Child Poverty in the Arab States:
Analytical Overview

Child Poverty in the Arab States: Analytical Overview

Objective

The report *Child Poverty in the Arab States* aims to provide a tool for policymakers, practitioners and all stakeholders striving to eliminate child poverty in the Arab States. Although the report cannot be considered representative of the full range of member states of the League of Arab States (LAS), it seeks to illustrate the various manifestations of multidimensional child poverty in the 11 countries studied.[1] The analysis considers 78 per cent of the child population in the LAS member states[2] (a headcount of 118,869,000) and shows the significant heterogeneity of child poverty in the countries examined (Figures 1 and 2).

Figure 1: Total Population Under 18 in LAS member states by Countries in Scope and Not in Scope
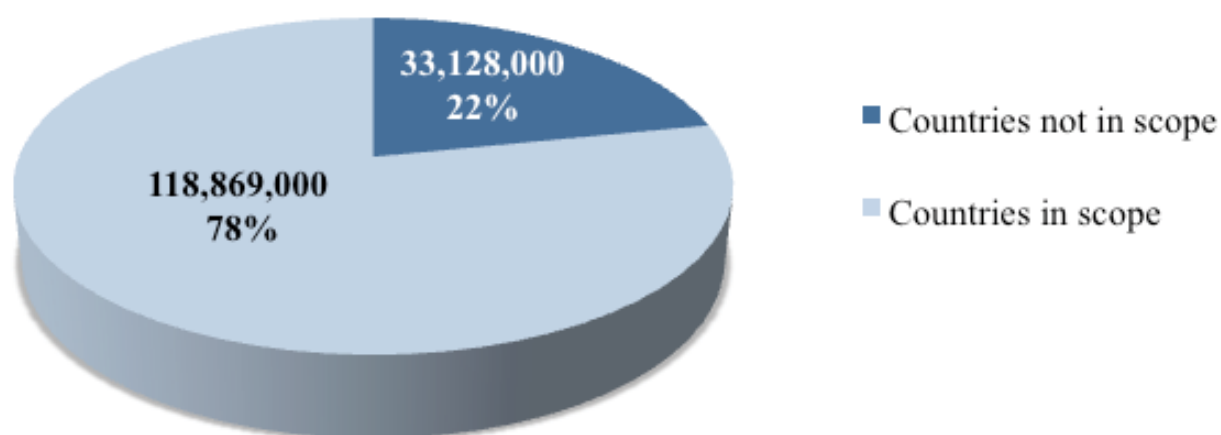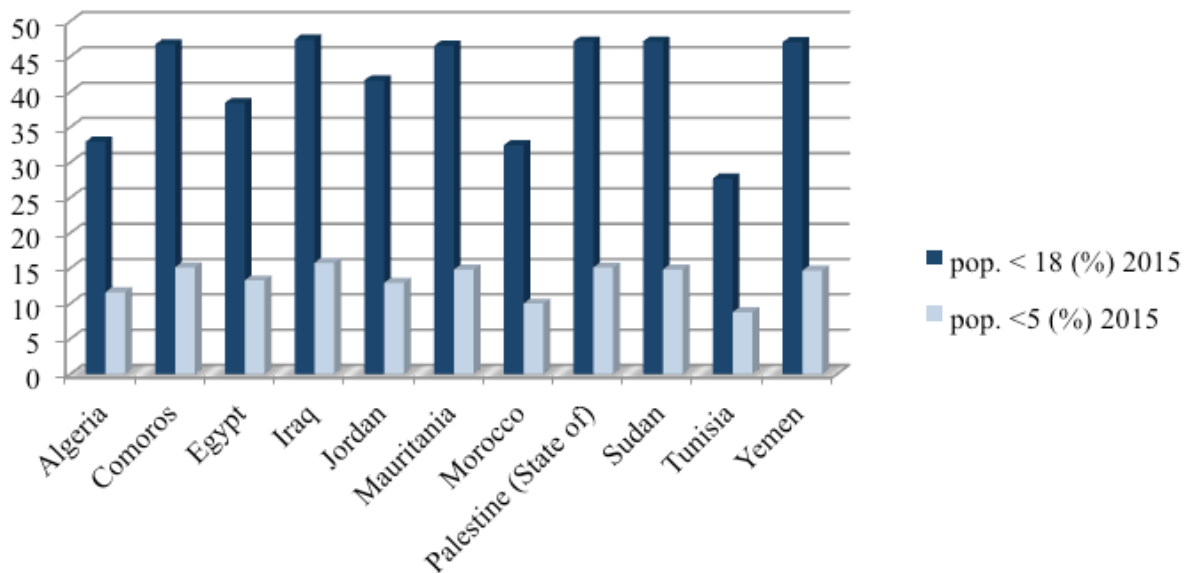

Source: UNICEF State of the World's Children Report, 2016

---

1 The countries examined are Algeria, Comoros, Egypt, Iraq, Jordan, Mauritania, Morocco, Palestine, Sudan, Tunisia and Yemen.
2 The source for the under-18 population in the following tables and graphs is the UNICEF 2016 State of the World's Children Report.

Figure 2: Percentage of Population Under 18 and Under 5 in 11 Countries Studied

Source: UNICEF State of the World's Children Report 2016

The report offers an overview of child poverty and looks at differences and gaps within and between the 11 countries considered. Trends in child poverty over the past decade and a half are examined for selected countries. A fundamental objective of the report is to highlight the reality of multidimensional child deprivation in the LAS countries and to emphasise the urgent need for a policy response. The report is intended to support evidence-based dialogue with government partners at all levels. It seeks to advocate for the importance of routine monitoring of child poverty, moving from ad hoc studies to regular evidence generation. It provides a methodological approach for the robust, regular and country-driven measurement of multidimensional child poverty in the Arab States. The drafting of the report was supervised and guided by the UNICEF Middle East and North Africa Regional Office (MENARO), in close coordination with the UNICEF Office of Research-Innocenti (OoR) and the UN Economic and Social Commission for Western Asia (ESCWA).

The Child Poverty Report presents several innovations for the region. Although many UNICEF country offices in MENA have supported national Multiple Overlapping Deprivation Analysis (MODA) studies and strive to document child poverty as a significant and urgent issue, a more systematic, regional assessment of child deprivation and inequities had yet to be performed prior to this report. These national studies helped inform the analysis conducted in the report. In the aftermath of the adoption of Sustainable Development Goal (SDG) 1 ('End poverty in all its forms everywhere'), and in light of SDG 1.2 ('By 2030, halve the proportion of men, women and children living in poverty in all its dimensions, according to national definitions'), reducing child poverty is a key imperative for the 11 countries examined here, to help build social cohesion, sustainable development, peace and prosperity in the region.

Methodology

The Child Poverty Report utilised a cross-country Multiple and Overlapping Deprivation Analysis (CC-MODA) methodology, adapted to the Arab States, based on the National-MODA analyses previously rolled out in the region.

The report is based on household survey data sets from the 11 countries studied, on which a standard analytical protocol was applied by OoR. Two survey data sets were used for each country, the most recent compatible survey and one with comparable data for the year closest to 2000.[3] The analysis used in the report looked at seven dimensions of child well-being, selected in line with the rights-based approach of the Convention on the Rights of the Child for two age categories (0-4 and 5-17). For children 0-4, the dimensions examined were water, sanitation, housing, health and nutrition. For children 5-17, the dimensions considered were water, sanitation, housing, information and education. The dimensions of water, sanitation and housing are defined in the same way for both age categories, as they reflect the environment in which children live. They are applied equally to all children of the same household, while the dimensions of health, nutrition, education and information, are specific to the different age groups.

This application of the MODA methodology defines two measures of poverty. The first measure, 'acute poverty', defined in the original CC-MODA methodology, has been mostly applied to low-income countries. The second measure, 'moderate poverty', which comprises the acute poverty measure, was established taking into consideration specific characteristics and experiences of LAS countries. For purposes of the analysis, a child is considered poor if he or she suffers from two or more deprivations (for example, if a child of school-going age travels for more than 30 minutes on a round trip to fetch water and is not enrolled in primary school, then he or she will be deemed acutely poor).

To facilitate a more in-depth analysis, the 11 countries examined were divided into clusters as follows:

- **Cluster 1:** Countries with low acute poverty and low moderate poverty (Algeria, Egypt, Jordan, Palestine and Tunisia)
- **Cluster 2:** Countries with low to medium acute poverty and medium to high moderate poverty (Iraq and Morocco)
- **Cluster 3:** Countries with high acute poverty and high moderate poverty (Comoros, Mauritania, Sudan and Yemen)

The report also studies trends in child deprivation for those countries with available and comparable data, between 2000 and 2015.

---

3 Data were derived from Multiple Indicator Cluster Surveys (MICS), Demographic and Health Surveys (DHS) and Pan-Arab Project for Family Health (PAPFAM) Surveys. A full list of survey data sets used can be found in the annex to the main report.

Key Findings

• INCIDENCE OF CHILD POVERTY

The incidence of acute and moderate child poverty varies greatly across the 11 Arab States analysed, as illustrated by Figures 3 and 4 below. In general, the incidence of both acute and moderate poverty is considerable. Multidimensional child poverty is clearly a reality in the region. The under-18 population in the countries examined, at approximately 118 million, represents about 6 per cent of the world's total child population. Of these children, 52.5 million suffer from moderate poverty, representing 44.1 per cent, or close to half of all children in the 11 countries considered. At the same time, 29.3 million, or 1 out of 4, experience acute poverty. Such levels of child poverty must be prioritised through tailored policies that take into account the different historical and development trajectories of each country, as well as current national and regional situations.

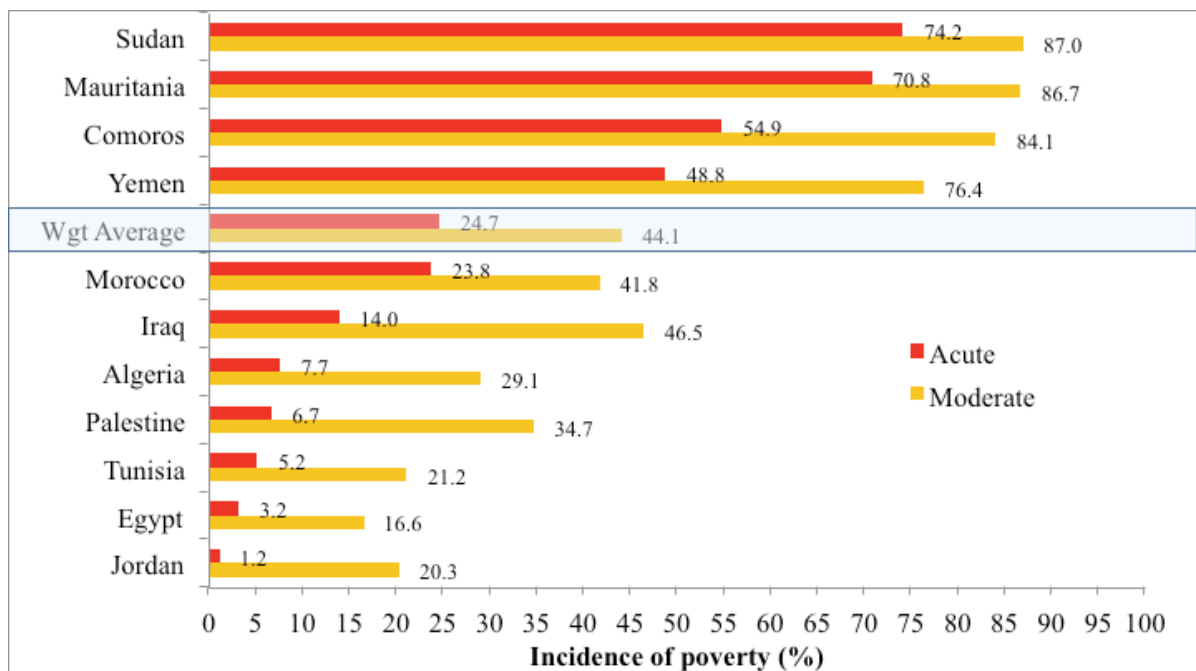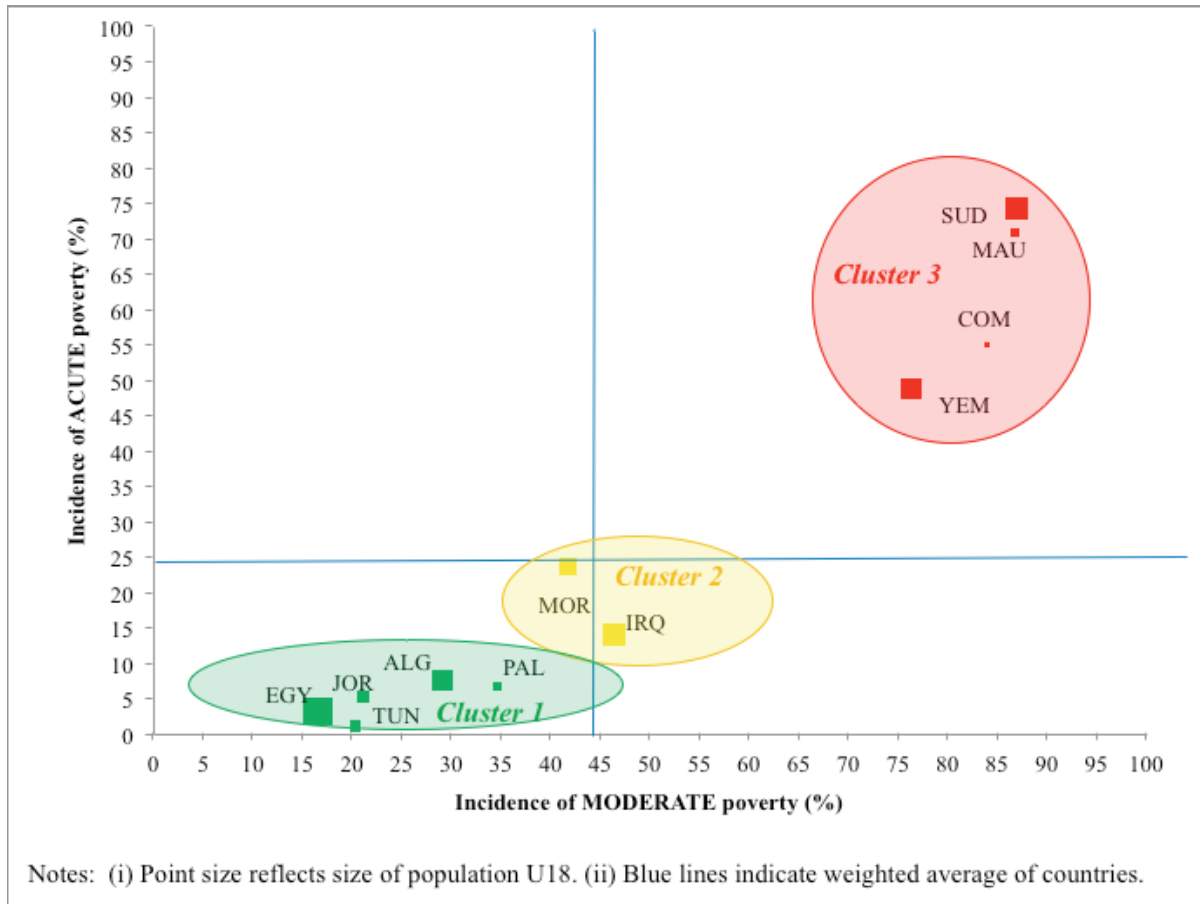**Figure 3: Incidence of Moderate and Acute Poverty (%)**

Figure 4: Country Clusters by Levels of Child Poverty

Notes: (i) Point size reflects size of population U18. (ii) Blue lines indicate weighted average of countries.

• THE PROFILE OF CHILD POVERTY: DEPRIVATION BY DIMENSION

Table 1 presents the profile of multidimensional child poverty in the 11 countries studied, looking at acute and moderate deprivation in each dimension, by country and by cluster. The table demonstrates that the incidence of deprivation generally increases with each cluster, with the exception of the nutrition dimension, where differences between countries are less pronounced. In addition, the table highlights some 'outliers', where deprivation in a particular dimension for a given country is much higher or lower than expected – see for example moderate information deprivation and acute water deprivation in Palestine. This points to country-specific experiences of child poverty that need tailored responses.

Table 1: Acute and Moderate Deprivation by Dimension (in %)

Country	Housing		Water		Sanitation		Nutrition		Health		Education		Information	
	Acute	Moderate	Acute	Moderate	Acute	Moderate	Acute	Moderate	Acute	Moderate	Acute	Moderate	Acute	Moderate
All countries	**32.2**	**44.7**	**20.5**	**39.3**	**17.5**	**22.3**	**26.7**	**42.7**	**17.0**	**44.1**	**12.4**	**24.5**	**4.4**	**15.8**
Cluster 1	9.9	21.0	8.5	19.5	1.3	5.1	25.2	38.8	5.0	32.9	7.1	18.4	0.3	6.4
Jordan	7.5	26.8	7.0	44.9	0.1	0.2	22.0	27.5	1.8	33.8	1.8	10.1	0.0	0.6
Egypt	9.3	17.2	3.2	9.5	0.2	2.5	26.2	42.3	5.4	39.3	10.3	19.2	0.2	6.2
Tunisia	9.0	18.3	7.0	36.8	4.9	8.1	23.5	33.0	4.0	16.9	3.2	16.5	0.4	3.9
Palestine	7.2	26.0	40.6	44.4	0.3	1.4	15.5	23.3	1.0	24.1	2.7	6.0	1.8	42.8
Algeria	12.9	29.6	17.9	31.9	4.0	13.3	24.6	34.3	5.2	18.8	2.1	21.1	0.1	3.2
Cluster 2	27.7	47.8	14.7	38.7	8.2	12.4	24.3	38.2	23.0	49.1	14.7	26.3	0.8	5.6
Iraq	28.5	54.4	10.1	38.9	3.6	6.7	25.1	39.6	25.4	46.8	13.6	29.6	0.3	2.4
Morocco	26.4	37.1	21.8	38.4	15.3	21.2	22.9	35.7	18.5	53.2	16.2	21.4	1.6	10.3
Cluster 3	73.3	81.8	45.4	72.9	52.4	59.6	31.7	54.1	35.2	61.6	19.4	33.3	14.2	39.7
Yemen	49.2	66.6	48.7	81.8	35.1	40.6	30.6	58.5	43.9	81.6	12.8	20.5	8.9	25.9
Comoros	42.4	53.8	28.1	69.0	63.4	77.4	33.9	51.5	25.1	60.1	10.0	47.8	19.1	48.5
Mauritania	70.4	79.2	56.1	71.9	59.7	71.0	36.7	54.4	44.9	68.3	26.5	37.7	10.2	38.7
Sudan	90.2	92.8	42.5	67.1	63.0	70.7	31.7	51.5	28.2	46.7	23.8	42.2	18.2	49.1

More than 25% below the weighted average of all countries.	Within 25% of the weighted average of all countries.	More than 25% above the weighted average of all countries.

The high-level findings of the analysis by dimensions are as follows:

Housing:
Overall this dimension sees the highest incidence of deprivation, both at the acute and moderate thresholds. In looking at the 11-country average, nearly half of all children in the region suffer from moderate housing deprivation, living in houses or shelters with primitive flooring and dealing with overcrowding of more than 3 people to a room. One-third of children suffer from acute deprivation, living in houses with primitive flooring and dealing with overcrowding of more than 4 people to a room.

Water:
The 11-country average indicates a significant incidence of acute and moderate water deprivation. In particular, almost half of all children in Cluster 3 countries (45 per cent) experience acute water deprivation (relying on an unimproved water source or travelling more than 30 minutes round trip to get water), while 73 per cent experience moderate water deprivation (no piped water in the house/yard).

Sanitation:
Acute and moderate sanitation deprivation incidence varies significantly among the clusters and as each cluster compares with the 11-country average. Acute deprivation (using an unimproved toilet facility) ranges from less than 1 per cent in Jordan, Egypt and Palestine to well over 50 per cent in Comoros, Mauritania and Sudan. Moderate deprivation (sharing a toilet facility with other households) is more widespread and affects over one in five children in the countries studied.

Nutrition:
Incidence is similar for both moderate and acute nutrition deprivation in Clusters 1 and 2. In both clusters, 1 in 4 children experience acute nutrition deprivation (i.e. not meeting norms on breastfeeding practice or experiencing wasting). Cluster 3 shows an acute nutrition deprivation share of 31.7 per cent of its child population, only 5 percentage points above the 11-country average. Moderate nutrition deprivation (stunting or obesity) affects over half of all children in Cluster 3 countries (54.1 per cent). With limited differences between clusters and countries, the analysis suggests that malnutrition is a very widespread and almost universal aspect of child poverty in the countries studied. Undernutrition is slightly more pronounced among otherwise disadvantaged children and in Cluster 3 countries, while obesity affects more advantaged children at a higher rate.

Health:
Health deprivation varies considerably among clusters. The average incidence of moderate health deprivation (i.e. unskilled birth attendance, incomplete immunization or lack of antenatal care) is significantly high across all 3 clusters as 44.1 per cent of children on average experience some form of health deprivation.

Education:
Incidence is relatively high across Clusters 2 and 3, particularly in terms of moderate education deprivation (being out of school or falling two or more grades behind), experienced by 1 out of every 3 children in these clusters.

Information:
The information dimension has the lowest incidence of all the dimensions examined in Clusters 1 (second lowest for moderate deprivation), 2 and 3 (second lowest for moderate deprivation). Still, in Comoros nearly 1 in 5 children face acute information deprivation (no access to any information or communication device[4]) and in Sudan nearly half of all children face moderate information deprivation (no access to one information and one communication device). Palestine also stands out with a high level of moderate information deprivation.

---

4   Information devices include radio, TV, computer. Communication devices include telephone or mobile phone.

• INEQUALITY BY BACKGROUND VARIABLES

In addition to providing an in-depth examination of the dimensions mentioned above, the report looks at relative gaps between disadvantaged and advantaged groups of children in terms of the following background variables:

- Area (Rural/Urban)
- Sex (Female/Male)
- Education of the household head (No education/Primary or higher)
- Wealth (Poorest quintile or Q1/Richest quintile or Q5)

Figure 5: Incidence and Relative Gaps for Moderate and Acute Deprivation by Dimension and Area, Sex, Education of Household Head and Wealth[5]
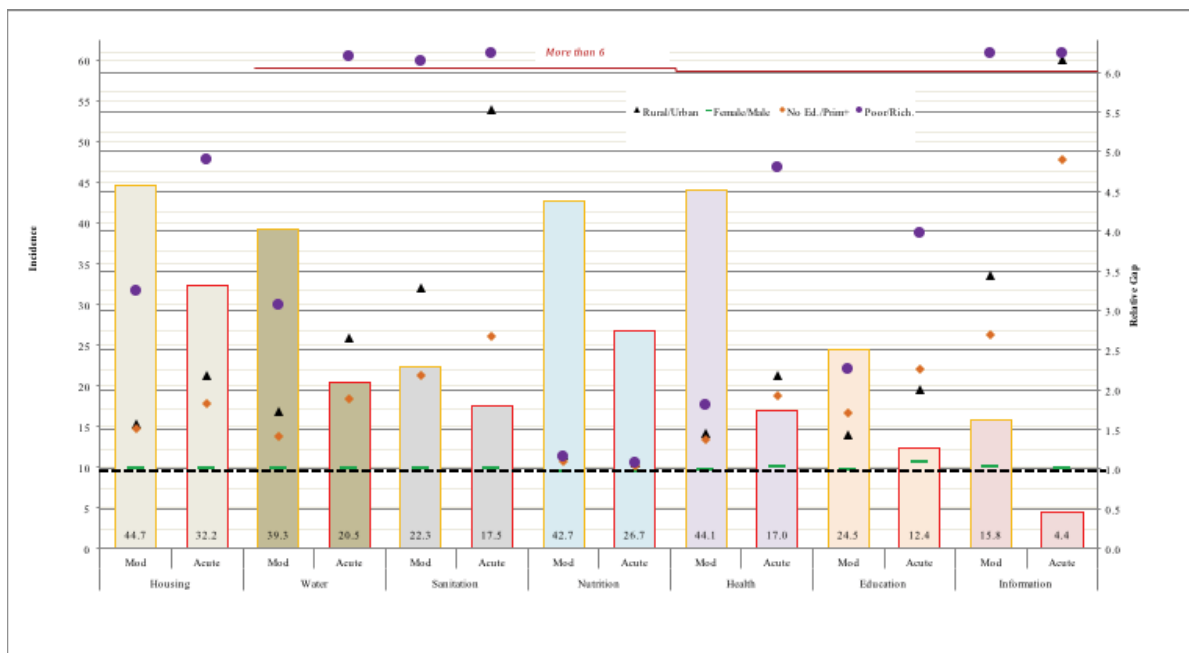
The high-level findings of the analysis by background variables are as follows:

Area:
There are pronounced differences in the levels of acute deprivation experienced by rural and urban children in the dimensions of water, sanitation and information. For instance, in rural areas children are 5 times more likely to be acutely deprived in sanitation than in urban areas. Differences in moderate deprivation are less stark. Living in a rural setting clearly increases the risk of a child being poor in multiple dimensions.

---

5   The dotted line represents perfect equality. See the Methodology section in Chapter I of Child Poverty in the Arab States: Analytical Report of Eleven Countries for an explanation of relative gaps.

Sex:

In the case of the indicators used in this analysis, the sex of the child does not show significant correlation with any dimension of child deprivation. This indicates that the indicators and thresholds used in this study are not particularly sensitive to gender differences. The finding should not be interpreted to mean that there are no gender disparities in childhood deprivation in the countries studied.

Education of household head:

Children who live in a household where the head has no education are more likely to be acutely deprived in various dimensions. Overall, children whose household head did not receive any education are 2.3 times as likely to suffer from acute poverty than children in families where the household head received a primary education or higher.

Wealth:

Household wealth is strongly correlated with deprivation in various dimensions, at both the moderate and acute deprivation thresholds. The only exception is nutrition, which shows next to no correlation with household wealth. This indicates that nutritional challenges in the region are not necessarily income-related. Unpacking the nutrition dimension, it becomes clear that obesity affects advantaged children more, while undernutrition is more prominent amongst disadvantaged children and in Cluster 3 countries.
Overall, higher levels of deprivation incidence seem to be influenced mostly by the area in which children live, the education of the household head and household wealth. Rural children, those in households where the head has no or little education, and those living in low-income families are most at risk of being multidimensionally poor.

- ## THE EVOLUTION OF CHILD POVERTY: TRENDS ANALYSIS IN SELECTED COUNTRIES

Figure 6: Child Poverty (2+) Headcount Trends
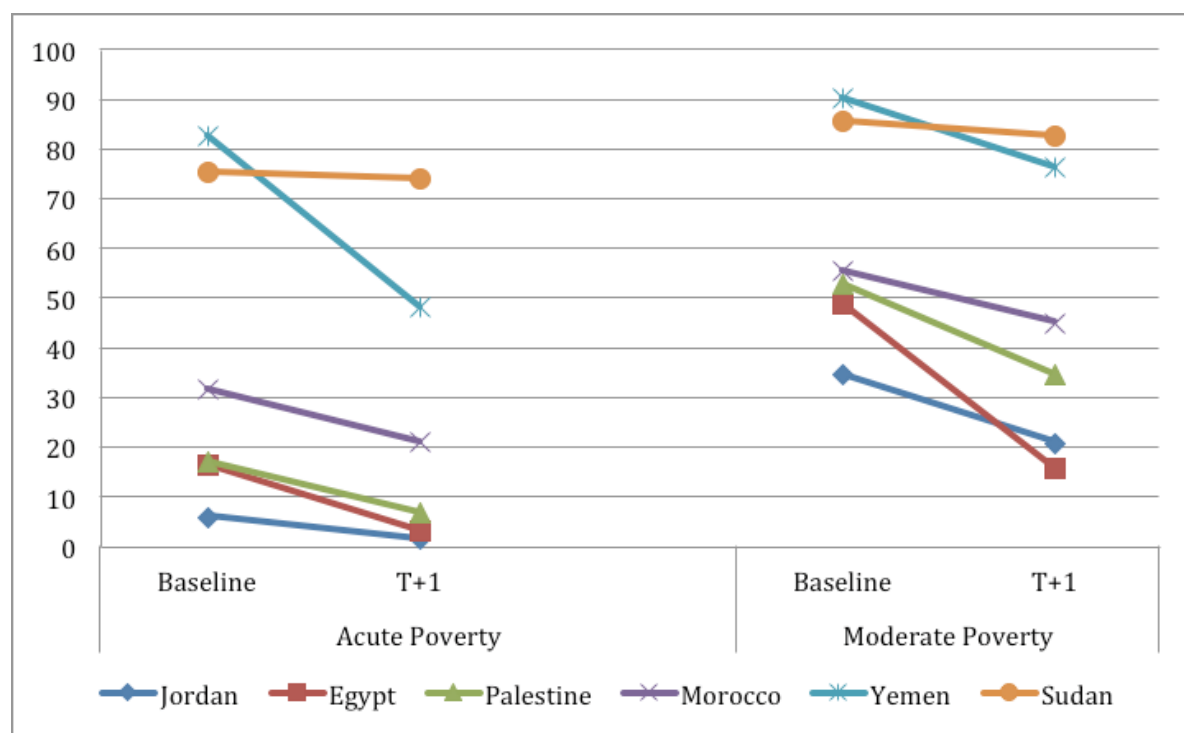
The 6 countries for which trend data is available and comparable for the two periods (between circa 2000 and 2015), exhibit significant reductions in the proportion of children with two or more deprivations, by both acute and moderate measures. The exception is Sudan, where very little progress has been made, and where the absolute number of children living in multidimensional poverty has increased. Except for Sudan, the reduction of acute deprivation in all countries was greater than the reduction of moderate deprivations, indicating important improvements for the most vulnerable.

It is important to emphasise that since the most recent data used for the analysis is from circa 2015, the countless people killed, displaced, or pushed into becoming refugees due to persistent conflict and instability in certain LAS countries over the last two years are not accounted for in this analysis. In the case of Yemen data are from 2013, before the current conflict, which has undoubtedly pushed many additional children into poverty and wiped out many of the gains earlier recorded.

Challenges and Opportunities: Investing in Children for Peace, Cohesion and Growth

• CHALLENGES

Child multidimensional poverty is a reality in the countries studied.
Nearly half of all children in the 11 countries, representing approximately 53 million children, experience moderate poverty. The analysis reveals that in all but the five Cluster 1 countries, the incidence of moderate poverty is at least 40 per cent. This share nearly doubles to almost 80 per cent or more in Cluster 3 countries (i.e. Sudan, Yemen, Comoros and Mauritania).

Significant incidence of acute poverty, particularly in least developed countries.
In the countries analysed, 1 out of every 4 children experience acute poverty. The report underscores a worrying situation, in particular for the poorest countries. The 11-country average indicates that approximately 29 million children experience this level of poverty.

Overlapping deprivations are serious obstacles in children's lives.
Overlapping deprivations hinder children's ability to fully reach their potential. In Cluster 3, nearly all children experience at least one moderate deprivation, and close to 40 per cent suffer from four or more deprivations simultaneously. Policy should seek to address this comprehensively, in an integrated manner that focuses on those children who face deprivation in multiple dimensions first and foremost.

There are significant inequalities in child poverty within and between countries.
Children in the disadvantaged wealth group are twelve times more likely to experience acute poverty than children in advantaged groups. Wealth, education of the household head and rural/urban disparities are the most important determinants of child poverty.

Data limitations hamper our ability to understand gender differences and the evolution of child poverty in countries affected by conflict or large-scale population movements.

The indicators used in this analysis do not capture gender differences well. If this problem is to be overcome, future surveys need to be amended to measure indicators that are more sensitive to gender inequality, particularly for older children. In addition, the analysis presented here does not fully capture the reality of child poverty in the region, given that the surveys required for the analysis are not carried out in conflict settings and may miss populations on the move. This requires methodological innovation.

• OPPORTUNITIES

A growing population of children and young people.

The increasing child and youth population in the 11 countries examined presents an opportunity to propel social and economic growth, especially as the demographic transition takes hold.

Improvements in child deprivation trends.

The countries included in this analysis, especially Jordan, Egypt and Palestine, show tremendous improvement in both acute and moderate child deprivation over time. This allows countries to build on the momentum and gradually shift focus to more aspirational goals for children, while not forgetting the children who are at risk of being left behind.

Child wellbeing as a basis for peace, social cohesion and growth.

Reducing deprivation experienced by children is the first step towards breaking the intergenerational poverty cycle that many are entrenched in and is one of the keys to future peace and prosperity in the region.

Investing in children is imperative.

It is critical that all children, regardless of their social status, have access to a full range of quality health and education services, adequate nutrition as well as social protection benefits to alleviate the impact of poverty. Governments must prioritise investing in childhood. In order to facilitate this needed investment, it is important that governments have a clear understanding of the current level of public expenditure on children. This spending needs to be assessed based on its effectiveness, efficiency and equity, as well as its adequacy, so that investments can have a broader reach and public resources, which are constrained, can be put to their best possible use.

**Child Poverty in the Arab States:
Analytical Overview**