

SITAN REPORT – SAUDI ARABIA (SUMMARY)

The report was prepared by the National Saudi Committee for Childhood in 2003.

General Background:

The population in 2000 was 20.8 million with 15.6 million Saudis. Males were 50.4%. There were 3.8 million homes. Human rights are protected by the *Sharia*. Several agreements and protocols on human rights have been signed including CRC (there are reservations about certain articles in it). Education is free for citizens and non-citizens but not yet compulsory. The Minister of Education chairs the National Saudi Committee for Children, which sets and implements policies and strategies for children. Charities and institutions are regulated by the Ministry of Labor and Social Affairs and also offer services to children. The government is facing budget deficits due to fluctuating oil prices, the demands of a growing population and security issues. The infrastructure is in good shape but has begun to face problems due to population growth and maintenance needs.

Employment Issues: The unemployment rate for Saudi males was 13.6% in 1993 (it was 7.5% if non-Saudis were taken into account). Pay is low and not linked to productivity. The workforce grew annually on average by 6% up to 1993. Population growth was 4.9%. The female workforce grew 4.9% as opposed to 2.6% for the male. The non-Saudi workforce grew 11% to 86.25% in 1997. The private sector employs large numbers of non-Saudis as they are better qualified, more flexible and cheaper and as training costs for Saudis are high. Participation in the workforce is 54.4% for males and only 5.5% for females. This reduces the total Saudi workforce (60% of the population) in work to only 30%. 50% of female employees are government nurses or teachers and have higher education levels than their male colleagues (50% have university degrees as opposed to only 12.69% of men). 50% of men enter the workforce with only secondary or preparatory education. The education system emphasizes academic subjects. There is a lack of graduates in technical fields and a lot of dropouts. The 6th Development Plan estimates that 27.9% of people entering the workforce will have left school in the primary section and/or will graduate from adult vocational programs. 33% of male and female secondary school graduates will not be able to go to university.

Children's Rights:

Name and Registration: These rights are guaranteed. Children have to be registered within 15-30 days of birth depending on where they live. Children born abroad have to be registered within 15 days at the Saudi consulate. Twins are registered separately. If a child is born alive and then dies, the birth is registered then the death. If a child dies after the 6th month of pregnancy, he/she is registered as a death. Registration laws cover children born to unknown parents. The law prohibits citizens from giving their children names that contradict *Sharia*, strange names or funny ones. Non-citizens can call their children anything. The law prohibits two children of the same father having the same name or a father and a son sharing the same name (if the father is alive). All Saudi males aged 15 have to get an ID in order to work or study or travel within the country.

Nationality: Anybody born in Saudi Arabia to a Saudi mother whose father is unknown or has no nationality has the right to Saudi nationality, as does anybody born there to unknown parents. A Saudi woman with a foreign husband can give her children Saudi nationality at the permission of the Minister of Interior if the child is permanently resident in the Kingdom when he/she reaches the age of consent; if he/she is well-behaved and has not been accused of any crimes; if he/she speaks Arabic; and if he/she submits an application to obtain Saudi nationality within a year of reaching the age of consent. A Saudi woman does not lose her nationality if she marries a foreigner unless she leaves the country with her husband and decides to take on his nationality. She can regain her nationality if the marriage ends and she returns to live in the country. A foreign woman married to a

Saudi can obtain Saudi nationality if she gives up her own. The wife of a foreigner who has obtained Saudi nationality becomes Saudi herself unless she decides otherwise.

Age of Consent: This is not properly defined: 17 is the age for obtaining a driving license, 16 for a permit, 15 for an ID and 18 for joining the army. There is no minimum age for marriage.

The Family and Travel: State laws acknowledge the importance of family units and of providing health, education, security, food, water and other necessities to all the population (Saudi or non-Saudi). People are allowed to move freely inside the country and abroad. The same applies to non-Saudis who are allowed to enter and leave the country according to immigration and travel laws and whose families (wife, sons under 18 and unmarried daughters) are allowed to join them under certain conditions. Certain workers are excluded from this (laborers, farmers, drivers, etc) because the state believes that their low salaries will not cover the family's expenses. Article 18 of CRC about parents' responsibilities towards their children is adhered to in Saudi Arabia. The family, through the country's *Sharia* based laws, is based on the concepts of one origin for all, compassion, social welfare, and equality and justice. The principles for child-rearing are based on accepting that children are people in their own right, accepting children's individualities and differences, providing the proper environment for them to explore and discover and being able to communicate with them in an appropriate manner suitable to the behavior they are exhibiting at the time. These principles can be achieved through a promotional campaign and through an obligatory course on parental responsibilities and child-rearing methods at all universities. Statistics show that 47.9% of individuals surveyed had been hurt by the use of physical punishment to correct children's behavior. They also show that 33.8% of children who had been hurt by physical punishment had received that punishment at the hands of people working in their homes (e.g. maids and drivers).

Divorce and Custody: *Sharia* laws govern custody of children and maintenance in the case of divorce through the independent judiciary system. Mothers have custody of children until they are 7. At 7, boys are offered a choice: to stay with the mother or to live with the father. Girls have to go to live with the father when they are 7. Problems arise as a result of parents not adhering to the Courts' decisions regarding maintenance and custody.

Freedoms: A child has the right to express his/her opinion at home without affecting other people's freedom. This is allowed in the Kingdom. Parents encourage their children to do this. The Ministry of Information also helps to encourage the freedom of expression, the freedom to participate and freedom of thought. 23% of TV programs and 19.6% of Radio programs are aimed at children and families. The state TV is careful not to show any violent or inappropriate programs. There are no guidelines to indicate whether or not programs are suitable for children. The state monitors video and DVD shops to ensure that they do not rent or sell inappropriate material. It is prohibited to sell satellite-decoding cards. The state monitors this and violators are punished.

Culture and Entertainment: There are school programs and activities to develop children's abilities and increase their knowledge. These are constrained by a lack of appropriate facilities; low budgets; not enough qualified staff; and not enough support. The timings clash with exams and the programs don't have the support of the media. These problems can be overcome by establishing suitable facilities for students' activities (theatres, scout centers, residence halls) and/or renovating existing ones; increasing budgets; training staff and ensuring that they are aware of the importance of these programs; freeing staff so that they can supervise the programs properly; securing parental co-operation; increasing the number of programs to include more children; securing media coverage; establishing clubs for talented children; and co-operating with child specialists. Drama needs to be included in all schools and theaters need to be set up in regions, which don't have them. Training programs need to be held regularly as do workshops and seminars. Children centers need to be established in all areas. A regular children's magazine needs to be published.

Vulnerable Children: Social services offer help to needy families in cases of divorce, death or an inability to work. This includes housing, living expenses, health services, education and culture and entertainment. Through government and charitable social homes, the state cares for children aged 7-18 (there are also special homes for children under 7) who have been separated from their parents for their own good, the illness or death of a parent or of both parents, long prison sentences for one or both parents, the parents' inability to look after the child properly or the child being exploited. Juvenile delinquents are only separated from their parents if it is in the child's best interest and only if the child's attitude cannot be easily corrected. Children whose parents are unknown or whose father is unknown are fostered with suitable families. A monthly stipend is paid to help the family care for the child. The foster parents must be Saudi and under 50. There should be no illnesses in the family. The family's reputation must be checked out. There should be no obvious differences in skin color between the child and the foster family and the social, economic and emotional status of the family must be suitable. The authorities must visit the family twice a year to ensure proper follow up and care. If a child who has parents and relatives is to be fostered, then, in addition to the previous conditions, proof of the parents' inability to care for the child must be provided as must proof that there are no other relatives. Written permission from the guardian must also be obtained. The "Friendly Family" system is a way of temporarily fostering older children with families so that they can benefit from living in a family atmosphere. Children who cannot be fostered are cared for in government institutions. There are 4 homes for children up to the age of 7; 26 homes for children aged 7-13 and 2 for children aged 13-18. The homes provide shelter, food, clothing, health services (including psychological), education (including vocational and religious) and entertainment. The homes are not evenly distributed throughout the country. There is little financial support offered to the charities that run them. There is not enough qualified staff, which is reflected in the high failure rates of the children at school and in behavioral problems. To combat the use of physical punishment to correct children's behavior, a free advice line was established. A General Department for Social Protection is also being established. Financial help is offered to needy children, however, the amounts are too small to be sufficient in view of family sizes. There are no exact figures on child labor and on child beggars and there are no laws protecting children who work. Most child beggars are non-Saudi and most child laborers work within the family in trade or agriculture or herding. The government needs to ratify the ILO Convention on child labor. A juvenile is defined as aged 7-18. There were 12 correctional institutions for boys in 2000 with 9,207 inmates. Two are under construction. More are needed. There were three for girls with 903 inmates. One is under construction. There are very few female juveniles. Social, psychological, medical and religious services are provided as are education, sports and entertainment. Juveniles in institutions are housed according to age and offense committed. More studies are needed especially on recurring offenders. Help is given to families of prisoners and it is suggested that families of juvenile delinquents should also be included. Juveniles can only be put into correctional institutions under exceptional circumstances. Juveniles under 10 cannot be institutionalized at all except if a judge decides. Juveniles under 15 also cannot be institutionalized except in special circumstances and with the permission of a judge. Juveniles over 15 who have committed a major crime can be institutionalized. Care is taken when questioning juveniles (no chains are used, civilian clothes are worn by the interviewers, a social worker has to be present as does a psychologist and it has to be in a friendly environment). All juveniles are treated the same whether they are Saudis or non-Saudis. Juvenile cases are speeded up. There are no statistics on child jockeys but there are now rules governing their age, safety and living standards. It is now a question of implementing them, giving them health insurance and providing them with social services benefits as well as a fair wage.

Health:

In 2002, a new health policy was issued to provide healthcare and ensure an appropriate environment to secure the best possible health for the population. This covers clean drinking water,

sewage systems and treatment plants, food standards, standards for medicines and medical equipment, a clean pollution-free environment, health and safety regulations, and health education and awareness.

General: Healthcare is to be provided through a maternal and child care program; an immunization program; a healthcare program for the elderly and the handicapped; a school health program; a program for care in the cases of accidents, emergencies and crises; a program to combat contagious and infectious diseases; a program to treat serious diseases like cancer, organ transplants and kidney failure; a program for psychological health; and a primary healthcare program. The Ministry of Health is responsible for gathering and analyzing data and statistics on health issues, carrying out studies and scientific research and using them as a basis for medical and pharmaceutical tests and research. Health services are aimed at eradicating contagious and endemic diseases; supporting the maternal and child care program and the school health program; providing free and easily accessible diagnosis, laboratory tests and treatment for all; making the health service all inclusive through primary healthcare services (healthcare centers), secondary healthcare services (general hospitals) and tertiary healthcare services (specialist hospitals); providing health awareness programs; correcting misconceptions about health, nutrition and medicines; co-operating with the appropriate authorities to protect the environment and supply safe drinking water; following up on chronic diseases; providing psychological health services; providing heather services for the elderly; providing dental health services; and training staff. Health services also include pre-wedding tests to combat hereditary diseases and monitoring the marketing of breast milk alternatives. In 2003, the health budget was 8% of GDP. 35% of this was assigned independently for the 1st time to primary healthcare services to prioritize health education and awareness and maternal care. Other government sectors, both civilian and military, assign parts of their budges for healthcare. There are no statistics on this. Health services are provided by the Ministry of Health, the National Guard, the Ministry of Defense and Aviation, the Ministry of Interior, the Ministry of Education, large companies (like Aramco), the Saudi Red Crescent Organization (in crises), Saudi universities (especially research and training) and the private sector (which provides around 25% of services).

Children's Health: Child survival and growth programs are supported through the healthy children clinics for the early detection of hereditary diseases, growth abnormalities and malnutrition; the immunization program; the home care program for pregnant women and children; health awareness programs; programs to combat diarrhea, malaria, measles and malnutrition; environmental programs; and programs to treat chronic diseases like diabetes and high blood pressure and to treat psychological illnesses. In 2001, there were 342 government hospitals (16 maternity ones) and 91 private ones. General hospitals have children and gynecological departments. 12% of doctors in the Ministry of Health are pediatricians. There were 1,777 primary healthcare centers to provide education and health awareness programs, combat health issues and problems, care for the environment and monitor drinking water in co-operation with the Ministry of Municipal and Rural Affairs (85% of the country has clean drinking water and 78% of the population use modern bathrooms), provide food and encourage good nutrition habits, and support and encourage breastfeeding. The Ministry is undertaking a study of anemia among pregnant women especially in areas where sickle cell anemia is prevalent. The Ministry is training staff to enable it to run child-friendly hospitals and centers to encourage breastfeeding, especially during the 1st four months of a child's life and to correct misconceptions about weaning and child nutrition. The Ministry of Health and the Ministry of Education co-ordinate the treatment of children's speech difficulties and behavioral and psychological problems. A national program for the early detection of malnutrition and hereditary glandular problems has been implemented following the success of the program for the early detection of diseases of the thyroid gland. The program will eventually be expanded to include testing for 15 hereditary diseases. A national program for autism and growth abnormalities has been set up. The Saudi Autism Society has been officially recognized and 3 centers for the early treatment of autistic children have been set up. Health services for teens are available through the

primary healthcare system. These include health education and awareness and the early detection and treatment of physical and psychological illnesses. There are no statistics on teen health or on other problems related to teenagers and children like smoking, addictions and psychological problems. The use of traditional medicines and treatment methods has decreased with an increase in the population's level of education and health awareness and with the spread of scientific alternative medicine centers. Female circumcision is prohibited. Hospitals in the Kingdom co-operate with European and American university hospitals as well as with the World Health Organization. The Ministry of Health has begun to implement the IMCI program in co-operation with UNICEF. Staff are sent abroad for training and to specialize.

Maternal Care: Maternal care includes the examination, evaluation, recording, treatment and health education of pregnant women. The aims of the family health care system, which covers maternal and child care, are: reducing mortality and illness rates among women and children; enhancing mothers' health before pregnancy and providing pre and post natal care, care during deliveries and care between pregnancies; caring for children's general health and nutrition and protecting children from diseases through an immunization program; early detection and treatment of hereditary diseases, growth abnormalities and malnutrition in children; protecting the society from endemic and contagious diseases; correctly diagnosing and treating illnesses and injuries including doing light surgeries and natural deliveries; providing medicines; health awareness; research; and child-friendly hospitals. The 1996 Study on Family Health showed that 90% of women surveyed benefited from prenatal care during the three years preceding the survey. The rates were higher for mothers in urban areas: 92% in the East and South and 85% in the North. The rates were higher for mothers with higher levels of education. In 2001, prenatal care rates were 94%, rates for deliveries at health facilities were 94.8% and postnatal care rates were 92%. The unavailability of data and statistics is a problem facing maternal and childcare services as the last study on family health took place in 1996. The lack of a central health data system covering the whole population is also an issue.

Mortality Rates: In 2001, Infant Mortality Rates (IMR) were 19 per 1,000 births. The Study on the Health of the Family in 1996 showed that IMRs in urban areas were 18.3 per 1,000 births and went up to 27.9 per 1,000 births in rural areas. The difference was due to better health care and more awareness in urban areas. Under Five Mortality Rates (UFMR) in 2000 were 30 per 1,000 births (26 in urban areas and 35 in rural ones). Rates were higher in the South due to the environment and the low levels of education and health awareness of mothers. The Study also showed that there had been a 56% decrease in IMRs and a 54% decrease in UFMRs between 1976 and 1996. This is due to better healthcare, maternal and childcare programs and policies, better treatment of diarrhea incidents and immunizations. Mortality rates for males are higher probably due to genetic and hereditary issues. Mortality rates are higher the lower the education level of the mother. Mortality rates are higher for children whose mothers are under 20 or aged 40-49. The lowest mortality rates are for children whose mothers are aged 20-29.

Nutrition: 20% of children under five are short for their age or for their weight. 7% are considered severe cases. Boys' suffer from dwarfism more than girls (22% as opposed to 19%). Breastfed infants under 6 months suffer less than other infants. However, dwarfism is more prominent among infants aged 6-11 months especially the later they are in ranking. It is also more prominent the lower the education level of the mother. Rates of children underweight for their ages increase, as the children get older. 11% of Infants are underweight. 16% of children aged 4-5 are underweight. 14.3% of children under five are underweight. 3% of underweight cases are severe. Rates for underweight boys are 17% compared to 12% for girls. Rates also increase the later in ranking the child is especially children ranked 6 or more, the shorter the birth intervals and the lower the education level of the mother. Rates of underweight children whose mothers are educated are 11% as opposed to 16% for children whose mothers are uneducated. Children are underweight because:

they do not get enough nutrition; mothers don't know how to wean them properly; wrong feeding methods are followed during illness; the family's feeding habits change from one season to another; children suffer from contagious or other illnesses; mothers have little education and little health awareness; and birth intervals are too short.

Infectious Diseases and Immunizations: The 1996 Study on Family Health showed that rates for respiratory tract infections and incidents of diarrhea among children under 5 were 28% and 9% during the two weeks preceding the survey. (29% for boys and 26% for girls). They were higher among children under 2 in the Eastern region probably due to better responses to the survey questions from educated urban women. Rates of incidents of diarrhea were higher for children aged 1 and 2 and higher for boys than girls. They were more prevalent in the South and West of the country (11%) and less in the Middle, North and East (7%). No reasons were given. However, the study mentioned that higher incidents of diarrhea in children were caused by a lack of growth among children; using artificial milk; a lack of immunity; and early weaning from breastfeeding. 1999 data from the Ministry of Health shows that average annual incidents of diarrhea in under fives were 2.2. 46.8% of incidents were among children under one and 53.2% were among children aged 1-5. Rates have gone down because of: the use of the rehydration pack; medical staff training; health awareness; and treating diarrhea at health centers and hospitals. Rates of infectious diseases have decreased especially for diseases included in the immunization program. Immunizations are obligatory as birth certificates can only be obtained once a child finishes the basic program. The target immunization rates set for 2000 were achieved in 1990 because of the expansion of the primary healthcare system, increased health awareness and obligatory immunizations. Diphtheria, tetanus and polio have been eradicated. In 2001, incidents of measles were down to 0.74 per 100,000 people, incidents of German measles were down to 0.08, incidents of mumps were down to 4.51 and incidents of Hepatitis B were down to 3.35 per 1,000 people. Incidents of whooping cough were up from 0.10 per 100,000 in 2000 to 0.17 in 2001. 74% of cases were Infants and the highest rates were in the Eastern region. There are no indications in the 2001 report as to why the number of incidents went up. Incidents of Tetanus also went up between 2000 and 2001 from 0.03 to 0.04 per 100,000 live births. 93% of cases were among non-Saudis in the Western region and were as a result of lack of follow up by the primary healthcare centers and not taking the immunization during pregnancy. Immunization rates in 2001 were 96.8% for diphtheria, 96.8% for whooping cough, 96.8% for tetanus, 96.8% for polio, 94.4% for measles, 96.3% for mumps, 96.3% for German measles and 95.4% for Hepatitis B. There is no data on hereditary diseases, blood diseases and eye diseases. At the end of 2001, there were 180 reported cases of Aids in people under 18 (54 females and 126 males) representing 14% of total cases. 84 have died. 73 cases were infected through the mother and 64 were hemophiliacs.

Accidents: The latest statistics on accidents among under fives are from the 1996 Study on Family Health, which show that accident rates were 1% in 1996 up from 0.7% in 1995. They are higher among boys (1.9%) as opposed to girls (1.5%) especially in urban areas. 72% took place at home. 12% took place in the street. Accidents at home decrease as the child gets older. The main reasons were: falling (27%), wounds (13%), poisoning (12%), traffic accidents (19%), and burns (4%).

Education:

In 2000, 53% of the population was aged 2-19 - the school age, which has 4 stages: kindergarten, primary school, middle school and secondary school. Kindergartens must be expanded and attendance rates raised in order to provide children with the appropriate environment to develop their abilities. The Ministry of Education has just completed a plan to do this. 20.78% of the population is currently registered at school. This is a low attendance rate when compared to other countries. Attendance rates at pre-school levels in 1999 were only 8%. They were 76% for primary school and 61% for secondary school. These attendance rates are also low when compared to other

countries. Average attendance rates have, however, risen for both boys and girls in all three levels of education. The school system is capable of absorbing all children of school age. There are, therefore, calls to make education compulsory from 6-16. An education data system is needed to keep track of children of school age. Schools are evenly distributed throughout the country. All areas with 6 or more children aged 6+ (boys or girls) who cannot be taken to schools nearby are provided with education services. These are often in classes, which combine various ages and levels.

Failures and Dropouts: There are high levels of failure and class repetition in all levels. They are higher the higher the level probably because of absenteeism. They are also higher for boys probably because they don't follow up on homework and are more easily distracted by the availability of satellite dishes. They are higher for the 1st year of each school level except for boys in grade five in primary school and girls in grade two of middle school. There are age differences in most school levels due to class repetition and due to delays in starting school. This has also led to students finishing school late i.e. at 20+ which is two years more than the norm. Dropout levels for both boys and girls are around 3% in primary schools and 13% in secondary schools. The Ministry of Education is carrying out a field study to find out why dropout and failure levels are so high in primary and middle school. Efforts to combat dropouts and desertions should include providing primary education for all children aged 6-12 in order to combat illiteracy; increasing the number of children entering school each year; raising standards in primary schools and, therefore, raising the numbers of students going on to higher classes; and increasing the teacher/student ratios (it is 1:25 in primary school, 1:30 in middle school and 1:35 in secondary school).

Standards: The 6th Development Plan prioritized improving standards of education and increasing education capacities, as graduates from the school system don't have the necessary skills to think things through, solve problems and learn independently. This is due to unqualified teachers, unsuitable teaching practices, weak school administrations, a lack of guidance, the exam system, inappropriate school buildings, uncooperative families, and the distractions provided by the widespread availability of satellite programs. Only 5% of secondary school graduates go on to vocational and/or technical training. 53% of people who joined the workforce had completed only middle or secondary school. 22% had only completed primary school. There is an urgent need to review curricula. A plan, the methodology and the staff needed for this need to be set out. If necessary, staff should be sent for training or on scholarships and/or programs should be set up to qualify them for the job of reviewing the curricula. The curricula need to include more effective manners of teaching while maintaining the care given to *Sharia* and to the Arabic Language. They should include the learning tools needed for each subject as well as learning through the use of computers, CD-Roms and the Internet. Subjects should be linked together. Learning should be aimed at developing children's skills and abilities and giving them the tools to continue with this process throughout their lives. Science and technology should be prioritized, as should vocational and technical training. School timetables also need to be reviewed. Students' individual learning abilities should be taken into account especially in primary school. The *Sharia* curricula need to be strengthened, as do the curricula for Arabic, Science, Maths, Social Studies and English. In view of the large teaching staff already employed and the large number of graduates in all fields, who could be opted into teaching, it should be possible to improve the standards of teachers and to improve the standards of teachers already employed through training. Recruiting standards need to be raised so that all teachers have a university degree and some form of teacher training. Courses offered by education colleges and teacher-training colleges need to be reviewed so that they include modern teaching methods including new technologies. The teacher assessment program being implemented by the Ministry of Education needs to be supported and developed. Qualified staff for the early-learning school system (kindergartens) need to be employed.

Talented Children: Although the education policy requires the state to encourage and develop talented children, the education infrastructure, schooling and eradicating illiteracy took precedent. In 1998, the Ministry of Education set up a program for talented children. In 1999, the King Abdulaziz City for Science and Technology in conjunction with the Ministry adopted the national education policy including the program for talented children. The King Abdulaziz Foundation for Talented Children was set up in 2000. Centers for these children are slowly spreading throughout the Kingdom. However, the program is still not sufficient. It lacks curricula and has no budget. There is also no clear line of command.

Children with Special Needs: Teaching children with special needs is also getting increasing attention. The number of programs and centers almost doubled between 1995 and 2000 with most of the increase involving special needs programs at schools. 70% of special needs children now study at normal schools. The programs and centers have been expanded to cover not only the blind, deaf and mentally handicapped but also the partially sighted, the partially hearing, children with learning difficulties, the physically handicapped and children with multiple handicaps. There are vocational centers for the handicapped and centers for the physically handicapped. The types of care range from boarding to day care centers to special classes at schools. There are also advanced programs like resource rooms, roving teachers, advisory teachers and follow up programs. The program for including the handicapped into the education system has to be expanded as do each of the various programs themselves. Qualified staff will be needed so universities, colleges of education and teacher-training colleges will need to be co-opted. Equipment will be needed. The Media will need to be involved to raise awareness about these programs and their importance.

Culture and Entertainment:

There are children's clubs, scientific knowledge centers, libraries, parks, playgrounds, cultural centers, sports clubs and summer camps to help children develop their full potentials. Culture, the arts and sports are also encouraged to develop children's artistic and creative abilities. This includes an active theatre department and art shows as well as participating in activities abroad. Student activities are also encouraged. These include a morning assembly, a uniformed schools sports outfit, sports centers and equipment, a sports office, a sports awareness program, a fitness program and sports tournaments. Future ambitions include: providing sports centers in all areas; increasing the budget of successful programs; planning new programs in line with technological developments; intensifying training; establishing a data base to better co-ordinate the program; and expanding the program for talented children.

Conclusion:

There is a lot to do where CRC is concerned although a lot has already been done. There is a need for more studies and more data on children. The fact that data is not available has meant that certain services offered to children cannot be evaluated. It has also meant that certain problems and illnesses also cannot be evaluated properly. A database on the status of children is urgently needed to help set policies and strategies. The report was unable to qualify the effectiveness of the services offered to children or their capacity levels. Nor was it able to judge how well regulations and policies were being implemented. It is important to have a national strategy for children. What is available at present is a bunch of regulations and policies with no coordinating factor to unify them and put them into one comprehensive strategy. The lack of procedures to facilitate coordination is detrimental to the services offered to children. A guide on all the rules and regulations governing children's issues would be useful. Financial and human resources need to be provided. Education has to be made compulsory. Laws to protect children and prevent them from being harmed also need to be drafted and issued. The standards of services in some areas need to be improved. The number of government and private institutions dealing with children's issues needs to be increased.