

SITAN REPORT – QATAR (SUMMARY)

The Higher Council for Family Affairs in Qatar prepared the report. It is dated November 2002.

Introduction:

The Higher Council for Family Affairs was set up in 1998 under the chairmanship of HH Sheikha Moza, the Emir's wife, to ensure that Qatar complies with CRC. Her Highness' work has led to establishing children clubs, providing Higher Diplomas in the fields of Early Childhood and Special Needs, establishing a Scientific City, developing the existing centers for people with special needs, expanding the education system to include kindergartens and passing the law regarding compulsory free education. There is still a lot to do (dwarfism, lack of Iodine, children friendly hospitals, higher breastfeeding rates, higher education levels, more kindergarten attendance, better scientific teaching, better educational syllabi and more participation of children in decision-making). In 2001, the Council was asked to review the status of children and prepare a national strategy to improve and develop the situation. Its findings, published in 2002, cover CRC for UNICEF requirements.

General Background:

In 2000, the population estimate was 578 thousand. Population growth rates averaged 3.2% for Qataris from 1986-1997 and 2.9% for foreigners. In 1997, 30% of the population were Qataris, 70% were other Arabs and Asians. Children under 18 formed 30% of the total. 72% of the population were aged 15-64 due to the presence of 250,000 foreign workers in the oil, trade, services and government sectors. Their presence has also caused an imbalance in the male/female ratio. Females form 24% of the workforce. Unemployment rates are 3-4%. In 2000, 13% of Qataris (mostly women) eligible to work were job-hunting. The population lives in 10 municipalities with 83% of people living on 10% of the land in Doha and Rayyan. The infrastructure is well developed. Gas and Oil are the main resources and form 58% of the GDP. Refining, industry, trade and agriculture form the rest. Economic growth was 8% and average incomes were US\$23,713. 98% of homes and public places have clean running water and 95% are connected to the sewage system. Rubbish is collected daily. The government provides regular income and social insurance for its citizens. It monitors air, water, food and waste disposal standards and provides housing with appropriate numbers of rooms and bedrooms. Fatality rates are 3.7 per 1,000 and life expectancy is 74+. Crime rates are low. Obesity rates are high. Malnutrition is on the increase, as are the numbers of people with anemia, diabetes and heart problems. Traffic accident injuries and fatalities have increased. People participate in the decision-making process. Qatar was the 1st Gulf country to give women the right to vote and stand for election and for public office. It has prepared a new constitution, acknowledging basic rights and embedding the principles of separation of power and judiciary independence. A higher national committee for human rights was formed. Qatar signed the Convention on the Right of the Child in 1995. Expenditure on housing and social security is down. Expenditure on health and education was down to 12.4% of GDP in 2000 (from 14% in 1995) due to higher GDP rates and fewer children. The actual amount of money spent, however, increased.

Health:

Healthcare is provided by the Ministry of Health, the Hamad Medical Institution, the Qatar Oil Company and the private sector. Expenditure is 5.9% of total government spending and 1.5% of GDP. Maternal and Child Care is provided in hospitals, clinics and health centers. 30% of curative services in 2001 were for children. As well as curative services, there are school and preventative health programs. Children with chronic illnesses and special needs are monitored. There is an educational program for teens, programs for the early detection and treatment of anemia and malnutrition and training programs for health staff including school health staff. The sector has 131

doctors (33 gynecologists and 98 pediatricians). Certain centers for children are open 24/7. Free services are provided to non-Qataris up to a certain age. There is no children's hospital but there are specialist children clinics. Children in large low-income families might be deprived of care because of treatments costs and fees for non-Qataris and the need to pay for emergency treatment up front. Laws do not cover physiotherapy or homecare. There are no specialist clinics for hereditary diseases, skin diseases, eyes and nutrition. There are no teen clinics, no clinics for behavioral or psychological problems and no counseling. The Department of Women Affairs is responsible for Maternal and Child Care and for monitoring and regulating the sale of breast milk alternatives.

Mortality: Rates are low for a developing country but high when compared to developed ones. The Under Five Mortality Rate in 2001 was 11.1 per 1,000 live births; the Neonatal Mortality Rate was 5.3 and the Infant Mortality Rate was 9.2. Rates are higher outside Doha and Rayyan. Survival rates increase the higher a mother's education level. They also increase if pregnancy occurs in the less risk ages of 20-39. Rates are higher for first borns, for children who are later in the birth order, for repeated pregnancies, increased numbers of pregnancies and births at shorter intervals. 2.2% of women had their 1st child before 15. 8.7% were between 15-18 and 8.8% were under 19.

Maternal Care: There are around 12,000 deliveries annually. The Maternity Hospital has 80 prenatal beds, 52 postnatal beds and 25 full care beds. Pregnant women visit doctors 6 times on average. 91.7% of women use prenatal services (66% on a regular basis). The rate increases the higher the mother's education level (93.7% for mothers with secondary education compared to 87% for uneducated mothers). 72% of visits take place once only while 28% of visits recur due to problems with the pregnancy. All pregnant women visit maternal centers twice on average, while 33% visit 5 times or more and 40% visit 7 times or more. 95.1% of care takes place at hospitals or clinics. 98% of deliveries take place under medical supervision. Only 30.5% of women use postnatal care services. This figure is low (88% because no complications occur; 4% because the mother has prior experience; and 2% because the mother isn't aware of the importance of postnatal care). Rates are better for educated women (33.2%) than uneducated women (24.7%). Total fertility rates for women decreased from 5.9 in 1978 to 3.2 in 2001 due to higher living standards, lower mortality rates, later marriages and more women going to school, going on to higher education and working. The decrease in rates is most apparent in women under 19. 22% of women have their children by 25; 50% of women have them by 30; while 30% of births take place in the high risk ages of 15-19 and 35-49. One out of every 6 children is born with a birth interval of 18 months; 37% are born with birth intervals of 24 months and 29% are born with birth intervals of 24-35 months. Only one third of birth intervals are 3 years or more. The average birth interval is 28 months. One out of every 10 women wants 3 children or less; four want 4 or 5; three want 6 or 7 and two want 8 or more. Qatar believes in the right of neonatals to breast milk and issued the 2001 law accordingly. Certain organizations, including government ones, have failed to put the law into practice as they refuse to give more than 6 months' maternity leave when the law calls for one year. The need to provide crèches is ignored. An ill child's need to be with his/her mother is also ignored.

Breastfeeding: Rates are low and irregular. 15% of children are given no breast milk at all. Mothers stop early or don't breastfeed regularly or enough to satisfy a child's nutritional, health and emotional needs. 22% of neonatals were given breast milk during the first hour. 35% were given it during the first three hours. 43% received it after three hours or more. 53% of women with higher levels of education delayed giving their new borns breast milk until 6 hours after the birth compared to only 12.5% of uneducated women. 80% of women breastfeed on demand with no system. Women with higher levels of education and working women breastfeed for shorter periods. Uneducated women breastfeed on average for 10 months. Women with secondary education or higher breastfeed on average for 7.5 months. Working women breastfeed on average for 7 months. Non-working women breastfeed on average for 9.2 months. The overall average was 8.5 months. 12% of children were given breast milk only during the 1st four months. This rate was higher the lower the

education. It was lower if the mother was working. More working mothers used breast milk alternatives to wean a child early and lessen a child's dependence on his/her mother. 23% of women decrease breastfeeding during incidents of diarrhea while 6% stop altogether due to ignorance about the importance of breastfeeding and about how to handle diarrhea. Most women wean children by the time the child is one year old. Pregnancy is the main reason for weaning 14.9% of children.

Immunizations: Parents have to immunize their children against tuberculosis, diphtheria, whooping cough, tetanus, polio, hepatitis and measles as well as influenza. Rates are 93% for the triple vaccine, 89% for measles, 93% for polio and 99+% for tuberculosis. There are cases where children do not complete the program. Rates are higher the higher the education level of the mother.

Infectious Diseases: Upper and lower respiratory tract infections are the most contagious childhood diseases. In the 2 weeks preceding the 1998 survey, 31% of Under Fives had a respiratory tract infection with 8% complaining of difficulty or weakness in breathing or rapid breathing. Males had a higher rate of infection than females. Children under 2 were more susceptible. Incidents of diarrhea were more common among Infants. Males were more susceptible than females. Among 3-4 year olds, males were twice as susceptible than females. Whooping cough, polio, tetanus, diphtheria and aids have been eradicated among 5-19 year olds. There have been rare cases of measles, malaria, tuberculosis and Malta fever. Asthma incidents are high but are average at 3-5 cases per 1,000 for tonsillitis, eczema, epilepsy, urinary tract infections and ear infections. Rates of HIV/Aids at 2.7 cases for every 100,000 people (all adults) are among the lowest in the world. The majority of cases were due to blood transfusions and other surgical procedures and were non-Qataris.

Nutrition: The 1994 study surveyed pre-schoolers and children in primary school. 26% of children under 2 were anemic. Rates decreased after 2 and increased among children who were breastfed only during the 1st two years without being given any supplementary food. Rates were higher for children who were later in the birth order due to decreased iron stores in mothers. 8.4% of pre-schoolers were short for their age. 8.6 % of males and 5.3% of females were overweight. In primary school, 13.8% of males and 6.9% of females aged 6-7 were underweight for their heights. 88.6% of children ate/drank unhealthy fast food. Only 23.2% had healthy homemade meals. 6% of children aged 6-7 were overweight. Rates increased for children over 10 to 13.7% for males and 16.3% for females. Anemia rates also increased to 19.8% for males and 30.5% for females.

Teen health: This is neglected. There are no studies or statistics on teens' health awareness. The studies that do exist are superficial. Despite the health awareness program "I have grown up" and the fact that there are some school health social workers, the issue does not get proper attention. There is no sex education in schools. Parents refuse to discuss the issue. The media does not cover any subjects related to teenagers. There are no HIV/Aids awareness programs.

Accidents: Infant accidents rates are less than 1%. They are 3.2% for 1-2 year olds and 4.2% for 2-4 year olds. Males are more prone to accidents than females. Rates in the home are high. 81% of accidents occur at home with 7% occurring outside the home and in public places. 24% involve a fall; wounds and burns constitute 14.4%; 12% involve poisons; 10.4% involve scalding with hot liquids; and 7.2% involve swallowing foreign objects. In 1996, a study of 50,000 children (aged up to 14) visiting the A&E Department showed that 27.7% were there as a result of an accident or an injury and that 6-14 year olds are the most prone to accidents (62%) followed by under 6 year olds (21.1%) and then under 2 (16.5%). Males were, again, more prone than females. Falls constituted 62.4% of cases and car accidents 21.1%. 27 children died, 74% in car accidents.

Smoking and Other Addictions: 2.5% of those aged 15-19 smoke with males 23 times more likely to than females. Most believe that its effects are a long way off and hope to quit before it harms their health. Children smoke to imitate grownups, to proclaim independence and manhood, to prove

something, and due to peer pressure. There are no studies on smoking in children under 15. There are educational campaigns to encourage people to stop and not to smoke in public places. These have had some success. Some cases of addiction were registered but the numbers don't reflect the true picture. More statistics are needed so that appropriate programs can be initiated to solve the problem through educational campaigns, parental help, early detection, treatment and rehabilitation.

Education:

Education is free and compulsory from primary school to the end of preparatory school or until the age of 18 whichever comes first. Non-attendance is punishable by a fine.

Early Learning: There are very few early-learning centers and no laws governing nurseries. At the end of 2001, there were 11 nurseries. Most had unsuitable sites, were badly administered, had unsuitable equipment, unsuitable and untrained staff (some of whom don't even speak Arabic), weak programs, a lack of supervision and no ability to develop or expand. Only 2% of children attend nurseries (a third are Qataris) because of the low number of working mothers and the availability of foreign maids to help care for children as well as the low standards of the nurseries. The government has prepared a policy for expanding the kindergarten system. Qatar University is preparing to offer a Higher Diploma in Early Learning to provide properly trained staff and the government is considering launching a campaign to raise awareness among parents about the importance of early learning. There are 90 kindergartens, mostly in Doha, run by the private sector and by minorities' schools. These are attended by 29.45% of eligible children, similar to attendance rates in some Arab countries but lower than that in others. The reasons for low attendance are cultural (the family is still the main factor in children's lives at this stage), social (low numbers of working mothers, the extended family support system and dependence on foreign maids) and institutional (ignorance about the importance of kindergarten). 90% of kindergartens lack appropriate sites, do not comply with health and safety regulations and do not meet world-building standards. They also do not have the appropriate administrative and teaching staff.

General Schooling: In 1999/2000, attendance rates were 93.9% for primary school and 71.8% for secondary. 87.5% of students finished grade 5. In 2000, education was made compulsory up to grade 9. The private education sector has 102 Arab schools (42 kindergartens, 35 primary, 14 preparatory and 11 secondary schools) and 115 foreign schools (37 kindergartens, 32 primary, 24 preparatory and 22 secondary schools). 65% of students at government schools are Qataris. Qataris form 62% of students at private Arab schools. 74% of students at Arab kindergartens are Qataris. Parents tend to register boys at private schools. Most of the children out of school are Asian.

Dropouts: There are no exact figures. A study by the Higher Council for Family Affairs shows that levels were 3% in 1999/2000 with the highest rate for 15-18 year olds (8.5%). 58.5% of dropouts are boys. Training opportunities, the possibility of joining the army and of attending technical schools and private sector schools may be the reason. The fear of failing the secondary school education certificate is another. Low levels for girls are due to limited job opportunities and to education being the key to a career. Leaving government schools doesn't necessarily mean that students have left the education system. Some go to other schools or leave the country. Students who left education and were followed up on by the study gave the difficulty of studying, repeated failings, being sent down from school for disciplinary purposes and family situations for leaving.

The School Environment: A 1996 study showed that all the secondary schools and 1 preparatory school in the 21 schools surveyed had chemistry, biology, physics and computer labs. There were problems related to where these labs were, their numbers, their furniture and equipment, how much they were used and the qualifications of the staff supervising them. 37.3% of students don't use labs, 46.4% use them a little and 16.3% use them a lot. 52.1% of secondary school and 31% of

preparatory school students don't use labs at all. Less than 5% of secondary school students use libraries while 20% of students don't use libraries at all. A review of government school buildings led to 51% of them being abandoned. The school transport system is old and doesn't comply with health and safety regulations. Traditional methods are still used in teaching. Although 91% of teachers are university graduates, only 68% have an education certificate. 65% need to improve their teaching skills. There is a need to decrease the amount of time spent studying Arabic and religion and change the way subjects are taught to encourage freedom of thought and creativity. Computing is now being taught in secondary schools. Most government schools have a social worker responsible for monitoring and solving children's behavioral problems in conjunction with the school and the child's parents. The Ministry of Education has set up Parent Associations to co-opt parents into helping solve social behavioral problems and has set up Student Councils to increase student participation in school matters.

Social Issues:

The Ministry of Labor, Social Affairs and Housing is responsible for social services. Social security is offered, under certain conditions, to anybody under 18, who does not have a provider. It is extended, under certain conditions, in some cases (students, the handicapped, inability to work, single women who are not working). Widows, divorcees, needy families, the handicapped, orphans, the disabled, the aged, families of prisoners, abandoned wives and families of the disappeared are entitled to social security. People on social security are encouraged to study and/or go on training courses. The government also helps them set up projects to improve their standard of living. Qatar has started to pay increasing attention to other factors affecting children: the home environment, the use of foreign maids, crèches, etc and to carrying out studies to monitor the situation and propose solutions. The presence of foreign maids is a problem. Studies show that there are differences between children brought up in a strict environment and those brought up in a more loving and caring one. Studies also show that urban mothers, mothers with higher levels of education, working mothers and mothers with fewer children were more likely to use more modern child-rearing methods (more suited to a child's psychology and development) as opposed to Bedouin mothers, mothers with lower education levels and mothers with more children.

The Media: TVs are available in all homes. 98% of children watch it regularly. Viewing rates are high (21-28 hours a week). Qatari TV has no qualified children program producers or presenters. It also has no viewing guidelines for parents. TV viewing is often used as a babysitter. A study on the effect of TV on children's violent behavior showed that TV was the reason for 90% of aggressive behavior. Radio programs are of better quality although there are no studies regarding listening patterns. They include educational and scientific programs presented through songs, poems and stories aimed at developing children's personalities and experience and increasing their knowledge. There is a lack of good locally (or even regionally) produced children magazines, stories and books. There is also a lack of interest in reading. Local newspapers are paying more attention to children's issues but this is quantitative rather than qualitative. Children don't really read the children's section or children magazines because of their poor quality. More than 30% of homes have a computer. 18 out of every 1,000 people are connected to the Internet.

Vulnerable Children: Police records for 1999/2001 show that 149 children had accidents as a result of parental neglect. The records are not a true indication of the situation. Indications show that violence against children exists in the home, at school and in society although there are no clear studies or procedures to evaluate this. There are no proper statistics on abused children or children endangered by being abandoned or neglected because there are no legal definitions of these matters and no procedures to register and monitor them. Sexual exploitation of children faces the same problem. The Higher Council for Family Affairs set up "The Office of a Friend" to provide immediate help to children in danger. Publicity for the Office encouraged children to call it and

encouraged people to report cases of abuse. The trial period, however, shows that it is not really effective. There are indications that children of all ages and all ethnicities are subjected to sexual abuse and exploitation. 49 cases were registered in 1999 and 47 in 2000. The victims were between 2-15 years old and were both Qataris and non-Qataris (representing the percentage of both in the population). The government offers children whose parents are unknown a monthly allowance and tries to find them a foster family. The law obliges anybody who finds an abandoned newborn to hand the baby over to the nearest police station. A full report is made of the incident (where the baby was found, by who, at what time, etc, etc) and the social services are brought in to take responsibility. The government will provide emergency aid to families and individuals in the case of a crisis or a national disaster.

Children with Special Needs: Handicapped children enjoy the full rights of children although no specific laws govern their care apart from the laws regarding the establishment of charities and institutions that care for them. More work is needed to adapt public buildings and the environment to their needs although the traffic department has done some work already in this regard. The government provides financial help to adapt a handicapped child's bedroom to his/her needs. A sports club for the handicapped was established in 1993. Several laws are being considered: one assigning a certain percentage of jobs (government and private) for the handicapped and one governing the rights of children with special needs. At the end of 2001, there were 2,940 handicapped children (1,016 mentally handicapped cases, 667 physically handicapped cases, 522 cases with sight and hearing handicaps and 735 cases with multiple handicaps). Around 170 cases of severe handicaps are registered each year. These numbers do not reflect the true picture. More than 74% of registered special need cases receive the care they need in the 15 specialist centers run by the Ministry of Health, the Ministry of Education and the Qatari Society for the Rehabilitation of People with Special Needs. Handicaps in children are often caused by ignorance: intermarriage among relatives, taking medicines and drugs during pregnancy and smoking.

Poverty: There is no clear definition of poverty or any proper measurements. If world definitions are applied, then poverty is not an issue. The government provides low cost housing with easy payment methods for low-income families. It provides old and needy people with free housing.

Juvenile Delinquents: Children under 7 are not held responsible for any crimes they commit. Children aged 7-14 cannot be punished like adults. Only corrective measures can be applied. Children aged 14-16 won't face capital punishment or hard labor. They can only be imprisoned for a maximum of 10 years in cases where capital punishment or hard labor apply or given half the usual custodial sentence or half the usual fine. Juveniles have their own courts with trials held in camera. Prior to the trial, a juvenile's physical, mental, emotional and social status as well as the reasons for the crime are examined. The reasons for juvenile delinquency are: the breakdown of the family, the death of one or both parents, the deviation of a parent, parental neglect, ignorance about appropriate child-rearing methods, boredom, and economic need. There are very few statistics because of the lack of registering and monitoring procedures. However, most acts involve stealing (45%), assault (22.6%) and disturbing the peace (14.6%). There were no murders or attempted murders. There were a few cases of immoral behavior, substance abuse and driving violations.

Children's Rights:

Qatar is in the process of preparing a children's law in line with CRC. There are no laws governing a non-working child's right to rest. There are also no laws governing a child's right to entertainment and culture. Qatar, therefore, does not comply with the CRC article in this regard.

Definitions: At present, there are various definitions for children. Civil and trading laws define the age of consent as 18. The penal law defines children under 7 as not responsible for their actions and

children aged 7-12 responsible if they show appropriate levels of maturity. Juvenile laws define juveniles as anybody (male or female) aged 7-16. Labor laws say that it is illegal to employ anybody under 15. Arms and ammunition laws say that it is illegal for anybody under 21 to possess them. Street sellers laws say that it is illegal to give a license to anybody under 12.

Life, Name, Nationality: Both parts of Qatari Law (*Sharia* and Civil) comply with the CRC Article on the Right to Life. Abortion is banned except in cases where it might save a mother's life. Qatari law requires births to be registered within 15 days. Children at a certain age need to get IDs (Qatari and non-Qatari). Qataris need a passport or a travel document to leave the country. Children can obtain separate passports if their guardians or legal representatives approve. Foreigners and their children can obtain Qatari nationality under certain conditions.

Family Care: The *Sharia* law governs children's custody in case of divorce. The government ensures that fathers pay child maintenance. If a child has no primary carers, the state takes responsibility through its various institutions and care homes. Qatari laws protect people's houses, their money and their honor and, therefore, protect a child's right to a private life and suitable living standards.

Freedoms: Qataris enjoy freedom of the press, freedom of expression and equality with no discrimination on ethnic or religious grounds or because of gender. However, only people over 18 can form societies or be members of one.

Protection: Qatar signed the optional protocols regarding the sale of children, child prostitution and child pornography and regarding child labor. Its laws criminalize violence, harmful actions and sexual abuse in general. The punishment is more severe if the victim is a child. Qatar has strong anti-drug laws and complies with the CRC article in this regard. Qatar does not allow torture and does not apply capital punishment to children although there is some ambiguity in the law about those aged 16-18, which needs to be clarified. It also has a juvenile delinquents law that governs delinquents up to 20. Qatar, therefore, complies with the CRC article in this regard. Qatar complies with the CRC article on children in armed conflicts. It does not allow anybody under 18 to join the army. Qatar has signed the optional protocol in this regard.

Child Labor: The laws protect children from economic abuse and dangerous work. It is prohibited to employ anybody under 15 or for anybody under 15 to enter a workplace. Children aged 15 and over can be employed under certain conditions. Children who work must rest from sunset to sunrise, at weekends and on holidays. They cannot work for longer than 6 hours a day (36 hours a week), reduced to 4 hours a day (24 hours a week) in *Ramadan*. There must be one or more breaks during the day for rest and to eat. A child must not work for more than 3 consecutive hours and cannot stay in the workplace for more than 9 consecutive hours. The number of non-Qatari children working in food markets is on the rise due to economic necessity. The issue of child jockeys in camel racing is being addressed by the Higher Council for Family Affairs.

Conclusion:

The priorities in view of the review of situation of children in Qatar are:

Children's Rights:

- Ensure the availability of full detailed analyzed statistics and studies on all issues related to children and ensure the availability of the appropriate qualified staff, the technical resources and the administrative procedures to do this.
- Adopt a unified definition of a child

- Ensure that nationality laws are applied properly and end discrepancies and abuse
- Encourage and develop children's participation in civil life by allowing children to form and join societies
- Institutionalize a child's right to rest and entertainment
- Remove all legal and administrative restrictions which deprive or decrease a child's right to health services.
- Develop the institutional infrastructure to enable a child to excel and cover all regions and all children and adopt all child-friendly international initiatives

Child and Maternal Care:

- Reduce Neonatal, Infant and Under Five Mortality Rates
- Reduce infection rates for contagious diseases and eradicate all childhood diseases included in the immunization program
- Reduce rates of malnourished, anemic, obese and underweight children
- Provide a safe environment in and out of the home and educate parents about how to ensure their children's safety
- Find out the real number of people with special needs, what their handicaps are, the reasons for them and provide appropriate programs to deal with all their needs
- Establish complete programs for the care of pregnant women and ensure their participation
- Reduce the number of pregnancies in high risk years, increase birth intervals and reduce the actual number of pregnancies
- Encourage breastfeeding especially during the first few hours after birth and for longer periods
- Enable mothers to identify childhood illnesses and deal with them at home
- Find out exactly how widespread smoking and addictions among children are and establish preventative and curative programs
- Educate children and parents about sexual abuse and how to avoid it and establish counseling programs to deal with victims and their parents in cases of abuse
- Improve parenting and teaching standards so that communication rather than violence is resorted to in disagreements
- Find out exactly what the status of teenagers is and establish the appropriate programs
- Determine exactly how widespread the use of traditional remedies (including superstitions) is and educate women about their dangers
- Encourage people to use health services and improve the standards of these services as well as redistribute them according to specific needs
- Improve all aspects of environmental health
- Establish a comprehensive national strategy to support the family

Education, Culture and Entertainment:

- Pass appropriate laws and adopt appropriate policies to govern nurseries
- Speed up the inclusion of all children aged 4-6 in the kindergarten system by implementing existing policies covering their establishment, their programs, the training of their staff and promotion campaigns to encourage parents to register their children
- Take all necessary actions to implement the compulsory free education policy and remove all obstacles that prevent a child from attending school
- Improve all aspects of the teaching environment
- Adopt policies that will enhance the relationship between teachers and students and encourage debate, free thought and creativity
- Modernize curricula and teaching methods
- Encourage more local cultural activities and productions for children (libraries, magazines, books, stories, writing skills, clubs and institutes for talented youngsters)

- Provide useful and entertaining TV and Radio programs that all the family can enjoy and use TV and Radio programs as education and problem-solving tools

Vulnerable Children:

- Determine how many children exactly are deprived of parental care and establish appropriate programs to meet their needs
- Determine what problems Qatari families face and how these problems affect their children and establish appropriate programs to deal with them
- Prohibit all children under 16 from working and oblige their parents to ensure that they remain in the school system
- Raise the age for juveniles to 18 and establish proper procedures for dealing with delinquents
- Establish policies and pass laws which oblige people to register handicaps and establish institutions, policies and programs to deal with all their rights and needs