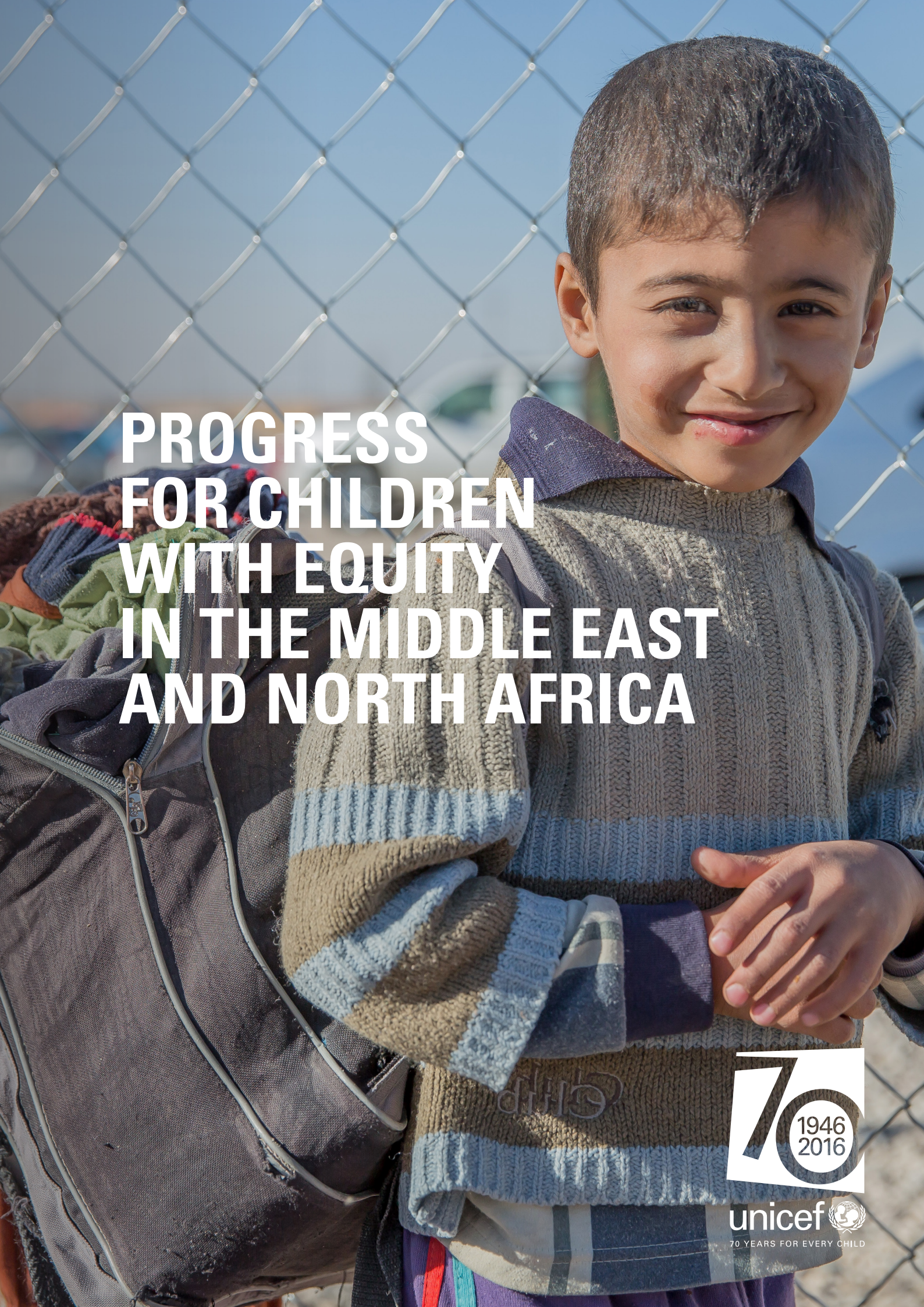

PROGRESS FOR CHILDREN WITH EQUITY IN THE MIDDLE EAST AND NORTH AFRICA

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70 YEARS FOR EVERY CHILD

PROGRESS FOR CHILDREN WITH EQUITY IN THE MIDDLE EAST AND NORTH AFRICA

May 2017 revision

CONTENTS

FOREWORD

It has been one year since world leaders committed to the Sustainable Development Goals (SDGs), a global agenda to improve the lives of all people, particularly the poorest by 2030. This ambitious global agenda addresses a range of social rights including education, health and social protection. Building on their global commitments, countries must take ownership and establish national frameworks for these goals, including putting appropriate data systems in place for tracking and measuring progress.

To achieve all the Sustainable Development Goals by the year 2030, children must be put at the centre of the agenda. Children's rights are a cross-cutting theme and an important foundation for the SDGs, covered in goals on ending poverty and implementing social protection systems, achieving food security, ensuring healthy lives, ensuring inclusive and equitable quality education, women's empowerment, ensuring availability and sustainable management of water and sanitation, reducing inequality within and among countries, promoting peaceful and inclusive societies – free of violence, abuse and exploitation.

In the Middle East and North Africa region, progress on the Millennium Development Goals (MDGs), the predecessor of the current SDGs, has been uneven both across countries and within countries. Middle-income countries have made advances in various areas of children's development; Gulf States have surpassed some targets; countries affected by on-going humanitarian crises have experienced stagnation or reversals in achievements of some MDGs in recent years.With this level of diversity in the region, the objective of this report is not to project regional averages, but to illustrate a nuanced picture of the realization of children's rights in the context of the SDGs agenda. The report is groundbreaking in its attempt to consolidate existing data and evidence on achievements and remaining disparities with regard to children's rights implementation, and thus to serve as a basis for dialogue when national goals and targets are set for the next 15 years.

UNICEF has learned through experience that problems that go unmeasured often go unsolved. Therefore, consistent, credible data about children's situation are critical to improving their lives. Stronger data collection systems are needed across the region to track progress on SDG indicators and on the realization of children's rights.

UNICEF is committed to the global SDG agenda, as another vehicle to the realization of children's rights. We recognize that investing in children is critical to achieving inclusive, equitable and sustainable development for present and future generations, promoting and protecting the rights of all children, and ensuring that no child is left behind.

Geert CAPPELAERE

Regional Director

UNICEF Middle East and North Africa

ABBREVIATIONS

DHS	Demographic and Health Survey
EMIS	Education Management Information System
FHS	Family Health Survey
GNI	Gross National Income
HDI	Human Development Index
IMR	Infant Mortality Rate
MDG	Millennium Development Goal
MENA	Middle East and North Africa
MICS	Multiple Indicator Cluster Survey
MMR	Maternal Mortality Ratio
MODA	Multiple Overlapping Deprivation Analysis
NMR	Neonatal mortality rate
OOSC	Out of School Children
OOSCI	Out of School Children Initiative
PIRLS	Progress in International Reading Literacy Study
SDG	Sustainable Development Goal
TIMSS	Trends in International Mathematics and Science Study
U5MR	Under-five mortality rate
UAE	United Arab Emirates
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WHO	World Health Organization

INTRODUCTION

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PURPOSE OF THE PUBLICATION

Children in the countries of the Middle East and North Africa (MENA) region[1] have witnessed remarkable progress in development during the Millennium Development Goals (MDG) era. Starting from comparatively advanced levels, many countries made further progress in implementation of their children's rights agenda since the beginning of the 21st century. However, progress has been uneven – among countries as well as within countries. The uprisings, which started in 2011, and the on-going humanitarian conflicts affected significant numbers of people, including children and women, and caused stagnation or even reversal in what had been achieved until then in some MENA countries. The Sustainable Development Goals (SDG) agenda, adopted in 2015, sets new more ambitious targets globally and calls for nations to develop their own country-specific agendas for the post-2015 period based on achieved progress to date.

In the MENA region, there is no consolidated source of information presenting achievements and existing disparities in the implementation of children's rights. This publication is a first attempt to consolidate available statistical evidence, for the period 1990 - 2015 which demonstrates progress and achievements of MENA countries in the realization of the rights of their children. But it is not merely about numbers and percentages, because behind any statistics are the lives and well-being of thousands or millions of children.

By focusing on MDG and SDG indicators relevant to children, the publication serves as a basis for assessing the achievement of the global MDG targets and for the setting of national SDG targets. Some additional variables, which can explain trends and most recent status vís-a-vís the targets, are also examined at a national or sub-national level where possible.

Rather than presenting regional averages, this report uses data at the national and sub-national level. Inter-country and in certain instances intra-country comparisons, building upon available data, help identify disparities between countries as well as in-country inequalities, thus pointing to the most deprived children. There are emerging patterns revealed through some specific indicators, which would at times require further, more in-depth analysis to explain causes and identify possible ways to address gaps. Such evidence-substantiated knowledge can in turn serve as a good reference when setting national targets and designing tailored policies and programmes, focused on the most marginalized people including children.

This publication identifies some data gaps in a number of areas relevant to children, particularly in the context of the SDG agenda and its indicators' framework. Therefore, the publication can serve to substantiate in-country dialogues and inform specific commitments to strengthen national statistical systems. This can be done through further expansion of both administrative and household-based data collection and analysis, filling in these gaps and ensuring production of data necessary to report on progress towards set national SDG-related targets.

[1] The countries, which make part of the region as defined by UNICEF, are: Algeria, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Omar, Qatar, Saudi Arabia, State of Palestine, Sudan, Syria, Tunisia, United Arab Emirates and Yemen.

LIMITATIONS

This publication builds upon collating, further analysis and visual presentation of publicly available data produced in recent years, strictly related to child-specific topics within the MDG and SDG frameworks. To fill in some gaps where information from national sources was not found and to ensure inter-country comparisons, data and estimates from some widely accepted global information sources were used; the latter most often build on national sources but at times require additional processing to ensure comparability.

The visual presentations of trends over time, current disparities in the implementation of children's rights, and underlying factors are uneven across sectors due to different data availability. For example, there is more available information in the areas of children's health and education than in the areas of child protection or child poverty and social protection. While realizing this limitation and its effect on the overall structure of the publication, the intention is to use available information as much as possible.

In-country disparities are highlighted through the inclusion of examples based on national information sources. These examples demonstrate different dimensions of inequality, such as urban-rural settings or geographic area of residence, household wealth, sex or population groups, but are by no means exhaustive. They may serve as references for a possible approach when countries examine disparities at the sub-national level to inform their specific policies and strategies for realizing the rights of all children.

Time intervals are not always strictly consistent across the visual presentations as they depend on data availability. Similarly, international sources can refer to time periods rather than to specific years, to accommodate information from primary national sources, which has been produced over a given time interval. While recognising this limitation, the presented information, as available, can still serve as a valuable reference for demonstrating progress and showing disparities among and within countries.

Nationally representative data for the most recent years is not available for some humanitarian-crisis affected countries, such as Syria, Iraq or Libya. Estimates for these countries may consider the most recent developments, but build extensively on the extrapolation of time series from earlier periods and need to be interpreted with caution. In the same context, data for Syrian refugees residing in neighbouring countries is limited.

Some globally agreed upon child-specific SDG indicators do not at all or only marginally feature in the publication, as definitions and/or methods of computation are not yet available, or data collection has not been implemented. For instance, the "multi-dimensional child poverty rate" [SDG indicator 1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions] is an indicator that will be defined by each country depending on its specific national context. For MENA countries where some work has been implemented in this area, the results are presented to illustrate the potential of the indicator for measuring child poverty in its multiple dimensions, and eventually for informing national policies and programmes addressing poverty. "Proportion of population using safely managed drinking water services" [SDG indicator 6.1.1] is an example where an existing indicator is re-defined and the scope of what it measures is changed. In this and other similar cases, proxy indicators are used where possible to serve as references when the baselines for the re-defined indicators are set.

Finally, there are some region-specific issues which fall outside the global frameworks, such as water scarcity, and are not covered in this publication. As the MENA region develops its regional priorities and respective targets for the 2030 agenda, they will be addressed in future editions of the publication.

MIDDLE EAST AND NORTH AFRICA (MENA) REGION AT A GLANCE

UNICEF considers 20 countries to be part of the MENA region - different in land size and population numbers, economic and social development status, with rich cultures, ancient histories and dynamic present.

The region is home to about 456 million people (UNICEF, 2016). The population varies from over 90 million in Egypt to just below one million people in Djibouti (Table I.1).

Table I.1: Population of MENA countries, 2015 (Thousands)

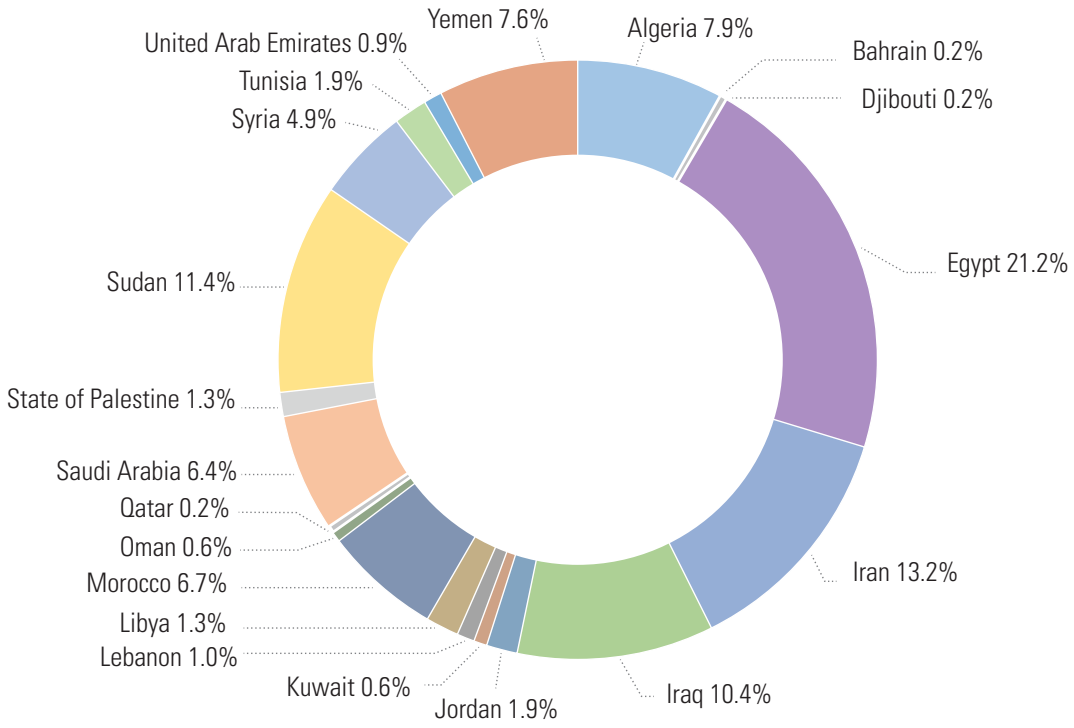
	Total Population	Under 18 Years	Under 5 Years
Algeria	39,667	13,067	4,590
Bahrain	1,377	347	109
Djibouti	888	344	102
Egypt	91,508	35,095	12,116
Iran	79,109	21,847	6,855
Iraq	36,423	17,270	5,727
Jordan	7,595	3,160	980
Kuwait	3,892	997	348
Lebanon	5,851	1,733	461
Libya	6,278	2,187	649
Morocco	34,378	11,121	3,421
Oman	4,491	1,051	385
Qatar	2,235	406	132
Saudi Arabia	31,540	10,560	3,161
State of Palestine	4,668	2,200	703
Sudan	40,235	18,954	5,952
Syria	18,502	8,206	2,192
Tunisia	11,254	3,115	982
United Arab Emirates	9,157	1,510	491
Yemen	26,832	12,629	3,925
MENA	**455,880**	**165,800**	**53,283**

Source: UNICEF, 2016

The region is "young". Children under the age of 18 constitute 36% of the population. In Iraq, the State of Palestine, Sudan and Yemen children represent more than 47% of the national populations. The small proportion of children in the populations of some Gulf countries, such as the United Arab Emirates (16.5%) or Qatar (18.2%), is explained by the significant numbers and proportions of expatriates, most often males without accompanying families, who work in those countries.

Over half of children in the region (56%) live in only four countries: Egypt, Iran, Sudan and Iraq (Figure I.1). More than one fifth of the region's children live in Egypt alone.

Figure I.1: Distribution of children under 18 years of age in MENA region by country, 2015 (Percent)



Source: Calculation based on UNICEF, 2016.

MENA countries are diverse in terms of economic and human development (Table I2). High per capita income is mirrored by very high human development as defined by the human development index, in the Gulf countries. Their populations achieve long and healthy lives, are knowledgeable and have decent standards of living. Most of the upper-middle-income countries in the region have also achieved high human development scores. Lower-middle income countries are coupled with medium or low human development accounting for one third of countries in the region.

A country's development status impacts on its children's lives. In addition, the on-going humanitarian crisis in a number of MENA countries puts enormous burden on governments and societies to ensure that all children's rights are realized.

Table I.2: GNI[2] per Capita and HDI[3] Rank, by country, 2014

Country	GNI per capital US$	HDI Rank
	2014	2014
Qatar	92,200	32
Saudi Arabia	25,140	39
United Arab Emirates	44,600	41
Bahrain	21,060	45
Kuwait	49,300	48
Oman	16,870	52
Lebanon	10,030	67
Iran	7,120	69
Jordan	5,160	80
Algeria	5,490	83
Libya	7,820	94
Tunisia	4,230	96
Egypt	3,050	108
State of Palestine	3.060	113
Iraq	6,500	121
Morocco	3,070	126
Syria	-	134
Yemen	1,300	160
Sudan	1,710	167
Djibouti	-	168

High-income country (GNI per capita is $12,736 or more).

Upper-middle-income country (GNI per capita is $4,126 to 12,735).

Lower-middle-income country (GNI per capita is $1,046 to 4,125).

Low-income country (GNI per capita is $1,045 or less).

Very high human development

High human development

Medium human development

Low human development

Note: Countries in the above table are ranked by HDI.

Source: GNI per capita - UNICEF, 2016; HDI ranks – UNDP, 2015

[2] Note: GNI per capita – Gross national income (GNI) is the sum of value added by all resident producers plus any product taxes (less subsidies) not included in the valuation of output plus net receipts of primary income (compensation of employees and property income) from abroad. Gross national income per capita is GNI divided by the mid-year population. GNI per capita in US dollars is converted using the World Bank Atlas method. For Bahrain, Iran, Oman, Saudi Arabia and Yemen, data refers to years other than 2014. Djibouti and Syria are lower middle-income countries.

[3] Human Development Index (HDI) is a summary measure of average achievement in key dimensions of human development: a long and healthy life, being knowledgeable and have a decent standard of living. The HDI is the geometric mean of normalized indices for each of the three dimensions. This composite statistic of life expectancy, education and per capita income indicators is used to rank countries into four tiers of human development. Countries in the above table are ranked by HDI.

OVERVIEW OF ACHIEVEMENTS FOR CHILDREN IN MENA

The MENA region as a whole, has registered good progress in its development, including in children's rights, during the MDG era. However, regional averages do not reveal the different pace of progress and at times recent regress, depending on countries' individual development status in the late 1990s and at the beginning of the 21st century, and on very recent developments affecting various countries in the region. Some similar patterns emerge in groups of MENA countries, which can form four clusters.

Countries from the upper and lower middle-income range with relatively stable political contexts: this group, made up of Algeria, Morocco, Tunisia, State of Palestine and Iran, are already advanced in various areas of children's development. They have all made good progress and approached or reached the MDG targets in child survival and health, access to education, water and sanitation and extreme poverty eradication. Morocco, despite the significant registered progress, remains somewhat behind in the areas of health, school retention in primary education and enrolment at lower secondary level. Primary-school-age and lower-secondary-school-age children are more often found out of school in the State of Palestine than in the other countries from this group. Quality of education remains a concern across the countries and child marriage is a concern in Iran, Morocco and the State of Palestine. Child labour also exists. Location of residence (urban-rural), mother's education and household wealth are predictors for in-country inequalities among children; in the State of Palestine notable disparities exist between the West Bank and the Gaza Strip, especially in access to safe water. The progress made to date represents a good basis for setting higher national targets in the context of the SDG agenda and for implementing targeted national policies and programmes to achieve them by 2030.

Countries from the region impacted by the on-going Syria crisis: Syria, Iraq, Lebanon, Jordan and Egypt were rather advanced in relation to many global MDG targets at the beginning of the millennium and had very good prospects to further advance children's rights. After years of steady progress, most recently these countries saw stagnation or even reversal in various child-rights related indicators. This is particularly true for child and maternal health and nutrition in the war-torn Syria and Iraq, and for access to education in all crisis-affected countries. Concerns in the area of child protection, such as child labour, early marriage and lack of birth registration, though not systematically documented, remain high. Syrian refugee children remain the most deprived group in all host countries and in all domains, despite concerted efforts of governments, non-governmental organizations and development partners to address their needs as best as possible. In addition, in-country disparities favour children living in urban areas, children whose mothers have high levels of education and those from wealthier households. Setting ambitious SDG-related national targets for these countries would mean recovering from the reversals and slow-downs of progress in children's development, and then making concerted efforts for improvements. Little recent information is available for Libya, an upper-middle income country currently torn by violence, to substantiate claimed overall progress in the realization of children's rights and to reveal the profile of the most disadvantaged children in the country.

Lower-middle-income countries: Sudan, Yemen and Djibouti, despite registered progress in the areas of child survival and enrolment in education, could not reach the MDG thresholds and remain behind the rest of MENA. Malnutrition, despite the progress made, remains a high concern in these three countries. Access to improved drinking water and sanitation saw insufficient progress or reversals. The proportions of population living in extreme poverty according to global measures remained high during the MDG era. Child protection issues, such as birth registration or child labour are still a major concern. Disparities continue to exist favouring children living in urban areas and belonging to richer households, compared to those

living in rural settings and from poorer population groups. Girls remain more disadvantaged with regards to school enrolment, compared to boys. For these three countries, already comparatively disadvantaged at the starting point of the new SDG agenda and concurrently going through or affected by protracted humanitarian conflicts, achieving the ambitious SDG global targets will require extraordinary efforts.

Countries from the Gulf: Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates (UAE), were already quite advanced in their development at the onset of the MDG period. By making further progress, they reached or exceeded most of the MDG targets in the areas of children's survival and health, nutrition, water and sanitation, and access to education. Quality of education remains an area to improve in these countries. Little data is available to provide more insight on child-protection related issues and on in-country disparities. In the context of the new SDG agenda these countries can and should aspire to set targets beyond the global targets, as they have the necessary conditions to strive for championing further advancing of children's rights.

The following sections present progress, inter-country disparities and examples of sub-national inequities in the following areas of children's rights implementation in MENA countries: health, nutrition, water and sanitation, education, child protection and child poverty. Source data of the visual presentations is available in Annex 1.

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HEALTH

This section presents evidence of progress in improvement of child and maternal health across MENA countries and achievement of the respective Millennium Development Goals (MDGs). Thus it sets a basis for measuring progress in the post-2015 Sustainable Development Goals (SDGs) period, towards national targets, which each country is setting based on its own context and national priorities.

In the MENA region, the under-five mortality rate has registered significant progress between 1990 and 2015; it more than halved on average. Yet, there were still around 324,000 children in the region dying before their fifth birthday in 2015. Progress in reducing the infant mortality rate and neonatal mortality rate in the region since the early 1990s has been uneven and significant disparities between countries remain. All MENA countries have made significant progress in ensuring access of pregnant women to antenatal care since the early 1990s. However slight reversals are observed in some countries in the very recent years. Out of the 20 countries in the region, 14 have achieved measles vaccination coverage above 90% in 2015. Since the year 2000, MENA has remained the region with the fewest estimated total annual new infections as well as the smallest estimated number of people living with HIV among UNICEF regions. However, only one in four infected children are receiving any treatment.

PROGRESS IN CHILD AND MATERNAL HEALTH

Child mortality is a vital indicator for child health and well-being. Every child has the right to survival and children should not die from preventable and treatable illnesses.

In the MENA region, the under-five mortality rate has registered significant progress between 1990 and 2015; it more than halved on average. Yet, there were still around 324,000 children in the region dying before their fifth birthday in 2015 (UNICEF 2016). Out of the 20 countries in the region, nine have met the MDG target of reducing the under-five mortality rate (U5MR) by two-thirds from 1990 to 2015; another five have almost reached it (Figure H.1). Disparities among countries remain high. For example in 2015, the estimated risk for a child in Sudan to die before reaching the age of five was 11 times higher than the risk in Bahrain, a gap that has doubled since 1990.

Yemen, Sudan and Djibouti, the three countries with the highest U5MR in the early 1990s, registered dramatic progress over the MDG period. However, Sudan and Djibouti could not reach the MDG benchmark. These two countries have to accelerate child mortality reduction should they aim to meet the SDG global target of 25 or less under-five deaths per 1,000 live births by 2030 (Figure H.2).

Projections are difficult to make for Yemen, which registered significant improvement in U5MR especially since 2000, and for Iraq with the most modest improvement during the MDG period, as well as for Syria, due to the on-going complex crises in these countries. Progress achieved in all other MENA countries is a solid basis for setting national U5MR targets, far more ambitious than the global one.

Available evidence suggests that changes in sub-national disparities in U5MR, between the rich and the poor, vary across countries. For example, while in Egypt the gap has narrowed down, in Sudan it has remained the same, and in Jordan has significantly increased (Figure H.3).

As the first days of life are critical for child survival, neonatal mortality has gained attention increasingly. The international community set a global SDG target for neonatal mortality rate (NMR) as low as 12 neonatal deaths per 1,000 live births by 2030.

Progress in reducing infant mortality rate (IMR) and NMR in the region since the early 1990s has been uneven (Figure H.4) and significant disparities between countries remain (Figure H.5). NMR has a major contribution to child mortality (Figure H.6). Djibouti, Sudan and Yemen will have to make disproportionately stronger efforts to reach and surpass the global benchmark in the coming years. Iraq, Morocco and Algeria are already closer to the SDG target. The rest of the countries in the region, already at the verge of or just below the set global target, can and should set more ambitious national targets and aim to reduce intra-country inequities.

Child mortality estimates

Estimates of child mortality can be obtained from different sources. Because of the different methods used to produce them, estimates for the same country and for the same period may somewhat differ. Each method has advantages and disadvantages, which are considered when using the estimates.

A. *Estimates from national household surveys*: These surveys produce nationally representative estimates, based on mothers' reporting; most often the estimates refer to five-year periods. These estimates are a reliable source to inform national efforts towards reducing child mortality.

B. *Administrative Data:* This is based on information collected by vital registration systems for reported cases. Vital registration systems are not well developed in all countries and there may be unreported cases of child deaths, which are not captured by these systems.

C. *Modelled estimates:* These estimates are computed from all available nationally representative data, using a statistical model to generate a smooth trend curve that averages over disparate estimates. The estimates are produced by using the same methodology across countries and thus ensure inter-country comparability.

Most recent child mortality estimates from national sources (Deaths per 1,000 live births)

Country	Source / Year	U5MR	IMR	NMR
Algeria	MICS 2013-13	24	21	16
Djibouti	FHS 2012	68	58	N/A
Egypt	DHS 2014	27	22	14
Iran	MIDHS 2010	23	20	15
Iraq	MICS 2011	37	32	20
Jordan	PFHS 2012	21	17	14
Lebanon	MICS 2009	10	9	N/A
Libya	FHS 2014	11	9	N/A
Morocco	ENPSF 2011	N/A	29	22
Oman	MICS 2014	11	8	3
State of Palestine	MICS 2014	22	18	11
Sudan	MICS 2014	68	52	33
Syria	SHHS 2010	21	18	N/A
Tunisia	MICS 2011-12	19	17	12
Yemen	YNDHS2013	53	43	26

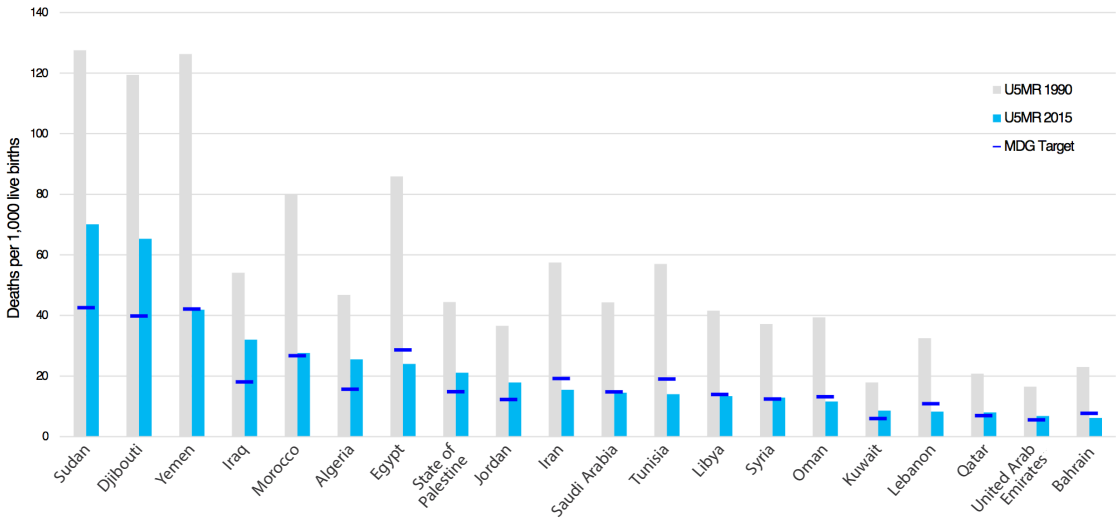
Only three MENA countries have achieved the MDG goal of reducing maternal mortality ratio by three quarters between 1990 and 2015: Iran, Lebanon and Libya (Figure H.7). Saudi Arabia, UAE and Kuwait with already low ratios in the early 1990s, also made significant progress and almost reached the target. While the rest of the countries made progress, the MDG agenda remained uncompleted. The gap between countries has remained significant: in 1990 the estimated MMR in Sudan exceeded that of Kuwait 106 times; in 2015 it was 78 times higher. In Yemen the estimated MMR in 1990 was 78 times higher than that of Kuwait, while in 2015 it was 96 times higher.

The SDG agenda sets a global target of less than 70 maternal deaths per 100,000 live births. In the region, five countries - Yemen, Sudan, Djibouti, Algeria and Morocco – need to exercise strong targeted efforts to reach and surpass the global benchmark. The level of national ambitions of the remaining countries will depend on their specific contexts and reached level of improvement to date. In Syria, where a stable progress has been seen between 1990 and 2010, there is a concerning reversal trend since the beginning of the crisis (Figure H.8). Predictions are difficult to make regarding developments in the coming years in Syria.

Estimates of maternal mortality are difficult to obtain at the sub-national level, especially in countries where the overall rate is not very high. In countries with high MMR, disparities may be observed between women with different socio-economic characteristics. In Yemen, for example, the highest national estimate of MMR in 2015 is accompanied by significant disparities by residence and by mother's education, with the risk of mothers dying from pregnancy- and childbirth-related causes significantly higher for those residing in rural areas and those without education (Figure H.9).

All MENA countries reduced under-five mortality, but only half of them met the MDG target

Figure H.1: Under-five mortality rate in 1990 and 2015, and MDG target, by country

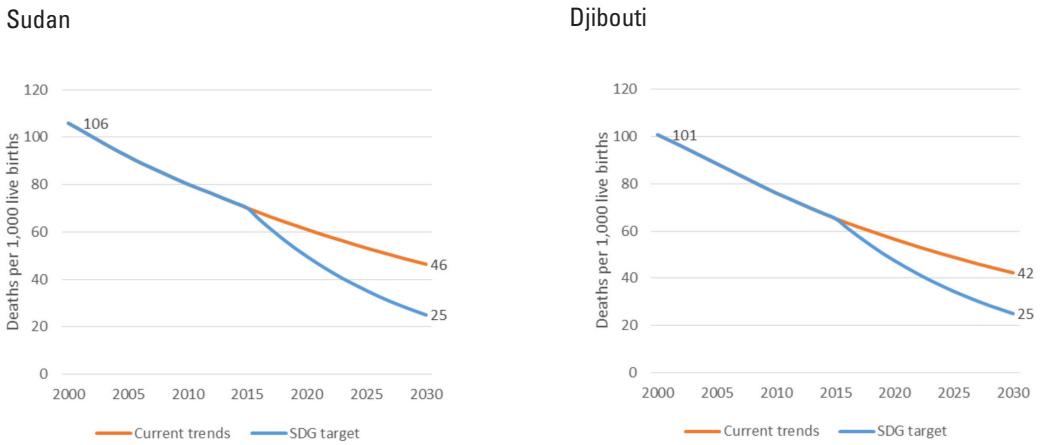


Notes: Ranking of countries by 2015 value. Targets per country calculated based on IGME 2015 data estimates for 1990.

Source: UNICEF et al, 2015a.

Sudan and Djibouti need to accelerate progress to reach the global SDG target for under-five mortality

Figure H.2: Under-five mortality rate in Sudan and Djibouti in 2000-2015, and projections to 2030

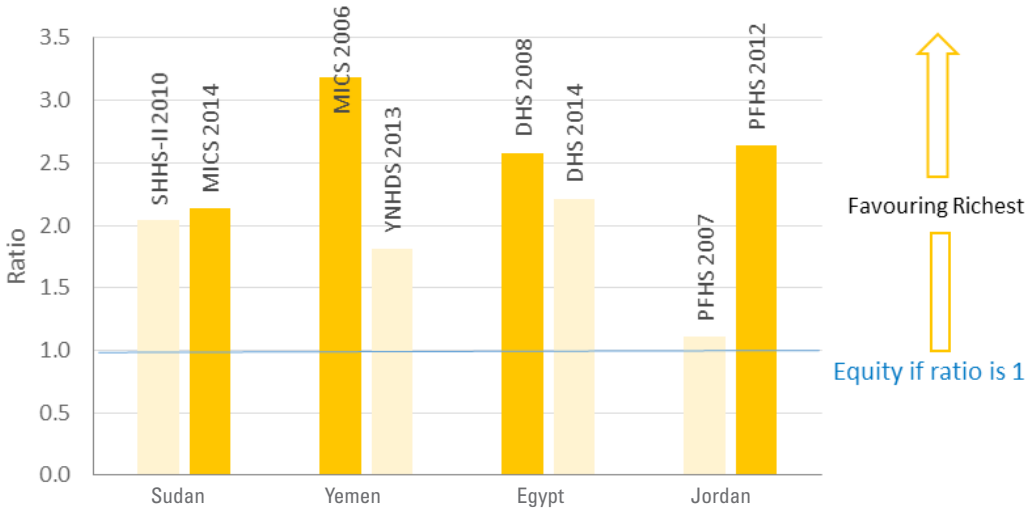


Note: Projections are based on using UN IGME methodology for the period 2016-2030.

Source: UNICEF et al, 2015a.

Inequity in under-five mortality favours children from the richest households

Figure H.3: Ratio of under-five mortality of children born in the poorest 20% of households versus the richest 20% of households in some MENA countries from surveys conducted between 2007 and 2014

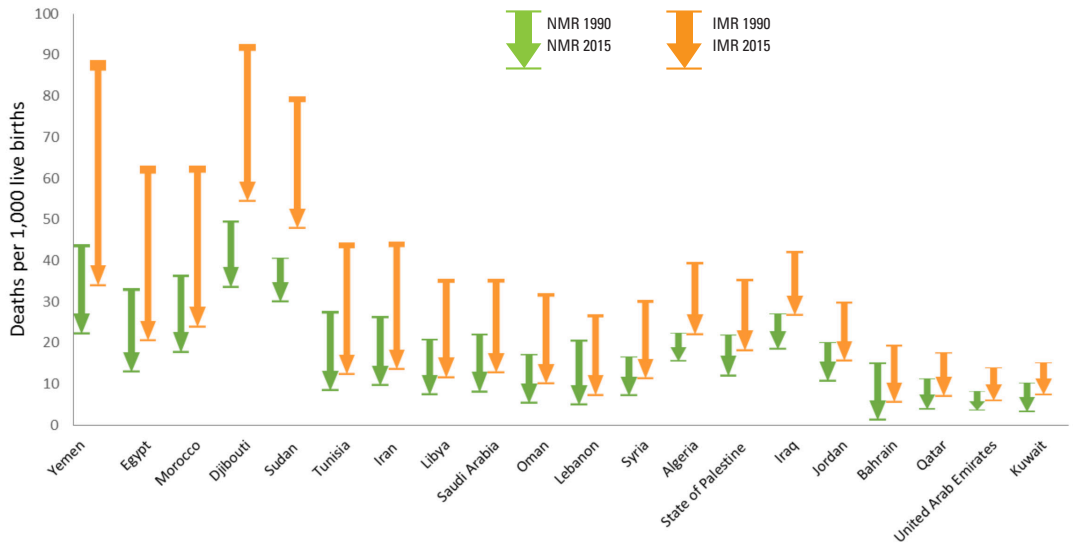


Note: Data on under-five mortality rates is for ten-year periods preceding the survey for Jordan 2007 and 2012, Yemen 2013 and Egypt 2008 and 2014, while for five-year periods preceding the survey for Yemen 2006 and Sudan 2010 and 2014.

Sources: Yemen MICS 2006, Egypt DHS 2008, Jordan PFHS 2007, Sudan SHHS-II 2010, Jordan PFHS 2012, Yemen YNHDS 2013, Egypt DHS 2014 and Sudan MICS 2014.

Infant mortality and neonatal mortality declined in all MENA countries but unevenly

Figure H.4: Infant mortality rate and neonatal mortality rate by country, 1990 and 2015

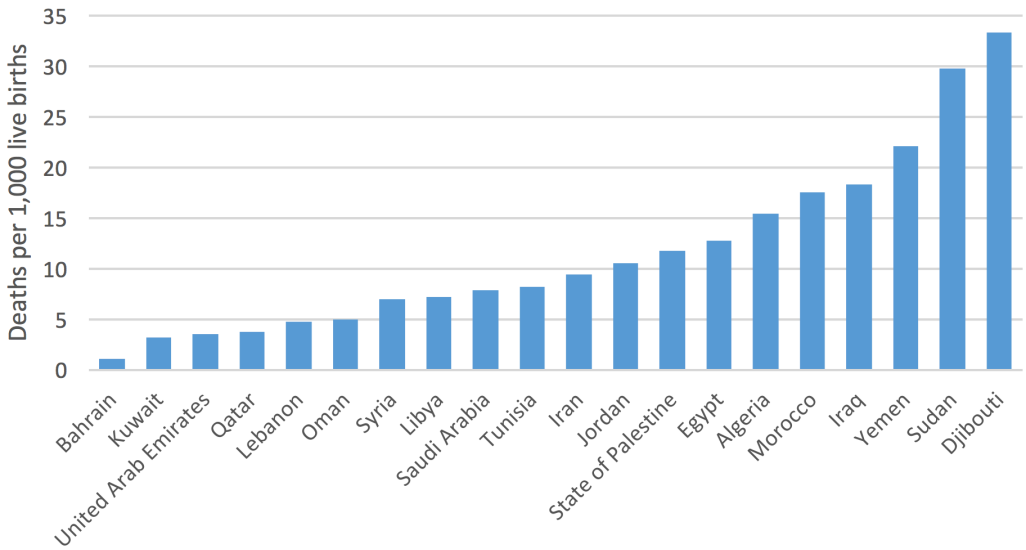


Note: Ranking of countries by progress decline in IMR.

Source: UNICEF et al, 2015a.

Neonatal mortality varies significantly across the region

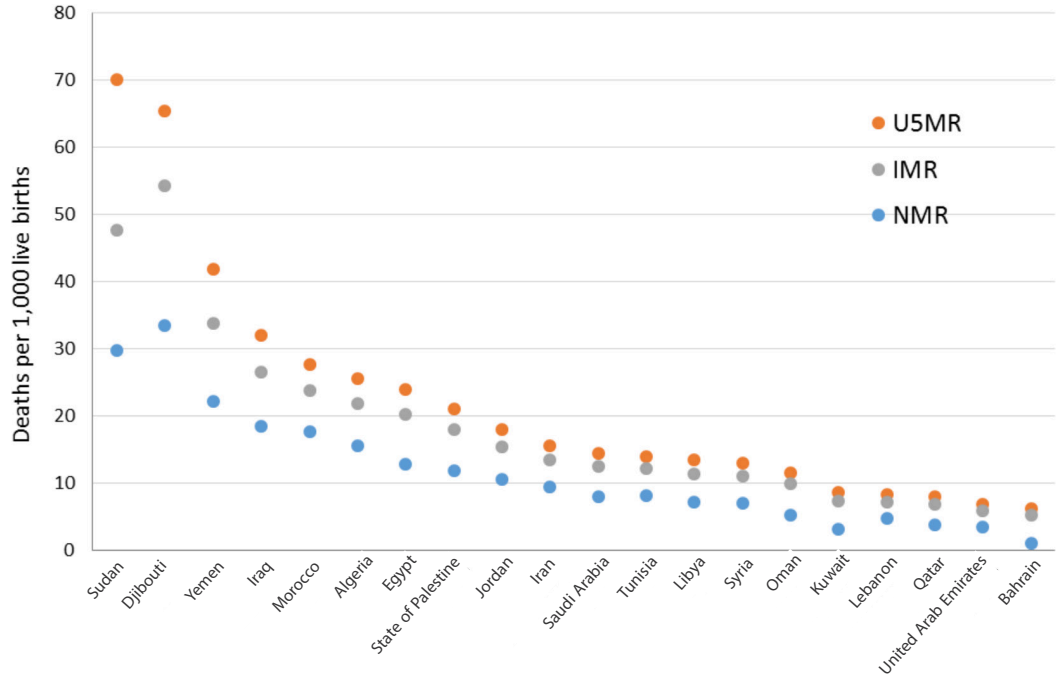
Figure H.5: Neonatal mortality rate by country, 2015 (deaths per 1,000 live births)



Source: UNICEF et al, 2015a.

Neonatal mortality is a major contributor to child mortality

Figure H.6: Neonatal-, infant- and under-five mortality rates by country, 2015

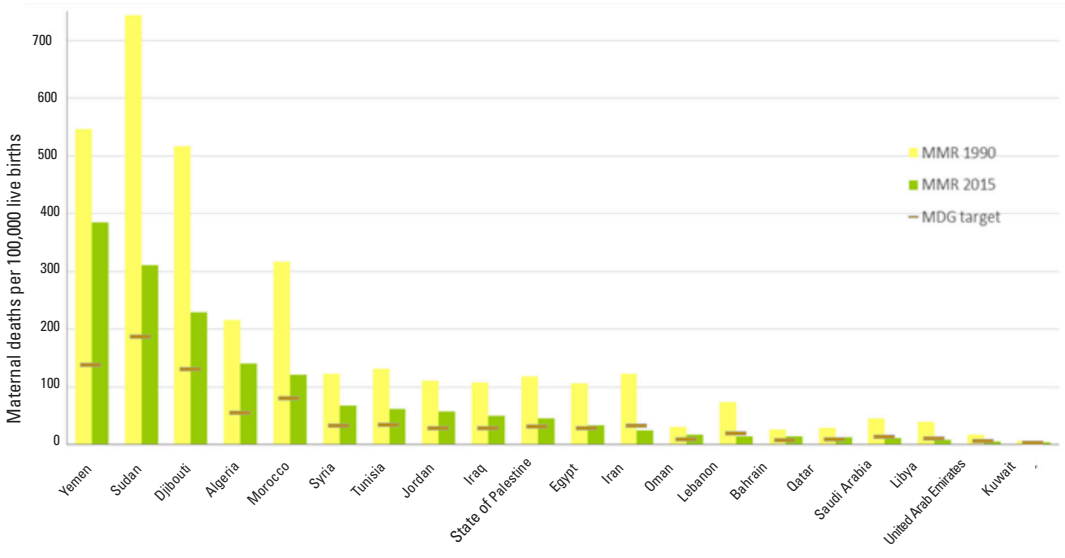


Notes: NMR = deaths 0-28 days from birth; IMR = deaths 0-364 days from birth; U5MR= deaths 0-4 years of age from birth. Ranking of countries by total under-five mortality rates.

Source: UNICEF et al, 2015a.

All MENA countries reduced maternal mortality, but only three of them met the MDG target

Figure H.7: Maternal mortality ratio in 1990 and 2015, and MDG target, by country

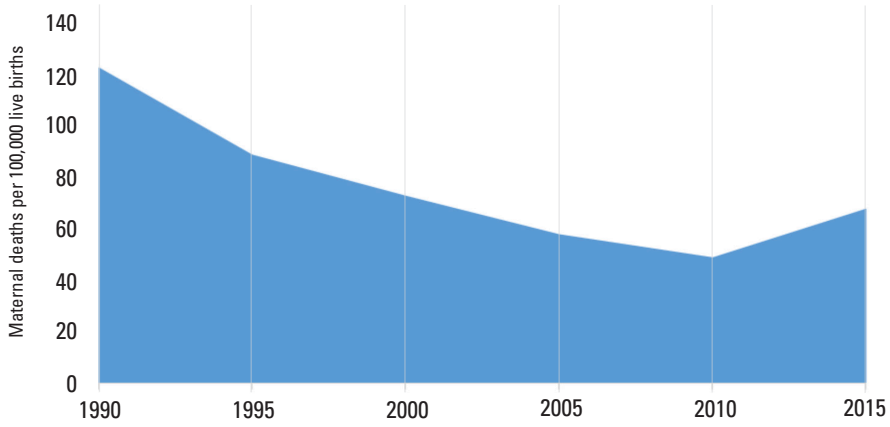


Notes: Ranking of countries by 2015 value. Target per country calculated based on estimates of maternal mortality ratio for 1990 in WHO et al, 2015. MMR adjusted estimates have been rounded according to the following scheme: < 1,000, rounded to nearest 1; ≥ 1,000 rounded to nearest 10. Periodically, the United Nations Maternal Mortality Estimation Inter-agency Group produces internationally comparable sets of maternal mortality data that account for the well-documented problems of under-reporting and misclassification of maternal deaths, including also estimates for countries with no data. Please note that owing to an evolving methodology, these values are not comparable with previously reported maternal mortality ratio 'adjusted' values.

Source: WHO et al, 2015.

Syria demonstrates signs of reversal in the positive trend of maternal mortality

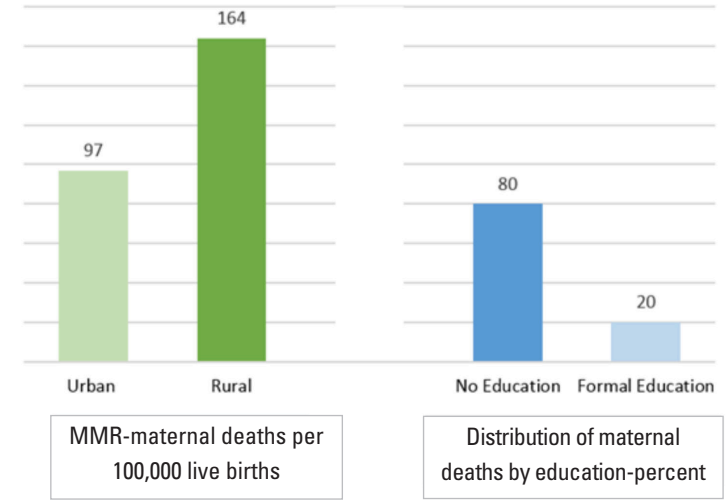
Figure H.8: Maternal mortality ratio in Syria, 1990-2015



Source: WHO et al, 2015.

Yemeni women living in urban areas and with formal education are less likely to die of pregnancy- and childbirth-related causes

Figure H.9: Maternal mortality ratio by residence and distribution of maternal deaths by mother's education in Yemen, 2013



Note: Reported data.

Source: Ministry of Public Health and Population et al, 2015.

DETERMINANTS OF CHILD AND MATERNAL SURVIVAL AND HEALTH

The survival and health of both newborns and their mothers depend on a series of factors, which can affect them directly or indirectly. Access to antenatal care during pregnancy and skilled health personnel attendance at delivery are essential for ending preventable maternal deaths and addressing underlying causes of neonatal and child deaths.

All MENA countries have made significant progress in ensuring access of pregnant women to antenatal care since the early 1990s (Figure H.10). However slight reversals are observed in some countries in recent years. Half of the 20 countries in the region have reached universal or close-to-universal coverage with at least one antenatal care visit. The rest have provided over 75% coverage; only Yemen is lagging behind with 60% coverage. Regular antenatal care (at least four visits over a pregnancy) follows a similar pattern across countries (Figure H.11) with the notable exception of Djibouti. The most recent estimates for Djibouti suggest that the proportion of pregnant women benefiting from regular antenatal care is four times lower than the proportion of those who access only one visit to skilled health personnel.

Available evidence suggests that women residing in rural areas, with no education and belonging to the poorest population groups remain disproportionately disadvantaged and are still left behind. It does not reveal a uniform trend in narrowing down of existing gaps during the MDG era. For example, in Iraq urban-rural disparities have remained unchanged between 2000 and 2011, while those between uneducated women and women with completed secondary education or higher increased (Figure H.12). On the other hand, in Egypt, all women benefitted from increased access to antenatal care, and existing gaps narrowed down systematically between 1995 and 2014 (Figure H.13). Overall, among the most disadvantaged groups in the most recent years are Palestinian and Syrian refugee women in neighbouring countries; some of these women can benefit from services provided by development partners or non-governmental health care providers (Figure H.14)[1].

Trends and patterns of skilled attendance at delivery follow those of antenatal care (Figure H.15). Evidence, where available, suggests that in-country disparities are in favour of women living in urban areas and belonging to the richer households, as is the case in Morocco for example (Figure H. 16).

Plotting skilled attendance at delivery with MMR estimates (Figure H.17) reveals that the two can be associated – the higher skill-attendant-at-delivery rates, the lower the MMR. This does not always hold true for NMR (Figure H.18) – in countries with over 90% skilled attendance at birth, estimated NMR varies significantly. Available data does not reflect the quality of assistance, which may explain the disparities.

Because of its importance in saving children's lives, measles immunisation for infants was among the MDG indicators. Out of the 20 countries in the region, 14 have achieved measles immunization coverage above 90% in 2015 (Figure H.19). Inter-country disparities remained large, with almost half the children in Syria and Iraq not immunized in the same year (Figure H.20). Syria and Iraq also saw a reversal compared with the pre-crisis period when coverage was almost universal.

Globally, there is strong evidence linking adolescent pregnancy to risks for infant and maternal death. It suggests that a married adolescent woman will most likely have more children with shorter birth intervals during her lifetime, which is a risk for her health and wellbeing, as well as for that of her children (UNFPA 2013).

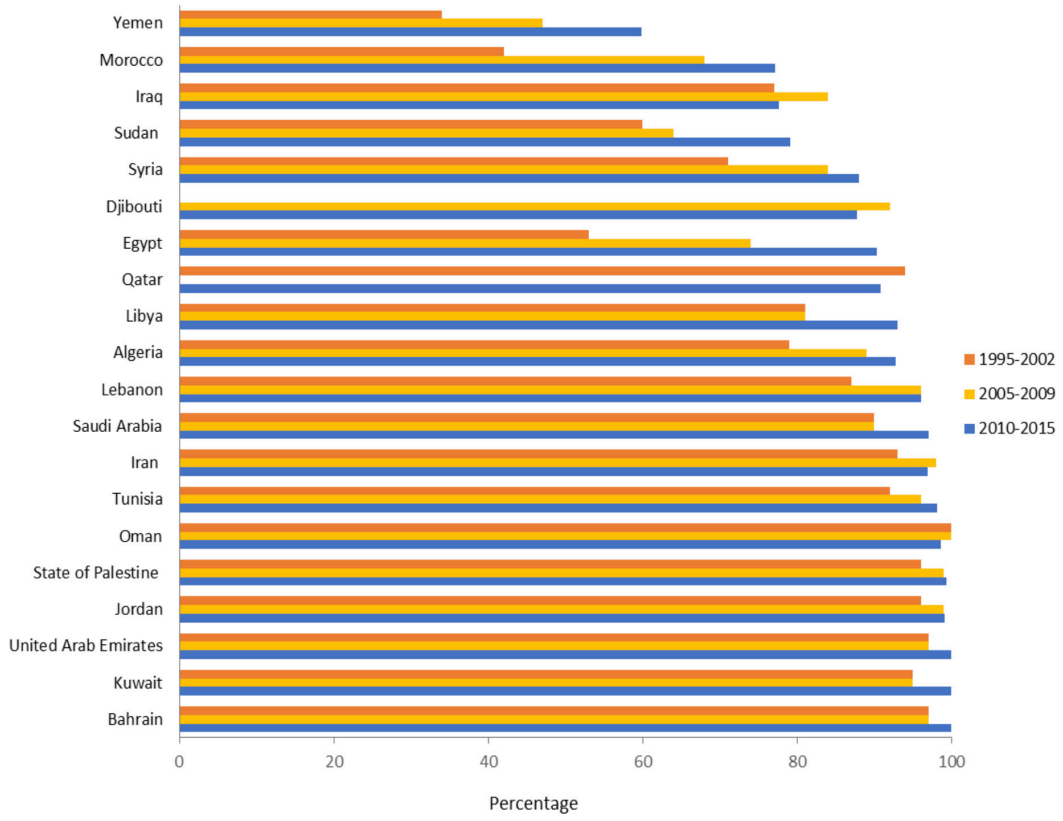
[1] For example, UNRWA provides health services to an estimated 62% of registered Palestinian refugees in the neighbouring countries - direct communication.

The MENA region has witnessed a decrease in the adolescent birth rate between 1990 and 2014 (Figure H.21). Most notable are the improvements in Yemen (with ample further room for improvement below the estimated 62 births per 1,000 women aged 15-19 in 2014), Saudi Arabia and Oman (with recent rates comparable with the rest of the region). An exception is Iraq, where the positive trend until the year 2000 has reversed more recently. The high adolescent birth rate in that country in 2014 may be associated with coping strategies in the context of a complex emergency but deserves further in-depth investigation.

While adolescent births are often considered to be predominantly a rural phenomenon, available evidence from the region suggests that this is not always the case. Recent surveys in some MENA countries reveal that, for example, in Jordan proportionately more adolescent women living in urban settings give birth, compared to their peers living in rural areas (Figure H.22).

Antenatal care coverage for pregnant women has progressed in most MENA countries

Figure H.10: Percentage of any antenatal care coverage (at least one visit), by country, 1995-2002 to 2010-2015

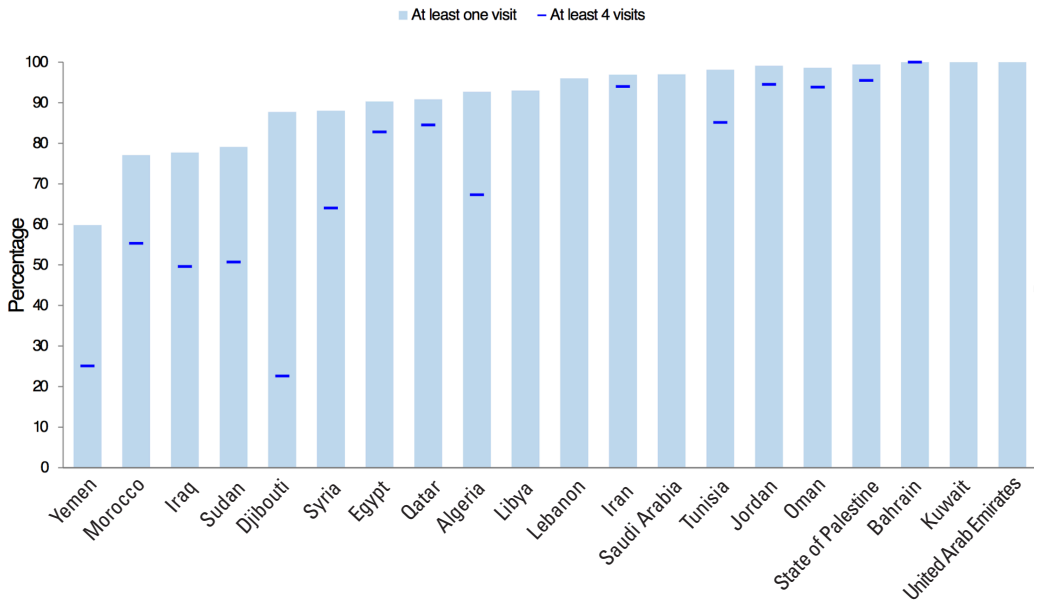


Notes: Data for each country refers to the most recent year of the specified period. Ranking of countries by 2010-2015 value. Data for Iran for 1995-2002 from IrMIDHS 2010.

Sources: UNICEF 2016; UNICEF 2011; UNICEF 2004

The gap between any- and regular antenatal care is particularly high in Djibouti and Yemen

Figure H.11: Percentage of any antenatal care (at least one visit) and regular antenatal care (4+ visits), by country, 2010-2015

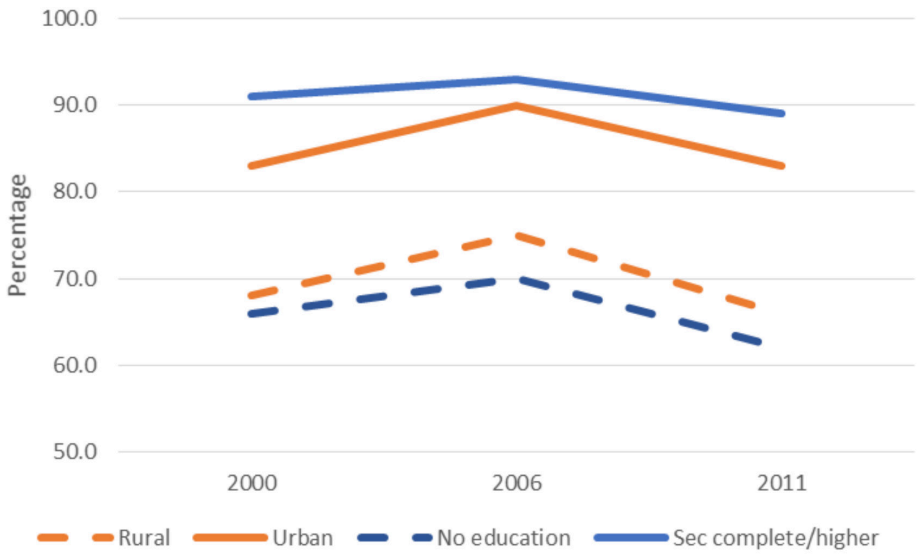


Note: Data for each country refers to the most recent year of the specified period. Ranking of countries by percentage of any antenatal care coverage. Data for regular antenatal care not available for: Kuwait, Lebanon, Libya, Saudi Arabia, and UAE.

Source: UNICEF, 2016.

Iraqi women living in urban settings and with secondary and higher education have significantly better access to antenatal care

Figure H.12: Antenatal care coverage of women aged 15-49 by residence and education in Iraq, 2000, 2006 and 2011

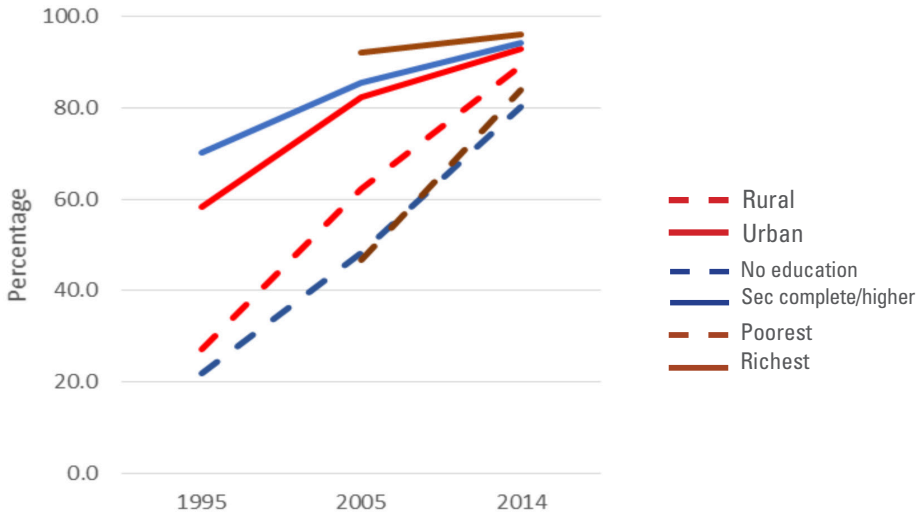


Note: Data on antenatal coverage is for two-year periods preceding the survey for MICS 2006 and 2011, and for the 12-month period preceding the survey for MICS 2000.

Sources: Iraq MICS 2000, Iraq MICS 2006, Iraq MICS 2011.

Access to antenatal care of all women in Egypt has increased and disparities have narrowed

Figure H.13: Antenatal care coverage of women aged 15-49 by residence, education and wealth quintile in Egypt, 1995, 2005 and 2014

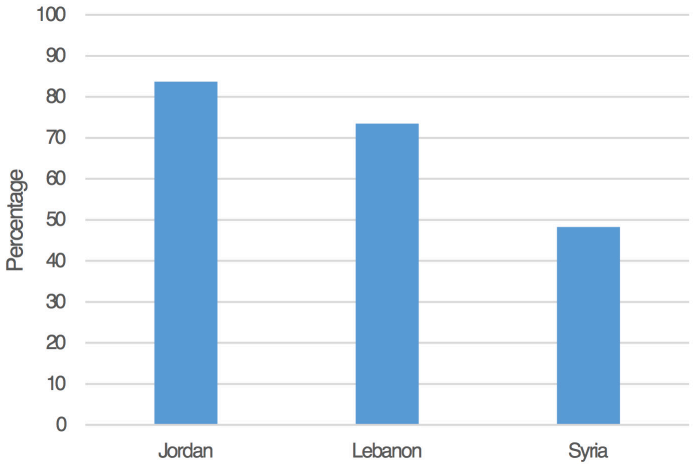


Note: Data for 1995 and 2005 refer to care related to births in the five-year period prior to each survey. Data for 2014 refer to care for the most recent birth in the five-year period prior to the survey.

Sources: Egypt DHS 1995, Egypt DHS 2005, Egypt DHS 2014.

Palestinian refugee women in neighbouring countries can benefit from alternative antenatal care service providers

Figure H.14: Palestinian pregnant women in Lebanon, Jordan and Syria with at least one antenatal care visit in UNRWA-managed health facilities, 2015



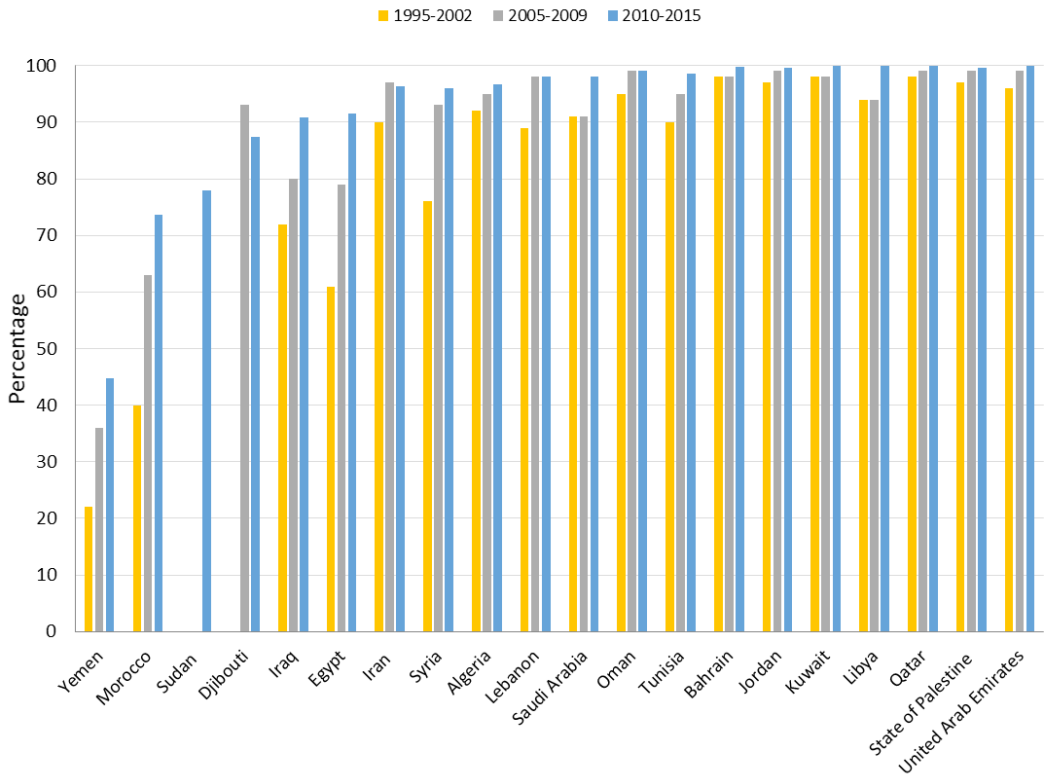
Notes: Estimate based on expected number of pregnancies = Total number of served population (from UNRWA registration system) x crude birth rate published by host authorities. Data covers UNRWA-supported health facilities.

Source: UNRWA, 2015

Iraq, 2014, Syrian refugees residing in camps: the proportion of pregnant women attending pre-natal clinic varied between 18% and 62%. (REACH, 2015)

Women, whose births were attended by skilled health personnel, have increased across the region

Figure H.15: Percentage of births attended by skilled health personnel between 1995 and 2015

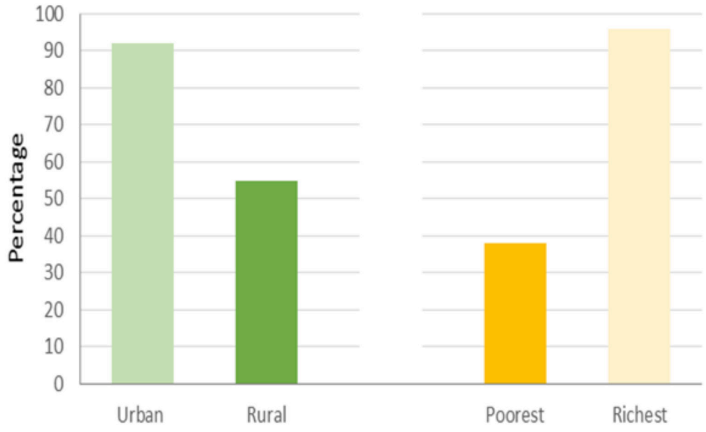


Note: Data refers to the most recent year of the data period, for which data is available for each country. Ranking of countries by 2010-2015 value.

Sources: UNICEF, 2016; UNICEF, 2011; UNICEF, 2004; Sudan MICS 2014.

Moroccan women living in urban settings and from the richest households are more likely to have their births attended by skilled health personnel

Figure H.16: Births attended by skilled health personnel in Morocco 2011, by urban-rural residence and by lowest and highest wealth quintiles

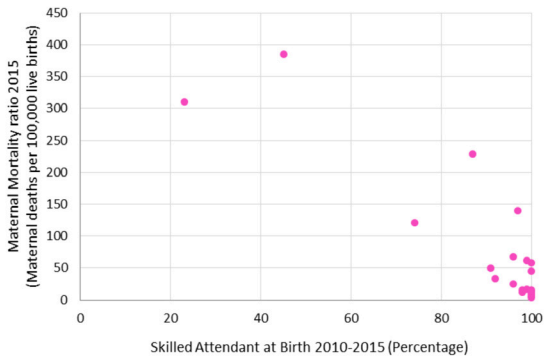


Source: Ministère de la Santé et al, 2012.

Syria, 2015: "A severe shortage in skilled birth attendants and obstetricians has left approximately 45,000 pregnant women at risk of complications and death." (UNOCHA, 2016)

Low maternal mortality is strongly associated with the birth attendance by skilled health personnel

Figure H.17: Maternal mortality ratio and births attended by skilled health personnel, by country, 2010-2015

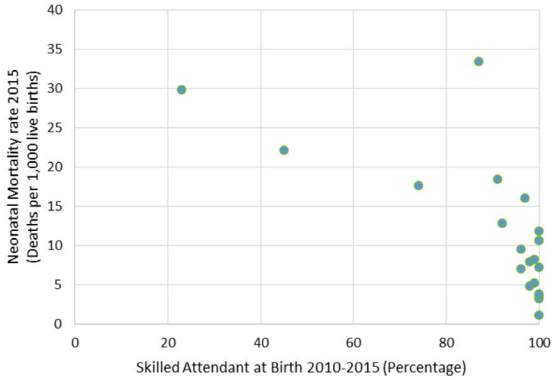


Note: Maternal mortality ratio estimates are for 2015, data for skilled health personnel at birth is for the most recent year, for which data is available in the period 2010-2015.

Source: UNICEF, 2016.

Skilled attendance at birth contributes to lowering neonatal mortality, though not uniformly

Figure H.18: Neonatal mortality rate and births attended by skilled health personnel, by country, 2010-2015

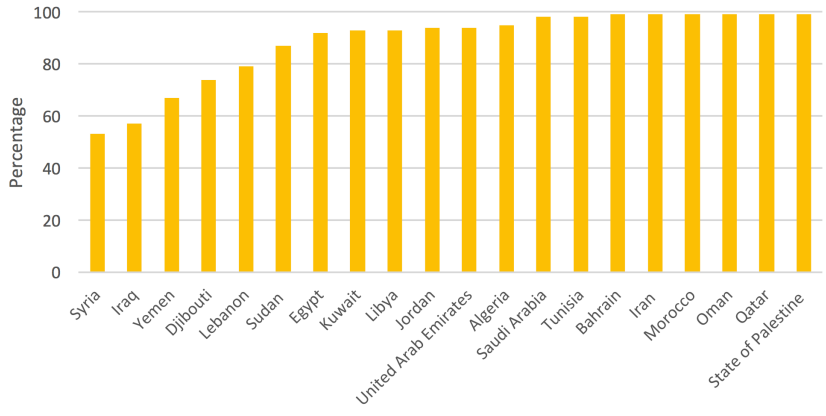


Note: Estimates for neonatal mortality rate are for 2015; data for skilled health personnel at birth is for the most recent year, for which data is available in the period 2010-2015.

Source: UNICEF, 2016.

Ten countries in MENA have achieved at least 95% national coverage with a first dose of measles-containing vaccine

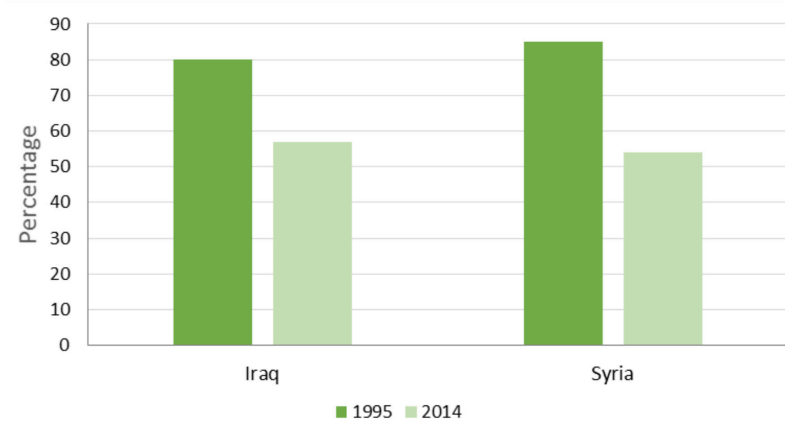
Figure H.19: Percentage of coverage nationally with a first dose of measles-containing vaccine among one-year old children, 2015



Source: WHO and UNICEF, 2016.

Iraq and Syria reversed the trend in national coverage of a first dose of measles-containing vaccine in recent years

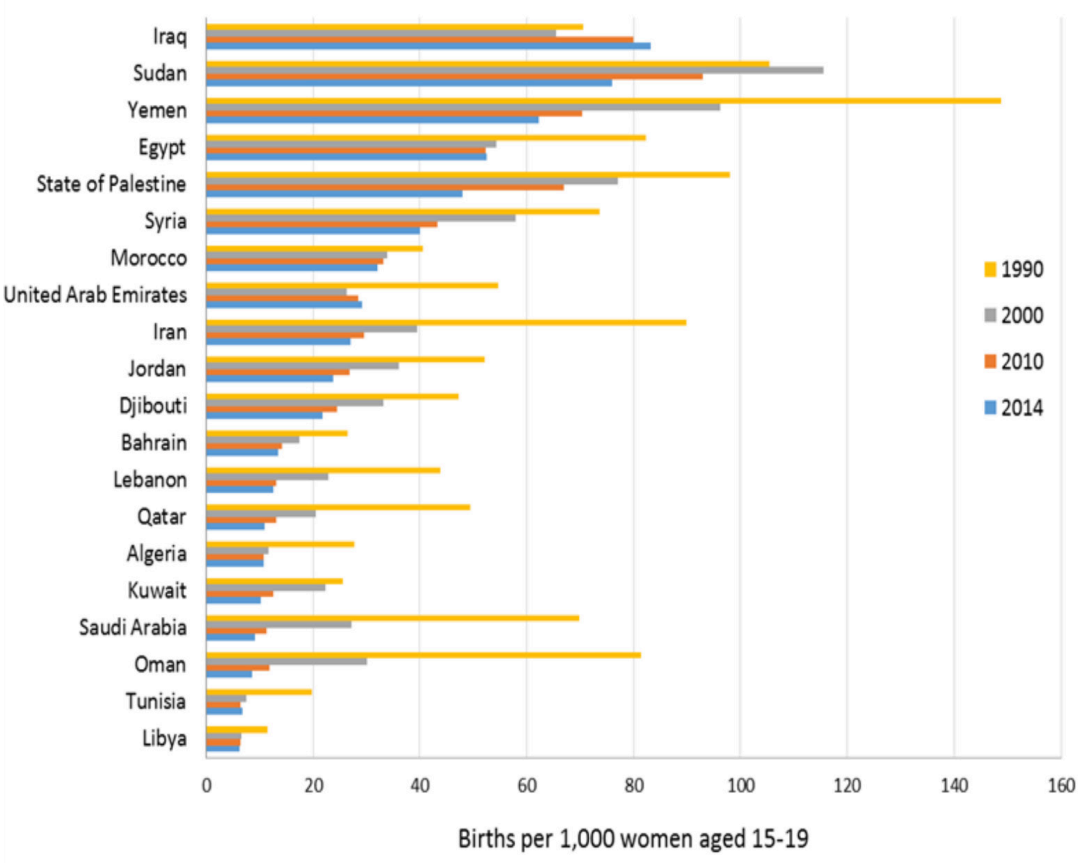
Figure H.20: Percentage of coverage nationally with a first dose of measles-containing vaccine among one-year old children, Iraq and Syria, 1995 and 2014



Source: WHO and UNICEF, 2016.

Adolescent birth rate has declined in most MENA countries

Figure H.21: Adolescent birth rate (per 1,000 women aged 15-19 years), 1990 to 2014

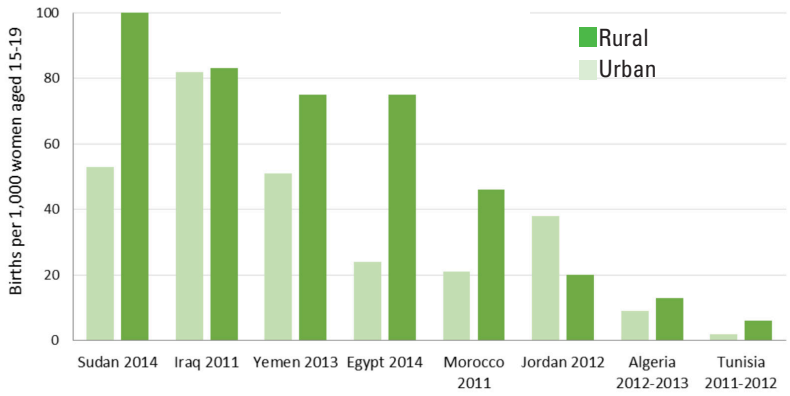


Notes: Ranking of countries by 2014 value. Iran 2014: Civil Registration Organisation and Statistical Centre of Iran suggests a rate of 35.7%.

Source: World Bank, 2016. Data for State of Palestine is from UNSD for 1991, MICS 2000, MICS 2010 and MICS 2014.

Adolescent births are more prevalent in rural areas in many, but not all MENA countries

Figure H.22: Adolescent birth rate (per 1,000 women aged 15-19 years) by residence, in some MENA countries, (2011 to 2014)



Note: Ranking of countries by rural area.

Sources: Iraq MICS 2011, Morocco ENPSF 2011, Tunisia MICS 2011-2012, Jordan PFHS 2012, Algeria MICS 2012-2013, Yemen YNHDS 2013, Egypt DHS 2014, State of Palestine MICS 2014 and Sudan MICS 2014.

HIV/AIDS AND MALARIA

Since 2000, MENA has remained the region with the fewest estimated total annual new infections as well as the smallest estimated number of people living with HIV among UNICEF regions. The estimated prevalence rate among the adult (aged 15+) and young population (15-24) in 2015 was less than 0.1%. (UNAIDS, 2016) The most recent estimate of MENA's total HIV infected population is 200,000, with an estimated 7,800 children (aged 0-14) and 8,700 adolescents (aged 10-19). (UNAIDS, 2016) While nearly all UNICEF regions saw new infections among children (0-14) decrease since 2010, global estimates indicate that new infections among children in MENA increased from 1,400 to 1,500 over this time period. Only one in four children living with HIV in the region is receiving any treatment. (UNAIDS, 2016)

In the MENA region, Djibouti is the country of the biggest concern, with a generalised HIV epidemic with an estimated 1.5% adult HIV prevalence rate in 2015 (around 10,000 persons, half of which are women) and 0.6% prevalence among young people aged 15-24 years, 0.4% and 0.7% among young males and females, respectively (Figure H.23). New infections in the country among children 0-14 years of age have continuously declined since 2000, while the rate among adolescents and young people has stabilised in recent years (Figure H.24). (UNAIDS, 2016)

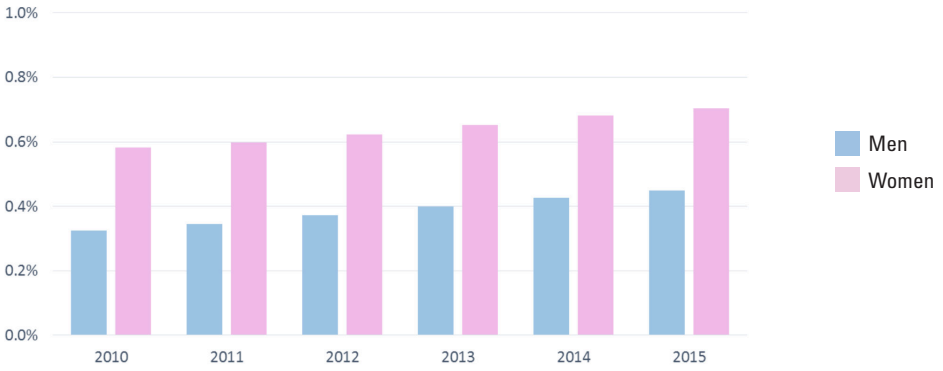
The low level of HIV comprehensive knowledge[2] across the region, particularly among adolescent girls, presents an urgent concern (Figure H.25). Data, where available, suggests that young women are less knowledgeable of HIV than young men, as is the case in Qatar (Figure H.26). Similarly non-educated women are less equipped with knowledge on HIV compared with well-educated ones, as is the case in Sudan (Figure H.27).

Malaria is not widespread among MENA countries. The three countries facing higher risks are Sudan, Djibouti and Yemen. Children under the age of five years are one of the most vulnerable groups affected by this mosquito-borne infectious disease. While strictly consistent data is not available, evidence suggests that measures to prevent young children from the infection are insufficient (Figure H.28).

[2] Comprehensive, correct knowledge about HIV and AIDS is defined as correctly identifying the two major ways of preventing the sexual transmission of HIV (using condoms and limiting to one faithful, uninfected partner), rejecting the two most common local misconceptions about HIV transmission, and knowing a healthy-looking person can transmit HIV.

The drivers for HIV prevalence among young people in Djibouti need to be understood

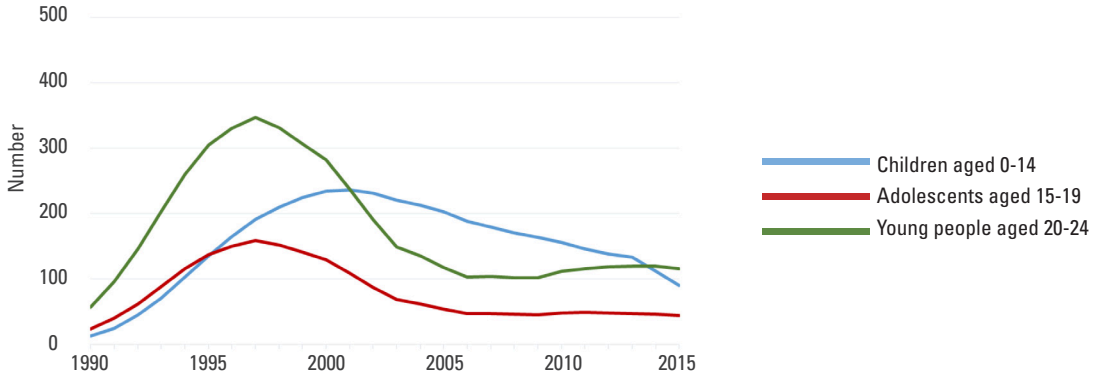
Figure H.23: Estimated HIV prevalence among young men and women (aged 15-24 years), Djibouti, 2010-2015



Source: UNAIDS, 2016

In Djibouti, new infections among children (0-14) continue to decline while new infections among adolescents (15-19) and young people (20-24) have stabilized in recent years

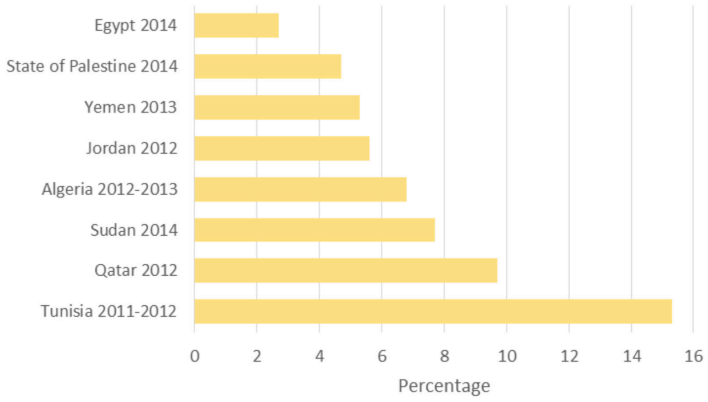
Figure H.24: Estimated number of new HIV infections among children aged 0-14, adolescents aged 15-19 and young people aged 20-24 years, Djibouti, 1990 – 2015



Source: UNAIDS 2016

Comprehensive, correct knowledge of HIV among adolescent girls (15-19) is low

Figure H.25: Percentage of adolescent girls (aged 15-19 years) with comprehensive knowledge of HIV in some MENA countries, 2011 to 2014

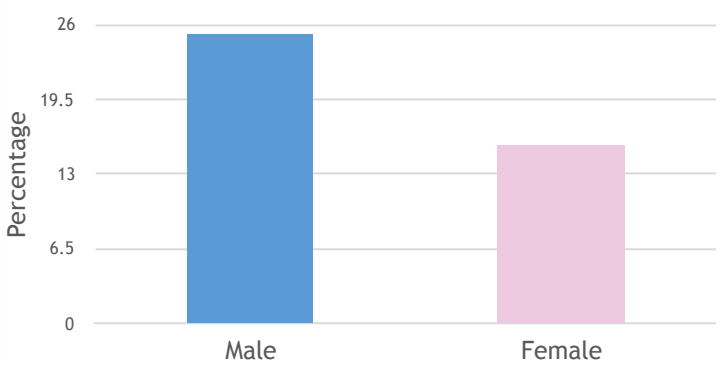


Notes: Data for Yemen refers to percentage of respondents who say that a healthy-looking person can have the AIDS virus and who reject the two most common misconceptions. Representation of 15-19 year-olds in the survey samples is often smaller than for older age groups.

Sources: MICS: Algeria 2012-2013, Qatar 2012, State of Palestine 2014, Sudan 2014, Tunisia 2011-2012; Egypt Health Issues Survey 2014; Jordan Population and Family Health Survey 2012; and Yemen National Health and Demographic Survey 2013.

In Qatar, a higher percentage of young males have comprehensive knowledge of HIV, compared to females

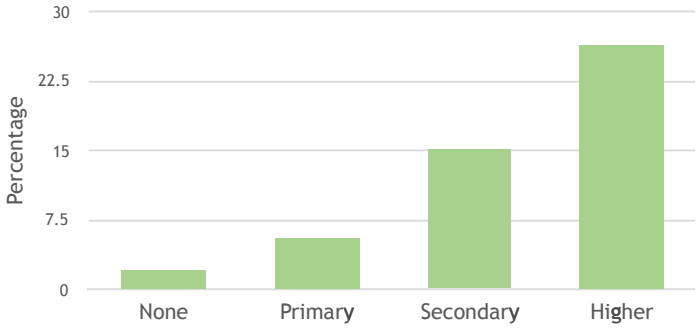
Figure H.26: Percentage of males and females (15-24 years) with comprehensive, correct knowledge of HIV, Qatar, 2012



Source: Ministry of Development Planning and Statistics, 2014.

Better-educated women have better knowledge of HIV in Sudan

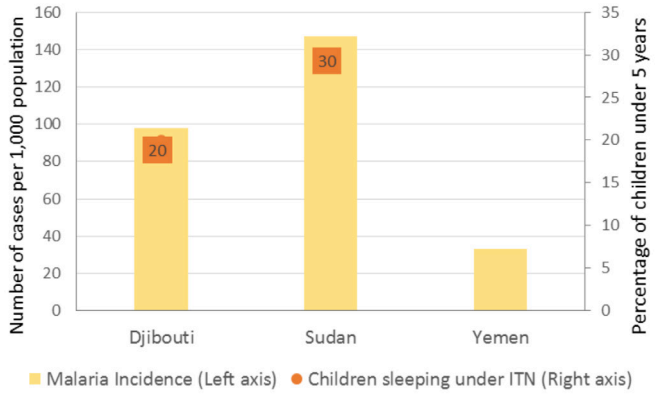
Figure H.27: Percentage of women 15-49 years with comprehensive knowledge of HIV transmission by level of education, Sudan 2014



Source: Sudan Ministry of Cabinet, Central Bureau of Statistics, 2015

Djibouti and Sudan are vulnerable to malaria, while young children are not sufficiently protected

Figure H.28: Malaria incidence (per 1,000 people) and percentage of children under five sleeping under insecticide-treated bed-nets in Djibouti, Sudan and Yemen 2010-2015



Note: Malaria incidence values are adjusted for 1,000 populations from 100,000 populations. Data for malaria incidence is for 2012, while data for children under five sleeping under ITBs is for the most recent year during the period 2010-2015, for which data is available.

Source: United Nations Statistics Division, 2016.

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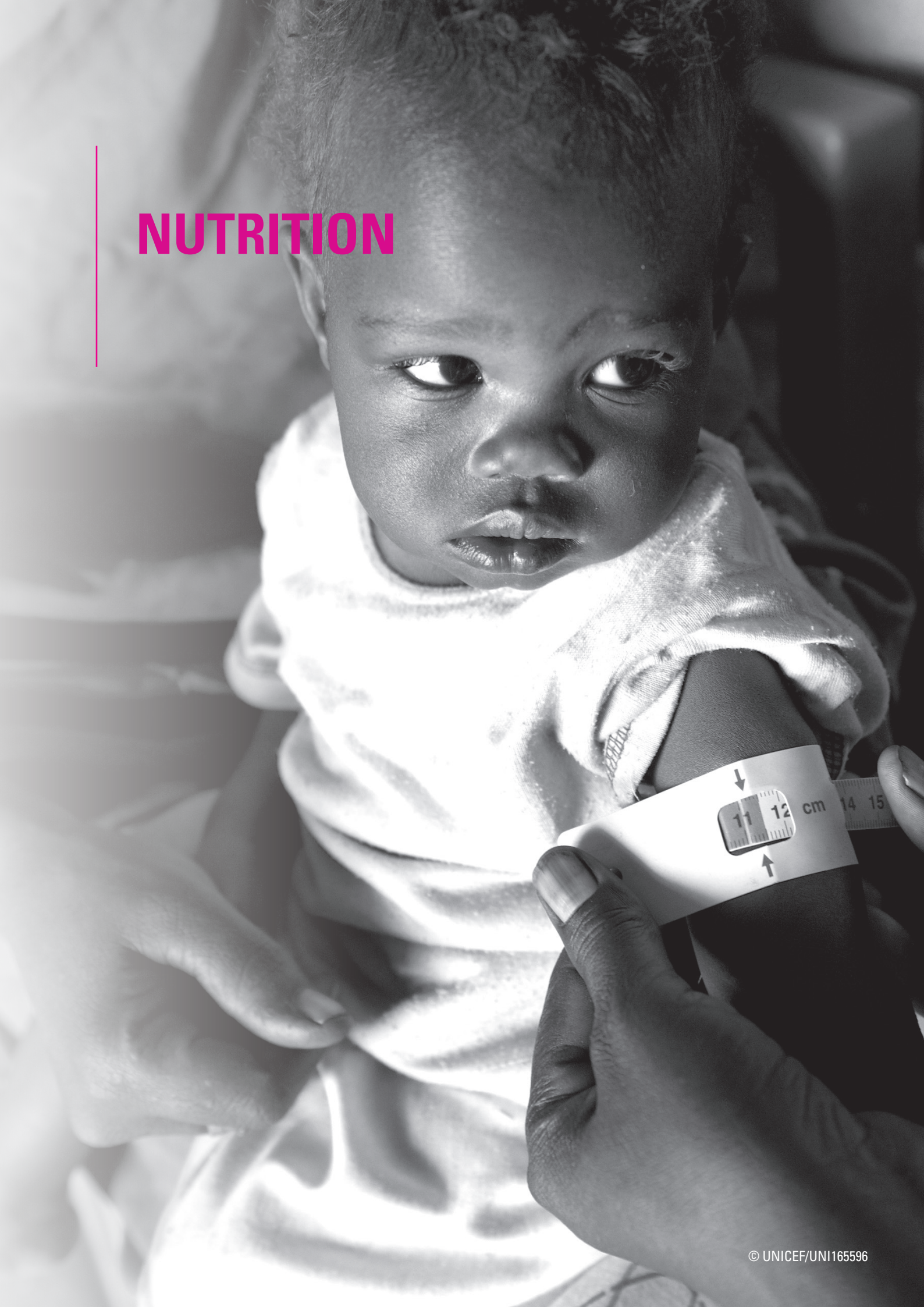
NUTRITION



This section presents progress and the current situation of nutrition of young children across MENA. It reveals inequities in the nutrition status of under-five children among and within countries, looks into determinants that can explain them, and assesses prospects for reaching some of the targets set in the post-2015 Sustainable Development Goals agenda.

Overall, nearly four million children under five years old in the region are estimated to be underweight, with over half of these living in Sudan and Egypt. In the region, it is estimated that almost 10 million children under five years of age are stunted, with reversals in progress seen in countries affected by humanitarian crises. Yemen is particularly concerning as almost half (over 1.8 million) of under-five children are stunted. Urban or rural place of residence, wealth of the household and mother's education can explain intra-country disparities in young children's nutrition. Available data from MENA countries does not suggest a single trend or pattern in practicing exclusive breastfeeding of young infants over time in the region – increase, stagnation and decrease are all present across countries.

PROGRESS IN CHILD NUTRITION (CHILDREN UNDER FIVE YEARS OF AGE)

Underweight (low weight for age)[1] is a composite measure of the overall nutrition status of children. Progress in reducing the number of underweight children has been uneven among MENA countries since the early 1990s (Figure N.1). High-middle-income countries improved their already low underweight rates and some reached the MDG1 target of halving the 1990 values. Lower-middle-income countries, despite registered progress, remain behind the rest. Overall nearly four million children under five years old in the region are estimated to be underweight (UNICEF, 2016). Over half of these children live in Sudan – the country with the highest underweight rate, and in Egypt – the country with the largest number of children.

Stunting (too short for age)[2] is a critical indicator of chronic malnutrition. It remains a serious predicament for most of MENA countries. Progress in its reduction since the 1990s is insufficient. Countries affected by humanitarian crisis – both shaken by the crisis itself or neighbouring countries responding to the needs of people fleeing from their home country – have witnessed a reversal in the recent years (Figure N.2). In the region, it is estimated that almost 10 million children under five years of age are stunted (UNICEF 2016); three quarters of them live in Egypt, Sudan, Yemen and Iraq. To reach the global SDG target of reducing the number of under-five stunted children by 40% by 2025, these countries will need to make a significant commitment.

The situation in Yemen is of particular concern as almost half (over 1.8 million) of under-five children are stunted; if the country does not accelerate improvement, by 2025 it will have an estimated gap between the target and the actual number of stunted under-fives of around 909,000 children (Figure N.3).

[1] Underweight – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median weight-for-age of reference population; severe: below minus three standard deviations from median weight for age of reference population. The reference population was defined by the National Center for Health Statistics (NCHS)/World Health Organisation (WHO) Child Growth Standards formulated by the NCHS as a reference for the United States and later adopted by the WHO. This was replaced in 2006 by the WHO Child Growth Standards.

[2] Stunting – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median height-for-age of reference population; severe: below minus three standard deviations from median weight for age of reference population. . The reference population was defined by the National Center for Health Statistics (NCHS)/World Health Organisation (WHO) Child Growth Standards formulated by the NCHS as a reference for the United States and later adopted by the WHO. This was replaced in 2006 by the WHO Child Growth Standards.

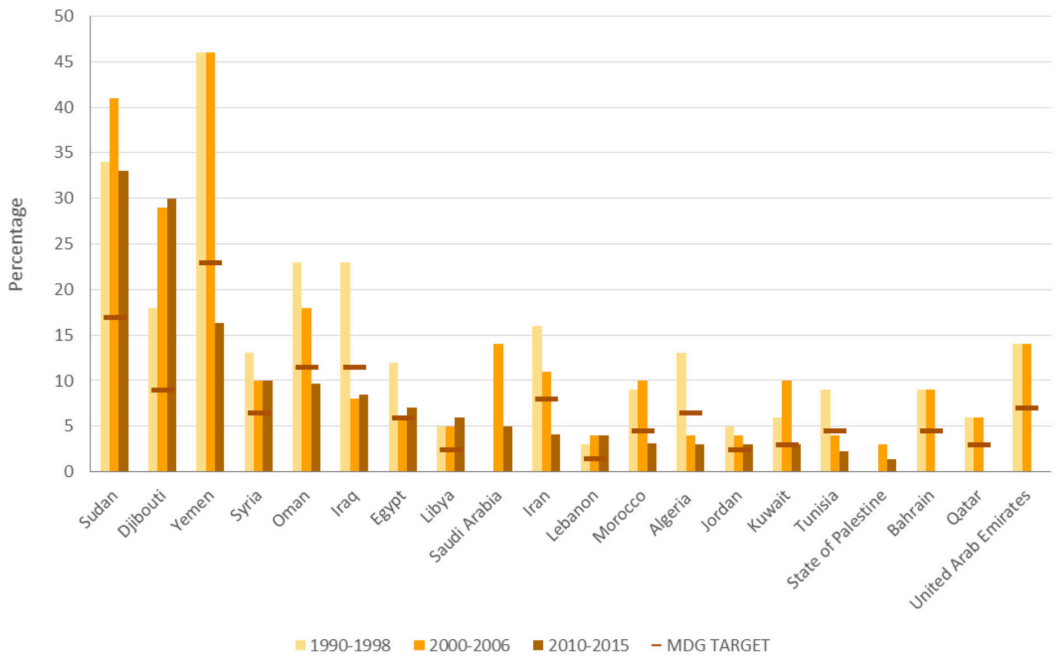
Available evidence from Yemen suggests that the average acute malnutrition or wasting rate among under-fives (too thin for height)[3] is higher than the globally established critical emergency threshold of 15%, with some regions registering prevalence rates double the threshold (Figure N.4). Similarly in Djibouti wasting rates are high across the country (Figure N.5).

Overweight[4] represents a health risk with its high levels, especially in middle- and high-income MENA countries (Figure N.6). The total estimated number of overweight under-fives in the region is nearly 4.8 million children, 9% of all children of that age (UNICEF, 2016).

There is no single pattern of association between acute malnutrition and overweight in MENA countries. Recent available data does not suggest that low wasting rates are necessarily accompanied by high overweight rates (Figure N.7). While wasting is highly prevalent in all lower-middle income countries, available data does not prove that obesity is predominantly a risk in rich countries.

Progress in reducing underweight varied across MENA and remains a concern in lower-middle-income countries

Figure N.1: Percentage of children under five years old moderately or severely underweight, by country, 1990-1998 to 2010-2015



Note: Data refers to the most recent year available during the specified period. Ranking of countries by 2010-2015 value. MDG target calculated based on data available for 18 countries. Data unavailable for Saudi Arabia and State of Palestine to calculate target.

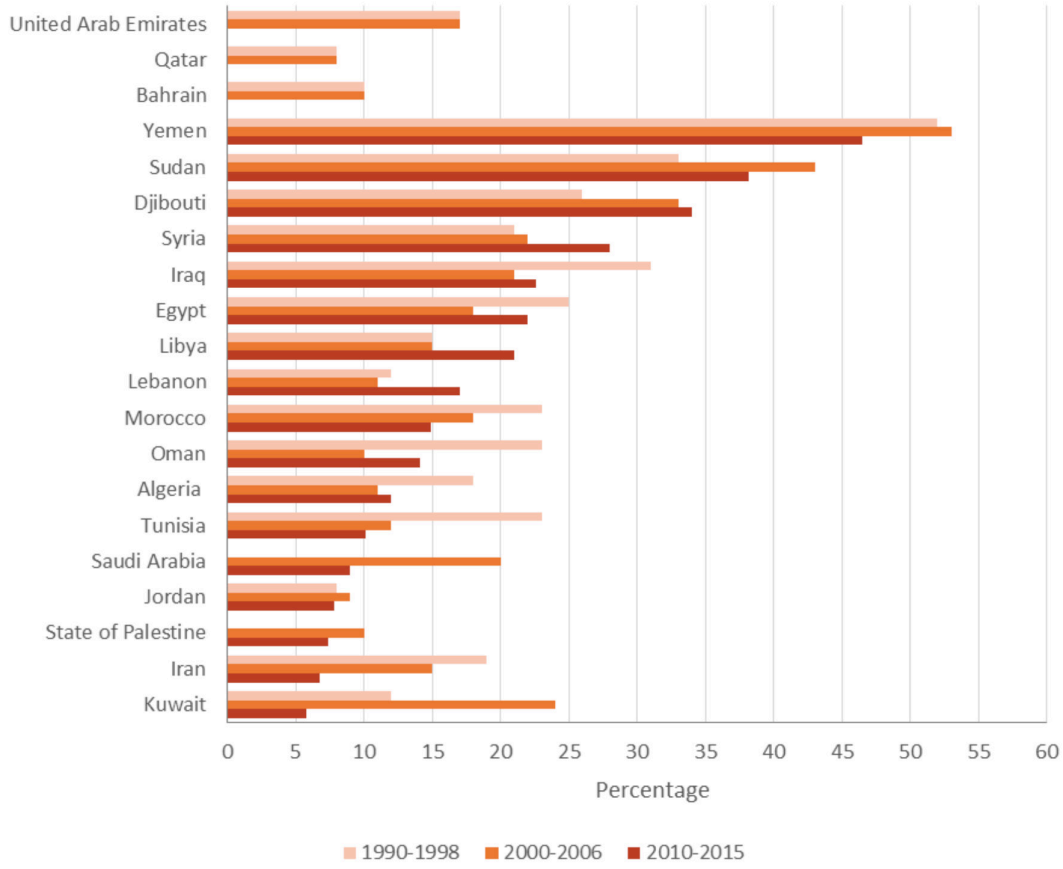
Sources: UNICEF 2016; UNICEF 2008; and UNICEF 2000.

[3] Wasting – Moderate and severe: Percentage of children aged 0–59 months who are below minus two standard deviations from median weight-for-height of standard population; severe: below minus three standard deviations from median weight for age of reference population. . The reference population was defined by the National Center for Health Statistics (NCHS)/World Health Organisation (WHO) Child Growth Standards formulated by the NCHS as a reference for the United States and later adopted by the WHO. This was replaced in 2006 by the WHO Child Growth Standards

[4] Overweight – Moderate and severe: Percentage of children aged 0–59 months who are above two standard deviations from median weight-for-height of the reference population; severe: above three standard deviations from median weight for age of reference population. The reference population was defined by the National Center for Health Statistics (NCHS)/World Health Organisation (WHO) Child Growth Standards formulated by the NCHS as a reference for the United States and later adopted by the WHO. This was replaced in 2006 by the WHO Child Growth Standards.

Chronic undernutrition remains a concern in lower-middle-income countries and countries affected by humanitarian crisis in MENA

Figure N.2: Percentage of children under five years old moderately or severely stunted, by country, 1990-1998 to 2010-2015

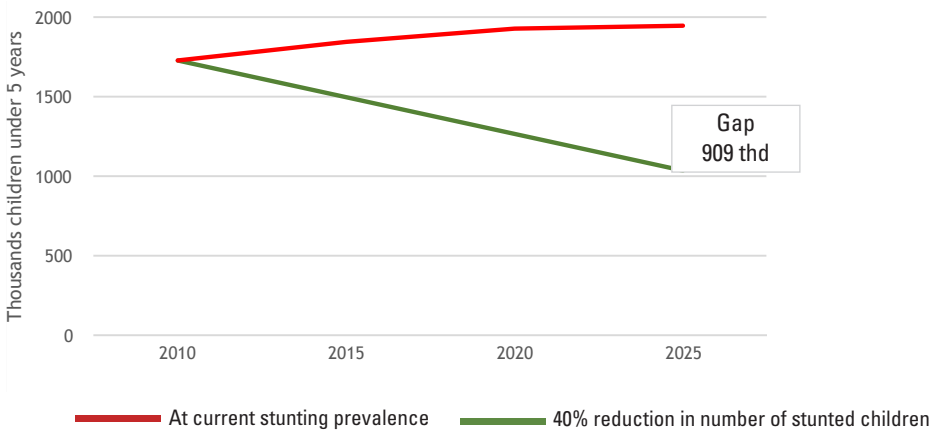


Note: Data refers to the most recent year available during the specified period. Ranking of countries by 2010-2015 value.

Sources: UNICEF 2016; UNICEF 2008; UNICEF 2000.

In Yemen reaching the SDG target of 40% reduction of stunted under-five children by 2025 will require significant effort

Figure N.3: Estimated numbers of stunted children under five years old in Yemen by 2025

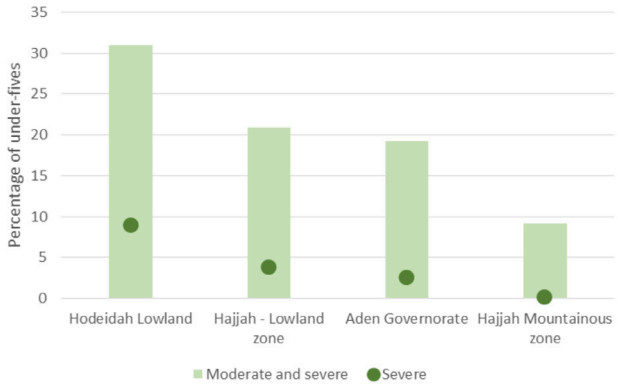


Note: Estimates based on projected number of children under five years old by two scenarios.

Sources: UN Population Division, 2016 Target: WHO, 2016.

In some Yemeni regions acute malnutrition rates are twice as high the critical emergency threshold

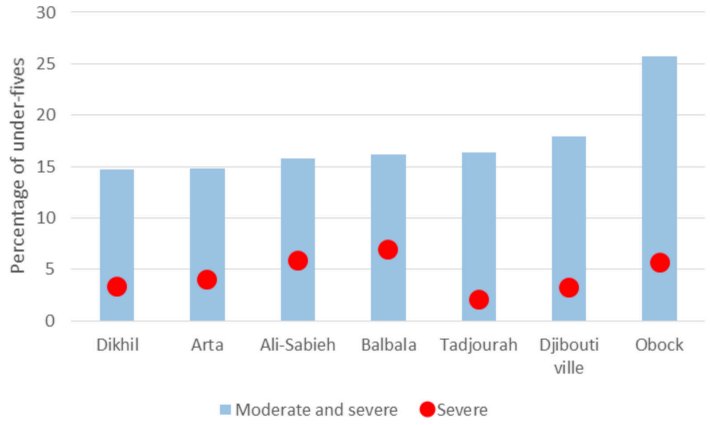
Figure N.4: Percentage of children under five years old suffering from acute malnutrition (wasting) in four geographic areas of Yemen, August – September 2015



Sources: UNICEF Yemen, UKAID and FMF, 2015; UNICEF Yemen and European Commission (2015a); and UNICEF Yemen and European Commission (2015b).

In Djibouti wasting rates exceed the critical emergency threshold across the country

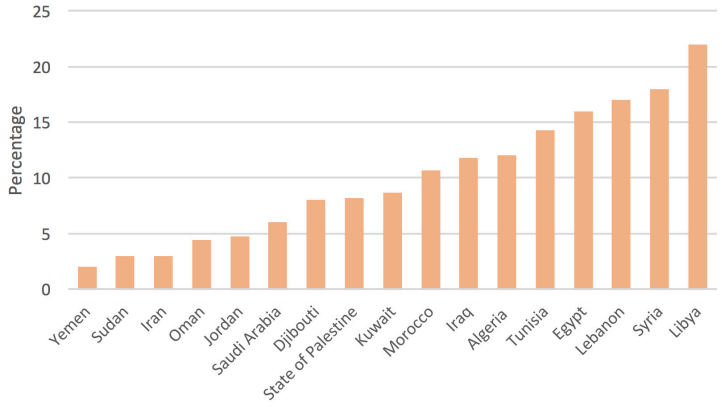
Figure N.5: Percentage of children under five years old suffering from acute malnutrition (wasting) – moderate and severe in Djibouti, 2013



Source: Ministère De La Santé et al, 2013.

Overweight in childhood is a serious problem in most of MENA countries

Figure N.6: Percentage of children under five years old moderately or severely overweight, by country, 2010-2015

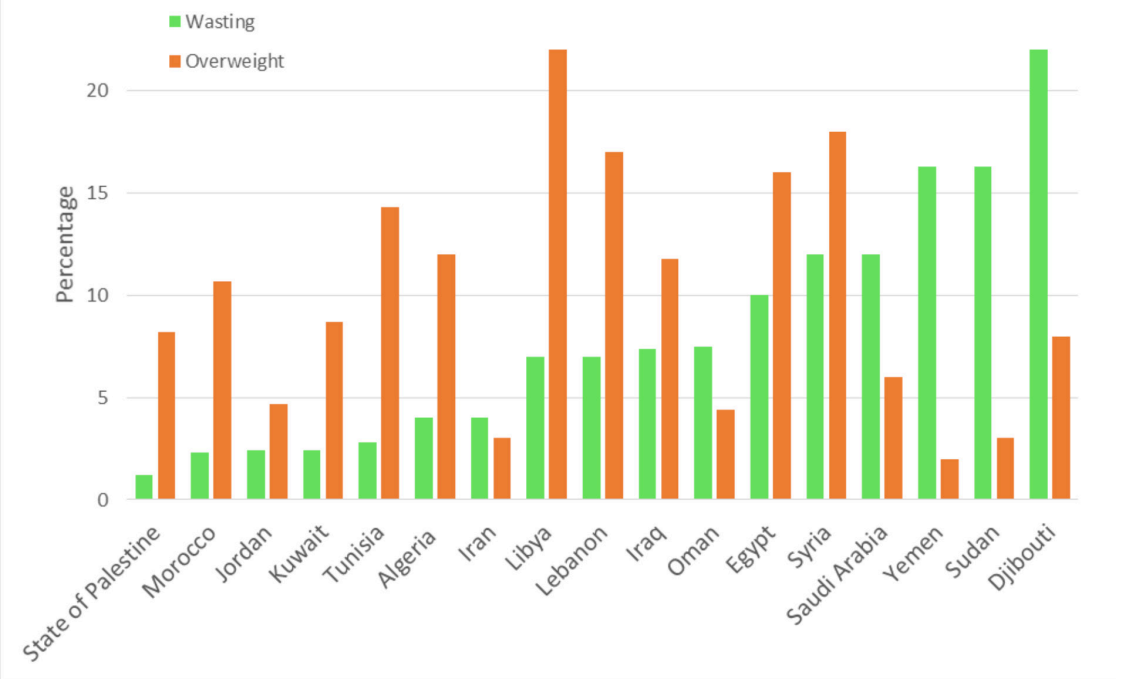


Data refers to the most recent year available during the specified period.

Sources: UNICEF, 2016; National Institute of Health Research et al, 2010 (Iran overweight)

Patterns of wasting and overweight are not uniform across MENA countries

Figure N.7: Percentage of children under five years old moderately or severely wasted and overweight, by country, 2010-2015



Note: Data refers to the most recent year available during the specified period. Data for Lebanon, Libya, Syria and Saudi Arabia refers to earlier period. Data unavailable for Bahrain, Qatar and UAE. Ranking of countries by the value of wasting.

Sources: UNICEF, 2016; National Institute of Health Research et al, 2010 (Iran overweight)

In Syria, the estimated number of children between 6-59 months of age suffering from acute malnutrition in early 2016 was over 86,000; a big proportion of them reside in rural Damascus and Aleppo. (UNICEF Syrian Arab Republic 2016)

DETERMINANTS OF UNDERNUTRITION

Available evidence suggests that place of residence, wealth of the household and mother's education can explain intra-country disparities in young children's nutrition. In Tunisia for example, prevalence of stunted children is systematically higher among those living in rural areas, compared with children from urban settings (Figure N.8). Evidence from Morocco demonstrates that children from the poorest 20% of households are four times more likely to be short for their age than children from the richest 20% (Figure N.9); the gap between the poor and the rich has widened in recent years. Trends of stunting in Jordan reveal that the gap between prevalence rates among young children to mothers with no education and to mothers with high education has systematically narrowed down since the 1990s. Yet, children of mothers without education are twice more likely to be stunted than children of mothers with high education (Figure N.10).

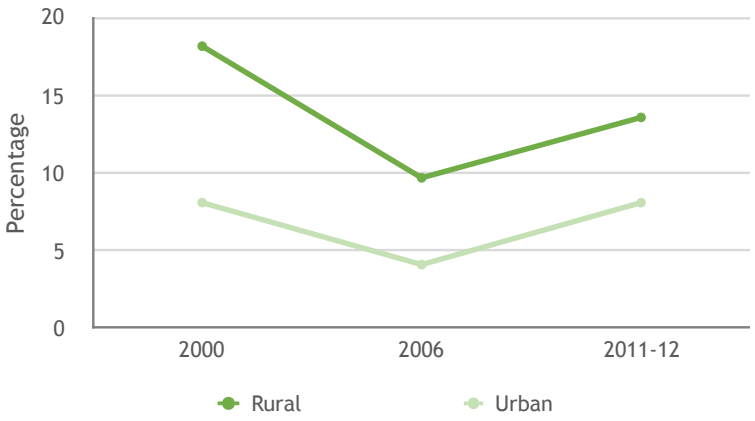
Syrian refugee children, especially those living in camps or informal settings, are among the most disadvantaged groups. Recent evidence from Jordan suggests that the stunting rate in one of the refugee camps is double the average for the country and for children living in host communities (Figure N.11).

While overweight is not typical for rich countries only, available evidence suggests that within countries it is a risk, which systematically affects more children from economically better-off households (Figure N.12).

Analysis of prevailing diet and quality of food consumed by children living in households with different socio-economic status or living in different settings could explain disparities in children's malnutrition. Evidence for such analysis is currently lacking however; further efforts would be needed to generate it.

In Tunisia children living in rural areas are more likely to be short for their age than those living in urban settings

Figure N.8: Percentage of children under five years old moderately or severely stunted in Tunisia, by residence, 2000 to 2011-2012



Sources: Tunisia MICS 2000, 2006 and 2011-2012

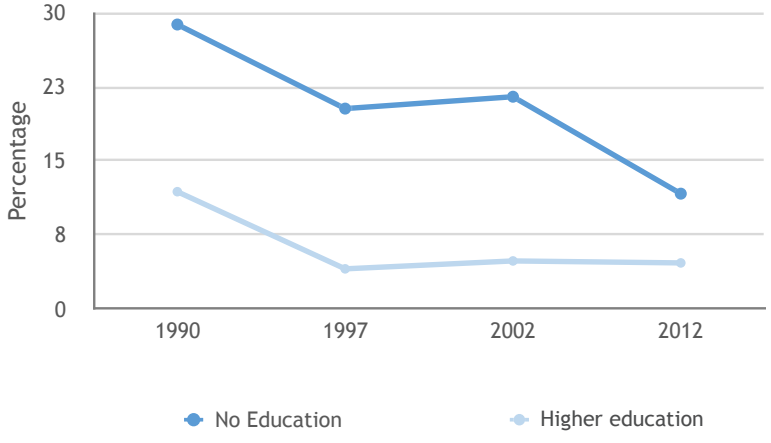
The gap in chronic undernutrition between the richest and the poorest children in Morocco has widened

Figure N.9: Percentage of children under five years old moderately or severely stunted in Morocco, by wealth of household, 2003-2004 and 2011

Sources: Morocco EPSF 2003-2004, and ENPSF 2011

In Jordan progress towards reduction in stunting among children of mothers with no education was faster than among those of mothers with higher education; however a gap remains

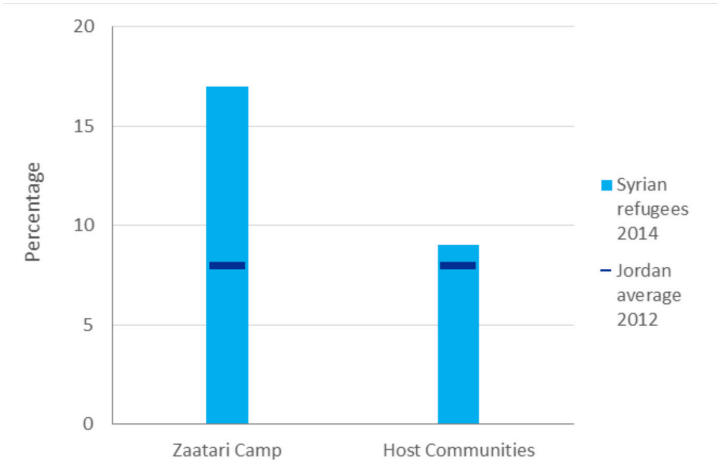
Figure N.10: Percentage of Jordanian children under five years old moderately or severely stunted by mother's education, 1990 – 2012



Sources: Jordan PFHS 1990, 1997, 2002, 2007 and 2012

The risk of stunting among Syrian refugee children residing in camps in Jordan is twice as high as among other children

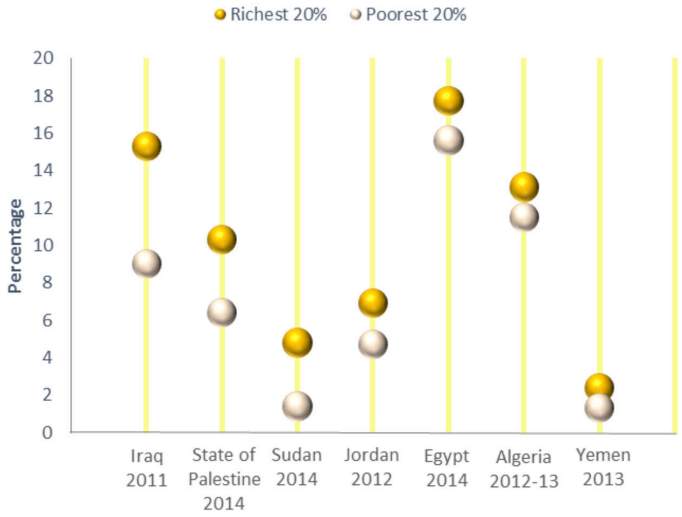
FigureN.11: Percentage of Syrian child refugees under five years old in Jordan moderately or severely stunted, 2014



Source: Jordanian Ministry of Health et al (2014); and Department of Statistics and ICF International (2013).

Children from rich households are more vulnerable to being overweight compared to those from poor households

Figure N.12: Percentage of children under five years old moderately or severely overweight, for some MENA countries, in the poorest and the richest households, between 2011 and 2014



Sources: Iraq MICS 2011, Jordan PFHS 2012, Algeria MICS 2012-2013, Yemen YNDHS 2013, Egypt DHS 2014, State of Palestine MICS 2014, and Sudan MICS 2014

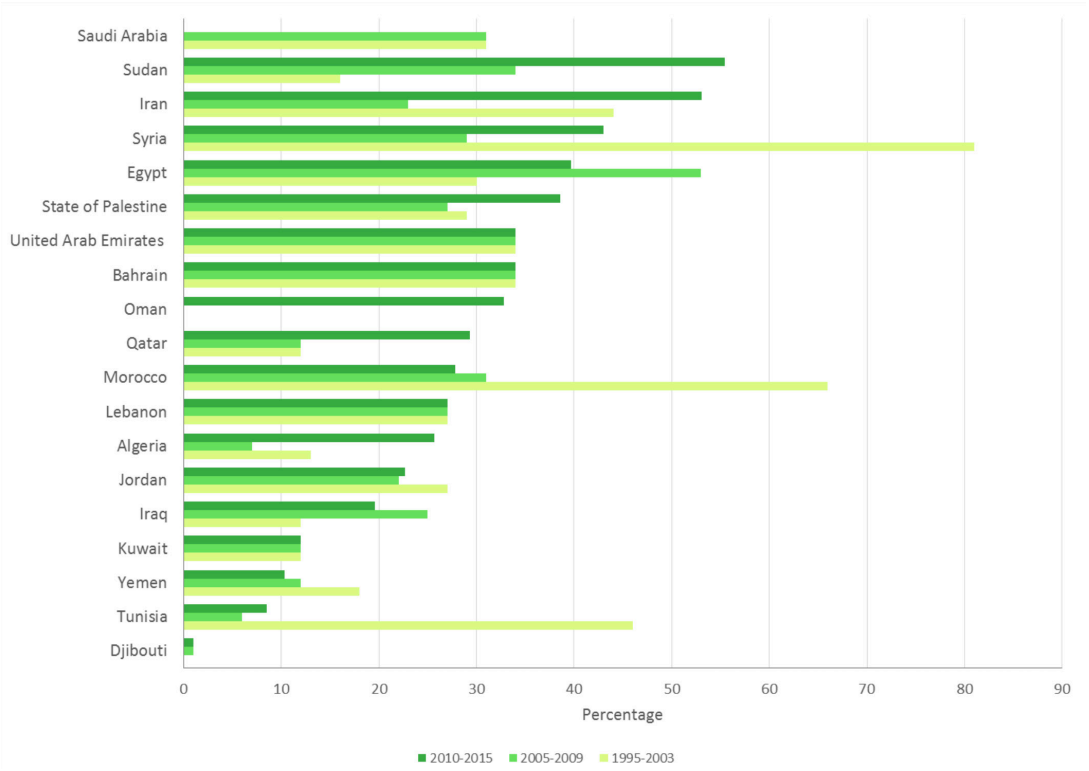
EXCLUSIVE BREASTFEEDING

Analysis has proven that globally exclusive breastfeeding until the age of six months saves lives and helps reduce the risk of children under five years of age dying from diarrhoea and pneumonia, the two leading causes of infant death (UNICEF 2013). Available data from MENA countries does not suggest a single trend or pattern in practicing exclusive breastfeeding of young infants over time in the region (Figure N.13) – increase, stagnation and decrease are all present across countries.

Young infant girls and boys have equal chances of being exclusively breastfed in countries, for which recent data is available (Figure N.14). In Lebanon, recent estimates of exclusive breastfeeding rates of baby-girls from the main population groups demonstrate significant differences, while those of boys are rather similar (Figure N.15), a phenomenon that needs to be further studied. Evidence from the State of Palestine demonstrates that the household's wealth does not affect exclusive breastfeeding practices, while the level of mother's completed education is correlated negatively with this practice (Figure N.16).

Trends and patterns differ among MENA countries; however more than half of young infants are not exclusively breastfed

Figure N.13: Percentage of infants aged 0-5 months that are exclusively breastfed, by country, 1995-2003 to 2010-2015

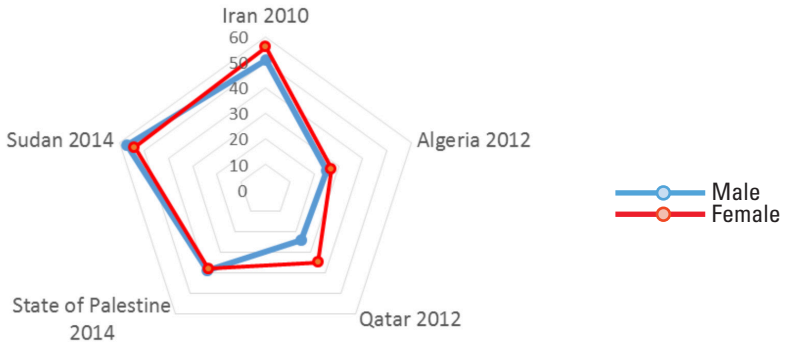


Note: Data refers to the most recent year available during the specified period. Ranking of countries by 2010-2015 value. Data for Libya is unavailable. Data of 1995-2003 for Bahrain, Kuwait, Lebanon, Morocco, Qatar, Saudi Arabia, State of Palestine, Syria and UAE is for exclusive breastfeeding of infants under four months of age.

Sources: UNICEF 2016; UNICEF 2011; and UNICEF 2005

Baby-girls and baby-boys have equal chances to be exclusively breastfed

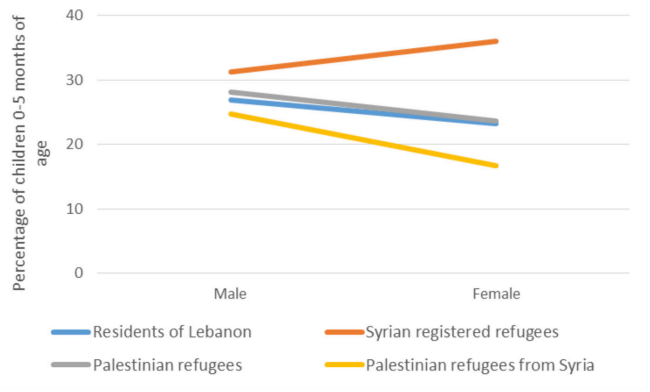
Figure N.14: Percentage of infants aged 0-5 months that are exclusively breastfed by sex in selected countries



Sources: Iran MIDHS 2010; Algeria MICS 2012; Qatar MICS 2012 ; State of Palestine MICS 2014 ; Sudan MICS 2014.

In Lebanon the gap in exclusive breastfeeding of girls between population groups is bigger than that of boys

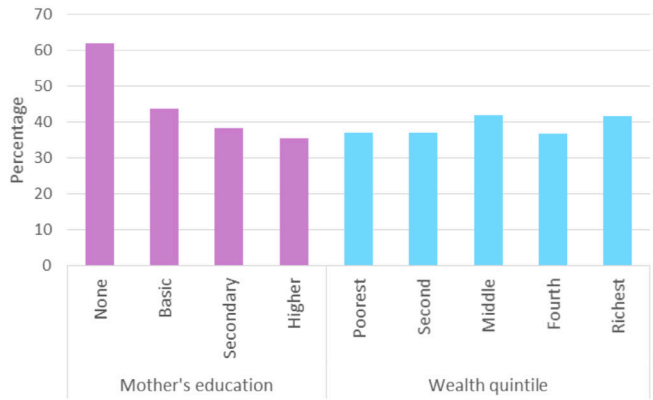
Figure N.15: Percentage of infants aged 0-5 months that are exclusively breastfed in Lebanon, by population group, 2015



Source: UNICEF Lebanon, 2016; UNICEF Lebanon, 2016

In the State of Palestine mother's higher education is associated with lower exclusive breastfeeding rates, while a household's wealth does not have particular effect

Figure N.16: Percentage of infants aged 0-5 months that are exclusively breastfed by mother's education and wealth quintile in the State of Palestine, 2014



Source: State of Palestine MICS 2014.

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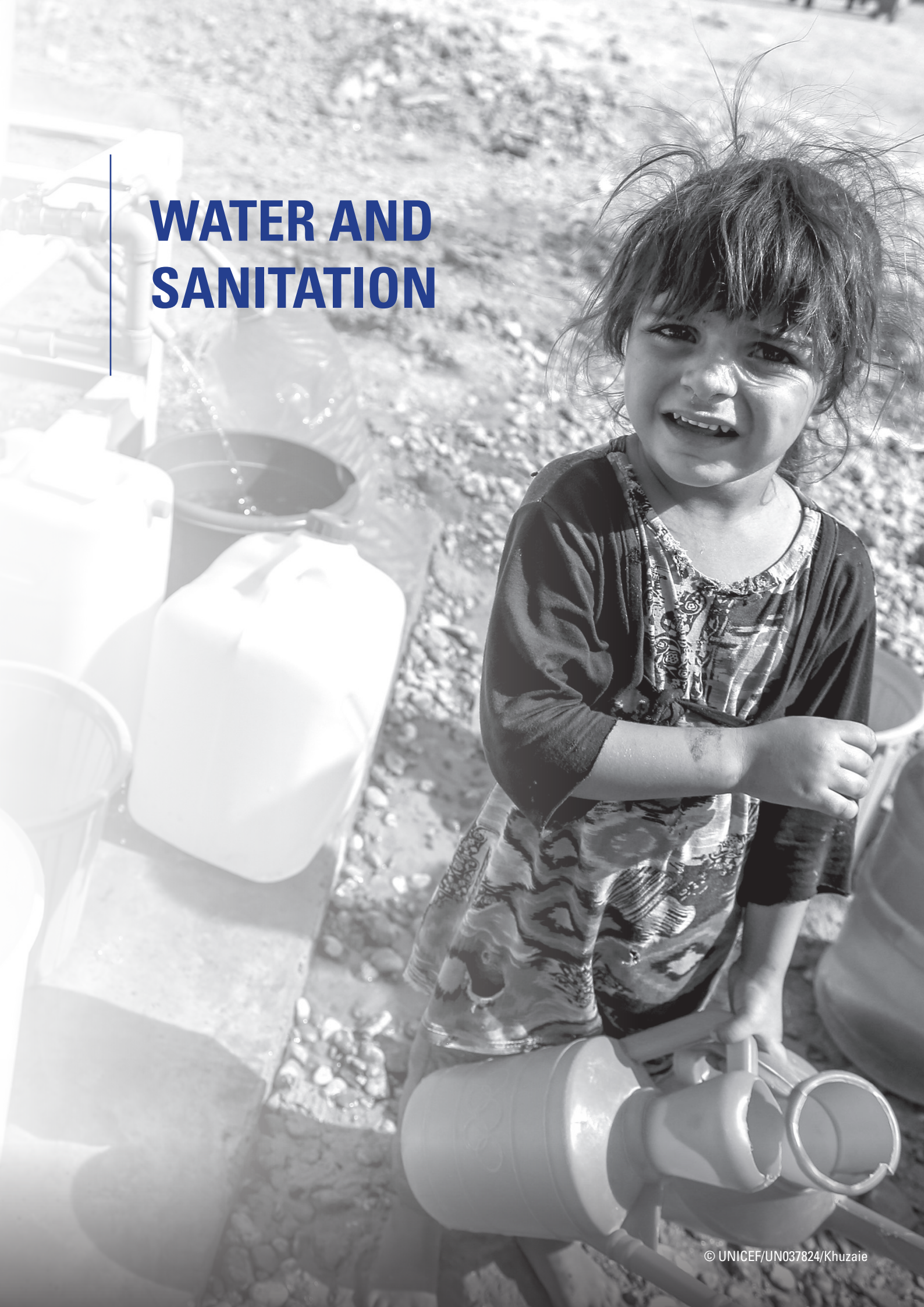
WATER AND SANITATION



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This section presents evidence of progress in the use of improved drinking water sources and improved sanitation facilities[1] across the MENA region. It reveals disparities among and within countries. The section thus points to the most disadvantaged populations that need disproportionately higher attention and support, should the region strive to achieve the Sustainable Development Goals post-2015 targets for universal access to safe and affordable drinking water and universal access to adequate and equitable sanitation and hygiene.

In the MENA region, by 2015, half of the countries reached over 95% coverage of their populations with both improved water sources and improved sanitation facilities. With already high rates of access to drinking water in the early 1990s, MENA middle-income and high-middle-income countries made further progress. However, the overall progress in other countries was not necessarily accompanied by a narrowing of the urban-rural gap. Half of the countries in MENA reached or are close to reaching targets for use of improved sanitation facilities but a few are lagging behind.

PROGRESS IN THE USE OF IMPROVED WATER SOURCES AND SANITATION

Access to and use of improved drinking water sources and improved sanitation facilities, both predictors of good health, often go hand in hand. In the MENA region, by 2015, half of the countries reached over 95% coverage of their populations with both improved water sources and improved sanitation facilities (Figure W&S.1). Yemen, Sudan and the State of Palestine are lagging behind in providing access to and ensuring use of improved drinking water sources. Yemen, Sudan and Djibouti continue to face challenges to provide access to and use of improved sanitation facilities.

With already high rates of access to improved drinking water sources in the early 1990s, MENA middle-income and high-middle-income countries made further progress (Figure W&S.2). The Gulf countries have reached almost universal access with equity. Sudan and Yemen, traditionally lagging behind, registered a decrease in access to improved drinking water sources since the early 1990s. Reaching the SDG target of universal access by 2030 will require disproportionately higher efforts in Sudan and Yemen.

The overall progress in other countries was not necessarily accompanied by a narrowing of the urban-rural gap; Djibouti is an example of a widening gap in favour of urban dwellers (Figure W&S.3). Available evidence from the State of Palestine reveals a dramatic overall decline in access to improved drinking water sources, where from almost universal in the 1990s, coverage dropped by almost half at the end of the MDG era. This overall trend is influenced by a decline of access in urban areas (Figure W&S.4) and mainly in the Gaza Strip (Figure W&S.5) where the most recent estimates suggest an unprecedented low level of access to improved water sources.

While urban-rural setting did not prove to be a strong determinant influencing access to any improved water source, available evidence suggests that access to improved water sources is positively correlated with household wealth, as demonstrated by Sudan (Figure W&S.6). Where evidence is found, it reveals that urban dwellers are more likely to have piped water into their premises compared to rural ones (Figure W&S.7).

Access to an improved water source will be a necessary - but not a sufficient criterion - to achieve the SDG global target, which states: "By 2030, achieve universal and equitable access

[1] Improved drinking water sources include: drinking water supply piped into dwelling, plot, yard or neighbour's yard; public tap or standpipe; tube well or borehole; protected dug well; protected spring; rainwater; bottled water plus one of the previous sources as their secondary source.

Improved sanitation facilities include: any of the following sanitation facilities, not shared with other households: flush or pour-flush latrine connected to a piped sewerage system, septic tank or pit latrine; ventilated improved pit latrine; pit latrine with a slab; composting toilet. (UNICEF, 2016).

to safe and affordable drinking water for all." (United Nations Economic and Social Council, 2016) The global SDG indicator "safely managed drinking water services" (SDG indicator 6.1.1) is defined as use of an improved source which is located on premises, available when needed and meets water quality standards. This will call for all MENA countries to exercise additional efforts towards reaching the new target.

Trends and patterns in the use of improved sanitation facilities follow those of access to and use of improved water sources in many MENA countries (Figure W&S.8). Countries from the Gulf and Jordan sustained close to universal use. Other countries made a good progress, reaching or approaching the MDG target of halving the percentage of people without sustainable basic sanitation (UNICEF and WHO, 2015) at very high overall coverage rates. In Yemen, despite the registered progress, almost half of the population still do not have such access. Sudan and Djibouti faced a reversal in access to improved sanitation facilities during the MDG era. In these three countries alone, over 40 million people[2] do not have access to improved sanitation facilities. Countries, for which data is available, registered some decrease in the inequalities between urban and rural dwellers, however disparities continue to exist (Figure W&S9). A notable exception is Djibouti where inequalities have increased over time. Ending open defecation, a global target on the SDG agenda (United Nations Economic and Social Council, 2016), needs to be addressed in Djibouti and Morocco, where 20% and 9% of the population respectively still practice it (Figure W&S.10).

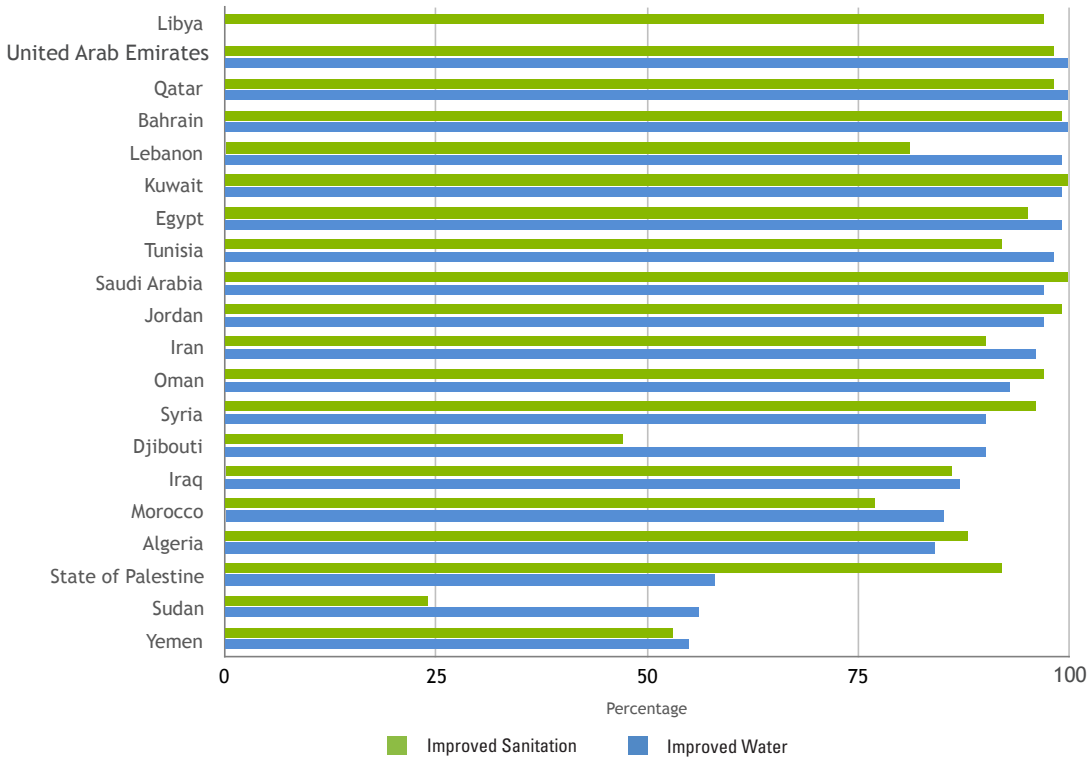
In the context of the on-going humanitarian crisis in the region where several national systems are over-stretched, Syrian refugees are among the most deprived from access to and use of improved drinking water sources and sanitation facilities, as evidence from Lebanon suggests, for example (Figure W&S.11). Reaching the goals for universal and equitable access to safe drinking water and adequate sanitation and hygiene in the next 15 years will require concerted effort by these countries themselves and strong support from the international community.

Little information is available on hygiene practices across MENA countries. Data collection and analysis efforts in the coming years need to properly cover this important health determinant.

[2] Estimate based on proportions of population with access to improved sanitation in the most recent year and population from UNICEF 2016.

Half of MENA countries are approaching universal access to improved drinking water sources and sanitation facilities

Figure W&S.1: Percentage population using improved water sources and improved sanitation facilities, by country, 2015

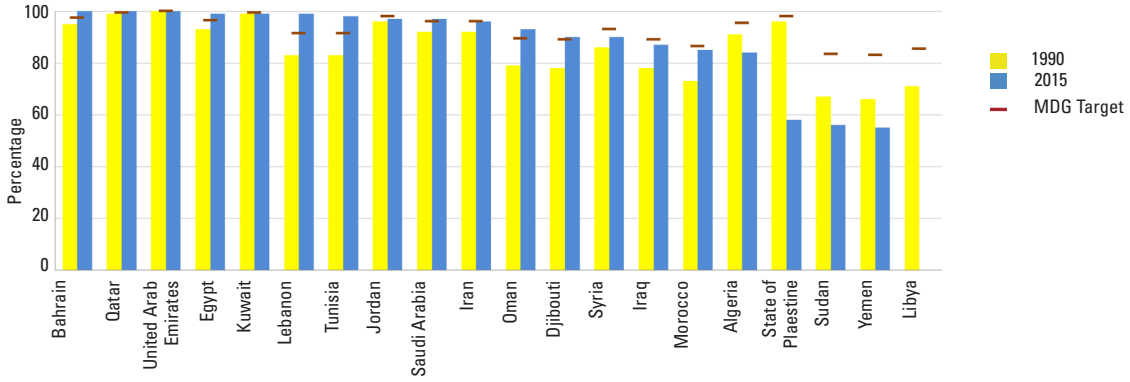


Note: Ranking of countries by value of usage of improved drinking water sources. Libya: data for improved water sources not available. Data for Sudan is from 2014 and data for Yemen is from 2012. Morocco: National MDG Report 2015, based on administrative sources, refers to use of improved water sources at 100% in urban areas and 94% in rural areas in 2014.

Source: UNICEF and WHO, 2015. United Nations Statistics Division (2016) for Sudan and Yemen.

Progress towards the MDG goal for using improved drinking water sources is uneven – from reaching universal access to reversal and worsened status

Figure W&S.2: Percentage of population using improved drinking water sources and MDG targets, by country, 1990 and 2015

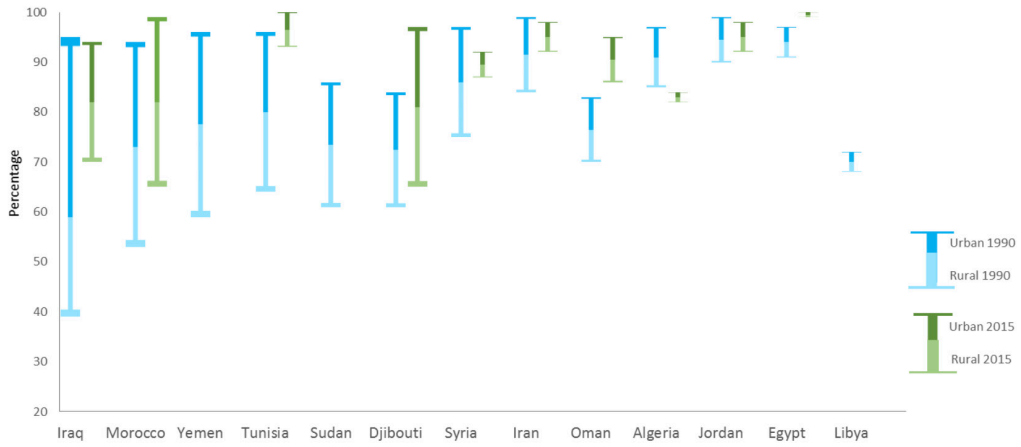


Note: Ranking of countries by 2015 value. Data for Libya for 2015 is not available. Former year for Lebanon is 1994, for Qatar is 1992, and for State of Palestine is 1991. Latter year for Sudan is 2014 and for Yemen is 2012. MDG target in the graph represents the percentage of population, which would have access to improved water source, should the MDG target be achieved.

Source: UNICEF and WHO, 2015; United Nations Statistics Division (2016) for Lebanon 1994, Qatar 1992, State of Palestine 1991; and Sudan 2014 and Yemen 2012.

Narrowing down the urban-rural gap in using improved water sources is uneven; some MENA countries witness reversal in coverage

Figure W&S.3: Percentage of population using improved drinking water sources in some MENA countries, by residence, 1990 and 2015

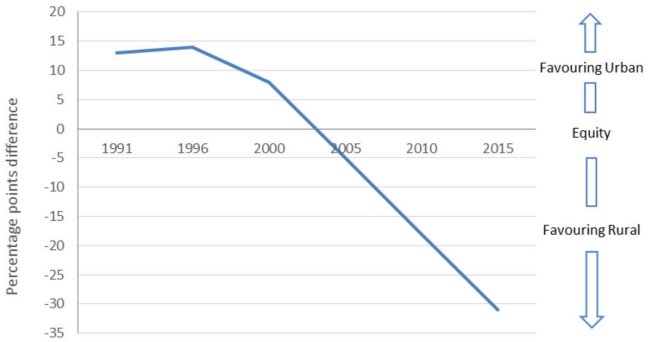


Note: Ranking of countries by 1990 disparity range. Data for Libya, Sudan and Yemen for 2015 is not available. Morocco: National MDG Report 2015, based on administrative sources, refers to 100% in urban areas and 94% in rural areas in 2014.

Source: UNICEF and WHO, 2015.

Stable access to improved drinking water sources in rural areas and worsening in urban areas of the State of Palestine

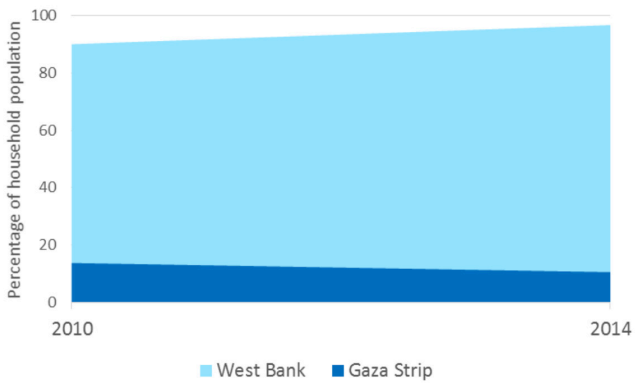
Figure W&S.4: Difference between urban and rural areas in usage of improved drinking water sources, State of Palestine, 1991-2015



Source: United Nations Statistics Division, 2016.

In Gaza Strip, State of Palestine, access to improved drinking water sources is unprecedentedly low

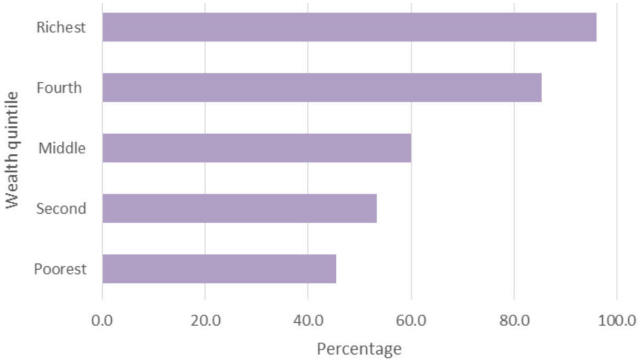
Figure W&S.5: Percentage of household population using improved water sources in West Bank and Gaza Strip, 2010 and 2014



Sources: Palestine MICS 2010, State of Palestine MICS 2014

In Sudan the use of improved water sources among the richest is twice as high as among the poorest

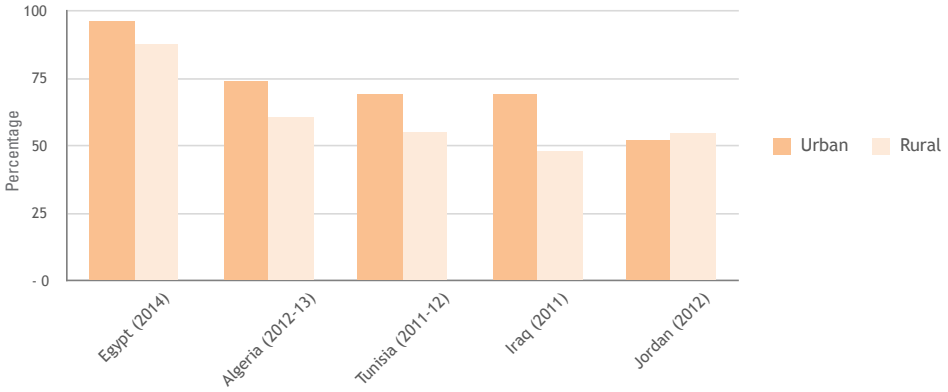
Figure W&S.6: Percentage of household population with access to improved water source by wealth quintile, Sudan 2014



Source: Sudan MICS 2014

Urban dwellers more often have piped water into their premises than rural ones

Figure W&S.7: Percentage of population with piped water into dwelling/yard/plot, for some MENA countries, 2011-2014

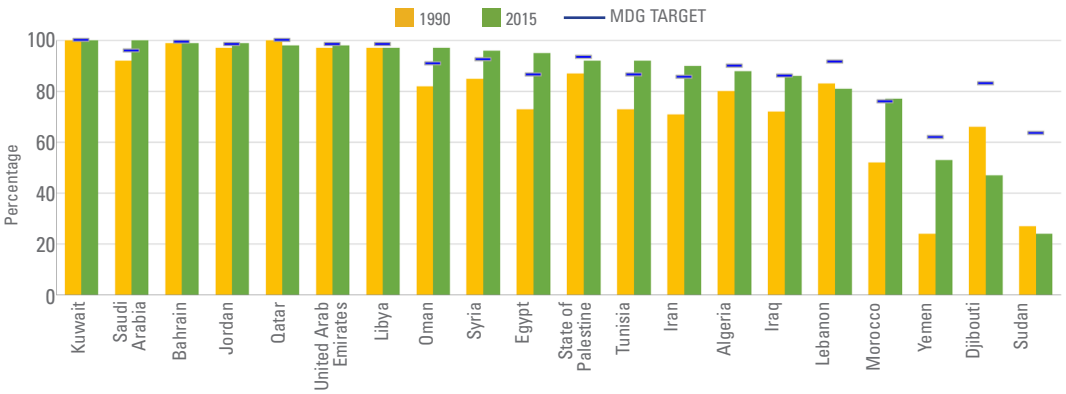


Sources: Iraq MICS 2011, Tunisia MICS 2011-2012, Jordan PFHS 2012, Algeria MICS 2012-2013 and Egypt DHS 2014.

A 2016 Needs Assessment in Syria estimated that some 69% of the entire population, or 12.1 million people, living in areas where the piped infrastructure is dysfunctional, suffers from reduced quality, inferior quantity and uncertain availability of water. (UNOCHA 2016)

Half of the countries in MENA reached or are close to reaching targets for use of improved sanitation facilities; a few are lagging behind

Figure W&S.8: Percentage of population using improved sanitation facilities and MDG target, by country, 1990 and 2015

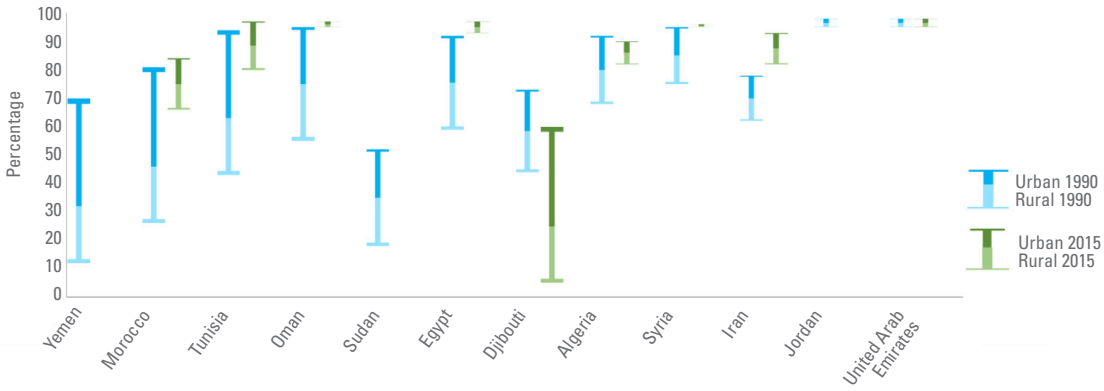


Note: Ranking of countries by 2015 value. Former year for Iraq is 1991, for Lebanon is 1998, and for State of Palestine is 1991. Latter year for Sudan is 2014 and for Yemen is 2012. MDG target in the graph represents the percentage of population, which would have access to improved sanitation, should the MDG target be achieved.

Source: UNICEF and WHO, 2015; United Nations Statistics Division (2016) for Iraq 1991, Lebanon 1998, State of Palestine 1991, Sudan 2014 and Yemen 2012:

Urban-rural disparities in usage of improved sanitation facilities changed unevenly in MENA countries

Figure W&S.9: Urban-rural disparities in use of improved sanitation facilities, 1990 and 2015

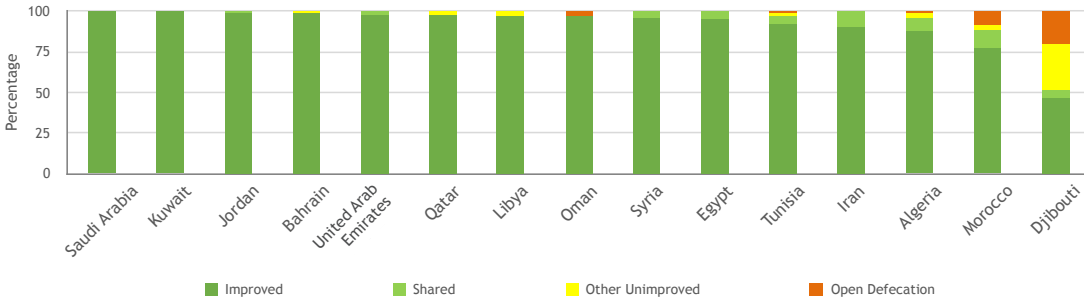


Note: Ranking of countries by 1990 disparity range for which data is available. Data for Sudan and Yemen for 2015 is not available. No urban-rural disparity in Jordan in 2015.

Source: UNICEF and WHO, 2015.

Open defecation is not very common in MENA region, however still practiced in some countries

Figure W&S.10: Percentage population using sanitation facilities by type in some MENA countries, 2015



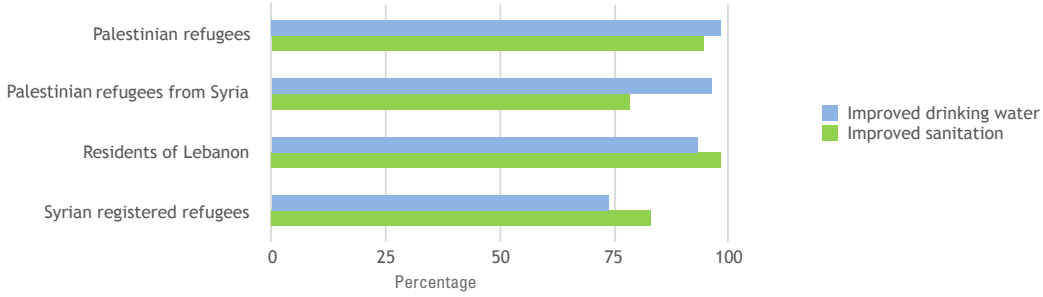
Note: Ranking of countries by percentage using improved sanitation sources.

Source: UNICEF and WHO, 2015.

Vulnerability assessment in Lebanon in September 2014 to February 2015 found that among the responding displaced population 5% of males and 8% of females did not have toilet at home; 3% of males and 4% of females were practicing open-air defecation. (UNICEF et al, 2015)

In Lebanon, Syrian refugees benefit less from access to improved water sources and sanitation facilities

Figure W&S.11: Percentage of household population using improved drinking water source and sanitation facility, by population group, Lebanon 2015



Note: Households using bottled water as the main source of drinking water are classified into improved or unimproved drinking water users according to the water source used for other purposes such as cooking and hand washing. Quality of water has not been tested. Population groups are ranked according to the value for improved drinking water source.

Source: UNICEF Lebanon, 2016

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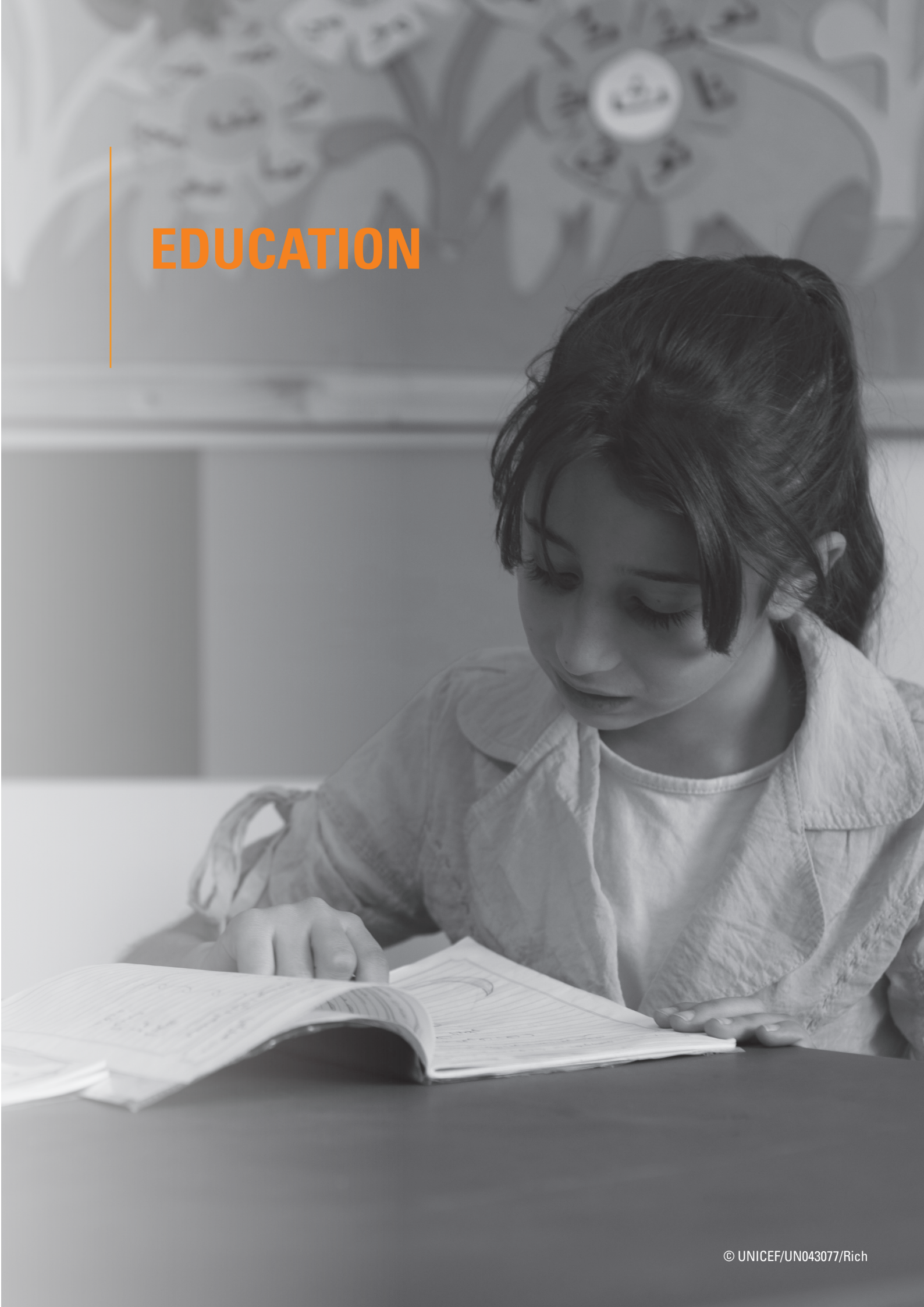
EDUCATION



This section provides evidence of the overall progress made by MENA countries in ensuring equitable access to education for children. It pays special attention to the most disadvantaged children – those out of school. It then looks into some aspects of education quality directly related to the Sustainable Development Goals post-2015 agenda, with a focus on learning outcomes.

In MENA, many countries made significant progress and are on the verge of achieving universal primary-education enrolment. However, most recently, there has been a reversal in countries affected by the on-going humanitarian crisis. Almost 90% of primary-school-age out-of-school children in the region, or over 3.8 million children, are found in Sudan, Yemen and Syria. Young children are more developmentally on track in the learning and social-emotional domains and less in the literacy-numeracy domain. Reading and mathematics achievements of children in Grades 4, 6 and 8 were still slightly below the international threshold, with girls performing better than boys. However, literacy is almost universal among young people across the MENA region.

PROGRESS IN ACCESS TO AND COMPLETION OF EDUCATION

It is widely accepted that pre-school education forms a necessary basis for continued good school performance. Enrolment of young children in pre-primary school has improved across MENA but remains low in many countries (Figure E.1). Inter-country disparities remain significant (Figure E.2). Girls and boys have equal opportunities to benefit from pre-school education (Figure E.3). Evidence, where available, suggests that children from wealthier households and living in urban areas (Figure E.4), and those whose mothers have higher education (Figure E.5) are more likely to access pre-school learning than those from poor or rural households, or less educated mothers.

In MENA, many countries made significant progress and are on the verge of achieving universal primary-education enrolment, with Sudan and Djibouti lagging behind. However, most recently, there has been a reversal in countries affected by the on-going humanitarian crisis, such as Syria, Jordan and Lebanon (Figure E.6). In the region, the phenomenon of out-of-school children has followed different patterns since the 1990s. High and middle-income countries (including Gulf and Maghreb countries[1]) have made significant progress in reducing the numbers and proportions of out-of-school children to very low levels. Low-income countries such as Djibouti and Sudan[2], despite the registered progress, have unacceptably high out-of-school rates for primary-school-age children – 43% and 45% respectively. Countries affected by the Syria humanitarian crisis such as Syria, Jordan and Lebanon, after years of progress in reducing the number of children out of school, faced significantly sharp increases in recent years (Figure E.7). The likelihood of primary-school-age boys and girls being out of school is similar across countries (Figure E.8). Almost 90% of all primary-school-age out-of-school children in the region, or over 3.8 million children, are found in Sudan, Yemen and Syria (Figure E.9).

Children who enter primary education have a high chance staying in school and attaining a primary school education – over 90% of first-graders reach the last primary-level grade across countries, for which data is available (Figure E.10) including both girls and boys (Figure E.11). However, Yemen, Sudan and Djibouti remain behind. Available evidence suggests that children living in urban settings and from rich households are more likely to stay in school until the last grade of the primary level than those who are poor or reside in rural areas, as the example of Sudan demonstrates (Figure E.12). Where available, evidence suggests that in countries affected by protracted emergencies, girls are less likely to complete primary education than boys; in other countries from the region with available data, girls' completion rates slightly exceed those of boys (Figure E.13). Factors behind such patterns will need further investigation.

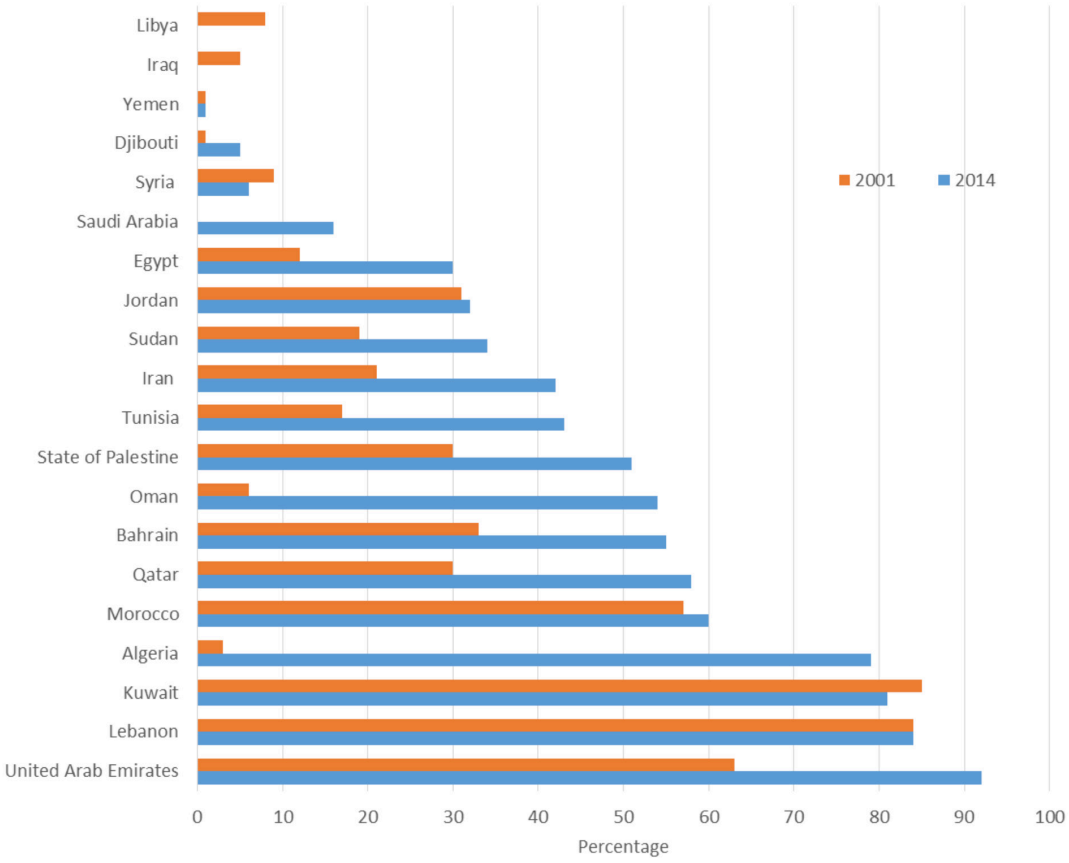
[1] Refers to Algeria, Morocco and Tunisia in this context.
[2] Primary education in Sudan covers grades 1 to 8.

Where available, evidence of enrolment in lower secondary education does not suggest uniform trends and patterns across MENA countries (Figure E.14). At this level too, crisis-affected countries have the highest rates of children out of school (Figure E.15). In Sudan and Yemen, the numbers and proportions of girls of lower-secondary-school age out of school are twice those of boys; in other countries with available evidence patterns differ (Figure E.16). Upper-secondary education enrolment also differs, with lower-middle-income countries and crisis-affected countries lagging behind the rest (Figure E.17). Enrolment in vocational programmes accounts for a small proportion of the overall school enrolment at the upper secondary level.

Anecdotal evidence from conflict-affected countries suggests that Syrian refugee children are disproportionately affected by the lack of opportunity to attend formal schooling (Figure E.18), with girls more likely to be enrolled than boys at the secondary level (Figure E.19). All in all, across MENA countries, gender disparities are most pronounced at the tertiary level and more often than not are in favour of girls (Figure E.20).

Pre-primary school enrolment has improved across MENA countries

Figure E.1: Gross enrolment ratio in pre-primary education, by country, 2001 and 2014

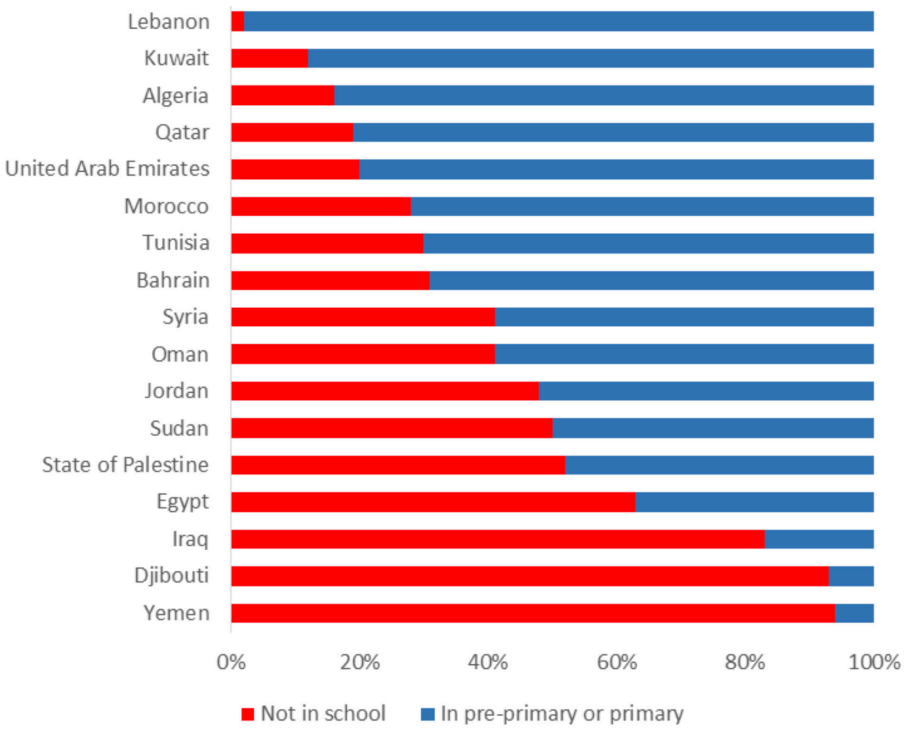


Note: Countries are ranked by 2014 values. Former year for Sudan refers to pre-secession boundaries. Pre-primary enrolment rate is defined as number of children enrolled in pre-primary education, regardless of age, expressed as a percentage of the total number of children of official pre-primary school age. Former year for Oman is 1998 and for Iraq and Jordan is 2000; latter year for Jordan is 2012, for Sudan, Syria and Yemen is 2013, and for Djibouti is 2015.

Source: UNESCO Institute of Statistics, 2016

Enrolment of pre-primary-school-age children in pre-primary education varies significantly among countries

Figure E.2: Children of pre-primary school age by status of enrolment in pre-primary education, 2013

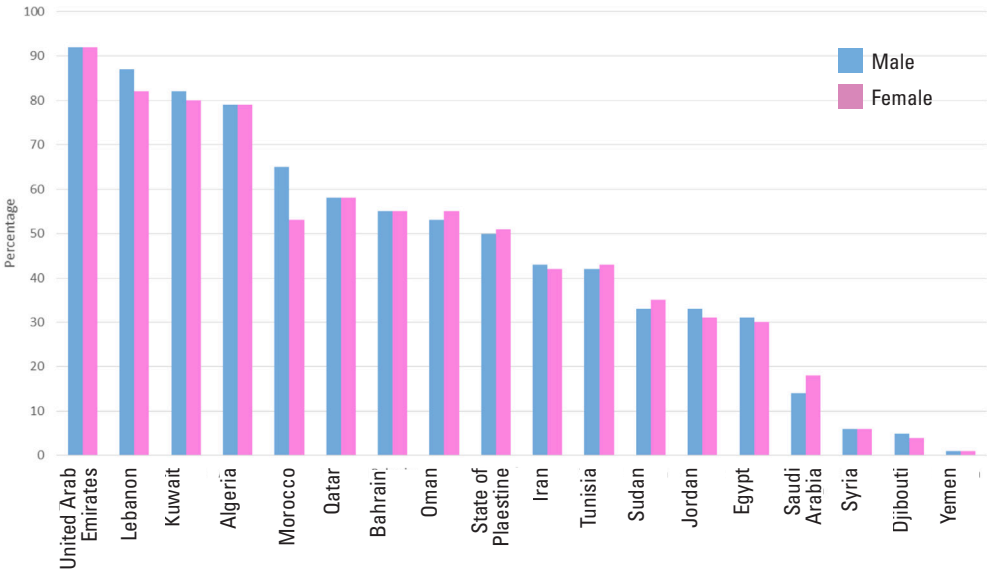


Note: Data for Algeria, Djibouti and Jordan is from 2011; for Yemen from 2010; for Iraq and Kuwait from 2007. Children of pre-primary school age are defined as children at the age of 5.

Source: UNICEF, 2015d.

Gender does not seem to be an instrumental factor in access to pre-primary education

Figure E.3: Gross enrolment ratio in pre-primary education, by country and gender, 2014

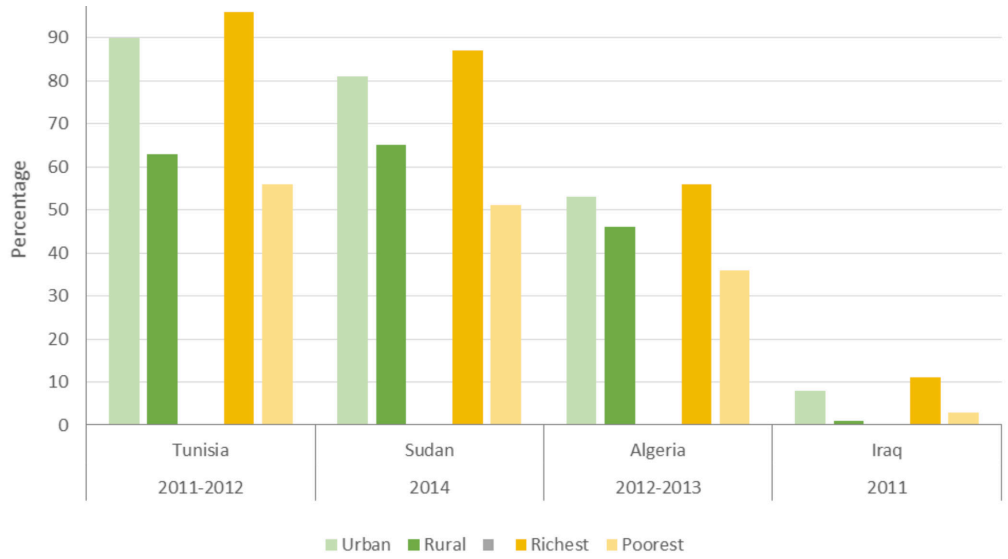


Note: Countries are ranked by male values. Data not available for Iraq and Libya. Pre-primary enrolment is defined as number of children enrolled in pre-primary education, regardless of age, expressed as a percentage of the total number of children of official pre-primary school age. Reference year is 2012 for Jordan, 2013 for Sudan, Syria and Yemen, and 2015 for Djibouti.

Source: UNESCO Institute for Statistics. 2016.

Household wealth is a stronger determinant of pre-school attendance than the place of residence

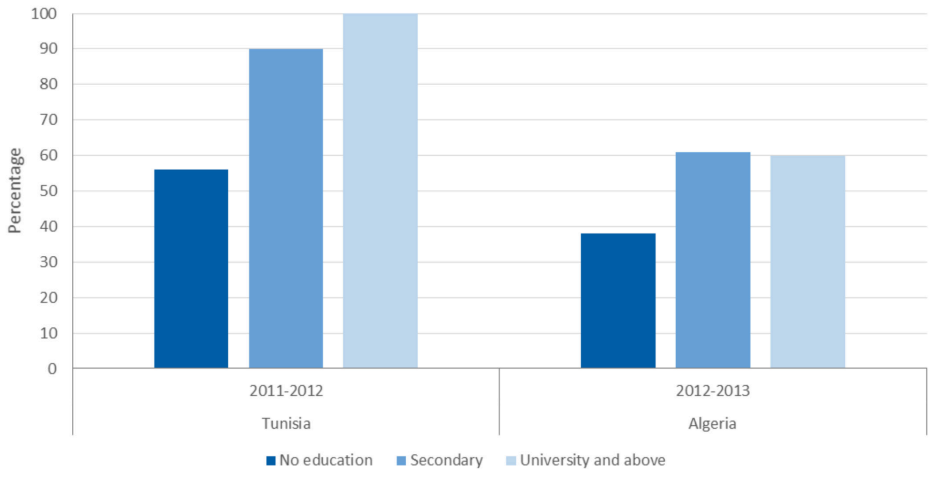
Figure E.4: Percentage of first-grade children who have attended pre-school, in some MENA countries, by residence and household wealth quintile, 2011 to 2014



Sources: Iraq MICS 2011, Tunisia MICS 2011-2012, Algeria MICS 2012-2013 and Sudan MICS 2014.

In Tunisia and Algeria, children of mothers with a higher education level are more likely to attend pre-school education programmes

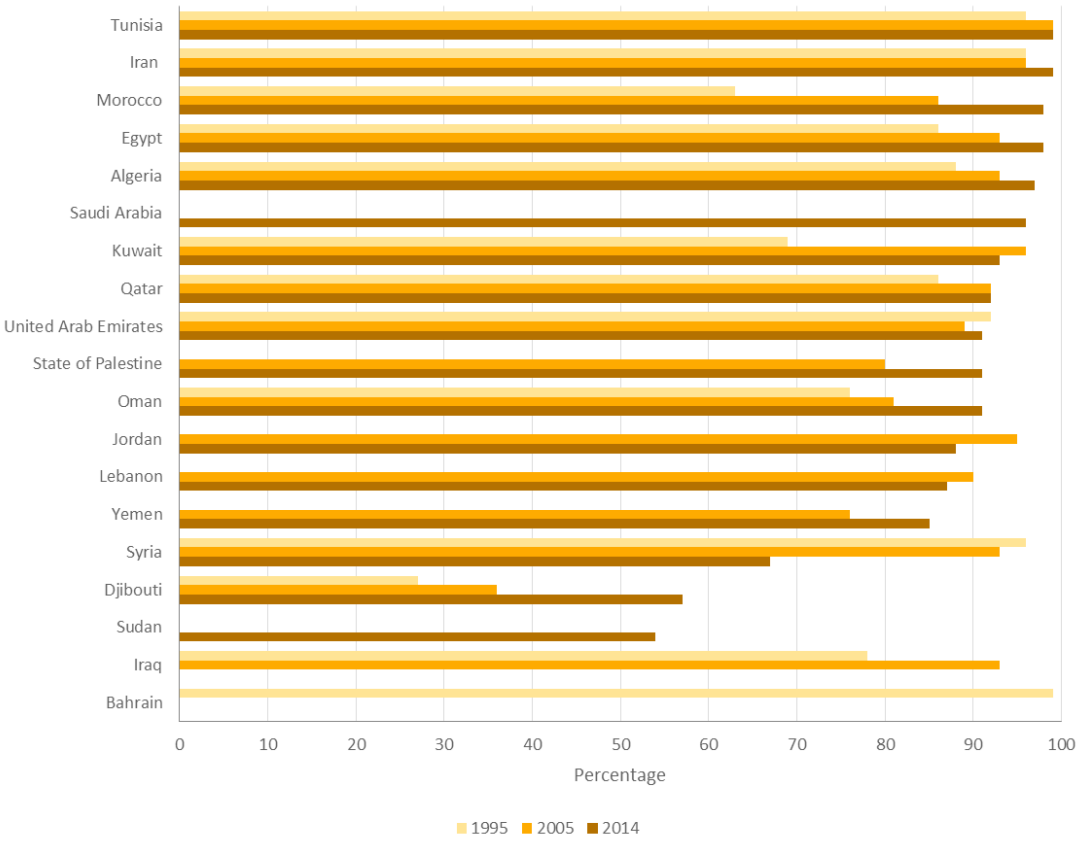
Figure E.5: Percentage of first-grade children who have attended pre-school, in some MENA countries, by mother's education, 2011 to 2013



Sources: Tunisia MICS 2011-2012, Algeria MICS 2012-2013.

Many MENA countries have reached or are on the verge of reaching universal primary education

Figure E.6: Net enrolment rate in primary education, by country, 1995 to 2014



Note: Ranking of countries by 2014 values. Earliest year is 1992 for Iran; 1993 for Iraq; and 1994 for Egypt, Kuwait and Qatar. Middle year is 2003 for Oman and 2004 for Iraq. Most recent year is 2011 for Algeria and Qatar; 2012 for Jordan and Sudan; 2013 for Lebanon, Syria, Tunisia and Yemen; and 2015 for Djibouti.

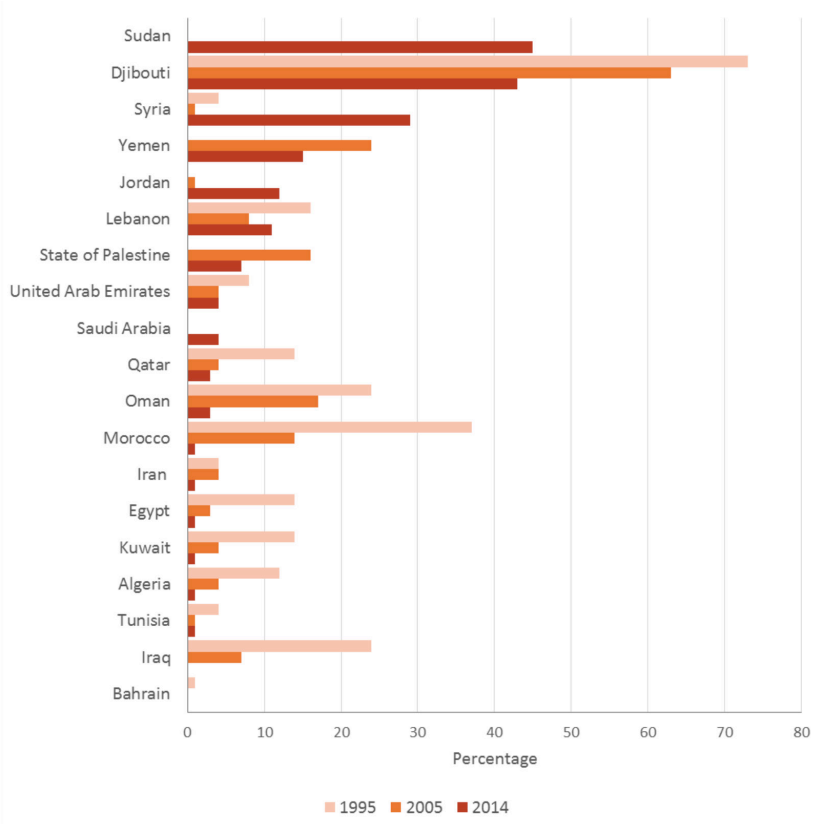
Source: UNESCO Institute for Statistics, 2016.

The Global Out-of-School Children Initiative (OOSCI) was launched by UNICEF and the UNESCO Institute for Statistics (UIS) in 2010 with the objective of developing detailed and complex profiles of out-of-school children, analyzing barriers to education, and developing policies and strategies to address the phenomenon of out-of-school children. OOSCI proposes a conceptual framework on "Five Dimensions of Exclusion" in relation to out-of-school children. Dimensions 1, 2 and 3 include children who are not participating in formal education in three age groups: pre-primary, primary, and lower secondary age. Dimensions 4 and 5 include children who are enrolled in primary or lower secondary education respectively, but who are at risk of dropping out.

From the MENA region, nine countries are participating in the initiative: Algeria, Djibouti, Egypt, Iraq, Jordan, Morocco, Sudan, Tunisia and Yemen, and have developed country reports based on available national data. These country reports were subsequently consolidated into a regional report. This initiative is now expanding to cover all UNICEF programme countries in the region, with monitoring mechanisms to improve and update data collection and enhance programming.

The proportion of primary-school-age children out-of-school varies across MENA countries; it increased recently in countries affected by the Syria crisis

Figure E.7: Percentage of out-of-school children of primary school age, by country, 1995 to 2014

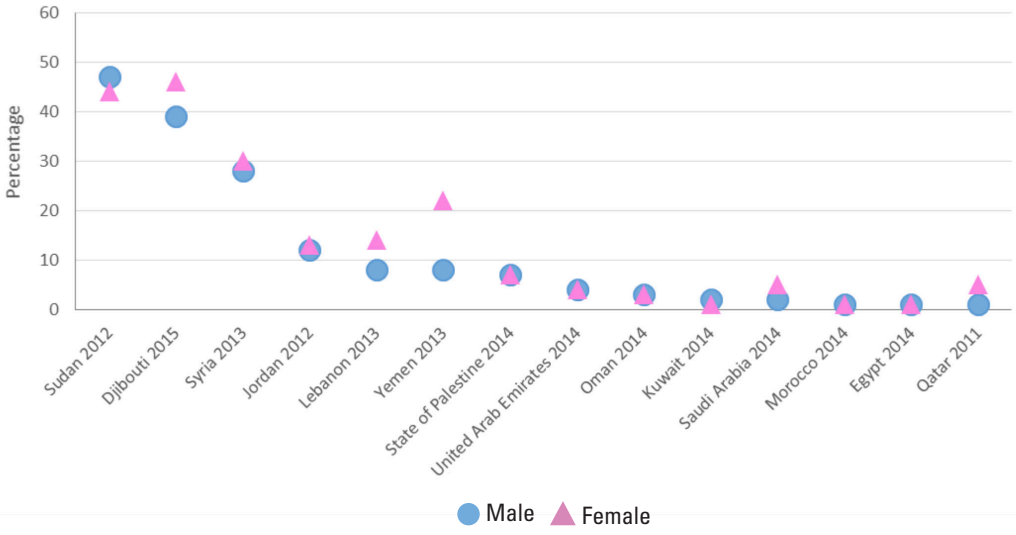


Note: Ranking of countries by 2014 values. Earliest year is 1992 for Iran; 1994 for Egypt and Qatar; 1996 for Iraq and Kuwait; and 1997 for Lebanon. Middle year is 2003 for Oman and 2004 for Iraq. Latest year is 2011 for Algeria and Qatar; 2012 for Jordan and Sudan; 2013 for Lebanon, Syria, Tunisia and Yemen; and 2015 for Djibouti.

Source: UNESCO Institute for Statistics, 2016.

At primary-school level similar proportions of boys and girls are out of school in many countries

Figure E.8: Percentage of out-of-school children of primary-school age, by gender, in some MENA countries, 2011 to 2015

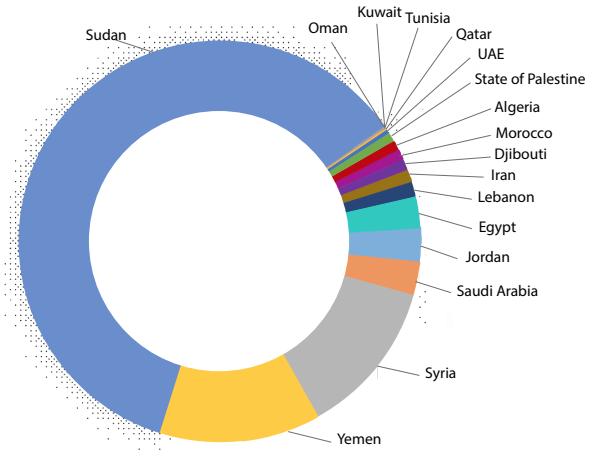


Note: Countries are ranked by male values. Rates for Jordan and Lebanon are calculated with inclusion of Syrian refugee children.

Source: UNESCO Institute for Statistics, 2016.

Almost 90% of primary school age children out of school are concentrated in three conflict-affected countries

Figure E.9: Distribution of out-of-school children of primary school age, by country, 2011 to 2015

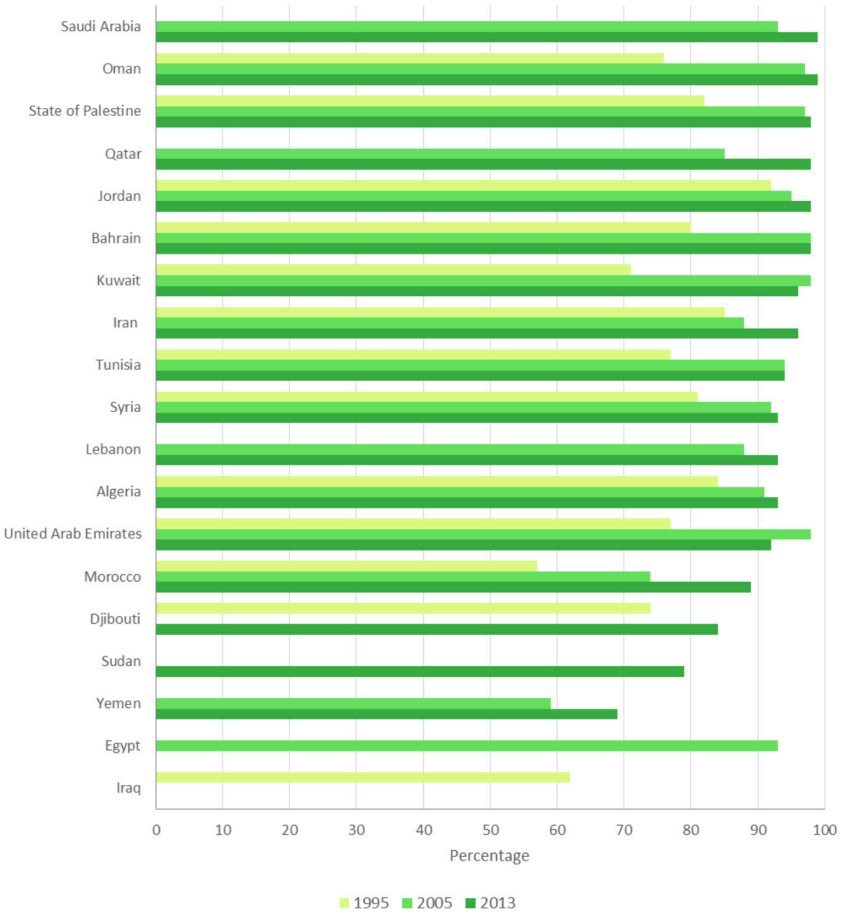


Note: Data refers to the most recent year available during the specified period. Data for Bahrain, Iraq and Libya is not available.

Source: UNESCO Institute for Statistics, 2016.

Primary school retention has improved and is high in most MENA countries

Figure E.10: Percentage of students starting grade one who reach last grade of primary education, by country, 1995 to 2013

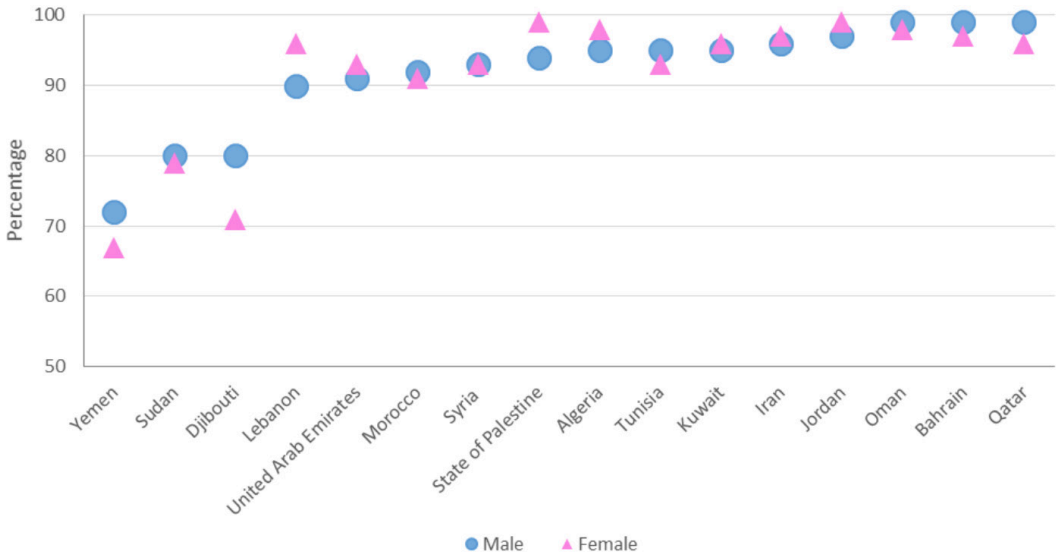


Note: Ranking of countries by 2013 values. No data available for Libya. Algeria: MICS suggests 97.6% in 2012-2013. Earliest year is 1993 for Iran and Iraq; and 1994 for Djibouti, Jordan, Oman and Tunisia. Middle year is 2002 for Iran; 2003 for Kuwait; 2004 for Bahrain, Jordan, State of Palestine and Yemen; 2006 for Tunisia; and 2007 for Saudi Arabia. Latest year is 2010 for Jordan; 2011 for Bahrain, Iran, Lebanon, Saudi Arabia and Syria; and 2012 for Kuwait, Oman, Qatar, Sudan, United Arab Emirates and Yemen.

Source: UNESCO Institute for Statistics, 2016.

Girls and boys have very similar chances to reach the last grade of primary education

Figure E.11: Percentage of students starting grade one who reach the last grade of primary education, by country and gender, 2012

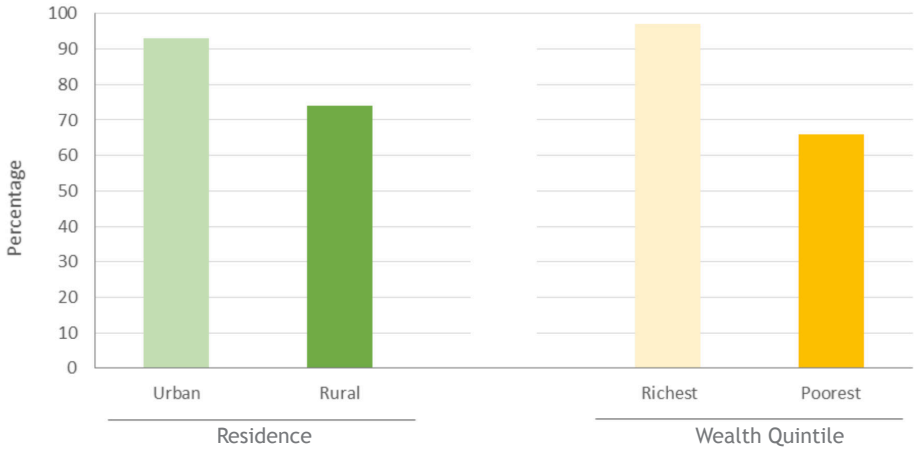


Note: Data is based on UIS estimates for Kuwait and national estimates for Iran; no data available for Egypt, Iraq, Libya, and Saudi Arabia. Countries are ranked by male values. Algeria: MICS suggests 97.6% in 2012-2013 for both male and female. Years are 2010 for Jordan; and 2011 for Bahrain, Iran, Lebanon and Syria.

Source: UNESCO Institute for Statistics, 2016.

In Sudan, children living in urban settings and from the richest households are more likely to reach the last grade of primary education than those living in rural areas and from poor households

Figure E.12: Percentage of students starting grade one who reach the last grade of primary education, by residence and wealth quintile in Sudan, 2014

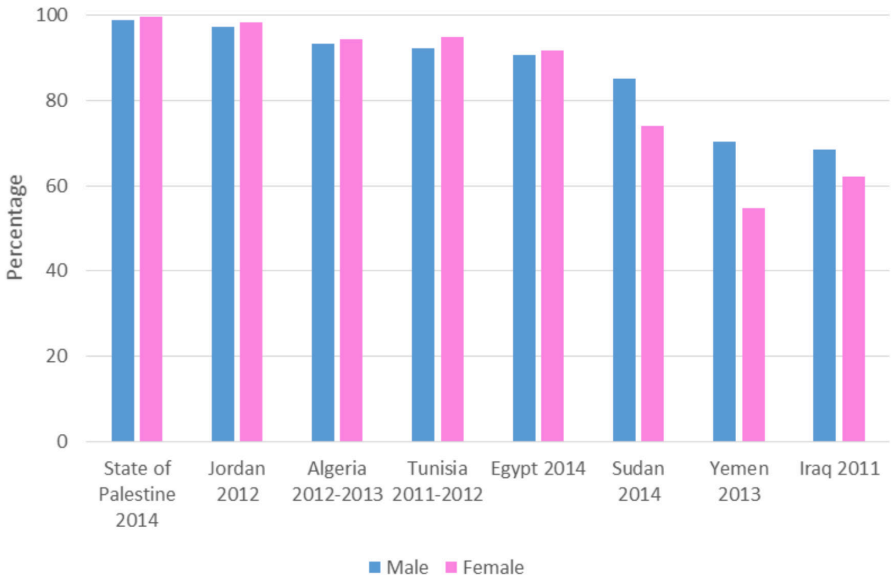


Note: Primary education refers to the national classification of Assas in Sudan, which covers grades 1 to 8.

Source: Sudan MICS 2014.

Girls are less likely to complete primary education than boys in countries with protracted emergencies

Figure E.13: Completion rate of primary education, selected countries, by gender, 2011 to 2014



Note: Percentage of children three to five years older than primary graduation age who have completed primary education. Sudan: primary education level includes grades 1 to 8. Ranking of countries by male values.

Source: UNICEF Global databases 2016 based on MICS, DHS and other national household surveys.

In 2014-2015 over 490,000 children have been enrolled in basic education in schools supported by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA). Retention rates, while not strictly comparable with those in the mainstream schools as these schools cover the whole basic education continuum, are high and have improved in recent years.

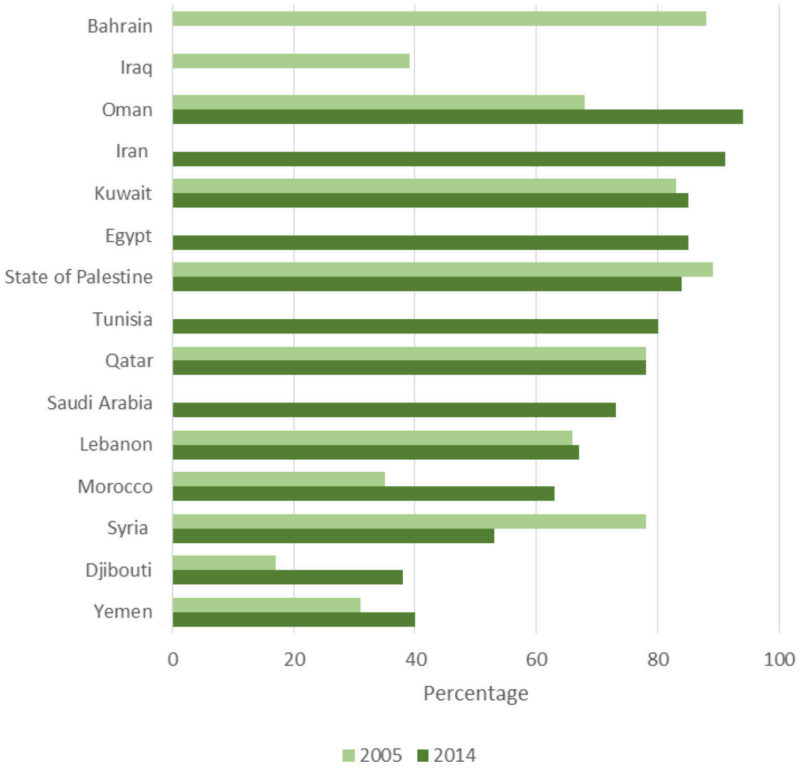
Percentage of children who started Grade 1 and reached Grade 9, in UNRWA-supported schools.

Area/Country	2010/2011	2014/2015
Gaza Strip	94.5	96.2
West Bank	94.9	97.1
Jordan	88.7	90.6
Lebanon	89.5	92.1
Syria	86.1	no data available

Source: UNRWA direct communication, November 2016.

Enrolment in lower secondary education varies significantly across countries

Figure E.14: Net enrolment rates in lower secondary education, in some MENA countries, 2005 and 2014

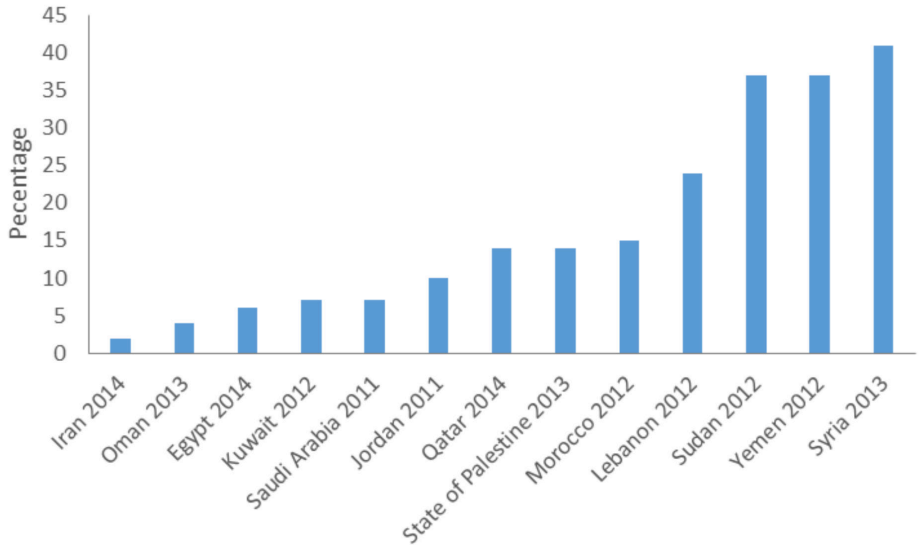


Note: Countries are ranked by 2014 values. Earlier year is 2003 for Oman; 2004 for Iraq, and 2006 for Kuwait, Lebanon and State of Palestine. Latter year is 2011 for Lebanon and Qatar; 2012 for Kuwait; and 2013 for Syria and Yemen.

Source: UNESCO Institute for Statistics, 2016.

In conflict-affected countries, larger proportions of lower-secondary-school-age children are out of school

Figure E.15: Percentage of out-of-school children of lower-secondary-school age, in some MENA countries, 2011 to 2014

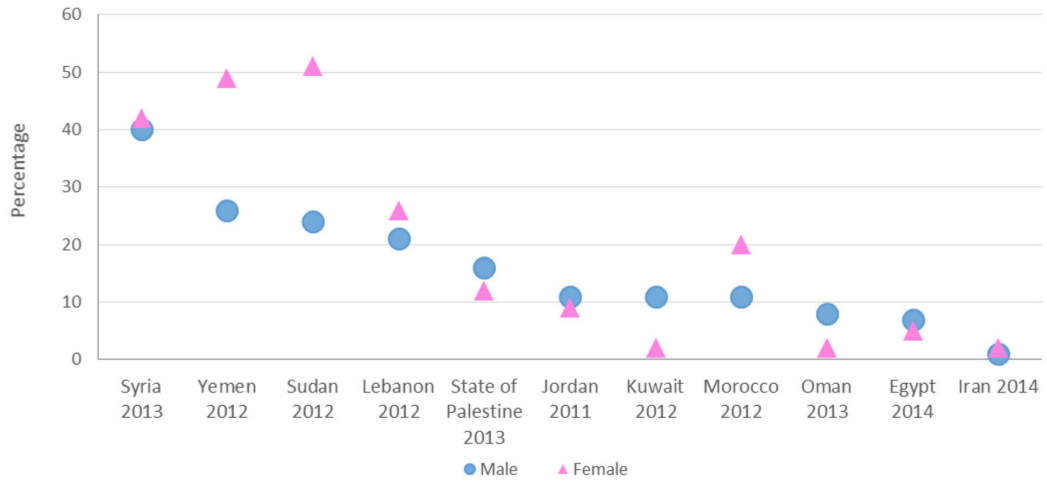


Note: UIS estimates for: Egypt, Lebanon, Morocco, State of Palestine, and Yemen.

Source: UNESCO Institute for Statistics, 2016.

At lower-secondary school level, gender disparities among out-of-school children differ across countries

Figure E.16: Percentage of out-of-school children of lower-secondary school age, by gender, in some MENA countries, 2011 to 2014

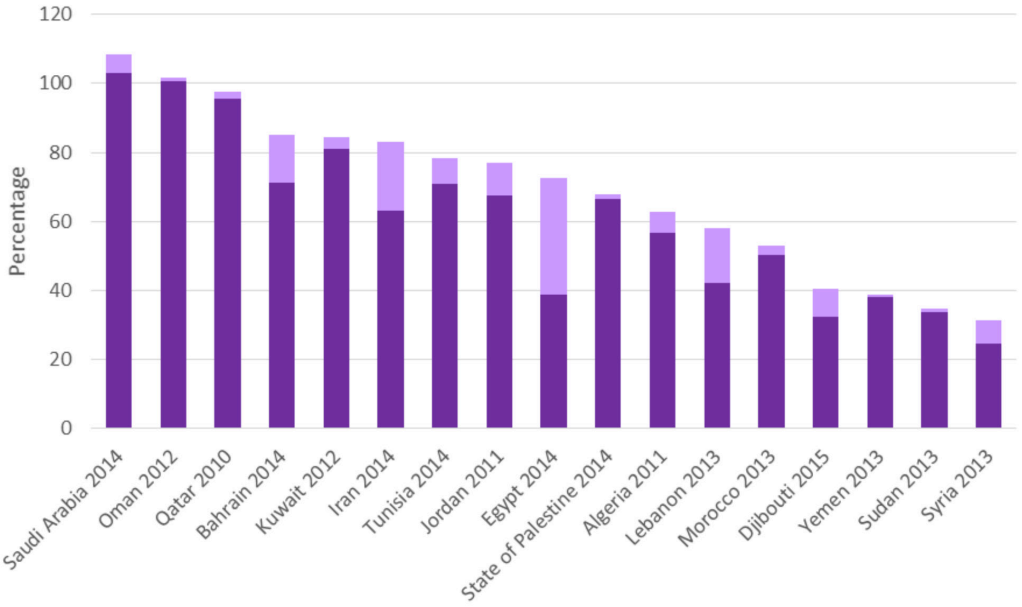


Note: Countries are ranked by male values.

Source: UNESCO Institute for Statistics, 2016.

Enrolment ratios in upper secondary education are uneven across countries; children are more often enrolled in general school programmes rather than in vocational programmes

Figure E.17: Gross enrolment ratio in upper secondary education, by programme orientation, 2010 to 2014

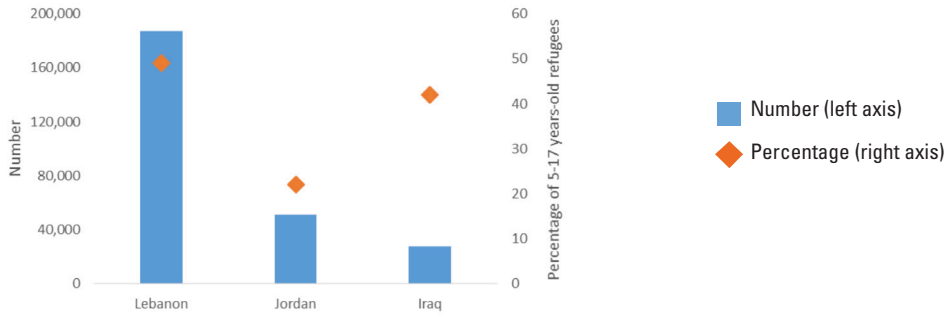


Note: countries are ranked by total gross enrolment ratios. Recent data is not available for Iraq, Libya and UAE.

Source: UNESCO Institute for Statistics, 2016.

Significant numbers and proportions of Syrian refugee children in Lebanon, Jordan and Iraq are not in school

Figure E.18: Syrian refugee children out of school in neighbouring countries, July 2016

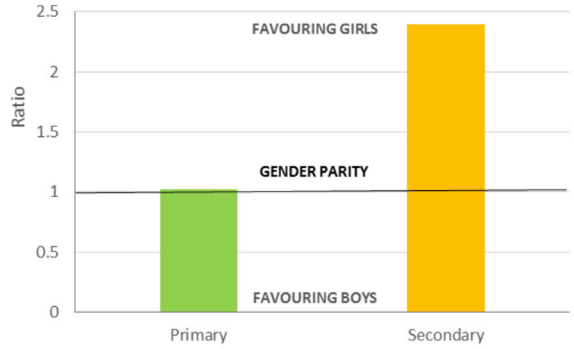


Note: Data refers to registered refugee children aged 5-17 years.

Source: UNICEF, 2016a.

In Lebanon, gender disparity among Syrian refugees' secondary education enrolment favours girls

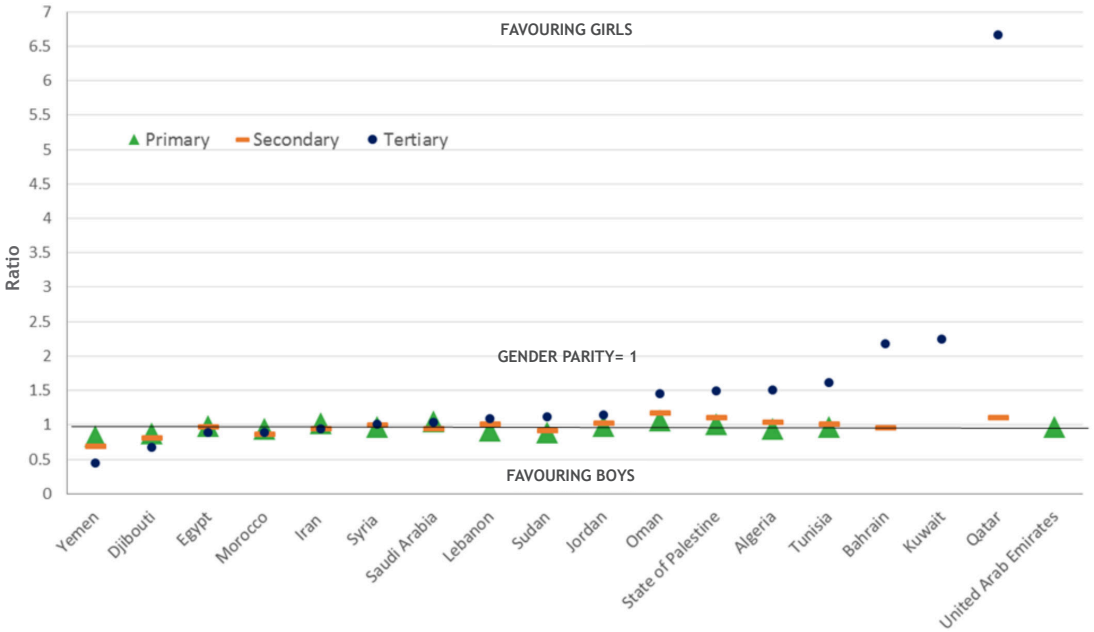
Figure E.19: Gender parity index of gross enrolment ratios for primary and secondary levels of education, for Syrian refugees in Lebanon, 2015



Source: UNHCR, WFP and UNICEF, 2015.

Gender disparity in tertiary-education enrolment in half of MENA countries is in favour of girls

Figure E.20: Gender Parity Index (GPI) of gross enrolment ratios, by level of education and by country, 2010-2014



Note: Ratio of girls' enrolment ratio to boys' enrolment ratio. Gender parity is set when GPI is between 0.97 and 1.03. Data refers to the most recent year available during the specified period.

Source: United Nations Statistics Division, 2016.

QUALITY OF EDUCATION

Learning outcomes are a significant dimension of education quality. At pre-school age several dimensions of development are essential for a successful start and performance in formal schooling. A large majority of young children (3-4 years old) are well on track in their physical and social-emotional development, but less so in the literacy-numeracy domain, in a number of MENA countries where this has been studied (Figure E.21). In those same countries girls score slightly higher than boys in their overall early childhood development (Figure E.22).

About half of MENA countries have participated in recent international studies of learning achievement of children, such as PIRLS and TIMSS[3]. Demonstrated reading achievements of children in Grades 4 and 6 from MENA participating countries in PIRLS 2011 were close to but still below the threshold, with girls performing slightly better than boys (Figure E.23). Similarly, achievements in mathematics in 2011 were below the 500 centre-point, with girls performing slightly better than boys among the fourth-graders (Figure E.24). No particular improvement of results in mathematics has been registered among the countries participating in the two consequent TIMSS assessments of eight-graders (Figure E. 25). Significant gender disparities are not observed among eight-graders in 2011 (Figure E.26).

School infrastructure has gained prominent attention on the SDG agenda as it is considered an important environmental factor for school attendance and stimulating learning. Available data for some MENA countries on access to potable water and availability of toilets in schools demonstrates some disparities between countries as well as between school levels, without specific patterns (Figure E.27). Similar disparities are observed with regard to access of schools to electricity (Figure E.28). The strength of correlation between environmental conditions and learning outcomes would deserve further study, to substantiate efforts for improving the school environment.

Literacy - the essential minimum for life-long development - is almost universal among young people across MENA (Figure E.29) with gender disparities slightly favouring young males in about half of the counties. Beyond literacy assessments, youth, which makes significant proportion of the total MENA population, has not been studied systematically; available data on education outcomes, acquisition of life skills, or obtained qualifications vis-à-vis labour market needs is scarce. Some evidence available from two Gulf countries suggests that young women have very well developed skills for computer and internet use (Figure E.30). Concerted efforts to systematically study young people in MENA countries and develop their educational and skills profiles, as well as employment opportunities, may help to further improve existing education systems at all educational levels in an attempt to make them more responsive to current and future national development status and needs for highly qualified and productive labour force.

[3] Progress in International Reading Literacy Study (PIRLS) is an international assessment of reading comprehension at the fourth grade and sixth grade (in some countries) measuring the reading comprehension of children. Trends in International Mathematics and Science Study (TIMSS) is an international mathematics assessment at the fourth and eighth grades based on a comprehensive framework developed collaboratively with the participating countries. The achievement results are reported on the PIRLS and TIMSS achievement scales with a range of 0–1,000, and both studies use the centre-point of the scale (500) as a point of reference. Both PIRLS and TIMSS report achievement at four points along the scale as international benchmarks: Advanced International Benchmark (625), High International Benchmark (550), Intermediate International Benchmark (475), and Low International Benchmark (400).

Young children are more developmentally on track in the learning and social-emotional domains and less in the literacy-numeracy domain

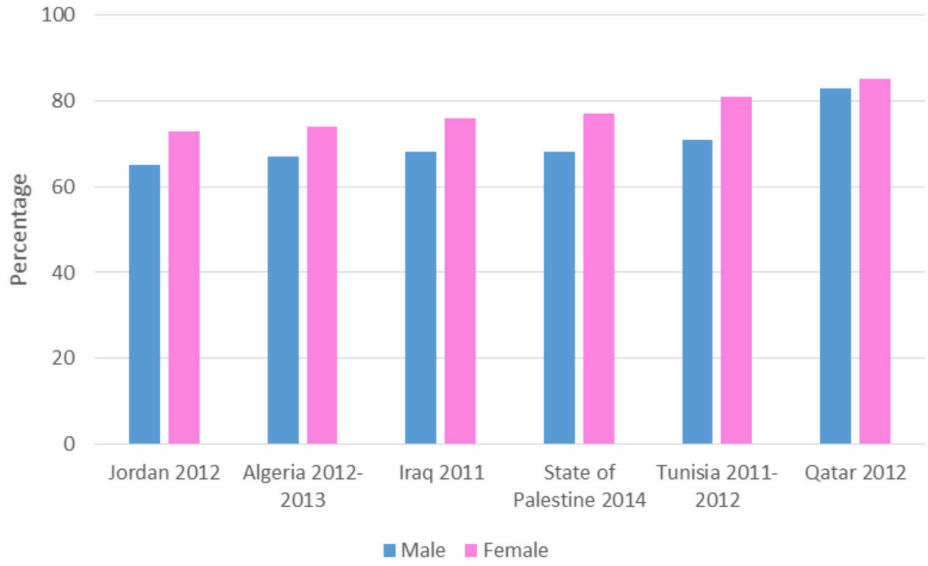
Figure E.21: Percentage of 36 to 59 month old children who are developmentally on track in literacy-numeracy, social-emotional, and learning domains in some MENA countries, 2011 to 2014

Note: Domains are defined as follows: (1) Literacy-numeracy: a child is identified as being developmentally on track if at least two of these are true: a child can identify/name at least ten letters of the alphabet; can read at least four simple, popular words; and knows the name and recognizes the symbols of all numbers from 1 to 10; (2) Social-emotional: a child is considered to be developmentally on track if two of the following are true: the child gets along well with other children; the child does not kick, bite, or hit other children; and the child does not get distracted easily; and (3) Learning: a child is considered to be developmentally on track in the learning domain if the child can follow simple directions on how to do something correctly; and/or when given something to do, is able to do it independently.

Sources: Iraq MICS 2011, Tunisia MICS 2011-2012, Qatar MICS 2012, Jordan PFHS 2012, Algeria MICS 2012-2013, and State of Palestine MICS 2014.

Girls slightly surpass boys in their early development

Figure E.22: Early child development index score, by gender, in some MENA countries, 2011 to 2014

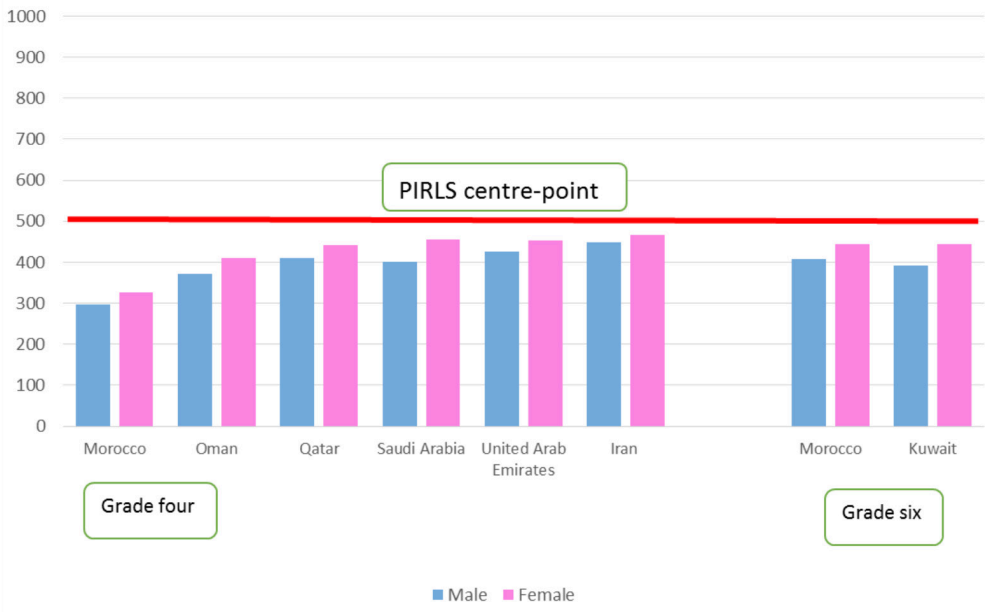


Note: Early child development index is calculated as the percentage of children 36-59 months old who are developmentally on track in at least three of the four domains (Literacy-Numeracy, Physical, Social-emotional, and Learning).

Sources: Iraq MICS 2011, Tunisia MICS 2011-2012, Qatar MICS 2012, Jordan PFHS 2012, Algeria MICS 2012-2013, and State of Palestine MICS 2014.

Achievements in reading in PIRLS participating countries are below international standard, both for boys and girls

Figure E.23: Reading achievement results for fourth and sixth grade, in PIRLS participating countries, by grade and gender, 2011

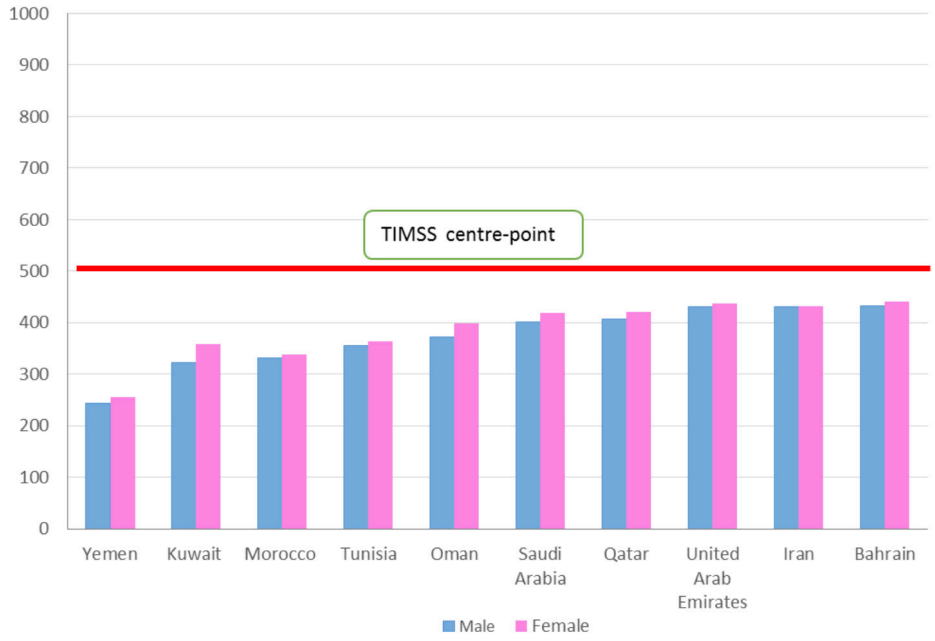


Note: PIRLS achievement scale is in the range of 0–1,000 (student performance typically ranges between 300 and 700) and PIRLS uses the centre-point of the scale (500) as a point of reference.

Source: International Association for the Evaluation of Educational Achievement et al, 2012a.

Achievements in mathematics in TIMSS participating countries are below the international standard for the fourth grade, both for boys and girls

Figure E.24: Mathematics achievement results for fourth grade in TIMSS participating countries, by gender, 2011

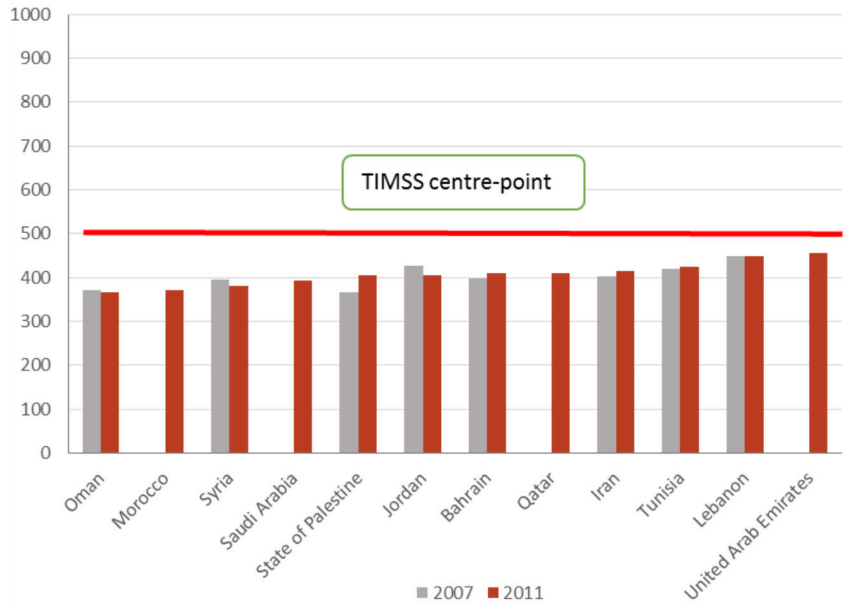


Note: TIMSS achievement scale is in the range of 0–1,000 (student performance typically ranges between 300 and 700) and TIMSS uses the centre-point of the scale (500) as a point of reference.

Source: International Association for the Evaluation of Educational Achievement et al, 2012b.

Achievements in mathematics in TIMSS participating countries remained below the international standard for the eighth grade

Figure E.25: Mathematics achievement results for eighth grade, TIMSS participating countries, 2007 and 2011 scores

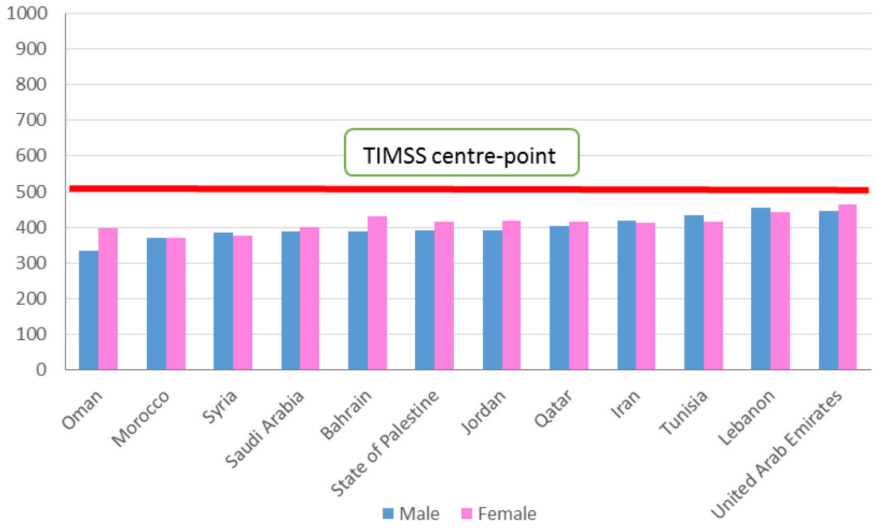


Note: TIMSS achievement scale is in the range of 0–1,000 (student performance typically ranges between 300 and 700) and TIMSS uses the centre-point of the scale (500) as a point of reference.

Source: International Association for the Evaluation of Educational Achievement et al, 2012a.

Achievements in mathematics in TIMSS participating countries are below international standard for eighth grade, both for boys and girls

Figure E.26: Mathematics achievement results for eighth grade, in TIMSS participating countries, by gender, 2011 scores

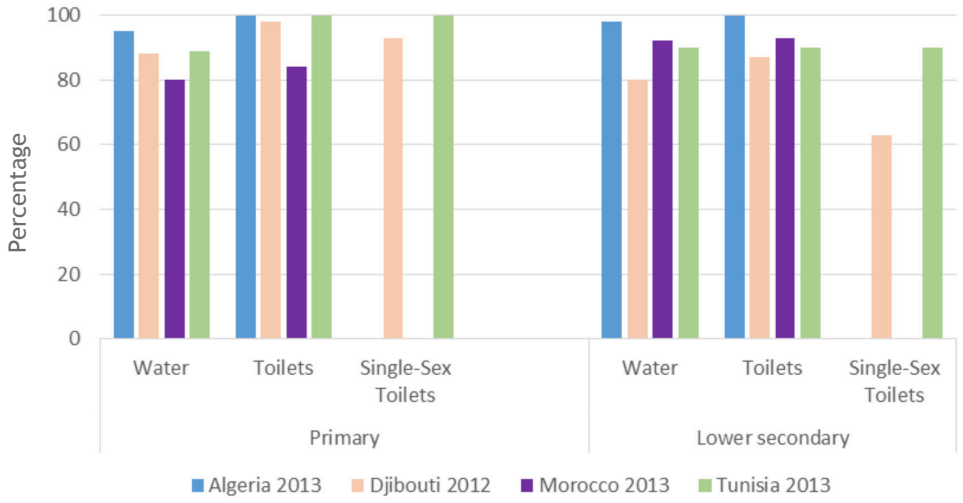


Note: TIMSS achievement scale is in the range of 0–1,000 (student performance typically ranges between 300 and 700) and TIMSS uses the centre-point of the scale (500) as a point of reference.

Source: International Association for the Evaluation of Educational Achievement et al, 2012b.

Availability of potable water and sanitation facilities in schools varies among four MENA countries

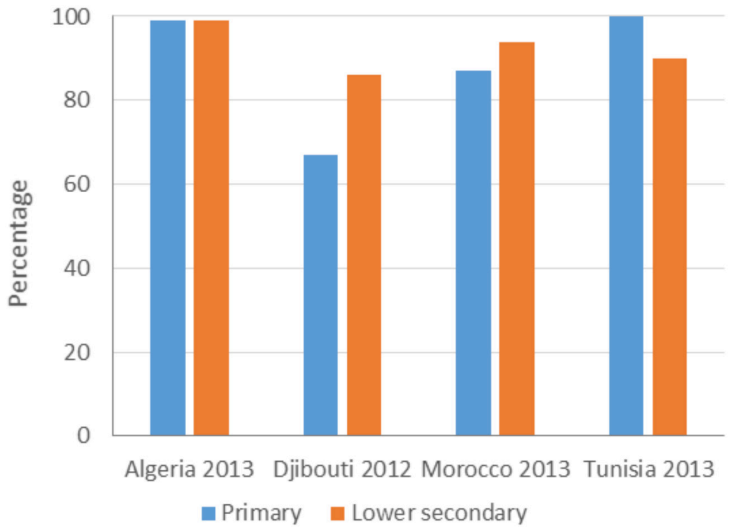
Figure E.27: Percentage of primary and lower secondary schools with access to potable water and toilets in four MENA countries, 2012-2013



Source: UNESCO, 2016

Access to electricity at schools varies among four MENA countries

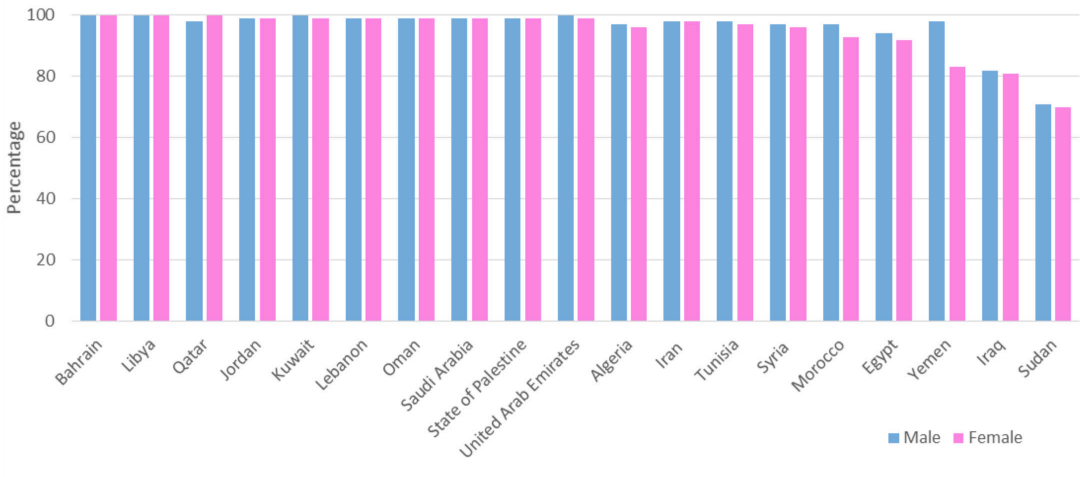
Figure E.28: Percentage of primary and lower secondary schools with access to electricity, in four MENA countries, 2012-2013



Source: UNESCO, 2016

Youth literacy is high in the region

Figure E.29: Youth literacy rate, by country and gender, 2015

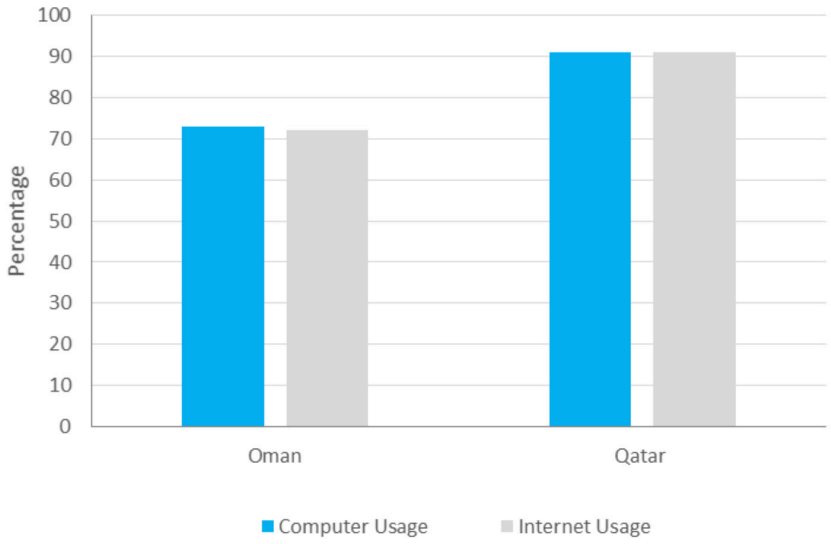


Note: Youth is defined as 15-24 years old.

Source: UNESCO, 2016

In Qatar and Oman, a large majority of young women use computers and internet

Figure E.30: Percentage of young women, aged 15-24 years, who used a computer and internet, Qatar 2012 and Oman 2014



Note: Refers to the last 12 months prior to the survey.

Sources: Qatar MICS 2012 and Oman MICS 2014.

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CHILD PROTECTION

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There is global recognition of the importance to protect children and women from any form of violence, exploitation and abuse. This is embodied in the inclusion of globally-set protection-related targets under various Sustainable Development Goals (SDGs) within the post-2015 development agenda. However, protection of children and women from violence, exploitation and abuse in their various manifestations, are insufficiently studied and available data is patchy. Moreover, knowledge of the underlying causes of violence and exploitation is rather insufficient in the data to inform targeted interventions.

This section presents available statistical evidence, which may serve as a basis when national consultations are held around necessary further evidence generation to reveal the determinants of violence against children and women, which in turn can inform the setting of national targets on relevant SDGs.

There is universal or near universal birth registration, an important means for children to access their rights as citizens, in the majority of MENA countries but the births of an estimated six million children under five years old in the region are not registered, mostly in Sudan and Yemen. One in ten children between the ages of five and 14 years in MENA is involved in child labour. MENA has shown a fast decline in levels of child marriage over the past 25 years, but still one in five girls under age 18 are married. Violence against women remains a persistent concern and violent disciplining methods for children are widely practiced in MENA countries.

BIRTH REGISTRATION

Civil registration of children at birth is necessary to ensure that they can fully enjoy their rights; however it is uneven across MENA countries. There is universal or near universal birth registration in the majority of countries, but there are very low rates in some. In Yemen only three out of 10 children under five years of age are reported registered, while in Sudan two-thirds of children from the same age group are registered (Figure CP.1). The births of an estimated six million children under five years of age in the region are not registered[1]. Recent evidence from Sudan and Yemen, the two countries in the region with the highest proportions of children lacking birth registration among countries with data, demonstrates that children living in rural areas and from the poorest households are disproportionately affected (Figure CP.2). Further investigation of the causes for such disparities may be needed, to inform necessary and possible action.

CHILD LABOUR

One in 10 children between the ages of five and 14 years in MENA region is involved in child labour[2], placing them at serious physical and psychological risks and limiting their opportunity for normal schooling. Available data suggests diverse rates of children engaged in child labour across countries in the region (Figure CP.3). Evidence from some countries, where available, demonstrates that boys are more likely to be child labourers compared to girls (Figure CP.4), as are older children compared to younger ones (Figure CP.5). Yemen is one example where girls are disproportionately more engaged in economic activities than boys, as are children living in rural areas compared to those residing in urban settings (Figure CP.6).

[1] Estimate calculated on the basis of the regional population of under-five children for the year 2015 and the regional estimate on birth registration based on a subset of 11 countries in the region with data between 2010 and 2015 as published in SOWC 2016.

[2] Estimates based on a subset of eight countries in the region with data between 2009 and 2015 as published in SOWC 2016.

CHILD MARRIAGE

Of all regions, MENA has shown the fastest decline in levels of child marriage over the past 25 years from nearly one in three girls married by the age of 18 in 1990 to less than one in five today (UNICEF Global Databases, 2015). Anecdotal evidence from recent years however suggests that the phenomenon is increasing among Syrian refugees in the neighbouring countries. Currently child marriage, with all its consequences for a girl's physical, psychological, emotional and economic development, varies significantly across countries in the region for which data are available (Figure CP.7). Examples demonstrate that girls living in rural settings are more likely to be married as children than those living in urban areas (Figure CP.8). Intra-country disparities in rates of child marriage also exist between geographic areas as illustrated by data from the State of Palestine (Figure CP.9).

DOMESTIC VIOLENCE AGAINST WOMEN AND CHILDREN

Examples from Egypt and Jordan illustrate the higher prevalence of domestic violence against women from lower wealth groups compared to those from wealthier ones (Figure CP.10). Another example, from the State of Palestine, also suggests the presence of high levels of domestic violence, particularly acts of psychological, social and economic violence (Figure CP.11). Similarly, available evidence suggests high proportions of children are experiencing violent disciplining methods at home in many MENA countries (Figure CP.12). Social and cultural norms, as well as other possible causes, which might explain prevalence of domestic violence, deserve further study if tailored interventions are to be designed and implemented to reduce this phenomenon.

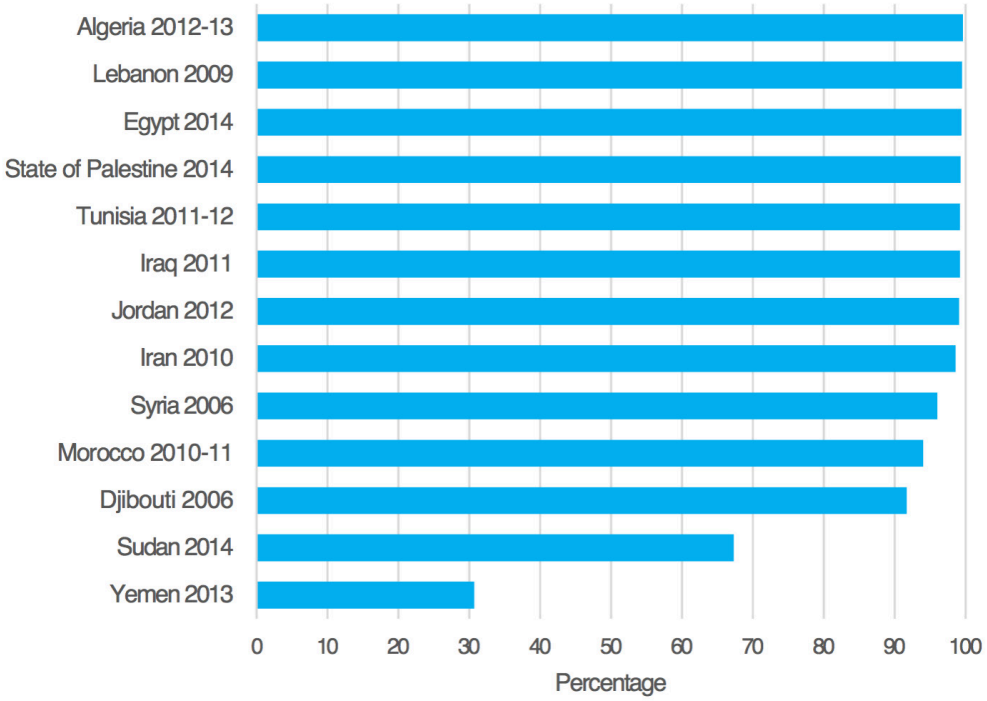
HOMICIDE AND CONFLICT-RELATED DEATHS

Available data for intentional homicides, a form of violence with lethal results, reveals alarming rates in Sudan, Djibouti and Iraq (Figure CP.13) (UNICEF, 2014)[3]. Estimates indicate that at least 70,000 related deaths occurred in the region in 2014 (World Bank, 2016), most of them in the conflict in Syria and Iraq (Figure CP.14).

[3] Estimated rates in the rest of MENA countries vary between 0 and 2 per 100,000 of relevant population.

Levels of birth registration vary across MENA countries

Figure CP.1: Percentage of children under five years old whose births are reported registered

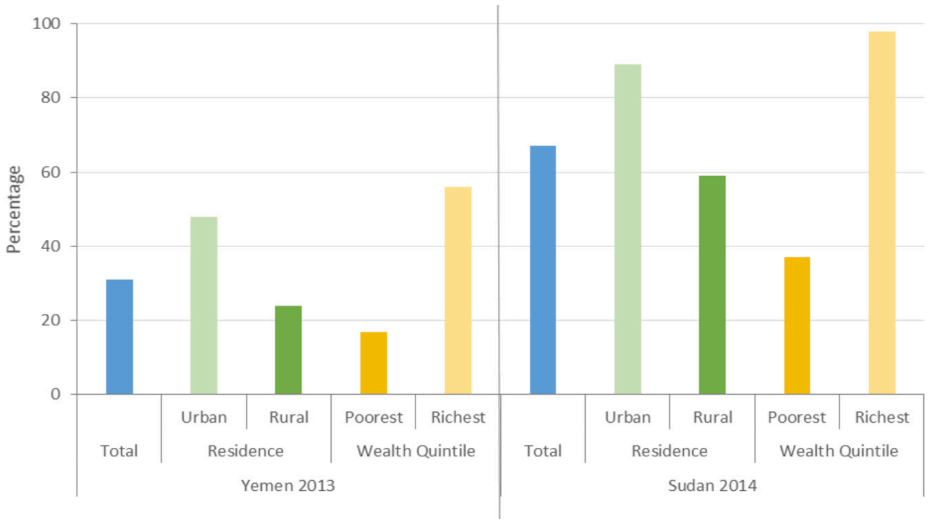


Notes: Data for Iran refer only to the subset of children under age five with an Iranian parent who has a national ID card. Data for Morocco refer to the percentage of live births that occurred in the five years preceding the survey and were registered regardless of whether the child survived or not.

Source: UNICEF global databases, 2016, based on DHS, MICS, other national surveys and vital registration systems, 2006-2014.

In Sudan and Yemen, low national birth registration rates reflect disparities in civil registration of children living in rural areas and those from poor households

Figure CP.2: Percentage of children under 5 years old whose births are reported registered, in Sudan and Yemen, by place of residence and wealth quintile

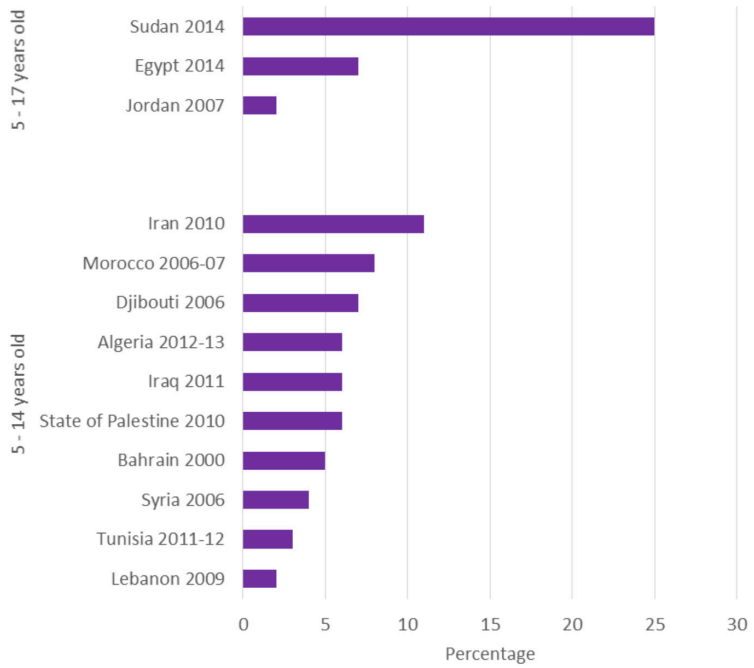


Sources: Yemen YNHDS 2013 and Sudan MICS 2014

A 2015 assessment of community vulnerabilities in Lebanon found that 17% of respondents among Syrian refugee populations were aware of children under the age of five years whose births were not registered. Among the host community the percentage was only 4%. (UNICEF, OCHA and REACH, 2015)

The phenomenon of child labour is uneven across countries in MENA

Figure CP.3: Percentage of children engaged in child labour, in MENA countries with available data

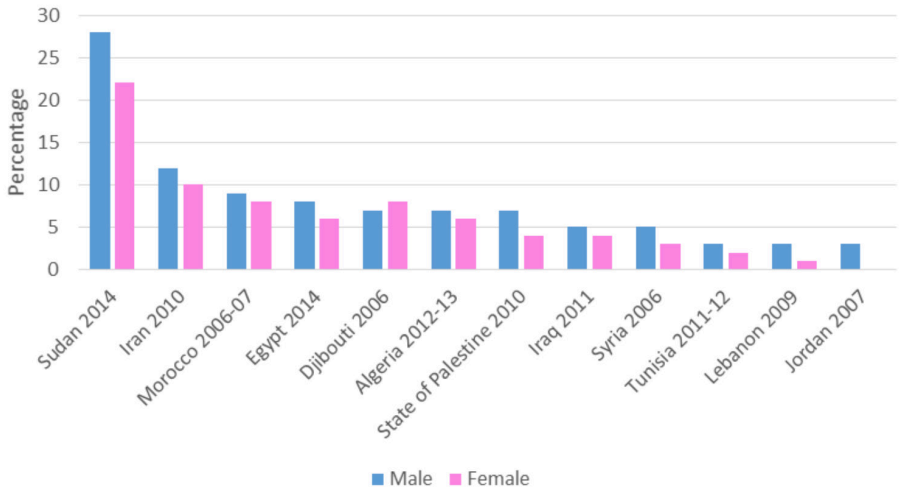


Notes: Child labour is defined as the percentage of children 5–14 years old involved in labour at the moment of the survey. A child is considered to be involved in labour under the following conditions: (a) children 5–11 years old who, during the reference week, did at least 1 hour of economic activity or at least 28 hours of household chores, and (b) children 12–14 years old who, during the reference week, did at least 14 hours of economic activity or at least 28 hours of household chores. Data for Egypt, Jordan and Sudan refer to children aged 5-17 years. Countries are ranked in descending order. Recent source from Morocco shows that in 2014 among children aged 7-15 years 1.5% were engaged in child labour (Haut-Commissariat au Plan, 2015)

Source: UNICEF global databases, 2016, based on DHS, MICS and other national surveys, 2000-2014.

Boys are more likely to be engaged in child labour than girls

Figures CP.4: Percentage of children aged 5-14 years engaged in child labour, in MENA countries with available data, by gender, 2006 to 2014



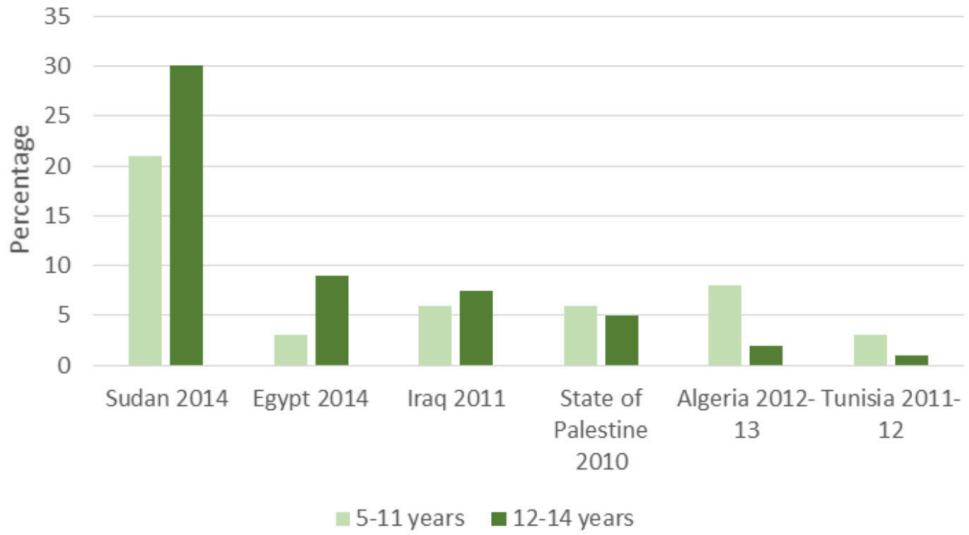
Notes: Data for Egypt, Jordan and Sudan refer to children aged 5-17 years. The value for girls for Jordan comes to 0 after rounding. Countries are ranked by male values.

Sources: Algeria, Djibouti, Iraq, Lebanon, State of Palestine, Sudan, Syria and Tunisia - MICS; Egypt and Jordan - DHS; Iran MIDHS; and Morocco ENIMSJ.

"Child labour was a fact of life in Syria prior to the war, but the humanitarian crisis has greatly exacerbated the problem. As a result, many children are now involved in economic activities that are mentally, physically or socially dangerous and which limit – or deny – their basic right to education… whether in Syria or neighbouring countries, children are often the main – or even the sole – breadwinners." (UNICEF and Save the Children, 2015)

In some countries, older children are more often engaged in child labour than younger ones

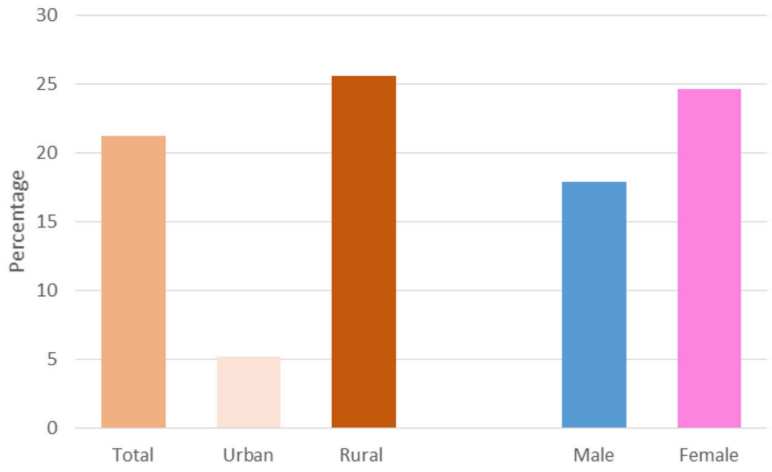
Figure CP.5: Percentage of children engaged in child labour, in some MENA countries, by age, 2010 to 2014



Sources: Algeria, Iraq, State of Palestine, Sudan and Tunisia - MICS; Egypt - DHS.

In Yemen, girls and children living in rural areas are more likely to be engaged in child labour

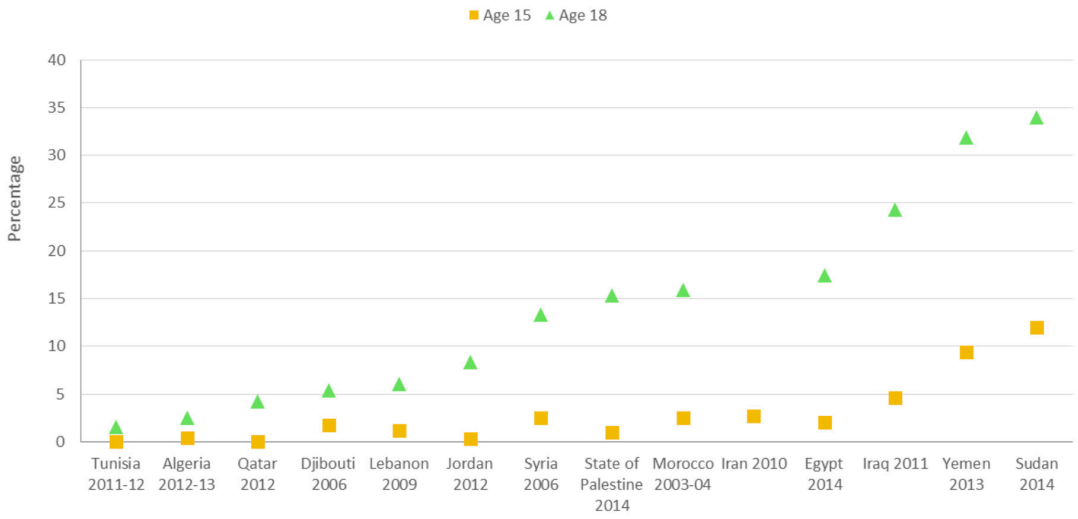
Figure CP.6: Percentage of children aged 6-14 years engaged in economic activity in the 30 days prior to the survey, by area of residence and by gender, Yemen, 2012-2013



Source: Yemen Ministry of Planning and International Cooperation (MOPIC) et al, 2014.

Child marriage rates vary significantly across MENA countries

Figure CP.7: Percentage of women aged 20-24 years who were married before age 15 and age 18, in some MENA countries, 2003 to 2014



Note: Countries are ranked by "Age 18" values.

Source: UNICEF global databases, 2016, based on DHS, MICS and other national surveys, 2003-2014.

Girls living in rural areas are more likely to get married in childhood than those living in urban settings

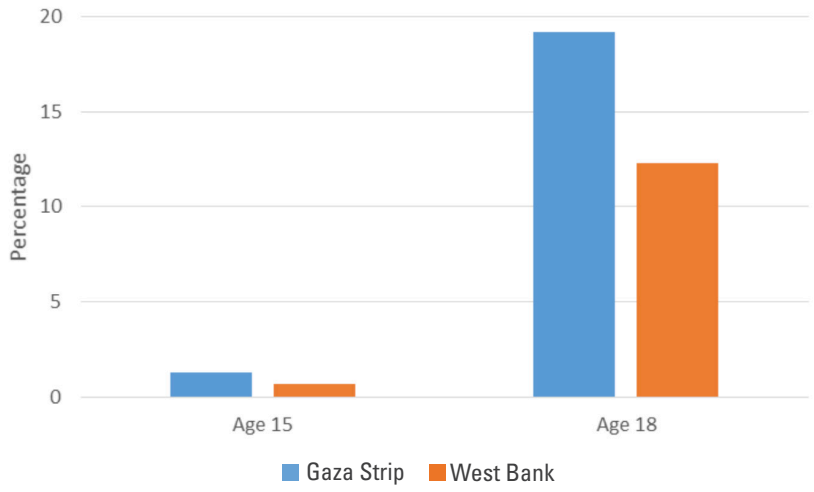
Figure CP.8: Percentage of women aged 20-24 years who were married or in a union before age 15 and age 18, in some MENA counties, by place of residence, 2011-2014

Note: For Tunisia, the proportions of women aged 20-24 married before age 15 in both urban and rural areas is zero.

Sources: Iraq MICS 2011, Tunisia MICS 2011-2012 and Sudan MICS 2014.

In the State of Palestine, child marriages are more prevalent in Gaza Strip, compared with the West Bank

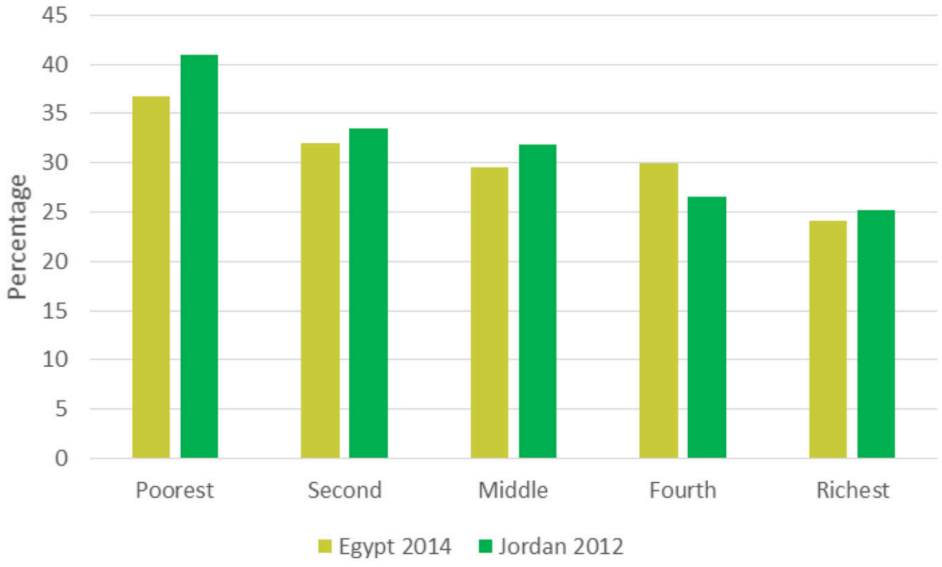
Figure CP.9: Percentage of women aged 20-24 years who were married or in a union before age 15 and age 18, in the State of Palestine, by region, 2014



Source: State of Palestine MICS 2014

In Egypt and Jordan, women from lower wealth groups are more likely to be subjected to domestic violence than those from higher wealth groups

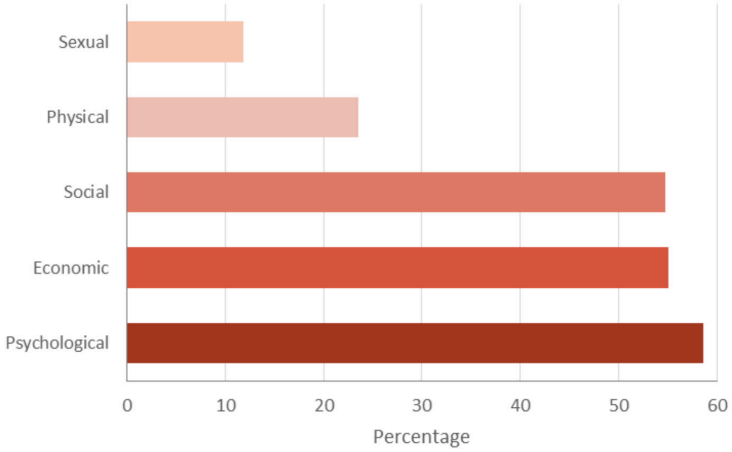
Figure CP.10: Percentage of ever-married women aged 15-49 years who ever experienced any physical, sexual or emotional violence committed by a husband, Egypt and Jordan, by wealth quintile, 2012 and 2014



Sources: Jordan PFHS 2012 and Egypt DHS 2014

In the State of Palestine, more than half of ever-married women have experienced psychological, economic or social violence

Figure CP.11: Percentage of ever-married women aged 15-49 years who experienced violence committed by their husband in the last 12 months, in the State of Palestine, by form of violence, 2011

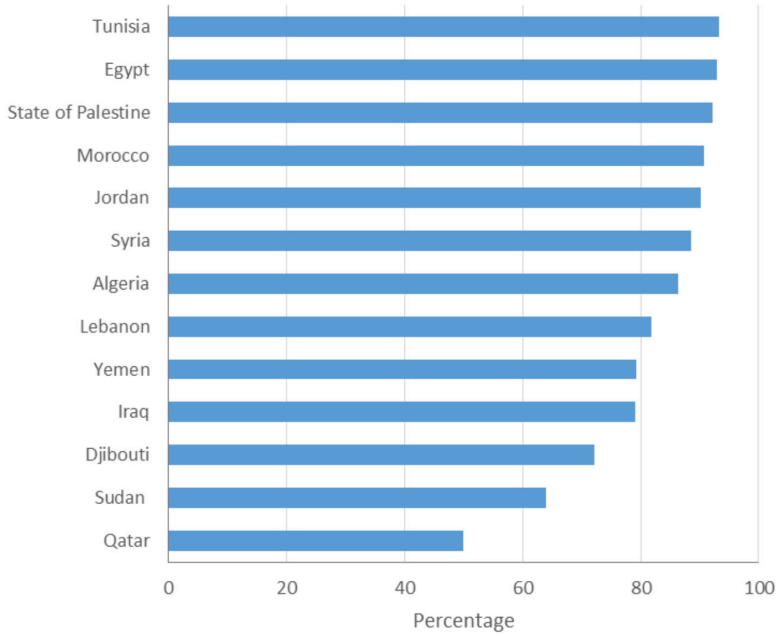


Notes: These different types of violence are defined in the Palestinian national survey as follows: (1) Sexual: a criminal act of using sexual behaviour to implement a sexual attack by force against her will; (2) Physical: violent behaviour targeted towards her body with the objective of demonstrating physical strength and leaves a mark on the body; (3) Social: any act that limits the woman from obtaining her rights and freedoms due to social and cultural traditions; (4) Economic: a type of violence that takes many forms including forcing to disclose expenditures, forbidding her from travel, disposing of inheritance or property without her approval, forced resignation, etc.; and (5) Psychological: any psychological behaviour, or maltreatment, disrespect, contempt, with the objective of causing anxiety, affecting her psychologically, devaluing her, or lowering her self-esteem.

Source: Palestinian Central Statistical Agency, 2012.

Violent disciplining methods are widely practiced in MENA countries

Figure CP.12: Percentage of children aged 2-14 years who experienced any violent discipline (psychological aggression and/or physical punishment) in the past month, in MENA countries with available data, 2006 to 2014

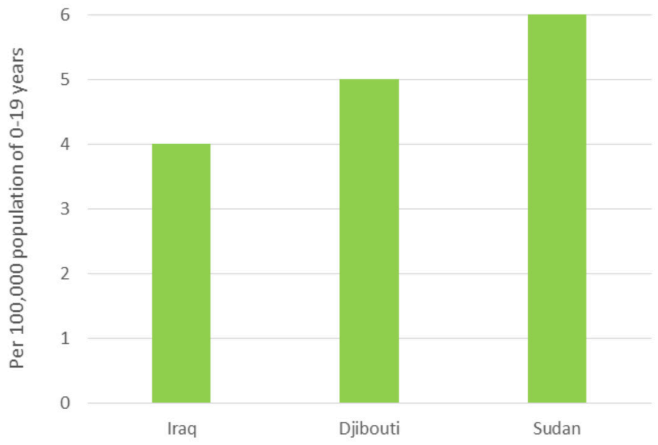


Notes: Data for Egypt, the State of Palestine and Sudan refer to children aged 1 to 14 years old. Data for Qatar and Yemen differ from the standard definition. Data refers to the most recent year available during the specified period. Countries are ranked in descending order.

Source: UNICEF global databases, 2016, based on DHS, MICS and other national surveys, 2006-2014.

Deaths from intentional homicides are of concern in some countries from the region

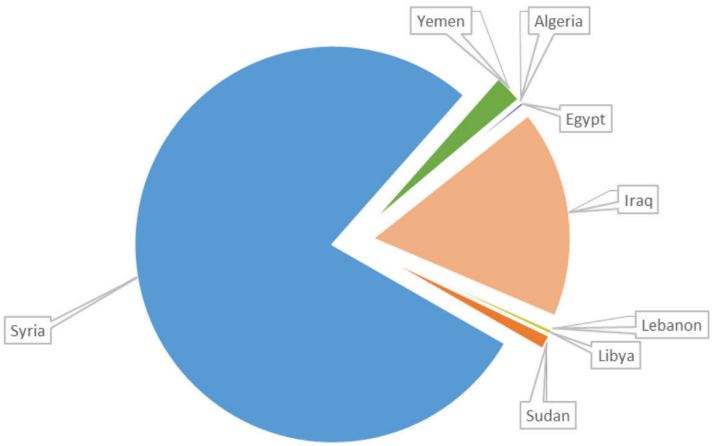
Figure CP.13: Number of homicide victims among children and adolescents aged 0-19 years per 100,000 relevant populations in Iraq, Djibouti and Sudan, 2012



Source: UNICEF, 2014.

Battle-related deaths are highest in Syria and Iraq, two conflict-affected countries

Figure CP.14: Percentage distribution of battle-related deaths in MENA, by country, 2014



Notes: Battle-related deaths are defined here as deaths in battle-related conflicts between warring parties in the conflict dyad. This includes traditional battlefield fighting, guerrilla activities, and all kinds of bombardments of military units, cities, and villages, etc. All deaths--military as well as civilian--incurred in such situations, are counted as battle-related deaths.

Source: The World Bank, 2016

In his 2015 report on children and armed conflict, the United Nations Secretary General reported of recorded 809 child casualties (338 killed and 471 injured) in Iraq; 30 Palestinian children (25 boys and 5 girls) killed and at least 1,735 injured, predominantly in the West Bank, including East Jerusalem; and 1,953 casualties (785 children killed and 1,168 injured) in Yemen. Reported numbers of children in Syria, killed or injured by various forces involved in the conflict, is much higher.

In 2015, the UN has verified 37 cases of child recruitment and use by different parties in the conflict in Iraq; another 174 cases have been reported but not verified. In Syria, in 2015 the UN has verified existence of ISIL centers training at least 124 boys between 10 and 14 years; and use of child foreign fighters with 18 cases of children as young as seven years of age. The UN has verified the recruitment and use of 16 children by other parties in the conflict. Many more cases have been reported but increasingly difficult to verify. In Yemen, there have been 762 verified cases of recruitment of children in 2015.

The Secretary General reports that a military camp has been run for 25,000 children and young people 15 to 21 years of age, in Gaza Strip in July-August 2015, and training camps have been operating in Libya with a graduation ceremony for 85 children under 16 years of age held in December 2015.

United Nations General Assembly, Security Council, 2016.

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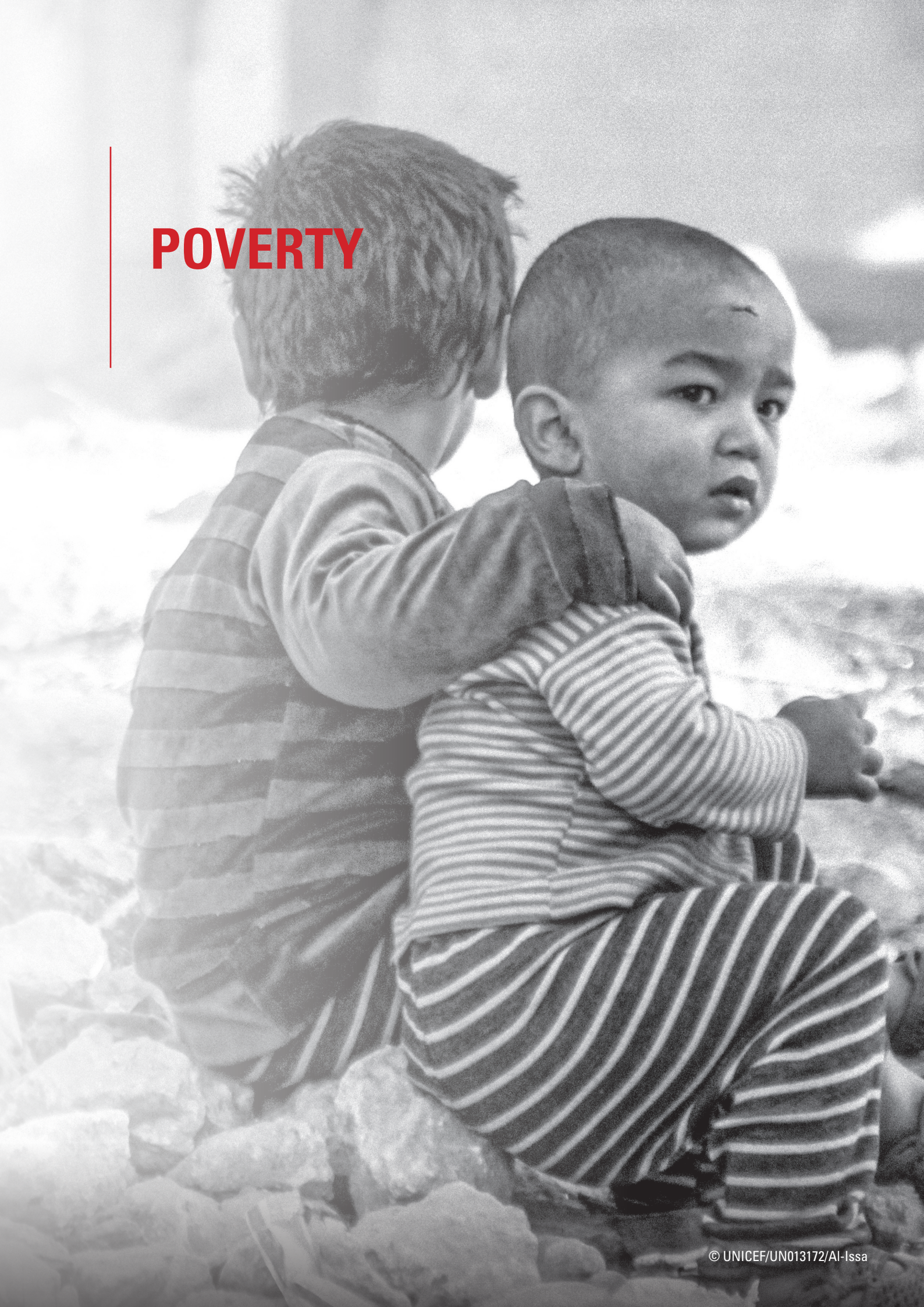
POVERTY



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Previous sections provided some evidence of disadvantages in access to basic social services and development outcomes, experienced by households and children from the lowest wealth groups in some MENA countries, where in-country disparities have been studied. However, information for overall poverty rates and specifically child poverty rates, is not widely available. The post-2015, Sustainable Development Goals (SDG) agenda sets ambitious global goals and targets, aiming at ending poverty in all its forms and everywhere. In order for all countries in the region to set national targets and monitor progress towards these goals, it is essential to define poverty and establish mechanisms for its measurement. It is equally important to ensure comprehensive monitoring of implemented measures aimed at poverty reduction.

This section provides some evidence - more illustrative than comprehensive - related to overall poverty and child poverty in MENA countries, for which estimates have been produced and data is available. First, it demonstrates progress towards reducing monetary poverty and remaining inequalities. Then it introduces the results from measurements of child multidimensional poverty in a few countries from the region. Comprehensive data on social protection measures, contributing to poverty reduction and social inclusion, is unavailable. Availability of such data would allow an analysis of the effectiveness of these measures and to inform their further strengthening.

Extreme poverty is a major concern in a few countries in the MENA region, with over 5.1 million people living in poverty in Sudan, the country with the highest poverty rate in the region. Where available, evidence often suggests that children are disproportionately affected by poverty in the region and significant proportions of them suffer from multiple deprivations.

MONETARY POVERTY

The MENA region consists of high-income, middle-income and lower-middle-income countries. Eradicating of extreme poverty as defined globally on the MDG agenda, has been and remains a major concern for Sudan, Djibouti and Yemen (Figure P.1). Available estimates for Sudan and Yemen, based on the revised international extreme poverty line of 1.90 USD per day, considering updated purchasing power parity prices from 2011, suggest that extreme poverty rates remain high in the two countries (Figure P.2). Over 5.3 million people in these countries live below the international poverty line with more than 5.1 million in Sudan only.[1]

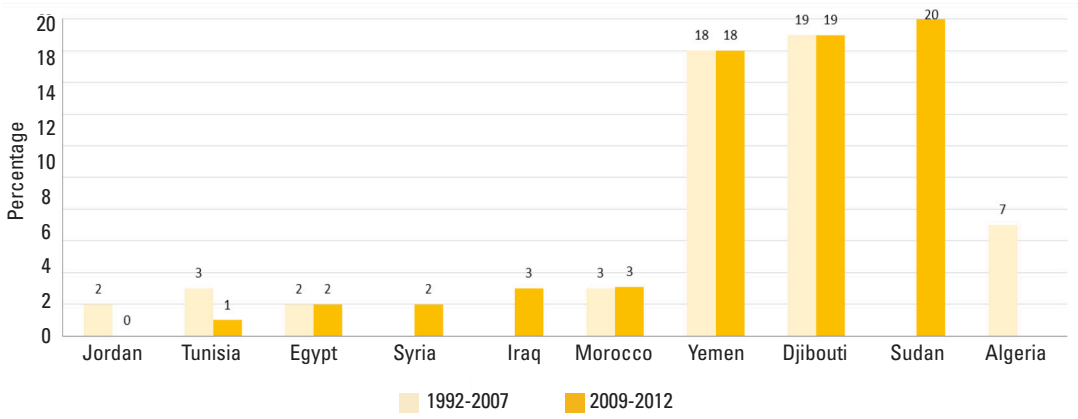
Some MENA countries have set more ambitious national poverty lines to measure their own progress towards eradication of poverty. Morocco is one example of sustained decrease of poverty rates based on an established national poverty line (Figure P.3); however, the gap between urban and rural poverty has not narrowed. Available evidence from some other countries, such as Iraq, Yemen and Sudan, demonstrates existing urban-rural disparities in absolute poverty rates (Figure P.4). In-country income inequalities are significant; evidence, where available, demonstrates that income accrued by the poorest 40% of households is no more than half of the share they should have if societies were perfectly equal (Figure P.5).

Estimates of children living in poverty have not been produced in many MENA countries. Where available, they often suggest that children are disproportionately affected, as is the case in Egypt (Figure P.6). Egypt has faced an increase in overall poverty and in child poverty in recent years, with the rural areas in Upper Egypt most dramatically affected. A recent study of child poverty in slums and unplanned urban areas in Egypt suggests that 42% of children residing in these areas live in monetary poverty[2]. Such poverty prevalence is higher than the average national child poverty rate by more than 13 percentage points. Where available, evidence also suggests that disparities in child poverty prevalence exist among children living in different geographic settings; child poverty rates in the West Bank and Gaza Strip in the State of Palestine for example demonstrate such disparity (Figure P.7).

[1] For methodological details please see: World Bank Group (2016).
[2] UNICEF and Informal Settlements Development Facility (ISDF) (2013).

Extreme poverty rate disparities between MENA countries are persistent

Figure P.1: Percentage of population living below 1.25 USD per day, in some MENA countries, 1992-2007 and 2009-2012

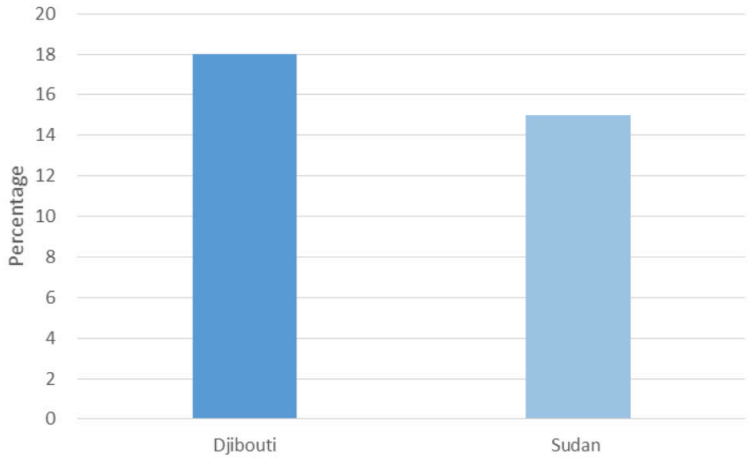


Note: Data refers to the most recent year available during the period specified. Ranking of countries by 2009-2012 value.

Sources: UNICEF, 2010 and UNICEF, 2015

In Djibouti and Sudan, the proportion of people living in extreme monetary poverty is high

Figure P.2: Percentage of population living below 1.90 USD per day, in Djibouti and Sudan, (2009-2013)

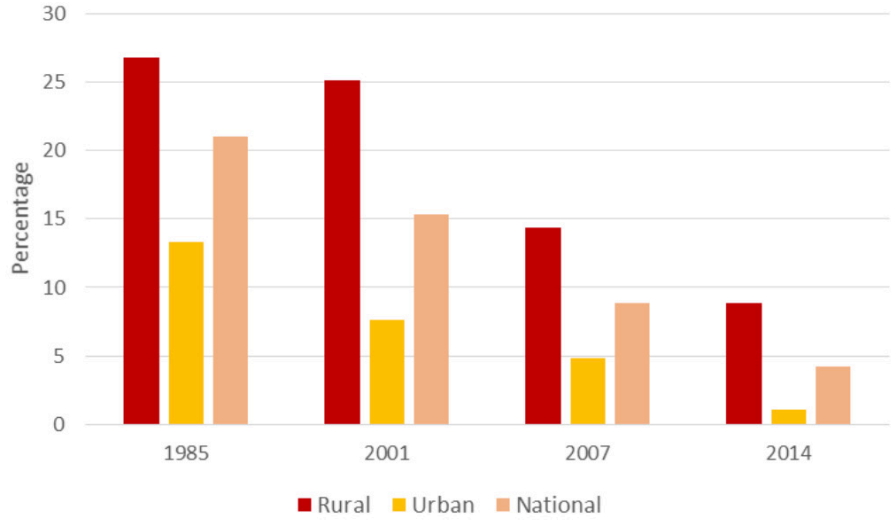


Note: Data refers to the most recent year available during the period specified.

Sources: UNICEF, 2010 and UNICEF, 2015

Morocco has made significant overall progress in reducing poverty; better progress in urban settings than in rural ones

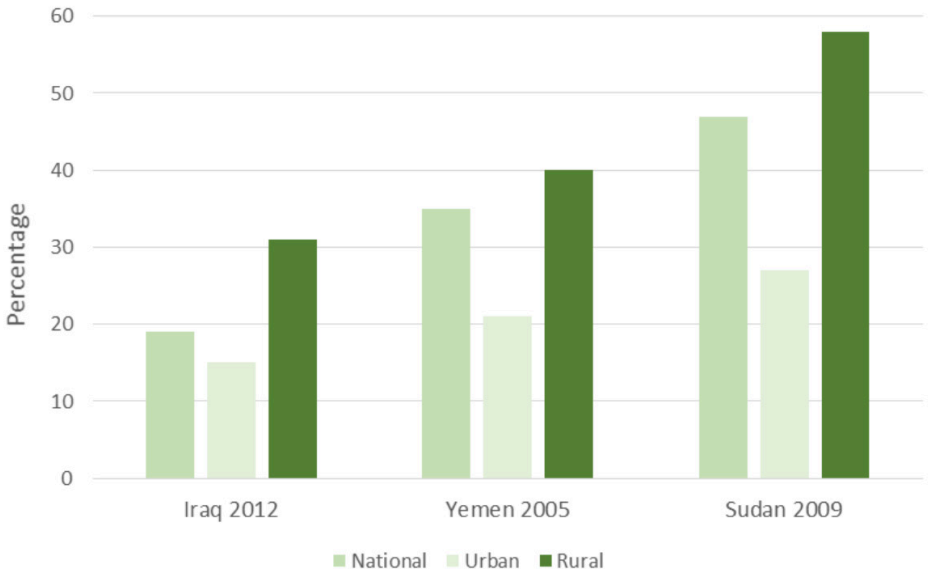
Figure P.3: Percentage of population living in absolute poverty, Morocco, total and by place of residence, 1985 - 2014



Source: High Commission for Planning, 2015.

In Iraq, Yemen and Sudan rural population is affected by poverty disproportionately more than population in urban areas

Figure P.4: Percentage of population living below the national poverty line, in Iraq, Yemen and Sudan, total and by place of residence, 2005 to 2012

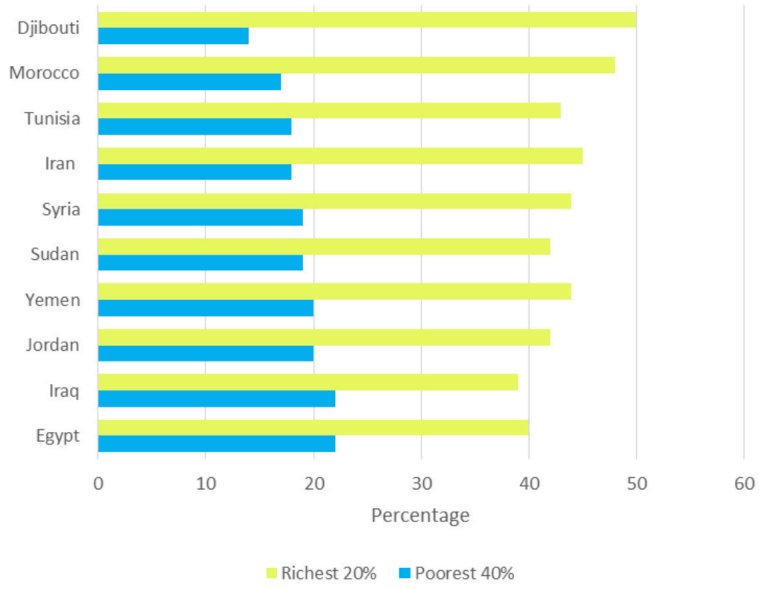


Note: Definitions of national poverty lines may differ across countries.

Source: United Nations Statistics Division, 2016.

In-country income inequalities are significant

Figure P.5: Percentage of income received by the 20% of households with the highest income and by the 40% of households with the lowest income, in some MENA countries, 2009-2013

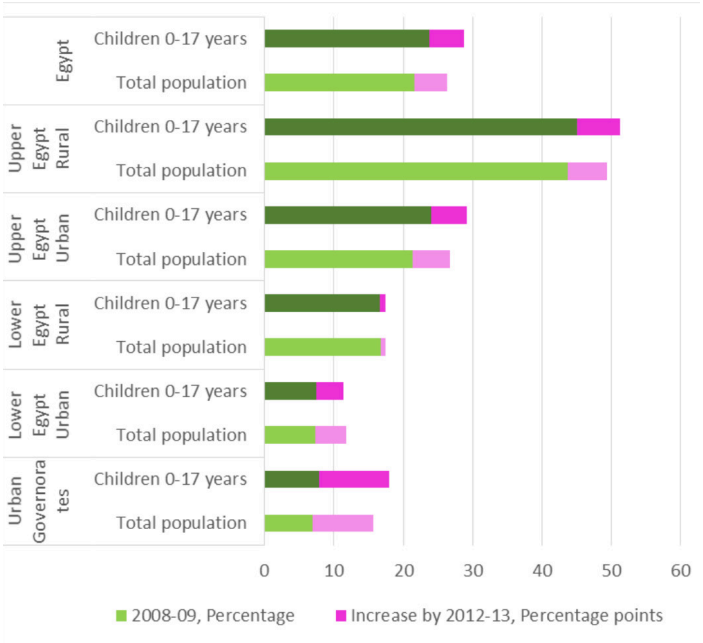


Note: Data refers to the most recent year available during the specified period. Data for Egypt, Morocco, Syria and Yemen refers to a different period.

Source: UNICEF, 2016

In Egypt, poverty rates increased between 2008-09 and 2012-13 with children and rural Upper Egypt remaining disproportionately more affected than the rest of the country

Figure P.6: Percentage of children and total population living below the lower national poverty line, Egypt, total and children, by geographic area, 2008-09 and 2012-13

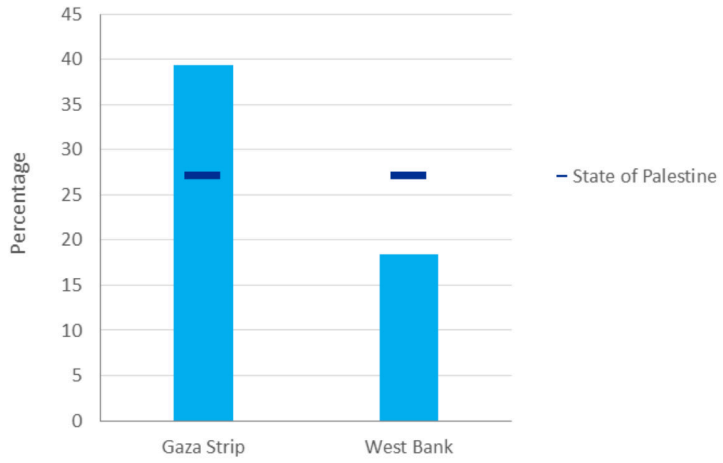


Notes: Total population: Data refers to the percentage of households with consumption levels below the lower national poverty line. Children 0-17 years: Data refers to the percentage of children who live in households with consumption levels below the lower national poverty line. Data for the sparsely populated Frontier governorates is not included as it is not comparable for total population and for children.

Source: UNICEF, 2015.

In the State of Palestine, children in the Gaza Strip are disproportionately affected by poverty

Figure P.7: Percentage of children living in poverty, by region, State of Palestine, 2011



Note: "State of Palestine" refers to national overall poverty line.

Source: Palestinian Central Bureau of Statistics, 2013.

MULTIDIMENSIONAL CHILD POVERTY

The concept of multidimensional poverty as deprivation from multiple rights, such as the rights to nutrition, health, water, sanitation, education, housing and protection from violence, is relatively new. Completed assessments of multidimensional child poverty is only available for a handful of MENA countries. Analysis is on-going in others. Such analysis is important in the context of the SDG agenda, which sets a global target "By 2030, reduce by at least half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions (SDG Target 1.2)." (United Nations Economic and Social Council (2016)

> Multiple Overlapping Deprivation Analysis (MODA) is a methodology developed by UNICEF, which provides a comprehensive approach to the multidimensional aspects of child poverty and deprivation. MODA builds on earlier multidimensional poverty studies and encompasses a large set of tools ranging from deprivation headcounts in single dimensions via multiple overlap analysis to multidimensional deprivation ratios and their decomposition.
>
> The MODA methodology places the child at the heart of the analysis and concentrates on those aspects of well-being that are relevant for the children at particular stages of their lives. The analysis indicates which deprivations children experience simultaneously. Analysing groups of children with overlapping and non-overlapping deprivations points towards mechanisms needed for effective policy design to address children's needs as accurately as possible.
>
> MODA analysis can be applied to cross-country setting (CC-MODA), which allows for inter-country comparisons; or to a specific national setting (N-MODA), in which case tailored country-specific definitions of child monetary poverty and non-monetary deprivations are applied.
>
> De Neubourg et al, 2012

A multiple deprivation analysis implemented in Algeria demonstrates that around 90% of children suffer from deprivation in at least one dimension relevant to their age. Over 38% of younger children (0-4 years) and over 56% of older children (5-15 years) suffer from deprivation in two or more age-specific dimensions (Figure P.8). Children from both age groups belonging to poorer households are disproportionately more affected by multiple deprivations (Figure P.9).

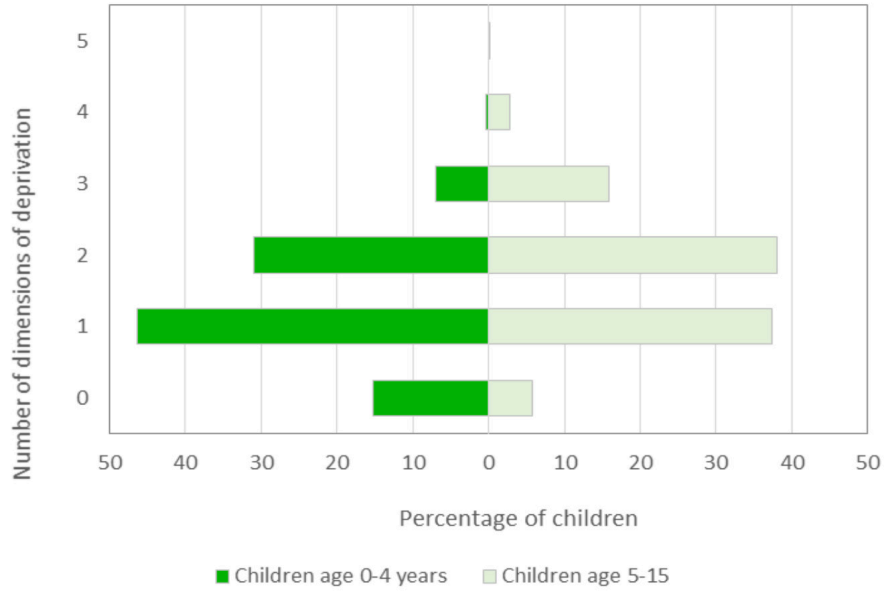
In Iraq, MODA analysis applied prior to the escalation of conflict in 2014 demonstrates that children living in urban areas, both younger (0-4 years) and older ones (5-17 years), were less likely to suffer from multiple deprivations, compared to children living in rural settings (Figure P.10). Similar analysis implemented in Tunisia suggests that mother's educational attainment is a

strong predictor for a child's deprivation. Children across age ranges to mothers with secondary or higher education are less likely to experience deprivations from basic rights compared to those with mothers with primary or lower education (Figure P.11).

A study of multidimensional deprivation of children living in slums and unplanned areas of Egypt found that over 80% of children living in slums suffer from deprivation in at least one dimension, and more than half of all children were deprived in two or more dimensions across age ranges (Figure P.12).

In Algeria, both younger and older children experience deprivation mostly in one or two dimensions

Figure P.8: Distribution of children from age groups 0-4 years and 5-15 years, by number of dimensions of deprivations, Algeria 2012-2013

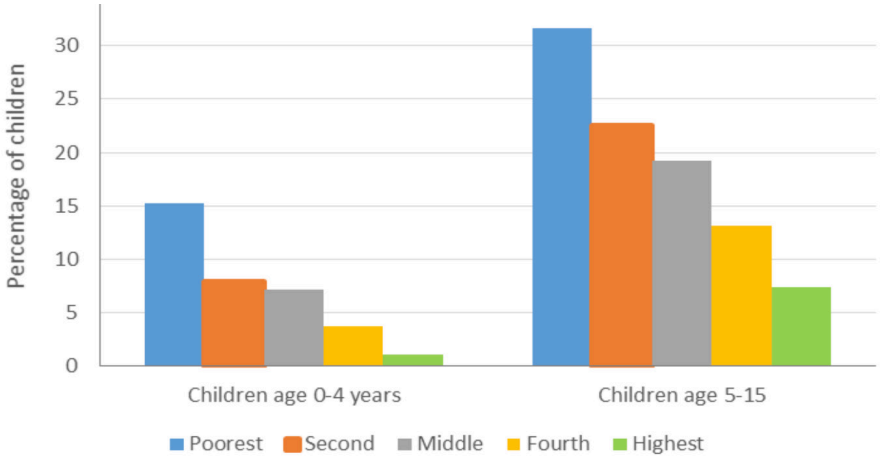


Note: Dimensions of deprivation for children 0-4 years: nutrition, health, water, housing and protection from violence; for children 5-15 years: nutrition, water, housing, education and protection of violence.

Source: UNICEF, 2014.

Older children from the poorest households are the most deprived in Algeria

Figure P.9: Percentage of children from age groups 0-4 years and 5-15 years, suffering from deprivation in three or more dimensions, by wealth quintile, Algeria, 2012-2013

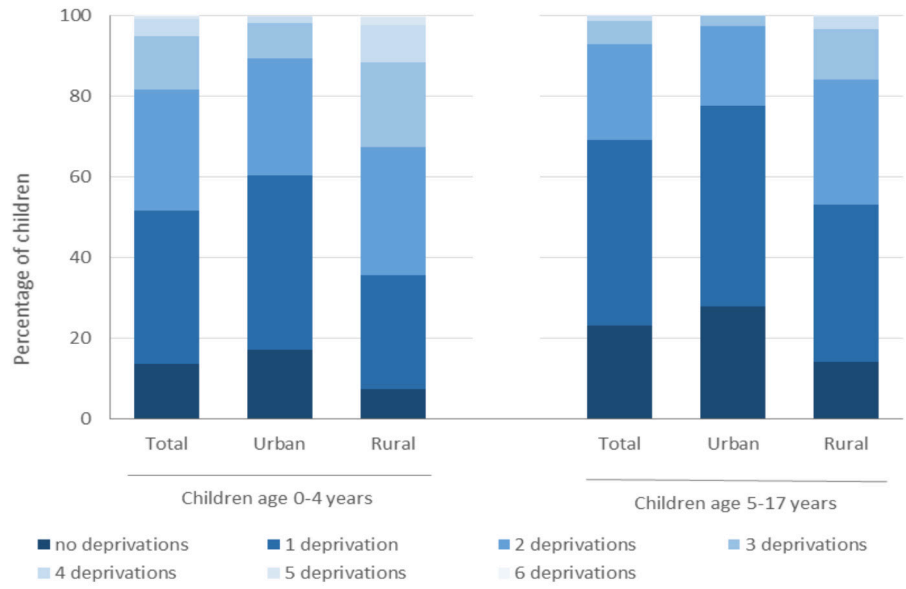


Note: Dimensions of deprivation for children 0-4 years: nutrition, health, water, housing and protection from violence; for children 5-15 years: nutrition, water, housing, education and protection of violence.

Source : UNICEF, 2014.

In Iraq, younger children and children living in rural areas experience more deprivations compared to those residing in urban settings

Figure P.10: Distribution of children from age groups 0-4 years and 5-17 years by number of dimensions of deprivations, Iraq, total and by residence, 2011

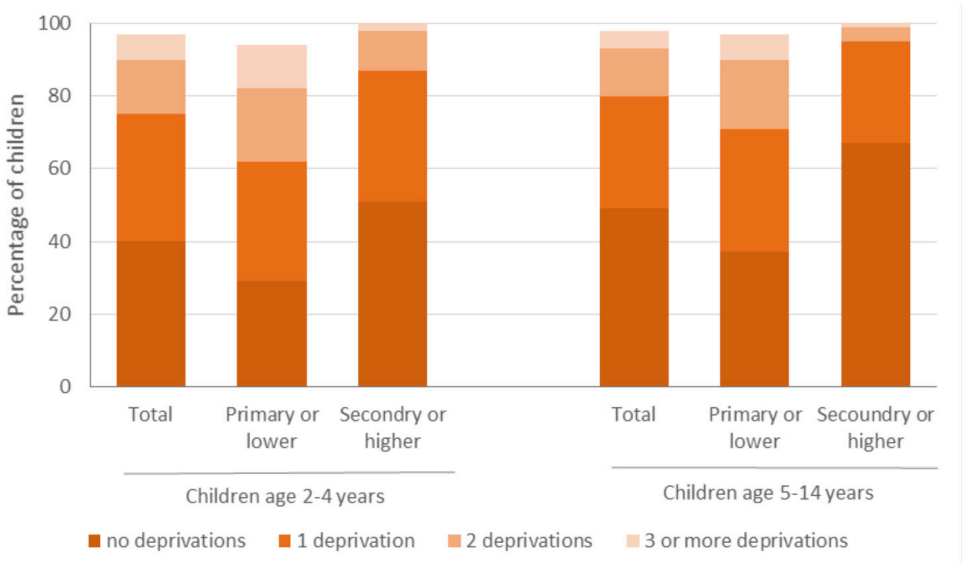


Note: Dimensions of deprivation for children 0-4 years: nutrition, health, water, sanitation, housing and protection from violence; for children 5-17 years: education, information, water, sanitation, housing and protection from violence.

Source: UNICEF Office of Research, Innocenti. Iraq CC-MODA Analysis. https://www.unicef-irc.org/MODA/. Retrieved on 30 June 2016.

In Tunisia, children of mothers with higher education experience less deprivations compared to those whose mothers have primary or lower education

Figure P.11: Distribution of children from age groups 2-4 years and 5-14 years by number of dimensions of deprivation, Tunisia, total and by education of mother, 2011-2012

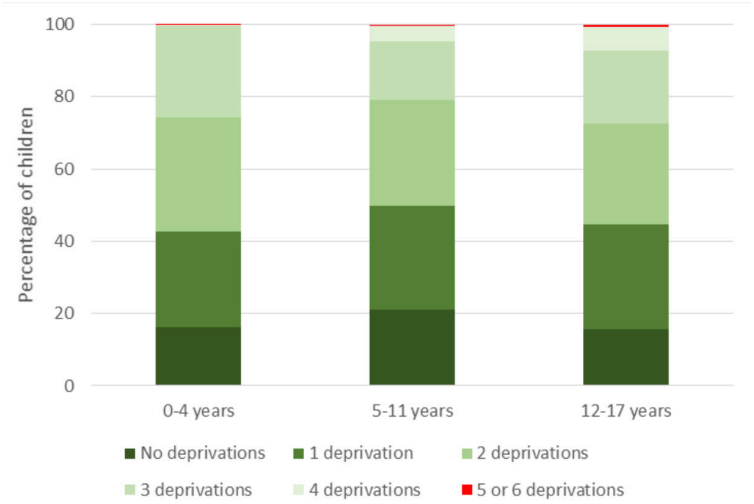


Note: Dimensions for deprivation for children 2-4 years: development, health, water, sanitation, housing, nutrition and protection from violence; for children 5-14 years: education, information, water, sanitation, housing, work and protection from violence. Deviation of the total from 100% is due to rounding.

Source: UNICEF, n.d.

In Egypt, four out of every five children living in slums suffer from deprivation in at least one dimension

Figure P.12: Percentage of children in selected slums according to number of dimensions of deprivation by age group, Egypt, 2012



Note: Dimensions for deprivation for children 0-4 years: health, nutrition, water, sanitation and shelter; for children 5-11 years: nutrition, water, sanitation, shelter, education and knowledge/information source; for children 12-17 years: nutrition, water, sanitation, shelter, education and knowledge/information source.

Source: UNICEF and Informal Settlements Development Facility, 2013.

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Data Challenges and Opportunities

Countries across the MENA region have made significant progress in producing and making available data necessary for advocacy, development and tracking of evidence-based policies and programming, as well as for resource allocation for children. The global requirements for reporting on the MDGs have substantially informed national priorities in data collection in recent decades. National capacities for data collection – through utilizing administrative sources as well as through implementation of household-based surveys – have been strengthening continuously.

National and sectoral information systems, such as Education Management Information Systems (EMIS) and Health Information Systems (HIS) have been improving in terms of timing, volume and quality of collected data. These have been accompanied by implementation of periodic household-based surveys. For example, 15 countries from the region have implemented various rounds[1] of the UNICEF-supported Multi-indicator Cluster Surveys (MICS) over the years and Demographic and Health Surveys (DHS) have been implemented in six countries. Some MENA countries have conducted national Family Health Surveys (FHS). These are valuable sources of information at the national and sub-national levels, particularly relevant to child survival, child nutrition, child protection, maternal health and adolescent health. Theme- or sector-specific data collection initiatives have also been implemented, though on an ad-hoc basis in a fewer countries.

CHALLENGES

Despite the progress made across the region on intensifying data collection and improving the quality of data, some challenges remain. Some are inherited from the MDG era; others emerge as the new SDG agenda is being adopted and monitoring of progress and reporting of the newly set goals and targets has to be substantiated by rigorous data collection and analysis.

Data Availability

Data available to assess the implementation of children's rights varies across MENA countries and across sectors. Moreover, sources or platforms where consolidated information on child-related indicators can be found for further analysis, are not readily available in most of the countries. Particularly challenging is the data collection environment in some MENA countries, affected by the protracted and on-going humanitarian crisis. The crisis has negatively affected the frequent collection of reliable data based on implementation of rigorous methodologies. Alternative approaches are being sought in this context to address the challenges, such as assessments covering parts of the countries or specific population groups. In some other countries, there is no custom to implement deliberate data-collection activities, which could produce information on multiple child-related subjects. Further, changes in internationally adopted and nationally applied definitions pose challenges for studying trends, as is the case of child malnutrition for example.

At the national and subnational levels, available data is traditionally insufficient in the areas of child protection, child poverty and social protection. In these culturally and politically sensitive areas methodological work has not been completed in many MENA countries with agreed definitions and methods for computing indicators. Data, where collected, is not always agreed upon among all stakeholders and subsequently remains unpublished. Raw data, where available, has not always been sufficiently exploited to generate estimates. For example in the instance of child poverty it has not been used to produce frequency distributions that could reveal where the most deprived children are and what their profile is.

The SDG agenda sets additional high demands for data collection and analysis, with its detailed goals and targets framework, and numerous indicators to monitor progress towards them. New indicators were introduced related to children, particularly on health, access to

[1] Five rounds of MICS survey have been implemented across countries globally and within MENA region. Work on preparation for round six is currently in progress.

water and sanitation, and social inclusion. Definitions and/or methods of calculation for some of these indicators are still under development to inform data collection. Some of the proposed indicators are multi-faceted and need to be broken down to allow measurement, for instance SDG4 indicators on education. For some indicators, which are not new, age ranges have been changed. This calls for a revision of the tools and data-processing algorithms used for collecting and processing data on them. National data collection systems need to adapt to the new requirements, to be able to produce information for monitoring progress towards their national and global targets. Annex 2 presents SDG child-related goals, targets and indicators, and comparable data availability across MENA countries.

Inter-Country Comparisons

National definitions or coverage (in terms of content, time coverage, and/or age ranges) of some key indicators differ from country to country, including antenatal care coverage period, pre-school enrolment/participation, violence against women, child labour, among others. In addition, categorisations of background characteristics such as education attainment levels or age groups, used for disparity analysis, may also differ. Including multi-dimensional poverty in the SDG framework, to be measured based on national definitions, is an example of a newly introduced critical indicator, which will be very hard to use for inter-country comparisons.

These differences set a limitation on the use of nationally-produced data for comparisons between countries. There is also a variance between countries in terms of the time of measurement of a specific indicator. Finally, the MENA region has witnessed changes in administrative borders of some countries, which poses a challenge to inter-country comparisons of trends in development.

To address these limitations, international agencies develop global databases, which can better serve inter-country comparisons. These databases contain estimates based on national sources but further elaborate on them in two main ways: (a) estimates based on modelling involving multiple national sources, e.g. child- and maternal mortality estimates; and (b) estimates for time intervals rather than single points of time or years. In addition, some estimates are developed retrospectively in cases where a country's administrative borders change. Methodological differences in computation of indicators still need more attention, and possible solutions to allow for some inter-country comparisons.

In-Country Disparities Assessment

National information sources in MENA countries – administrative information systems and household-based surveys alike – often do provide information at the sub-national level, mainly by geographic areas. Where surveys are implemented, some disaggregation may be found by urban/rural residence, by wealth quintiles and some other socio-economic characteristics. Yet, the disaggregated information by age groups is quite insufficient, which is important in revealing the situation of children. This is true especially for poverty and social protection data, and data on the situation of children in informal settings, disabled and other particularly disadvantaged children. In turn, the lack of sufficient disaggregated information sets limitations for planning and implementation of targeted and better-focused interventions.

OPPORTUNITIES

To address the challenges, countries and development partners in the MENA region may consider focusing concerted efforts in several areas, to ensure more effective monitoring of the realization of children's rights across the region and informing child-focused policies and programmes, for better results for children.

Data Collection

At the country level, government, development and humanitarian partners need to continue investing in the capacity strengthening of national statistical and sectoral information systems, to improve the availability of information with better frequency, sufficient levels of disaggregation and higher-quality data. In the context of the post-2015 SDG agenda with newly introduced indicators globally, it will be cost-effective to add new questions to existing data collection tools and thus ensure that the requirements for SDG reporting are met. National surveys such as MICS, DHS, and FHS are excellent opportunities to cover new areas to be measured, rather than investing in new parallel processes.

Data disaggregation by age, gender, wealth, residence, as well as other determinants relevant to each country, is vital for the monitoring of all SDG indicators, especially in light of the focus on equity. Moreover, investment should be made in implementing sub-national surveys to assess particular developmental and child-specific challenges. This will allow for assessment of disparities within countries.

New technologies in data collection as well as innovative cost-effective means should be investigated in order to lift the financial and human resources burden of data collection.

Data Analysis, Dissemination and Use

In some instances data is already gathered and available but needs to be better utilised through further analysis. A good example is the multiple overlapping deprivation analysis, the necessary data for which does exist in countries with MICS or DHS surveys.

Consolidating all available child-related information from both administrative and survey sources in one national hub, its regular update and providing broad access to it can significantly facilitate data use in a coherent manner.

In turn, this may ease the process of SDG progress monitoring. Further, it can allow for more effective use of data to support advocacy and underpin national policy dialogues for improved targeting of interventions to those children who need them the most. Innovative ways of presentation can make data easier to understand and use for those who do not necessarily have statistical background.

International Coordination and Support

An international concerted effort needs to be carried out in the region, in order to ensure consistency in the definition and measurement of key indicators. This is particularly true for the newly introduced SDG indicators, some of which are not yet clearly defined and/or methods of computation are not described. This will ensure consistency in measurement, and in turn, potential for comparisons between countries.

Support from development partners to national surveys conducted in the region, such as MICS, DHS, FHS, needs to continue. This includes both technical support and advocacy for their more frequent implementation. Coordination for national surveys' implementation within closer time periods may contribute to improving of inter-country comparisons and trend analyses across MENA countries.

ANNEX 1: DATA TABLES[1]

ANNEX 1
HEALTH DATA TABLES

Figure H.1: Under-five mortality rate in 1990 and 2015, and MDG target, by country (Deaths per 1,000 live births)

Country Name	U5MR 1990	U5MR 2015	MDG Target
Sudan	128	70	43
Djibouti	119	65	40
Yemen	126	42	42
Iraq	54	32	18
Morocco	80	28	27
Algeria	47	26	16
Egypt	86	24	29
State of Palestine	44	21	15
Jordan	37	18	12
Iran	58	16	19
Saudi Arabia	44	15	15
Tunisia	57	14	19
Libya	42	13	14
Syria	37	13	12
Oman	39	12	13
Kuwait	18	9	6
Lebanon	33	8	11
Qatar	21	8	7
United Arab Emirates	17	7	6
Bahrain	23	6	8

Figure H.2: Under-five mortality rate in Sudan and Djibouti - 2000-2015, and projections to 2030 (Deaths per 1,000 live births)

Sudan	2000	2005	2010	2015	2020	2025	2030
Current trends	106	92	80	70	61	53	46
SDG target	106	92	80	70	50	35	25

Djibouti	2000	2005	2010	2015	2020	2025	2030
Current trends	101	89	76	65	57	49	42
SDG target	101	89	76	65	47	34	25

[1] Empty cells are found where data is not available

Figure H.3: Ratio of under-five mortality of children born in the poorest 20% households versus the richest 20% households in some MENA countries from surveys conducted between 2007 and 2014 (Ratio)

Country	Ratio (former year)	Ratio (latter year)
Sudan	2.0	2.1
Yemen	3.2	1.8
Egypt	2.6	2.2
Jordan	1.1	2.6

Figure H.4: Infant mortality rate and neonatal mortality rate by country, 1990 and 2015 (Deaths per 1,000 live births)

Country	1990	2015	Child mortality
Yemen	44	22	NMR
	89	34	IMR
Egypt	33	13	NMR
	63	20	IMR
Morocco	37	18	NMR
	63	24	IMR
Djibouti	50	33	NMR
	93	54	IMR
Sudan	41	30	NMR
	80	48	IMR
Tunisia	28	8	NMR
	44	12	IMR
Iran	27	10	NMR
	45	13	IMR
Libya	21	7	NMR
	36	11	IMR
Saudi Arabia	22	8	NMR
	36	13	IMR
Oman	17	5	NMR
	32	10	IMR
Lebanon	21	5	NMR
	27	7	IMR
Syria	17	7	NMR
	30	11	IMR
Algeria	22	16	NMR
	40	22	IMR
State of Palestine	22	12	NMR
	36	18	IMR
Iraq	27	18	NMR
	42	27	IMR
Jordan	20	11	NMR
	30	15	IMR
Bahrain	15	1	NMR
	20	5	IMR
Qatar	11	4	NMR
	18	7	IMR
United Arab Emirates	8	4	NMR
	14	6	IMR
Kuwait	10	3	NMR
	15	7	IMR

Figure H.5: Neonatal mortality rate by country, 2015 (Deaths per 1,000 live births)

Country	Neonatal Mortality
Algeria	16
Bahrain	1
Djibouti	33
Egypt	13
Iran	10
Iraq	18
Jordan	11
Kuwait	3
Lebanon	5
Libya	7
Morocco	18
Oman	5
Qatar	4
Saudi Arabia	8
State of Palestine	12
Sudan	30
Syria	7
Tunisia	8
United Arab Emirates	4
Yemen	22

Figure H.6: Neonatal-, infant- and under-five mortality rates by country, 2015 (Deaths per 1,000 live births)

Country	NMR	IMR	U5MR
Sudan	30	48	70
Djibouti	33	54	65
Yemen	22	34	42
Iraq	18	27	32
Morocco	18	24	28
Algeria	16	22	26
Egypt	13	20	24
State of Palestine	12	18	21
Jordan	11	15	18
Iran	10	13	16
Saudi Arabia	8	13	15
Tunisia	8	12	14
Libya	7	11	13
Syria	7	11	13
Oman	5	10	12
Kuwait	3	7	9
Lebanon	5	7	8
Qatar	4	7	8
United Arab Emirates	4	6	7
Bahrain	1	5	6

Figure H.7: Maternal mortality ratio in 1990 and 2015, and MDG target, by country (Deaths per 100,000 live births)

Country	MMR 1990	MMR 2015	MDG target
Yemen	547	385	137
Sudan	744	311	186
Djibouti	517	229	129
Algeria	216	140	54
Morocco	317	121	79
Syria	123	68	31
Tunisia	131	62	33
Jordan	110	58	28
Iraq	107	50	27
State of Palestine	118	45	30
Egypt	106	33	27
Iran	123	25	31
Oman	30	17	8
Lebanon	74	15	19
Bahrain	26	15	7
Qatar	29	13	7
Saudi Arabia	46	12	12
Libya	39	9	10
United Arab Emirates	17	6	4
Kuwait	7	4	2

Figure H.8: Maternal mortality ratio in Syria, 1990-2015 (Deaths per 100,000 live births)

	1990	1995	2000	2005	2010	2015
MMR	123	89	73	58	49	68

Figure H.9: Maternal mortality ratio by residence and distribution of maternal deaths by education of mother in Yemen, 2013

MMR (Maternal deaths per 100,000 live births)	Urban	97
	Rural	164
Distribution of maternal deaths (Percentage)	No Education	80
	Formal Education	20

Figure H.10: Percentage of any antenatal care coverage (at least one visit), by country, 1995-2002 to 2010-2015 (Percent)

Country	1995-2002	2005-2009	2010-2015
Bahrain	97	97	100
Kuwait	95	95	100
United Arab Emirates	97	97	100
Jordan	96	99	99
State of Palestine	96	99	99
Oman	100	100	99
Tunisia	92	96	98
Iran	93	98	97
Saudi Arabia	90	90	97
Lebanon	87	96	96
Algeria	79	89	93
Libya	81	81	93
Qatar	94		91
Egypt	53	74	90
Djibouti		92	88
Syria	71	84	88
Sudan	60	64	79
Iraq	77	84	78
Morocco	42	68	77
Yemen	34	47	60

Figure H.11: Percentage of any antenatal care (at least one visit) and regular antenatal care (4+ visits), by country, 2010-2015 (Percent)

Country	At least one visit	At least 4 visits
Yemen	60	25
Morocco	77	55
Iraq	78	50
Sudan	79	51
Djibouti	88	23
Syria	88	64
Egypt	90	83
Qatar	91	85
Algeria	93	67
Libya	93	
Lebanon	96	
Iran	97	94
Saudi Arabia	97	

Tunisia	98	85
Jordan	99	95
Oman	99	94
State of Palestine	99	96
Bahrain	100	100
Kuwait	100	
United Arab Emirates	100	

Figure H.12: Antenatal care coverage of women aged 15-49 years by residence and education attendance in Iraq, 2000, 2006 and 2011 (Percent)

	2000	2006	2011
Rural	68.0	75.0	66.0
Urban	83.0	90.0	83.0
No education	66.0	70.0	62.0
Sec complete/higher	91.0	93.0	89.0

Figure H.13: Antenatal care coverage of women aged 15-49 years by residence, education attendance and wealth quintile in Egypt, 1995, 2005 and 2014 (Percent)

	1995	2005	2014
Rural	27.2	62.3	89.2
Urban	58.3	82.4	92.8
No education	22.0	48.2	80.1
Sec complete/higher	70.3	85.6	94.3
Poorest		46.7	83.8
Richest		92.1	96.1

Figure H.14: Palestinian pregnant women in Lebanon, Jordan and Syria with at least one antenatal care visit in UNRWA-managed health facilities, 2015 (Percent)

	Jordan	Lebanon	Syria
Percentage	83.7	73.5	48.3

Figure H.15: Percentage of births attended by skilled health personnel between 1995 and 2015 (Percent)

Country	1995-2002	2005-2009	2010-2015
Yemen	22	36	45
Morocco	40	63	74
Sudan			78
Djibouti		93	87
Iraq	72	80	91
Egypt	61	79	92
Iran	90	97	96
Syria	76	93	96

Algeria	92	95	97
Lebanon	89	98	98
Saudi Arabia	91	91	98
Oman	95	99	99
Tunisia	90	95	99
Bahrain	98	98	100
Jordan	97	99	100
Kuwait	98	98	100
Libya	94	94	100
Qatar	98	99	100
State of Palestine	97	99	100
United Arab Emirates	96	99	100

Figure H.16: Births attended by skilled health personnel in Morocco 2011, by urban-rural residence and by lowest and highest wealth quintiles (Percent)

	Morroco
Urban	92
Rural	55
Poorest	38
Richest	96

Figure H.17: Maternal mortality ratio and births attended by skilled health personnel, by country, 2010-2015

	Skilled Attendant at Birth 2010-2015 (Percent)	Maternal Mortality 2015 (Deaths per 100,000 live births)
Algeria	97	140
United Arab Emirates	100	6
Bahrain	100	15
Djibouti	87	229
Egypt	92	33
Iran	96	25
Iraq	91	50
Jordan	100	58
Kuwait	100	4
Lebanon	98	15
Libya	100	9
Morocco	74	121
Oman	99	17
State of Palestine	100	45
Qatar	100	13
Saudi Arabia	98	12
Sudan	23	311
Syria	96	68
Tunisia	99	62
Yemen	45	385

Figure H.18: Neonatal mortality rate and births attended by skilled health personnel, by country, 2010-2015

Country	Skilled Attendant at Birth 2010-2015 (Percent)	Neonatal Mortality 2015 (Deaths per 1,000 live births)
Algeria	97	16
United Arab Emirates	100	4
Bahrain	100	1
Djibouti	87	33
Egypt	92	13
Iran	96	10
Iraq	91	18
Jordan	100	11
Kuwait	100	3
Lebanon	98	5
Libya	100	7
Morocco	74	18
Oman	99	5
State of Palestine	100	12
Qatar	100	4
Saudi Arabia	98	8
Sudan	23	30
Syria	96	7
Tunisia	99	8
Yemen	45	22

Figure H.19: Percentage of coverage nationally with a first dose of measles-containing vaccine among children, 2015 (Percent)

Country	2015
Algeria	95
Bahrain	99
Djibouti	74
Egypt	92
Iran	99
Iraq	57
Jordan	94
Kuwait	93
Lebanon	79
Libya	93
Morocco	99
Oman	99
Qatar	99
Saudi Arabia	98
State of Palestine	99
Sudan	87
Syria	53
Tunisia	98
United Arab Emirates	94
Yemen	67

Figure H.20: Percentage of coverage nationally with a first dose of measles-containing vaccine among one-year old children, Iraq and Syria, 1995 and 2014 (Percent)

Country	1995	2014
Iraq	80	57
Syria	85	54

H.21: Adolescent birth rate, 1990 to 2014 (Births per 1,000 women aged 15-19 years)

Country	1990	2000	2010	2014
Libya	11	7	6	6
Tunisia	20	8	6	7
Oman	81	30	12	9
Saudi Arabia	70	27	11	9
Kuwait	26	22	13	10
Algeria	28	12	11	11
Qatar	49	21	13	11
Lebanon	44	23	13	13
Bahrain	26	17	14	14
Djibouti	47	33	24	22
Jordan	52	36	27	24
Iran	90	40	30	27
United Arab Emirates	55	26	29	29
Morocco	40	34	33	32
Syria	74	58	43	40
State of Palestine	98	77	67	48
Egypt	82	54	52	52
Yemen	149	96	70	62
Sudan	105	116	93	76
Iraq	70	66	80	83

Figure H.22: Adolescent birth rate by residence, in some MENA countries, 2011 to 2014 (Births per 1,000 women aged 15-19 years)

Country	Urban	Rural
Sudan 2014	53	103
Iraq 2011	82	83
Yemen 2013	51	75
Egypt 2014	24	75
Morocco 2011	21	46
Jordan 2012	38	20
Algeria 2012-2013	9	13
Tunisia 2011-2012	2	6

Figure H.23: Estimated HIV prevalence among young women and men (aged 15-24 years), Djibouti, 2010-2015 (Percent)

Year	2010	2011	2012	2013	2014	2015
Male	0.3	0.3	0.4	0.4	0.4	0.4
Female	0.6	0.6	0.6	0.7	0.7	0.7

Figure H.24: Estimated number of new HIV infections among children aged 0-14, adolescents aged 15-19 and young people aged 20-24 years, Djibouti, 1990 – 2015 (Number)

Year	0-14	15-19	20-24
1990	<100	<100	<100
1991	<100	<100	<100
1992	<100	<100	<200
1993	<100	<100	<500
1994	<200	<200	<500
1995	<200	<200	<500
1996	<200	<200	<500
1997	<200	<200	<500
1998	<500	<200	<500
1999	<500	<200	<500
2000	<500	<200	<500
2001	<500	<200	<500
2002	<500	<100	<200
2003	<500	<100	<200
2004	<500	<100	<200
2005	<500	<100	<200
2006	<200	<100	<200
2007	<200	<100	<200
2008	<200	<100	<200
2009	<200	<100	<200
2010	<200	<100	<200
2011	<200	<100	<200
2012	<200	<100	<200
2013	<200	<100	<200
2014	<200	<100	<200
2015	<100	<100	<200

Figure H.25: Percentage of adolescent girls (aged 15-19 years) with comprehensive knowledge on HIV in some MENA countries, 2011 to 2014 (Percent)

Country	Percent
Tunisia 2011-2012	15.3
Qatar 2012	9.7
Sudan 2014	7.7
Algeria 2012-2013	6.8
Jordan 2012	5.6
Yemen 2013	5.3
State of Palestine 2014	4.7
Egypt 2014	2.8

Figure H.26: Percentage of males and females (15-24 years) with comprehensive, correct knowledge of HIV, Qatar, 2012 (Percent)

	Male	Female
Percentage	25.2	15.6

Figure H.27: Percentage of women 15-49 years with comprehensive knowledge of HIV transmission by level of education, Sudan 2014 (Percent)

	None	Primary	Secondary	Higher
Percentage	2.1	5.5	15.1	26.4

Figure H.28: Malaria incidence and percentage of children under 5 years sleeping under insecticide-treated bed-nets in Djibouti, Sudan and Yemen 2010-2015

	Malaria Incidence (Cases per 1,000 populations)	Children sleeping under ITN (Percent)
Djibouti	98	20
Sudan	147	30
Yemen	33	

ANNEX 1
NUTRITION DATA TABLES

Figure N.1: Percentage of children under age five years moderately or severely underweight, by country, 1990-1998 to 2010-2015 (Percent)

	1990-1998	2000-2006	2010-2015	MDG TARGET
Sudan	34	41	33	17
Djibouti	18	29	30	9
Yemen	46	46	16	23
Syria	13	10	10	7
Oman	23	18	10	12
Iraq	23	8	9	12
Egypt	12	6	7	6
Libya	5	5	6	3
Saudi Arabia		14	5	
Iran	16	11	4	8
Lebanon	3	4	4	2
Morocco	9	10	3	5
Algeria	13	4	3	7
Jordan	5	4	3	3
Kuwait	6	10	3	3
Tunisia	9	4	2	5
State of Palestine		3	1	
Bahrain	9	9		5
Qatar	6	6		3
United Arab Emirates	14	14		7

Figure N.2: Percentage of children under age five moderately or severely stunted, by country, 1990-1998 to 2010-2015 (Percent)

	1990-1998	2000-2006	2010-2015
Kuwait	12	24	6
Iran	19	15	7
State of Palestine		10	7
Jordan	8	9	8
Saudi Arabia		20	9
Tunisia	23	12	10
Algeria	18	11	12
Oman	23	10	14
Morocco	23	18	15
Lebanon	12	11	17
Libya	15	15	21
Egypt	25	18	22
Iraq	31	21	23
Syria	21	22	28
Djibouti	26	33	34
Sudan	33	43	38
Yemen	52	53	47
Bahrain	10	10	
Qatar	8	8	
United Arab Emirates	17	17	

Figure N.3: Estimated numbers of stunted children under five years in Yemen by 2025 (Thousands)

	2010	2015	2020	2025
At current stunting prevalence	1728	1845	1928	1946
40% reduction in number of stunted children	1728	1498	1267	1037

Figure N.4: Percentage of children under five years suffering from acute malnutrition (wasting) in four geographic areas of Yemen, August – September 2015 (Percent)

	Moderate and severe	Severe
Hodeidah Lowland	31.0	8.9
Hajjah - Lowland zone	20.9	3.8
Aden Governorate	19.2	2.5
Hajjah Mountainous zone	9.2	0.1

Figure N.5: Percentage of children under five years suffering from acute malnutrition (wasting) – moderate and severe in Djibouti, 2013 (Percent)

	Moderate and severe	Severe
Dikhil	14.7	3.3
Arta	14.8	4.0
Ali-Sabieh	15.8	5.9
Balbala	16.2	6.9
Tadjourah	16.4	2.1
Djibouti ville	17.9	3.2
Obock	25.7	5.7

Figure N.6: Percentage of children under age five moderately or severely overweight, by country, 2010-2015 (Percent)

	2010-2015
Algeria	12
Djibouti	8
Egypt	16
Iran	3.2
Iraq	12
Jordan	5
Kuwait	9
Lebanon	17
Libya	22
Morocco	11

Oman	4
Saudi Arabia	6
State of Palestine	8
Sudan	3
Syria	18
Tunisia	14
Yemen	2

Figure N.7: Percentage of children under age five moderately or severely wasted and overweight, by country, 2010-2015 (Percent)

	Wasting	Overweight
State of Palestine	1	8
Morocco	2	11
Jordan	2	5
Kuwait	2	9
Tunisia	3	14
Algeria	4	12
Iran	4	3
Libya	7	22
Lebanon	7	17
Iraq	7	12
Oman	8	4
Egypt	10	16
Syria	12	18
Saudi Arabia	12	6
Yemen	16	2
Sudan	16	3
Djibouti	22	8

Figure N.8: Percentage of children under age five moderately or severely stunted in Tunisia, by residence, 2000 to 2011-2012 (Percent)

	Urban	Rural
2000	8	18
2006	4	10
2011-12	8	14

Figure N.9: Percentage of children under age five moderately or severely stunted in Morocco, by wealth of household, 2003-2004 and 2011 (Percent)

	Poorest 20%	Richest 20%
2003-04	29	10
2011	28	7

Figure N.10: Percentage of Jordanian children under age five moderately or severely stunted by mother's education, 1990 – 2012 (Percent)

	No Education	Higher
1990	29	12
1997	20	4
2002	22	5
2012	12	5

Figure N.11: Percentage of Syrian child refugees under age five in Jordan moderately or severely stunted, 2014 (Percent)

	Syrian refugees 2014	Jordan average 2012
Zaatari Camp	17	8
Host Communities	9	8

Figure N.12: Percentage of children under age five moderately or severely overweight, for some MENA countries, in the poorest and the richest households, between 2011 and 2014 (Percent)

	Poorest 20%	Richest 20%
Iraq 2011	9.0	15.3
State of Palestine 2014	6.4	10.3
Sudan 2014	1.4	4.8
Jordan 2012	4.7	6.9
Egypt 2014	15.6	17.7
Algeria 2012-13	11.5	13.1
Yemen 2013	1.3	2.4

Figure N.13: Percentage of infants aged 0-5 months that are exclusively breastfed, by country, 1995-2003 to 2010-2015 (Percent)

	1995-2003	2005-2009	2010-2015
Djibouti		1	1
Tunisia	46	6	9
Yemen	18	12	10
Kuwait	12	12	12
Iraq	12	25	20
Jordan	27	22	23
Algeria	13	7	26
Lebanon	27	27	27
Morocco	66	31	28
Qatar	12	12	29
Oman			33
Bahrain	34	34	34
United Arab Emirates	34	34	34
State of Palestine	29	27	39
Egypt	30	53	40
Syria	81	29	43
Iran	44	23	53
Sudan	16	34	55
Saudi Arabia	31	31	

Figure N.14: Percentage of infants aged 0-5 months that are exclusively breastfed by sex in selected countries (Percent)

	Male	Female
Iran 2010	51	56
Algeria 2012	25	27
Qatar 2012	24	35
State of Palestine 2014	39	38
Sudan 2014	57	54

Figure N.15: Percentage of infants aged 0-5 months that are exclusively breastfed in Lebanon, by population group, 2015 (Percent)

	Male	Female
Residents of Lebanon	26.9	23.2
Syrian registered refugees	31.2	36.0
Palestinian refugees	28.1	23.6
Palestinian refugees from Syria	24.7	16.7

Figure N.16: Percentage of infants aged 0-5 months that are exclusively breastfed by mother's education and wealth quintile in the State of Palestine, 2014 (Percent)

		Percent
Mother's education	None	61.9
	Basic	43.7
	Secondary	38.4
	Higher	35.5
Wealth quintile	Poorest	37.2
	Second	37.2
	Middle	41.9
	Fourth	36.8
	Richest	41.8

ANNEX 1
WASH DATA TABLES

Figure W&S.1: Percentage population using improved water sources and improved sanitation facilities, by country, 2015 (Percent)

	Improved Water	Improved Sanitation
Yemen	55	53
Sudan	56	24
State of Palestine	58	92
Algeria	84	88
Morocco	85	77
Iraq	87	86
Djibouti	90	47
Syria	90	96
Oman	93	97
Iran	96	90
Jordan	97	99
Saudi Arabia	97	100
Tunisia	98	92
Egypt	99	95
Kuwait	99	100
Lebanon	99	81
Bahrain	100	99
Qatar	100	98
United Arab Emirates	100	98
Libya		97

Figure W&S.2: Percentage of population using improved drinking water sources and MDG targets, by country, 1990 and 2015 (Percent)

	1990	2015	MDG Target
Bahrain	95	100	97.50
Qatar	99	100	99.50
United Arab Emirates	100	100	100.00
Egypt	93	99	96.50
Kuwait	99	99	99.50
Lebanon	83	99	91.50
Tunisia	83	98	91.50
Jordan	96	97	98.00
Saudi Arabia	92	97	96.00
Iran	92	96	96.00

Oman	79	93	89.50
Djibouti	78	90	89.00
Syria	86	90	93.00
Iraq	78	87	89.00
Morocco	73	85	86.50
Algeria	91	84	95.50
State of Palestine	96	58	98.00
Sudan	67	56	83.50
Yemen	66	55	83.00
Libya	71		85.50

Figure W&S.3: Percentage of population using improved drinking water sources in some MENA countries, by residence, 1990 and 2015 (Percent)

Country	Urban	Rural	Year
Iraq	95	39	1990
	94	70	2015
Morocco	94	53	1990
	99	65	2015
Yemen	96	59	1990
			2015
Tunisia	96	64	1990
	100	93	2015
Sudan	86	61	1990
			2015
Djibouti	84	61	1990
	97	65	2015
Syria	97	75	1990
	92	87	2015
Iran	99	84	1990
	98	92	2015
Oman	83	70	1990
	95	86	2015
Algeria	97	85	1990

	84	82	2015
Jordan	99	90	1990
	98	92	2015
Egypt	97	91	1990
	100	99	2015
Libya	72	68	1990
			2015

Figure W&S.4: Difference between urban and rural areas in usage of improved drinking water sources, State of Palestine, 1991-2015 (Percentage points)

	1991	1996	2000	2005	2010	2015
Urban	100	100	93	79	65	51
Rural	87	86	85	84	83	82
Disparity	13	14	8	-5	-18	-31

Figure W&S.5: Percentage of household population using improved water sources in West Bank and Gaza Strip, 2010 and 2014 (Percent)

	2010	2014
West Bank	90.1	96.8
Gaza Strip	13.7	10.5

Figure W&S.6: Percentage of household population with access to improved water source by wealth quintile, Sudan 2014 (Percent)

Quintile	Percentage
Poorest	45.5
Second	53.4
Middle	60.0
Fourth	85.3
Richest	96.0

Figure W&S.7: Percentage of population with piped water into dwelling/yard/plot, for some MENA countries, 2011-2014 (Percent)

Country	Urban	Rural
Egypt (2014)	96	88
Algeria (2012-13)	74	61
Tunisia (2011-12)	69	55
Iraq (2011)	69	48
Jordan (2012)	53	54

Figure W&S.8: Percentage of population using improved sanitation facilities and MDG target, by country, 1990 and 2015 (Percent)

Country	1990	2015	MDG TARGET
Kuwait	100	100	100.0
Saudi Arabia	92	100	96.0
Bahrain	99	99	99.5
Jordan	97	99	98.5
Qatar	100	98	100.0
United Arab Emirates	97	98	98.5
Libya	97	97	98.5
Oman	82	97	91.0
Syria	85	96	92.5
Egypt	73	95	86.5
State of Palestine	87	92	93.5
Tunisia	73	92	86.5
Iran	71	90	85.5
Algeria	80	88	90.0
Iraq	72	86	86.0
Lebanon	83	81	91.5
Morocco	52	77	76.0
Yemen	24	53	62.0
Djibouti	66	47	83.0
Sudan	27	24	63.5

Figure W&S.9: Urban-rural disparities in use of improved sanitation facilities, 1990 and 2015 (Percent)

Country	Urban	Rural	Year
Yemen	70	12	1990
			2015
Morocco	81	26	1990
	84	66	2015
Tunisia	94	43	1990
	97	80	2015
Oman	95	55	1990
	97	95	2015
Sudan	52	18	1990
Egypt	92	59	1990
	97	93	2015
Djibouti	73	44	1990
	60	5	2015

Algeria	92	68	1990
	90	82	2015
Syria	95	75	1990
	96	95	2015
Iran	78	62	1990
	93	82	2015
Jordan	98	95	1990
	99	99	2015
United Arab Emirates	98	95	1990
	98	95	2015

Figure W&S.10: Percentage population using sanitation facilities by type in some MENA countries, 2015 (Percent)

Country	Improved	Shared	Other Unimproved	Open Defecation
Saudi Arabia	100		0	0
Kuwait	100		0	0
Jordan	99	1	0	0
Bahrain	99		1	0
United Arab Emirates	98	2	0	0
Qatar	98	0	2	
Libya	97		3	
Oman	97		0	3
Syria	96	4	0	0
Egypt	95	5	0	0
Tunisia	92	5	2	1
Iran	90	10	0	0
Algeria	88	8	3	1
Morocco	77	12	2	9
Djibouti	47	4	29	20

Figure W&S.11: Percentage of household population using improved drinking water source and sanitation facility, by population group, Lebanon 2015 (Percent)

Population group	Improved sanitation	Improved drinking water
Syrian registered refugees	82.9	73.9
Residents of Lebanon	98.5	93.1
Palestinian refugees from Syria	78.2	96.1
Palestinian refugees	94.6	98.4

ANNEX 1
EDUCATION DATA TABLES

Figure E.1: Gross enrolment ratio in pre-primary education, by country, 2001 and 2014 (Percent)

Country	2001	2014
United Arab Emirates	63	92
Lebanon	84	84
Kuwait	85	81
Algeria	3	79
Morocco	57	60
Qatar	30	58
Bahrain	33	55
Oman	6	54
State of Palestine	30	51
Tunisia	17	43
Iran	21	42
Sudan	19	34
Jordan	31	32
Egypt	12	30
Saudi Arabia		16
Syria	9	6
Djibouti	1	5
Yemen	1	1
Iraq	5	
Libya	8	

Figure E.2: Children of pre-primary school age by status of enrolment in pre-primary education, 2013 (Percent)

Country	Not in school	In pre-primary or primary
Yemen	94	6
Djibouti	93	7
Iraq	83	17
Egypt	63	37
State of Palestine	52	48
Sudan	50	50
Jordan	48	52
Oman	41	59
Syria	41	59
Bahrain	31	69
Tunisia	30	70
Morocco	28	72
United Arab Emirates	20	80
Qatar	19	81
Algeria	16	84
Kuwait	12	88
Lebanon	2	98

Figure E.3: Gross enrolment ratio in pre-primary education, by country and gender, 2014 (Percent)

Country	Male	Female
United Arab Emirates	92	92
Lebanon	87	82
Kuwait	82	80
Algeria	79	79
Morocco	65	53
Qatar	58	58
Bahrain	55	55
Oman	53	55
State of Palestine	50	51
Iran	43	42
Tunisia	42	43
Sudan	33	35
Jordan	33	31
Egypt	31	30
Saudi Arabia	14	18
Syria	6	6
Djibouti	5	4
Yemen	1	1

Figure E.4: Percentage of first-grade children who have attended pre-school, in some MENA countries, by residence and household's wealth quintile, 2011 to 2014 (Percent)

	2011-2012	2014	2012-2013	2011
	Tunisia	Sudan	Algeria	Iraq
Urban	90	81	53	8
Rural	63	65	46	1
Richest	96	87	56	11
Poorest	56	51	36	3

Figure E.5: Percentage of first-grade children who have attended pre-school, in some MENA countries, by mother's education, 2011 to 2013 (Percent)

Country	Year	No education	Secondary	University and above
Tunisia	2011-2012	56	90	100
Algeria	2012-2013	38	61	60

Figure E.6: Net enrolment rate in primary education, by country, 1995 to 2014 (Percent)

Country	1995	2005	2014
Bahrain	99		
Iraq	78	93	
Sudan			54
Djibouti	27	36	57
Syria	96	93	67
Yemen		76	85
Lebanon		90	87
Jordan		95	88
Oman	76	81	91
State of Palestine		80	91
United Arab Emirates	92	89	91
Qatar	86	92	92
Kuwait	69	96	93
Saudi Arabia			96
Algeria	88	93	97
Egypt	86	93	98
Morocco	63	86	98
Iran	96	96	99
Tunisia	96	99	99

Figure E.7: Percentage of out of school children of primary school age, by country, 1995 to 2014 (Percent)

	1995	2005	2014
Bahrain	1		
Iraq	24	7	
Tunisia	4	1	1
Algeria	12	4	1
Kuwait	14	4	1
Egypt	14	3	1
Iran	4	4	1
Morocco	37	14	1
Oman	24	17	3
Qatar	14	4	3
Saudi Arabia			4
United Arab Emirates	8	4	4
State of Palestine		16	7
Lebanon	16	8	11
Jordan		1	12
Yemen		24	15
Syria	4	1	29
Djibouti	73	63	43
Sudan			45

Figure E.8: Percentage of out of school children of primary school age, by gender, in some MENA countries, 2011 to 2015 (Percent)

	Male	Female
Sudan 2012	47	44
Djibouti 2015	39	46
Syria 2013	28	30
Jordan 2012	12	13
Lebanon 2013	8	14
Yemen 2013	8	22
State of Palestine 2014	7	7
United Arab Emirates 2014	4	4
Oman 2014	3	3
Kuwait 2014	2	1
Saudi Arabia 2014	2	5
Morocco 2014	1	1
Egypt 2014	1	1
Qatar 2011	1	5

Figure E.9: Distribution of out of school children of primary school age, by country, 2011 to 2015 (Percent)

Country	Proportion
Qatar	0.06
Kuwait	0.06
Tunisia	0.08
Oman	0.13
UAE	0.33
State of Palestine	0.75
Algeria	0.82
Morocco	0.85
Djibouti	0.91
Iran	1.02
Lebanon	1.23
Egypt	2.65
Jordan	2.73
Saudi Arabia	2.77
Syria	12.87
Yemen	13.33
Sudan	62.03

Figure E.10: Percentage of students starting grade one who reach last grade of primary education, by country, 1995 to 2013 (Percent)

	1995	2005	2013
Iraq	62		
Egypt		93	
Yemen		59	69
Sudan			79
Djibouti	74		84
Morocco	57	74	89
United Arab Emirates	77	98	92
Algeria	84	91	93
Lebanon		88	93
Syria	81	92	93
Tunisia	77	94	94
Iran	85	88	96
Kuwait	71	98	96
Bahrain	80	98	98
Jordan	92	95	98
Qatar		85	98
State of Palestine	82	97	98
Oman	76	97	99
Saudi Arabia		93	99

Figure E.11: Percentage of students starting grade one who reach last grade of primary education, by country and gender, 2012 (Percent)

	Male	Female
Yemen	72	67
Sudan	80	79
Djibouti	80	71
Lebanon	90	96
United Arab Emirates	91	93
Morocco	92	91
Syria	93	93
State of Palestine	94	99
Algeria	95	98
Tunisia	95	93
Kuwait	95	96
Iran	96	97
Jordan	97	99
Oman	99	98
Bahrain	99	97
Qatar	99	96

Figure E.12: Percentage of students starting grade one who reach last grade of primary education, by residence and wealth quintile in Sudan, 2014 (Percent)

Year	Urban	Rural	Richest	Poorest
2014	93	74	97	66

Figure E.13: Completion rate of primary education, selected countries, by gender, 2011 to 2014 (Percent)

Country	Male	Female
State of Palestine 2014	99	100
Jordan 2012	97	98
Algeria 2012-2013	93	94
Tunisia 2011-2012	92	95
Egypt 2014	91	92
Sudan 2014	85	74
Yemen 2013	70	55
Iraq 2011	68	62

Figure E.14: Net enrolment rates in lower secondary education, in some MENA countries, 2005 and 2014 (Percent)

	2005	2014
Yemen	31	40
Djibouti	17	38
Syria	78	53
Morocco	35	63
Lebanon	66	67
Saudi Arabia		73
Qatar	78	78
Tunisia		80
State of Palestine	89	84
Egypt		85
Kuwait	83	85
Iran		91
Oman	68	94
Iraq	39	
Bahrain	88	

Figure E.15: Percentage of out of school children of lower secondary school age, in some MENA countries, 2011 to 2014 (Percent)

	Percent
Iran 2014	2
Oman 2013	4
Egypt 2014	6
Kuwait 2012	7
Saudi Arabia 2011	7
Jordan 2011	10
Qatar 2014	14
State of Palestine 2013	14
Morocco 2012	15
Lebanon 2012	24
Sudan 2012	37
Yemen 2012	37
Syria 2013	41

Figure E.16: Percentage of out of school children of lower secondary school age, by gender, in some MENA countries, 2011 to 2014 (Percent)

	Male	Female
Syria 2013	40	42
Yemen 2012	26	49
Sudan 2012	24	51
Lebanon 2012	21	26
State of Palestine 2013	16	12
Jordan 2011	11	9
Kuwait 2012	11	2
Morocco 2012	11	20
Oman 2013	8	2
Egypt 2014	7	5
Iran 2014	1	2

Figure E.17: Gross enrolment ratio in upper secondary education, by programme orientation, 2010 to 2014 (Percent)

Country	General programmes	Vocational programmes
Saudi Arabia 2014	103	6
Oman 2012	101	1
Qatar 2010	96	2
Bahrain 2014	71	14
Kuwait 2012	81	4
Iran 2014	63	20
Tunisia 2014	71	7
Jordan 2011	67	9
Egypt 2014	39	34
State of Palestine 2014	66	1
Algeria 2011	57	6
Lebanon 2013	42	16
Morocco 2013	50	3
Djibouti 2015	32	8
Yemen 2013	38	1
Sudan 2013	34	1
Syria 2013	25	7

Figure E.18: Syrian refugee children out of school in neighbouring countries, July 2016

Country	Number	Percentage
Lebanon	187,427	49
Jordan	51,357	22
Iraq	27,529	42

Figure E.19: Gender parity index of gross enrolment ratios for primary and secondary levels of education, for Syrian refugees in Lebanon, 2015 (Index)

	GPI
Primary	1.02
Secondary	2.39

Figure E.20: Gender Parity Index (GPI) of gross enrolment ratios, by level of education and by country, 2010 to 2014 (Index)

Country	Primary	Secondary	Tertiary
Yemen	0.84	0.69	0.44
Djibouti	0.87	0.81	0.68
Egypt	0.98	0.97	0.89
Morocco	0.95	0.86	0.89
Iran	1.02	0.94	0.94
Syria	0.97	1.00	1.01
Saudi Arabia	1.05	0.94	1.04
Lebanon	0.92	1.01	1.09
Sudan	0.89	0.91	1.12
Jordan	0.98	1.03	1.15
Oman	1.07	1.17	1.45
State of Palestine	1.01	1.10	1.5
Algeria	0.95	1.04	1.51
Tunisia	0.97	1.01	1.62
Bahrain		0.96	2.18
Kuwait			2.24
Qatar		1.10	6.66
United Arab Emirates	0.97		

Figure E.21: Percentage of 36 to 59 month old children who are developmentally on track in literacy-numeracy, social-emotional, and learning domains in some MENA countries, 2011 to 2014 (Percent)

Country	Year	Literacy-Numeracy	Social-Emotional	Learning
Algeria	2012-2013	29	71	89
Iraq	2011	18	78	89
Jordan	2012	17	71	91
Qatar	2012	63	76	87
State of Palestine	2014	22	71	92
Tunisia	2011-2012	32	75	92

Figure E.22: Early child development index score, by gender, in some MENA countries, 2011 to 2014 (Percentage)

Country	Male	Female
Qatar 2012	83	85
Tunisia 2011-2012	71	81
Iraq 2011	68	76
State of Palestine 2014	68	77
Algeria 2012-2013	67	74
Jordan 2012	65	73

Figure E.23: Reading achievement results for fourth and sixth grade, in PIRLS participating countries, by grade and gender, 2011 (Score)

Grade	Country	Male	Female
Grade four	Morocco	296	326
	Oman	371	411
	Qatar	411	441
	Saudi Arabia	402	456
	United Arab Emirates	425	452
	Iran	448	467
Grade six	Morocco	408	443
	Kuwait	391	443

Figure E.24: Mathematics achievement results for fourth grade in TIMSS participating countries, by gender, 2011 (Score)

Country	Male	Female
Yemen	243	255
Kuwait	323	358
Morocco	331	338
Tunisia	356	363
Oman	372	398
Saudi Arabia	402	418
Qatar	407	420
United Arab Emirates	430	438
Iran	431	431
Bahrain	432	440

Figure E.25: Mathematics achievement results for eighth grade, by TIMSS participating countries, 2007 and 2011 (Score)

Country	2007	2011
Oman	372	366
Morocco		371
Syria	395	380
Saudi Arabia		394
State of Palestine	367	404
Jordan	427	406
Bahrain	398	409
Qatar		410
Iran	403	415
Tunisia	420	425
Lebanon	449	449
United Arab Emirates		456

Figure E.26: Mathematics achievement results for eighth grade, by TIMSS participating countries, by gender, 2011 (Score)

Country	Male	Female
Oman	334	397
Morocco	371	371
Syria	385	375
Saudi Arabia	387	401
Bahrain	388	431
State of Palestine	392	415
Jordan	392	420
Qatar	404	415
Iran	418	411
Tunisia	433	417
Lebanon	456	444
United Arab Emirates	447	464

Figure E.27: Percentage of primary and lower secondary schools with access to potable water and toilets in four MENA countries, 2012-2013 (Percent)

	Primary			Lower secondary		
	Water	Toilets	Single-Sex Toilets	Water	Toilets	Single-Sex Toilets
Algeria 2013	95	100		98	100	
Djibouti 2012	88	98	93	80	87	63
Morocco 2013	80	84		92	93	
Tunisia 2013	89	100	100	90	90	90

Figure E.28: Percentage of primary and lower secondary schools with access to electricity, in four MENA countries, 2012-2013 (Percent)

	Primary	Lower secondary
Algeria 2013	99	99
Djibouti 2012	67	86
Morocco 2013	87	94
Tunisia 2013	100	90

Figure E.29: Youth literacy rate, by country and gender, 2015 (Percent)

Country	Male	Female
Bahrain	100	100
Libya	100	100
Qatar	98	100
Jordan	99	99
Kuwait	100	99
Lebanon	99	99
Oman	99	99
Saudi Arabia	99	99
State of Palestine	99	99
United Arab Emirates	100	99
Algeria	97	96
Iran	98	98
Tunisia	98	97
Syria	97	96
Morocco	97	93
Egypt	94	92
Yemen	98	83
Iraq	82	81
Sudan	71	70

Figure E.30: Percentage of young women, aged 15-24 years, who used a computer and internet, Qatar 2012 and Oman 2014 (Percent)

Country	Computer Usage	Internet Usage
Oman 2014	73	72
Qatar 2012	91	91

ANNEX 1
CHILD PROTECTION
DATA TABLES

Figure CP.1: Percentage of children under 5 whose births are reported registered (Percent)

Country	Percent
Yemen 2013	31
Sudan 2014	67
Djibouti 2006	92
Morocco 2010-11	94
Syria 2006	96
Iran 2010	99
Jordan 2012	99
Iraq 2011	99
Tunisia 2011-12	99
State of Palestine 2014	99
Egypt 2014	99
Lebanon 2009	100
Algeria 2012-13	100

Figure CP.2: Percentage of children under 5 whose births are reported registered, in Sudan and Yemen, by place of residence and wealth quintile (Percent)

Country	Dimension		Percent
Yemen 2013	Total		31
	Residence	Urban	48
		Rural	24
	Wealth Quintile	Poorest	17
		Richest	56
Sudan 2014	Total		67
	Residence	Urban	89
		Rural	59
	Wealth Quintile	Poorest	37
		Richest	98

Figure CP.3: Percentage of children engaged in child labour, in MENA countries with available data (Percent)

Country	Percent
Lebanon 2009	2
Tunisia 2011-12	3
Syria 2006	4
Bahrain 2000	5
State of Palestine 2010	6
Iraq 2011	6
Algeria 2012-13	6
Djibouti 2006	7
Morocco 2006-07	8
Iran 2010	11
Jordan 2007	2
Egypt 2014	7
Sudan 2014	25

Figure CP.4: Percentage of children aged 5-14 engaged in child labour, in MENA countries with available data, by gender, 2006 to 2014 (Percent)

Country	Male	Female
Sudan 2014	28	22
Iran 2010	12	10
Morocco 2006-07	9	8
Egypt 2014	8	6
Djibouti 2006	7	8
Algeria 2012-13	7	6
State of Palestine 2010	7	4
Iraq 2011	5	4
Syria 2006	5	3
Tunisia 2011-12	3	2
Lebanon 2009	3	1
Jordan 2007	3	0

Figure CP.5: Percentage of children engaged in child labour, in some MENA countries, by age, 2006 to 2014 (Percent)

Country	5-11 years	12-14 years
Sudan 2014	21	30
Egypt 2014	3	9
Iraq 2011	6	8
State of Palestine 2010	6	5
Algeria 2012-13	8	2
Tunisia 2011-12	3	1

Figure CP.6: Percentage of children aged 6-14 years engaged in economic activity in the 30 days prior to the survey, by area of residence and by gender, Yemen, 2012-2013 (Percent)

Dimension	2012-2013
Total	21.2
Urban	5.2
Rural	25.6
Male	17.9
Female	24.6

Figure CP.7: Percentage of women aged 20-24 years who were married before age 15 and age 18, in some MENA countries, 2003 to 2014 (Percent)

	Age 15	Age 18
Tunisia 2011-12	0	2
Algeria 2012-13	0.4	3
Qatar 2012	0	4
Djibouti 2006	2	5
Lebanon 2009	1	6
Jordan 2012	0	8
Syria 2006	3	13
State of Palestine 2014	1	15
Morocco 2003-04	3	16
Iran 2010	3	
Egypt 2014	2	17
Iraq 2011	5	24
Yemen 2013	9	32
Sudan 2014	12	34

Figure CP.8: Percentage of women aged 20-24 years who were married or in a union before age 15 and age 18, in some MENA counties, by place of residence, 2011-2014 (Percent)

Country	Urban	Rural	Age
Sudan 2014	6	15	Age 15
	22	40	Age 18
Iraq 2011	4	6	Age 15
	22	29	Age 18
Tunisia 2011-12	0	0	Age 15
	1	3	Age 18

Figure CP.9: Percentage of women aged 20-24 years who were married or in a union before age 15 and age 18, in the State of Palestine, by region, 2014 (Percent)

Area	Age 15	Age 18
Gaza Strip	1.3	19.2
West Bank	0.7	12.3

Figure CP.10: Percentage of ever-married women aged 15-49 years who ever experienced any physical, sexual or emotional violence committed by a husband, Egypt and Jordan, by wealth quintile, 2012 and 2014 (Percent)

Country	Poorest	Second	Middle	Fourth	Richest
Egypt 2014	37	32	30	30	24
Jordan 2012	41	34	32	27	25

Figure CP.11: Percentage of ever-married women aged 15-49 years who experienced violence committed by their husband in the last 12 months, in the State of Palestine, by form of violence, 2011 (Percent)

	Psychological	Economic	Social	Physical	Sexual
State of Palestine 2011	59	55	55	24	12

Figure CP.12: Percentage of children aged 2-14 years who experienced any violent discipline (psychological aggression and/or physical punishment) in the past month, in MENA countries with available data, 2006 to 2014 (Percent)

Country	Percent
Qatar	50
Sudan	64
Djibouti	72
Iraq	79
Yemen	79
Lebanon	82
Algeria	86
Syria	89
Jordan	90
Morocco	91
State of Palestine	92
Egypt	93
Tunisia	93

Figure CP.13: Number of homicide victims among children and adolescents aged 0-19 years in Iraq, Djibouti and Sudan, 2012 (Number per 100,000 relevant population)

Country	2012
Iraq	4
Djibouti	5
Sudan	6

Figure CP.14: Percentage distribution of battle-related deaths in MENA, by country, 2014 (Percent)

Country	Number	Percent of 2014 total deaths
Algeria	107	0.15
Egypt	208	0.30
Iraq	11933	17.07
Lebanon	126	0.18
Libya	322	0.46
Sudan	849	1.21
Syria	54690	78.25
Yemen	1660	2.37
Total Deaths	69895	100.00

ANNEX 1
POVETRY DATA TABLES

Figure P.1: Percentage of population living below $1.25 per day, in some MENA countries, 1992-2007 and 2009-2012 (Percent)

Country	1992-2007	2009-2012
Jordan	2	0
Tunisia	3	1
Egypt	2	2
Syria		2
Iraq		3
Morocco	3	3
Yemen	18	18
Djibouti	19	19
Sudan		20
Algeria	7	

Figure P.2: Percentage of population living below $1.90 per day, in Djibouti and Sudan, (2009-2013) (Percent)

Country	2009-2013
Djibouti	18
Sudan	15

Figure P.3: Percentage of population living in absolute poverty, Morocco, total and by place of residence, 1985 – 2014 (Percent)

Place of residence	1985	2001	2007	2014
Rural	27	25	14	9
Urban	13	8	5	1
National	21	15	9	4

Figure P.4: Percentage of population living below the national poverty line, in Iraq, Yemen and Sudan, total and by place of residence, 2005 to 2012 (Percent)

Country	National	Urban	Rural
Iraq 2012	19	15	31
Yemen 2005	35	21	40
Sudan 2009	47	27	58

Figure P.5: Percentage of income received by the 20% of households with the highest income and by the 40% of households with the lowest income, in some MENA countries, 2009-2013 (Percent)

Country	Poorest 40 %	Richest 20 %
Egypt	22	40
Iraq	22	39
Jordan	20	42
Yemen	20	44
Sudan	19	42
Syria	19	44
Iran	18	45
Tunisia	18	43
Morocco	17	48
Djibouti	14	50

Figure P.6: Percentage of children and all population living below the lower national poverty line, Egypt, total and children, by geographic area, 2008-09 and 2012-13 (Percent)

Geographic area	Population group	2008-09, Percentage	Increase by 2012-13, Percentage points	2012/13, Percentage
Urban Governorates	Total population	6.9	8.8	15.7
	Children 0-17 years	7.9	10.0	17.9
Lower Egypt Urban	Total population	7.3	4.4	11.7
	Children 0-17 years	7.5	3.9	11.4
Lower Egypt Rural	Total population	16.7	0.7	17.4
	Children 0-17 years	16.6	0.8	17.4
Upper Egypt Urban	Total population	21.3	5.4	26.7
	Children 0-17 years	24.0	5.2	29.2
Upper Egypt Rural	Total population	43.7	5.7	49.4
	Children 0-17 years	45.1	6.1	51.2
Egypt	Total population	21.6	4.7	26.3
	Children 0-17 years	23.8	5.0	28.8

Figure P.7: Percentage of children living in poverty, by region, State of Palestine, 2011 (Percent)

Geographic area	Percentage of children in poverty by region in 2011
Gaza Strip	39
West Bank	18
State of Palestine	27.2

Figure P.8: Distribution of children from age groups 0-4 years and 5-15 years, by number of dimensions of deprivations, Algeria 2012-2013 (Percent)

Number of dimensions of deprivation	Children age 0-4	Children age 5-15
no deprivations	15.2	5.7
1 deprivation	46.3	37.4
2 deprivations	31.0	38.0
3 deprivations	7.0	15.9
4 deprivations	0.4	2.8
5 deprivations	0.0	0.2

Figure P.9: Percentage of children from age groups 0-4 years and 5-15 years, suffering from deprivation in three or more dimensions, by wealth quintile, Algeria, 2012-2013 (Percent)

Wealth quintile	Children age 0-4	Children age 5-15
Poorest	15.3	31.6
Second	7.9	22.5
Middle	7.2	19.2
Fourth	3.7	13.2
Highest	1.1	7.4

Figure P.10: Distribution of children from age groups 0-4 years and 5-17 years by number of dimensions of deprivations, Iraq, total and by residence, 2011 (Percent)

	Children Age 0-4			Children Age 5-17		
Number of deprivation dimensions	Total	Urban	Rural	Total	Urban	Rural
no deprivations	13.7	17.1	7.4	23.1	27.8	14.2
1 deprivation	38.1	43.3	28.3	46.1	49.8	39.1
2 deprivations	30.0	29.0	31.7	23.7	19.8	31.0
3 deprivations	13.1	8.9	21.0	5.9	2.5	12.3
4 deprivations	4.2	1.5	9.2	1.2	0.1	3.1
5 deprivations	0.8	0.1	2.1	0.1	0.0	0.4
6 deprivations	0.1	0.0	0.3	0.0	0.0	0.0

Figure P.11: Distribution of children from age groups 2-4 years and 5-14 years by number of dimensions of deprivation, Tunisia, total and by education of mother, 2011-2012 (Percent)

	Children Age 2-4			Children Age 5-14		
Number of deprivation dimensions	Total	Primary or lower	Secondary or higher	Total	Primary or lower	Secondary or higher
no deprivations	40	29	51	49	37	67
1 deprivation	35	33	36	31	34	28
2 deprivations	15	20	11	13	19	4
3 or more deprivations	7	12	2	5	7	1

Figure P.12: Percentage of children in selected slums according to number of dimensions of deprivation by age group, Egypt, 2012 (Percent)

	No deprivations	1 deprivation	2 deprivations	3 deprivations	4 deprivations	5 or 6 deprivations
0-4 years	16	26.4	31.7	25.2	0.3	0.2
5-11 years	21	28.8	29.2	16.4	4.3	0.3
12-17 years	16	29.0	27.9	20.2	6.6	0.6

ANNEX 2:

SDG Child-Related Goals, Targets and Indicators, and Comparable Data Availability across MENA countries

SDG TARGETS	GLOBAL INDICATORS	COMPARABLE DATA AVAILABILITY	DISAGGREGATION OF AVAILABLE DATA
Goal 1. End poverty in all its forms everywhere			
1.1 By 2030, eradicate extreme poverty for allpeople everywhere, currently measured as people living on less than $1.25 a day	1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)	🔴	🔴
1.2 By 2030 reduce at least by half the proportion of men, women and children of all ages living in all its dimensions according to national definitions	1.2.1 Proportion of population living below the national poverty line, by sex and age	🔴	🔴
	1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	🔴	🔴
1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable	1.3.1 Proportion of population covered by social protection floors/systems, by sex, and distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work injury victims and the poor and the vulnerable	🔴	🔴
1.4 By 2030, ensure that all men and women, inparticular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance	1.4.1 Proportion of population living in households with access to basic services	🔴	🔴
Goal 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture			
2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons	2.2.1 Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age	🟡	🟡
	2.2.2 Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and 2.2.2a overweight)	🟡	🟡

0 to 6 countries (up to 30 % of countries) 7 to 13 countries (35- 65 % of countries) 14 to 20 countries (70—100 % of countries)

SDG TARGETS	GLOBAL INDICATORS	COMPARABLE DATA AVAILABILITY	DISAGGREGATION OF AVAILABLE DATA
Goal 3. Ensure healthy lives and promote well-being for all at all ages			
3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births	3.1.1 Maternal mortality ratio	🟢	🔴
	3.1.2 Proportion of births attended by skilled health personnel	🟢	🟡
3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births	3.2.1 Under-five mortality rate	🟢	🟢
	3.2.2 Neonatal mortality rate	🟢	🟡
3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	🟡	🟡
	3.3.2 Tuberculosis incidence per 1,000 population	🟢	🔴
	3.3.3 Malaria incidence per 1,000 population	🟡	🔴
3.4 By 2030, reduce by one third prematuremortality from non-communicable diseases throughprevention and treatment and promote mental healthand well-being	3.4.2 Suicide mortality rate	🟢	🟢
3.6 By 2020, halve the number of global deaths andinjuries from road traffic accidents	3.6.1 Death rate due to road traffic injuries	🟢	🔴
3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	3.7.1 Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods	🟡	🔴
	3.7.2 Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group	🟡	🔴
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	🟢	🟡

SDG TARGETS	GLOBAL INDICATORS	COMPARABLE DATA AVAILABILITY	DISAGGREGATION OF AVAILABLE DATA
3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Mortality rate attributed to household and ambient air pollution		
	3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe WASH services)		
Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all			
4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes	4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex		
4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education	4.2.1 Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex		
	4.2.2 Participation rate in organized learning (one year before the official primary entry age), by sex		
4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations	4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected as data become available)		
4.6 By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy	4.6.1 Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex		
4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all	4.a.1 Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking water; (f) single-sex basic sanitation facilities; and (g) basic handwashing facilities (as per the Water, Sanitation and Hygiene for All (WASH) indicator definitions)		

SDG TARGETS	GLOBAL INDICATORS	COMPARABLE DATA AVAILABILITY	DISAGGREGATION OF AVAILABLE DATA
Goal 5. Achieve gender equality and empower all women and girls			
5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the previous 12 months, by form of violence and by age		
	5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the previous 12 months, by age and place of occurrence		
5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation	5.3.1 Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18		
	5.3.2 Proportion of girls and women aged 15-49 years who have undergone female genital mutilation/cutting, by age		
5.4 Recognize and value unpaid care and domesticwork through the provision of public services,infrastructure and social protection policies and thepromotion of shared responsibility within the household and the family as nationally appropriate	5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location		
5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of theInternational Conference on Population and Development and the Beijing Platform for Action andthe outcome documents of their review conferences	5.6.1 Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care		
Goal 6. Ensure availability and sustainable management of water and sanitation for all			
Goal 6. Ensure availability and sustainable management of water and sanitation for all	6.1.1 Proportion of population using safely managed drinking water services		
6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations	6.2.1 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water (6.2.1b)		

SDG TARGETS	GLOBAL INDICATORS	COMPARABLE DATA AVAILABILITY	DISAGGREGATION OF AVAILABLE DATA
Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all			
Goal 7. Ensure access to affordable, reliable, sustainable and modern energy for all	7.1.2 Proportion of population with primary reliance on clean fuels and technology		
Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all			
8.7 Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms	8.7.1 Proportion and number of children aged 5-17 years engaged in child labour, by sex and age		
8.b By 2020, develop and operationalize a globalstrategy for youth employment and implement theGlobal Jobs Pact of the International LabourOrganization	8.b.1 Total government spending in social protection and employment programmes as a proportion of the national budgets and GDP		
Goal 10. Reduce inequality within and among countries			
10.1 By 2030, progressively achieve and sustain income growth of the bottom 40 per cent of the population at a rate higher than the national average	10.1.1 Growth rates of household expenditure or income per capita among the bottom 40 per cent of the population		
Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable			
11.1 By 2030, ensure access for all to adequate, safeand affordable housing and basic services and upgrade slums	11.1.1 Proportion of urban population living in slums, informal settlements or inadequate housing		
Goal 12. Ensure sustainable consumption and production patterns			
12.8 By 2030, ensure that people everywhere havethe relevant information and awareness for sustainable development and lifestyles in harmony with nature	12.8.1 Extent to which (i) global citizenship education and (ii) education for sustainable development (including climate change education) are mainstreamed in (a) national education policies (b) curricula (c) teacher education and (d) student assessment		
Goal 13. Take urgent action to combat climate change and its impacts			
13.1 Strengthen resilience and adaptive capacity toclimate-related hazards and natural disasters in allcountries	13.1.1 Number of countries with national and local disaster risk reduction Not applicable		
	13.1.2 Number of deaths, missing and persons affected by disaster per 100,000		

SDG TARGETS	GLOBAL INDICATORS	COMPARABLE DATA AVAILABILITY	DISAGGREGATION OF AVAILABLE DATA
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels			
16.1 Significantly reduce all forms of violence and related death rates everywhere	16.1.1 Number of victims of intentional homicide per 100,000 population, by sex and age		
	16.1.2 Conflict-related deaths per 100,000 population, by sex, age and cause		
16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children	16.2.1 Proportion of children aged 1-17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month		
	16.2.3 Proportion of young women and men aged 18-29 years who experienced sexual violence by age 18		
16.9 By 2030, provide legal identity for all, including birth registration	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age		
Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development			
17.18 By 2020, enhance capacity-building support todeveloping countries, including for least developedcountries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts	17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics		
17.19 By 2030, build on existing initiatives to developmeasurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries	17.19.2 Proportion of countries that a) have conducted at least one Population and Housing Census in the last ten years, and b) have achieved 100 per cent birth registration and 80 per cent death registration		

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