.social-protection.org/gimi/WSPDB.action?id=32>.

Table 14 also reports the data from the International Labour Organization (ILO) database for monitoring SDG 1.3.1, illustrating the effective coverage of children by social protection. Nevertheless, the available data on children covered by social protection benefits in the region are often scattered and may not accurately reflect the significant changes taking place as part of the social protection reform in many countries.

Lebanon and Tunisia stand out as having the highest coverage, with approximately 30 per cent of children benefiting from social protection measures. Following behind are Iran, Egypt and Morocco, with coverage rates of around 15 per cent. In contrast, the remaining countries with available data have less than 10 per cent of their children covered by social protection provisions.

Families with children often make up a significant portion of recipients of tax-funded social assistance programmes that target poor and vulnerable households. Nevertheless, most children remain excluded due to the narrow targeting of such schemes.⁶⁸

In Egypt, the Takaful cash transfer programme focuses on assisting poor families with children. In 2022, the programme has reached around 15 per cent of the entire Egyptian population and half of the population below the poverty line.

Despite some notable progress in the MENA region, social protection policies are still falling short and do not protect most of the poor.⁶⁹ Another matter of particular concern is the low coverage of young children under 5 years. This is worrisome given their heightened vulnerabilities and the importance of early investment in human development.⁷⁰

Socio-cultural factors

The social and cultural beliefs, values and practices within society significantly influence how children are nurtured, educated and supported during their formative years. These factors encompass various elements, including social and cultural norms, traditions, gender roles, household dynamics and family roles, which influence interpersonal and social communication and interactions, as well as cognitive, social and emotional development.

Most children in the MENA region grow up in a socio-cultural environment in which family plays a central role alongside traditional gender roles and a prevailing patriarchal hierarchy,⁷¹ all influencing the expectations and opportunities afforded to individual boys and girls. Early socialization practices in MENA reflect elements of patriarchal societies: women's primary place and, hence, their sphere of influence is at home,⁷² whereas men are socialized as the breadwinners and decision-makers in political and economic spheres.⁷³

Family formation and fertility patterns varied significantly among and within countries, exhibiting rapid and contradictory changes over the past few decades. In the 2010s, some countries experienced a reversal of previous trends in fertility reduction, characterized by anticipation of family formation and childbearing among young adults. One such example is Egypt, where there is a notable increase in birth rates around 2010, determined mainly by an earlier onset of childbearing.⁷⁴ Nevertheless, this trend began to reverse toward the end of the decade.

68 ILO 2021.

69 World Bank 2023.

70 Machado, A. C. et al. 2018.

71 Moghadam, V. M. 2004, 137-162.

72 Ibid.

73 Offenbauer, P. 2005.

74 Radovich, E. et al. 2018.

Table 15: Indicators on childbearing and adolescent birth rates in MENA countries

	Mean childbearing age, in years (2021)	% of births from mothers younger than 25 years old (2021)	Adolescent birth rates, births per 1,000 women aged 15-19 years (latest)
Algeria	31.4	15.1	11.7
Bahrain	29.9	18.6	8.7
Djibouti	31.3	20.6	22.7
Egypt	27.7	40.1	44.8
Iran	28.9	23.3	30.2
Iraq	28.8	39.7	62.2
Jordan	29.6	27.8	25.4
Kuwait	29.5	17.4	5.6
Lebanon	29.4	27.5	20.3
Libya	31.9	15.5	6.9
Morocco	30.3	26.3	25.9
Oman	31.4	14.2	9.9
Qatar	30.2	9.0	7.1
Saudi Arabia	30.9	19.7	11.9
State of Palestine	28.7	37.6	-
Sudan	29.6	36.6	79.9
Syria	29.3	41.5	38.7
Tunisia	31.0	13.1	6.7
United Arab Emirates	31.4	7.5	3.1
Yemen	29.9	35.2	54.4
MENA average	29.4	31.4	40.2

Sources: Data on the mean childbearing age, percentage of births from mothers younger than 25 years old and adolescent birth rates are from UNDESA (2022) and are available at <https://population.un.org/wpp/>.

Note: Mean childbearing age is the mean age of mothers at the birth of their children if women are subject throughout their lives to the age-specific fertility rates observed in a given year.

Table 15 presents the statistics on the mean childbearing age,⁷⁵ the percentage of births from mothers aged less than 25 years and the adolescent birth rate in all MENA countries. The available data substantiate the prevalence of relatively early fertility patterns in certain parts of the region, where slightly less than one-third of all births are from mothers under the age of 25 years. Notably, Syria, Egypt and Iraq have rates around 40 per cent in this category. Conversely, countries such as Algeria, Oman, Libya, Qatar, Tunisia and the United Arab Emirates have lower percentages, with 15 per cent or less of births occurring in mothers younger than 25 years old. In addition, although rates of adolescent births in the MENA region have experienced a notable decline, the average age-specific birth rate for girls and women aged 15-19 years still stands at 40 births per 1,000 women.

At the same time, the nuclear family is emerging as the most prevalent living arrangement in many MENA countries in recent years. This shift has been influenced by various factors, such as urbanization, economic changes and evolving social norms. Nevertheless, extended and multi-generation households continue to be common in many countries, in rural and remote areas in particular.⁷⁶

Besides, a substantial number of families in the GCC countries – especially those from more affluent socioeconomic backgrounds – rely on foreign domestic workers (primarily females) for childcare, cooking and other household tasks.⁷⁷

Gender equality

As mentioned in the previous subsection, gender roles and norms are among the factors that shape the environment of ECD. Gender disparities and discrimination are among the major social and development challenges in MENA. Nevertheless, the region has made substantial progress in gender equality in some areas over the last two decades, especially in health and education.⁷⁸

There has been significant improvement in girls' education in the region, particularly evident in the substantial progress made in adult female literacy rates. From 2000-2020, the adult female literacy rate increased from 61 per cent to 88 per cent. This positive trend can be attributed to the rapid increase in girl enrolment rates in basic education.

While notable progress is observed in advancing gender equality in the education sector, achievements have not been paralleled by similar improvements for girls and women in the region in terms of the access to labour market, decent employment opportunities and social and political life.⁷⁹

75 The median age at first birth would have been the preferred indicator for this section; it is, however, not consistently available for all countries in the MENA region.

76 Pew Research Center 2019.

77 Kagan, S. 2017.

78 For a comprehensive review of the situation of women and girls in the MENA region, please refer to *Situational Analysis of Women and Girls in the MENA and Arab State Region: A decade review 2010-2020*, prepared by UNICEF MENARO et al. 2021.

79 ILO, UNICEF and the European Training Foundation 2023.

Table 16: Indicators of girls and women empowerment outcomes in the MENA region

	Gender parity index – primary and secondary education (latest)	Tertiary education – females, % of gross enrollment (latest)	Gender parity index – tertiary education (latest)	Not in education, employment or training – females, % of the female population aged 15-24 years (latest)	Not in education, employment or training – males, % of the male population aged 15-24 years (latest)	Female labour force participation, % of the labour force aged 15 years and older (latest)	Women with their own account at a financial institution or with a mobile money service provider, % of adult women (latest)
Algeria	-	67.4	1.40	31.7	10.9	15.7	31.2
Bahrain	1.04	83.1	1.41	-	-	42.4	75.4
Djibouti	0.97	-	-	28.0	17.6	17.2	8.8
Egypt	1.00	39.8	1.04	42.2	16.8	15.4	24.2
Iran	1.03	57.2	0.97	39.0	16.9	14.4	85.1
Iraq	-	-	-	52.7	22.1	11.1	14.9
Jordan	1.00	36.9	1.18	38.3	28.3	13.5	34.1
Kuwait	1.05	81.8	1.47	-	-	47.4	73.5
Lebanon	-	-	-	28.9	17.9	20.8	16.6
Libya	-	-	-	-	-	34.1	59.6
Morocco	0.97	45.8	1.10	-	-	22.0	32.7
Oman	0.96	53.3	1.22	-	-	28.7	63.5
Qatar	-	62.8	1.83	-	-	57.2	61.6
Saudi Arabia	0.99	71.2	0.99	23.6	13.5	30.9	63.5
State of Palestine	1.05	53.5	1.40	33.2	23.4	16.2	25.9
Sudan	0.96	17.1	1.02	46.7	20.3	28.7	10.0
Syria	0.98	45.7	1.11	-	-	15.7	19.6
Tunisia	1.07	43.0	1.46	34.5	28.5	25.5	28.8
United Arab Emirates	1.01	66.3	1.30	17.7	6.4	46.5	86.7
Yemen	0.82	-	-	69.7	22.1	6.0	1.7

Sources: Data on education participation and gender parity indices are from UNESCO - Data for the Sustainable Development Goals, available at <http://uis.unesco.org>; Data on NEETs and female labour force participation are from ILO, available at <https://ilostat.ilo.org/data>; Data on women owning an account at a financial institution are from the World Bank World Development Indicators available at: <https://databank.worldbank.org/source/world-development-indicators>

Table 16 presents a range of indicators that shed light on women's empowerment in the domains of education and the labour market. The table highlights the persistent challenges and existing disparities that exist among countries in the MENA region:

- The majority of the MENA countries have achieved near-universal enrolment in primary education. Many countries in the region have a gender parity index in primary and secondary education ranging from 0.95 to 1.05, indicating a balanced enrolment between boys and girls. In Tunisia, the parity index stands at 1.07, indicating a slight advantage for girls in access to education.
- Nevertheless, there are marked disparities in access to primary and secondary education in Yemen. The latest available parity index for Yemen stood at 0.82, indicating a notable disadvantage for girls in schooling.
- In GCC countries, the enrolment of girls in tertiary education is relatively high, with gross enrolment ratios ranging from 53 per cent in Oman to 83 per cent in Bahrain. Among the middle-income countries of the region, Algeria and Iran have tertiary gross enrolment ratios of 67 per cent and 57 per cent, respectively, while Morocco and Tunisia have ratios just above 40 per cent. On the other hand, the lowest levels of female enrolment in tertiary education are found in the ALD, with Sudan having a female gross enrolment ratio of 17 per cent.
- In most of the MENA countries, the parity index in tertiary schools is clearly in favour of females, except for Saudi Arabia and Iran, where girls are slightly disadvantaged in access to post-secondary schools.
- An issue of major concern is the high rates of young women aged 15-24 years not in education, employment or training (NEET), which is much higher than among men of the same age group. The NEET rate among young women is the highest in Yemen, close to 70 per cent, followed by Iraq and Sudan. The lowest NEET rates among young women are observed in the GCC countries, standing at 18 per cent in the United Arab Emirates and 24 per cent in Saudi Arabia.
- A similar trend is observed in MENA for female participation in the labour market, which is among the lowest in the world. The participation of women in the labour market is below 25 per cent in most of the countries of the region. The highest rates are found in the GCC countries, but exceed 50 per cent only in Qatar where the data are influenced by the large portion of the population represented by migrants.
- The percentage of women having a dedicated bank account is very low in the ALD, ranging from 1 per cent in Yemen to 10 per cent in Sudan. The percentages are in the range of 20-40 per cent in most middle-income countries of the region and reach rates well above 60 per cent in the GCC countries. Notable is the high rate of women with their own financial account in Iran at around 85 per cent, which is second only to the United Arab Emirates (87 per cent).

Conflicts

The MENA region has been deeply affected by prolonged conflicts and unrest over the past decade, resulting in a significant number of children residing in areas impacted by humanitarian crises. Across the region, approximately 50 million children need humanitarian assistance. This includes 6.4 million child refugees and 6.4 million internally displaced children.⁸⁰

Conflict disrupts the social fabric, infrastructure and essential services that are vital for providing a nurturing environment for children. Displacement, violence and instability can lead to numerous adverse outcomes for children, including physical and psychological harm, limited access to healthcare and education, malnutrition and increased vulnerability to exploitation and abuse. The repercussions of conflict on ECD are far-reaching, necessitating urgent attention and comprehensive support to mitigate the negative consequences and promote the well-being and resilience of children affected by these challenging circumstances.

The Moving Minds Alliance and the University of Virginia Humanitarian Collaborative recently conducted a review of humanitarian standards and guidance and found that none of the reviewed standards and guidance documents aligned with all domains of the NCF.⁸¹ The review found that while sectoral domains are addressed by sector-specific documents covering areas including Health, Nutrition, Education and Protection, none sufficiently addresses responsive caregiving. There is a need to focus on critical gaps around care for young children with developmental disabilities; nutrition during illness; promoting caregivers' sensitivity; and engaging fathers and extended family in delivering nurturing care.

⁸⁰ UNICEF 2022c.

⁸¹ Moving Minds Alliance (MMA) and University of Virginia Humanitarian Collaborative 2021.

This observation emphasizes the urgency of addressing the needs of young children and their caregivers in the implementation of humanitarian action.

Climate change

Climate change is amplifying the already fragile situation in the MENA region, particularly by exacerbating the issue of water scarcity.⁸² Projections for climate change indicate a potential temperature increase of 1.5°-2.3°C by 2100 under intermediate scenarios, while worst-case scenarios suggest a rise of 3.2°-4.8°C.⁸³ The 2021 Intergovernmental Panel on Climate Change report highlights that MENA will experience increased rainfall variability and evaporation, further aggravating water scarcity.⁸⁴ These changes will contribute to more frequent droughts, reduced water resources and negative impacts on agriculture, such as decreased rainfall for irrigation, increased desertification and heightened pollutant concentrations in water bodies. Additionally, diminished aquifer recharge may lead to saltwater intrusion.

Children, especially young children who are among the most vulnerable, face unique risks from climate change. Children's ability to withstand extreme weather events is limited, and they are more susceptible to temperature fluctuations. The harm caused to children by climate change has long-lasting effects, perpetuating and deepening inequalities and poverty for generations. The most immediate dangers are faced by those in the poorest communities, emphasizing the need for targeted adaptation support.

Furthermore, the MENA region is projected to experience the greatest economic losses due to climate-related water scarcity, estimated to be 6-14 per cent of GDP by 2050.⁸⁵ These figures underscore the urgent need for comprehensive actions to address climate change, mitigate its impacts and protect the well-being and future of children in the MENA region.

82 UNICEF MENARO 2021.

83 ESCWA et al. 2017.

84 IPCC 2021.

85 World Bank 2018.



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SECTION 7:
WAY FORWARD.

Section 7: Way forward

Early childhood development is a critical period in children's life, as it sets the foundation for their future growth and development. In the MENA region, there is a growing recognition of the importance of investing in ECD to improve children's outcomes and break the cycle of poverty. However, there are still significant challenges that need to be addressed to ensure that all children have access to quality ECD services and receive adequate care at home and in all settings.

Thus, promoting ECD is crucial to ensure that children in MENA have the best possible start in life. In this context, governments and partners play a crucial role in improving ECD outcomes. This report identified the following key recommendations for governments and partners to improve ECD outcomes in the MENA region:

- **Define ECD national priorities with a clear roadmap and accountability roles through the following actions:**
 - Create a multisectoral body to lead the coordination of ECD-related policies and services at the national and sub-national levels and allow for effective cross-sectoral coordination within governmental structures and non-governmental actors.
 - Develop multisectoral ECD policies, strategies and costed action plans driven by evidence and data collected and analysed consistently and regularly with the leading ECD governance body.
 - Establish quality assurance and monitoring mechanisms to track progress and increase the accountability of government institutions.
 - Support capacity development of key stakeholders on ECD planning, costing, data collection, data analysis and implementation.
 - Mobilize key stakeholders (policymakers, academia, professional associations, networks, parenting organizations, communities, etc.) to expand ECD conversation and understanding at the subnational, national and regional levels.

- **Protect and promote ECD financing, in a context of scarce resources and limited fiscal space, through several key actions:**
 - Advocate for 'smart' investments to enhance equity by prioritizing social sector policies, including education, health and protection, specifically in fragile and conflict-affected settings.
 - Identify priority ECD services and cost them for a timely response to emerging opportunities and challenges related to ECD resourcing.
 - Analyse budget expenditure to understand how the crisis is affecting ECD-related investments and identify fiscal space for ECD services.
 - Increase public investment and explore opportunities for efficiency gains in sectors that provide services for young children (health, education, protection, etc.).
 - Engage with the private sector to ensure their contribution to ECD services funding, including innovative financing (outcome-based funding, etc.).

- **Introduce and strengthen family-friendly policies related to childcare to allow social, economic and educational benefits for children, families and communities.** For example, paid parental leaves that help parents continue working; support for breastfeeding (e.g., breastfeeding breaks during working hours); and access to affordable and quality childcare (e.g., onsite childcare and early learning programmes for the children of employees).

Child benefits should be expanded by building on the 2021 Arab Ministerial Declaration on the Future of Social Protection:

Invest in strengthening and expanding social protection systems to reduce early childhood coverage gaps and ensure the adequacy of benefits.

Develop strong linkages between social protection and social services (health, nutrition, education, child protection, etc.) to address multiple dimensions of deprivation that affect child development.

- **Ensure equitable provision of ECD services in reaching out to the most vulnerable children and families, such as early screening and interventions of developmental delays and disabilities for children with disabilities.** Provision should include targeted parenting programmes for nurturing care as follows:
 - Create and/or strengthen referral pathways to support the development of young children.
 - Capacity development of frontline workers to deliver services for young children and their parents.
 - Enhance knowledge and practices of parents, families and society at large on responsive care and child development.
- **Support ECD programmes/services and financing in the humanitarian context** through the following:
 - Develop and implement responsive care programmes as part of integrated interventions for optimal nutrition, the health of infants and young children, early learning and protection.
 - Introduce early learning activities with young children by engaging with parents and caregivers using safe spaces.
 - Provide psychosocial interventions to support maternal health and child well-being. The interventions should be integrated into early childhood health and development programmes/services, including preschools and child protection programmes.

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