Early Human Development: Critical Path to Economic Growth
An Overview of ECD in the MENA region

Issues Paper

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Note: This paper draws on the discussions with many: among them, Ghassan Rubeiz, Youssef Hajjar (Arab Resource Collective), Fraser Mustard (Founders Network), Nico van Oudenhoven (International Child Development Initiative), Malak Zaalouk (Education Adviser UNICEF, Regional Office) and key International NGO community of practitioners (Aga Khan Foundation, Bernard van Leer Foundation, Open Society Institute and Save the Children). All shared generously their insights and knowledge to promote the healthy development of young children in the region.
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EXECUTIVE SUMMARY

Arab countries in the Middle East and North Africa (MENA) region are diverse in culture, economy, and level of human development. In recent decades tremendous progress has been made to increase education and health across the region’s populations. Yet, considerable challenges remain as the region positions itself globally in the 21st century to compete in world markets and to build human capital for knowledge societies.

Despite gains in access to and infrastructure for education, all Arab countries face a common challenge—students’ poor learning outcomes (i.e., educational performance), as compared internationally at grades 4, 8, and beyond. An underlying cause is the inadequacy of children’s development in their earliest years—that is, early human development. This inadequacy arises from a lack of understanding of the importance of the early years in setting a foundation for human development, insufficiently nurturing environments at home, and lack of access to early and quality childcare in home- or community-based centers. The low level of public investment in early childhood services is evidence of policymakers’ failure to recognize the abounding evidence on the significance of early human development for the well-being of both individuals and societies.

Across MENA countries, the coverage for early human (child) development (EHD) services is low. Services that are provided are fragmented and delivered by both public and private non-governmental sectors. Even among the Gulf’s oil-rich countries that have invested heavily in preschool education, students’ educational performance ranks low internationally. The quality of educational systems beginning with early childhood services is not sufficient and too low to attain the intended learning outcomes. Moreover, within countries, the distribution and use of EHD services for children (specifically, early childcare, education, health, social development and protection) are inequitable and favor higher-income populations.

This issues paper presents a brief overview of the importance and state of early human development in the MENA region, the need for cooperation and partnership to enhance early human development, and strategic initiatives to close the gap between knowledge about early human development and actions that promote early human development. Necessary partners across the region include government and civil society organizations in each country, bilateral and multilateral donors, and national, regional, and international non-governmental organizations. No single sector or agency can do it alone.

Early human (child) development is a cornerstone of human capital formation. To improve children’s development across the region, policymakers and practitioners must address three key issues systematically and coherently: the quality of EHD services, equitable access to services, and monitoring of children’s performance and outcomes. Collection and analysis of systematic data are necessary for raising awareness of the importance of early human development among the public, policymakers, and families and for creating demand for EHD services.

As noted in the Final Report of the Commission on Social Determinants of Health (CSDH 2008), closing the inequity gap in one generation is doable—provided we start with a more comprehensive approach to the early years of life (i.e., “equity from the start”). Healthy development during children’s early years enables them to flourish in life. As economists
emphasize, the economic success of any society depends on the quality of social, emotional, and cognitive skills set early in life.
Early Human Development:  
A Cornerstone of Human Capital Formation

All countries in all world regions need competent, healthy, and high-quality populations to cope with global changes and to build and sustain prosperous and pluralistic communities. A keystone of this human capital formation is early human development—the formation of adept social, emotional, and cognitive skills that assure an individual’s participation in and contribution to society. All countries and regions need to increase their investment in children’s early years, as these set the stage for subsequent education and development. Increased educational levels are, indeed, powerful drivers of national economic growth and productivity (Krueger and Lindahl 2001).

There is extensive evidence to demonstrate that investing in children’s early years has the highest rates of return, whereas failing to invest in these years is the most costly policy failure of human capital formation (Bordoff, Furman, and Bendor 2007). Investments in early human development are essential to:

- **Create Knowledge Workers.** Social scientists, economists (including the Nobel laureates Fogel, Heckman, and Sen), business leaders, and Chairman Bernanke of the U.S. Federal Reserve (Bernanke 2007) have argued that early childhood is particularly important for acquiring the cognitive and non-cognitive skills (critical thinking, problem-solving, interpersonal, team skills) that are essential attributes of knowledge workers and labor forces of the 21st century, as nations compete in the global marketplace. Data show that early childhood investments are likely to more than pay for themselves in subsequent decades.

- **Improve Health and Reducing Health Care Costs.** The higher level of educational attainment that follows from participation in early childhood programs is associated also with improve health—a benefit for both individuals and society.

- **Achieve Equity.** Early human development is a powerful equalizer, as investments in early childhood yield significant long-term benefits that narrow the gap between high- and low-income families. Helping young children from disadvantaged or poor families has the highest potential returns of any educational policy. Nobel laureate James Heckman (2006) notes that investing in disadvantaged young children “...is a rare public policy initiative that promotes fairness and social justice and at the same time promotes productivity in the economy and in society at large.” And, the World Health Organization (WHO) Commission on Social Determinants of Health notes that closing the inequity gap in one generation is doable, provided we start with a more comprehensive approach to the early years in life—that is, “equity from the start” (CSDH 2008).

Early child development that integrates nurturance, care, health, and education stimulates societal improvement in education, health, social capital, and equality (figure 1). These, in turn, underpin economic growth and human development. Early human development is the cornerstone of human capital formation.
Figure 1. From Child Development to Human Development: A Comprehensive Framework

Source: Van der Gaag 2002.
Human Development in the
Middle East and North Africa: Overview

In recent decades, the Middle East and North Africa (MENA) region has made remarkable progress in all areas of human development. Many challenges continue, however. Progress varies widely among and within countries, poverty has a strong foothold, inequities are significant, and strife and conflict seem to be ever present. Education, which can boost progress, suffers in comparison internationally and is mismatched to economic needs. The entire region unfolds with opportunities for human development that can best begin with investments in early human development for young children.

Progress toward Early Human Development

Human development data for the MENA region and countries are available from various sources. The two main databases used for this paper are the World Bank’s World Development Indicators (World Bank 2008b, 2009a, 2009b) and the United Nations Development Programme (UNDP)’s Human Development Report (UNDP 2007). The UNDP uses the Human Development Index (HDI), a useful summary measure of longevity (life expectancy), educational attainment (literacy rate), and standard of living [gross domestic product (GDP) per capita] (UNDP 2005a).


Information on educational outcomes came from the MENA Development Report, The Road Not Traveled – Education Reform in the Middle East and Africa (World Bank 2008a), which analyzes the state of MENA’s education sector, from basic to higher education, and explores issues underlying a mismatch between educational outputs and labor-market needs. Specific data on students’ achievements in reading and in science and mathematics were taken from two continuing studies conducted by the International Association for the Evaluation of Educational Achievement (IEA): Progress in International Reading Literacy Study (PIRLS) (IEA 2006), and Third International Mathematics and Science Study (TIMSS) (Martin and others 2008).

Some current and key indicators of human development in the MENA region are as follows.

Socioeconomic Indicators

Economic Growth and Income Levels. Among developing regions, the MENA region has the lowest economic growth, at 5.9 percent in 2006–2007 (World Bank 2008b). Income levels cover the spectrum, but most countries are either high income or low middle income. Figure 2 shows the distribution of countries by income level.
Figure 2. Countries in the MENA Region by Income Level

<table>
<thead>
<tr>
<th>High Income</th>
<th>Upper Middle Income</th>
<th>Low Middle Income</th>
<th>Low Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bahrain</td>
<td>Lebanon</td>
<td>Algeria</td>
<td>Yemen</td>
</tr>
<tr>
<td>Israel</td>
<td>Libya</td>
<td>Djibouti</td>
<td></td>
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<tr>
<td>Kuwait</td>
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<td>Egypt</td>
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<tr>
<td>Malta</td>
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<td>Iran</td>
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<tr>
<td>Oman</td>
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<td>Iraq</td>
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<tr>
<td>Qatar</td>
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<td>Jordan</td>
<td></td>
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<tr>
<td>Saudi Arabia</td>
<td></td>
<td>Morocco</td>
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<tr>
<td>United Arab Emirates</td>
<td></td>
<td>Syria</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Tunisia</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>West Bank/Gaza</td>
<td></td>
</tr>
</tbody>
</table>

Military Expenditures. Even with the lowest economic growth of all developing regions, the MENA region maintains the highest level of military spending. In recent years, these expenditures have decreased from 4.1 percent of the gross domestic product (GDP) in 2005 to 3.0 percent in 2007 (World Bank 2009b).

Infrastructure. Still, the countries of the MENA region have well-developed infrastructures. More than 77 percent of the MENA population has access to improved sanitation facilities, and 89 percent has access to safe, piped water, compared with 70 percent and 88 percent (1990 data) nearly two decades earlier (World Bank 2009b). Social infrastructures and services also have expanded across the region.

Standard of Living (PPP GDP Per Capita). According to the HDI, all MENA countries have increased their standard of living in recent decades. Among high-income countries, Kuwait’s HDI increased from 0.77 in 1975 to 0.89 in 2005, and similar gains were made in low- and middle-income countries. For example, Yemen, at US$ 2,188 PPP GDP per capita, increased its HDI from 0.402 in 1990 to 0.508 in 2005; Egypt at US$ 4,574 per capita, increased its HDI from 0.58 in 1990 to 0.708 in 2005 (UNDP 2007).

Population Size and Age. The population of the MENA region is approximately 311 million—or about one-fourth as large as India, one-fifth as large as China, and the same as the United States. The MENA countries with the largest populations are Egypt (74 million), Iran (70 million), and Algeria (33 million). The average age of the MENA population is younger than that globally, with 32 percent, or approximately 100 million, ages 0–14 in 2007 (World Bank 2008b). The proportion of this population under age 15 varies—from 25 percent in Tunisia to 45 percent in West Bank/Gaza and 44 percent in Yemen (World Bank 2008b).

Health Indicators

Life Expectancy. Average life expectancy at birth has increased across the MENA region, from 52 years in 1970 to 70 years in 2006 (World Bank 2009b).

Fertility Rates. Fertility rates have declined steadily, although they remain high compared with the world’s average of 2.9 per 1,000 women ages 15–44 (WHO 2005). Across the MENA region, fertility rates have declined on average from 6.2 in 1980 to 4.13 during 1995–2000 and then 3.81 during 2000–2005 (UNDP 2006). In 2006, the region’s average was 2.9 (World Bank 2008b).
By 2006, nine countries (Algeria, Bahrain, Egypt, Kuwait, Iran, Lebanon, Libya, Morocco, and Tunisia) had a total fertility rate of less than 3.0 (World Bank 2008b).

**Infant and Under-5 Mortality.** Across the MENA region, infant mortality rates and under-5 mortality rates decreased significantly over the past 35 years. From 1970 to 2005, infant mortality rates decreased from 129 to 46 per 1,000 live births, and under-5 mortality rates decreased from 196 to 58 per 1,000 live births (World Bank 2009b).

Recent rates (in 2006) vary greatly between countries. Whereas the infant mortality rate for Syria is 12 per 1,000 live births, the rates for Yemen and Djibouti are 75 and 86 per 1,000 live births, respectively. All of these are lower than in 2000, when the rates for Syria, Yemen, and Djibouti were 17, 81, and 97, respectively. The under-5 mortality rates in 2006 are 13.7 for Syria, 100.4 for Yemen, and 130.2 for Djibouti (again, down from 19.9, 110, and 147, respectively, in 2000) (World Bank 2009b).

**Stunting.** Across the MENA region, children who reside in poor and war-torn countries exhibit high levels of moderate and severe stunting as a result of inadequate and poor nutrition. Moderate to severe stunting is reported in up to 53 percent of children in Yemen and more than 30 percent of children in Iraq and Djibouti during 2000–2006 (UNICEF 2007) and in 28 percent of children in Egypt (World Bank 2008b). As a corollary, it should be noted that rates of breastfeeding are low in MENA countries, from 1 percent of mothers in Djibouti to 12 percent of mothers in Yemen and 29 percent of mothers in Syria (UNICEF 2007).

**Maternal Mortality.** The maternal mortality rate is a strong indicator reflecting the overall effectiveness of health care systems (e.g., administrative capacity, technical and logistical capacity, financial investment, availability of skilled health personnel). Mothers’ access to institutional care facilities and skilled health personnel when they give birth are important determinants of maternal and neonatal health and survival. Lack of access and care may be closely linked with women’s disadvantaged position in many countries and cultures.

For most countries in the MENA region, reducing the maternal mortality rates remains a key challenge. The maternal death rate is low for the region as a whole (approximately 4 percent, or 21,000 deaths, per 100,000 live births (UNICEF 2008), compared with that for sub-Saharan Africa and Asia, which together account for 95 percent of maternal deaths in the world. But, the variation among countries in the MENA region is large—maternal death rates range from 7 (per 100,000 live births) in Qatar to 62 in Jordan, 650 in Djibouti, and 850 in Mauritania. A few countries (Algeria, Iraq, Libya, Morocco) have comparatively low maternal mortality rates of between 150 and 300.

From 1990 to 2005, worldwide maternal mortality rates dropped on average from 430 to 400 per 100,000 live births, compared with an average decline across the MENA region from 270 to 210. In industrialized countries, rates average 8 per 100,000 live births.
Table 1. Maternal Mortality Rates Worldwide, Trends and Levels, 1990 and 2005

<table>
<thead>
<tr>
<th>Region</th>
<th>Maternal Mortality Rate 1990</th>
<th>Maternal Mortality Rate 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Least Developed Countries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing Countries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>World</td>
<td>650</td>
<td>430</td>
</tr>
<tr>
<td>Industrialized Countries</td>
<td>220</td>
<td>150</td>
</tr>
<tr>
<td>CEE/CIS</td>
<td>180</td>
<td>110</td>
</tr>
<tr>
<td>Latin America Caribbean</td>
<td>900</td>
<td>630</td>
</tr>
<tr>
<td>E Asia/Pacific</td>
<td>480</td>
<td>330</td>
</tr>
<tr>
<td>MENA</td>
<td>430</td>
<td>270</td>
</tr>
<tr>
<td>South Asia</td>
<td>270</td>
<td>180</td>
</tr>
<tr>
<td>East/South Africa</td>
<td>210</td>
<td>150</td>
</tr>
<tr>
<td>West/Central Africa</td>
<td>130</td>
<td>80</td>
</tr>
</tbody>
</table>


For every woman who dies from a pregnancy-related cause, another 20 women incur injuries, infections, and disabilities (UNICEF 2008). Two-thirds of maternal deaths are preventable. The availability of a skilled attendant at delivery is a key intervention for improving maternal and neonatal health and survival, and it is among the most inequitably distributed health interventions. Within the MENA region, as in most regions of low- and middle-income countries, inequality across income quintiles is significant and, depending on the country, may amount to a 2- to 6-fold difference in mortality rates and access to antenatal care. In Egypt, Morocco, and Yemen, there is a 4-fold difference among income quintiles in antenatal care visits to a doctor. (Gwatkin and others 2007, p. 123–4). As a result, poor mothers and children are underserved across the entire continuum of care, from antenatal care to skilled attendance at delivery, postnatal care, and immunizations.

**Educational Outcomes**

Investment in education throughout the MENA region has increased access to education. Most children benefit from basic education, with almost 90 percent of children completing primary education (World Bank 2009b). However, there is a gap in educational achievement by gender, and dropout rates in elementary and secondary schools remain high. An increasing proportion of students progress to secondary and higher education, yet university degrees do not lead to jobs. The MENA Development Report, The Road Not Traveled (World Bank 2008a), notes that schools do not prepare children to think independently and that curricula are not inquiry-based.

**Literacy.** Literacy, a reflection of education, is a key determinant of a population’s health and development. Arab countries have made headway in reducing illiteracy among younger generations. The youth literacy rate (for ages 15–24) is 93 percent for males and 86 percent for females. However, the overall illiteracy rate for ages 15 and over is high, compared with that in Latin America and East Asian countries, averaging 22.5 percent (15 percent for males and 30 percent for females. In some countries, nearly one-half of the population is illiterate, with an even higher proportion among women (e.g., 60.4 percent in Morocco, 71.5 percent in Yemen) (World Bank 2008a).
Even with increases in HDI and high income levels in many MENA countries, illiteracy among adults could be lower. For example, during 1999–2006, 16 percent of adults in Saudi Arabia were illiterate, 16.3 percent in Oman, 10.2 percent in Qatar, and 11–13 percent in other MENA countries (UNDP 2008). In countries that have a comparatively low HDI, illiteracy rates are high; for example, 45.3 percent in Morocco, 42.7 percent in Yemen, 39.1 percent in Sudan, 28.6 percent in Egypt, and 25.4 percent in Algeria (UNDP 2008). According to a report by the Arab League Educational, Cultural and Scientific Organization (ALECSO), 70 million people are illiterate in the Arab world, and most of these are women (Middle East Business Information 2005). In 2007, 86 percent of women ages 15–24 were literate, compared with 93 percent of men (World Bank 2009b).

*Indicators of School Performance.* Arab countries participated in the PIRLS and TIMSS studies of students’ achievement at grades 4 and 8 (IEA 2006, Martin and others 2008). The performance of students in the Arab countries is ranked among the lowest internationally.

Figure 3 displays the 2006 results of PIRLS. Four Arab countries participated in this study (Iran, Kuwait, Morocco, Qatar), and all ranked among the six lowest countries internationally for reading achievement at grade 4.

**Figure 3. Reading Achievement at Grade 4, PIRLS 2006**

![Graph showing reading achievement at grade 4 for PIRLS 2006](image)

*Source: IEA 2006.*

Figure 4 displays the results of TIMSS in 2007. Six Arab countries participated in the study (Algeria, Kuwait, Morocco, Qatar, Tunisia, Yemen), and they were ranked as the six lowest countries internationally for students’ achievement in science at grade 4. The rankings were as follows: Algeria (354), Kuwait (348), Morocco (297), Qatar (294), Tunisia (318), Yemen (197). By comparison, Singapore had the highest ranking (587) among all participating countries.

At grade 8, achievement in science among the MENA countries was better, although still below the TIMSS average (500). The rankings were as follows: Algeria (408), Egypt (408), Jordan (482), Kuwait (418), Oman (423), Palestinian National Authority (West Bank/Gaza) (404), Saudi Arabia (403), Syria (452), Tunisia (445). Qatar (319) ranked the lowest and was outperformed by El Salvador (387) and Botswana (355).

Across all countries participating in TIMSS, grade 4 achievement in science, on average, was slightly higher for girls (by 3 points) than for boys. In the MENA region, girls had a higher score, on average, than did boys in Algeria, Kuwait, Qatar, and Tunisia. At grade 8, the TIMSS 2007
score, on average, was higher for girls (by 6 points) than for boys in Bahrain, Egypt, Jordan, Kuwait, Oman, Palestinian National Authority, Qatar, and Saudi Arabia (Martin and others 2008).

**Figure 4. Average Science Achievement at Grade 4, TIMSS 2007**

Source: Martin and others 2008.

**Differences among and within Countries**

As in any developing region, there are large differences among countries in the MENA region and even within countries. As reported by Gwatkin and others (2007), the incidence of poverty across the region ranges from 10 percent to 40 percent of the population. The proportion of the population residing in urban areas averages 54 percent, but ranges from 85 percent in the oil-producing countries to approximately 40 percent in Yemen. Within countries, there are differences in infant mortality rates and under-5 mortality rates between poor and non-poor populations and between rural and urban populations.

**Poverty**

Poverty and poor outcomes in human development go hand in hand. Poverty is a catchall measure for the many deprivations that may damage children in the short, medium, and long term. Poor children in the MENA region are worse off in education, health, and nutrition outcomes. Their poverty correlates with higher infant mortality rates, malnutrition, lower school enrollment and achievement, prevalence of infections and chronic disease, higher unemployment rates, and increased criminal behavior.

Within MENA countries, infants and young children in poorer population subgroups (i.e., the lowest quintiles) are more likely to die than are infants and young children in the richest quintiles. For example, within Egypt, Jordan, Morocco, and Yemen, infant and under-5 mortality rates are higher for children in the lowest quintile, with the largest differences reported in Egypt (3.5- to
Rates of childhood immunizations, which reflect access to care, also vary by income groups. For example, in Yemen, 7.8 percent of children in the lowest income group (i.e., the poorest children) ages 12–23 months received immunizations, compared with 55.7 percent of children in the richest quintile (Gwatkin and others 2007).

**Inequities**

Inequities within countries result in poorer outcomes of human development for children from lower socioeconomic backgrounds. Examples in the MENA region include inequities in infant mortality rates, underweight, and enrollment in primary school. Figure 5, table 2, and figure 6 display the respective data.

**Figure 5. Infant Mortality Rates by Quintiles of Wealth in Selected Countries**

![Figure 5](image)

*Source: Gwatkin and others 2007.*

Nutritional outcomes also vary by income groups. In Egypt, Jordan, and Yemen, moderate stunting (i.e., height for age is below 2 standard deviations) and underweight (i.e., weight for age) are higher among the lowest quintiles of wealth compared with the highest quintiles. Table 2 shows the data for moderate underweight.

**Table 2. Moderate Underweight by Quintile of Wealth in Selected Countries**

<table>
<thead>
<tr>
<th>Country</th>
<th>Lowest</th>
<th>Second</th>
<th>Middle</th>
<th>Fourth</th>
<th>Highest</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turkey</td>
<td>13.4</td>
<td>7.9</td>
<td>5.2</td>
<td>3.2</td>
<td>2.7</td>
<td>6.9</td>
</tr>
<tr>
<td>Egypt</td>
<td>5.4</td>
<td>4.0</td>
<td>3.2</td>
<td>2.7</td>
<td>2.2</td>
<td>3.5</td>
</tr>
<tr>
<td>Yemen</td>
<td>35.8</td>
<td>34.0</td>
<td>31.9</td>
<td>33.0</td>
<td>24.0</td>
<td>31.6</td>
</tr>
<tr>
<td>Jordan</td>
<td>7.3</td>
<td>5.4</td>
<td>3.1</td>
<td>3.5</td>
<td>2.5</td>
<td>4.6</td>
</tr>
</tbody>
</table>

*Source: Gwatkin and others 2007.*

Figure 6 displays the inequity in enrollment of girls in primary school for the same four countries.
**Figure 6. Enrollment of Girls Ages 6–10 in Primary School by Quintiles of Wealth**

![Graph showing enrollment of girls ages 6–10 in primary school by quintiles of wealth.]

**Source:** Gwatkin and others 2007.

**Strife and Violence**

In addition to experiencing inequities that arise from poverty and urban–rural disparities, young children who grow up or live in post-conflict and fragile states suffer distress and are more likely to be malnourished, ill, and lacking care—all of which may lead to lifelong compromises in human development.

Political upheavals, military conflicts, and civil strife in the MENA region have affected countries’ economies and have displaced populations. The damaged infrastructures and fragmented social fabrics have been further exacerbated by stagnation of the public sector as state budgets are skewed to support defense and security, instead of social and economic development. All of these events are severely affecting social progress in the MENA region.

Moreover, the damage that is being done to the human and capital resources that are critical for renewal is not limited to the present and will impede future generations. The MENA children who are growing up in conflict and lack stable, nurturing environments are not developing the cognitive, social, and emotional competence they will need to break out of intergenerational cycles of poverty and violence. These children are at high risk and deserve special attention, as community support systems and social safety nets are no longer intact.
Programs of Early Childhood Education and Development in the MENA Region

“Open a school, close a prison”—this Arabic proverb, as Rubeiz (2008) states, reveals Arabs’ great esteem for education. This cultural awareness is reflected in the Arab Human Development Reports 2002–2005 (UNDP 2002b, 2003, 2005b, 2006), which underscore the importance of building human capacities through education.

However, across the MENA region, the gap between knowledge and action is wide—between what we know about the importance of early development and what we do to improve it. Despite the mounting evidence from neuroscience, social science, and economics, governments and policymakers do not seem to grasp the importance of early nurturance, care, and stimulation sufficiently enough to implement essential policies, legislation, and initiatives that will promote and assure a quality early development for all children in the region. The care of young children is still widely perceived as a “female issue” and not a public priority.

To be sure, there is some provision for pre-primary education for children ages 3 and more, but both the extent and quality of services differ markedly between countries, rural and urban areas, and poor and non-poor populations. Most services are provided by the private sector with little regulation, and access to these services is limited to families that can pay for them. Furthermore, early development begins at birth (and even before, with prenatal care for mothers), and these critical years (ages 0–3) when language and sensory development take hold are largely overlooked or not adequately attended to in the provision of early childhood services in MENA countries.

The MENA region has approximately 41.45 million children ages 0-6. These children are the future, and their early development is the keystone for building knowledge societies that participate and contribute globally. In each child is an immense opportunity not to be lost or squandered.

This chapter captures some data on preschool enrollment in the MENA region and early childhood programs in four types of settings that characterize the region. The data available are spotty, inconsistent, and not systematic. Collection and analysis of country and regional data on early childhood outcomes are a priority and a necessity for future action to strengthen and reform early childhood programs. The chapter concludes by highlighting five programmatic issues pertinent to quality early human development.

Preschool Enrollment

In many Arab countries, preschool enrollment is very low, and the number of years an Arab child attends preschool is lower than in almost any other region. In the years from 1980 to 1995, only about 2.5 million children were enrolled in preschool in Arab countries. As figure 7 shows, the rate of enrollment continues to be below all other regions except Sub-Saharan Africa (UNESCO 2006).
Figure 7. Pre-Primary Gross Enrollment Rates for Regions and Developed/Transition Countries


Since 1985, the average enrollment rate for the region has been approximately 15 percent, yet actual enrollments continue to range from less than 1 percent in Djibouti to less than 5 percent in Algeria, Oman, Saudi Arabia, and Yemen. A few countries (Kuwait, Lebanon, United Arab Emirates) have enrollment rates of 70 percent or more, but even this rate is lower than the average for developing countries (UNDP 2002b). And, the strife in Lebanon since 2006 has turned back that country’s gains because of a dismantling of early childhood education services.

*The Arab Human Development Report 2005* (UNDP 2006) contrasts the deficiency of preschool education in Arab countries with that in other regions. It notes that, on average, an Arab child receives only 0.4 years of preschool, compared with 1.6 years for children in Latin America and the Caribbean, 1.8 years for children in Europe and Central Asia, and 2.2 years for children in North America and Western Europe.

Children of wealthier families in Arab countries enjoy a distinct advantage, for they can access expensive private preschool services, while poorer children—the vast majority—have to depend on government-supported programs, which are of poor or lower quality. The level of public spending on early childhood education in Arab countries remains low.

**Early Childhood Programs: Four Settings and Select Countries**

In 2008, the Open Society Institute (OSI) analyzed key issues and challenges in early child development in the Middle East and North Africa with an aim to match OSI’s comparative advantage with priority areas identified for intervention in the region (OSI 2008). The author mapped the countries into four clusters according to child survival, well-being indicators, income levels (which match those listed in figure 2), and the HDI (low, medium, and high).
indicators are child survival (i.e., under-5 mortality per 1,000), child well-being (i.e., percent under age 5 with moderate and severe stunting), eligible pre-primary population, gross enrollment in pre-primary education, and pre-primary enrollment in private institutions. The fourth cluster or setting pertains to countries that are post-conflict or enduring long-standing conflict. These countries are Iraq, Lebanon, and the Palestinian Authority (West Bank/Gaza).

For the clusters, the analysis includes comparative weighted and averaged data for Arab states in general, other developing countries, developed countries, countries in transition, Sub-Saharan Africa, and the world. The OSI analysis is highly informative for understanding the variety of institutional arrangements, financing, quality, and outcomes of early childhood programs across the MENA region and in comparison with other countries and regions.

In this paper, we supplement the clusters with additional program descriptions from other references, and we propose priorities for intervention according to the typologies of the country settings.

Setting 1 – Countries with Low Income, High Poverty, and Low HDI

Yemen and Egypt (and Mauritania, which is not included in World Bank’s grouping of MENA countries)

In countries in this setting, the status of young children reflects the stark scarcity of available services. As table 3 shows, child survival is marked by high mortality rates and moderate-to-severe stunting for children under age 5, especially in Yemen. Although there are large numbers of children who could benefit from early childhood programs, particularly in Egypt, gross enrollment in pre-primary education is low and a large proportion of those who are enrolled attend private institutions. Average rates across the three countries are comparable to weighted averages for Sub-Saharan Africa.

Table 3. Early Childhood Indicators in Countries with Low Income, High Poverty, and Low HDI

<table>
<thead>
<tr>
<th>Country</th>
<th>Child Survival (under-5 mortality per 1,000)</th>
<th>Child Well-being (% under-5 with moderate and severe stunting)</th>
<th>Eligible Pre-Primary Population</th>
<th>Gross Enrollment in Pre-Primary Education (% of eligible population)</th>
<th>Pre-Primary Enrollment in Private Institutions (% of total enrollment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yemen</td>
<td>93</td>
<td>53%</td>
<td>1.9 million ages 3–5 years</td>
<td>0.8%</td>
<td>45%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>156</td>
<td>35%</td>
<td>0.27 million ages 3–5 years</td>
<td>2%</td>
<td>78%</td>
</tr>
<tr>
<td>Egypt</td>
<td>43</td>
<td>16%</td>
<td>3.2 million ages 4–5 years</td>
<td>14%</td>
<td>37%</td>
</tr>
<tr>
<td>Comparative Data</td>
<td>World 86 (weighted) 31%</td>
<td></td>
<td></td>
<td>37%</td>
<td>39% (median)</td>
</tr>
<tr>
<td>Region</td>
<td>Average</td>
<td>Weighted Average</td>
<td>Weighted Average</td>
<td>Median</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------</td>
<td>------------------</td>
<td>------------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>Developed Countries</td>
<td>8 (w.a.)</td>
<td>---</td>
<td>77% (w.a.)</td>
<td>8% (m)</td>
<td></td>
</tr>
<tr>
<td>Developing Countries</td>
<td>95 (w.a)</td>
<td>31% (w.a.)</td>
<td>32% (w.a.)</td>
<td>54%</td>
<td></td>
</tr>
<tr>
<td>Countries in Transition</td>
<td>46</td>
<td>14% (w.a.)</td>
<td>59% (w.a.)</td>
<td>0.8%</td>
<td></td>
</tr>
<tr>
<td>Arab States</td>
<td>65 (w.a)</td>
<td>21% (w.a.)</td>
<td>16% (w.a.)</td>
<td>76%</td>
<td></td>
</tr>
<tr>
<td>Sub-Saharan Africa</td>
<td>176 (w.a)</td>
<td>38% (w.a.)</td>
<td>12% (w.a.)</td>
<td>64%</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** OSI 2008.

To address these deficiencies, strategies would comprise offering an integrated range of services that include essential health care, nutrition, and early interventions beginning with improved outreach to homes and communities where public institutions are non-existent or not accessible. Major emphasis would be needed to raise awareness, educate parents, and build capacity among health workers and/or community providers.

Current information on the provision of early childhood services in Egypt and Yemen is noted below.

**Egypt.** Three ministries (education, health, and social affairs) deliver early childhood services in this country. In addition, the National Council for Childhood and Motherhood, which was established in 1988 as the highest authority for early childhood development in Egypt, has a mandate to formulate a comprehensive national strategy for early childhood education. Similar to other countries in the region, the Ministry of Education is responsible for the education of children ages 4–5 years. Services are delivered by private and public sectors, and private institutions predominate for urban, higher-income families. Enrollment correlates with GDP, and the poorest governorates (i.e., in rural, northern areas) have lower rates of enrollment than do the richer governorates. Enrollment rates are higher for boys than for girls. The other ministries involved in early child development include the Ministry of Social Affairs, which is responsible for nurseries and daycare for children ages 0–4, and the Ministry of Health, which is responsible for primary health care. Specific data on the quality of care providers are lacking, but one may presume that the region’s lack of well-trained early educators applies to Egypt.

**Yemen.** In this country, the Higher Council for Motherhood and Childhood (HCMC), which was established under the auspices of the Prime Minister, is assuming responsibility for intersectoral coordination of early child development (ECD) services. In 2009, the HCMC established an ECD National Committee comprised of representatives from different sectors [i.e., the Ministry of Education, Ministry of Health, Ministry of Social Affairs, international organizations, non-governmental institutions (NGOs), private sector organizations]. With participation of the United Nations Children’s Fund (UNICEF), this committee is developing an ECD National Strategy.
Non-governmental organizations are not yet widely recognized in Yemen, and one NGO (SOUL) is among the few working in Yemen to advocate for early child development and provide training for teachers and caregivers. Sana’a University has developed an ECD curriculum, which will serve as input to the ECD National Strategy, and has established a 1-year postgraduate ECD Diploma Course.

**Setting 2 – Countries with Middle to Upper-Middle Income and Medium HDI**

Syria, Morocco, Jordan, Algeria, Tunisia, and Libya

This setting includes most of the middle-income countries in the MENA region. Both public and private early childhood services are available, but enrollment in private institutions predominates. Services are not utilized efficiently, mass communications are minimal, and funding is short. In rural areas, services are scarce and poor in quality. Table 4 presents the OSI (2008) data on early childhood indicators for five middle-income countries in the region.

**Table 4. Early Childhood indicators in Countries with Middle to Upper-Middle Income and Medium HDI**

<table>
<thead>
<tr>
<th>Country</th>
<th>Child Survival (under-5 mortality per 1,000)</th>
<th>Child Well-being (% under 5 with moderate and severe stunting)</th>
<th>Eligible Pre-Primary Population</th>
<th>Gross Enrollment in Pre-Primary Education (% of eligible population)</th>
<th>Pre-Primary Enrollment in Private Institutions (% of total enrollment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syria</td>
<td>21</td>
<td>18%</td>
<td>1.4 million ages 3–5 years</td>
<td>10%</td>
<td>73%</td>
</tr>
<tr>
<td>Morocco</td>
<td>46</td>
<td>24%</td>
<td>1.28 million ages 4–5 years</td>
<td>53%, but declining</td>
<td>100%</td>
</tr>
<tr>
<td>Jordan</td>
<td>43</td>
<td>16%</td>
<td>0.29 million ages 4–5 years</td>
<td>30%</td>
<td>Predominant</td>
</tr>
<tr>
<td>Algeria</td>
<td>41</td>
<td>19%</td>
<td>1.19 million ages 4–5 years</td>
<td>5%</td>
<td>Not available</td>
</tr>
<tr>
<td>Tunisia</td>
<td>25</td>
<td>12%</td>
<td>0.49 million ages 3–5 years</td>
<td>22%</td>
<td>Not available</td>
</tr>
<tr>
<td>Libya</td>
<td>21</td>
<td>15%</td>
<td>0.23 million ages 4–5 years</td>
<td>8%</td>
<td>15%</td>
</tr>
</tbody>
</table>

*Source: OSI 2008.*

The Arab Resource Collective (ARC) analyzed early childhood care and education in four Arab countries (Jordan, Lebanon, Sudan, and Syria) for a background paper to the *EFA Global Monitoring Report 2007* (Faour 2006). The paper highlights the following information on early childhood services in Jordan and Syria.
Jordan. This country offers two types of early childhood programs:

- Daycare for children under age 4 (under the auspices of the Ministry of Social Development). Coverage is less than 2% of children (based on 2000 data). Service providers comprise public, community-based, and private organizations.

- Kindergarten for children ages 4–6 (under the auspices of the Ministry of Education). Coverage is approximately 28% of children. The Ministry of Education mandates that its preschool department provide training for teachers, licensing, supervision of private and public kindergartens, updates and improvement in the curriculum, and delivery of kindergarten services in rural areas.

In Jordan, the public sector to date plays a minor, but increasing role in regulation and delivery of early childhood services, focusing on the rural poor. Jordan is among the first countries in the MENA region to develop a comprehensive national strategy and plan of action for early child development. The Jordanian National Plan of Action for Children 2004–2013 (UNICEF 2004) was developed under the leadership of the National Council for Family Affairs. The plan includes action on legislation, curricula, programs and care, standards and outcomes, and capacity building for nurseries, preschools, and grades 1 through 3 of primary education. No other country in the MENA region has orchestrated a similar policy and plan.

In Syria, early childcare and education services are provided by the private sector and various governmental organizations and NGOs (e.g., Teachers’ Syndicate, Women’s Federation, General Union of Workers). During the past decade, children’s access to kindergarten has increased from approximately 5 percent to almost 10 percent.

Insofar as the private sector provides most of the early childhood services in either country, parents are the ones paying for the services. Data from Jordan show that the costs to parents range from $21 per month in public centers to $212 per month in private facilities. Data on public sector expenditures for early childcare and education are largely unavailable. The ARC report (Faour 2006) states that, in 2004, the Jordanian government spent $7,058 a year on daycare centers and $42,325 a year on early childcare and education services.

The quality of early childhood programs is often assessed according to two type of indicators: structural (e.g., pupil–teacher ratio, qualifications of staff) and process (e.g., teacher–child interactions). Process indicators are more important in evaluating children’s outcomes, or early human development. However, data on these indicators are limited throughout the region, including in Jordan and Syria.

Morocco and Algeria. In their study of preschool education in Morocco and Algeria, Bouzoubaa and Benghabrit-Remaoun (2004) note that early child development issues and recent reforms
need to be viewed within the larger Maghreb context. Similar to other countries in the Maghreb, the key issues are:

- Lack of access to preschool education for all children
- Absence of pedagogical skills (i.e., need for pre- and in-service training)
- Use of teaching vs. learning paradigms.

The function of preschool, as viewed by most officials and educators is to instill moral, social, and family values—via traditional learning methods.

In Morocco, approximately one-third of 3 million children ages 3–7 are enrolled in preschools, which may be:

- Traditional Koranic schools, which operate under the auspices of the Ministry of Islamic Affairs and account for 12.8 percent of all Moroccan children in preschool
- Koranic kuttabs, which operate under the auspices of the Ministry of National Education and Youth and account for 77.3 percent of all preschool children
- Private kindergartens, which operate under the auspices of the Ministry of National Education and Youth and account for 7.7 percent of all preschool children
- Public and semi-public kindergarten, which operate under the auspices of the State Secretariat for Youth, National Solidarity and Social Action, and account for 2 percent of all preschool children
- French schools, which operate under foreign co-operation and account for 0.15 percent of all preschool children.

In general, more boys than girls attend preschool, and the children are more likely to be urban than rural and more affluent than less affluent. Bouzoubaa and Benghabrit-Remaoun (2004) simplify the picture by distinguishing the situation in rural and urban areas as follows:

- Rural areas – male educators with traditional Koranic training, work in a kuttab, teach the Koran and in Arabic
- Urban areas – certified female educators with varying levels of training, can organize early learning activities in Arabic or French, and may provide services in a home-based center or a kindergarten.

In Morocco, modernization of the preschool curricula (age appropriate) and pedagogy is under way, moving from traditional teaching of the Koran and didactic reading and writing. The Ministry of National Education and Youth is collaborating with an NGO, the Alliance de Travail dans la Formation et l’Action pour l’Enfance (ATFALE), with support from the Bernard van Leer Foundation and Moroccan Association for the Promotion of Preschool Education, to improve quality and expand coverage of early childhood education and teacher training.
The Moroccan government has initiated plans to increase preschool enrollment for children ages 4–6 insofar as it has achieved near-universal (i.e., 90 percent) basic education. Rather than standardizing facilities and forms of preschool delivery, the government has embraced multiple models as a sign of the wealth and diversity of Moroccan society. Preschools may be found in homes, converted garages opening to the street, stand-alone kindergarten centers, or schools with multilevel classrooms. Educators may have various levels of training, use multiple languages (e.g., Arab, French, English, Tamazight) and dialects in the classroom, and adopt different teaching approaches (e.g., Koranic, modern).

In Algeria, enrollment in preschool has increased, from 3.8 percent in 1998–99 to 11 percent in 2003 as per a CRASC study cited by Bouzoubaa and Benghabrit-Remaoun (2004) [note: these data differ from the 5 percent in table 4, reported by OSI]. The report by the Centre de Recherché en Anthropologie Sociale et Culturelle (CRASC 2003) describes the mix of public and private preschools in Algeria and the multiple ministries and levels involved (e.g., the Ministry of National Education, the Department of Health Directorate). Private sector and religious preschools (Koranic schools and kuttabs) predominate. Local preschools administered by the local authority (i.e., kindergartens taken over after independence) are under the control of the Ministry of Interior and local governments.

Most early childhood teachers in Algeria lack training in early child development and thus have a traditional focus on reading and writing. The prevailing view of parents is that preschool serves to prepare children for primary schooling.

Setting 3 – Countries with High Income and Medium to High HDI

Saudi Arabia, Oman, Bahrain, Qatar, Kuwait, United Arab Emirates

As in countries with middle-income levels and medium HDI (setting 2), the private sector predominates in providing early childhood services in countries with high income levels and medium to high HDI.

Table 5. Early Childhood Indicators in Countries with High Income and Medium to High HDI

<table>
<thead>
<tr>
<th>Country</th>
<th>Child Survival (under-5 mortality per 1,000)</th>
<th>Child Well-being (% under 5 with moderate and severe stunting)</th>
<th>Eligible Pre-Primary Population</th>
<th>Gross Enrollment in Pre-Primary Education (% of eligible population)</th>
<th>Pre-Primary Enrollment in Private Institutions (% of total enrollment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saudi Arabia</td>
<td>27</td>
<td>20%</td>
<td>1.8 million ages 3–5 years</td>
<td>5%</td>
<td>46%</td>
</tr>
<tr>
<td>Oman</td>
<td>18</td>
<td>23%</td>
<td>0.11 million ages 4–5 years</td>
<td>6%</td>
<td>100%</td>
</tr>
<tr>
<td>Bahrain</td>
<td>17</td>
<td>10%</td>
<td>0.039% ages 3–5 years</td>
<td>45%</td>
<td>99%</td>
</tr>
<tr>
<td>Qatar</td>
<td>14</td>
<td>8%</td>
<td>0.36 million</td>
<td>32%</td>
<td>93%</td>
</tr>
<tr>
<td>Country</td>
<td>Ages 3–5 years</td>
<td>71%</td>
<td>33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------</td>
<td>-----</td>
<td>-----</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kuwait</td>
<td>12</td>
<td>24%</td>
<td>0.87 million</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ages 4–5 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Arab</td>
<td>10</td>
<td>17%</td>
<td>0.12 million</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emirates</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Source:** OSI 2008.

Income per se is insufficient for altering children’s outcomes in response to pre-primary educational inputs. This fact is borne out by the exceedingly low scores that two high-income countries (Kuwait, Qatar) received in the international comparisons, PIRLS and TIMSS (see figures 3 and 4, respectively). Yet, these countries, like others in setting 3, have attained high levels of development in their educational infrastructures. These countries could now go beyond traditional educational approaches and systems to:

- Reform the nature and quality of educational curricula
- Place greater importance on children’s early years, to ensure their readiness for school at entry
- Align educational curricula from preschool through grades 1-3 of primary school.

Because of their favorable economic standing, the countries have a special opportunity to reform their educational curricula and ensure their children’s readiness for school. They cannot afford to ignore ample evidence that shows that achievement gaps are set by school entry, persist into primary grades, and are difficult to close later. Research in the United States (Barnett 2007) shows that one-third of middle-class children and nearly one-half of low-income children do not recognize the letters of the alphabet on entering kindergarten and that these children, by high school, are at risk of dropping out of school.

Figure 8 shows, in addition, that the achievement gaps that are set early in life track, in gradient fashion, with family income level. Assuring children’s readiness for school applies to families at all income levels, even the highest, and must be a government’s priority.
In Oman, for example, a study assessing students’ performance showed that educational achievement in grades 4, 6, 8, and 9 was below average in all subjects (e.g., Arabic, math, science, life skills). Educational achievement was measured in terms of average per grade and the 90/90 rule; that is, at least 90 percent of students should attain at least 90 percent in a standard examination, to reflect how widely the skills that are taught are acquired) (UNDP 2003, p. 55). In this study, the girls outperformed the boys in all subjects.

Similarly, in Bahrain, evaluation of the learning outcomes of primary education showed that student achievement was low. On a scale of 0–100, the grade average for Arabic was 43.7 percent (standard deviation, 24.2) and, for math, 44.9 percent (standard deviation, 22.8).

These children, even though they are growing up in the wealthiest of Arab countries, will be at a disadvantage on leaving school and entering the workplace. How can these countries address this problem?

A growing body of knowledge and evidence supports coordination and alignment of preschool programs with primary school curricula, to assure and advance children’s learning and development. Studies that compare aligned curricula with unaligned curricula show that children who participate in systems that pursue aligned curricula have increased math, reading, and social skills (Foundation for Child Development 2008). An increasing number of primary schools in the United States are aligning their instruction with pre-kindergarten programs. Preschool and primary school educators need to work together to prepare children to enter school ready to learn and to smooth their transition into school. In the World Bank-supported Education for Knowledge Economy II project in Jordan, alignment of preschool to the grade 3 curriculum was included in the project design (verbal communication, Ministry of Education, 2009).

**Setting 4 – Countries with Long-Standing Conflict**

Lebanon, Iraq, Palestinian Authority (West Bank/Gaza)
Table 6. Early Childhood Indicators in Countries Dominated by Long-Standing Conflict

<table>
<thead>
<tr>
<th>Country</th>
<th>Child Survival (under-5 mortality per 1,000)</th>
<th>Child Well-being (% under 5 with moderate and severe stunting)</th>
<th>Eligible Pre-Primary Population</th>
<th>Gross Enrollment in Pre-Primary Education (% of eligible population)</th>
<th>Pre-Primary Enrollment in Private Institutions (% of total enrollment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanon</td>
<td>26</td>
<td>12%</td>
<td>0.20 million ages 3–5 years</td>
<td>74%</td>
<td>76%</td>
</tr>
<tr>
<td>Iraq</td>
<td>124</td>
<td>22%</td>
<td>1.59 million ages 4–5 years</td>
<td>6%</td>
<td>Not available</td>
</tr>
<tr>
<td>Palestinian AT</td>
<td>24</td>
<td>9%</td>
<td>0.23 million ages 4–5 years</td>
<td>30%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: OSI 2008.

The situation for young children in these countries is unstable and fragile as social infrastructures are threatened and family members are separated or displaced.

*Lebanon.* This country had achieved high coverage for early childhood services, but recent and period strife is setting back the gains made, particularly in the public provision of services, which amounts to approximately one-fourth of the coverage for children ages 3–6. Private and semi-private organizations continue to predominate, and the quality of programs (i.e., teacher–child ratio) varies among public and private programs.

*Iraq.* Current data on the status of early childhood programs are not available. Services are disrupted and families are migrating to neighboring countries in the region such as Jordan, Syria, Iran, Egypt, Lebanon, the Gulf States, and Turkey.

*Palestinian Authority (West Bank/Gaza).* The Palestinian population does not have a stable home base. Some 1.2 million are in Israel, 2.9 million are in the West Bank and Gaza, and 2.2 million are displaced as refugees in Jordan, Lebanon, and Syria. [Note: In West Bank/Gaza, the 30 percent coverage of pre-primary education is provided almost entirely by the private sector.]

UNICEF’s Child Protection Section is developing programs to support children in emergencies. This work includes strategies to enhance child survival, programs of early child development, and care and support for pregnant women (e.g., provision of basic pre- and postnatal care, breastfeeding support, nutrition supplementation, training in hygiene and first-aid, mother and baby “kits”). Countries in strife can benefit from this interest and support.

**Programmatic Issues**

When strengthening or reforming early childhood services in any country or region of the world, the cultures and contexts in that country or region need to be considered and accommodated. For the MENA region, the main issues include shifting the educational paradigm, building self-confidence and social skills of young children, involving parents in their children’s education,
expanding early childhood services while targeting poor and rural areas, and assuring the quality of programs by supporting the training of educators and practitioners in early child development.

**Shifting the Educational Paradigm**

As Rubeiz (2008) notes, “… opening more schools is not enough to guarantee quality education.” Rather, the MENA countries need to embrace a shift in the educational paradigm. The modern paradigm recognizes that learning begins well before a child enters school and that social and emotional skills are as necessary as cognitive skills in the development of young children who can succeed in the 21st century.

As well articulated by Nobel laureate James Heckman and others, early experiences that begin at birth, and even in utero, influence the development of neural circuits in the brain and mediate cognitive, linguistic, emotional, and social capacities that determine the quality of human capital (Heckman and Krueger 2005, Knudsen and others 2006).

The *MENA Development Report* (World Bank 2008a) offers familiar recommendations for changing the educational system, but does not mention adopting early childhood education as a basic measure of system change. Adding early childhood development programs to national strategies for education will not only expand coverage of children, but also enhance the quality of entire educational systems. And, aligning the curricula for early childhood education, from preschool through primary school and at least through grade 3, adds value at each level and helps assure children’s performance throughout school.

To foster positive development of social and emotional, as well as cognitive skills, the educational focus of preschools needs to be redirected from teacher-led didactic and rote learning of traditional texts to play-based, interactive child–teacher engagements centered on the child. In addition, the new educational paradigm attends to the whole child—that is, his or her nutritional, nurturance, and stimulation needs. Quality early child development programs coordinate and integrate all these needs, to influence in positive ways children’s developmental trajectories over the short, medium, and long term.

**Building Self-Confidence and Social Skills**

*The Arab Human Development Report 2003 – Building a Knowledge Society* (UNDP 2003) describes the limitations and challenges that Arab countries confront in the dissemination of knowledge. The factors that enable knowledge dissemination include individuals’ socialization (i.e., the skills and values with which a person acquires knowledge), the quality of education at different levels, media approaches, and involvement of the translation industry. Of note, the report characterizes childrearing practices in Arab families as “authoritarian accompanied by the over-protective”—features that adversely affect children’s independence, self-confidence, and social efficiency and lead to passive attitudes and inadequate decisionmaking skills. In these circumstances, from early childhood onward, a child becomes accustomed to suppressing her or his inquisitive and exploratory tendencies (UNDP 2003, p. 51).

Rubeiz (2008) also describes these tendencies in Arab culture. He notes that “children are often punished when they dare to challenge higher authority, whether it is in school, family, workplace, place of worship, or government.”

An “attitude adjustment” is needed to help children succeed in knowledge societies of the 21st century. Early child development programs are the venue for encouraging children’s expressivity
and building their self-confidence and social skills. Support for this endeavor can be gained in programs that include education of parents and caregivers in early child development, as the best programs do.

Involving Parents in Children’s Education

The Arab Human Development Report 2003 (UNDP 2003) does call for early learning, but falls short in understanding that quality nurturing and parenting are critical to early learning. Instead, the report proposes use of “…stimulating educational materials such as IT, audio-visual media, and other modern learning tools.” Indeed, a survey of children in Kuwait indicates that the children play video games an average of 6–7 hours a day (verbal communication, David Harding, 2009). This finding is worrisome, and the report ignores all the information from neuroscience that has been published about the importance of child–adult interactions (i.e., nurturing), which cannot be replaced by any other means of stimulation, be it information technology or audiovisual materials.

The interaction between parents and children is a pillar of early human development. Early childhood services must include family support (income and education) to enable parents or caregivers to spend quality time with their children. Home-based programs and home visits by trained personnel are two successful approaches for promoting parents’ or caregivers’ involvement in their children’s education, particularly in rural areas and among poor populations. Income and family support are a norm in France, parts of Italy, the Netherlands, Scandinavian countries, and Spain.

Rubeiz (2008) argues that “an important component of early childhood education is the involvement of parents. In the Middle East, most parents are emotionally and physically close to their children. If mobilized, parents, especially mothers, can contribute valuable time and resources to the pre-school system. Through their voluntary services, mothers can help reduce the cost of universal public education. In child-centered programs, groups of mothers receive basic training on how to stimulate the children’s development.”

Expanding Services to Include Children under Age 3 and Parent Education

Although noting the dearth of preschool attendance in Arab countries, compared with other regions, The Arab Human Development Report 2005 (UNDP 2006) proposes no concrete actions for early child development, but, rather, gives considerable attention to tertiary education. Services for young children ages 0–6 must be expanded throughout the MENA region. The countries in this region cannot hope to compete in the global marketplace unless this happens.

The needs of young children and the policies to address these needs should be viewed in light of the social and economic factors in each country and within each country. The factors will be quite different for populations in rural or urban areas and for families at different income levels. While expanding services throughout a country, strategies are needed to target, in particular, very poor and otherwise vulnerable (e.g., displaced) children and families. The design and implementation of programs and interventions will have to reflect and accommodate local conditions—children’s outcomes and social and educational infrastructures.

Developing a blueprint that meets the needs of all children in a country is not possible, and the expansion and scaling up of early childhood services will depend on coordinated, systematic data collection and analysis. A broader strategy would necessarily start in the early years, depart from a single-silo approach (i.e., education, health, or social protection), and move toward a
comprehensive package of early child development services. This package should comprise breastfeeding and nutritional support; stimulation (i.e., interaction between caregivers and children, so essential to brain development); comprehensive support to and care of mothers (before, during, and after pregnancy); parenting and caregiver support; and play-based child development services. The education sector would provide quality pre-primary education that attends to each child’s physical, social, emotional, and language development.

**Assuring Quality through Training**

Two main factors affecting the quality of early child development programs in the MENA region are the dearth of quality teachers and of training in early child development. Ramey and Ramey (2006) remind us of this often-overlooked “ingredient of quality.” They note that quality is often equated with structural indicators (e.g., staff-to-child ratio, group size, accreditation, staff credentials), administrative indicators (e.g., recordkeeping, compliance with regulations), and resources available (square footage per child, presence of “learning centers,” equipment and supplies).

Yet, an essential and minimum ingredient of quality is observable—that is, how staff and children behave throughout the day and the safety and health of their environment—and is achievable even in the lowest-income settings. The interactions and environment in preschool directly reflect the training of staff. Any effort to strengthen and reform early childhood services in the MENA region must include formal pre-training and continuing in-service training of educators and staff. As Ramey and Ramey state, this core feature of quality can and should be “achieved by all types of care for children from birth through school entry age.”
Partners in Early Human Development:  
Public and Private Sectors

Over the past 20 years, a series of global imperatives has raised awareness of the importance of early childhood education in the MENA region. These imperatives, launched by UNICEF and UNESCO and supported by the World Bank, have enjoined donor organizations and developing countries to participate in Education for All (EFA), the World Summit for Children, and the EFA Fast Track Initiative. This increased attention has fostered government attention on early childhood and investment from bilateral and multilateral organizations to support government initiatives.

The global calls to action have been complemented by numerous regional initiatives, including the:

- Arab Regional Conference on Education for All, in Cairo in 2000

In 1983 and 1996, the Arab League Educational, Cultural and Scientific Organization (ALECSO) published in Arabic two important studies by AL-Shatawi and Ahmar (1983, 1996). These studies, cited in Faour (2006), identified issues particular to early childhood services in Arab countries. These issues, also highlighted in the previous chapter, remain today. They include:

- Limited access to services for children ages 0–6, as exacerbated by urban–rural inequities
- Absent or little involvement of government, or predominantly private sector provision of services, if any
- Lack of regulation or quality guidance on curriculum development or safety standards for equipment and facilities.

It is time to address these issues within a broad and comprehensive approach to early childhood services. By coordinating and expanding investments throughout the MENA region, the public and private sectors can engage a broader audience, scale up proven and effective programs, reach children and families most in need, and more fully realize the potential of their investments thus far.

The World Bank, UNICEF, and WHO have ongoing partnerships in the region. They are being joined by a growing number of regional and international foundations and private organizations that are supporting interventions in early child development and/or exploring potential projects and initiatives. In each country, national NGOs (e.g., ATFALE in Morocco) and universities (e.g., University of Sana’a in Yemen) are partnering with various ministries and international NGOs to respond to government’s interest in early childhood policy, programming, and capacity building.
A brief snapshot of some of these efforts follows. Table 7 displays the range of private sector organizations working in early human development in the MENA region and their area(s) of focus.

**Table 7. Focus of Private Sector Organizations Involved in Early Human Development**

<table>
<thead>
<tr>
<th>Multilateral and Regional Organizations</th>
<th>Bilateral Organizations</th>
<th>International NGOs</th>
<th>Networks</th>
<th>Regional Foundations</th>
</tr>
</thead>
<tbody>
<tr>
<td>World Bank</td>
<td>UNICEF</td>
<td>UNESCO</td>
<td>WHO</td>
<td>EBRD</td>
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A, Advocacy; K, Knowledge Management; C, Capacity Building; S, Service Delivery.

* Focus is on children with disabilities.

**Efforts by Multilateral Organizations: Examples**

UNICEF supports the Better Parenting Program to train caregivers and parents in the knowledge and skills to promote child development. Begun in Jordan in 1996, the program has expanded to reach men. The organization has partnered with Islamic associations to develop the *Imam’s Guide to Early Childhood Development* and to provide training in early child development to imams in mosques. This program has reached 30 imams in 40 mosques and is being replicated in Lebanon. The regional UNICEF office for the MENA region focuses on education and organizes an annual learning series on early child development. In March 2009, it hosted a second learning series in Jordan for MENA countries partnering with UNICEF.
The U.S. Agency for International Development (USAID) has funded the renovation and equipping of public kindergartens and the training of early childhood teachers and supervisors in national curriculum of early childhood education. USAID also partners with countries to support the Early Childhood Education Enhancement Project, in Egypt (2005- ); the Basic Education Reform, in Morocco (2005- ), and the Child Development Project, in Yemen (completed).

The World Bank is supporting the Jordanian government’s project, Education Reform for Knowledge Economy I (2003–2008) and II (appraised, March 2009). The early child development component includes increasing poor children’s access to kindergarten, updating the early childhood education curriculum, supporting the professional development of educators, and promoting community participation by raising public awareness of the need for early childhood education.

In partnership with UNICEF and with funds from a Dutch trust fund, the World Bank supports the Early Child Development Virtual University (ECDVU), a training and capacity building program housed at the University of Victoria, Canada. This program has provided capacity building for 13 professionals across the MENA region, from Egypt, Jordan, Lebanon, Tunisia, and Yemen.

**Efforts by International NGOs: Examples**

The Aga Khan Foundation is working in Egypt and Syria. In Syria, the foundation’s extensive program includes education, maternal and child health, rural development, microcredit, rehabilitation of cultural assets, as well as support for a national strategy of early childcare and development of ECD. The foundation also collaborates with the Arab Resource Collective on training of early child development educators.

The Bernard van Leer Foundation is working on early childhood initiatives regionally and in Egypt, Israel, Morocco, and West Bank/Gaza. In Morocco, the foundation collaborates with AFTALE and funds the reform of early child development pedagogy.

Education Action International (EAI) is working on early child development Lebanon, Sudan, Yemen, and West Bank/Gaza.

The Netherlands’ International Child Development Initiatives (ICDI) has a focus on capacity building in the MENA region and is supporting capacity building activities in Refugee camps for Palestinian’s children.

OSI’s MENA region covers the Arab States of the Levant, Gulf, and Maghreb, as well as Afghanistan, Iran, Pakistan, and Turkey. It has carried out exploratory analysis and is developing a strategy to support early child development in the region that will align with its Early Childhood Program. Potential activities would include addressing the needs of the Palestinian citizens of Israel as well as civil society initiatives in the Occupied Palestinian Territories.

Save the Children is working in Jordan and other countries. In Syria, the NGO is collaborating with the Beirut office of UNESCO, the Syrian office of UNICEF, and the Karim Rida Said Foundation to support the Syrian Inclusive Education Project. The aim of this project, which has been piloted in five Syrian schools, is to promote inclusive education for children with disabilities in regular schools by providing advocacy, training of teachers, and adaptation of school facilities.
The Wolfensohn Center for Development at the Brookings Institution is conducting a series of country case studies to identify the causes of success or failure in scaling up small-scale ECD programs. Once the case studies are completed, the center plans to draw general lessons to provide a “prescription” for future success. Syria is in the first group of 10 countries under study.

Efforts by Networks: Example

The Arab Resource Collective (ARC) is a specialized NGO focusing on capacity building and networking. Based in Lebanon, it collaborates with other foundations, such as the Kanafani Foundation and Naba’a Foundation, to implement Child-to-Child Programs. The ARC also is working with EAI to build capacity for early child development in Sudan.

Efforts by Regional Foundations: Examples

The Arab Gulf Programme for United Nations Development Organizations (AGFUND) is funding an early child development center in Sudan among numerous other initiatives in the region.

The Karim Rida Said Foundation has worked in Syria, focusing on children with disabilities. The foundation also has collaborated closely with UNICEF in Sudan (see attached program matrix) and has partnered with the Drop of Milk Society. In Jordan, it has supported development of a sign-language book for parents and, in Lebanon, it has supported NGOs in integrating visually impaired children into schools.
Proposed Strategy and Actions to Strengthen Early Human Development in the MENA Region

The countries in the MENA region have enormous unrealized potential for development residing in the untapped resources of their populations. In few other regions are the possibilities for human capital formation as great, for the disparity between native human capacity and actual educational attainment is significant. The inputs and outcomes of education are mismatched, and educational systems are fragmented. Government ministers and policymakers across the MENA region often express concern about the poor performance of their students in international assessments such as TIMSS and PIRLS. In response, they may skew their attention to expanding the curricula in science and math. In doing so, they overlook a basic fact—that the capability to learn (readiness for school) is set before children enter school.

Starting Early—Before Children Enter School

Research in the neurosciences confirms what educators have long understood. The very earliest years of childhood set children’s learning trajectories. The experiences children have long before they enter school influence the development of their neural circuits and mediate their cognitive, linguistic, emotional, and social capacities. It is these capacities that, ultimately, determine the quality of a society’s human capital.

Fundamental competencies at school entry such as language and literacy strongly predict children’s educational attainment and academic success. Educators have long observed and well understand that altering the outcome of a child who has entered the educational system with a developmental, psychological, or behavioral challenge is very difficult. The neuroscience is clear—it is not early educators or the educational system that is to blame for the failure to improve the trajectories of these children, but, rather, the insufficient emphasis that a society places on early child development programs.

In large part, a child’s ability to learn is determined by certain core capacities—the ability to attend to a lesson; to process auditory and visual information; to recognize the significance of temporal, visual, auditory, and social patterns; to respond to challenges and new information with curiosity and interest; and, at a simple level, to grasp and conform to norms of classroom behavior. If a child does not have these and related core capacities when he or she enters school, his or her ability to rise to the cognitive challenges presented in school is significantly impaired. Even the most intensive programs, let alone standard school curricula, have limited effect at that time—it is too late.

Typically, a developing child who has been exposed to a warm and nurturing caregiving environment in the first years of life is ready, on entering school, to learn (i.e., acquire and comprehend new information). In arriving at this point, she or he has mastered a number of “functional/emotional” developmental milestones. The critical thinking that he or she develops subsequently in school emerges only from basic emotional processes that begin at birth.

Greenspan and Shanker (2004) define six early stages leading up to the capacity for critical thinking. They are the ability to:

1. Self-regulate and attend to the world
2. Form loving relationships with caregivers
3. Engage in simple back-and-forth interactions with caregivers
4. Engage in joint problem-solving interactions with caregivers
5. Form symbolic representations of the world, leading to words and language
6. Build logical bridges between ideas.

**Knowledge Societies—The Building Blocks**

As countries in the MENA region strive to build knowledge societies (UNDP 2003), they have a unique opportunity to create adequately educated populations for the 21st century by placing high priority on ensuring children’s healthy development in the early years of life. Building a knowledge society depends on effective application of proven, evidence-based interventions along the lifespan.

Two essential requirements to improve early human development are the:

- Linking of educational systems with health, social development, and family sectors
- Aligning of services (and curricula) for preschool with those for primary school and beyond.

Figure 9 depicts the service sectors and programs that need to be linked to improve children’s readiness-to-learn trajectories (Halfon 2009a, 2009b).

**Figure 9. Sectors and Programs that Influence School Readiness**

![Readiness to Learn Trajectory](image)

Source: Halfon 2009b.

To realize the possibilities for human capital formation in the MENA region, all countries need to develop, adopt, and pursue comprehensive, multisectoral strategies that integrate services across sectors and align programs within sectors, as depicted in figure 9. The most gains will be made by focusing on the following four specific building blocks for early human development:
• **Equal Access to Services.** All children should have equal access to early interventions, beginning with essential health care services and nutritional interventions. A network of non-formal early child development services and preschools will be needed. This focus on children should be complemented by parenting programs to educate and engage parents and communities in early child development. Across the region, priority attention should be given to countries with the lowest income and low HDI. Within countries, priority needs to be given to identifying the most vulnerable children (i.e., in the lowest income group) and targeting policies and programs to them.

• **Training of teachers, educators, and staff.** An educational system cannot yield positive outcomes without qualified, trained educators. Countries must invest in professional development to improve the quality of teachers, educators, and staff in early childhood programs and primary school. Resources are needed to support initial training (e.g., in universities, communities) and continuing in-service training.

• **Assurance of Quality.** Minimal and core features of quality need to be defined and implemented for both public and private early childhood programs. The features should apply to health and safety practices to assure children’s physical and mental health, nurturance of adult–child interactions, age-appropriate learning and language activities, and supportive relationships for parents, caregivers, and families. This four-diamond model for achieving excellence in childcare and education programs is conceptualized by Ramey and Ramey (2006).

• **Monitoring of Children’s Outcomes and Performance.** Particularly important is the monitoring of children’s outcomes and performance before, during, and after participating in early childhood interventions. Collection of these data into national databases and analysis locally and nationally are critical for tracking the performance of children and programs over time and for defining the need for and benefits of early childhood interventions.

**Next Steps: Recommendations for Collaboration**

The opportunities are considerable for all partners in the MENA region to contribute to development of a nexus of knowledge institutions that can build capacity for establishing early child development systems. The overall aims are to accumulate and manage knowledge, share innovations, and scale up investments in early human development. The next steps toward accomplishing these three broad objectives are posed below.

**Accumulate and Manage Knowledge**

To build capacity in the synthesis and dissemination of knowledge about early child development:

1. Convene a regional conference to initiate planning and gain inter-regional input and collaboration on expanded coverage of early child development programs. The participants at the conference would delineate the mission, objectives, and evaluation activities needed to promote early child development nationally and regionally.

2. Develop a nexus (or a consortium) of institutions to design and evaluate early child development policies, programs, and training across the MENA region and to foster
South–South and North–South synthesis and dissemination of experience. The nexus would comprise strategically selected private and public institutions, particularly in countries that have or are initiating reforms or expanding programs (e.g., Gulf States, Jordan).

The nexus should include the following:

(a) Support of regional networks, such as the Arab Resource Collective and others, to help them expand their networking capacity and capabilities for responding to local needs and capacity related to training and dissemination of knowledge on early child development.

(b) Organization of a knowledge consortium of university, NGO, and multilateral partners to develop an academic and interdisciplinary program in early human development. The program could be centered at one university or a cluster of universities that have experience in similar development projects (e.g., public health, social work, home economics, child and family services, primary care for children).

For example, a cluster of centers might be located in Egypt, Kuwait, Lebanon, and Morocco. The aim would be to reflect and accommodate the significant cultural and economic differences in the region and to engage the full participation of culturally different communities in the Arab world. Three possibilities might be Cairo or Rabat, as a geographical center for North Africa; Amman or Beirut, as a center for the Near East; and a city in Kuwait or a Gulf State, as a third center.

Share Innovations

To learn from each other across the MENA region and elsewhere:

3. Analyze how to scale up ECD programs. Consider partnering with the Wolfensohn Center for Development at Brookings Institution to commission a series of case studies to learn what works and what does not work in early child development interventions and to analyze the process for scaling up early child development policies and programs. The outcome of these case studies would be development of a roadmap to identify obstacles to scaling up or sustaining at-scale implementation of programs, as well as methods for overcoming the obstacles.

4. Build capacity to provide effective early child development programs and interventions for children in emergency situations—areas affected by strife and violence or peopled with displaced refugees (e.g., in Egypt, Israel, Jerusalem, Jordan, Palestine). The aim is to ensure that all children throughout the MENA region are ready to enter and progress through school to the best of their abilities.

Building this capacity entails identifying and developing approaches for implementing comprehensive programs of complementary informal and non-formal modalities for early child development. The modalities include, for example, parents’ groups, play groups, community-based and cultural centers, home-based care, home-visiting programs, play grounds, television and radio programs, and out-of-school activities (e.g., sports, arts, and
mentoring programs). Consider partnering with UNICEF, international NGOs, and regional networks.

Scale Up Investments

To create the underpinning (demand) for systems of early child development and to sustain the scaling up of investments:

5. Identify entry points within human development sectors to mainstream the building blocks of early child development systems. For example:
   - In education, align preK and early-grade curricula, and align pre- and in-service professional development.
   - In health, improve pregnancy outcomes, integrate care for ages 0–3, increase breastfeeding, and promote parental “reading-to-child” programs.
   - In social development, expand informal and non-formal complementary learning practices for children in post-conflict or fragile states.
   - Develop and launch advocacy campaigns to increase awareness about early child development.

6. Monitor results by adapting and applying a population-based instrument for measuring children’s outcomes. The Early Development Instrument: A Population-based Measure for Communities (EDI) is the infant-mortality-rate equivalent for assessing children’s early development. The EDI is an outcome measurement that assesses, in one instrument, the five universally recognized key developmental domains (physical health and well-being, social competence, emotional maturity, language and cognitive development, and communication skill and general knowledge).

In the MENA region, the EDI has been applied in Jordan to monitor The Education Reform for the Knowledge Economy II (ERfKE) project and was translated in Egypt to use for monitoring and evaluation. With a population-based instrument such as the EDI, communities and countries can develop a database of child development outcomes. This database is a very useful tool to help policymakers and governments attain accountability, comparability, and universality among early child development programs.
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