

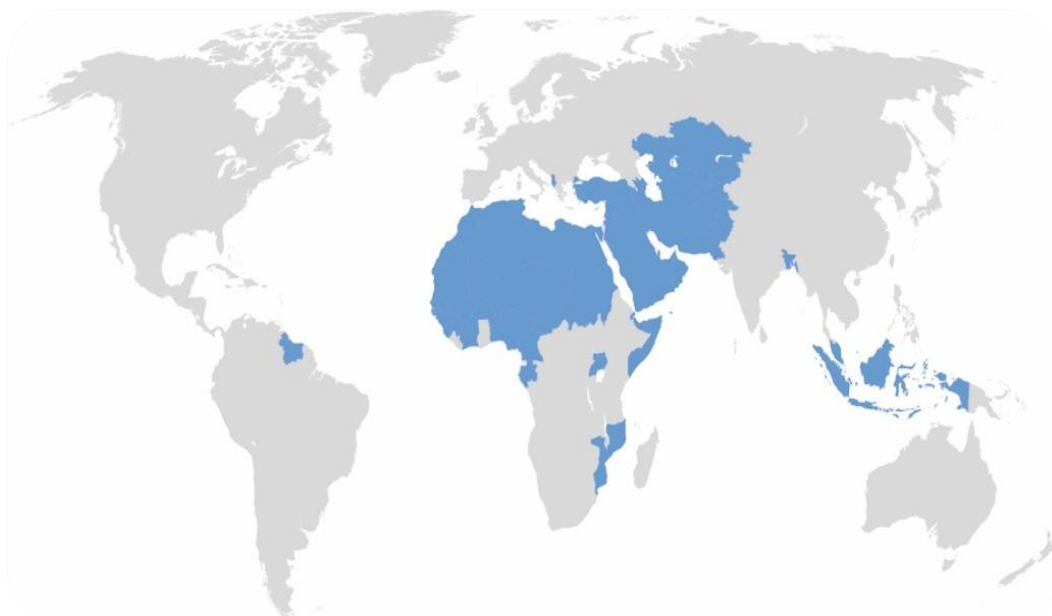
STATE OF CHILDREN IN OIC MEMBER COUNTRIES



ORGANISATION OF ISLAMIC COOPERATION

STATISTICAL, ECONOMIC AND SOCIAL RESEARCH
AND TRAINING CENTRE FOR ISLAMIC COUNTRIES





STATE OF CHILDREN IN OIC MEMBER COUNTRIES



Organization of Islamic Cooperation

**The Statistical, Economic and Social Research and
Training Centre for Islamic Countries (SESRIC)**

© October 2017 | Statistical, Economic and Social Research and Training Centre
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ISBN: 978-975-6427-68-2

Cover and Inner design by Savas Pehlivan, Publication Department, SESRIC.

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ACRONYMS

AMR	Adult Mortality Rate
ANCC	Antenatal Care Coverage
DTP	Diphtheria-Tetanus-Pertussis
EAP	East Asia and Pacific
ECA	Europe and Central Asia
EPI	Expanded Programme on Immunization
FCTC	Framework Convention on Tobacco Control
IDP	Internally Displaced People
LAC	Latin America and the Caribbean
LEB	Life Expectancy at Birth
MDGs	Millennium Development Goals
MENA	Middle East and North Africa
OIC	Organization of Islamic Cooperation
SA	South Asia
SDGs	Sustainable Development Goals
SSA	Sub-Saharan Africa
U5MR	Under 5 Mortality Rate
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WB	World Bank
WHO	World Health Organization
NER	Net Enrolment Rate
GER	Gross Enrolment Rate
ITN	Insecticide Treated Nets
ORS	Oral Rehydration Salts
UNESCO	United Nations Educational, Scientific and Cultural Organization

Acknowledgements

This report was prepared by Mazhar Hussain with the assistance of Cihat Battaloglu. The work was conducted under the general supervision of Nabil Dabour, Assistant Director General of SESRIC and Acting Director of Research Department, who provided directions, comments and feedback.

Foreword

Today, there is a widespread recognition of children's right to attain full physical, intellectual, and emotional development. The universal acceptance of human rights for all children was mainly spearheaded by the Convention on the Rights of the Child (UNCRC), the first legally binding international convention on child welfare and protection. Looking broadly, today children are healthier and safer from social, economic and cultural exploitations than 50 years ago. However, despite remarkable progress, it remained a painful reality that millions of children across the world, including many OIC countries, are still dying due to preventable diseases and complications, and those who manage to survive their lives are full of misery, ignorance, deprivation and abuse.

OIC countries, as a group, are characterized by the youngest demographic distribution, with over one third of population below age 15. This underlines the huge demand for health care, schooling, food, recreation, and social protection and welfare services for the infants and young children in these countries. Over the years, many OIC countries have made significant progress in terms of fulfilling children's right to a safe and nurturing childhood, with more resources than ever being invested in health care, education and social protection and welfare services. However, despite significant improvement, OIC countries, as a group, are still lagging behind the world and non-OIC developing countries averages.

Improvement in the state of children is distributed unevenly across the OIC regional groups. South Asia and Sub-Saharan Africa regions, which were home for around 60% of OIC children aged under 5 in 2015, remained the most difficult places for the children to survive and live. Majority of countries in these two regions are characterized by low public and private investments in basic health, education, and social protection and welfare services and lack proper policies and implementation mechanisms to improve the state of children. This state of affairs necessitates more commitment and efforts by the governments and other stakeholders to consider this important issue at a higher level on their development agendas. There is also an urgent need for strengthening and enhancing cooperation and collaboration in various child welfare related issues at both regional and international level.

Against this backdrop, this report provides a detailed analysis and evaluation of the state of children in OIC countries. The report gauges the performance of OIC countries in four dimensions: child health and well-being, child nutrition and food security, basic education and schooling and child protection and welfare by analyzing the latest data on indicators like child mortality trends, prevalence of under nutrition and micronutrient deficiencies, school enrolment and attendance and incidence of child labour and maltreatment. The report concludes with policy recommendations aiming to enhance the implementation of interventions both at national and intra-OIC and international cooperation level to improve the state of children in OIC countries.

Amb. Musa Kulaklıkaya
Director General
S E S R I C

Executive Summary

Demographic Profile of Children

OIC countries are characterized by the youngest demographic distribution, with over one third of population under age 15 (i.e. 602 million children under 15). In sharp contrast, developed countries have much older population, with just 16.4% below 15. Largely driven both by declining birth rates and longer life expectancy, children have accounted for a dwindling share in total population over the years. In 1990, 41.7% of the OIC population was younger than 15 compared to 34% in 2016. A decreasing trend could also be observed in case of non-OIC developing and developed countries.

Child Health and Well-being

Child Mortality

Over the last two decades, many OIC countries have witnessed significant improvement in health care coverage and services and, consequently, they recorded declining trends in child mortality rates. According to the latest estimates, starting from a higher base rate of 126 deaths per 1000 live births in 1990 OIC countries managed to reduce U5MR by 52% to 60 per 1000 live births by 2015. Nevertheless, despite improvement, OIC group made the least progress in reducing child deaths since 1990. Child mortality has declined across the OIC regional groups but Sub-Saharan Africa and South Asia remained the most difficult places for a child to survive.

Major Causes of Child Death

The major causes of under-five mortality in OIC countries are similar to those in other developing countries. In 2015, about 40% of under-five deaths were caused by three infectious diseases: pneumonia/sepsis (23%), diarrhoea (9%) and malaria (8%). Among the pregnancy and birth related complications, prematurity (15%) remained the major cause of under five deaths followed by birth asphyxia (12%) and injuries (6%).

Child Health Care Services

Majority of maternal, new-born and child deaths are preventable through interventions like antenatal care, skilled attendance during birth, immunization, and early care seeking for infectious diseases. The provision of quality antenatal care remained a major concern in many OIC countries. During the period 2010-2015, around 54% of total pregnant women in OIC countries benefited from the recommended four antenatal checks up. The OIC average remained below the averages of the non-OIC developing countries and the world. A significant number of births in OIC countries are still taking place unassisted as only 63% of deliveries were assisted by a doctor, nurse or midwife in 2010-2015 compared to 80% in non-OIC developing countries and 76% in the world. DTP3 vaccination has increased in OIC countries from 67% in 2000 to 78% in 2015. The OIC coverage remained below the world (86%) and non-OIC developing countries average (88%).

Prevention and Control of Infectious Diseases

In 2010-2015, the combined burden of three infectious diseases: pneumonia, diarrhea, and malaria stood at 40% for OIC countries compared to 36% in the world and 33% in

non-OIC developing countries. Majority of OIC's deaths caused by infectious diseases were recorded in SSA and SA regions. The latest estimates show that 45% of children with symptoms of pneumonia in OIC group were taken to a health provider for checkup and only 36% received antibiotic treatment. A similar situation prevails both in the world and non-OIC developing countries. Diarrhea is another major killer of children, accounting for 9% of OIC's total deaths. Although childhood diarrhea can be treated with oral rehydration salts (ORS), only 36% of children with diarrhea in OIC countries were treated with ORS. The coverage rate was recorded at 27% in the world and 25% in other developing countries. OIC countries accounted for 62% of the global burden of child deaths caused by malaria in 2010-2015. Though sleeping under insecticide-treated nets (ITNs) is the most effective way to prevent the malarial infection and reduce deaths, only 14% of children were sleeping under ITNs in OIC countries and 10% in the world.

Child Nutrition and Food Security

Stunting, Underweight, Wasting and Overweight

Latest estimates show that about 31% of under-five children in OIC countries were stunted in 2010-2015 compared to 26% in other developing countries and in the world. During the same period, proportion of children under five years old who were underweight was recorded at 18% in OIC countries compared to 16% in other developing countries. Wasting represents an acute form of under nutrition with heightened risk of disease and death for children. Wasting prevalence remained more or less the same in OIC and other developing countries with a rate of 9.3% and 7.7%, respectively. Though overweight was once associated mainly with high-income countries, 72% of world total overweight children of 30 million were living in low-and middle-income countries in 2010-2015. OIC countries accounted for about one third of the world total overweight children with an overweight prevalence rate of 6.3% compared to 3.5% in other developing countries.

Child Feeding Practices

Proper feeding especially during the first two years of life is critical for a child's survival, growth and development. The latest estimates on feeding practices reveal that in spite of its crucial importance for the nutritional status of children, a significant number of infants and children are not breastfed. In OIC countries, only 39.3% of infants were put to the breast within first hour of birth, and 32.7% were exclusively breastfed during the first six months of life compared to 39.1% and 33.3% in the world, respectively. The coverage of breastfeeding until age 2 remained comparatively better in OIC countries with 43.6% of the total children breastfed until age 2. The estimates for appropriate feeding of children with adequate and safe complementary food reveal that 57.6% of infants in OIC countries were introduced to solid, semi-solid or soft foods at 6 to 8 months.

Micronutrient Deficiencies

Micronutrient deficiencies like deficiencies of vitamin A, iron, iodine, zinc and folic acid are very common among women and children in low income developing countries, including some OIC countries. Globally, about two-third (64%) of children aged 6 to 59 months received two doses of vitamin A in 2009-2013 while this ratio was recorded at 69% for OIC and 61% for non-OIC developing countries. During the same period, 59% of households were consuming adequately iodized salt in OIC countries compared to 74% in

non-OIC developing countries and 69% in the world. Iron deficiency anaemia also remained a major health challenge, affecting over 41% of under 5 children in the world in 2016. While prevalence of anaemia was just 11% for developed countries, the numbers were staggering in non-OIC developing and OIC countries with 41% and 50% of children suffering from anemia, respectively.

Basic Education and Schooling

School Enrolment and Attendance

Access to basic education is a fundamental child right. Education helps children to learn and develop their personality and identity and it shapes their social, economic and cultural standing in future. Looking at selected indicators on education from a children well-being perspective reveals that OIC countries made a significant improvement in terms of literacy, enrolment and completion rates since the 1990s. However, OIC countries, on average, still have a long way to reach the level of developed countries in terms of literacy, enrolment and completion rates. Compared with 1990, in 2016 young literacy rate in the OIC group was 6.1 percentage points higher. In the same period, the average of non-OIC developing countries increased only by 2.5 percentage points.

Completion and Progression

OIC countries, on average, achieved to increase their completion rates from 72.2% in 2000 to 82.8% in 2016. The repetition rate in the OIC group dropped from 11.8% to 6.2% in 2016 during the same period.

Adequacy of Education Services

The share of a government's spending on education in its total expenditures measures the relative importance of the education sector on part of the government. In OIC member countries, governments' spending on the education sector accounted for 15.8% of their total expenditures in 2004. This ratio was 12.9% in developed countries and 13.7% in non-OIC developing countries, with the world average being 13.1%. By 2014, the ratio increased to 16.5% in OIC member countries and 14.8% in non-OIC developing countries while it decreased to 12.7% in developed countries, leading to a slight increase in the world average to 13.2%.

At the micro-level, government expenditures on education per pupil increased all over the world between 2004 and 2014. In primary education, while OIC countries spend on average \$332, non-OIC countries spend more than \$500 and developed countries spend more than \$9,200 in 2014. Again in secondary level of education, OIC countries spend the lowest amount per student with \$546. When it comes to tertiary level education, the gap between OIC and developed countries slightly narrows down. Non-OIC developing countries are on average spending around 50% more than OIC countries in all levels of education. On the other hand, developed countries spend almost 30 times more than OIC countries at primary level, 20 times more in secondary level and 10 times more at tertiary level.

Child Protection and Welfare

Birth Registration

Apart from being the first legal acknowledgement of a child's existence, birth registration is central to ensuring that children are counted and have access to basic services.

According to the latest data, OIC group has the lowest average birth registration rate compared with other country groups during the period between 2010 and 2015. Only 75.1% of children have a birth registration in the OIC group compared to 82.7% in the world 80.5% in non-OIC developing countries.

Child Maltreatment and Abuse

Apart from being a violation of human rights, child maltreatment and abuse leads to serious health problems for children. During the period 2010-2015, the prevalence of violent discipline (against children) in the OIC group, on average, was 80.5% that is being the highest average compared with the average of non-OIC developing countries (69.9%) and the world average (74.9%). In terms of difference between girls and boys, in the OIC group, boys are exposed to violent discipline to higher extent (82.1%) compared with girls (79.7%). In addition to violence against children, the data for OIC countries showed that violence against women (mothers of children) and female genital cutting are highly prevalent that constitute another threat for children's physical and mental health.

Child Marriage

Marriages at young ages (before 18) may lead to serious health problems for men and women who are not ready for marriage. According to the dataset for the period 2008-2014, the OIC group has the highest child marriage prevalence where 7.1% of all marriages are being exercised before 15 years old and 25.6% of all marriages are being performed before 18 years old. The global average prevalence of marriages before 15 years old is 5.6% and for marriages before 18 years old the average is 23.8%. Poverty, protection of girls, family honour and the provision of stability during unstable social periods are some of the main driving factors behind child marriage.

Conflicts and Children

Rise in conflicts in OIC countries constitute a major threat for children well-being. Between 2010-2016, the OIC group has had the highest average global peace index score compared with other country groups indicating the presence of a lower degree of peacefulness and a higher number of conflicts. These facts imply that in OIC countries each year increasing number of children suffer from conflicts and the lack of peace. They are more exposed to armed conflicts, human trafficking, violence and abuse, and the lack of basic services.

Child Labour

Child labour is one of the worst forms of exploitations widespread across the developing world. Though child labour is prohibited in the majority of OIC countries, 17.0% of children were still trapped in child labour in 2009-2015. Meanwhile, this ratio was recorded at 15.3.0% in non-OIC developing and 15.8% in the world. In general, boys are more likely to be engaged in child labour than the girls. In 2009-2015, 16.7% of male children were engaged in child labour in OIC countries compared to 15.3% of female children.

1 Introduction

Childhood is a precious time for the physical, intellectual, and emotional development of a human being. It is of great importance, therefore, that all children have access to quality health care, good nutrition, education and protection from harm, abuse and discrimination. Provided that children are the most vulnerable beings in this world, it is the shared responsibility of parents and family members, civil society and governments to ensure that their rights are respected, protected and fulfilled. Over the recent decades, the world has paid special attention to the issue of protection and welfare of children. The Convention on the Rights of the Child (UNCRC), which came to force in 1989, is one of the most important landmarks achieved in this regard. In fact, the Convention is the first international human rights treaty to bring together the universal set of standards concerning children to ensure that every child enjoys a safe and nurturing childhood.

OIC countries are characterized by the youngest demographic distribution, with over one third of population below age 15. This underlines the huge demand for health care, schooling, food, recreation, and social protection and welfare services for the infants and young children in these countries. Over the years, OIC countries in collaboration with the subsidiary, specialized and affiliated OIC institutions and relevant international partners have made extensive efforts to promote child welfare, child well-being, and protect children's rights in the Muslim world¹. In this regard, OIC countries held four Ministerial Conferences on Childhood and chalked out the Covenant on the Right of the Child in Islam which was adopted by the 32nd Session of the Islamic Conference of Foreign Ministers (CFM) held in Sana'a, Yemen. In addition, maternal, newborn and child health and nutrition is one of the six thematic areas of cooperation identified under the OIC Strategic Health Programme of Action (OIC-SHPA) 2014-2023 which was adopted by the 4th Islamic Conference of Health Ministers held in Jakarta, Indonesia.

These noble efforts actually paid off and looking broadly, today children are healthier and safer from social, economic and cultural exploitations than 30 years ago. However, despite all positive developments, global community is falling short in fulfillment of its promise and commitment to ensure that every child enjoys a safe and nurturing childhood. Millions of children across the world, including many OIC countries are still dying due to preventable diseases and complications, and those who manage to survive their lives are full of misery, ignorance, deprivation and abuse. This state of affairs necessitates more commitment and efforts by the governments and other stakeholders to consider this important issue at a higher level on their development agendas. There is also an urgent need for strengthening and enhancing cooperation and collaboration in various child welfare related issues at both regional and international level.

¹Detailed information on OIC efforts to improve the state of children is given in the Annex 1.

Against this background, this report looks at the state of children in OIC countries in a comparative perspective. To set the stage, the report begins with an overview of demographic profile of children in OIC countries. Section 3 investigates the health and well-being status of children by analyzing the latest data on child mortality trends, major causes of child deaths and the coverage of child health care services. State of child nutrition and food security is discussed and analyzed in Section 4, with a particular focus on major indicators of child nutrition, prevalence of micronutrient deficiencies and infant and young child feeding practices. Section 5 gives a detailed picture of child education and schooling by analysing the primary and secondary school enrolment, attendance, completion and progression trends along with some highlights of the adequacy of basic education services in OIC countries. Section 6 of the report focuses on child protection and welfare by looking into some major issues regarding birth registration, child labour, child maltreatment and impacts of armed conflicts on children. The main findings of the report are summarized in Section 7. The report concludes with policy recommendations aiming to enhance the implementation of interventions both at national and intra-OIC and international cooperation level to improve the state of children in OIC countries.

2 Demographic Profile of Children

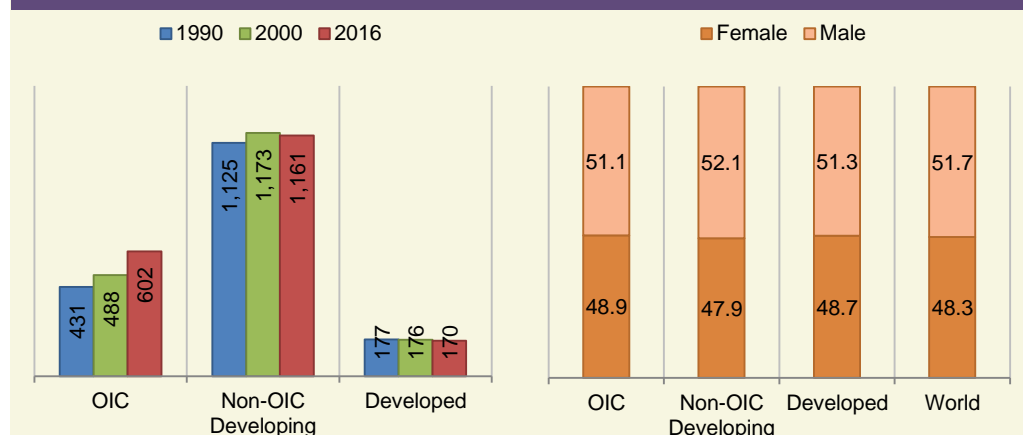
Worldwide children make up a substantial part of total population. According to the latest available data, over a quarter of the world total population of 7.4 billion was aged under 15 in 2016 (Figure 2.1). The trend shows an increase in population of children in OIC countries from 430 million in 1990 to 602 million in 2016, corresponding to growth of 39.8% during this period. OIC countries are currently home for 31% of the world and 34% of the developing countries total children. In 2016, over one third of OIC children were living in Sub-Saharan Africa (SSA). The relative shares of East Asia and Pacific (EAP) and Europe and Central Asia (ECA) regions remained quite low (See Annex 2 for OIC Regional Groups).

Regarding the gender distribution, 51.1% of the OIC population under age 15 is composed of male, while the percentage of female is 48.9%. The relative share of male population (52.1%) in non-OIC developing countries remained slightly higher than the other groups.

OIC countries are characterized by the youngest demographic distribution, with over one third of population under age 15 (Figure 2.1). In sharp contrast, developed countries have much older population, with just 16.4% below 15. Largely driven both by declining birth rates and longer life expectancy, globally children have accounted for a dwindling share in total population over the years. In 1990, 41.7% of the OIC population was younger than 15 compared to 34% in 2016. A decreasing trend could also be observed in case of non-OIC developing and developed countries. Nevertheless, decline in share of children in total population of developed countries was comparatively less steep than the other groups.

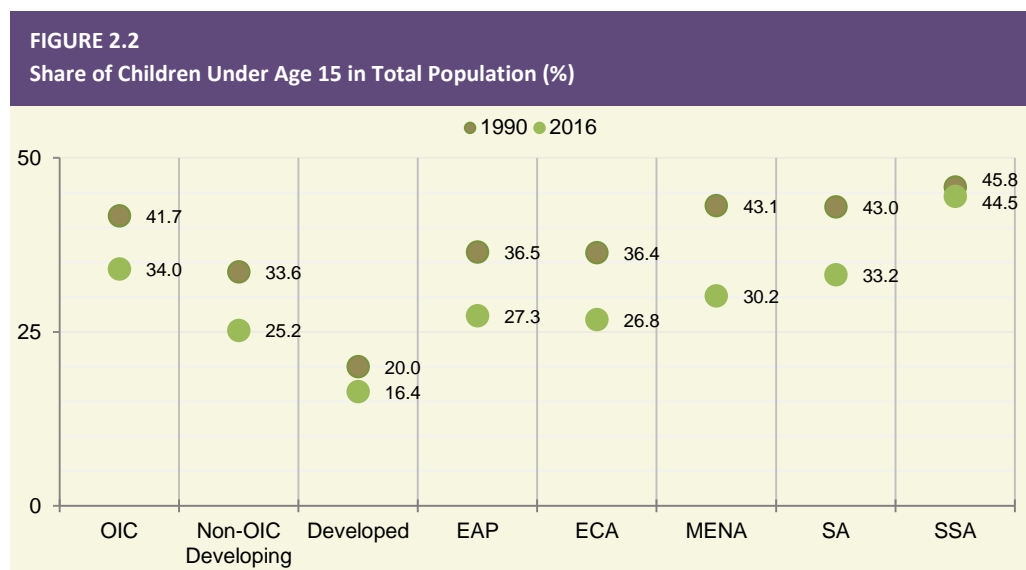
FIGURE 2.1

Total Population Under Age 15 (millions) and Share of Female and Male Children (right)



Source: SESRIC staff calculations based on World Bank, WDI

Among the OIC regions, SSA remained the youngest region with 44% of its total population under age 15 followed by SA (33%) and MENA (30%) regions (Figure 2.2). During the period of 1990-2016, MENA region witnessed the highest declined in share of children in total population, with a fall of 13 percentage points. Among others, ECA and SA regions have recorded decline of around 10 percentage points since 1990. On the contrary, the share of children remained largely unchanged in SSA region with 2% percentage points from 1990 to 2016.

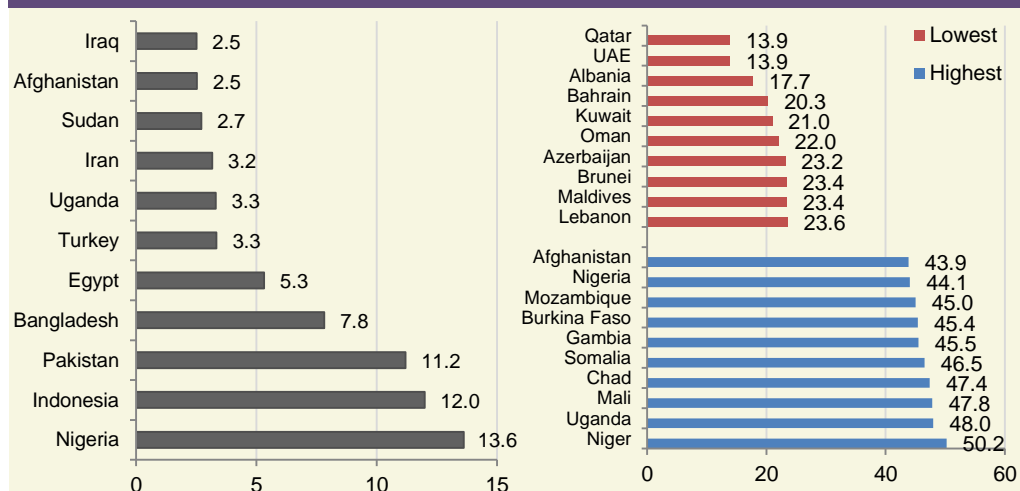


Source: SESRIC staff calculations based on World Bank, WDI

The total number of children under age 15 remained highly concentrated among a handful of OIC countries. As shown in Figure 2.3, in 2013, around two third (65.7%) of OIC total children were living in ten countries. Among these countries, Nigeria accounted for the largest share (13.7%) of OIC total children followed by Indonesia (12.8%), Pakistan (11.0%), and Bangladesh (8.4%). In terms of relative share of children in total population of a country, nine OIC countries from the SSA region were ranked among the top-10 youngest countries in OIC. As shown in Figure 2.3, Niger was ranked first with 50% of total population under age 15 followed by Chad (48%) and Uganda (48%). In contrast, share of children in total population remained significantly low in most of the OIC countries from MENA region. For 2013, Qatar registered the lowest share of children in total population (13.6%), followed by United Arab Emirates (15.3%) and Albania (20.6%). At the global level, Qatar was ranked third after Japan and Germany with the lowest share of children in total population.

FIGURE 2.3

Share in OIC total Child Population (left) and OIC Countries with Highest and Lowest Share of Children in Total Population, 2016



Source: SESRIC staff calculations based on World Bank, WDI

3 Child Health and Well-being

Health is vital for the well-being of all human beings. According to the definition of World Health Organization (WHO), health does not only mean an absence of illness or disease but it is a multidimensional concept which encompasses the state of physical, mental and social well-being of a person. Right to health is vital for everyone, but it is especially important for children because they are vulnerable and more at risk to illness and health complications. Furthermore, when children are free from diseases they are more likely to attain higher level of physical, intellectual, and emotional development and hence grow into more healthy and productive adults. Over the years, world has made significant progress in terms of fulfilling children's right to health and child mortality is on decline across the world. Among others, improvement in living standards, rising education and the widespread access to basic health care services are the major drivers of this progress. However, despite remarkable gains, significant challenges remained especially in low income developing countries, including many OIC countries. This section aims to investigate the state of children's health in OIC countries by analyzing mortality trends, major cause of child deaths and coverage of child health care services.

3.1 Child Mortality

The child mortality rate is the number of deaths of children under 5 per 1,000 live births. It is one of the most important indicators on the state of child health that reflects the overall coverage and effectiveness of health care services along with socio-economic development in a country. It was the benchmark indicator for the United Nations Millennium Development Goal 4, which set a target to reduce child mortality rate by two-thirds, between 1990 and 2015, the under-5 mortality rate (UN, 2014). Globally, around 6 million children died before reaching their fifth birthday in 2015. A child's risk of dying is highest in the neonatal period; the first 28 days of life. In 2015, 44% of under-five deaths were reported during the neonatal period (Figure 3.1). The Majority of these deaths can easily be prevented by ensuring access to effective safe childbirth and neonatal care services (WHO, 2015).

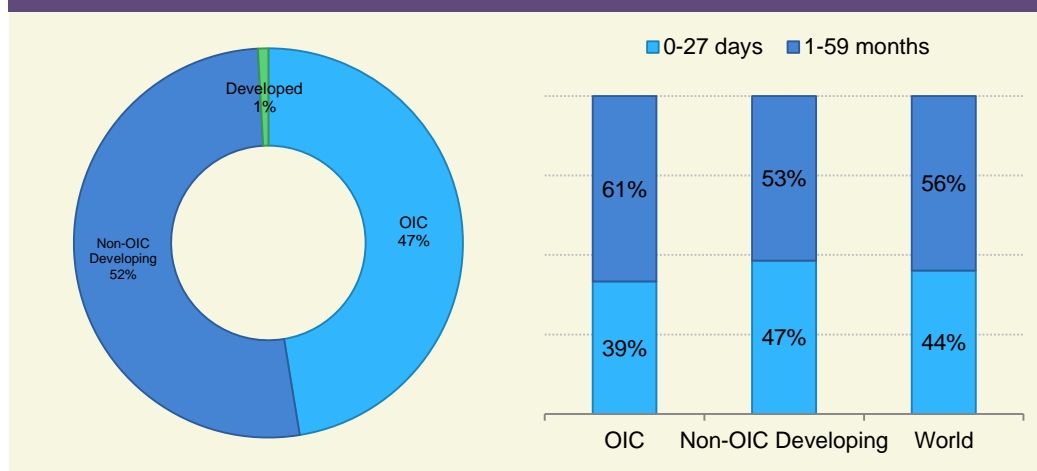
Under-five mortality remained highly concentrated in developing countries, which accounted for over 99% of world total in 2015. This means that on average about 16,000 children died every day in developing countries. Being a substantial part of the developing world, OIC countries accounted for 47.4% of the world total under-five deaths in 2015. In other words, about 7700 under-five children died every day in OIC countries. Over 39% of child deaths in OIC countries occurred during the first month of life (Figure 3.1).

Over the years, child mortality has shown a declining trend across the globe (Figure 3.2) where the average under-five child mortality rate (U5MR) has decreased by 53% since 1990 to 43 deaths per 1000 live births in 2015. Non-OIC developing countries also

registered remarkable progress with 57% decline in U5MR since 1990. In line with the global trends, child mortality situation has also been improved in the OIC countries. Starting from a higher U5MR of 126 deaths per 1000 live births in 1990, OIC countries managed to reduce U5MR by 52% to 60 per 1000 live births by 2015. Nevertheless, despite this improvement, OIC group made the least progress in reducing child deaths since 1990. As of 2015, one in 17 children in OIC countries dies before their fifth birthday compared to one in 27 in other developing countries and one in 23 children in the world.

FIGURE 3.1

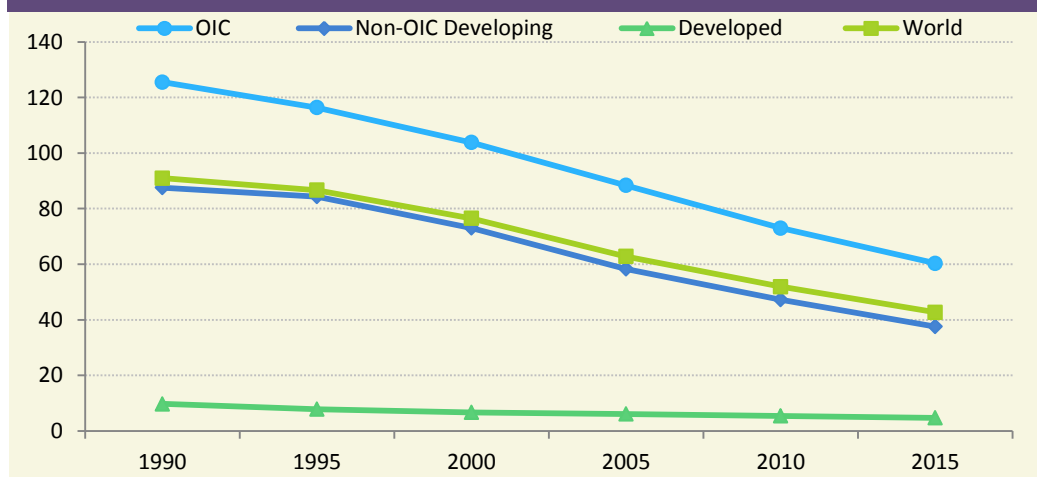
Distribution of Under 5 Deaths by Region and Age Structure (right), 2015



Source: SESRIC staff calculations based on WHO, Data Repository

FIGURE 3.2

Under 5 Child Mortality Rate (per 1000 live births)

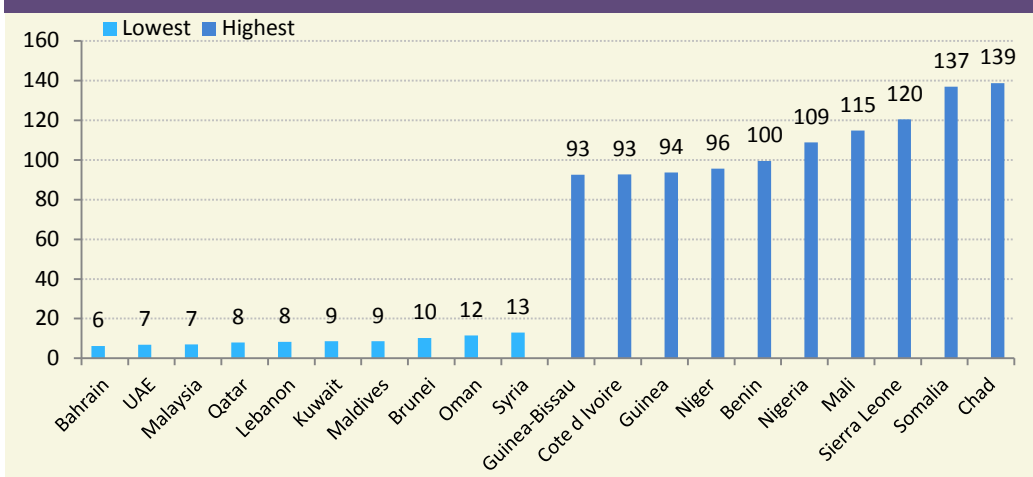


Source: SESRIC staff calculations based on WHO, Data Repository

At the national level, many OIC countries have made great strides against the child mortality over the last two decades. During 1990-2015, over two-third (66%) reduction was recorded in 22 OIC countries and in 16 countries the reduction was ranged between 50 to 65%. As of 2015, U5MR in OIC countries ranged from a low of six deaths per 1000 live births in Bahrain to a high of 139 in Chad (Figure 3.3). Seven OIC countries have registered U5MR lower than 10 deaths per 1000 live births. In contrast, 10 OIC countries from SSA region registered U5MR higher than 90 deaths per 1000 live births. Seven of these ten countries are ranked among the top-10 countries with the highest U5MR in the world. In 2015, Chad was ranked 2nd with respect to highest U5MR in the world followed by Somalia (ranked 3rd), Sierra Leone (ranked 5th), Mali (ranked 6th), Nigeria (ranked 7th), Benin (ranked 8th) and Niger (ranked 10th).

FIGURE 3.3

OIC Countries with Lowest and Highest U5MR (per 1000 live births), 2015



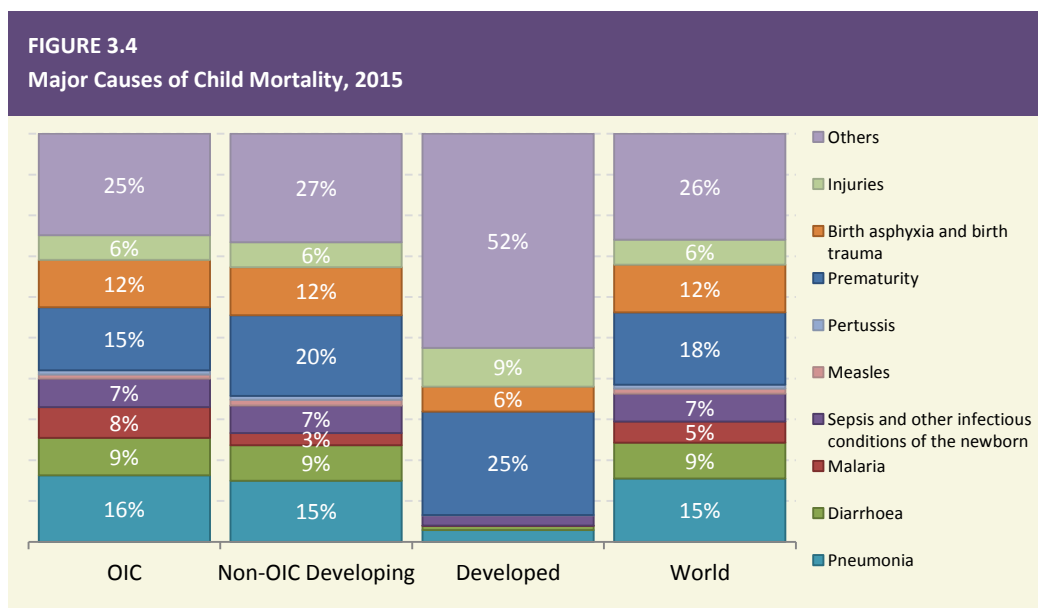
Source: WHO, Data Repository

3.2 Major Causes of Child Mortality

Globally, infectious diseases, pregnancy, and birth related complications caused over three quarters of total deaths in children under five in 2015. In fact, these causes are largely preventable and/or treatable by ensuring access to simple and affordable interventions like vaccination, antenatal health care and skilled attendance of birth.

As shown in Figure 3.4, prematurity was the largest single cause of death in children under five in 2015, and approximately 50% of under-five deaths were due to infectious causes like pneumonia /sepsis (neonatal pneumonia), diarrhoea, malaria and other infectious diseases. A similar situation is also observed in the case of non-OIC developing countries where leading causes of death among under-five children are prematurity, pneumonia, birth asphyxia, and diarrhoea. In contrast, causes of childhood deaths in developed countries are more skewed toward complications associated with pregnancy and delivery than the infectious diseases. The major causes of under-five mortality in OIC countries are similar to those in other developing countries. As shown in Figure 3.4, 40%

of under-five deaths were caused by three infectious diseases: pneumonia/sepsis (23%), diarrhoea (9%) and malaria (8%). Among the pregnancy and birth related complications, prematurity (15%) remained the major cause of under five deaths followed by birth asphyxia (12%) and injuries (6%).



Source: SESRIC staff calculations based on WHO, Data Repository

3.3 Child Health Care Services

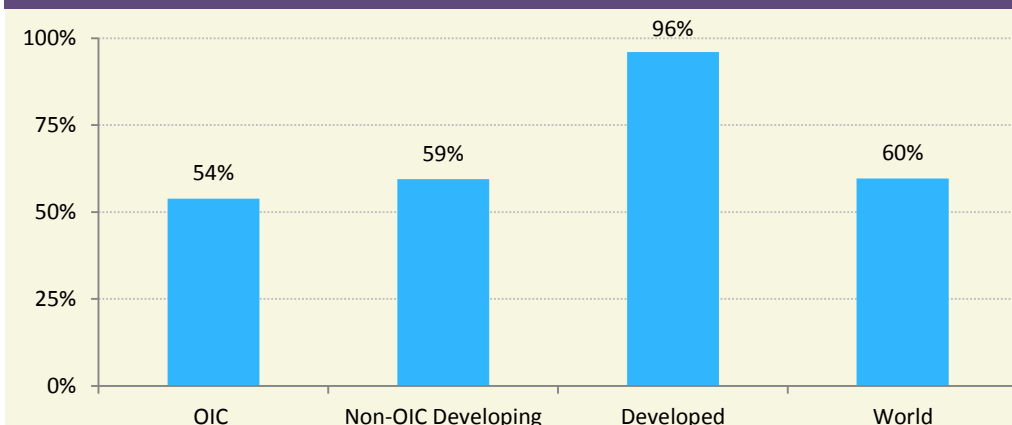
Health experts are of the view that the majority of maternal and child deaths are preventable and interventions like antenatal care, skilled attendance during birth, immunization, and early care seeking for pneumonia, diarrhoea and malaria are critical for the survival and well-being of mothers and children. This sub-section examines the performance of the OIC countries in terms of the coverage of some of these selected interventions.

Antenatal Care

Antenatal care (ANC) and counselling is the entry point to the formal health care system and provides a solid base to monitor and improve the health of mother and baby by identifying and preventing/controlling antenatal complications at the earliest stage (WHO, 2010). Antenatal care (ANC) coverage measures the proportion of total pregnant woman aged 15-49 who visited a skilled health professional for reasons related to pregnancy. For the quality and effectiveness of ANC, number of visits and their timing is very important.

The provision of quality antenatal care remained a major concern in many OIC countries. During the period 2010-2015, around 54% of total pregnant women in OIC countries benefited from the recommended four antenatal checks up (Figure 3.5). The OIC average remained below the averages of the non-OIC developing countries and the world.

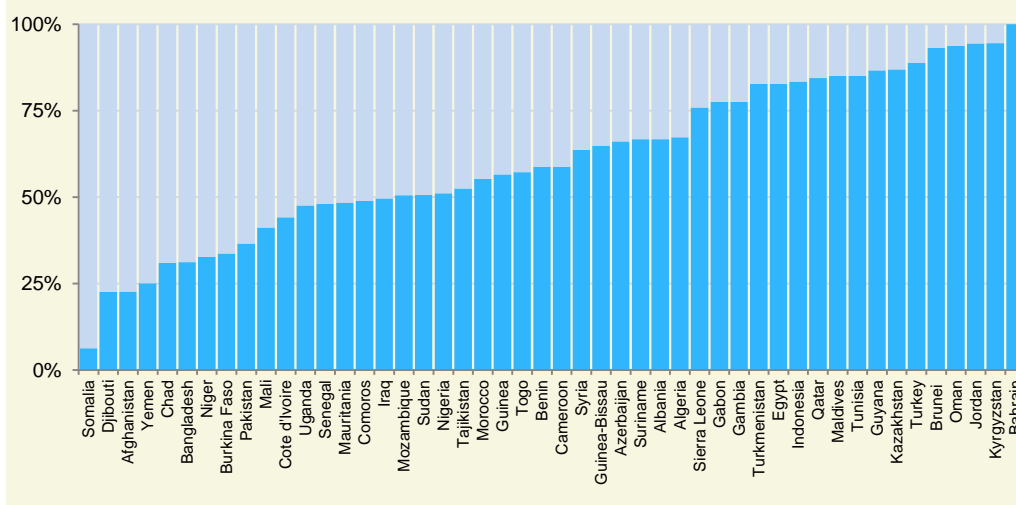
FIGURE 3.5
Antenatal Care Coverage, 2010-2015*



Source: SESRIC staff calculations based on UNICEF Data. * Most recent year available

At the individual country level, more than 80% of pregnant women visited a health clinic four times in 14 OIC countries whereas; this ratio ranged from 50% to 78% in 19 other countries. Somalia, Djibouti and Afghanistan recorded the lowest ANC coverage rate where only 6.3%, 22.6% and 22.7% of women visited health facility four times during pregnancy, respectively (Figure 3.6). Over all, ANC coverage rate remained less than 50% in 16 member countries. Majority of the OIC countries with the lowest antenatal care coverage are located in the SSA region (11 countries).

FIGURE 3.6
Highest and Lowest Antenatal Care Coverage in OIC Countries, 2010-2015*

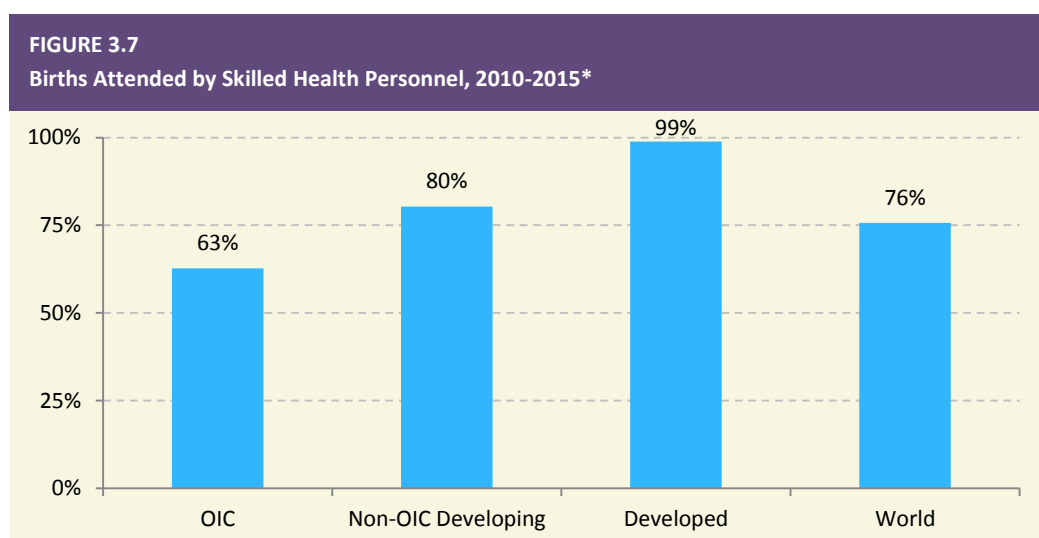


Source: UNICEF Data. * Most recent year available

Births Attended by Skilled Health Personnel

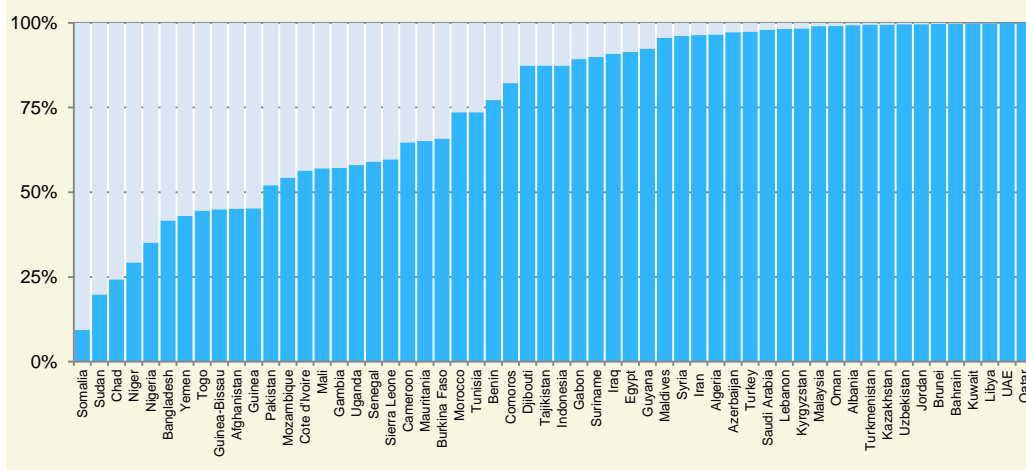
Skilled health care and assistance at the time of delivery are critical for the health and very survival of both mother and baby. According to the latest estimates of the WHO, globally, about 2 million maternal and new born deaths every year are caused by lack of proper health care during labour and child birth. These deaths are largely preventable by ensuring assistance of skilled health personnel - a doctor, nurse or midwife - during the birth.

According to the latest estimates, globally around one fourth (24%) of births are still taking place without skilled assistance and care (Figure 3.7). Majority of these unassisted deliveries are occurring in developing countries. In 2010-2015, a doctor, nurse or midwife assisted 63% of deliveries in OIC countries. In contrast, this ratio was recorded at 80% in non-OIC developing countries and 76% in the world.



Source: SESRIC staff calculations based on UNICEF Data. *Most recent year available

Over the years, the majority of OIC countries witnessed improvement in skilled attendance of births. During 2010-2015, health personnel assisted more than 90% of deliveries in 26 member countries (Figure 3.8). Majority of these best performing countries are from the MENA (14 countries) and ECA (7 countries) regions. In contrast, skilled health personnel assisted less than half of total births in 11 OIC countries. The situation remained particularly alarming in Somalia, Sudan, Chad, and Niger where more than 70% of total births took place without any skilled health care and assistance at the time of delivery (Figure 3.8).

FIGURE 3.8**Births Attended by Skilled Health Personnel in OIC Countries, 2010-2015***

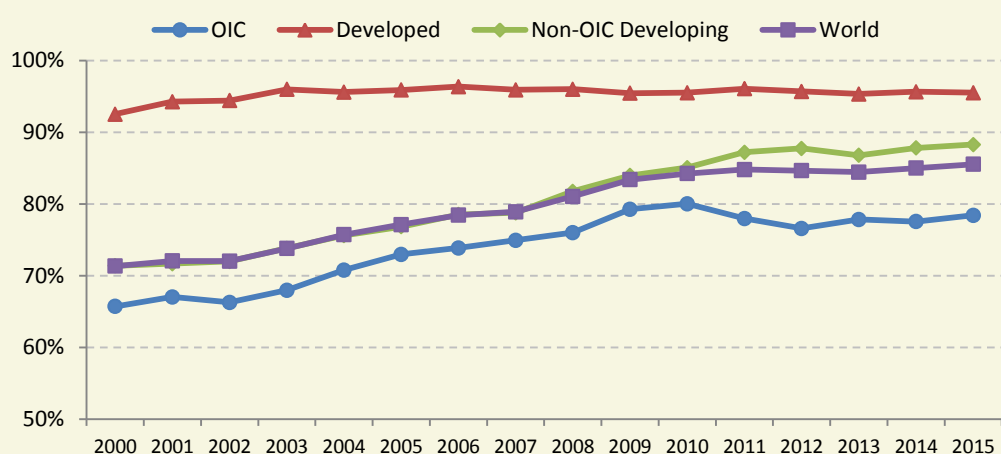
Source: UNICEF Data. *Most recent year available

Immunization

Keeping in view the age-specific health risks, childhood immunization is one of the most efficient and effective methods of preventing diseases like measles, meningitis, diphtheria, tetanus, pertussis (whooping cough), yellow fever, polio and hepatitis b. Over the years, serious efforts were exerted worldwide to develop and improve national immunization programmes and coverage by ensuring excess to needed vaccines and training for health workers. These noble efforts towards increasing immunization coverage helped to prevent millions of child deaths across the world.

Coverage of DTP3, a combination of vaccines against three infectious diseases: diphtheria, tetanus and pertussis (whooping cough), is used as the benchmark indicator of routine immunization programme in a country/region by the United Nations Children's Fund (UNICEF) and WHO (WHO, 2015a). Globally, DTP3 immunization coverage during the first year of life has increased from 71% in 2000 to 86% in 2015, corresponding to an increase of 14 percentage points (Figure 3.9). A similar trend prevailed in non-OIC developing countries with immunization coverage climbing up from 71% in 2000 to 88% in 2015. OIC countries also witnessed improvement in DTP3 vaccination among one year olds as their coverage rate increased from 67% in 2000 to 78% in 2015. Though OIC coverage remained below the world and non-OIC developing countries averages, they are catching up rapidly with a 13 percentage point increase since 2000.

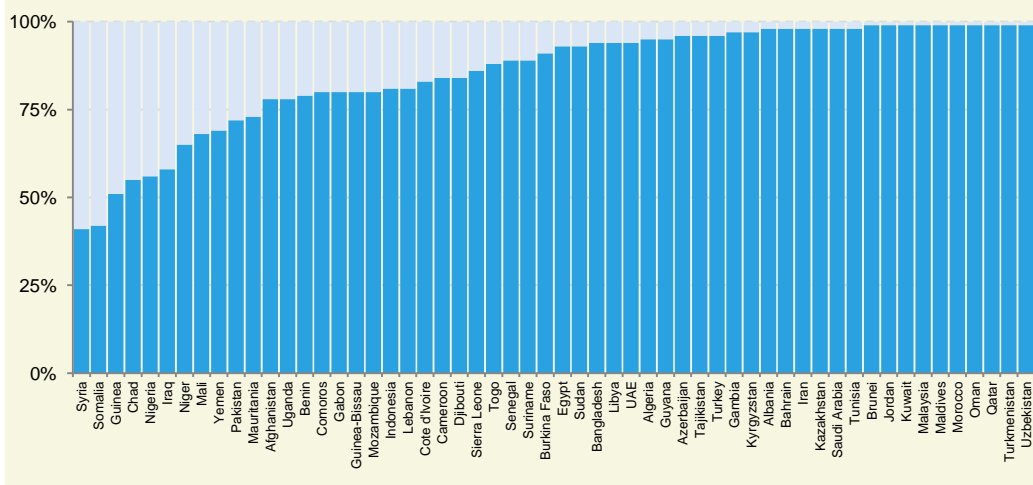
FIGURE 3.9
DTP3 Immunization Coverage, 2000-2015



Source: SESRIC staff calculations based on WHO, Data Repository

DTP3 immunization coverage remained quite high in majority of OIC countries. In 2015, 30 OIC countries recorded coverage rate of 90% or more. Among these 30 countries, seven OIC countries registered immunization coverage of 99% (Figure 3.10). Among others, 12 countries were within the 80-89% range and coverage rate remained between 70 to 79% for seven other OIC countries. In contrast, about one third of one year old children were not immunized against DTP in seven OIC countries. Among these countries, as shown in Figure 3.10, lowest coverage rate was recorded in Syria (41%) followed by Somalia (42%) and Guinea (51%).

FIGURE 3.10
Highest and Lowest DTP3 Immunization Coverage in OIC Countries, 2015



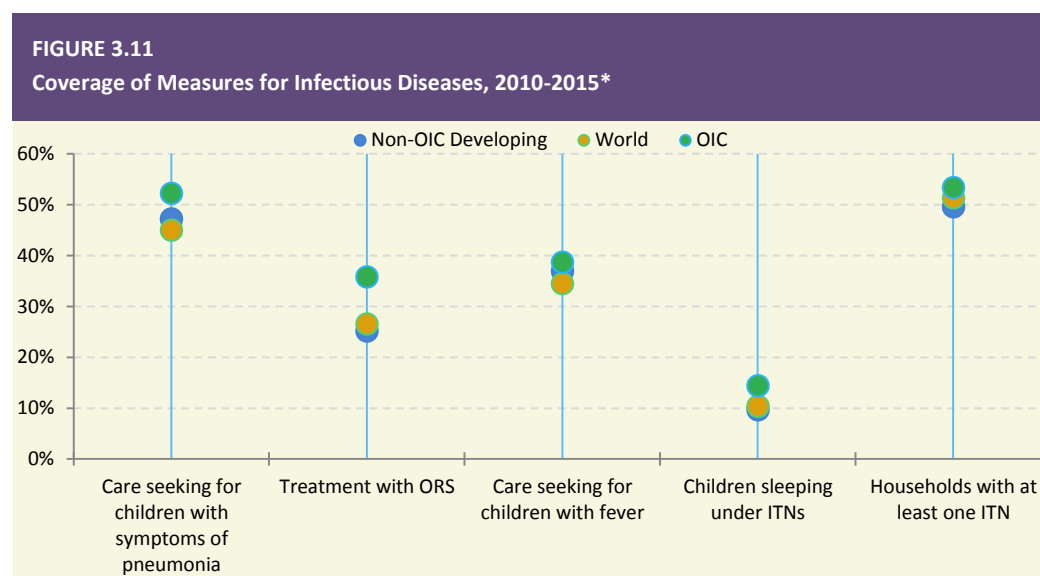
Source: WHO, Data Repository

3.4 Prevention and Control of Infectious Diseases

Globally, only three infectious diseases caused over 36% of the total under-five deaths: pneumonia, diarrhoea, and malaria. The combined burden of these three diseases stands at 33% of the total under-five deaths in non-OIC developing countries and over 40% in OIC countries (Figure 3.11). The majority of these deaths are preventable by using cost-effective, affordable and easy to implement measures.

Reduction of childhood mortality caused by acute respiratory infections remained an elusive goal mainly due to incomplete immunization schemes, malnutrition, late care seeking and inadequate treatment. The latest estimates show that 45% of children with symptoms of pneumonia in the world were taken to a health provider for check-up and only 36% received antibiotic treatment in 2010-2015. A similar situation prevails both in OIC and non-OIC developing countries. Nevertheless, care seeking for pneumonia was comparatively high in OIC countries with a coverage rate of 52% (Figure 3.11).

Diarrhoea is another major killer of children, accounting for 9% of world's total deaths of children under-5. Although childhood diarrhoea can be treated with a simple solution made from oral rehydration salts (ORS), just over one fourth of children (27%) with diarrhoea worldwide were treated with ORS in 2010-2015. The coverage rate was recorded at 36% in OIC and 25% in other developing countries (Figure 3.11).



Source: SESRIC staff calculations based on UNICEF Data. * Most recent year available

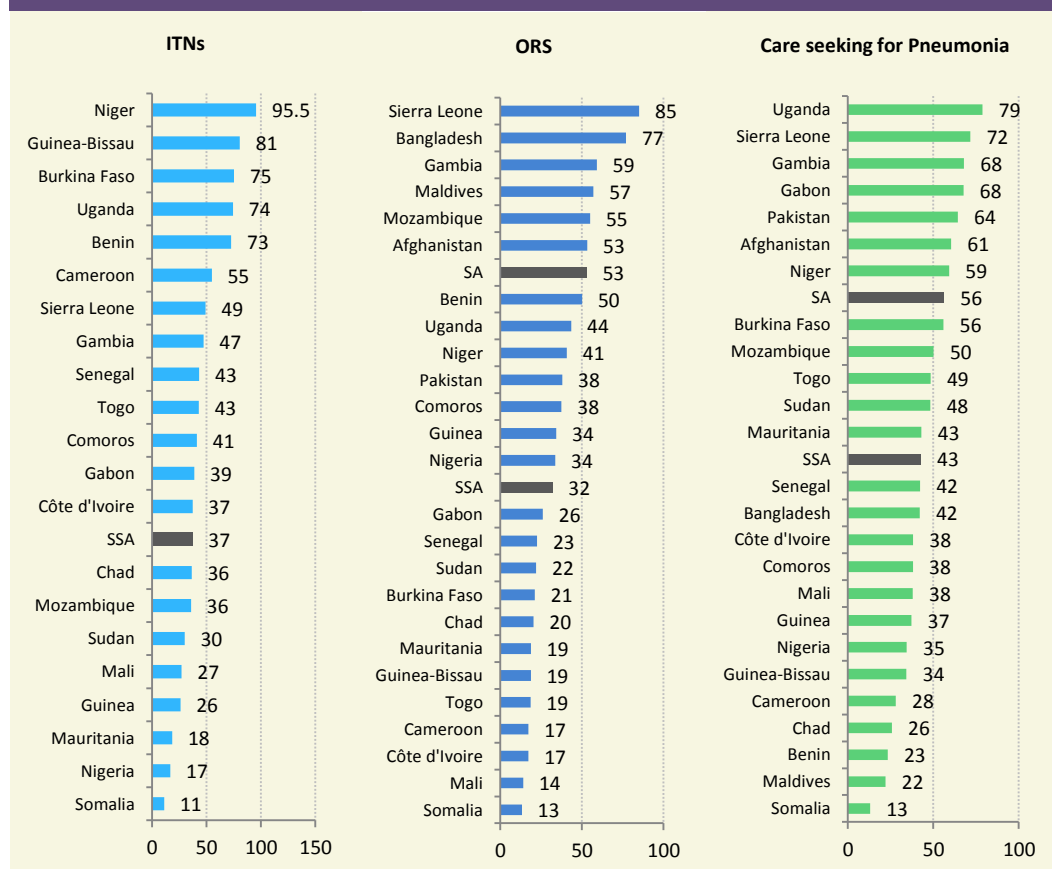
Globally, over 5% of total deaths in children are attributed to malaria. Most of these deaths occurred in OIC countries which accounted for 62% of the global burden in 2010-2015. Sleeping under insecticide-treated nets (ITNs) is the most effective way to prevent the malarial infection and reduce malaria related deaths. Nevertheless, worldwide, only 10% of children were sleeping under ITNs in 2010-2015. Though coverage rate remained comparatively better in OIC countries, still only 14% of total children were sleeping under

ITNs (Figure 3.12). On average, around half of the total households had at least one ITN in non-OIC developing countries compared to the OIC average of 53.4%.

Deaths of children caused by pneumonia, diarrhoea and malaria remained highly concentrated in two OIC regions namely: Sub-Saharan Africa and South Asia. As of 2015, SSA region accounted for 99% of under-five deaths caused by malaria in OIC countries. Despite this heavy toll, recent estimates show that only 37% of children in this region sleep under ITNs and only a half of the total households (51%) had at least one ITN. For many countries in SSA region, ITNs coverage remained even lower than the regional average (Figure 3.12). Over all, the lowest coverage was recorded in Somalia where only 11% children were sleeping under ITNs followed by Nigeria (17%), and Mauritania (18%).

FIGURE 3.12

Coverage of Measures for Infectious Diseases in Selected OIC Countries, 2010-2015*



Source: SESRIC staff calculations based on UNICEF Data. * Most recent year available

In 2005-2015, 90% of diarrhoea-related child deaths in OIC countries were reported in SSA (64%) and SA (26%) regions. Nevertheless, even in these high burden regions, ORS treatment remained low with just over half (53%) of children with diarrhoea treated with

ORS in SA and only 31% in SSA region. Usually, OIC countries with highest burden of diarrhoea related deaths recorded the lowest coverage of ORS treatment. As shown in Figure 3.12, less than 30% of children with diarrhoea were treated with ORS in 12 countries, all from SSA region. Somalia recorded the lowest coverage of ORS (13%) followed by Mali (14%) and Côte d'Ivoire (17%).

In case of pneumonia, 85% of OIC's child deaths were reported in SSA (60%) and SA (25%) regions. Once children develop symptoms of pneumonia, early care seeking and prompt treatment can save their lives. Yet in 2010-2015, only 43% children with symptoms of pneumonia in SSA and 56% in SA were seen by a health provider. At the individual country level, as shown in Figure 3.12, more than two thirds of children with pneumonia were taken to a health provider in four OIC countries namely: Uganda (79%), Sierra Leone (72%), Gambia (68%) and Gabon (68%). On the opposite side of the scale, care seeking for pneumonia remained lowest in Somalia (13%) followed by Maldives (22%) and Benin (23%).

4 Child Nutrition and Food Security

Proper child nutrition is one of the most powerful tools to raise a healthy and productive generation. It helps not only in improving children's chances of survival during the early years of life but also contribute towards their physical and cognitive development. On the other hand, malnutrition not only increases the risk of child death from common illness such as diarrhoea, pneumonia, and malaria but can also lead to stunted growth, which is irreversible and associated with impaired cognitive ability and reduced school and work performance. According to the UNICEF (2013a), nutritional status of children is assessed through measurement of their weight and height. The most commonly used indicators of nutritional status are stunting, underweight, wasting, and overweight. This section provides a detailed analysis of the performance of OIC countries with respect to major nutritional indicators.

4.1 Incidence of Malnutrition

Stunting

According to the UNICEF (2013), all children under 5 years with height-for-age less than minus two (-2) standard deviations (SD) of the WHO Child Growth Standards median are considered as stunted. The latest estimates of the WHO show that about 170 million children worldwide, mostly from developing countries, have stunted growth in 2010-2015. The number of the stunted children, both severe and moderate, accounted for 2.5% of the world total population under five. OIC countries bear 39% of global burden of stunted children in 2010-2015. As shown in Figure 4.1, about 30.8% of under-five children in OIC countries were stunted in 2010-2015 compared to 26% in other developing countries and in the world. Among the OIC regions, highest prevalence of stunting was recorded in SA (42%), followed by EAP (35%) and SSA (34%). In terms of number of stunted children, these three regions accounted for 83% of OIC's total stunted children in 2010-2015. Distribution of stunted children remained highly uneven across the OIC countries and more than half of OIC's stunted children were living in four countries namely: Pakistan (17% of OIC total), Nigeria (15.3%), Indonesia (13.5%) and Bangladesh (8.3%).

At the country level, more than one third (33%) of total children had stunted growth in 13 OIC countries (Figure 4.2). Among these countries, highest prevalence rate was recorded in Yemen (46.5%), Pakistan (45%), and Mozambique (43.1%). On the other hand, 10% or lesser under five children were stunted in eight OIC countries. Six of these countries are from MENA region. With just 5.8% of children with stunted growth, Kuwait remained the top-performer followed by Iran (6.8%) and Palestine (7.4%).

Underweight

Children aged 0-59 months who are below minus two standard deviations from median weight-for-age of the WHO Child Growth Standards are considered as underweight.

According to the latest estimates, 2010-2015, 15.5% or 104 million children under five years of age in the world were underweight. Among the developing countries, non-OIC developing group accounted for the highest share of underweight children (61%) followed by OIC countries (38.5%). As shown in Figure 4.1, the proportion of children under five years old who were underweight was recorded at 18.4% in OIC countries followed closely by the other developing countries (16%). Among the OIC regions, underweight prevalence remained the highest in SA (31%), followed by SSA (21%) and EAP (19%). In terms of absolute numbers of underweight children, SSA and SA were home to about 80% of total underweight children in OIC countries. About two third (65%) of underweight children in OIC countries were living only in five countries namely: Pakistan (19.5% of OIC total), Nigeria (15.4%), Bangladesh (12.5%), Indonesia (12.4%) and Sudan (4.9%).

At the individual country level, prevalence of underweight children remained higher than 25% in seven OIC countries (Figure 4.2). Niger recorded the highest underweight prevalence (37.9%), followed by Sudan (33%), and Bangladesh (32.6). On the opposite side of the scale, underweight children accounted for less than 5% of total children age under five years in 13 OIC countries. Eight of these 13 countries are from MENA region and five from ECA region. Palestine recorded the lowest underweight prevalence (1.4%) followed by Turkey (1.9), and Tunisia (2.3%).

Wasting

Wasting is a major health problem. It represents an acute form of under nutrition with heightened risk of disease and death for children. For the statistical purpose, all children aged 0–59 months who are below minus two standard deviations from median weight-for-height of the WHO Child Growth Standards are counted as wasted.

Globally, more than 51 million children under 5 years of age were moderately or severely wasted in 2010-2015, accounting for about 7.6% of children in the world. Currently, about 40% of wasted children in the world are living in OIC countries while this ratio stands at 60% for other developing countries. Nevertheless, as shown in Figure 4.1, wasting prevalence remained more or less the same in OIC and other developing countries with a rate of 9.3% and 7.7%, respectively. Among the OIC regions, wasting is more prevalent in EAP, where one in every eight children (12.3%) is moderately or severely wasted (Figure 4.1). A similar situation exists in SA region. The burden of wasting is highest in SSA and SA regions, which accounted for 63% of total wasted children in OIC countries (with 37% living in SSA and 26% in SA). It is worth noting that more than half of OIC total wasted children were living only in four countries namely: Indonesia (16.6% of OIC total), Pakistan (12.8%), Nigeria (12.1%) and Bangladesh (10.8%).

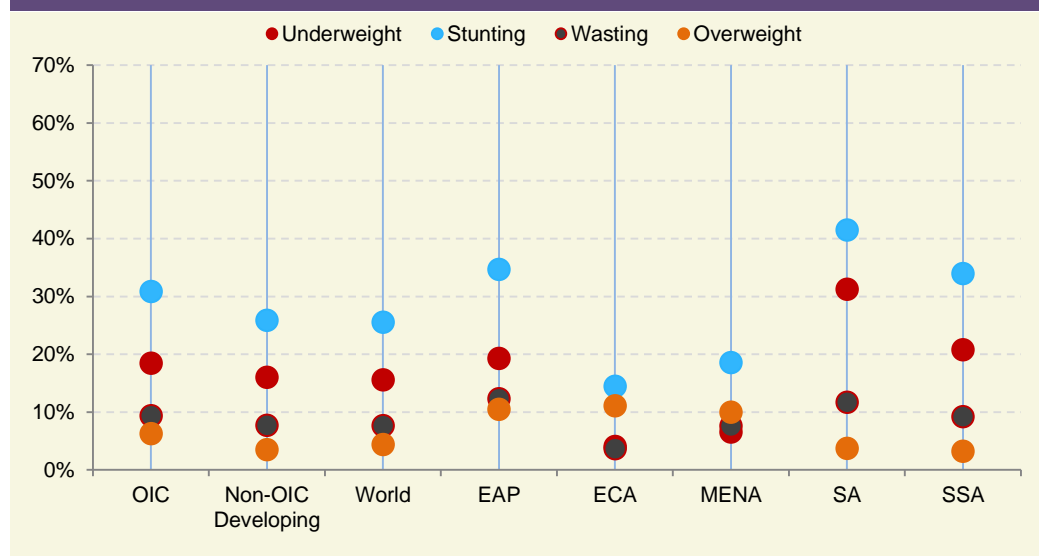
At the individual country level, more than 15% of total children were wasted in five OIC countries (Figure 4.2). Among these countries, highest prevalence rate was recorded in Djibouti (21.5%), Niger (18.7%) and Sudan (16.3%). On the other hand, less than 5% of children were stunted in 16 OIC countries. Half of these countries are from MENA region. With stunting prevalence of 1.2%, Palestine remained the top-performer followed by Turkey (1.9%), and Morocco (2.3%).

Overweight

Childhood overweight and obesity is on rise across the globe especially in the developing world. There are serious health consequences for childhood overweight and obesity including cardiovascular disease, diabetes, and many cancers. By definition, all children aged 0-59 months who are above two standard deviations from median weight-for-height of the WHO Child Growth Standards are overweight. Globally, in 2010-2015, the number of overweight children under the age of five was estimated to be over 30 million. Though overweight was once associated mainly with high-income countries, 72% of world total overweight children were living in low-and middle-income countries. As of 2010-2015, the prevalence of overweight among children remained higher in OIC countries (6.3%) than the other developing countries (3.5%). Overweight prevalence remained highest in ECA, EAP and MENA regions (Figure 4.1). These three regions accounted for 68% of the OIC burden of overweight children (with 35% living in MENA, 21% in ECA and 13% in EAP). At the country level, the highest proportion of the OIC's total overweight children (21%) lives in Indonesia followed by Egypt (14%) and Pakistan (8.7%).

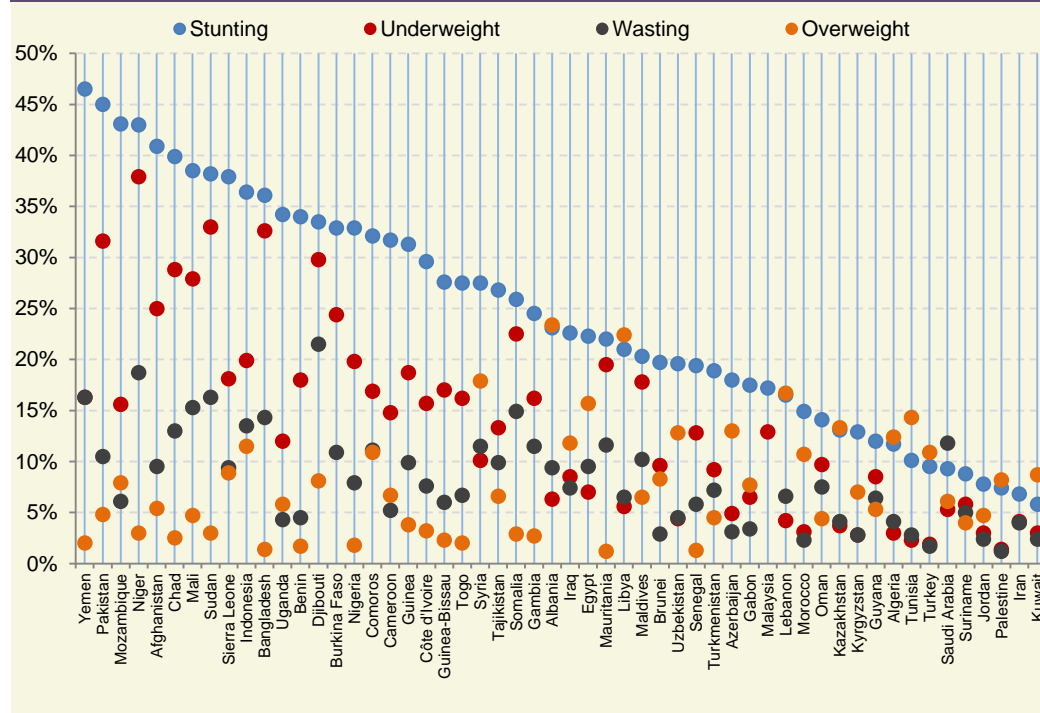
At the individual country level, overweight prevalence remained higher than 15% in five OIC countries (Figure 4.2). Albania recorded the highest overweight prevalence (23.4%), followed by Libya (22.4%), and Syria (17.9%). On the opposite side of the scale, overweight children accounted for less than 3% of total children age under five years in 11 OIC countries. Among these countries, Mauritania recorded the lowest underweight prevalence (1.2%) followed by Senegal (1.3%) and Bangladesh (1.4%).

FIGURE 4.1
Incidence of Malnutrition, 2010-2015*



Source: SESRIC staff calculations based on UNICEF Data. * Most recent year available

FIGURE 4.2
Incidence of Malnutrition in OIC Countries, 2010-2015*



Source: SESRIC staff calculations based on UNICEF Data. * Most recent year available

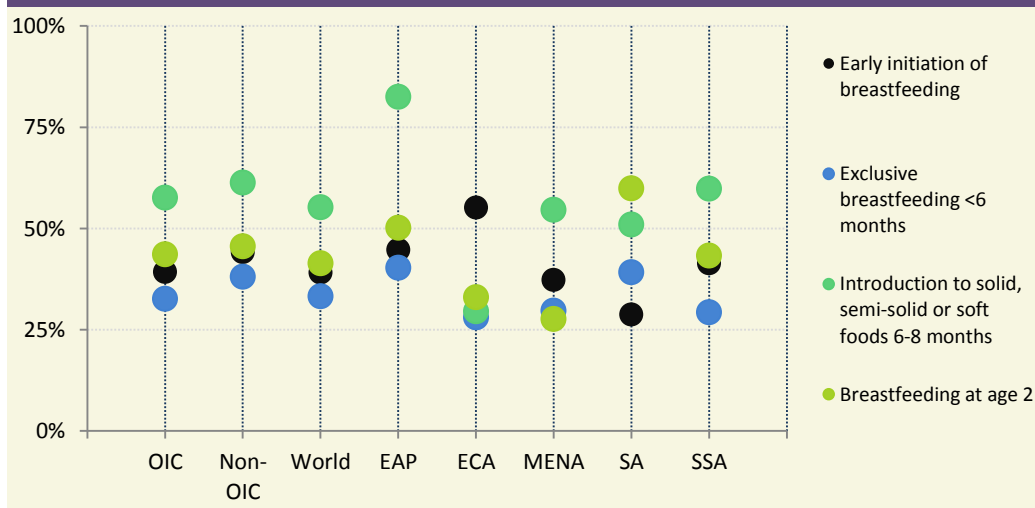
4.2 Child Feeding Practices

Proper feeding especially during the first two years of life is critical for a child's survival, growth and development. Regarding best child feeding practices, international health agencies like UNICEF and WHO recommend that infants should be breastfed within one hour of birth, breastfed exclusively for the first six months of life and continue to be breastfed up to 2 years of age and beyond. Starting at 6 months, breastfeeding should be combined with safe, age-appropriate feeding of solid, semi-solid and soft foods. According to the recent findings of UNICEF (2013), implementation of these interventions could reduce the global deaths of children under 5 years of age by 20%.

The latest estimates on feeding practices among infants and young children reveal that in spite of its crucial importance for child nutrition a significant number of infants and children are not breastfed. Globally, only 39.1% infants were breastfed within one hour of birth and 33.3% were exclusively breastfed for 0-5 months (Figure 4.3). In line with the global trends, coverage of infant and child feeding practices remained more or less similar both in OIC and non-OIC developing countries. In OIC countries, only 39.3% of infants were put to the breast within first hour of birth, and 32.7% were exclusively breastfed during the first six months of life. The coverage of breastfeeding until age 2 remained comparatively better in OIC countries with 43.6% of the total children breastfed until age

2. The estimates for appropriate feeding of children with adequate and safe complementary food reveal that 57.6% of infants in OIC countries were introduced to solid, semi-solid or soft foods at 6 to 8 months. Coverage for introduction of complementary food for infants remained more or less the similar both in the world and non-OIC developing countries. In general, OIC countries average for the early initiation of breast and exclusive breastfeeding for six months remained visibly lower than the non-OIC developing countries averages (Figure 4.3).

FIGURE 4.3
Coverage of Child Feeding Practices, 2010-2015*



Source: SESRIC staff calculations based on UNICEF Data. *Most recent year available

Coverage of recommended breastfeeding practices varies substantially among the OIC regions (Figure 4.3). The share of infants, which are breastfed within one hour of birth, ranges from 28.8% in SA to 55.2% in ECA region. On the other hand, in terms of continued breastfeeding at 2 years of age, coverage ranges from 27.7% in MENA to 60% in SA region. In general, data from three indicators relating to breastfeeding reveals that a significant number of children remained vulnerable to malnutrition in all OIC regions. Regarding the introduction of complementary food, EAP region registered the highest coverage rate of 82.5% whereas, more than half of infants were introduced to solid, semi-solid or soft foods at 6 to 8 months in SSA, MENA and SA regions (Figure 4.3).

4.3 Micronutrient Deficiencies

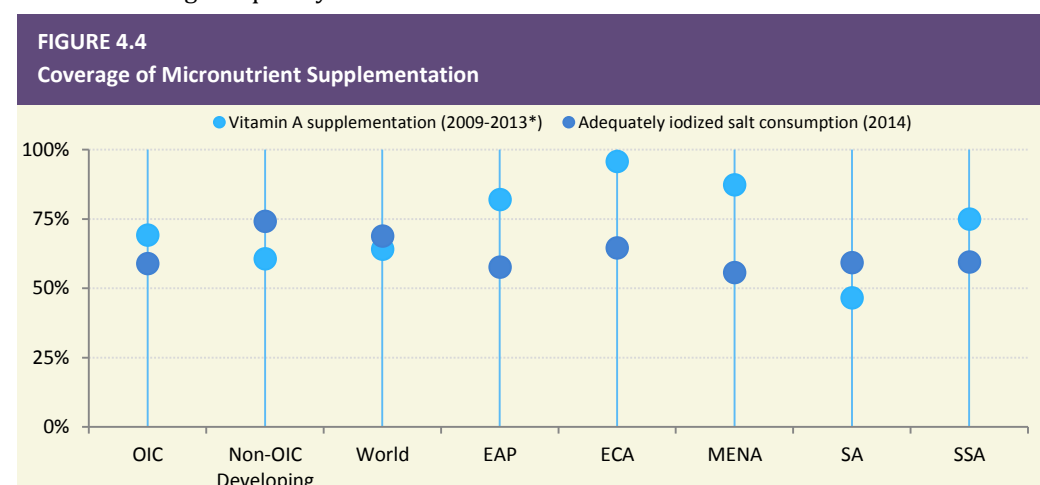
Micronutrient deficiencies like deficiencies of vitamin A, iron, iodine, zinc and folic acid are very common among women and children in low-income developing countries, including some OIC countries. While efforts to improve the nutritional status of children through breastfeeding and complementary feeding are crucial, interventions like supplementation are regarded as a fast-track approach to improve the intake of vital micronutrients among women and children. This sub-section gives a brief overview of efforts exerted by the OIC countries to improve the micronutrient deficiencies among children.

Vitamin A Supplement

According to the WHO (2015c), vitamin A deficiency is a public health problem especially in Africa and South-East Asia. It is not only the leading cause of preventable blindness in children but it also increases the risk of disease and death from severe infections. Globally, about two-third of children aged 6 to 59 months received two doses of vitamin A in 2009-2013 (Figure 4.4). Coverage for vitamin A supplementation remained highest in OIC countries where 69% of children received two doses of vitamin A. Non-OIC developing countries registered comparatively low coverage of 61%. Vitamin A supplementation coverage varies greatly across the OIC regions. In 2009-2013, ECA registered the highest coverage rate of 96% followed by MENA (87%) and EAP (82%). In contrast, children remained most vulnerable to vitamin A deficiency and hence blindness in SA, with more than half of children aged 6 to 59 months did not receive two doses of vitamin A (Figure 4.4).

Iodized Salt Consumption

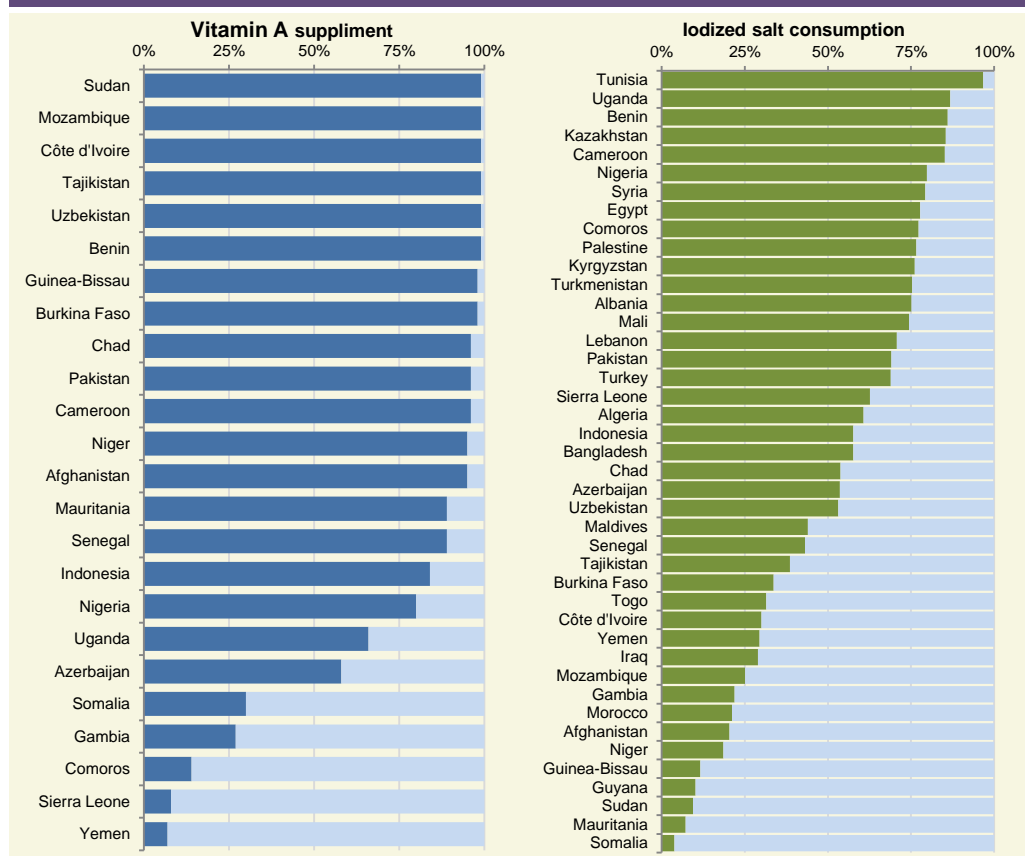
Consumption of adequately iodized salt is another major intervention to prevent and improve the iodine deficiency and its consequences. According to the WHO (2015c), iodine deficiency is the most common cause of mental impairment in childhood. As a result, it does not only affect children's performance at school but also affects their productivity and the ability to find a job in adulthood. Globally, nearly 50 million people suffer from some degree of iodine deficiency-related brain damage. According to the latest estimates, globally, 69% of households have adequately iodized salt (15 parts per million or more), but coverage varies considerably among the developing countries (Figure 4.4). Non-OIC developing countries registered the highest coverage, with 74% of households consuming adequately iodized salt. In contrast, only 59% of households were consuming adequately iodized salt in OIC countries. Consumption of adequately iodized salt remained more or less the similar across the OIC regions except ECA, where 65% of households were consuming adequately iodized salt in 2009-2013.



Source: SESRIC staff calculations based on UNICEF Data. * Most recent year available

At the individual country level, 20 out of 27 OIC countries, for which the data are available, had reached the universal target of 80% coverage for vitamin A supplementation. Among these 20 countries, coverage remained over 90% in 17 OIC countries, 12 of them from SSA

region (Figure 4.5). For the adequately iodized salt consumption, among the 43 OIC countries for which the data are available, only Tunisia managed to reach the global target of 90% coverage. Among others, consumption of iodized salt ranged from 50 to 88% in 23 OIC countries. For 14 of these countries coverage remained over 70%. On the bottom side, less than 30% of households were consuming adequately iodized salt in 11 OIC countries. Among these countries, coverage remained even less than 15% in Somalia, Mauritania, Sudan, Guyana and Guinea-Bissau.

FIGURE 4.5**Highest and Lowest Coverage of Micronutrient Supplementation in OIC Countries**

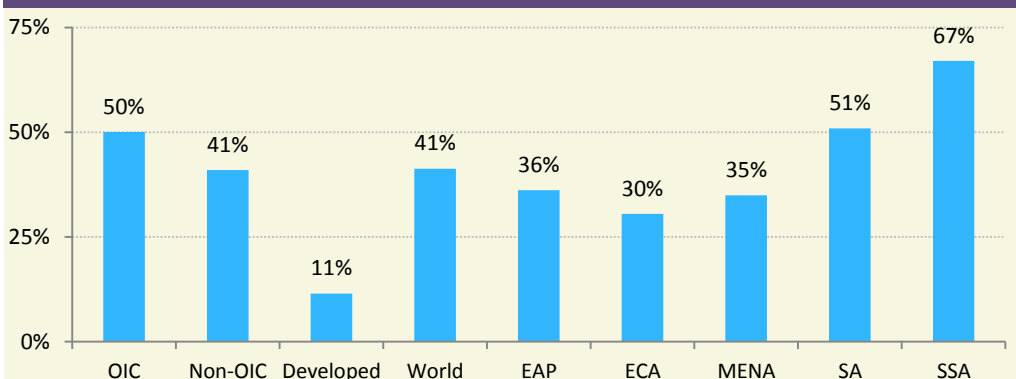
Source: UNICEF Data

Iron Deficiency Anemia

Iron deficiency is one of the most common and wide spread nutritional disorders in the world. Though, it is mostly prevalent among children and women in low income developing countries, it is the only nutrient deficiency which is also significantly prevalent in developed countries as well. Iron deficiency is indicated as the most common cause of anemia in children. There is overwhelming evidence that iron deficiency anemia during the first two years of life leads to impairments in the cognitive and behavioral development of children that persist even after treatment of iron deficiency.

According to the latest estimates, over 41% of children under the age 5 were anaemic in 2016. While prevalence of anaemia was just 11% for developed countries, the numbers were staggering in non-OIC developing and OIC countries with 41% and 50% of children suffering from anaemia, respectively (Figure 4.6). Among the OIC region, anaemia in children remained a major health challenge in Sub-Saharan Africa and South Asia. These two regions accounted for over 70% of total anaemic children in OIC countries. As shown in Figure 4.6, about 67% of children were suffering from anaemia in SSA and 51% in SA region. In contrast, less than 40% of children were anaemic in other regions.

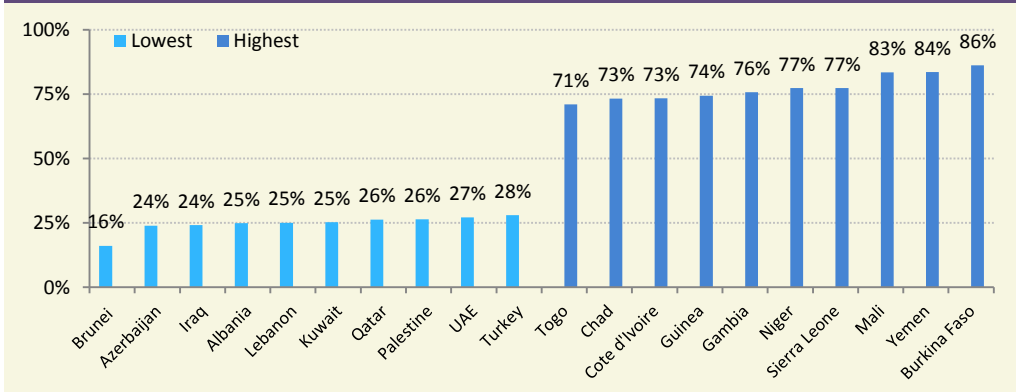
FIGURE 4.6
Prevalence Iron Deficiency Anemia (%), 2016



Source: SESRIC staff calculations based on World Bank, WDI

Looking at the individual countries, as shown in Figure 4.7, Brunei recorded the lowest prevalence of anaemia among children (16%) followed by Azerbaijan (24%) and Iraq (24%). On the opposite side of the scale, prevalence remained highest in Burkina Faso (86%) followed by Yemen (84%) and Mali (83%). In general, more than half of the children were anaemic in 22 OIC countries, 20 of them from SSA region.

FIGURE 4.7
OIC Countries with Lowest and Highest Overweight Prevalence (%), 2016



Source: World Bank, WDI

5 Basic Education and Schooling

The ability to produce and use knowledge is a major factor in sustaining development and achieving comparative advantage. “Education is a precondition for economic development and the fight against poverty, and the Koran sets the education of girls and boys as a high priority” (UNICEF, 2005). Demand for education in many parts of the world continues to increase, which in turn offers developing countries an invaluable opportunity to prepare a well-trained workforce for growth and development. Educated, or skilled, workers are able to perform complex tasks and thereby contribute to producing more technologically sophisticated products. Skilled workers increase the absorptive capacity of the country by acquiring and implementing the foreign knowledge and technology, which is of crucial importance in successful economic diversification and development.

Access to basic education is a fundamental child right. Education helps children to learn and develop their personality and identity and it shapes their social, economic and cultural standing in future. Over the years, there were significant gains towards achieving universal access to education however; still millions of children of primary and secondary school age remained out of school while millions of others were unable to finish their primary and secondary levels. This section portrays the detailed picture of child education and schooling in OIC member countries by looking into the state of primary and secondary school enrolment, completion and progression trends. The section finally focuses on the adequacy of basic education services in OIC member countries in a comparative perspective.

5.1 School Enrolment and Attendance

School Age Population

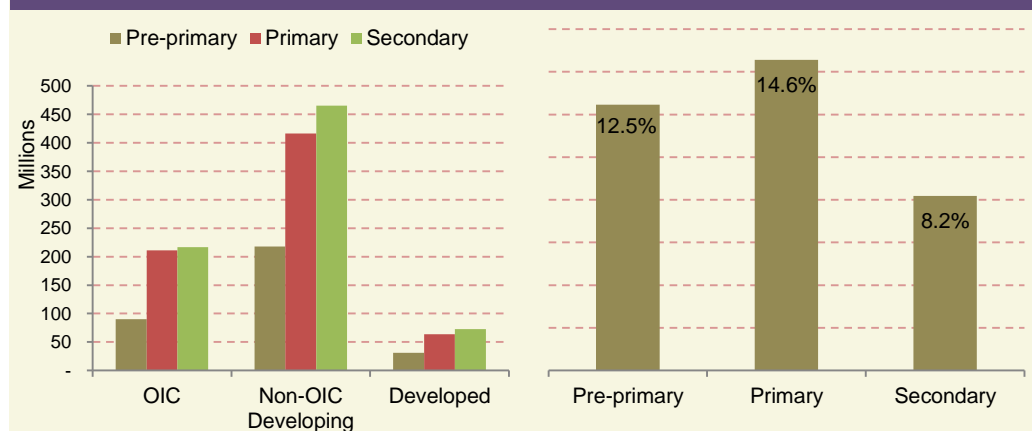
Population in OIC member countries is on the rise. School age population at primary and secondary schools reached 211 million and 216 million in the OIC group, respectively (Figure 5.1). In the OIC group school age population also continues to grow up rapidly over time thanks to the high fertility rate observed in OIC member countries (Figure 5.2). This implies that each year OIC member countries need to provide additional educational services to its children at all levels (pre-primary, primary and secondary) in order to prepare them for the life that will help OIC member countries to build up their human capital. In the OIC group, the highest percentage increase (14.6%) in school age population has been observed at primary school level stemming from high fertility rate between 2005 and 2015 (Figure 5.2). In the OIC group, pre-primary school age population also increased by 12.5% during the same period.

Despite significant progress shown in education, there are still OIC member countries where children stay out of school. In spite of all positive developments in schooling in the OIC group, illiteracy also stays as a major problem among children and young population in terms of actual numbers.

However, the positive trend observed over the two last decades for the OIC group is really promising. Compared with 1990, in 2016 young literacy rate in the OIC group was 6.1 percentage points higher. In the same period, the average of non-OIC developing countries increased only by 2.5 percentage points. The world average was 88.2% in 2016 that is still higher than the OIC average of 80% in the same year (Figure 5.3). At the individual country level, some OIC member countries reached over 99% literacy rates such as Uzbekistan and Azerbaijan. On the other side, in Niger only 23.5% of young population including children can read and write (Figure 5.4).

FIGURE 5.1 & 5.2 (right)

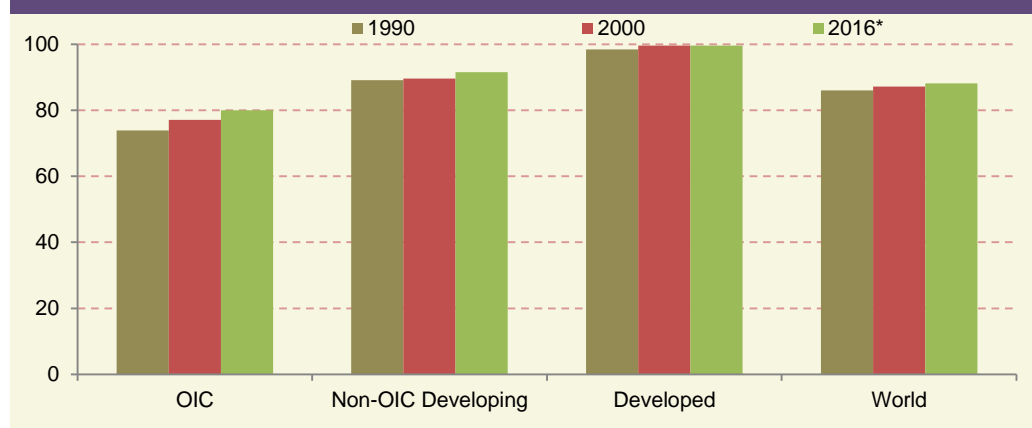
School Age Population, 2015 and Percentage Change in School Age Population between 2005 - 2015



Source: SESRIC staff calculations based on UNESCO, UIS Database

FIGURE 5.3

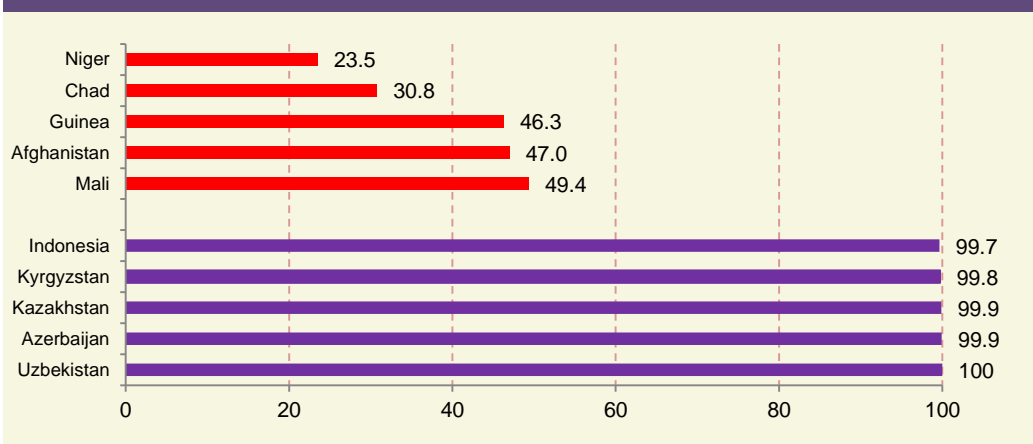
Youth Literacy Rates (%)



Source: SESRIC staff calculations based on UNESCO, UIS Database

FIGURE 5.4

Lowest and Highest Performing OIC Countries in Youth Literacy Rates



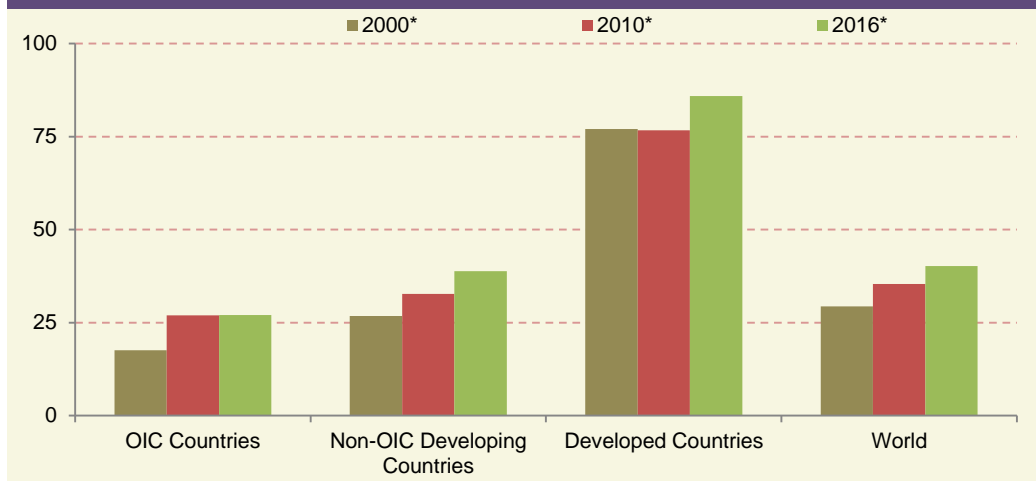
Source: SESRIC staff calculations based on UNESCO, UIS Database

Enrolment Rate

Participation in pre-primary education programs can not only improve the subsequent primary school performance of children, but also serve as child care for working parents. Over the last decade, the number of children who attend pre-primary schools all over the world has risen dramatically.

FIGURE 5.5

Pre-Primary School Enrolment Rates

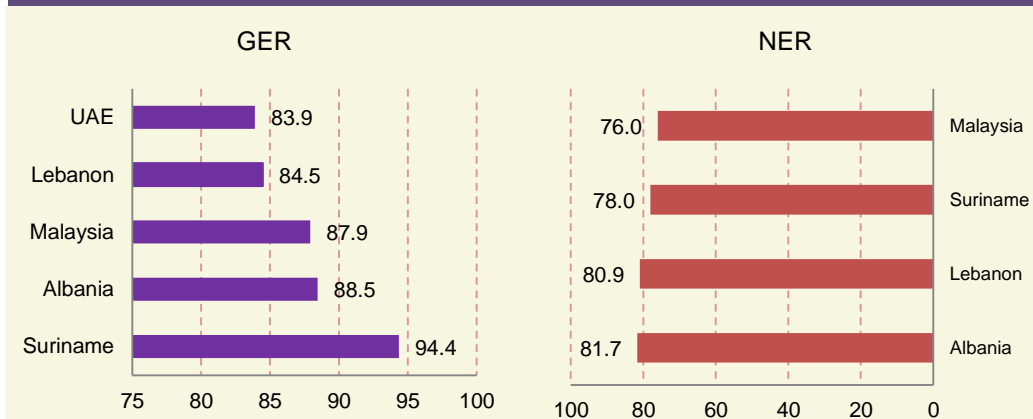


Source: SESRIC staff calculations based on UNESCO, UIS Database. Note: Country-group averages are weighted by population of official age for pre-primary level. *Or latest data available in last 5 years

For OIC member countries, the pace of growth in pre-primary school enrolment has been relatively slower than that of the world, although the number of pre-primary education enrolments increased. The average of OIC member countries is far lower than the world average and the average of developed countries as of 2016 in terms of GER (Gross Enrolment Rate) at pre-primary school level. In the OIC group, on average, GER was recorded as 27% (Figure 5.5). Suriname had the highest GER (94.4%) in 2016. Albania was the top performer country in terms of Net Enrolment Rate in 2016 with a NER of 81.7% (Figure 5.6).

FIGURE 5.6

Highest Performing OIC Countries in terms of Pre-Primary School Enrolment Rates, 2016*

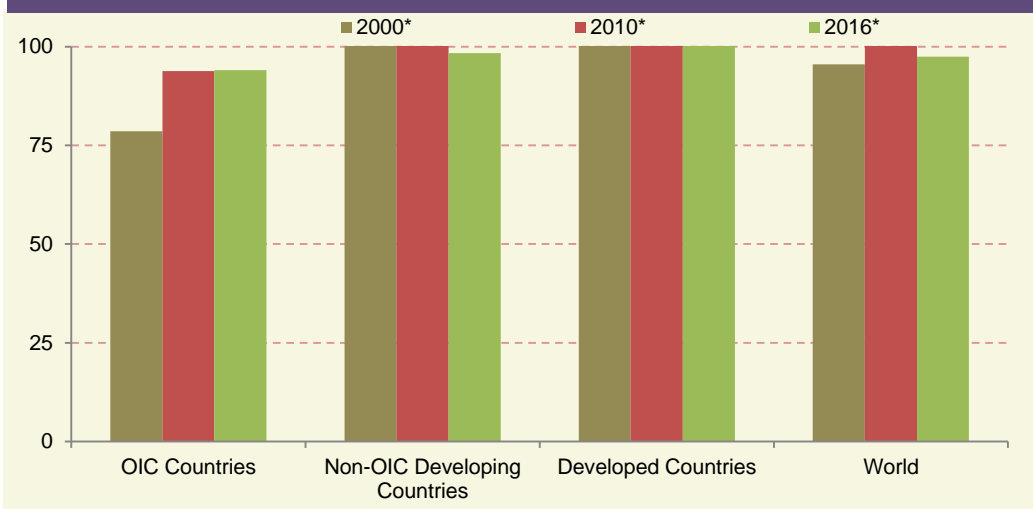


Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database. *Or latest data available in last 5 years

Primary or elementary education involves programmes normally designed on a unit or project basis to give pupils a sound basic education in reading, writing and mathematics along with an elementary understanding of other subjects such as history, geography, natural science, social science, art and music. In this connection, Figure 5.7 reflects the trends in primary school GER in OIC member countries as compared to other country groups and the world. GER figure increased steadily in OIC countries and reached 94.1% in 2016. However, it is still lagging behind the averages of other country groups. At individual country level, Togo had the highest GER (128.7%) in 2016 and Tunisia reached the highest (99.6%) NER in 2016 in primary schools (Figure 5.8).

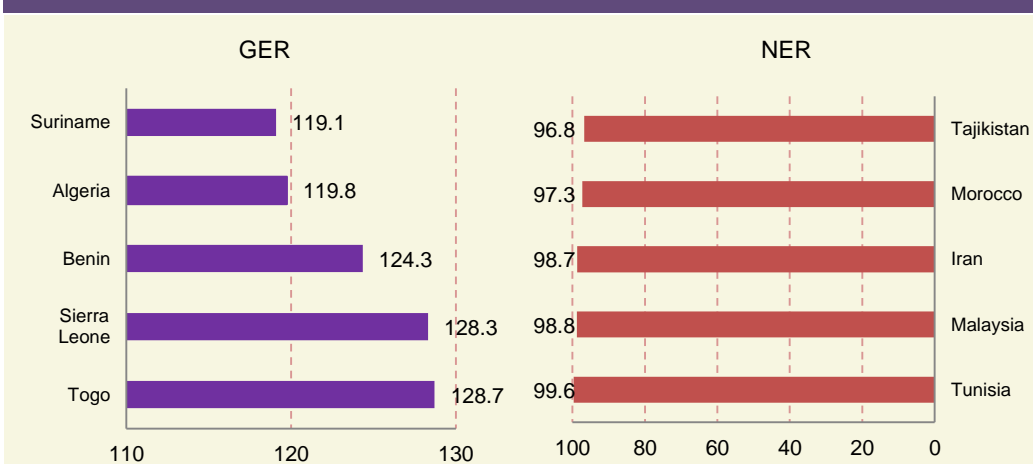
Formally, secondary education refers to the programmes at International Standard Classification of Education (ISCED) Levels 2 and 3. Lower secondary education (ISCED Level 2) is generally designed to continue the basic programmes of the primary level but the teaching is typically more subject-centric – which, in turn, requires more specialized teachers for each subject area. The end of this level often coincides with the end of compulsory education. In upper secondary education (ISCED Level 3), the final stage of secondary education in most countries, courses are often classified into various subject areas and offered by typically more qualified teachers – as compared to ISCED Level 2 – in terms of their level of subject specification.

FIGURE 5.7
Primary School Enrolment Rates



Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database. **Note:** Country-group averages are weighted by population of official age for primary level. *Or latest data available in last 5 years

FIGURE 5.8
Highest Performing OIC Countries in terms of Primary School Enrolment Rates, 2016*

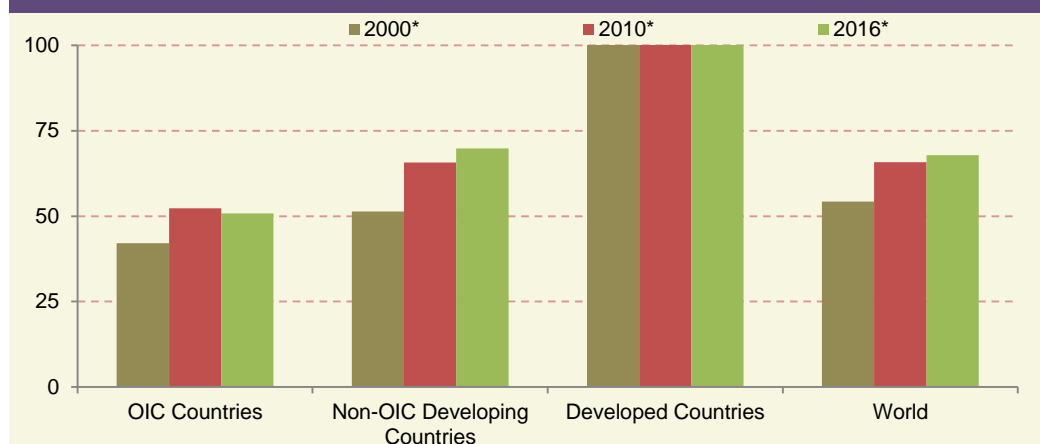


Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database. *Or latest data available in last 5 years

Latest available data reveal that GER for secondary schools have exhibited an upward trend all over the world (Figure 5.9). In OIC member countries, the average secondary school GER increased from 42.1% in 2000 to 50.8% in 2016. As of 2016, non-OIC developing countries registered an average secondary school GER of 69.8%, as compared to only 51.4% in 2000. At secondary schools, Kazakhstan had the highest GER (105.5%) and NER (95.9%) in the OIC group (Figure 5.10). Overall, the OIC group has achieved a lot in terms of schooling and providing basic education for children over the last decades.

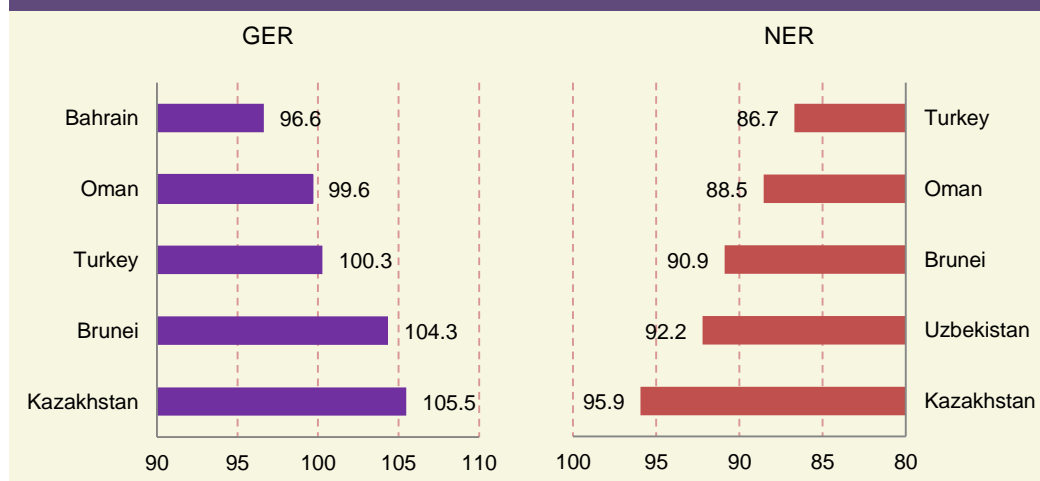
However, the OIC averages are far below than the averages of the world in enrolment rates and literacy rates.

FIGURE 5.9
Secondary School Enrolment Rates



Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database. **Note:** Country-group averages are weighted by population of official age for secondary level. *Or latest data available in last 5 years

FIGURE 5.10
Highest Performing OIC Countries in terms of Secondary School Enrolment Rates, 2016*



Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database. * Or latest data available in last 5 years

5.2 Completion and Progression

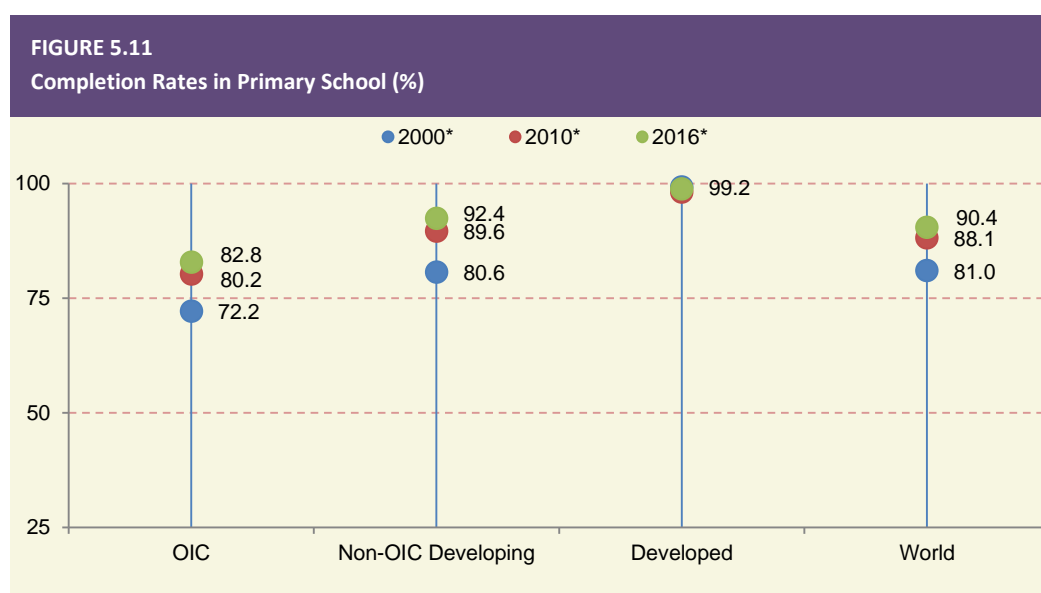
Previous sub-section looked at the participation in education by using literacy and enrolment rates in a comparative perspective. However, enrolling into a school is only the first step of the education life of a child. Staying in schools, going on education until the last grade and most importantly graduating successfully from the educational institution

are other important steps of the education life. In this context, this sub-section examines completion and progression indicators in education in OIC member countries.

Completion Rate

Completion rate indicates the total number of students completing (or graduating from) the final year of primary or secondary education, regardless of age, expressed as a percentage of the population of the official graduation age.

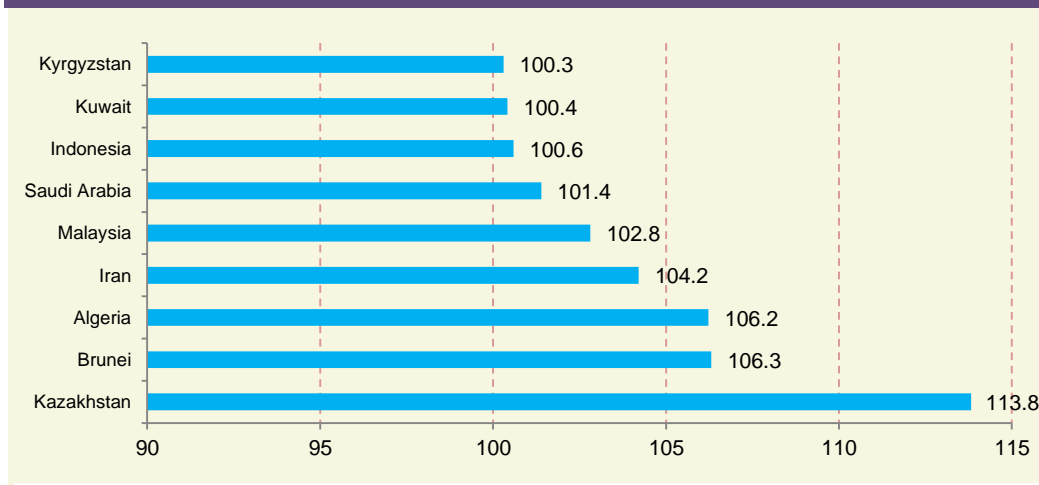
Figure 5.11 displays the completion rates for different country groups from 2000 to 2016 at primary education. The world average of completion rate increased from 81% in 2000 to 90.4% in 2016. Innovative technology, no doubt, played an important role which not only led to higher graduation rates but also resulted in a decrease in retention. OIC member countries, on average, achieved to increase their completion rates from 72.2% in 2000 to 80.2% in 2010. By 2016, it reached 82.8% for the OIC group (Figure 5.11). In other words, compared with 2000, the increase is more than ten percentage-points for the OIC group. Despite this improvement in the OIC group, its average still lags behind the averages of non-OIC developing countries, developed countries and the world as of 2016.



Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database. * Or latest data available in last 5 years

The completion rate is also known as gross intake rate to the last grade of primary. The ratio can exceed 100% due to over-aged and under-aged children who enter primary school late/early and/or repeat grades. At the individual country level, the completion rates in 10 OIC countries exceeded 100% by 2016. United Arab Emirates took the lead with completion rates of 113.8% (Figure 5.12).

FIGURE 5.12
OIC Countries with Highest Completion Rates, 2016*



Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database. *Or latest data available in last 5 years

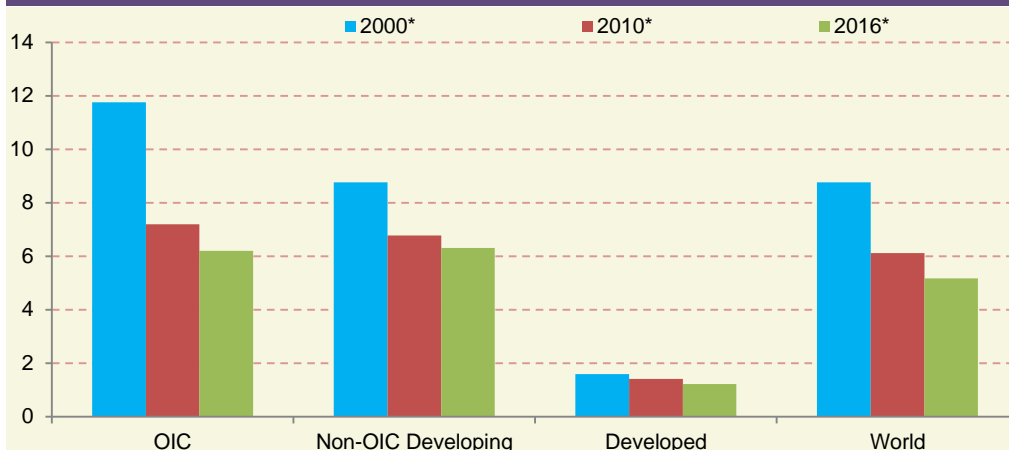
Repetition Rate

Repetition rate is the proportion of students from a cohort enrolled in a given grade at a given school-year who studies in the same grade in the following school-year. It simply measures the phenomenon of students repeating a grade, and its effect on the internal efficiency of educational systems. In addition, it is one of the key indicators for analysing and projecting student flows from one grade to a higher grade within an educational cycle.

Figure 5.13 shows the repetition rates in primary school for different country groups between 2000 and 2016. The global repetition rate in primary school decreased 5.2% in 2016. In the developed countries group, a similar trend was observed. Both non-OIC developing countries group and the OIC group reduced their repetition rates in the period under consideration. The OIC group successfully decelerated the rate from 11.8% in 2000 to 6.2% in 2016. This decreasing trend in developing countries, including the OIC members, throughout the last decade is mainly stemming from because of the improving education system as a result of higher quality of teaching staff and increasing number of distance learning alternatives. However, the figures show that the OIC group has to show further progress in order to reduce the repetition rates to the level of developed countries.

At the individual country level, 10 OIC member countries with the available achieved lower repetition rates in primary schools than the world average of 5.2% in 2016. Among them Kazakhstan stood first by possessing 0.05% repetition rate in primary schools, followed by Kyrgyzstan (0.06) and Brunei Darussalam (0.07%) (Figure 5.14).

FIGURE 5.13
Repetition Rates in Primary School (% of Total Enrolment)



Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database. * Or latest data available in last 5 years

FIGURE 5.14
Repetition Rates in Primary School (%), 2016*



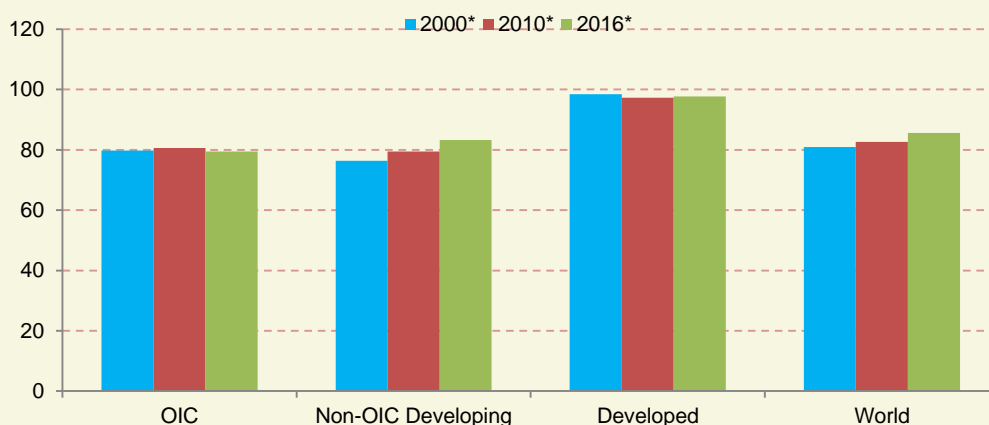
Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database. * Or latest data available in last 5 years

Survival Rate

Survival rate is an indicator which shows the share of children enrolled in the first grade of primary school who eventually reach the last grade of primary school. Figure 5.15 shows the survival rates for different country groups between 2000 and 2016. During the period under consideration, the global survival rate increase from 80.9% to 85.6%; while OIC member countries, on average, experienced an increase from 79.8% to 80.7% between 2000 and 2010. In 2016, the survival rate to the last grade of primary school in OIC is recorded as 79.5%, which is relatively lower than the other country groups.

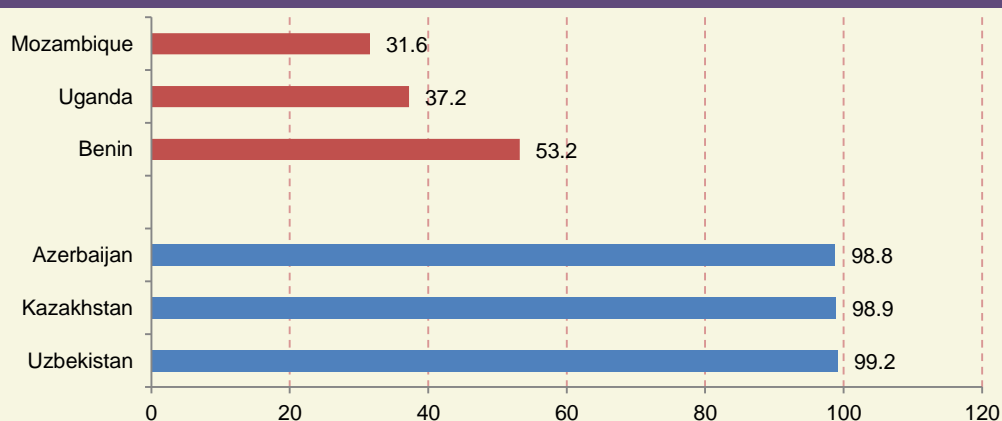
At the individual country level, OIC member countries exhibited large variations over a wide scale. Kazakhstan recorded survival rates that are greater than 99%. On the other hand, there are member countries like Mozambique and Chad where only around one-third of the students could reach the last grade of the primary school (Figure 5.16).

FIGURE 5.15
Survival Rate to the Last Grade of Primary School (%)



Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database. * Or latest data available in last 5 years

FIGURE 5.16
OIC Countries with Highest and Lowest Survival Rates (%), 2016*



Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database. * Or latest data available in last 5 years

Overall, OIC member countries succeeded to increase survival rates and reduce repetition rates that indicate a remarkable improvement in progression in education. However, the averages of OIC member countries on the selected indicators show that the OIC group still lags behind the world averages in many of them. Given the positive trend observed in the OIC group, it is likely for the OIC group to catch up the world averages in many

dimensions. By achieving this, children in OIC member countries can complete their education to a higher extent and would gain additional skills and broaden their knowledge. In this way, children in OIC member countries would earn higher salaries as well as would live under better conditions in general.

5.3 Adequacy of Education Services

Previous sub-sections looked at the indicators on education for the OIC group, non-OIC developing countries, developed countries and the world in terms of participation, progression and completion in education. This sub-section focuses on adequacy of education services from financial and human capital aspects. In this way, it would be possible to shed some light on the main reasons behind the relatively poor performance of OIC member countries on education.

Education Finance

Provision of education to children is important both for economic growth and development. However, it is a costly service that a high level of public intervention is required. In this respect, this sub-section analyses the levels of government expenditures on education in the group of OIC countries in comparison with their counterparts in other groups.

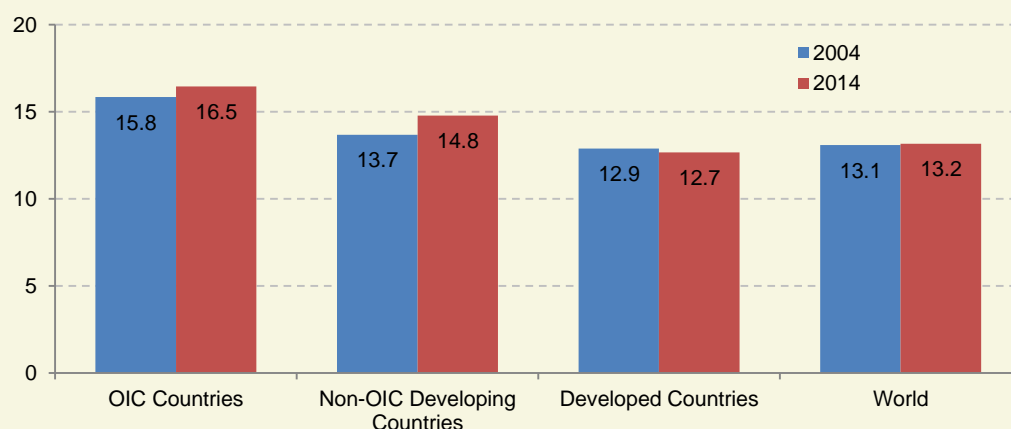
Share of Government Expenditures on Education in Total Government Expenditures

The share of a government's spending on education in its total expenditures is one of the major indicators that measure the relative importance of the education sector on part of the government. The higher the share of education expenditures in total government expenditures, the higher is the government's support for the education sector. This also implies a higher investment to children and to the future of the country.

The share of government expenditures on education in total government expenditures was higher in OIC member countries than in both developed and developing countries in the period between 2004-2014 (Figure 5.17). This implies that the governments in OIC member countries, on average, have spent on the education sector proportionally more than the developed and world averages. In OIC member countries, governments' spending on the education sector accounted for 15.8% of their total expenditures in 2004. This ratio was 12.9% in developed countries and 13.7% in non-OIC developing countries, with the world average being 13.2%. By 2014, the ratio increased to 16.5% in OIC member countries and 14.8% in non-OIC developing countries while it decreased to 12.7% in developed countries, registering an overall increase of a percentage point in the world average to 13.2%.

FIGURE 5.17

Government Expenditures on Education (% of Total Government Expenditures)

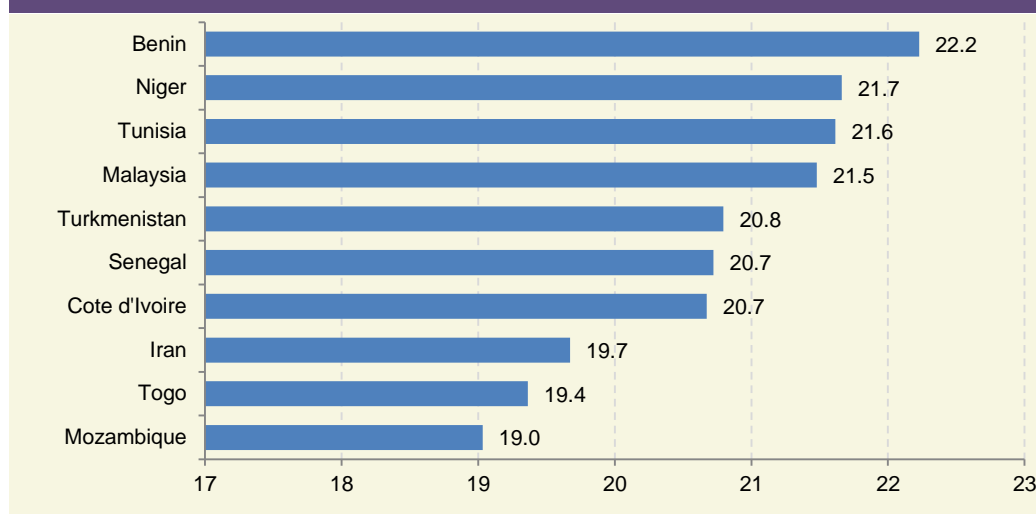


Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database

Among the OIC member countries with available data, Benin has the highest ratio of government expenditures on education with 22.2% share of total government expenditures (Figure 5.18). It was followed by Niger (21.7%), Tunisia (21.6%), Malaysia (21.5%), Turkmenistan (20.8%), Senegal (20.7%) and Cote d'Ivoire (20.7%), all dedicating over one fifth of the total government expenditures to the education sector. Together with these countries, Iran (19.7%), Togo (19.4%) and Mozambique (19%) were also among the top 10 countries (Figure 5.18).

FIGURE 5.18

OIC Countries with Highest Government Expenditures on Education (%), 2014



Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database

Share of Government Expenditures on Education in GDP

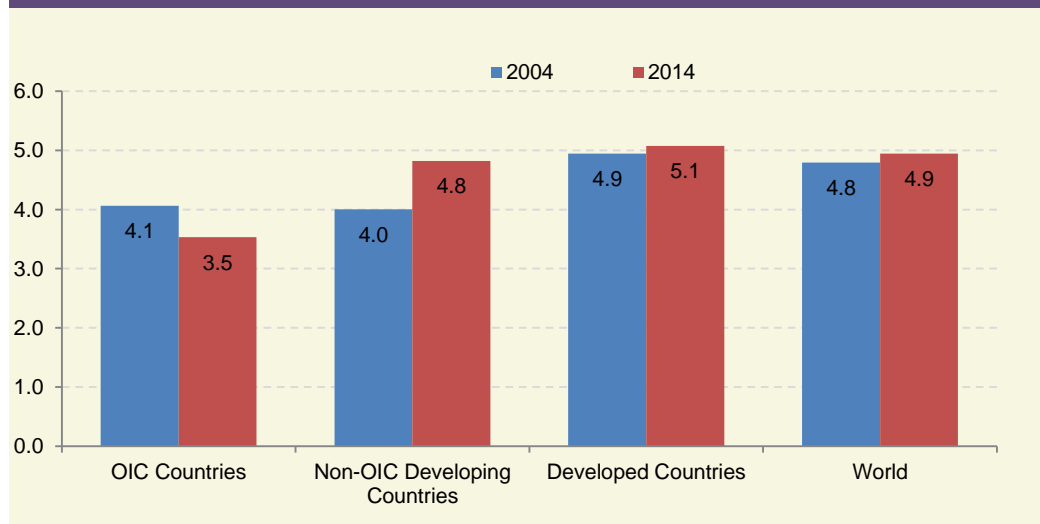
Another way to analyse the size of public expenditures on education is to compare these expenditures with the gross domestic product (GDP) of an economy, which represents the total expenditures in that economy. It can be calculated how much of the GDP is dedicated to education sector by the government. The measure used to calculate this ratio is “government expenditures on education as percentage of GDP”. This indicator also reflects the importance given by the government to investment in children and human capital in general.

As shown in Figure 5.19, governments around the world spent, on average, 4.8% of GDP on education in 2004, while this figure slightly increased by 0.1 percentage point in a decade to reach 4.9% in 2014. Developed countries have been spending more than developing countries. Public spending on education in developed countries accounted for 4.9% of the GDP in 2004 and this ratio increased further to 5.1% by 2014. However, governments in non-OIC developing countries could spend only 4.0% of their GDP on the education sector in 2004 and this ratio increased by 0.8 percentage points in a decade to reach 4.8% in 2011.

The situation in OIC countries was not optimistic as the average government spending on education accounted for 4.1% of their GDP in 2004, which was higher than the average of the non-OIC developing countries at that time. However, it decreased by 0.6 percentage points to 3.5% in 2014. Over a decade, differences in expenditure on education expanded to 1.3 percentage points in favour of non-OIC developing countries, reflecting the lack of investment in education by OIC countries (Figure 5.19).

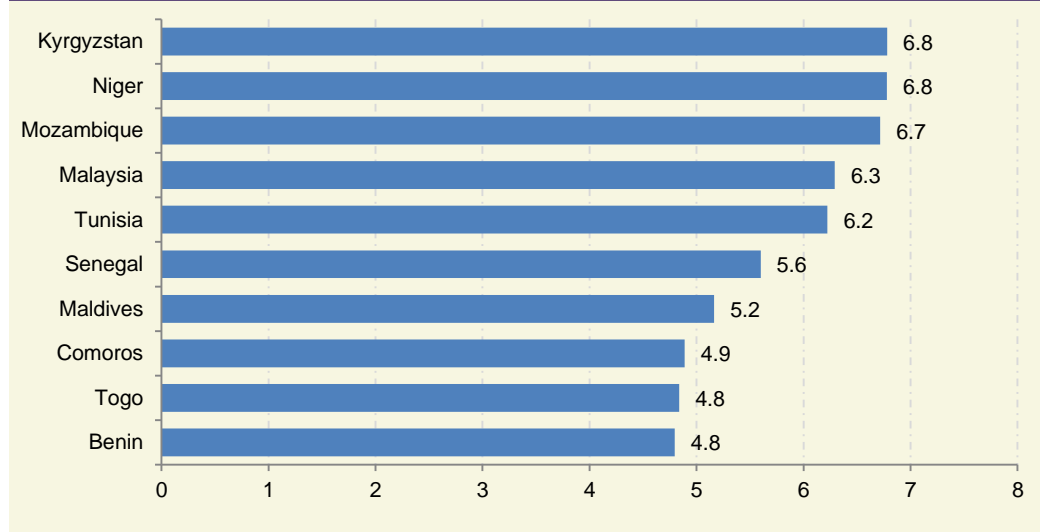
At the individual country level, government spending on education accounted for 6.8% of the GDP in Kyrgyzstan and Niger, which were the highest rate among the OIC countries with data available for the latest year between 2010 and 2014. Together with these two countries, Mozambique (6.7%), Malaysia (6.3%), Tunisia (6.2%), Senegal (5.6%), Maldives (5.2%), Comoros (4.9%), Togo (4.8%) and Benin (4.8%) comprised the top 10 OIC countries by government expenditures on education as percentage of GDP (Figure 5.20). It is noteworthy that six of these countries are among the least developed countries (LDCs) as classified by the United Nations.

FIGURE 5.19
Government Expenditures on Education (% of Total GDP)



Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database

FIGURE 5.20
OIC Countries with the Highest Government Expenditures on Education (% of Total GDP), 2014



Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database

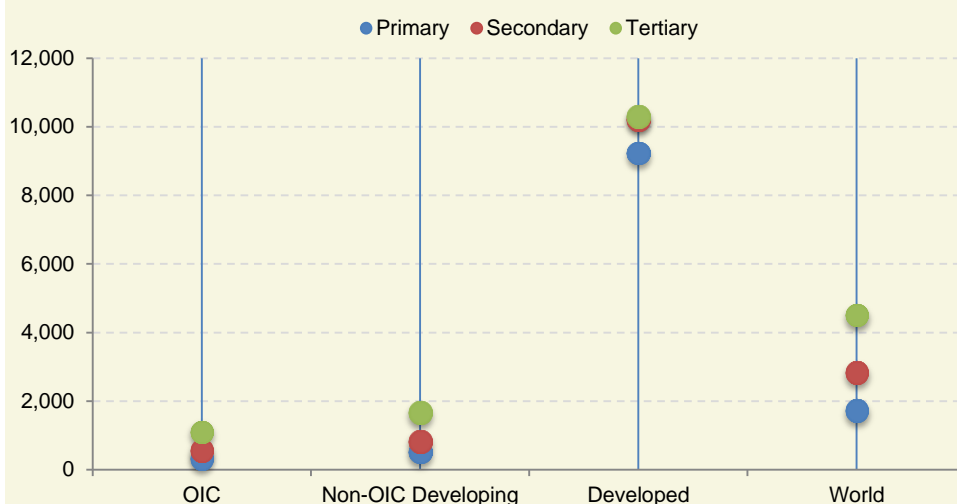
Government Expenditures on Education per Pupil

In addition to the abovementioned macro-level indicators that compares government expenditures on education with GDP or total government expenditures, governments' financial contribution to education sector can also be assessed at micro-level by measuring how much is spent by the government per student. Unlike the former ones, this

approach focuses directly on the level of government spending on education regardless of the size of the economy or the total expenditures of the government.

According to the latest statistics, government expenditures on education per student show great discrepancies across regions (Figure 5.21). In primary education, while OIC countries spend on average \$332, non-OIC countries spend more than \$500 and developed countries spend more than \$9,200.

FIGURE 5.21
Government Expenditures on Education per Student (US\$)

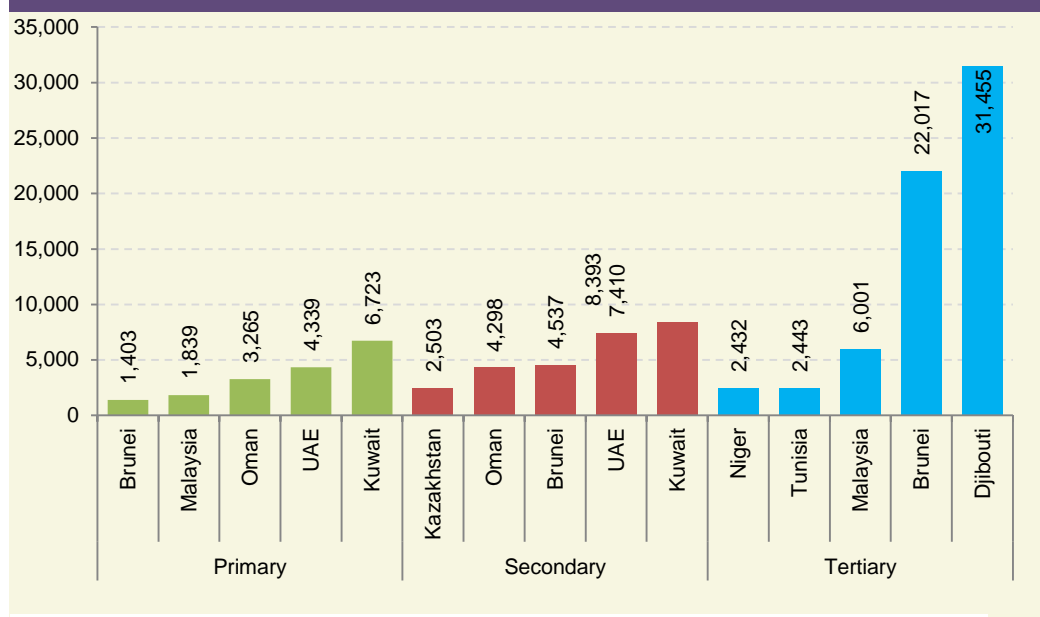


Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database

Among the OIC countries with available data, Kuwait has the highest government expenditure on education per pupil at primary level (\$6,723), followed by United Arab Emirates (\$4,339) and Oman (\$3,265). At secondary level, top OIC countries are Kuwait (\$8,393), United Arab Emirates (\$7,410) and Brunei Darussalam (\$4,537). At tertiary level, Djibouti takes the lead with \$31,455, followed by Brunei Darussalam (\$22,017) and Malaysia (\$6,001) (Figure 5.22). The high number in Djibouti can be attributed to the low number of students enrolled in tertiary level, which was below 5,000 in 2011.

FIGURE 5.22

Top OIC Countries by Government Expenditures on Education per Student (US \$)



Source: SESRIC staff calculations based on WDI and UNESCO, UIS Database

6 Child Protection and Welfare

Children are potentially more vulnerable to social, economic and cultural exploitations compared to adults. Their higher vulnerability, therefore, necessitates development and implementation of some special social protection and welfare mechanisms to safeguard their rights. By having an effective and well-functioning child welfare and protection system children would access to essential services like birth registration, social security, health care, education and they can be prevented of child maltreatment and abuse. Though limited availability of data may preclude a detailed analysis of social protection and welfare systems in OIC member countries, this chapter will attempt to highlight some major concerns regarding birth registration, prevalence of child labour, social security coverage and child maltreatment and abuse in OIC member countries.

6.1 Birth Registration

Birth registration, the official recording of a child's birth by the government, establishes the existence of the child under law and provides the foundation for safeguarding many of the child's civil, political, economic, social and cultural rights. Article 7 of the Convention on the Rights of the Child specifies that every child has the right to be registered at birth without any discrimination (UNICEF, 2015).

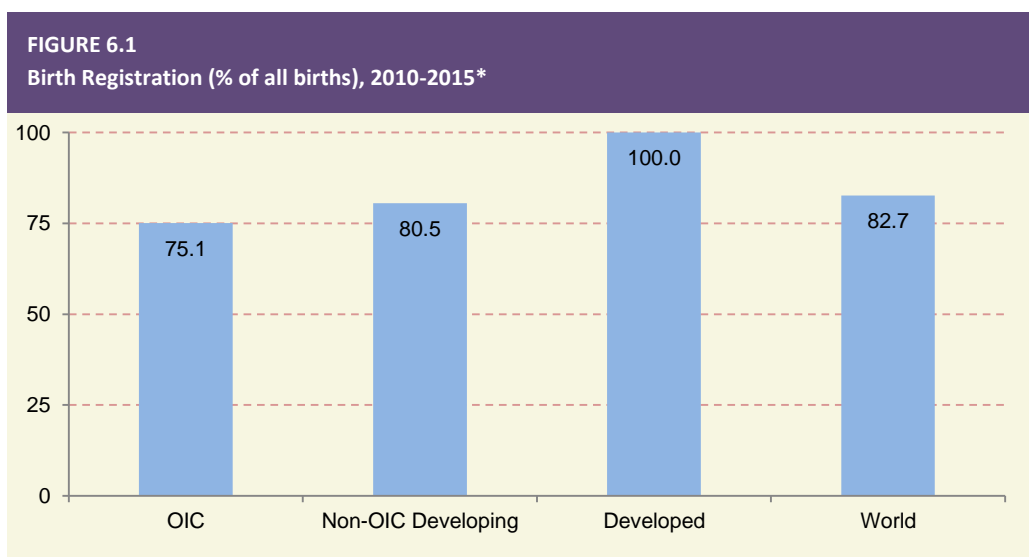
Apart from being the first legal acknowledgement of a child's existence, birth registration is central to ensuring that children are counted and have access to basic services such as health, social security and education. Birth registration is a 'passport to protection' for children that the age of a child can be identified with birth certificate. Children can also be prevented from child marriage to abuse and exploitation in a relatively easy manner, if there is an official birth certificate. Despite its crucial importance, around 290 million children (or 45% of all children under age five worldwide), do not possess a birth certificate.

Universal birth registration is one of the most powerful instruments to ensuring equity over a broad scope of services and interventions for children. Birth registration has a key importance for governments in terms of planning, investments and monitoring demographic trends.

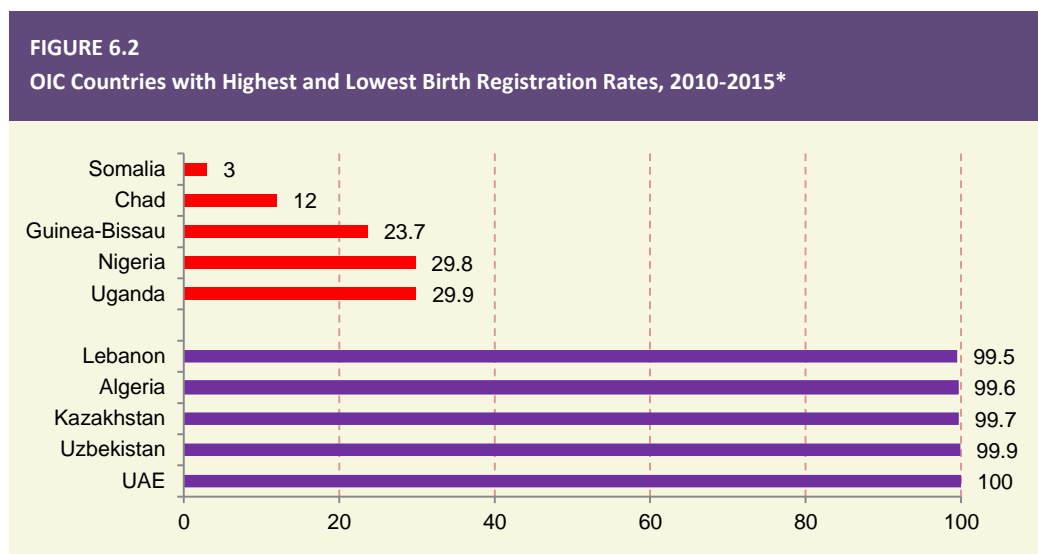
Registration levels, for children under five, are almost universal in developed countries. The vast majority of unregistered children are living in less developed countries, particularly in the South Asian and sub-Saharan Africa regions. The presence of armed conflict, civil unrest and war leads to higher number of unregistered children.

According to Figure 6.1, the OIC group has the lowest average compared with other country groups in terms of registered birth between 2010 and 2015. Only 75.1% of

children have a birth registration in the OIC group where the world average is 82.7% in this period. The average of non-OIC developing countries was 80.5% that is being higher than the OIC average. At the individual country-level, Somalia has the lowest birth registration rate (3%) followed by Chad (12.0%). On the other side, in the United Arab Emirates, Uzbekistan, Kazakhstan, Algeria and Lebanon more than 99.5% of all births are being registered in the period under consideration (Figure 6.2).



Source: SESRIC staff calculations based on UNICEF Data. * Most recent year available



Source: UNICEF Data. * Most recent year available

6.2 Child Maltreatment and Abuse

Apart from being a violation of human rights, child maltreatment and abuse leads to serious health problems for children. Despite its importance for building up healthy generations, international datasets could provide limited information stemming from the limited presence of birth registrations and difficulty to prove and document cases of child maltreatment and abuse. Despite their limitations, looking at selected indicators related with maltreatment and abuse would be helpful to understand the relative stance of children in OIC member countries compared with other country groups and would help policy-makers while designing their policies.

Violence against Children

The violence against children negatively affects health and education achievement of children. Table A further provides a full account of consequences of violence against children that groups these consequences under five broad categories: physical, psychological sexual and reproductive consequences, other longer-term health consequences, and financial consequences. This list shows that violence against children leads to many unforeseen serious consequences for both children and society.

Violence against children also costs to society a lot. Fang et al. (2012) estimated the lifetime economic costs of new cases of child abuse in the United States in 2008 at \$124 billion (in 2010 dollars). The estimated lifetime cost was comprised of productivity losses as well as special education, medical and health care, child welfare and criminal justice costs emerging from children's experiences of abuse, with the largest component stemming from productivity losses. In another study, Fang et al. (2013) estimated the economic cost of child abuse in East Asia and the Pacific to exceed \$160 billion (in 2004 dollars) based on economic losses due to death, disease and health risk behaviours attributable to child abuse.

In this sub-section, given the data limitations, a selected indicator called "violent discipline" is used to assess the state of violence against children in OIC member countries in a comparative perspective. The UNICEF defines violent discipline as actions taken by a parent or caregiver that are intended to cause a child physical pain or emotional distress as a way to correct behaviour and act as a deterrent. It can take two forms: psychological aggression and physical (corporal) punishment. The former includes shouting, yelling and screaming at the child, and addressing her or him with offensive names. Physical (corporal) punishment covers actions intended to cause the child physical pain or discomfort but not injuries. Minor physical punishment includes shaking the child and slapping or hitting him or her on the hand, arm, leg or bottom. Severe physical punishment includes hitting the child on the face, head or ears, or hitting the child hard or repeatedly. The dataset on violence discipline was collected by making surveys with mothers and caregivers where they are asked whether their children experienced any such violent discipline in the household during the past month. According to UNICEF (2014), around 6 in 10 children between the ages of 2 and 14 worldwide (almost a billion) are subjected to physical punishment by their caregivers on a regular basis.

TABLE 6.1
Acute and Long-Term Consequences of Violence against Children

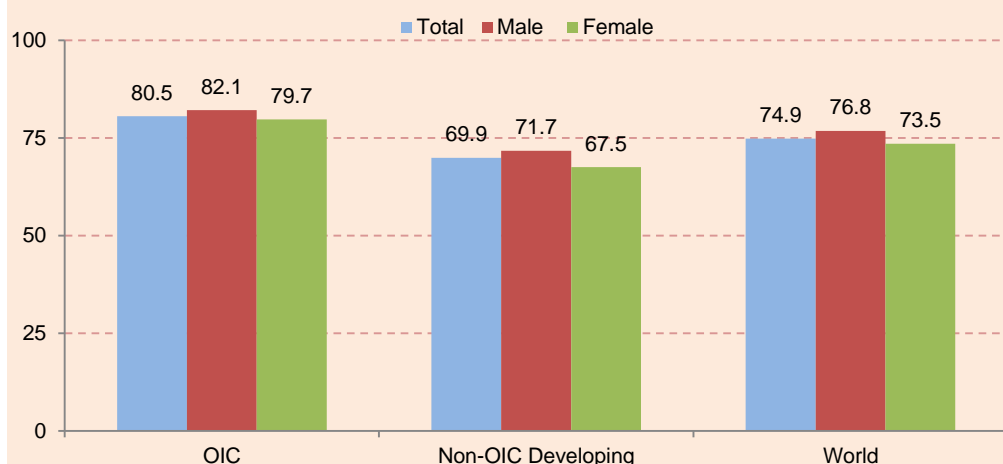
Physical health consequences	Psychological consequences
Abdominal/thoracic injuries	Alcohol and drug abuse
Brain injuries	Cognitive impairment
Bruises and welts	Criminal, violent and other risk-taking behaviours
Burns and scalds	Depression and anxiety
Central nervous system injuries	Developmental delays
Fractures	Eating and sleep disorders
Lacerations and abrasions	Feelings of shame and guilt
Damage to the eyes	Hyperactivity
Disability..	Poor relationships
Sexual and reproductive consequences	Poor school performance
Reproductive health problems	Poor self-esteem
Sexual dysfunction	Post-traumatic stress disorder
Sexually transmitted diseases, including HIV/AIDS	Psychosomatic disorders
Unwanted pregnancy.	Suicidal behaviour and self-harm.
Other longer-term health consequences	Financial consequences
Cancer	Direct costs: Treatment, visits to the hospital doctor and other health services.
Chronic lung disease	Indirect costs: Lost productivity, disability, decreased quality of life and premature death.
Irritable bowel syndrome	Costs borne by criminal justice system and other institutions: Expenditures related to apprehending and prosecuting offenders.
Ischaemic heart disease	Costs to social welfare organisations, costs associated with foster care, to the educational system and costs to the employment sector arising from absenteeism and low productivity.
Liver disease	
Reproductive health problems such as infertility.	

Source: Runyan et al. (2002). *Child Abuse and Neglect by Parents and Other Caregivers*. In: Krug EG et al. (Eds). *World Report on Violence and Health*. Geneva, World Health Organization, pp 59–86.

According to Figure 6.3, during the period 2010-2015, the prevalence of violent discipline (against children) in the OIC group, on average, was 80.5% that is being the highest average compared with the average of non-OIC developing countries (69.9%) and the world average (74.9%). In terms difference between girls and boys, in the OIC group, boys are exposed to violent discipline to higher extent (82.1%) compared with girls (79.7%), as in seen in non-OIC developing countries. At the individual country, Tunisia is the OIC

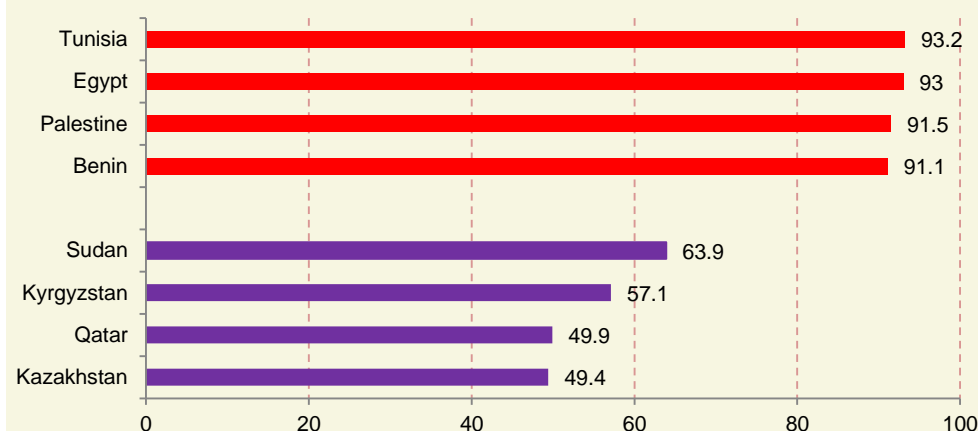
member country with the highest prevalence of violent discipline that 93.2% of all children experienced some form of violent discipline. On the other hand, in Kazakhstan only 49.4% of all children were exposed to some form of violent discipline (Figure 6.4).

FIGURE 6.3
Prevalence of Violent Discipline (%), 2010-2015*



Source: SESRIC staff calculations based on UNICEF Data. * Most recent year available

FIGURE 6.4
OIC Countries with Highest and Lowest Prevalence of Violent Discipline (%), Both Sexes, 2010-2015*



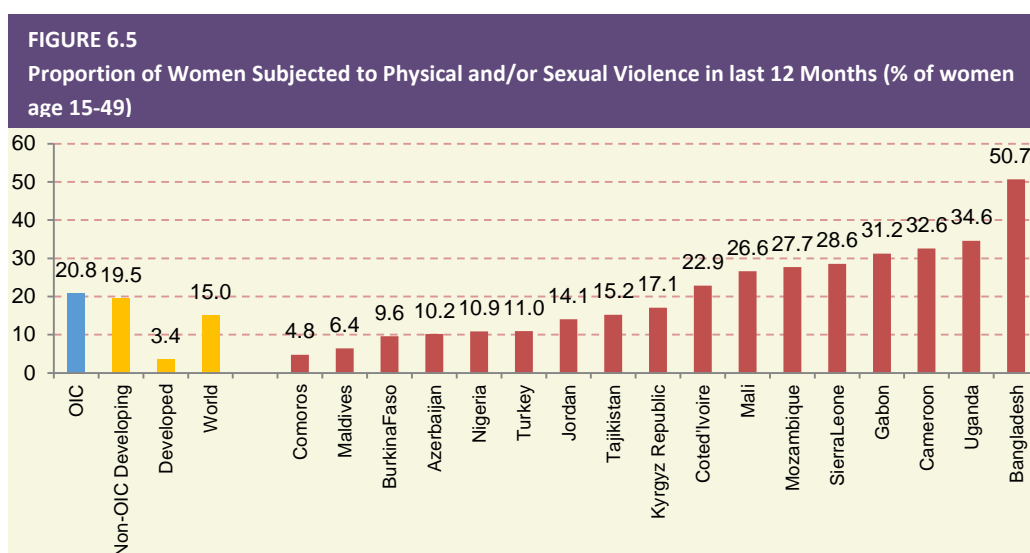
Source: UNICEF Data. * Most recent year available

In a society where women are treated unequally and being abused, it is more likely that children are also maltreated and abused in different ways. Women are mostly maltreated and abused where their children are with them. To this end, violence against women cannot be isolated easily from violence against children in many cases. OIC member

countries host more than 750 million women that represent 48.4% of all population. According to UN Women, more than 370 million women in OIC member countries live without legal protection from violence. The term “violence against women” encompasses many forms of violence, including violence by an intimate partner (intimate partner violence) and rape/sexual assault and other forms of sexual violence perpetrated by someone other than a partner (non-partner sexual violence) (WHO, 2013b). Violence that women suffer from their intimate partners carries particularly serious and potentially long-lasting consequences. As, such violence tends to be repetitive and accompanied by psychological and sexual violence, as well (UN, 2010).

In this regard, Figure 6.5 displays proportion of women subjected to physical and/or sexual violence in the last 12 months (% of women age 15-49). According to available data, the OIC group has the highest physical and/or sexual violence rate compare with the other country groups. Among OIC countries, with available data, the highest proportion of women subjected to physical and/or sexual violence is accounted in Bangladesh (50.7%) and followed by Uganda, Cameroon, and Gabon.

Overall, in OIC member countries, on average, violence and abuse against women is more prevalent compared with the average of developed countries and the world average. The high incidence of violence against women has many implications for children as discussed above. Therefore, policy-makers need to develop policies in order to protect women against violence and abuse more effectively. By doing this, both women and children can stay calm and would live in their comfort zones with peace of mind.



Source: SESRIC staff calculations based on UN Women, Violence against Women Prevalence Dataset 2017. Note: OIC average is calculated for 17 OIC member countries due to data constraints

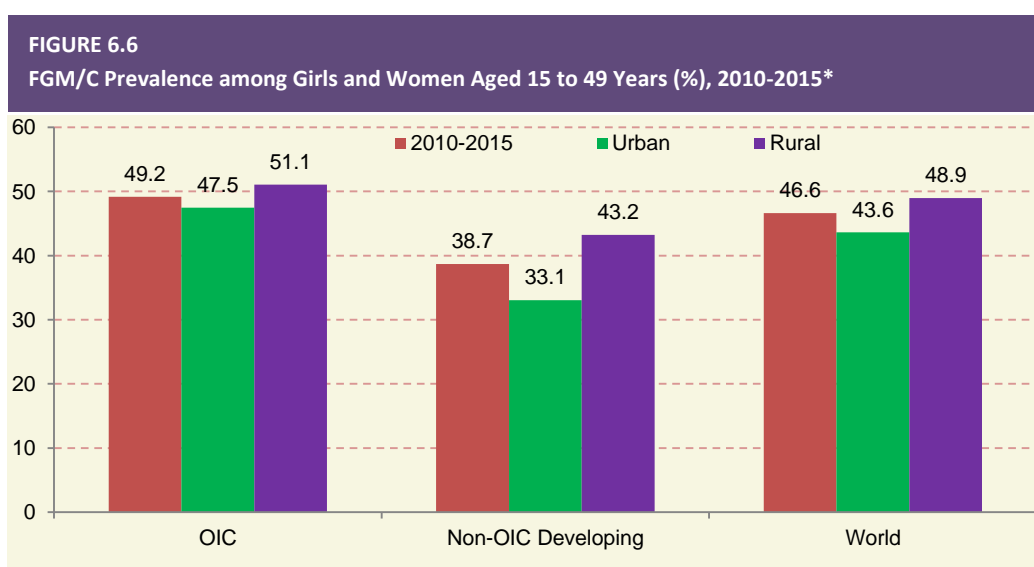
Female Genital Mutilation/Cutting (FGM/C)

The term “female genital mutilation” (FGM, also called “female genital cutting” and “female genital mutilation/cutting”) refers to all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical

reasons (UN, 2010). Female genital mutilation has been reported to occur in all parts of the world. It is being recognized internationally as a violation of the human rights of girls and women, and constitutes an extreme form of discrimination against women (WHO, 2013b).

Female genital mutilation is always traumatic. Apart from excruciating pain, immediate complications can include shock, urine retention, ulceration of the genitals and injury to the adjacent tissue. Some of the other major outcomes resulting from FGM/C are septicaemia (blood poisoning), infertility and obstructed labour (UN, 2010). Moreover, haemorrhaging and infection can lead to death (UNICEF, 2005a). Mostly, the female genital mutilation occurs at early ages without any medical help under severe conditions. No doubt, it is an extreme form of violence against children.

According to the UNICEF dataset, in 29 countries, of which 22 are OIC member countries, the prevalence of FGM/C is common. Figure 6.6 indicates the average of OIC member countries as 49.2%.² In OIC member countries prevalence of FGM/C differ across urban and rural areas. In urban areas, the average goes down to 47.5% whereas in rural areas it goes up to 51.1%. The average of seven non-OIC developing countries is measured as 38.7% that is lower than the average of OIC. In this regard, OIC member countries need to intensify their efforts to fight against this traumatic form of violence that affects both physical and mental health of girls during their entire life span.



Source: SESRIC staff calculations based on UNICEF Data, from DHS, MICS and other nationally representative surveys.

Note: Data available for 29 countries in total including 22 OIC member countries. *Most recent year available

² Although the figure reports FGM/C prevalence among girls and women aged 15 to 49 years, majority of them experienced it during childhood.

6.3 Child Marriage

Families are accepted as the smallest unit of a society. Marriage is the first step in the formation of a family union, which is the essential part of a healthy and well-functioning society. Age at first marriage (AFM) differs across countries due to culture, socio-economic development level, local customs as well as climate, which affects the adolescent development. AFM has serious implications for women and family well-being. Marriages at young ages may lead to health problems for men and women who are not ready for marriage both mentally and physically. Moreover, marriages at very early ages generally stem from social and family pressures that are important factors behind unhappy marriages (Haloi and Limbu, 2013). Unhappy families with unhealthy couples constitute a threat for the society.

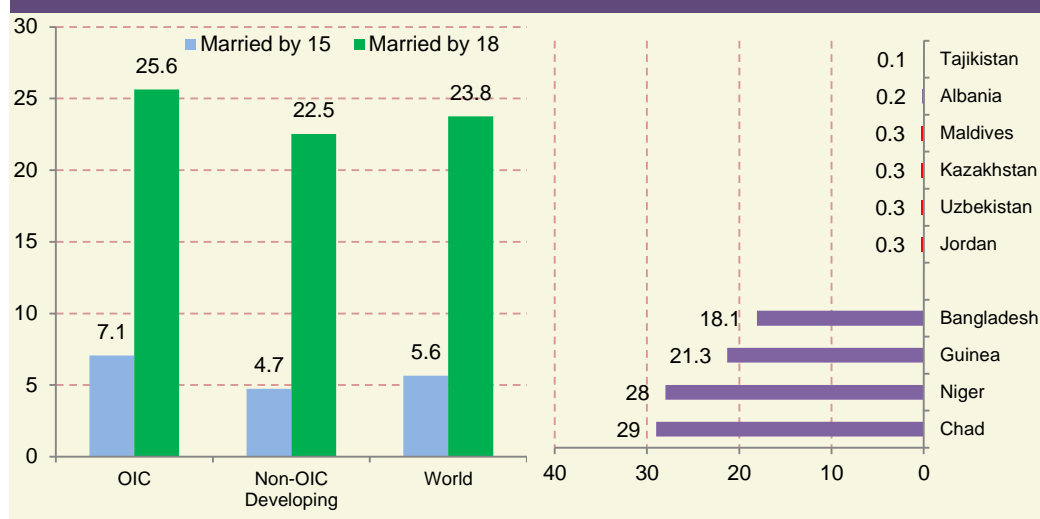
The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights – with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner (UNICEF, 2005, p. 1). However, in many parts of the world marriage before 18, i.e. child marriage is a reality. The literature suggests that poverty, protection of girls, family honour and the provision of stability during unstable social periods are some of the main driving factors behind child marriage (UNICEF, 2001). Although most countries have laws that regulate marriage, both in terms of the minimum age and consent, but such laws usually do not apply to traditional marriages. The UNICEF (2001) Report states that many girls and a smaller number of boys enter marriage without being able to exercise their right to choose their marriage partner. This is more often the case with younger and uneducated girls since assuming a wife's responsibilities usually leaves no room for schooling and almost certainly removes the girl from the educational process (UNICEF, 2001). This also results in early childbearing, which is identified as having higher health risk both for mother and child.

Figure 6.7 displays the prevalence of child marriage (both for marriages before 15 and 18 years) across country groups between 2008 and 2014. According to this, the OIC group has the highest child marriage prevalence in both groups where 7.1% of all marriages are being exercised before 15 years old and 25.6% of all marriages are being performed before 18 years old. The global average prevalence of marriages before 15 years old is 5.6% and for marriages before 18 years old the average is 23.8%. In non-OIC developing countries, child marriage is less common than the OIC group that their average is 4.7% and 22.5% for marriages before 15 and 18 years old, respectively.

At the individual country level, the highest prevalence of child marriage in the OIC group was seen in Chad (29%) followed by Niger (28%). On the other side (Figure 6.7), the lowest prevalence of child marriage in the OIC group was observed in Tajikistan (0.1%).

FIGURE 6.7

Child Marriage (%), 2008-2014* (left), and OIC Member Countries with Highest and Lowest Prevalence of Child Marriage (Married by 15, %)



Source: SESRIC staff calculations based on UNICEF Data. * Most recent year available

6.4 Conflicts and Children

The world is facing increasingly more challenges with respect to conflicts. Developmental gains accumulated over many years are exposed to greater risks of devastation with the onset of a conflict. Children are always among the first affected by conflict, whether directly or indirectly. Conflicts are likely to mean that children are deprived of key services such as education and health care.

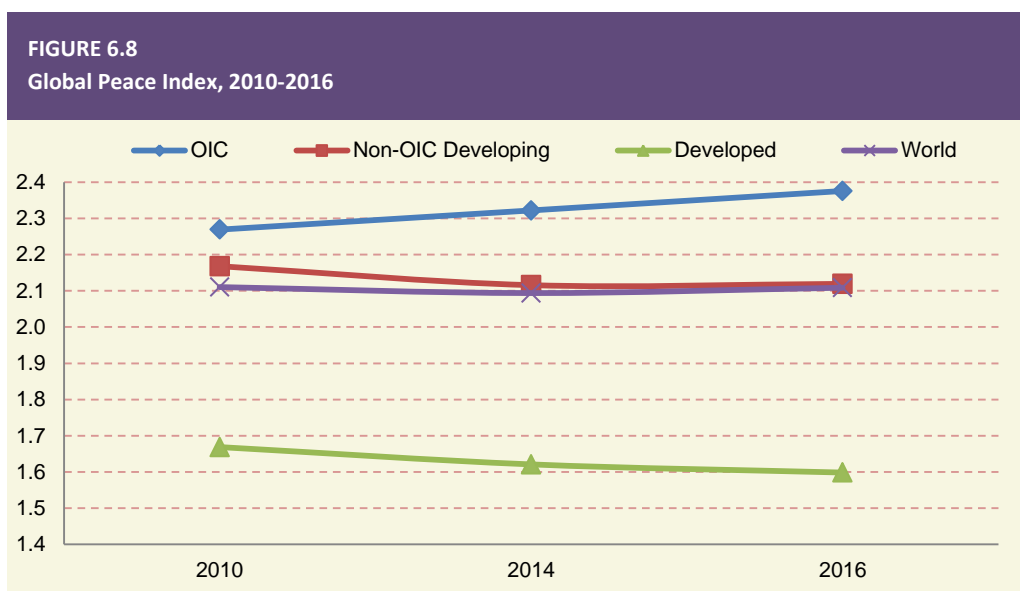
In a World Bank report, Walter (2010) identifies three patterns that exist regarding conflicts and their recurrence. First, civil wars have a surprisingly high repetition rate. Of the 103 countries that experienced some form of conflict during 1945-2009, 59 countries could not avoid a subsequent return to civil war. This indicates that once a country experiences a conflict, it is significantly more likely to experience additional episodes of violence, confirming “conflict trap” argument of Collier and Sambanis (2002). The second trend identified by Walter is that recurring civil wars have become the dominant form of armed conflict in the world today. In fact, since 2003 every civil war that has started has been a continuation of a previous civil war, suggesting that the problem of civil war is not a problem of preventing new conflicts from arising, but of permanently ending the ones that have already started. Finally, civil wars are increasingly concentrated in a few regions of the world. The result is a greater number of civil wars concentrated in sub-Saharan Africa, suggesting that civil wars are increasingly being concentrated in the poorest and weakest states of the world.

In view of the above, this sub-section reviews the conflicts in OIC countries in a historical perspective and assesses the potential impacts of conflicts on children.

No doubt, the prevalence of conflicts hit vulnerable members of the society (i.e. children and women) the most. As mentioned above, conflicts initiate episodes of violence where children and women suffer a lot both physically and mentally. In other words, conflicts damage the future of countries through harming the health status of generations in different ways. Worst of all, the existence and prolonged conflicts kill dreams and hope of children for the future. In a society where children cannot dream and make plans for their future, it is almost impossible to reach a better development level over time.

Children, caught in the midst of critical stages of personal development, are affected by war more profoundly than adults. They depend, even more than adults do, on the protection afforded in peacetime by family, society, and law (MOFA, 2000). Wars can threaten to strip away these layers of protection, with adverse consequences for children's development and consequently for peace and stability for generations to come.

Conflicts affect children in various ways. Children are aimed and killed, and uprooted from home and their community. Children are made orphans, separated from their parents and subjected to sexual abuse and exploitation. They are used as combatants, made to suffer from trauma and deprived of education and healthcare. Particularly, conflicts damage the future of girls. Disadvantaged even in peacetime, girls undergo sexual abuse, rape, enslavement and other tribulations during conflicts (MOFA, 2000).



Source: SESRIC staff calculations based on GPI Database, Institute for Economics and Peace (IEP)

According to the Global Peace Index (GPI) prepared by the Institute for Economics and Peace (IEP), “conflicts in the OIC region are on the rise”.³ The average index score of the

³ The Global Peace Index (GPI) is an indicator used to measure national peacefulness or the absence of violence and conflict. It ranks 162 nations and prepared by the Institute for Economics and Peace (IEP). It is composed of 22 indicators, ranging from a nation's level of military expenditure to its relations with neighbouring countries and the percentage of prison population. The data is sourced from a wide range of respected sources, including

OIC group increased between 2010 and 2016 that the average index score increased from 2.3 in 2010 to 2.4 in 2016. With that score, the OIC group has the highest average score compared with other country groups indicating the presence of a lower degree of peacefulness and a higher number of conflicts.

Overall, the figures reveal that conflicts in OIC member countries, on average, are on the rise. The average level of peacefulness has been decreasing year by year in the OIC region. These facts imply that in OIC member countries each year increasing number of children suffer from conflicts and the lack of peace. They are more exposed to armed conflicts, human trafficking, violence and abuse, and the lack of basic services. In particular, children in several hot spots of the OIC group suffer a lot including Syria, Afghanistan, Palestine, Nigeria, Iraq, and Yemen. Due to nature of conflicts, it is not easy to report how many children have been affected and to what extent they suffer from these conflicts. However, estimates of the UNICEF on two OIC member countries can provide some clues to what extent children are under fire in the Islamic world. Nearly 700 children have been killed only in Iraq in 2014. More than 10,000 children have been killed in Syria since the outbreak of conflict in 2011 (UNICEF, 2013b). These figures are only showing death tolls but are far from reflecting the degree of violence against children in these conflict areas. Moreover, the damaged infrastructure (sanitation, drinking water, and transportation systems), collapsed hospitals and schools are other negative impacts of conflicts in these countries. For example, in Aceh, Indonesia, as part of the conflict between government forces and rebel groups, 460 schools were systematically burned to the ground during May 2003 alone.

Displacement is another negative effect of conflicts. Children suffer from displacement process and continue to be exposed different forms of violence and abuse at their new destinations. For instance, in less than a year, the conflict in South Sudan has displaced 490,000 children. It is not easy to provide necessary services to such amount of children in a short period even in developed countries. It is almost impossible to fully protect these children against violence and abuse. Therefore, conflicts lead to tragedies for many children across the world.

Children who are exposed to conflicts mostly continue to suffer throughout their entire life due to long-term mental effects of conflicts even after they are placed far from conflict areas. A case study of UNICEF (2013) on Syrian adolescent refugees (aged between 5-17), who are living in camps in Jordan, shows that the most common serious mental health concerns for adolescents are enuresis, intellectual disability and autism/developmental disorders. The top three general concerns for adolescents are fear in the camp, feeling sad and managing grief, and child abuse in the family.

In nutshell, conflicts in OIC member countries are on the rise. These conflicts heavily affect children in different ways and make them more vulnerable. Worst of all, children who are exposed to conflicts, become less hopeful about their future. This not only negatively affects their life quality and but also constitute a threat for the development of their

the International Institute of Strategic Studies, the World Bank, various UN Agencies, peace institutes and the EIU. Nations considered more peaceful have lower index scores. In other words, a lower score implies a lower number of conflicts or the presence of higher peacefulness.

countries. Therefore, OIC member countries need to find ways to solve their problems with diplomacy as much as possible rather than being part of conflicts. Moreover, both OIC member countries and the OIC Secretariat General need address children in conflict areas in a more systematic way. Building camps and provision of basic services can only partially improve life quality of children. As shown by the UNICEF (2013), children living in camps continue to suffer from different mental disorders abuse due to their exposure to violence and abuse in conflict-affected areas. Therefore, policy-makers should include all these different aspects into their agenda.

The extensive impact of armed conflict on children has prompted several significant actions worldwide to address this phenomenon. In 1990, the UN Convention on the Rights of the Child, which contains important provisions for children affected by armed conflict, came into force. After the publication of the Machel Report, the UN General Assembly created the Office of the Special Representative of the Secretary General for Children and Armed Conflict in 1997. The office is mandated inter alia to: "assess progress achieved, steps taken, and difficulties encountered in strengthening the protection of children in situations of armed conflict; raise awareness and promote the collection of information about the plight of children affected by armed conflict and encourage the development of networking; as well as foster international cooperation to ensure the respect for children's rights in the various stages of armed conflict"⁴.

Despite all these international efforts, children continue to suffer from conflicts that the number of conflicts does not go down worldwide in general and goes up specifically in the OIC region. This implies that each year more children are facing adverse effects of conflicts. Over the long-run, it seems that the least costly and the most effective solution is to ensure peace. Otherwise, any other solution to conflicts and efforts to protect children would only be partially successful. Moreover, these efforts would only help children in some regions of the world where the rest of children in living other regions of the world would go on living under threat.

6.5 Child Labour

According to the definition of International Labour Organization (ILO), "child labour refers to employment of children in any work that deprives children of their childhood, interferes with their ability to attend regular school, and that is mentally, physically, socially or morally dangerous and harmful." Over the years, international community in collaboration with the governments and other stakeholders has made great strides to develop and enact proper legislative and policy framework to address the issue of child labour. Today, child labour is prohibited across the world and number of child labourers is on decline (ILO, 2013). Nevertheless, despite all achievements and progress, it is a grim reality that millions of children around the world remained trapped in child labour.

As shown in Figure 6.9, globally, 15.8% of children aged 5 to 14 were trapped in child labour whereas, this ratio stood at 15.3% in non-OIC developing and 17.0% in OIC countries. Overall, prevalence of child labour remained higher among boys than girls for

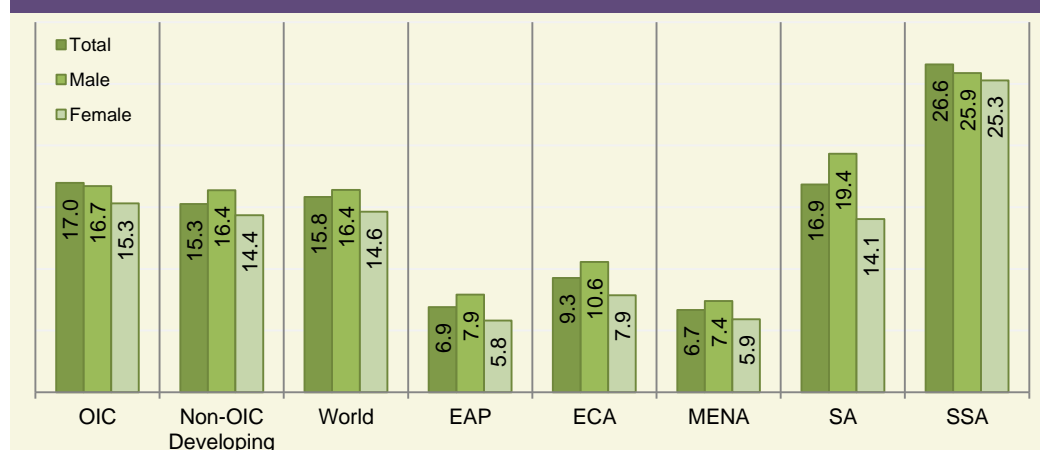
⁴ The efforts of the OIC are summarized in Annex.

the 5-14 years' age group. In case of prevalence of child labour among the male children, OIC countries recorded a higher rate of 16.7% compared to 16.4% in the world and other developing countries. Similarly, regarding prevalence of child labour among the female children, the OIC average (15.3%) is higher than the world (14.6%) and other developing country average (14.4%).

As shown in Figure 6.9, prevalence of child labour varies significantly across the OIC regions. In 2009-2015, the highest prevalence rate among children aged 5 to 14 was recorded in SSA region (26.6%) whereas the lowest prevalence was recorded in MENA region (5.8%). Among other regions, SA recorded child labour prevalence of 12.2% followed by MENA (8.9%), and EAP (6.7%). Prevalence of child labour among children aged 5 to 14 remained lower than the OIC average in all regions except the SSA. Prevalence of child labour remained generally skewed towards male children across the OIC regions. With a rate of 25.9%, SSA region registered the highest prevalence for male children among the OIC regions (Figure 6.9). In case of female child labourers, SSA and SA regions registered the highest prevalence of 25.3% and 14.1% respectively whereas it was just 5.8% in EAP, 5.8% in EAP, and 5.9% in MENA region (Figure 6.9).

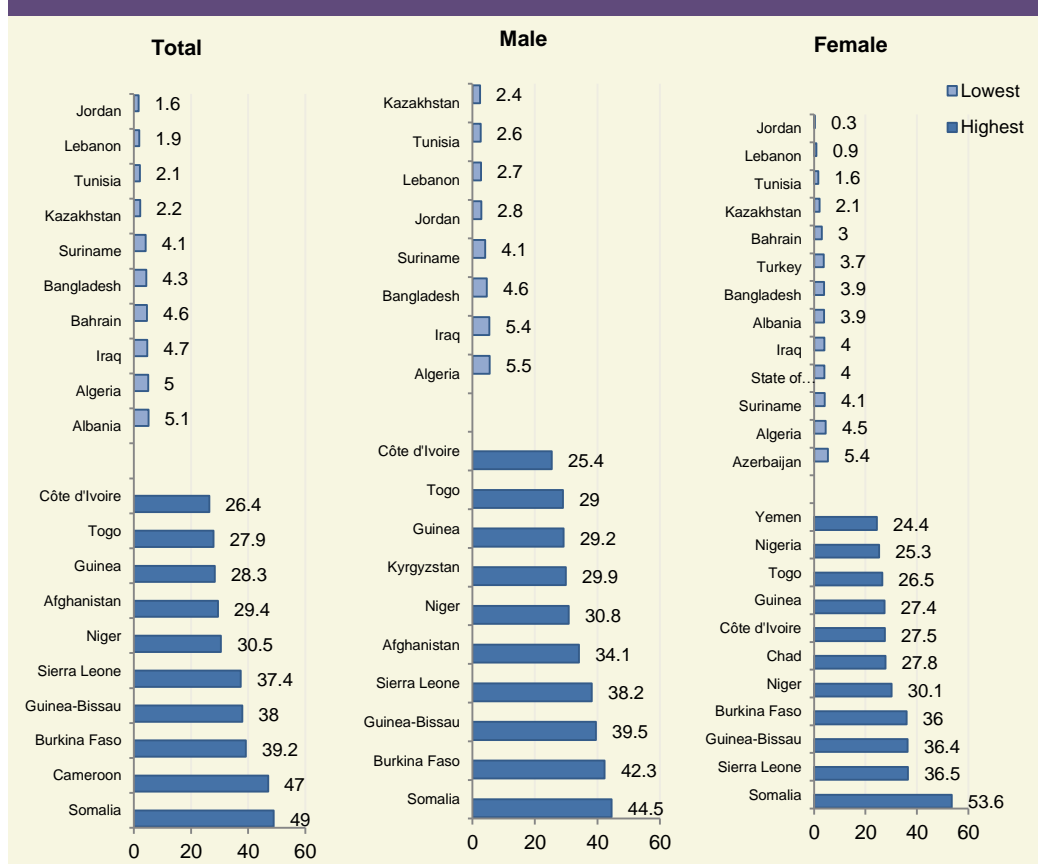
There are again wide discrepancies in incidence of child labour across OIC countries (Figure 6.10). Jordan (1.6%), Lebanon (1.9%), Tunisia (2.1%) and Kazakhstan (2.2%) were the countries with the lowest prevalence of child labour among children aged 5 to 14 in 2009-2015 (Figure 1.16). In contrast, the highest prevalence of child labour was estimated in Somalia (49%), followed by Cameroon (47%), Burkina Faso (39.2%), and Guinea-Bissau (38%). These four countries were also ranked among the top countries in the world.

FIGURE 6.9 Prevalence of Child Labour (%), 2009-2015*



Source: SESRIC staff calculations based on UNICEF Data. * Most recent year available

FIGURE 6.10
OIC Countries with Lowest and Highest Prevalence of Child Labour (%), 2009-2015*



Source: UNICEF Data. * Most recent year available

7 Concluding Remarks

This report looked at the state of children in OIC countries in a comparative perspective. The report focused on socio-economic factors ranging from health, education and nutrition to the conflicts and child labour that affect children well-being and development. All these dimensions, which impact children, were discussed in details and analysed by using available data for OIC countries in relevant sections throughout the report.

OIC countries are characterized by the youngest demographic distribution, with over one third of population below age 15. This underlines the huge demand for health care, schooling, food, recreation, and social protection and welfare services for the infants and young children. Over the years, many OIC countries have made significant progress in terms of fulfilling children's right to health, with more resources than ever being invested in the primary health care services. There are important country success stories within the OIC group in implementing interventions like antenatal care, skilled attendance during birth, immunization, and early care seeking for pneumonia, diarrhoea and malaria. These efforts paid off and child mortality is on decline across the OIC countries. Starting from a higher U5MR of 126 deaths per 1000 live births in 1990, OIC countries managed to reduce U5MR by 52% to 60 per 1000 live births by 2015. However, despite this remarkable progress, OIC countries as a group made the least progress in reducing child deaths since 1990. With alarmingly low coverage of important child health care interventions, situation remained significantly poor in South Asia and Sub-Saharan Africa regions, which were home for around 60% of OIC children aged under 5 in 2015.

Child nutrition and food security is another major area of concern for the OIC countries. As a result, not only the risk of child death from common illness such as diarrhoea, pneumonia, and malaria remained quite elevated in OIC countries but also many children are suffering from physical and cognitive impairments caused by the malnutrition and deficiencies of vital micronutrients like vitamin A, iodine and iron. In 2010-2015, around one third of children in OIC countries were stunted, 18% were underweight, 9% were wasted and 6% were overweight. Though these complications are largely preventable and curable through proper child feeding practices recommended by the WHO and UNICEF, only 39% of infants in OIC countries were put to the breast within first hour of birth, 33% were exclusively breastfed during the first six months of life, 44% were breastfed until at age 2 and 58% of infants were introduced to complementary foods at 6 to 8 months.

Looking at selected indicators on education from a children well-being perspective reveals that OIC member countries made a significant improvement in terms of literacy, enrolment and completion rates since the 1990s. However, OIC member countries, on average, still have a long way to reach the level of developed countries in terms of literacy, enrolment and completion rates.

In terms of adequacy of education services for children, OIC member countries, on average, are lagging behind non-OIC developing countries. For instance, in terms of government expenditures per pupil, OIC member countries, on average, spend \$928 per pupil whereas the average of non-OIC developing countries is \$1860 in the same year. In terms of quality of education for children, OIC member countries also encounter problems. One major problem is the existence of crowded classrooms in the OIC group where student-teacher ratios are remarkably higher than those seen in developed countries. Another fact that is observed in education services for children in OIC member countries is the lack of gender equality dimension. It is seen that there are important disparities among boys and girls in access to education that mostly girls are disfavoured. Finally, in terms of cross-country differences among OIC member countries, the figures on enrolment and completion rates differ widely. It is therefore clear that some OIC member countries, especially situated in Sub-Saharan Africa, compared with other OIC member countries, such as those placed in Central Asia, have to show some extra efforts in order to reach high enrolment rates and provide quality education to children.

In order to protect children and provide them the basic services, the birth certificate carries a particular importance. However, birth registration figures for OIC member countries, on average, are lagging behind the average of non-OIC developing countries as well the world average. To this end, many children in OIC member countries need to stay out of public services and are facing different forms of violence due to lack of an official birth certificate. It is therefore an important and urgent issue that policy-makers in OIC member countries need to address to improve the well-being of children.

No violence against children is justifiable. However, the figures show that many countries all across the world experience different forms of violence and abuse against children at varying degrees, which cannot be negligible. Unfortunately, the figures reveal that maltreatment and violence against children in OIC member countries are relatively higher in terms violence discipline against children, violence against women (mothers of children), female genital cutting and child marriage.

Conflicts in OIC member countries constitute a major threat for children well-being. Conflicts are extremely harmful for children by leading to death and injuries, destroying infrastructure, creating a chaotic environment where violence and abuse cannot be controlled, and displacing children from their families and countries. Overall, the number of conflicts is on the rise in the OIC region in recent years where each year increasing number of children suffering from conflicts at varying degrees.

Child labour is one of the worst forms of exploitations widespread across the developing world. Though child labour is prohibited in the majority of OIC countries, 17% of children aged 5 to 14 were still trapped in child labour in 2009-2015. In general, boys are more likely to be engaged in child labour than the girls. Among the OIC regional groups, prevalence of child labour remained highest in SSA and SA regions, which are currently home for nearly half of OIC's total children 5 to 14 years old.

8 Policy Recommendations

State of child health and nutrition remained significantly poor in many OIC countries. The challenge now facing the high-burden OIC countries is how to achieve universal coverage of effective interventions including antenatal and postnatal care, safer deliveries, care for new-borns and infants, breastfeeding, micronutrient supplementation and routine immunization against preventable diseases while optimizing investments and enhancing accountability to improve the health and nutritional status of children.

With respect to health, priority actions include training of antenatal care providers; improving supplies and logistics for health facilities; strengthening the referral linkages between communities and hospitals providing emergency maternal and child care; investing for more and better trained and equipped health workers to reach the majority of children who today do not have access to basic health care; developing home-based maternal and new-born care programmes based on successful models of community health workers; educating families and communities in how best to bring up their children healthily and deal with sickness when it occurs; and making better use of data to monitor and improve child health care coverage and quality. To improve the immunization coverage among children, priority actions for the governments and other stockholders include formulation of innovative strategies to achieve high and equitable immunization coverage; development and use of new vaccines and technologies; synchronization of Vaccination Week within the OIC countries; fighting taboos against vaccination through the involvement of political and religious community leaders; operationalizing the OIC Pooled Vaccine Procurement mechanism to secure timely supply and access to quality vaccines, particularly to new and underutilized ones, at competitive prices.

Governments should take necessary measures to improve the nutritional status of children by targeting the incidence of underweight, stunting, wasting and overweight among children. Provided the fact that health of mother is critical for the child, countries should develop and improve public health programs and services to provide education and resources to women of child bearing age to promote healthy nutrition prior to conception and during pregnancy, and provide assessments to at-risk pregnant women to help ensure that they receive appropriate medical attention. In addition, efforts should also be made to prevent women from becoming smokers and encouraging those who do smoke to quit. Academic and clinical research on major causes of malnutrition-related disorders is another area of paramount importance which needs due consideration of policy makers. In order to address the obesity, population-wide weight-control campaigns to raise awareness among medical staff, policy-makers and the public at large to reduce obesity have been very effective. In addition, keeping a check on the marketing of unhealthy foods and sugary drinks to children, and controlling the use of misleading health and nutrition claims is also very important. In some countries, governments have

also increased taxation on high-calorie, low-nutrition foods to reduce the consumption of such products.

Promotion of exclusive breastfeeding for 6 months and continued breastfeeding up to two years of age and beyond is critical for the nutritional status of babies. As recommended by the Global Strategy for Infant and Young Child Feeding (WHO, 2003), all mothers should have access to skilled support to initiate and sustain exclusive breastfeeding for 6 months and ensure the timely introduction of adequate and safe complementary foods with continued breastfeeding up to two years or beyond. To address the grievances of working mothers, governments should enact legislation protecting the breastfeeding rights of working women and establishing means for its enforcement in accordance with international labour standards. Furthermore, fortification of foods; micronutrient supplementation; and treatment of severe malnutrition are also important policy areas especially for the high burden countries. In this regard, OIC countries can benefit from the technical and financial support of international institutions and development partners through initiatives like Scaling Up Nutrition Movement (SUN) which helps countries in developing and implementing national infant and young child feeding policies; collaborating with partners to implement programmes with shared nutrition goals; and mobilising resources to effectively scale up nutrition with a core focus on empowering women. Currently, 55 countries are part of this movement including 26 OIC countries.

Given facts and figures on children education, OIC member countries need to allocate more financial and human sources to education. Increasing spending on education can only partially address the problems related with children education. The allocated sources for education should be used very carefully with proper planning. Policy-makers need to give priority to disadvantaged regions (remote areas within countries) where children suffer a lot in order to reduce disparity seen in children education across regions. Also education policies for children should be designed with a gender equality perspective. In OIC countries and regions where girls are disfavoured, policy-makers need to develop some education policies to encourage girls to enrol education institutions and to get the support of their families. These policies can include financial and non-financial incentives. Also policies to raise public-awareness would be helpful in this context. Specifically, NGOs and Islamic scholars would be important enablers for the success of education policies for children in OIC member countries. Many NGOs and Islamic scholars have a higher impact on families than public institutions in some regions of the OIC member countries. Therefore, policy-makers should not underestimate the importance of NGOs and Islamic scholars for the success of their policies on children education.

The figures on birth registration suggest that OIC member countries need to intensify their efforts in order to increase birth registration rate, which would help children to have better life standards in terms of education, health and other socio-economic aspects. According to the UNICEF, policies to support of birth registration include the following items: legal and policy reform; civil registry strategic planning, capacity building and awareness-raising; the integration of birth registration into other services, such as health and education; community-based registration and social mobilization campaigns.

Innovative approaches can also be used, including SMS technology and support to governments to develop online birth registration information systems. As listed by the UNICEF, there is a wide-range of policy options to increase birth registration rates. To this end, each OIC member country depending on its current situation can benefit from these policy options at varying degrees.

In general, several policies from organising public awareness campaigns to enacting legislations can be used in order to fight against different forms of violence against children. Nevertheless, the most effective way of fighting against violence is “prevention”. Therefore, policy-makers in OIC member countries need to take this fact into account. The best way to increase prevention is to invest into education and re-organise education curriculums (including adult-learning programmes) with an aim to raise awareness and to reduce violence and abuse against children. Organising public campaigns would also help policy-makers both in their efforts to get public support and to increase the effectiveness of their policies on violence. Nevertheless, the success these policies depends on long-term planning and political willingness in developing countries, including OIC members. Therefore, short-sighted policies without addressing the root-causes of violence against children, such as ignorance and lack of understanding on basic rights of human-being, can only bring a partial solution.

The least costly and the most effective way to cope with conflicts are to establish and sustain peace. However, it is not always possible to prevent conflicts given the state of affairs in the world. To this end, policy-makers need to work on how to reduce the impacts of conflicts on children and to improve the well-being of children in conflict regions. To this end, in order to minimize impacts of conflicts on children the UNICEF Report (2004) suggests international community: to consider the impact on children before engaging in conflict, and allow for the protection of children and women during conflict; to end the recruitment of child soldiers; strengthen the protective environment for children at every level, from the family right through to the level of national and international laws; to prevent conflict by addressing the underlying causes of violence and investing more resources in mediation and conflict resolution; to make monitoring and reporting on child rights violations in conflict zones a priority, including gathering reliable data on children who are actively involved in armed conflict; to expand demobilization and mine-awareness campaigns; to restart education for children caught up in armed conflict as soon as possible; to enhance the capacity of humanitarian agencies to respond to conflicts by developing early warning systems and better preparedness.

With its 57 members, there are policy options that the OIC can use in order to help children in conflict zones. First of all, the OIC can organise ordinary and extraordinary meetings/forums to highlight the importance of the issue and to set up a monitoring mechanism in this field. Second, the OIC can intensify its efforts with the UN in order to stop conflicts especially in hot spots such as in Yemen and Syria, where thousands of children have been affected. Moreover, if possible, these efforts can include formation of secure zones/camps within countries for protection of women and children. Finally, the OIC can also form a specialized body/envoy that would raise funds for children, monitor,

coordinate and provide humanitarian help for them in conflict zones in collaboration with the Islamic Development Bank Group. Overall, both OIC member countries and international community need to work together with a full respect to each other to build up a better future for children.

A majority of OIC countries have already adopted legislation to prohibit or place severe restrictions on the employment and work of children, in line with the standards adopted by the International Labour Organization (ILO). In spite of these efforts, child labour continues to exist across the OIC countries with varying degrees of incidence. The progress has been comparatively very slow especially in OIC countries located in Sub-Saharan Africa region. This state of affairs underlines the need for rigorous enforcement of laws and regulations against child labour by the governments. To do so, OIC countries need to develop an integrated response to child labour in the light of International Roadmap for Eliminating of the Worst Forms of Child Labour by 2016 and the Brasilia Declaration on Child Labour (2013). Over the years many countries have managed to curb the child labour by employing simple, affordable and effective measures like: engagement of civil society and media to change attitudes that condone child labour; increasing public awareness of abuse and its harmful effects on health and development of children; initiating social programmes to support families in need and helping them find alternative income to prevent child labour; collecting and disseminating data and information on child labour to improve the implementation of preventive and protective measures.

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Annexes

Annex 1: Towards a Safe Childhood ⁵

Every child has the right to a full and productive life; and it is a shared responsibility to ensure that our children grow up in environments that build confidence, well-being, happiness and security. Islam has established a legal framework, and embodied a code of ethics, designed to protect the rights of an individual including his or her right to live in a secure society. For children, security is of the upmost importance. The Quran and Sunnah of Prophet Muhammad (peace be upon Him) emphasized on the rights of children for health, education, security and stability. Throughout Islamic history and in Islamic literature the rights and responsibilities pertaining to children are clear-cut. Parents, families, communities, and government have certain responsibilities towards children. All of them are obliged to fulfil and secure these rights.

Today, the escalating conflict around the world is resulting with an increased and complex protection risks for vulnerable members in the family, especially in children. According to recent humanitarian reports, since 2013, more people became refugees (16.7 million) and are internally displaced (33.3 million) than at any time before (since 1994). Children and women suffer disproportionately, physically and psychologically, when their country is ripped apart by war and conflict. OIC Member States countries; such as; Palestine; Syria; Iraq; Somalia; Nigeria and Azerbaijan; are undergoing civil wars, armed conflict, occupation, and/or general instability, children at these countries are Islamic world, are facing huge challenges and obstacles that deprive them from practicing a normal and secured childhood. They are daily exposed to life-threatening dangers if not death. Millions of children are caught up in conflicts in which they are not merely bystanders, but targets. Some fall victim to a general onslaught against civilians; others die as part of a calculated genocide. Still other children suffer the effects of sexual violence or the multiple deprivations of armed conflict that expose them to hunger or disease. Nonetheless, the impact of armed conflict, displacement and exploitation result with severe negative effect on the children's psychological and mental health. They continue suffering traumatic disorder that prevents them from moving on and living a normal life with positive contribution to their societies.

Therefore, the Secretariat General of the OIC, along with the Member States and the subsidiary, specialized, and affiliated OIC institutions have to take effective measures to improve the unacceptable conditions and plight of endangered children living under armed conflict.

The justification behind the call to stand for children's safety and security

The current situation for millions of children affected by war and armed conflict in the Muslim's world is dire and those children continue to suffer each of "The Six Grave Violations against Children during Armed Conflict", and even more. According to UNICEF,

⁵ This Annex is prepared by the Department of Cultural, Social and Family Affairs of the OIC-GS.

nearly 700 children have been killed in Iraq in 2014 only. More than 10,000 children have been killed in Syria since the outbreak of conflict in 2011. Boko Haram kidnapped 276 schoolgirls in northeast Nigeria in 2014. 153 Kurdish boys were abducted by ISIL during 2014. Schools and hospitals continue to be attacked –at least 244 schools in Gaza have been damaged by shelling and air strikes and half of Gaza’s hospitals were damaged since the beginning of 2014. In Syria, more than half of all school-age children do not attend school as a result of the conflict. Children continue to be denied their right to live a safe childhood, not to mention their basic humanitarian rights and needs. Although the OIC General Secretariat in coordination with the Member States have made lots of progress in addressing challenges and issues that endanger children in the Muslim world, these efforts still fall short particularly within the contemporary escalating armed conflict situation in the Muslim world. Therefore, the OIC General Secretariat should recall Member States and all related OIC institutions to take more effective measures aimed to ensure the protection of Muslim children in the world and particularly in areas of conflict.

The Six Grave Violations against Children during Armed Conflict

The Six Grave Violations against Children during Armed Conflict, enumerated by the Security Council to advance the goal of protecting children during armed conflict in its resolutions. The UN Security Council – in UNSC Res. 1612 of 2005 – established a Working Group on Children and Armed Conflict and a Monitoring and Reporting Mechanism (“MRM”) to systematically monitor, document and report on heinous abuses of the rights of children in situations of armed conflict.⁵ Subsequent Security Council resolution, UNSC Res. 1882 of 2009, has further expanded and strengthened the MRM.⁶

During times of conflict, international humanitarian and human rights law must be respected, with special regard to children who often have no means to defend themselves against abuses. The *full* range of children’s rights – economic, social and cultural as well as political and civil – should be respected, protected and promoted. However, after broad consultations within the UN, its peacekeeping missions, member States and non-governmental organizations, the UN Security Council identified six categories of violations that warrant priority attention. These **Six Grave Violations against children during armed conflict** were selected due to their ability to be monitored and quantified, their egregious nature and the severity of their consequences on the lives of children. The Six Grave Violations against Children during Armed Conflict are listed as follows:

1. Killing or maiming of children,
2. Recruitment or use of child soldiers,
3. Rape and other forms of sexual violence against children,
4. Abduction of children,
5. Attacks against schools or hospitals,
6. Denial of humanitarian access to children.

OIC Activities and Efforts for the Child Well-Being in the Muslim World

Since its establishment, the Organization of Islamic Cooperation (OIC) has always been dedicating extensive efforts to promote child welfare, child well-being, and protect children's rights in the Muslim world in pursuance of:

- The 1959 Declaration of the Rights of the Child;
- The 1989 Convention of the Rights of the Child;
- The Cairo Declaration on Human Rights in Islam;
- The OIC Covenant on the Rights of the Child in Islam, which stresses on the importance of the rights of the child;
- The Ten Year Program of Action (2005-2015); and the Tenth Islamic Summit decisions on children.

The Ministerial Conferences for Childhood Ministers in the Member States

The Islamic Conference of Ministers in Charge of Childhood is one of the specialized Islamic Conferences held by ISESCO, in coordination with the OIC General Secretariat and the competent parties in the host countries, in the fields of higher education and scientific research, culture, the environment and childhood.

The 1st, 2nd, 3rd and 4th Islamic Conferences of Ministers in-charge of Childhood, which were held respectively in Rabat, Khartoum, Tripoli and Baku in 2005, 2009, 2011 and 2013 in coordination between the General Secretariat, ISESCO and UNICEF, adopted Rabat Declaration, Khartoum Declaration, Tripoli Declaration and Baku declaration on the issues of Children in the Islamic World.

- 1- The first Conference held in Rabat, Morocco (7-9 November 2005) issued the *"Rabat Declaration on Child's Issues in the Member States of the Organization of Islamic Conference"*.
- 2- The second Conference held in Khartoum, Sudan (2-4 February 2009) issued the *"Khartoum Declaration: Towards a Brighter Future for Our Children"*.
- 3- The third conference held in Tripoli, Libya (10-11 February 2011) issued the *"Tripoli Declaration on Accelerating Early Childhood Development in the Islamic World"*.
- 4- The fourth conference held in Baku, Azerbaijan (11-12 November 2013) issued the *"Baku: Declaration: Toward a Better Future for Children in Urban Settings in the Islamic World"*.

The Ministerial Conferences for Childhood at the OIC Level

First Islamic Ministerial Conference on Child Affairs

The First Islamic Ministerial Conference on Child Affairs - Rabat, Kingdom of Morocco, from 7th to 9th Nov, 2005, focused on topics related to Health, HIV/AIDS, Child Protection against Violence, Exploitation and Abuse, Education, and Investing on Children. The Conference was organised in collaboration with the ISESCO, UNICEF and the OIC-GS.

The conference set the foundations and the basic needs of children in the Islamic world upon the contemporary social, economic and political situation of the Islamic world at that time.

The conference highlighted the main issues that need to be tackled by the Member States and the different measures and methods to be used and followed in each issue in order to achieve the desired outcomes for the benefits and wellbeing of children in the Islamic world.

The main issues that were recommended to be followed up are in the areas of:

- Child Protection against Violence;
- Child education;
- Investing on Children.

The main recommendations of this conference were:

- Entrust ISESCO, UNICEF and the OIC with the responsibility of following up the implementation of this Declaration in conjunction with the Chairman of the Conference, and of supporting individual and joint efforts of Member States with a view to assisting them in fulfilling their obligations and commitments to children.
- Entrust ISESCO with the responsibility of convening the Islamic Ministerial Conference on the Child on a regular basis, and of following up the implementation of its resolutions and recommendations in conjunction with the General Secretariat of the OIC and UNICEF.
- Recommend in this context, the development of mechanisms to promote the exchange, among OIC Member States, of expertise in the development and implementation of policies pertaining to the child rights, and to provide oversight of progress in the implementation of this Declaration, any future Declarations or Resolutions relating to the rights of the child and of the “A World Fit for Children” Document.

Second Islamic Ministerial Conference of Ministers in charge of Childhood Affairs: *Towards a brighter future for our children*

The Second Ministerial Meeting on Children in the OIC Member States was held in Khartoum, Sudan under the theme “Towards a brighter future for our children”. The Conference was organised in collaboration with the ISESCO, UNICEF and the OIC-GS.

The conference focused on areas of ‘Child Health’, ‘Education’, ‘Child Protection’, and ‘Globalization’ in relation to children and discussed methods of accelerating progress in these areas in relation to children. The conference came out with the issuance of the Khartoum Declaration, which highlighted the issues and concerns facing children and their development in the Member States and decided on a set of recommendations and proposals to address them. The Declaration, commended, inter-alia, the role of the OIC General Secretariat in giving importance and priority to children issues in line with the vision and goals set in the OIC Ten-Year Program of Action (2005-2015).

The Conference called for the need of empowering children and, creating opportunities, and facilitating access to proper education, health-care, recreation facilities etc.

The conference also emphasized strongly on the need to enact preventive measures against child abuse, child labour and recruitment of child soldiers.

The massacre of innocent Palestinian children who were killed, injured and orphaned by the brutal Israeli aggression in Gaza, was highlighted in the conference, condemning the Israeli government for their continuous act of exploitation of human rights; and emphasizing that the perpetrators of these acts of war crimes should be prosecuted in international courts.

While drawing the attention of the Conference to the **OIC Covenant on the Rights of the Child in Islam**⁶, the conference urged the Member States to sign and ratify it.

The activities of the OIC General Secretariat for providing concrete relief and assistance to the 25,000 Indonesian children orphaned by the Tsunami disaster in December 2004, were highlighted. Also the contributions of the OIC in the process of developing and implementing similar programs for children in Darfur and Gaza were appreciated.

The main recommendations of this conference were:

- Entrust ISESCO with the responsibility of following up on the implementation of the Khartoum Declaration in conjunction with the Chairman of the Conference, and with supporting individual and joint efforts of Member States with a view to assisting them in fulfilling their obligations and commitments towards children.
- Request ISESCO to establish programmes and activities aiming to promote the situation of children, and to prepare, in coordination with Member States and the

⁶ The Covenant on the Right of the Child in Islam was adopted by the 32nd Session of the Islamic Conference of Foreign Ministers (CFM) held in Sana’a, Republic of Yemen (Resolution No 1/32-LEG on Human Rights). This Covenant was adopted out of the OIC commitment to the security, welfare, and well-being of children and as such considers the ratification of this covenant a critical step towards the actualization of its overall action plan. Therefore, the OIC, through all its ministerial meetings, regional and international events, continually call on Member States to sign and ratify the various agreements; which the Covenant on the Right of the Child, is amongst.

competent parties, studies, researches, data and indicators concerning the situation of children in general, with a view to assisting Member States in the implementation of the contents of Khartoum Declaration, and following up its implementation.

- Call upon ISESCO to coordinate and cooperate with specialized Islamic and international institutions to undertake studies aimed at improving the status of women, children and families in the Member States, especially in the target areas identified in this Khartoum Declaration.
- Urge Member States to report regularly to ISESCO on the measures taken in the implementation of this Khartoum Declaration.
- Call upon the OIC and ISESCO General Secretariats to submit the Khartoum Declaration to the specialized conferences of the relevant Arab, Islamic and international organizations to highlight the Islamic perspective with regard to child issues and their specificities in the Islamic world, and propound the Member States' expectations and future action plans in that respect.

Third Islamic Ministerial Conference of Ministers in charge of Childhood Affairs:

Accelerating Child Development in the Islamic World

The Third Islamic Ministerial Conference on Child Affairs was organised in collaboration with the ISESCO, UNICEF and the OIC-GS in Tripoli, Libyan Arab Jamahiriya, from 10th to 11th February, 2011.

Tripoli Declaration was a turning point on the agenda usually followed for Childhood wellbeing and development in the Islamic World.

The conference did not only follow up on the outcomes and achieved targets of the second meeting in Khartoum in 2009; but it also displayed additional concerns with rising importance and major effect on the safety and wellbeing of children in the Islamic World and Member States. In particular, the meeting discussed measures to safeguard and protect children in areas affected by natural disasters and war in the Member States.

The conference called all Member States to accelerate progress in the following areas:

- National Policies.
- Health Care and Nutrition.
- Pre-school Education.
- Community Support and Improving Parenting Programs.
- Protection of early childhood in emergencies.
- Enhancing Islamic Solidarity and International Cooperation for Financing ECD Programs.
- Fostering the Role of Civil Society in the Media.

The main recommendations of this conference were:

- The review of ISESCO about their responsibility of ensuring the follow-up of the implementation of this Tripoli Declaration with the competent parties in the Member States, in coordination with the General Secretariat of the Organization of the Islamic Conference (OIC), the Chairman of the Conference; and with maintaining support for

the efforts of Member States to honour their obligations and commitments towards children.

- Follow up on the outcomes of the reporting to ISESCO on the measures taken by the competent parties towards implementing this Tripoli Declaration.
- Status of the recommendation about ISESCO to schedule ECD programmes and activities under its action plans, to continue preparing relevant studies, research, data and indicators, to enhance coordination with UNICEF for drawing up an inventory of the world leading mechanisms and experiences in this areas, and to set appropriate standards for monitoring the situation of early childhood and ensuring the follow-up of ECD programmes, in coordination with the Member States and international, Islamic and regional partners.
- Status of the recommendation to call for ISESCO, an Islamic observatory on child rights to be entrusted with setting up a database on the situation and issues of childhood in the Islamic world and facilitating experience and information sharing among competent national structures and bodies in the Member States.
- Re-recommending on the adoption of the Legal Framework for the Establishment of ISESCO Forum for Children of the Islamic World; and entrust ISESCO with supervising the Forum and holding its regular and special sessions in order to enforce such a legal framework.
- Assuring provision of comprehensive protection and care for early childhood in the occupied Palestinian territories and the occupied Syrian Golan; and urge further solidarity with the countries whose children are exposed to death and forced migration because of wars and natural disasters;
- Call to support the humanitarian efforts the OIC Secretary General deploys in OIC Member States, jointly with the cooperating parties, in favour of children orphaned by natural disaster and war in Member States.

Forth Islamic Ministerial Conference of Ministers in charge of Childhood Affairs:

Children and the Challenges of Urbanization in the Islamic World

The 4th Session of the Islamic Conference of Ministers In-charge of Childhood, held in Baku, Republic of Azerbaijan, in Nov 2013, was under the theme “Children and the Challenges of Urbanization in the Islamic World. The Conference was organised in collaboration with the ISESCO, UNICEF and the OIC-GS.

The conference looked into the challenges facing children from rapid urbanization in the Member States and decided on an action plan to address these challenges and their ramifications. The plan included:

- Children’s right to education;
- Proper health care;
- Protection from abuse, forced labour, recruitment of child soldiers and their trafficking.

The Conference discussed the main document on “Children and the Challenges of Urbanization in the Islamic World” and a draft document on “Pre-school Education in the Islamic World: Some successful experiences”.

The Conference also presented the outcome of the First Session of Forum for Children of the Islamic World. In addition, the heads of Member States' delegations presented their statements and reports on childhood issues in the Muslim world. Furthermore, participants adopted the conference resolutions and the "Baku Declaration: Toward a Better Future for Children in Urban Settings in the Islamic World" where member countries called for:

- Integrated policies.
- Appropriate measures and adequate services for children.
- Improve equal access to decent living conditions for urban children in the Islamic World.

The conference also called on the international community to come forward to the cause of children, especially those living in dire conditions and suffering as victims of civil strife, conflicts and natural disasters.

Annex 2: Composition of OIC Regional Groups

East Asia and Pacific (EAP-3)	Europe and Central Asia (ECA-10)	Middle East and North Africa (MENA-19)	South Asia (SA-4)	Sub-Saharan Africa (SSA-21)
Brunei Indonesia Malaysia	Albania, Azerbaijan, Kazakhstan, Kyrgyzstan , Tajikistan Turkey, Turkmenistan Uzbekistan Guyana*, Surinam*	Algeria; Bahrain, Djibouti; Egypt, Iran; Iraq; Jordan; Kuwait; Lebanon; Libya; Morocco; Oman; Palestine ; Qatar; Saudi Arabia; Syria; Tunisia; United Arab Emirates; Yemen	Afghanistan Bangladesh Maldives Pakistan	Benin; Burkina Faso; Cameroon; Chad; Comoros; Côte d'Ivoire; Gabon; Gambia; Guinea; Guinea-Bissau; Mali; Mauritania; Mozambique; Niger; Nigeria; Senegal; Sierra Leone; Somalia; Sudan; Togo; Uganda

Note: OIC Regional Groups are based on the World Bank Country Classification. Guyana and Suriname are located in Latin America. However due to the limited number of OIC countries in that region; they are included in the ECA group only for the calculation purposes.