

## **Gulf Area**

### **Subregional programme document 2014-2017**

The Gulf Area subregional programme for the Kingdom of Bahrain, Kuwait, Qatar, the Kingdom of Saudi Arabia and the United Arab Emirates (E/ICEF/2013/P/L.17) was presented to the Executive Board for discussion and comments at its 2013 second regular session (3-6 September 2013).

The document was subsequently revised, and this final version was approved at the 2014 first regular session of the Executive Board on 6 February 2014.

<i>Basic data† (2011 unless otherwise indicated)</i>	<i>Bahrain</i>	<i>Kuwait</i>	<i>Qatar</i>	<i>Saudi Arabia</i>	<i>United Arab Emirates</i>
Child population (millions, under 18 years, male/female)	0.2/0.1	0.4/0.4	0.2/0.1	5.1/4.9	0.8/0.7
U5MR (per 1,000 live births)	10	11	8	9	7
Underweight (% , moderate & severe) (% , male/female, urban/rural, poorest/richest)	–	–	–	–	–
Maternal mortality ratio (per 100,000 live births, adjusted, 2010)	20*	14*	7*	24*	12*
Use of improved drinking water sources (% , 2010)	100	99	100	97	100
Use of improved sanitation facilities (% , 2010)	99	100	100	100	98
One year olds immunized with DPT3 (%)	99	99	93	98	94
One year olds immunized against measles (%)	99	99	99	98	94
Primary school enrolment (% , net male/female)	99/100 (2006)	97/100 (2008)	95/95	90/89 (2009)	94/98 (2006)
Survival rate to last primary grade (% , male/female)	97/98 (2010)	96/96 (2009)	91/97 (2007)	–	85/84 (2010)
Adult HIV prevalence rate (% , 15-49 years, male/female)	–	–	–	–	–
HIV prevalence among pregnant women (%)	–	–	–	–	–
Child labour (% , 5-14 years, male/female)	6/3 (2000)	–	–	–	–
Birth registration (% , under 5 years of age) (% , male/female, urban/rural, poorest/richest)	–	–	–	–	–
GNI per capita (US\$)	15 920 (2010)	48 900 (2010)	80 440	17 820	40 760

† More comprehensive country data on children and women as well as detailed methodological notes on estimates can be found at [www.childinfo.org](http://www.childinfo.org).

\* The figures reported in the above table are the adjusted estimates prepared by the Maternal Mortality Estimation Inter-Agency Group. The reported estimate of the maternal mortality ratio at the country level for the United Arab Emirates is 0 deaths per 100,000 live births (2007), as presented by the United Arab Emirates National Bureau of Statistics, 2011.

## Summary of the situation of children and women

1. The combined population of the five Gulf States is almost 42 million. In 2011, the Kingdom of Saudi Arabia had the largest population size, 28 million; followed by the United Arab Emirates, 7.9 million; Kuwait, 2.8 million; Qatar, 1.9 million; and Bahrain, 1.3 million.<sup>1</sup> Adolescents aged 10-19 represent 8 per cent of the population in Qatar, 14 per cent in Kuwait and 12 per cent in Bahrain.<sup>2</sup> Populations in the five

<sup>1</sup> World Bank data available on <http://data.worldbank.org/country>.

<sup>2</sup> Ibid.

countries include large numbers of expatriate workers attracted by local employment opportunities; estimates of the proportion of expatriate workers range from 31 per cent in Saudi Arabia (Central Department of Statistics and Information, 2010), to 68 per cent in Kuwait (Central Statistics Bureau, 2011), to 89 per cent in the United Arab Emirates (National Bureau of Statistics, 2010).

2. The five Gulf States covered by the Gulf Area subregional programme represent important political power and influence in the Middle East and among Islamic States. They have demonstrated commendable philanthropic commitments, in-country and for less developed countries. Annual allocations of over \$5 billion of development and humanitarian official development assistance (ODA) have placed them as a group at the top of the list of donors who are not part of the Development Assistance Committee of the Organisation for Economic Co-operation and Development (OECD). From 1973 to 2008, Arab ODA stood at about 1.5 per cent of gross national income on average, double the 0.7 per cent United Nations target set for OECD members. Saudi Arabia is the largest Arab provider of ODA, with a record \$5 billion ODA allocation in 2008, and over \$3 billion in 2009. The United Arab Emirates donated \$1 billion, and Kuwait \$528 million, in 2009.

3. All five States have made significant advances in improving children's health and survival and their access to education, having achieved relevant Millennium Development Goals, and are on track to meet others. In education, in general, the Gulf countries achieved major improvements in net enrolment rates. In Saudi Arabia, this rate was 97 per cent for both males and females in 2011, bringing the gender parity index to 1.<sup>3</sup> In Qatar in 2010, the net enrolment rate in primary school stood at 92.6 per cent, with girls registering a higher rate (94 per cent) than boys (91.2 per cent); the gender parity index reached 1.03.<sup>4</sup> The youth (15-24) literacy rate reached 100 per cent in Bahrain for both males and females, and 96.8 per cent in Qatar with females registering a higher rate (98.3 per cent) than males (96.3 per cent) in 2010.<sup>5</sup>

4. Although the National Development Plans are calling for comprehensive and integrated programmes in early childhood development (ECD), enrolment in ECD institutions is low due to affordability and accessibility issues, and this has led to low school readiness. Despite the quantitative gains in school enrolment for both girls and boys, concerns exist about the quality of education and learning achievements. According to results from the Trends in International Mathematics and Science Study 2011, none of the participating Gulf countries reached the international achievement benchmark level of 500 in math or science, with Qatar, Saudi Arabia and the United Arab Emirates all scoring between 394 and 465.

5. The under-five mortality rate and the infant mortality rate have decreased in these countries, which are on track to achieve the Millennium Development Goal on child mortality. Nevertheless, disparities remain at the subnational level (for example, in the United Arab Emirates, the under-five mortality rate is 10.5 deaths per 1,000 live births in Abu Dhabi, while it is 6.5 in Ajman). The maternal mortality ratio is low in these five countries, varying between 8 deaths per 100,000 live births in Qatar and 24 per 100,000 live births in Saudi Arabia. While considerable progress has been

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<sup>3</sup> United Nations Educational, Scientific and Cultural Organization (UNESCO) Statistics (<http://stats.uis.unesco.org>).

<sup>4</sup> Qatar Statistics Authority online ([www.qsa.gov.qa](http://www.qsa.gov.qa)).

<sup>5</sup> UNESCO Statistics, op cit.

made in reducing child mortality, these countries are experiencing emerging health issues such as child obesity and non-communicable diseases such as diabetes.

6. With regard to adolescents, national strategies are still at an early stage of development. There is a need to channel the momentum and energies of adolescents and youth, both male and female, in a positive direction and to prepare them for future leadership roles.

7. Across the region, women's low political and economic participation is underpinned by gender inequality. Although the Gulf countries have made investments in increasing women's education levels in the last decades, and the tertiary education enrolment rates for women are higher than those of men, the countries have not been as successful at integrating women into economic activities in order to reap the benefits of this investment.

8. The Gulf States are party to several human rights instruments, with reservations made on some of the articles. While commending the significant achievements of these States in diverse fields, the Concluding Observations of the United Nations Committee on the Rights of the Child recommend further action to harmonize domestic laws, especially those related to protection, with the provisions of the Convention on the Rights of the Child and other ratified human rights treaties. The issues include: low minimum legal ages of criminal responsibility and marriage of girls (which is also an issue raised by the Committee on the Elimination of Discrimination against Women); absence of updated juvenile justice laws; inadequate skills of personnel dealing with children in conflict with the law; and the lack of reliable statistics on violence against children, those affected by disabilities, and domestic violence. The Committee also called for development of multi-sectoral strategies to optimize access to quality ECD options within homes and preschools.

9. The relative shortage of child-related disaggregated data, especially protection-related, including at subnational levels and according to age groups, sex, wealth quintiles, etc., raises concerns about the optimal equity of developmental social services. Database systems in most Gulf countries need strengthening for identification of any remaining pockets of in-country disparity and vulnerability, and for facilitating evidence-based policy advocacy for rights-based legislative and policy planning processes. Findings need to be more widely accessible to assist regular monitoring of the situation of children. The strengthening and gender-sensitization of institutional and human capacities will help to ensure the maximum equity and long-term sustainability of child development initiatives.

10. Fairly "wide and deep formal social safety nets are in place providing special support for widows, divorced, sick, elderly, unmarried and unemployed young women, students and families of prisoners, though it is not clear if this reaches those most in need."<sup>6</sup> In some of the Gulf countries, State-supported social protection systems cover some non-citizens, including migrants and refugees — often among the poorest and most vulnerable. It is important for the Governments in the Gulf Area to review the existing social welfare structures to ensure that systems are child-sensitive and aiming to reach the most disadvantaged.

### **Key results and lessons learned from previous cooperation, 2010-2013**

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<sup>6</sup> UNDP, 2009.

## **Key results achieved**

11. UNICEF contributed to an improved knowledge base in the region through support to child-focused research and providing technical advice to National Childhood Commissions and other partners in Gulf countries. With UNICEF support, the Childhood councils/commissions and other relevant institutions prepared equity-focused analytical studies on the situation of children, especially the most vulnerable (Bahrain, Kuwait, Saudi Arabia and United Arab Emirates). Consultations with national and subnational partners, girls and boys of diverse backgrounds, including those of various vulnerable groups, enriched the situation analysis. UNICEF supported Bahrain and the United Arab Emirates in using the results of the analytical studies on children to develop national childhood policies/strategies that identify and target vulnerable groups of children. The 2012 Multiple Indicator Cluster Survey in Qatar generated new data on children and women and contributed to piloting the PDA (Personal Digital Assistant)-based survey globally. A Partnership Assessment exercise led to a comprehensive Gulf-wide Advocacy Strategy and country-level action plans identifying additional potential partners and donor institutions, also recommending audience-specific communication guidelines and tools.

12. The UNICEF Gulf Area Office supported the Supreme Council for Motherhood and Childhood and the General Women's Union in the United Arab Emirates to assess the gaps in child protection systems and capacities across all social sectors — especially social welfare, education, health, security, and justice. In order to widen access to adequately staffed services, facilities and information at school level, UNICEF and the National Childhood Committee in Saudi Arabia developed the capacity of schools for early detection and response to child abuse cases through the training of 45 trainers.

13. UNICEF has been addressing several healthy lifestyle issues in the United Arab Emirates. UNICEF and partners reached 34,000 adolescents, their parents and school staff with information that led to an increased awareness on healthy lifestyles (obesity, injury and HIV/AIDS prevention). Key outcomes of UNICEF advocacy efforts to reduce childhood obesity in that country included a law banning the sale of unhealthful items in school canteens; the establishment of a School Health Committee by the Ministry of Health to monitor children's health and guide the institution of remedial measures; and incorporation of health education sessions as a mandatory component of the new school curriculum. As a result of the success and visibility of these joint initiatives, a number of partners are replicating projects to address obesity and injury prevention among children and adolescents, reaching all children aged 12-15 years enrolled in public schools.

14. The Gulf countries are important global partners for UNICEF and others committed to child survival and education. They have demonstrated their leadership in international causes, such as Educate a Child (Qatar), the New Vaccine Initiative (Saudi Arabia), and humanitarian response in the Syrian Arab Republic and neighbouring countries (for example, Kuwait, Saudi Arabia and the United Arab Emirates all made significant humanitarian contributions to the United Nations and bilaterally). Key partnerships were established with governments and national and regional foundations/charities, and support garnered for government-led public appeals. In addition, partnerships with private corporations and High Net Worth Individuals were initiated to support the work of UNICEF locally and globally

through either in-kind or monetary donations via cause-related marketing campaigns and corporate donations.

15. The first-ever United Nations Common Country Strategic Frameworks for Saudi Arabia and the United Arab Emirates were prepared by the United Nations country teams (UNCTs) and some non-resident agencies. These are leading to a stronger collective voice for human rights promotion and protection. Based on situation reviews of challenges and opportunities, each strategic framework identified common priorities for the United Nations agencies in support of national programmes. Major priorities focused on the rights of children and women.

### **Lessons learned**

16. The data generated in the current APD has helped to demonstrate that despite achievement of results and targets at the national level, attention should shift to subnational vulnerabilities by developing and implementing national strategies for targeted action at decentralized levels to reach the most vulnerable children.

17. High-profile and replicable in-country interventions for children that rely on cutting-edge technical inputs add value to country programmes and to resource mobilization for regional and global projects. The importance of regular contact with national partners, and in-country programmes for children, became evident from substantive funding by Saudi Arabia and the United Arab Emirates, and their increased adoption of new child-focused initiatives.

18. The Gulf is not a homogenous subregion, and some Gulf donors have developed their own capacity for implementation. This means that UNICEF must demonstrate its unique value added for achieving results for children. It must do this by virtue of its inter-governmental character, its universal normative mandate for children's rights, its extensive presence and its technical capacity, especially in its role as advocate, convener, knowledge broker and critical partner of choice to Governments, civil society and other stakeholders. Work in the Gulf Area requires donor visibility and acknowledgement, adequate investment in time and resources in order to gain the trust of government and other partners, and a 'one UNICEF' approach across the subregion.

## The area programme, 2014-2017

### Summary budget table

<i>Programme components</i>	<i>(In thousands of United States dollars)</i>					
	<i>Other resources</i>					
	<i>Bahrain</i>	<i>Kuwait</i>	<i>Qatar</i>	<i>Saudi Arabia</i>	<i>United Arab Emirates</i>	<i>Total</i>
Sustained partnerships for child rights in the Gulf and globally	338	50	200	150	150	888
Knowledge and evidence on children	440	728	578	2 183	2 183	6 112
Cross-sectoral	222	222	222	667	667	2 000
<b>Total</b>	<b>1 000</b>	<b>1 000</b>	<b>1 000</b>	<b>3 000</b>	<b>3 000</b>	<b>9 000</b>

### Preparation process

19. Consultative meetings were held with technical counterparts and the Ministries of Foreign Affairs of the five countries in the Gulf Area. Programme preparation was informed by the National Development Plans of the five countries in addition to the Common Country Strategic Frameworks for Saudi Arabia and the United Arab Emirates.

20. Programme preparation was also informed by the findings of the Situation Analysis of Bahrain and the United Arab Emirates, the Qatar Multiple Indicator Cluster Surveys, concluding observations of the Committee on the Rights of the Child, the annual reports of the Gulf Area Office of UNICEF and of other United Nations agencies, as well as strategy formulation exercises. The exercises brought together a large number of partners — including national coordinating bodies, sectoral ministries, subnational institutions and civil society organizations. These exercises added to the results of the consultations with children and adolescents. An important input was the UNICEF Gulf Area Office Partnership Assessment.

### Programme components, results and strategies

21. The overall goal of the 2014-2017 APD is to work in partnership with Governments and other partners in the Gulf Area to progressively realize the rights of girls, boys and adolescents to development, protection and participation, with a focus on the most disadvantaged. Unlike most other UNICEF area/country programme documents, the present APD has both an in-country and global partnership dimension. Thus, the efforts of the Gulf Area Office will be geared towards transforming the strong political will of the Gulf States (as reflected in the National Development Plans and Strategies) into concrete positive and equitable in-country changes aiming at improving the status of the rights of girls and boys through legislative, policy and strategic actions. In addition, the APD has as a major aim to leverage partnerships and mobilize political support and resources with Gulf countries in order to improve children's lives globally.

22. Proposed programme components include: (a) Sustained partnerships for child rights in the Gulf and globally; and (b) Knowledge and evidence on children.

23. Key results expected by 2017 are: (a) Government, private sector and other partners in the Gulf Area demonstrate increased resources for and commitment to child rights in the Gulf region and globally; (b) national capacities for systematic generation and analysis of data and knowledge on the situation of child rights are strengthened; and (c) timely and quality evidence on the situation of children is used to inform national policy dialogue and systems reform.

24. Strategies cutting across all components will include: capacity development for systems strengthening; evidence-based policy development; knowledge management; advocacy and communication; strategic partnership-building with diverse stakeholders; and identification and promotion of effective innovations. Strategies to promote gender equality and equity will be integrated across all programme components. Within the overall programme components, the APD must be uniquely flexible and responsive to take the different country specificities into consideration and to be able to seize unforeseen opportunities to advance new partnerships and alliances for children.

## **Programme components**

### **Sustained partnerships for child rights in the Gulf and globally**

25. The Gulf States have demonstrated commitment to engaging on important global issues. This interest has been manifested in various forms, especially internally through the establishment of foundations supporting a number of causes, and globally through the roll-out of philanthropic efforts and through their contributions to official development assistance. Building on the strong commitment of Governments and partners to children, UNICEF will engage and mobilize partners and resources in the Gulf Area to realize child rights. It is expected that these partnerships will lead to increased capacities and more resources being made available in the region and globally to achieve results for girls and boys. UNICEF will work with each of the five Gulf countries to mobilize and channel its particular commitment and resources in support of their specific priorities. For example, education is a global priority for Qatar, while polio eradication is a priority of Saudi Arabia. New partnerships with other regional and global partners, such as ‘think tanks’, academia and the private sector, will be forged to generate knowledge and explore innovative approaches to programming. UNICEF will leverage its global network to generate and share good practices and knowledge and to provide an opportunity for regional partners to interface on programmatic and policy issues with partners across regions. South-South cooperation opportunities, advocacy and strategic communication will be key strategies for this programme component.

### **Knowledge and evidence on children**

26. Under this programme component, UNICEF will support Gulf countries to be better equipped with tools and methods to improve their capacity for data analysis, as well as the generation of quality data to understand the scope and the patterns of inequalities more systematically, including in the area of child protection. This equity-focused data and analysis can then be used to provide the foundation for more evidence-based policy development. Equity tools and frameworks will be used at national and subnational levels to identify barriers and bottlenecks and monitor progress in overcoming them. UNICEF will support government and other partners



to develop a national set of child rights indicators based on international norms related to children's rights. UNICEF will explore the establishment of Centres of Excellence in the subregion, in order to promote best practices, innovation and cutting-edge research in selected areas of children's rights.

27. UNICEF and its global network have strong potential to bring added value to policy formulation and systems reform in diverse areas. Three areas have been identified based on discussions with government partners. However, the APD is a flexible, demand-driven partnership framework, which can include other priority areas for support to knowledge generation as they arise. First, in social protection, UNICEF, in partnership with other United Nations agencies, will support interested Governments in having an ongoing and updated analysis of social protection mechanisms, in order to make these mechanisms more sensitive or responsive to the most at-risk children and their families. At the same time, innovative strategies will create synergy between systems for social protection and child protection to improve protection for all children. Second, given the prominence of early childhood development in various National Development Plans, UNICEF will work with interested Governments to generate evidence to inform policy and programming for the provision of integrated early childhood development in their countries. Third, to promote adolescent development, the UNICEF Gulf Area Office will support the generation of knowledge and the sharing of global best practices to develop an effective life-skills programme. This programme will aim to increase opportunities for the participation of adolescents and increase their awareness of the benefits of adopting a healthy lifestyle. It will also enhance their ability to make healthier choices (for prevention of obesity, injury and HIV/AIDS) and resist pressures to adopt harmful or risky behaviours. At the same time it will improve their conflict resolution skills. Social media and mobile technology will promote interactive learning.

28. The cross-sectoral programme component includes costs related to the effective and efficient implementation of the country programme, including salaries for staff performing cross-cutting functions.

#### **Relationship to national priorities**

29. The programme components are aligned with the Gulf States National Development Plans, several of which prioritize the following issues: improved quality of life for all children, focusing on those most in need and using a holistic approach encompassing child well-being and protection; transiting from social welfare to social development; balanced regional development; promotion of healthy lifestyles particularly through schools and media campaigns; establishing comprehensive domestic violence protection systems and mechanisms for early detection of violence against children and neglect; and equipping youth with skills for effective participation and responsible citizenship to prepare them for leadership roles. Some National Development Plans aim to improve legislation, strengthen institutions and human resources, and enhance Corporate Social Responsibility. All these are in line with the proposed programme approaches of UNICEF, and are also included in the Common Country Strategic Frameworks for Saudi Arabia and the United Arab Emirates.

30. The APD will support the Gulf States objectives of building social cohesion and equitable geographical distribution of development opportunities as well as promoting social responsibility. By generating evidence to inform policy reform, the

APD will contribute to: disparity reduction between geographical areas and societal groups; helping service systems to transition from social welfare to social development; and formulation of policies/ strategies to reach vulnerable children.

### **Relationship to international priorities**

31. The programme seeks to support national responses under commitments made in the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, and in State Party reports to the Committee on the Rights of the Child and other human rights treaties and development agendas. The APD is designed to support the efforts of Governments in the Gulf Area to respond to and progressively implement the recommendations from the committees for the two conventions noted above. Its initiatives will be implemented within the overall framework of the UNICEF Strategic Plan, 2014-2017. Policy advocacy will promote actualization of national obligations under the post-2015 agenda. The programme component on partnerships represents the important contribution these countries can make to advancing international priorities, including unfinished agendas for child survival, education and protection.

### **Major partnerships**

32. Partnership-building is one of the two pillars of this APD. National coordinating bodies for programme implementation will be the National Commissions for Childhood in Bahrain and Saudi Arabia, the Supreme Councils for Family Affairs in Kuwait and Qatar, and the United Arab Emirates Supreme Council for Motherhood and Childhood and the General Women's Union. Child-focused relationships with civil society organizations, academia, media and the private sector will be expanded, and in the process, innovative ways of working and achieving results will be proactively explored. Partnerships will be built with national and regional institutions and other key stakeholders to push forward the agenda for children, leveraging the political will of the five countries.

33. Collaboration with United Nations agencies will be ensured to realize the common vision of the Common Country Strategic Frameworks in Saudi Arabia and the United Arab Emirates, in addition to common concerns in the other three countries. Governments will be engaged in dialogue to adapt their United Nations collaboration according to changing global development trends as suggested by the United Nations 2012 quadrennial comprehensive policy review of operational activities for development of the United Nations system. In Bahrain, the UNCT will support the Government in meeting the recommendations of the Bahrain Independent Commission of Inquiry. UNICEF will lead on social cohesion and reconciliation. In Saudi Arabia, the UNCT will jointly submit a report on the human rights situation in the country as part of the Universal Periodic Review process. The United Nations Development Programme and UNICEF will submit a joint proposal to the United Nations Development Group on country-level catalytic initiatives on human rights mainstreaming in Saudi Arabia.

### **Monitoring, evaluation and programme management**

34. Country-specific annual or biannual rolling plans will be developed with relevant partners/line Ministries. Joint monitoring and field visits will be incorporated as part of the joint integrated monitoring and evaluation plan. All monitoring will be

informed by a focus on equity. Programme coordination will be facilitated through technical support to the National Commissions for Childhood in Bahrain and Saudi Arabia, the Kuwait Supreme Council for Family Affairs, the Qatar Supreme Council for Family Affairs, Supreme Council for Motherhood and Childhood, and the General Women's Union in the United Arab Emirates.

35. Annual Programme Reviews and field visits will be organized with implementing partners and periodic assessment and/or surveys undertaken. A midterm review of the programme will be conducted in 2015. UNCT-Partner Annual and Midterm Reviews are built into the Common Country Strategic Frameworks. Documentation and wide dissemination of information on achievements, lessons learned, best practices and constraints encountered will help to promote the adoption of positive and innovative approaches, and inform the design of future APDs and Common Country Strategic Frameworks. Given the importance and scope of partnerships in the region, a partnership survey will be conducted in tandem with the midterm review.

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