

Introduction by Elaine Wolfensohn

World Bank

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PLENARY I

This session is called from early child to human development. Perhaps it should be the title of the whole conference, because in fact when we are talking about children and a children's institute, and when we are talking about healthy children, we are really talking about children who received the right early child development. From the World Bank's point of view, human development is in the centre of its mission, because its mission is to alleviate poverty and the best investment for alleviating poverty is children. It's starting with early child development, continuing through the education process and through life education. Because in this fast changing world, people would be changing jobs every few years. And life skills have become a necessary path of education, if they were not always a necessary path. What has happened in the last couple of decades is that both economics and science have put numbers to knowledge that we always know intuitively. We now have both from studies of the brain and other studies absolutely accountable knowledge to show that the right investment from conception on is the best investment for the child's life, and that between 0 and 3 so much happens in a child's brain to determine his emotional, physical and cognitive health that to remedy any damage that is done in those years can cause up to twenty times as much, and one day we will have those figures, not only to the child, but to society as a whole. We could not have two greater experts than we have today to speak both on the biological side and the economic side about this investment and about some of the new knowledge that we have and that we are requiring at an ever-accelerating pace. So I would like to stop by introducing dr. Fraser Mustard from Canada, who has made an extraordinary difference to Canadian children and whose researches are going to help children of the world.

Children and the Mediterranean

Genoa, Italy

From Early Child to Human Development

By J. Fraser Mustard
Founding President, CIAR

January 7, 2004

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CIAR - Programs

- Population Health
- Human Development

Early Child Development (ECD) And Brain Development Health, Learning and Behaviour

The Role of Paediatrics

The Brain and Health

- From the time of the ancient Greeks to the 20th century, it was accepted that the mind can affect illness.
- The new thrust of the biosciences and the new treatments for disease have recently caused us to have less interest in the mind-body interaction and disease.

Esther Sternberg (NIH)

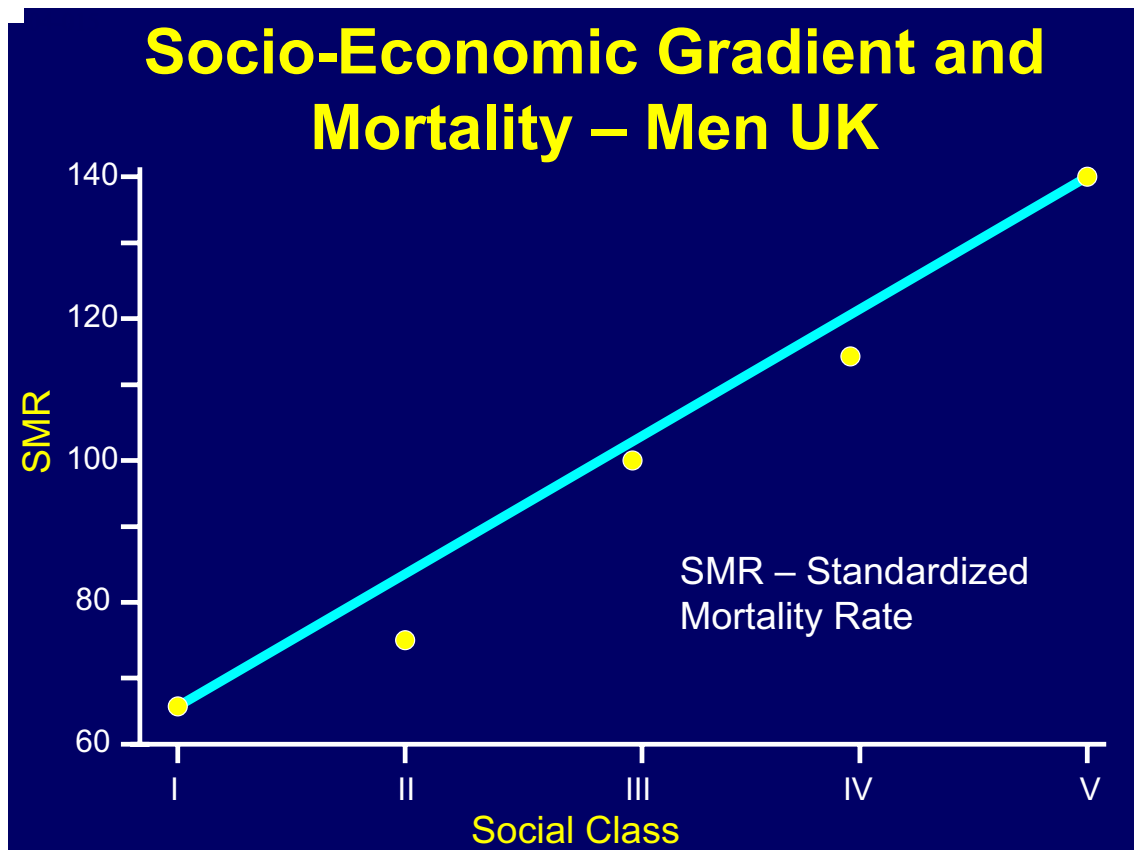
Socio-Economic Factors – Life Cycle and Health

In Utero - Barker et al

Early Years - Power and Hertzman

Adult Life - Marmot et al

Biological embedding in the early years
influences health risks in adult life



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Swedish Longitudinal Study – ECD and Adult Health

	Number of Adverse ECD Circumstances*				
	0	1	2	3	4
Adult Health	Odds - Ratios				
General Physical	1	1.39	1.54	2.08	2.66
Circulatory	1	1.56	1.53	2.91	7.76
Mental	1	1.78	2.05	3.76	10.27

* Economic, family size, broken family and family dissention

Lundberg, Soc. Sci. Med, Vol. 36, No. 8, 1993

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"Follow up through life of successive samples of birth has pointed to the crucial influence of early life on subsequent mental and physical health and development."

Acheson, Donald - [Independent Inquiry into Inequalities in Health](#), 1998

Health Problems Related to Early Life

- Coronary Heart Disease
- Non-insulin Dependent Diabetes
- Obesity
- Blood Pressure
- Aging and Memory Loss
- Mental Health (depression)

Critical Factors in ECD and Health

- Experience-Based Brain Development
- Sound Nutrition
- Clean Water
- Prevention of Illness
- Avoidance of Toxic Substances
(alcohol, drugs, lead, smoking, etc.)

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Experience-Based Brain Development in the early years of life sets neurological and biological pathways that affect:

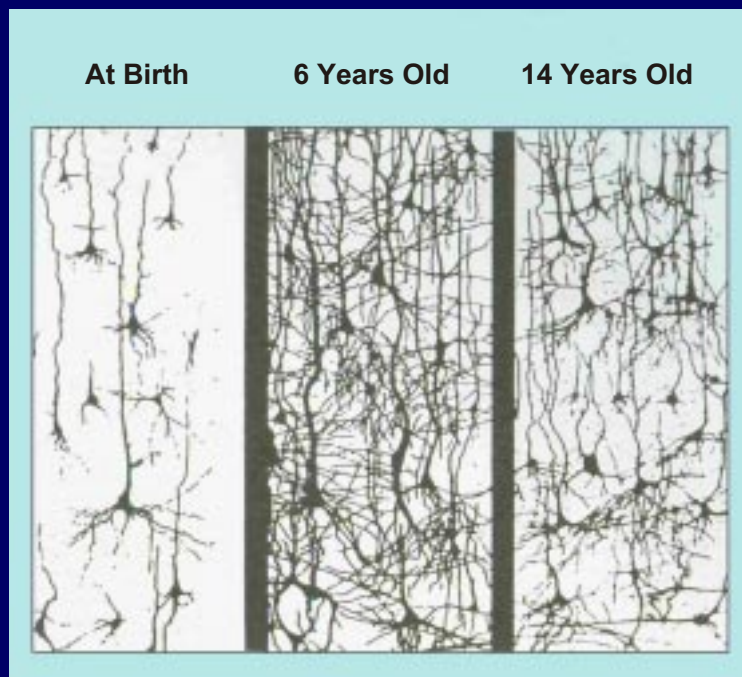
- Health
- Learning
- Behaviour

Experience and Brain Development

- Stimuli in early life switch on genetic pathways that differentiate neuron function – **sensitive period**
- Stimuli affect the formation of the connections (synapses) among the billions of neurons

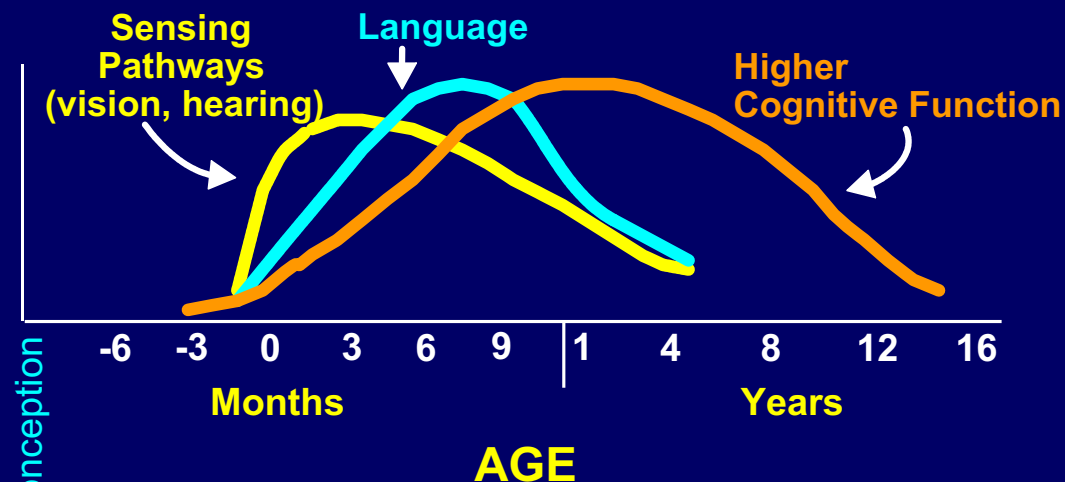
From studies in humans, monkeys and rats

Synaptic Density



Rethinking the Brain, Families and Work Institute, Rima Shore, 1997.

Sensing Pathways – Synapse Formation



C. Nelson, in *From Neurons to Neighborhoods*, 2000.

The Hypothalamus Pituitary Adrenal Gland (HPA) Pathway – Stress

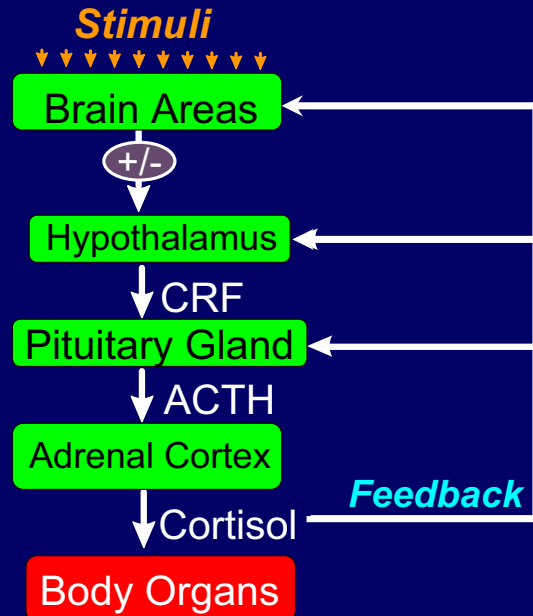
- Affects cognition, behaviour, the immune system, and many other biological systems
- Touch in early life is important in setting the neurological pathways and the control and response of this pathway – **sensitive period**

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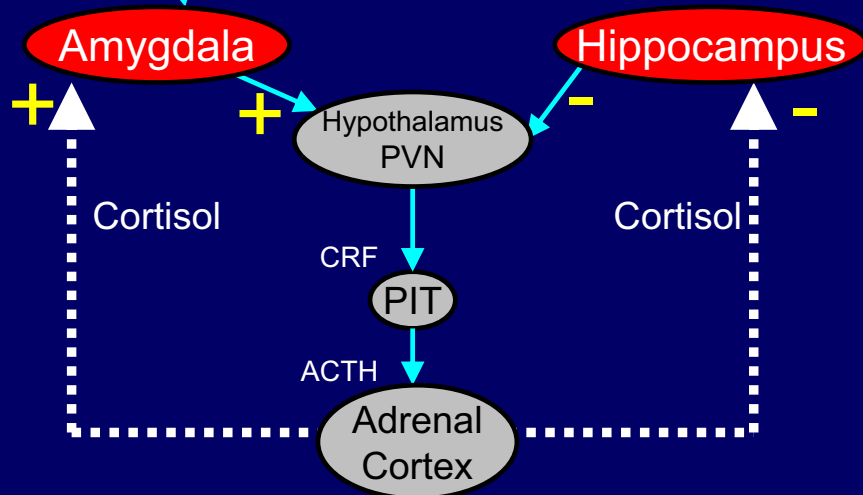
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HPA Pathway and Feedback to the Brain

The hypothalamic-pituitary-adrenal axis affects cognition, memory, behaviour, the immune system and other pathways

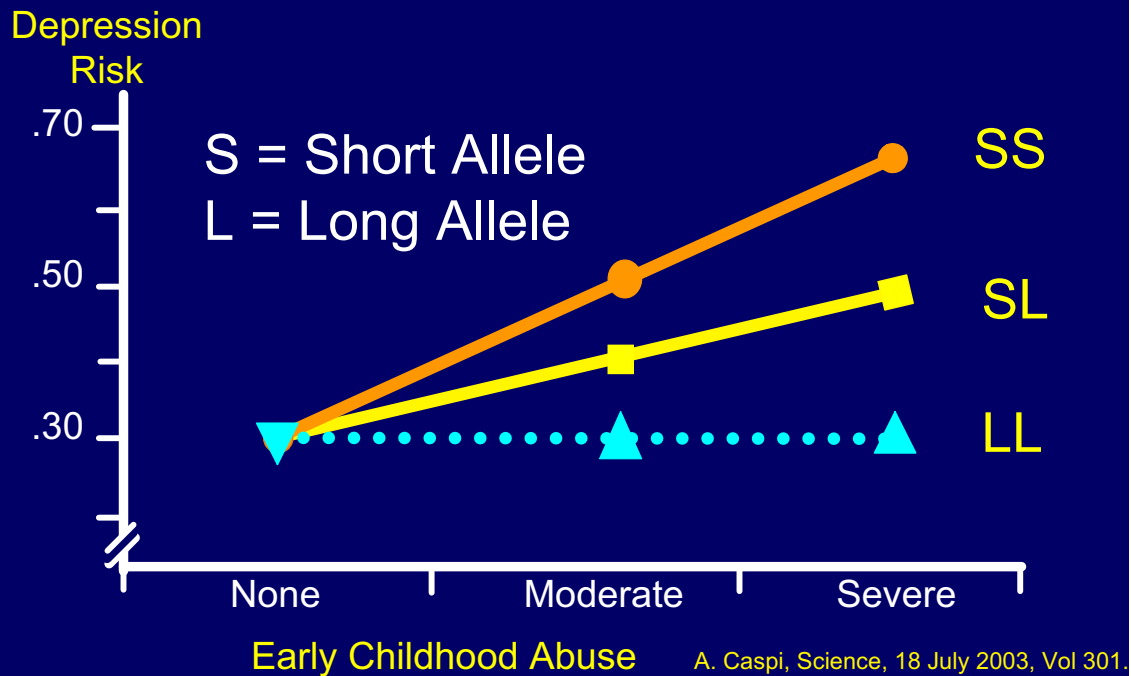


HPA Pathway Control



LeDoux, Synaptic Self

Serotonin Gene and Depression Age 26



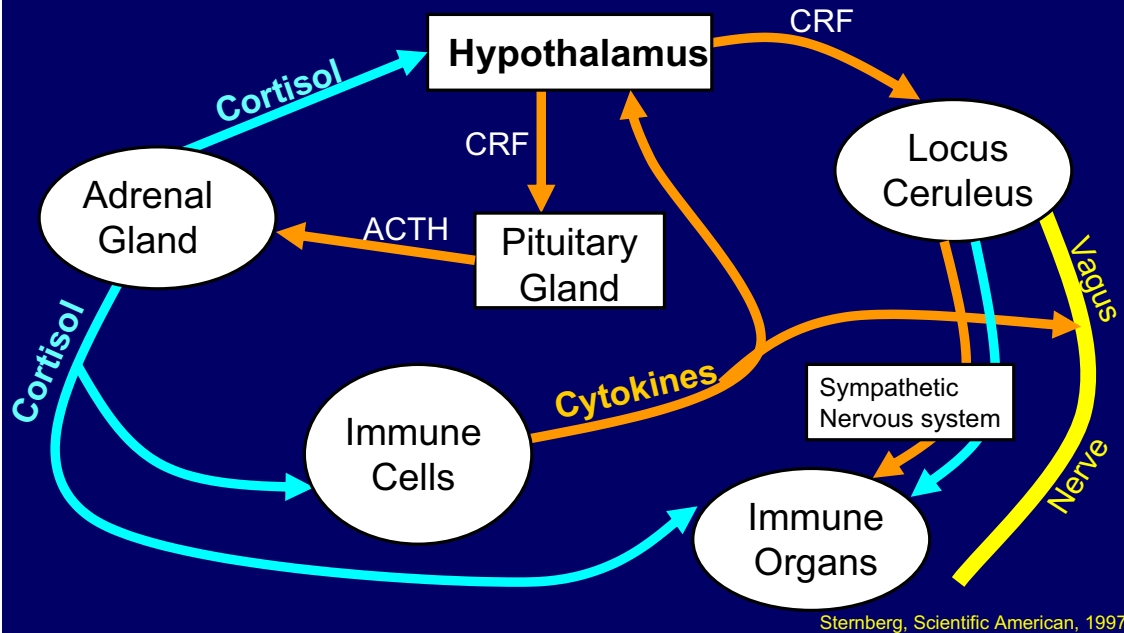
Brain HPA Pathway and Immunology

- Stress can make you 'sick'
- Stress can change the way the immune system responds
- Mediators

CRF, Cortisol – Cytokines - Interleukins

Esther Sternberg (NIH)

Interaction of the Brain and Immune System



Genes and Brain Stimulation

“ ... in the dance of life, genes and environment are absolutely inextricable partners. On the one hand, genes supply the rough blueprint for the brain. Then stimulation from the environment, whether it's light impinging on the retina or a mother's voice on the auditory nerve, turns genes on and off, fine-tuning those brain structures both before and after birth.”

Hyman, S., States of Mind, New York: John Wiley, 1999

Behaviour

- Involves HPA axis, hippocampus and frontal brain
- Early brain experience affects pathways
- Behaviour affected by early child development
 - antisocial behaviour and violence
 - drug and alcohol addiction
 - depression
 - post traumatic stress
- Behaviour possibly affected – autism, dyslexia, attention deficit disorder, schizophrenia

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“The origin of these behavior problems can be traced back to fetal development and infancy. High quality care-giving support ... during the first three years ... reduces ... the seriousness of behavior problems.” – sensitive period

Tremblay, R. - Developmental Health and the Wealth of Nations, 1999

Learning: Early Life and Learning Trajectories

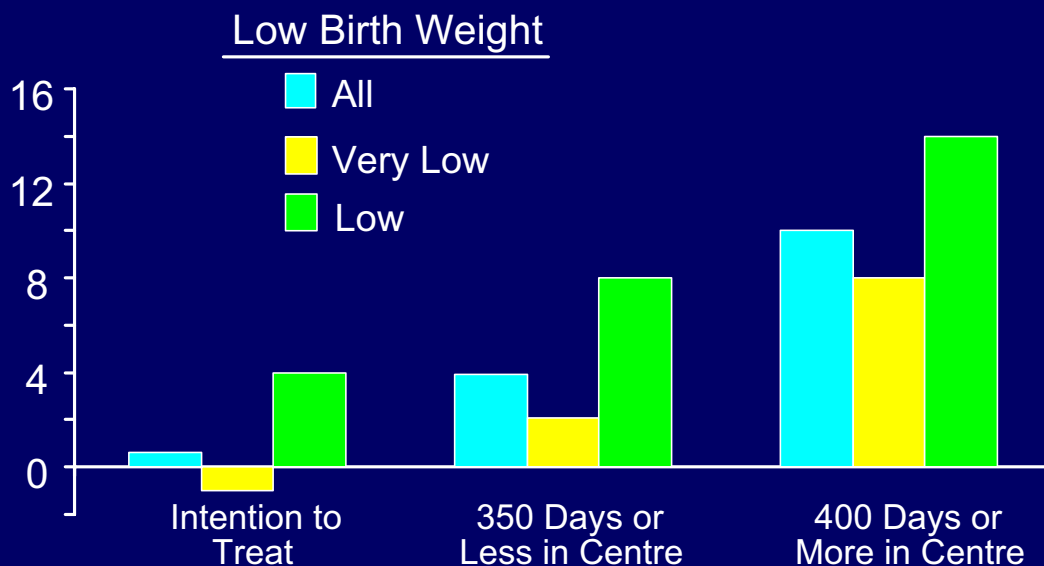
- Longitudinal studies of birth cohorts
- Randomized controlled trials of interventions in the early years
- Observational studies
eg. Orphans and adoption

Intervention Studies

- Grantham-McGregor
- Abecedarian
- Ypsilanti
- Osborn and Milbank
- Bergmann – France
- Other (World Bank Report)

Compatible with biological and animal studies

WISC Verbal Scores - Age 8 Low Birth Weight Children in ECD Centres Ages 1 to 3



Hill, Brooks-Gunn, Waldfogel. Dev. Psychol. 2003 July.

1970 British Birth Cohort

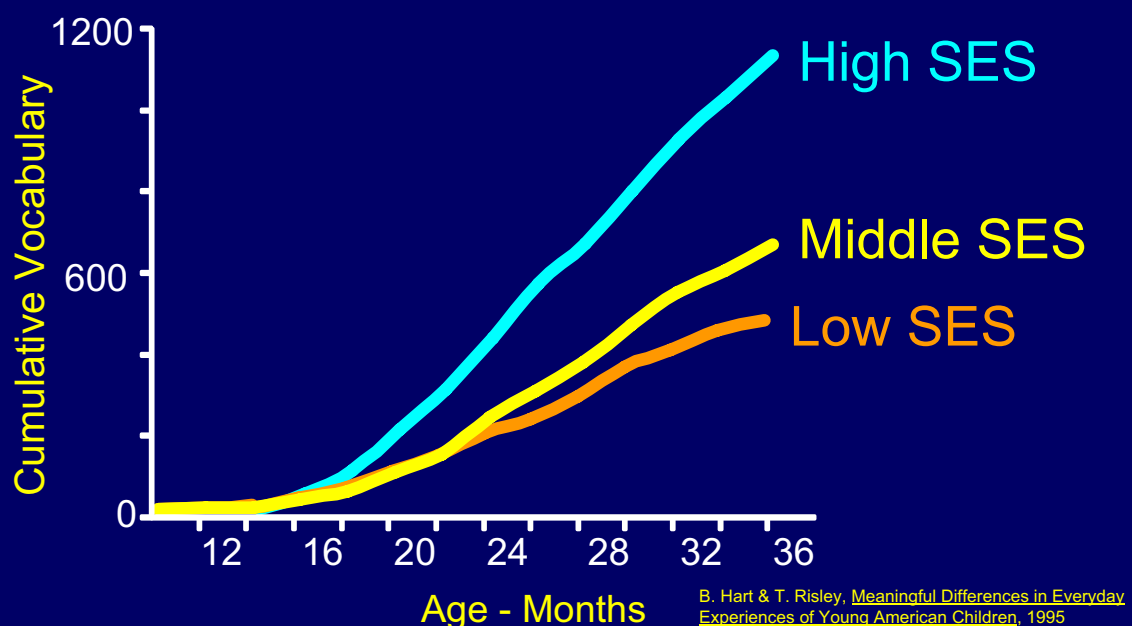
- Preschool programs improved performance in school system
- Benefits children in all social classes
- The effects of preschool programs persist

Egerton and Bynner (2001)

Summary

- The longitudinal studies of birth cohorts, the intervention studies and observational studies all show that experience-based brain development in early life affects learning and behaviour.
- The earlier an infant has exposure to quality experience, the better the outcome.
- These data are compatible with our understanding of brain development and function.

Literacy – Early Vocabulary Growth



Levels of Literacy: A Reflection of ECD

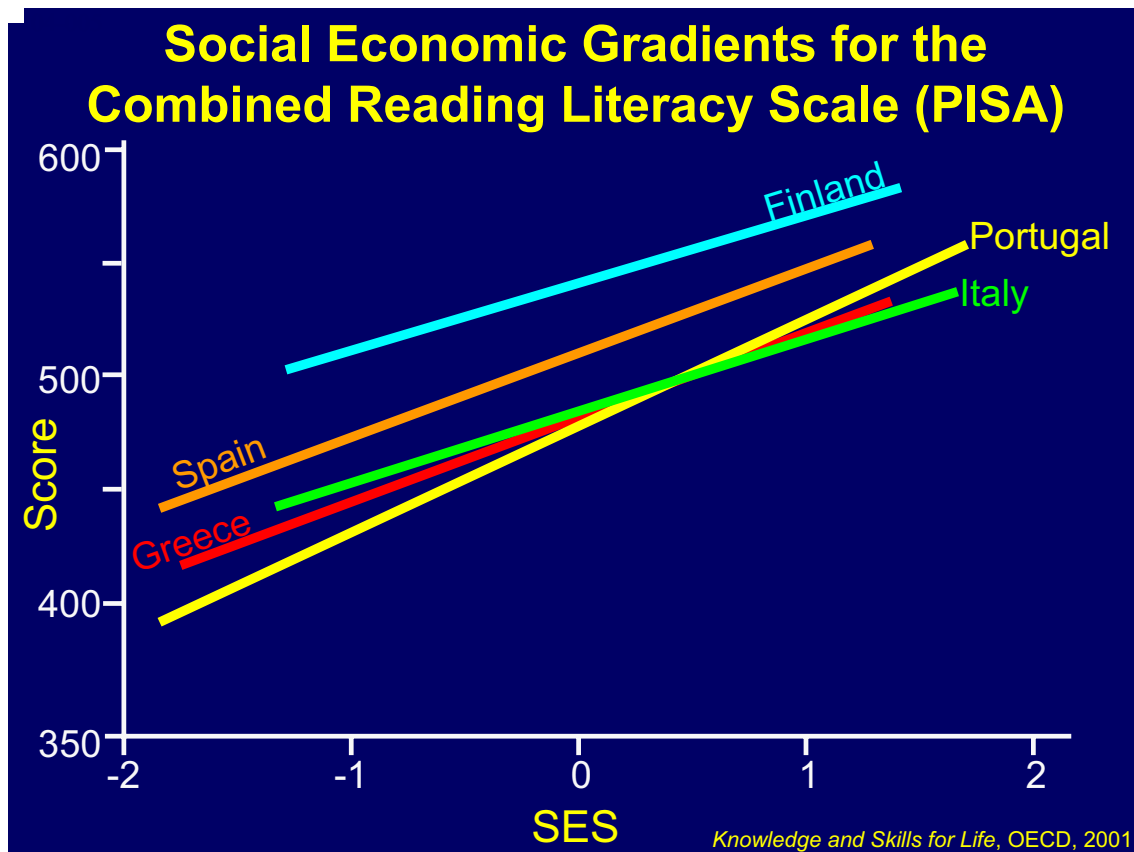
- Level 1:** indicates persons with very poor skills.
- Level 2:** people can deal with material that is simple
- Level 3:** is considered a suitable minimum for coping with the demands of everyday life
- Level 4 and 5:** describe people who demonstrate command of higher-order processing skills

OECD PISA Study – Reading Literacy Age 15

<u>Country</u>	<u>Percent at</u>	
	<u>Level 1 & 2</u>	<u>Level 4 & 5</u>
Finland	21	50
France	37	32
Spain	42	25
Italy	45	24
Greece	51	22
Portugal	52	21

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Most Effective Early Child Development Programs

- Centre Based ECD Programs
- Integrated Programs
- Parent Involvement
- Begin Early

Summary (1): Brain Plasticity

- Sensing pathways – set in early life
 - Vision
 - Hearing
 - Touch
- HPA Pathway (stress) – set in early life
 - (HPA-Immune Pathway)
- Hippocampus - Memory
 - Plasticity sustained throughout life
 - Affected by HPA Pathway
- Experience and gene expression

Summary (2): ECD – Health, Learning and Behaviour

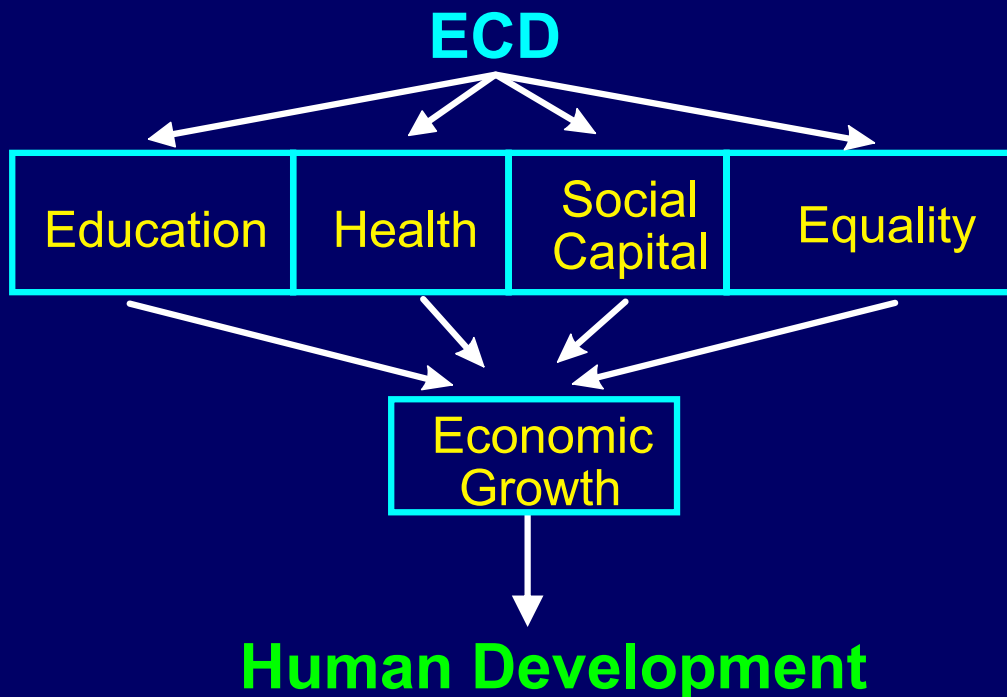
- Experience-based brain development in early life (including in utero) can set trajectories for learning, behaviour and health that are difficult to change later in life.

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“Gross underinvestment in children, and their mothers ... is one of the most potent ‘engines’ driving the growing inequality within and between nations.”

Enrique Iglesias, President
Inter-American Development Bank



From Early Child Development To Human Development *

World Bank Report, 2002

www.founders.net

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Slides - Slide Shows

References

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2. *Synaptic Self: How Our Brains Become Who We Are*. Joseph LeDoux, Viking Penguin, New York, 2003.
3. *The End of Stress As We Know It*. Bruce McEwen, Joseph Henry Press, Washington, 2002.
4. *Developmental Health and the Wealth of Nations*. Editors: Daniel P. Keating, Clyde Hertzman, The Guilford Press, New York, 1999.
5. *From Neurons to Neighborhoods. The Science of Early Child Development*. Editors: Jack P. Shonkoff and Deborah A. Phillips, National Academy Press, Washington, 2000.
6. *Early Years Study, Final Report Reversing the Real Brain Drain*. Hon. Margaret Norrie McCain and J. Fraser Mustard, Publications Ontario, Toronto, 1999.
7. *Vulnerable Children*. Editor: J. Douglas Willms, University of Alberta Press, Edmonton, 2002.
8. *Readiness to Learn at School*. Magdalena Janus and Dan Offord, In Isuma (Canadian Journal of Policy Research) Vol. 1, No. 2, 2000.
9. *Why are some people healthy and others not?* Editors: Robert G. Evans et al, Aldine De Gruyter, New York, 1994.
10. *The Early Years Study Three Years Later*. Hon. Margaret Norrie McCain and J. Fraser Mustard, The Founders' Network, 2002.

From Child Development to Human Development



Jacques van der Gaag



...the early years of child development set the stage for learning, behaviour and health throughout the life cycle.

Early Years Study, 1999



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...experiences in infancy...are
too often the source of
violence in children and
adults...

Ghosts from the Nursery



Today...we have enough information
about the determinants of life destinies
to suggest that it is important for
economists and social theorists to
acquire a deep knowledge of human
development.

Developmental Health and the Wealth of
Nations, 1999



Early Child Development Programs.....
should be viewed as
Longterm economic development strategies

Reynaldo Martorell, 1977



...we estimate a labor market
return of at least \$ 3, and
possibly as much as \$ 18,...

Glewwe, Jacoby and King
WorldBank, 2000



Introduction

0. History of Development Economics

1. Immediate benefits of ECD for Children

(ECD, Child health & Nutrition, Child development)

2. Long term benefits: Child experiences ↓ Adult outcomes

(Neuropsychology, Cognitive development, Medical sciences, Education, Sociology)

3. Adult outcomes ↓ Individual prosperity

(Economics, Sociology)

4. Individual prosperity ↓ Human Development

(Development economics)



- Mathematical Planning
- People: Labour / Skills



Tinbergen
Nobelprize in 1969



- Human Capital Π Human Development
- People are Objective **and** Means of Human Development



Sen

Nobelprize in 1998



Immediate benefits of ECD

Cognitive development

Psychosocial stimulation
Nutritional supplementation
Health care
Parental training

- Higher IQ
- Practical reasoning
- Eye and hand coordination
- Hearing and speech
- Reading readiness



Immediate benefits of ECD

Health outcomes

Psychosocial stimulation
Nutritional supplementation
Health care
Parental training

- Less morbidity
- Less mortality
- Less malnutrition and stunting
- Better personal hygiene and health care
- Less child abuse



Immediate benefits of ECD

Social development

Psychosocial stimulation
Nutritional supplementation
Health care
Parental training

- Higher self-concept
- Less aggressive
- More spontaneous
- More interactive play
- Better parent-child relationship
- Better peer relationship
- More socially adjusted



Long term benefits

Child experiences $\hat{C}$ Adult outcomes

Education

Cognitive development

Nutrition

Health

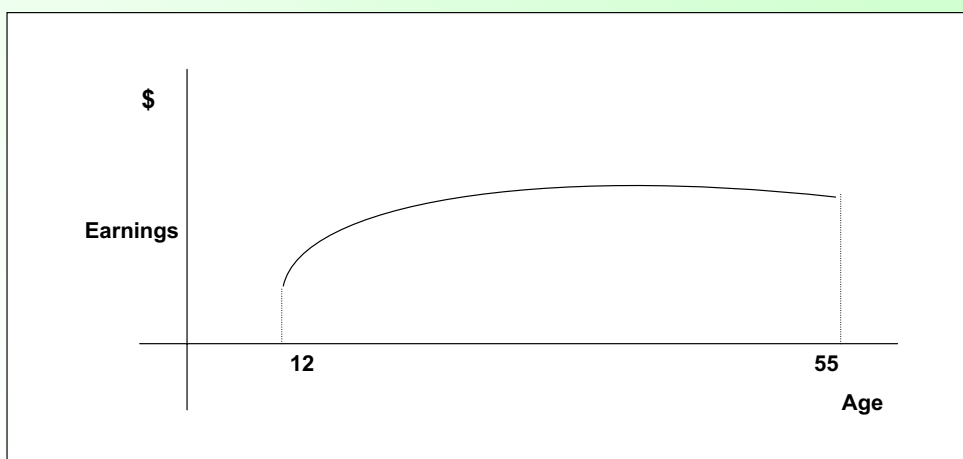
Social development



- Earlier schooling
- Better schooling
- More schooling



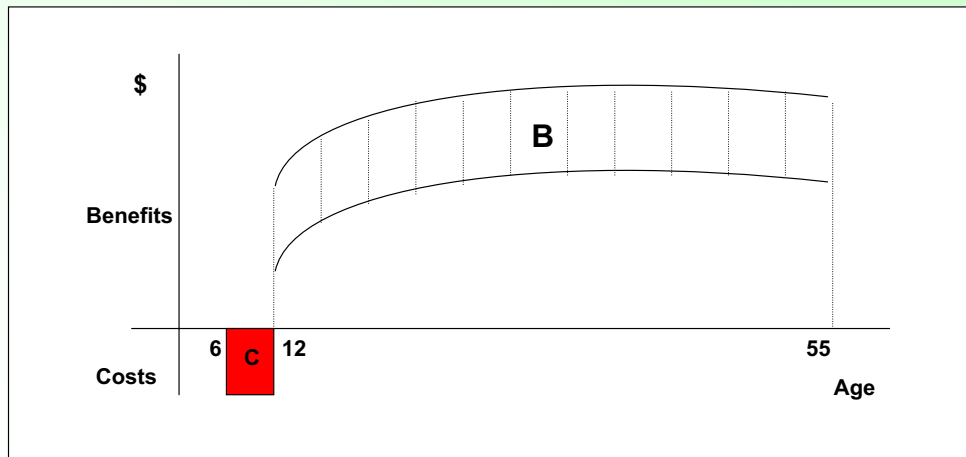
Age-Earnings Profile without Schooling



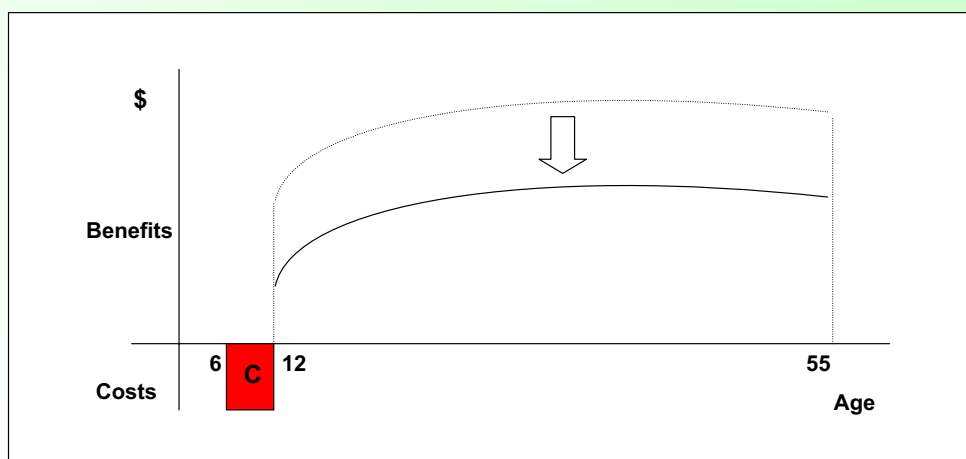
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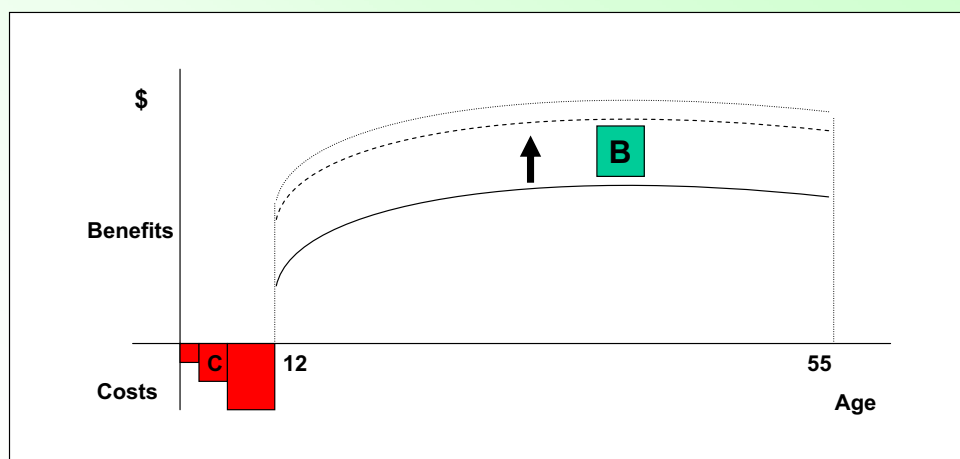
Age-Earnings Profile with and without Schooling



Reduction in the Cohort's Full Productive Potential



Regaining the Lost Productive Potential



Benefit-Cost Ratios for the Bolivian PIDI Program

	Benefit-Cost Ratio Scenario I	Benefit-Cost Ratio Scenario II
Benefits from Increased Productivity	2.07	1.38
Plus Direct Service Delivery (\$1,200)	2.93	2.24
Plus Reduced Fertility (\$190)	3.06	2.38

Source: Rand



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Benefit-Cost Ratios for Selected non-ECD Projects

Project	Benefit-Cost Ratio
Hill Forest Development Project, Nepal	1.18
Philippine Ilocos Irrigation Systems Improvement Project	1.48
Large-Scale Alternative	1.32
Small-Scale Alternative	1.99
Livestock Development Project, Uruguay	1.59
Livestock and Agricultural Devlpmt.Project, Paraguay	1.62
Cotton Pressing and Marketing Project, Kenya	1.80
Kunda Cement factory, Estonia	2.27



Source: Rand:



Long term benefits Child experiences → Adult outcomes

Health

Infant malnutrition	→	• reduced adult stature • diabetes
Infection in early life	→	• chronic bronchitis • acute appendicitis • asthma • parkinson • multiple sclerosis
Low birth weight	→	• raised blood pressure • chronic pulmonary disease • cardiovascular disease • coronary heart disease • stroke



Long term benefits

Child experiences ↓↓ Adult outcomes

Social development

More social behavior
Better peer-relationship
Better parent-child rel.
Better teacher-child rel.
More supportive environment (parents)

- self-esteem
- social competence
- social relationships
- motivation
- norms/values
- less delinquency



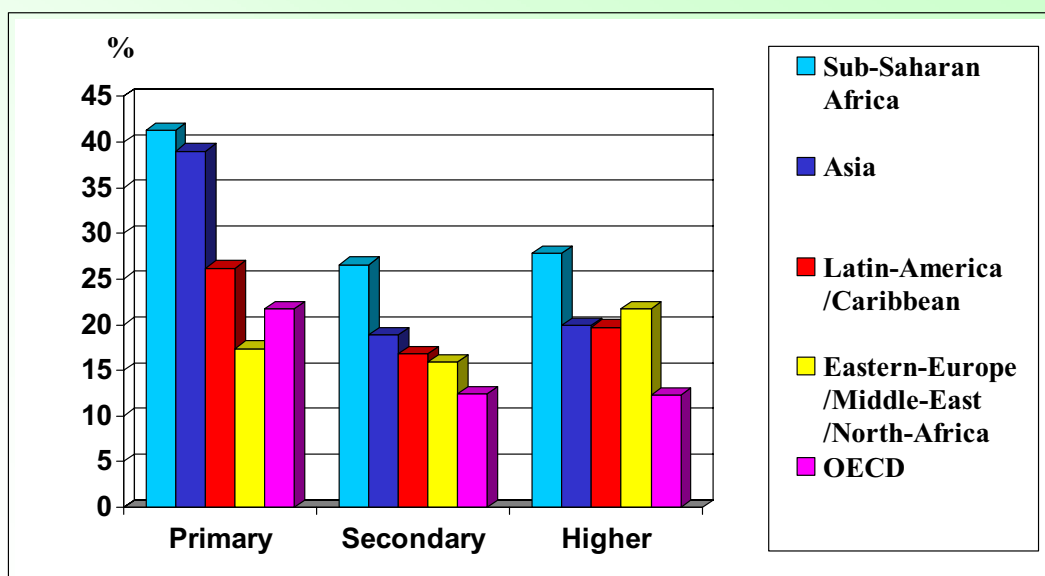
Adult outcomes ↓↓ Individual prosperity

Education

- Returns to education
 - income
 - child care quality
 - own and family health
 - social cohesion
 - poverty reduction
 - reduced fertility
 - crime reduction
 -



Returns to investment in education by region



Source: G. Psacharopoulos, "Returns to Investment in Education: A Global Update", in: *World Development*, 1994, 22(9), pp. 1325-1343.



Adult outcomes ↓ Individual prosperity

Health

Better health

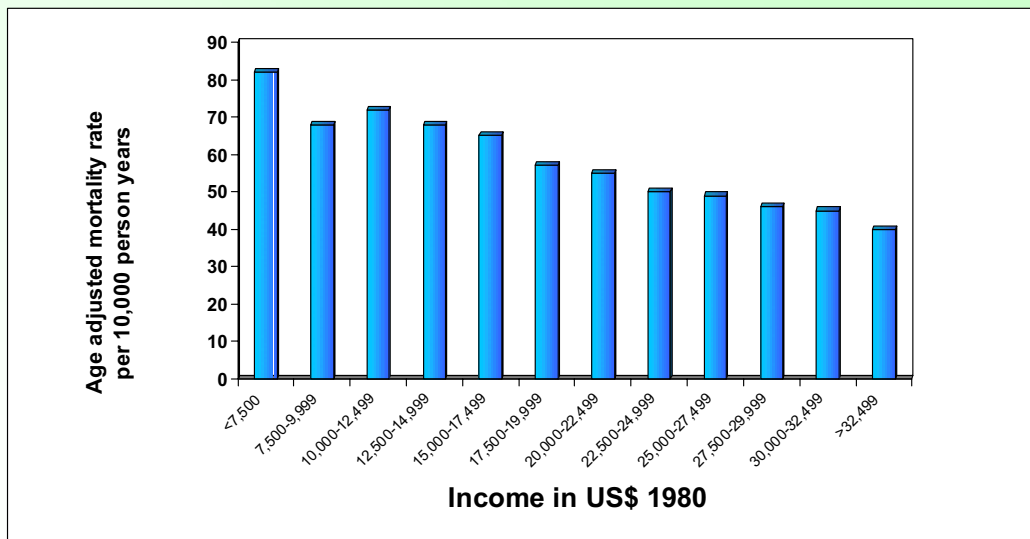
Higher life expectancy

Better weight and height

- higher productivity
- less absenteeism
- higher income



Income and mortality among white US men, 1980



Source: Wilkinson, Richard G., "Unhealthy Societies: The afflictions of inequality", London: Routledge, 1996.



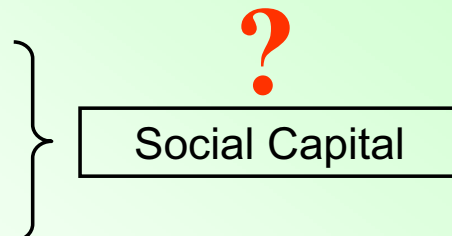
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Adult outcomes ↓ Individual prosperity

Social development

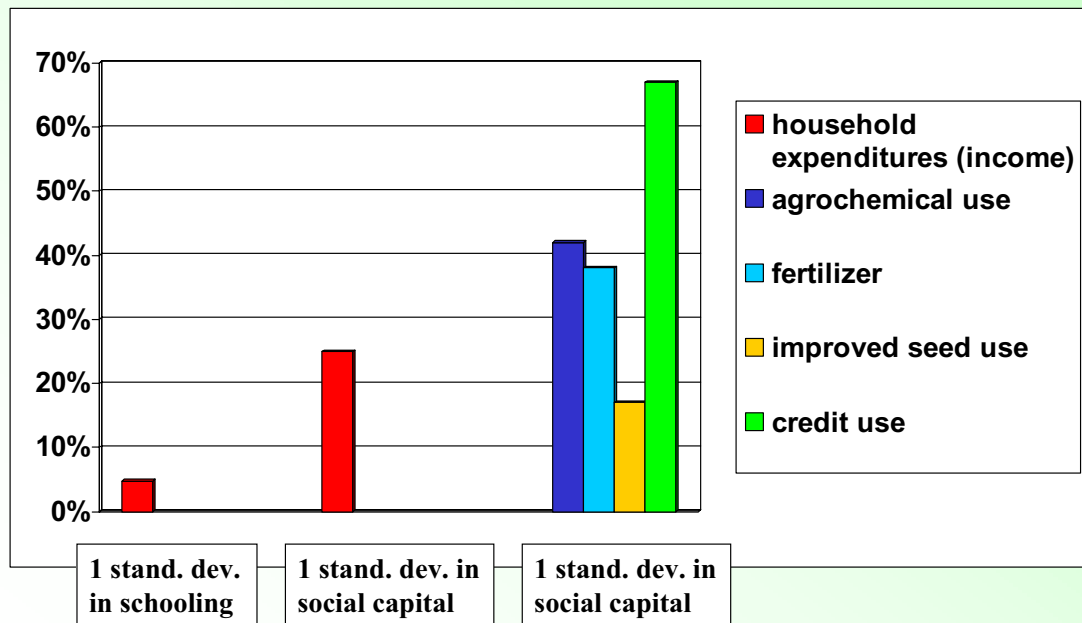
Social competence
Social relations
Norms and values
Less delinquency



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Poverty and Social Capital in Tanzania



Source: D. Narayan, "Voices of the Poor: Poverty and Social Capital in Tanzania", Washington D.C.: World Bank, 1997.



Individual Prosperity ↓ Human Development



Causes of Economic Growth

Economic

- Savings
- Physical Capital
- Natural Resources
- Trade Policy
- Price Stability
- Flexible Markets
- Low Government Exp.

Social

- Education
- Health
- Social Capital
- Equality



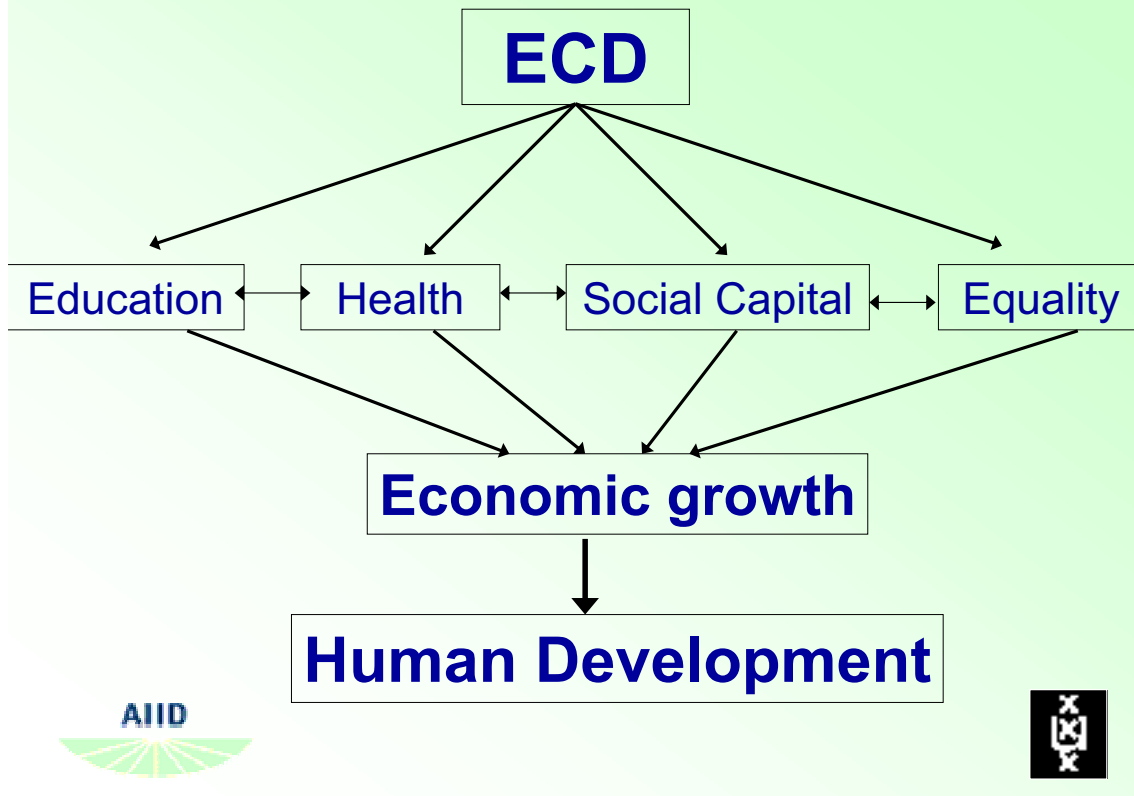
Equality

- Importance for:
 - Poverty Reduction
 - Health of society
 - Crime reduction
 - Economic growth
 - Social justice



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CONCLUSIONS:

- **Comprehensive view of development**
(individual; nation)
- **Greater focus on early years** (budget implications)
- **Health**
 - important in its own right
 - important for development of nation
(budget implications)

Implications for Development Policy and Programs

- People are means **and** ultimate objective of development
- Fundamental reassessment of “investing in people”
(*new unified framework for Human Development Network*)
- Are current levels of support for ECD sufficient?



Introduction by Jane Schaller

President International Paediatric Association (IPA)

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PLENARY II

It really is a great honour to be here and I would like to propose the acknowledge and to thank the Gaslini Foundation, the city and province of Genoa, the World Bank, the Arab Urban Development Institute and congratulate you on the Institute for Children, which you are about to inaugurate here in Genoa. I am the current President of the International Paediatric Association. You have just heard a very good comment from my incoming President, dr Elaine Adenike Grange, who will be chairing the workshop tomorrow. Our Association represents the Paediatric Associations of some one hundred fifty countries of the world, plus a number of other international paediatric organizations, one of which is the Union of Mediterranean Paediatric Societies, which would fit in very well with the standard that you are establishing here. All of us know here that we need healthy children, if we are ever to have a healthy world. Healthy children are necessary for the alleviation of poverty, and for national development, and for national stability of each and every country on this earth. Let me emphasise this again perhaps in a negative light. The unhealthy children of today are likely to be the unhealthy adults of tomorrow. And poor health boats poorly for national development, poverty alleviation and national stability. We really need healthy children if we are to have a healthy world. (next picture) So what is a healthy child? I think we have heard some very good papers today that make the point very well: that a healthy child has not only a healthy body, but also a healthy mind, and healthy surroundings. So this is a broad concept of child health, and too often we do not think clearly enough about what really is involved in a healthy child. It is not just putting a child in a hospital and giving pills. It is much more than that. It is preventing illness, it is looking at the surroundings of the child, and it is looking at the whole child. This is one of the fundamental principles, which I know that your centre will address. (next picture) I would like to show you some children from other areas of the world. We recognise seven regions in the IPA. One of them is Africa: here is a nice, little girl, with her brother, who looks like he has a protein malnutrition, and probably he does; (next picture) here are some African children, dressed in a more familiar fashion, but these are children of war, we have heard about that this morning, two girls in this picture have been gain-raped by soldiers, two boys in this picture have been child soldiers, and two in this picture have been reading students, who have not been to school for two years, because schools do not work very well, while wars are going on. Africa has had more than **accor** problems; (next picture) here is a little boy representing Asia, this is a nice picture, except that this is a child out selling newspapers, when he should have been in the school. This is not one of the worst forms of child labour but it is interfering with his education. (next picture) Here is a little girl from Kirghistan, we do not know this about the central Asian region, but this is a good example of the talent and the potential of children. This little girl was from a poor mountain family, music is a tradition in Kirghistan, and here is a child who was taken and is been taught, and she is a very good musician. She has a chance to fulfil her human potential. (next picture) A little girl from your neighbouring country of Albania, this little girl is in the hospital, a member of a somewhat poor family. She has asthma, which is a big problem all over the world, related probably largely to environmental changes. (next picture) A little girl from Latin America, one of our regions, she happens to be from Panama. (next picture) Some boys representing the Middle East, these boys are from Gaza. We should all regret and remember today that children from this area, Palestinians children and children from Iraq are having a very difficult time, along with many other

children in the region and many other children in the world. We should all be ashamed of this. (next picture) And finally from North America. I could show you a number of affluent children, but I am showing you these children who are actually very typical of the United States. These are poor children, boys who certainly have potentials, and have parents who care a great deal about them, and teachers who care about them, but they live in a terrible environment, where violence is the rule, and where the futures are really been harmed by their surroundings. And I agree with the comment that was made very well this morning that we need to think about this, the effects of violence on child development and the fact that even in rich countries such as the United States there is a lot of poverty and there are many children who are not doing well. So we have to look not only at the so-called poor countries in the developing world, we also have to go looking at our own countries at home. (next picture) What does a healthy child need? The needs are very broad: sustenance, safe environment, sense of family, enrichment of mind and spirit, hope for the future, and the resources in commitment of society. (next picture) How are we doing? Well in many ways we have made strides in child health in recent years, particularly in rich industrialized world, but we must look at square in the eye. At least 10 million children under the age of 5 continue to die from preventable or treatable diseases each year. And untold millions of children suffer preventable illness, including poor new-born and maternal survival, malnutrition, diarrhoeal disease, acute respiratory infection, toxin preventable diseases, chronic infectious diseases, the big three (HIV-aids, malaria and tuberculosis). So it is very fitting that in this session we are going to talk about toxin preventable diseases, we are going to talk about adolescent health and reproductive health, which have a huge impact on poor new-born and maternal survival, and also on HIV-aids. (next picture) And here is just to bring it at home. This is an example of a wasted child. This child may die or the child may survive, but he would be quite disabled, probably from a preventable cause. The very sad thing is that this child was in a place where the health-care system could not do lumbar puncture, so it is not quite clear why this child had a central nervous system disease. (next picture) In a recent *Lancet* series that came from a group that made it in Bellagio, I pointed the trouble spots of the world for child survival. We think that this is a narrow concept. Of course children need to survive, but they also need to be healthy, they need to develop and they need to be able to look forward to productive futures. You can see that the hot spots are in Africa, and in South-East Asia, a small collection in the Eastern Mediterranean. The next picture shows the absolute numbers of child's death under 5. Countries with the largest populations, India, Nigeria and China, are at the top of the list. There are five countries in the Middle East on this list: they are Iraq, Yemen, Egypt, and Iran and Turkey (when never is it quite sure where to classify those two, that is going on for centuries). The regional distribution of these countries is largely in Africa, five in the Middle East. (next picture) Of the top 42 countries it is perhaps more useful to look at the death rates. So here are the under 5 child deaths, and you can see when you look at the regional distribution of countries, that these countries are nearly all in Africa. Two in the Middle East are Iraq and Yemen. (next picture) Looking at causes further complicates this. Just essentially the blue and green countries, the major problems are newborn survival, diarrhoeal diseases and respiratory infection, all of which we know how to manage. In the ten areas, malaria is a problem, we know a lot about malaria; in the dark blue areas, both malaria and HIV-aids are problems; in dark-brown areas, HIV is more prominent. (next picture) We know that there are also other problems affecting children, and in the industrialized world we have this to deal with: other acute and chronic childhood diseases, mental and physical disability, the many forms of violence, and we must not forget that in my country, and I imagine in many of yours, accidents, murder and suicide are causes of death and disability in children, unhealthy environments, risky behaviours, social insecurity and unrest, and poverty and inequity. And we have just heard very good presentations on that. (next picture) The tragedy of all of this is that we know what to do. We have standards, in the form of the con-

vention on the rights of the child, and in a number of other international instruments, which had been ratified by nearly all governments. The Convention states that every child has the right to the highest obtainable standard of health and healthcare. We have the knowledge, we certainly have the science and technology to deal with most of the issues that I have mentioned, to prevent them or to treat them effectively, without a terrible cost, and we have the skills, their existing infrastructure of trained personnel, a child health work force in every country of the world. And this is one place where we have to look, because, and this has been said before today too, too often the country work forces are left out of planning, they are left out of implementation, they are left out of policy-making, they are left out of monitoring programmes. And you cannot export child health, it is not exportable, it has to come from within a country. So we need to learn how to involve those people who are citizens of countries and who work in the field of child health in their own child health. (next picture) So how can we do better for children? Well that is the question that this boy from Bosnia is asking us. I hope that we will find some answers today.

Looking after adolescents

Silvia Vegetti Finzi, Professor of dynamic psychology, University of Pavia

Il concetto e la definizione di adolescenza sono variabili dipendenti dai diversi contesti sociali e culturali. Mentre la pubertà, intesa come il raggiungimento della maturità sessuale, è un evento naturale che è sempre accaduto, in ogni tempo e in ogni luogo, l'adolescenza è una conquista relativamente recente. Il suo avvento corrisponde alla nascita della famiglia borghese all'inizio dell'ottocento e si diffonde poi ad altri ceti via via che quel modello di famiglia diviene dominante per l'intera comunità.

Nella famiglia tradizionale, contadina o artigiana, il passaggio dall'infanzia alla giovinezza era rapidissimo.

I bambini, vivendo accanto agli adulti, esperivano per imitazione un saper fare che li conduceva a transitare impercettibilmente dal gioco al lavoro. Le bambine riproducevano i gesti materni, i bambini si comportavano, per quanto possibile, come il padre.

Documenti della vita di fabbrica nell'ottocento attestano che nelle filande della Lombardia lavoravano, trasportando le matasse da un posto all'altro, bambini di 5-6 anni. Loro l'adolescenza non sapevano neppure cosa fosse. La stessa cosa accade ora a bambini che nascono e crescono nelle aree più svantaggiate del nostro pianeta, dove la piaga del lavoro minorile è accettata e diffusa.

La necessità di procrastinare l'ingresso nella società trattenendo più a lungo i ragazzi nell'ambito protetto della famiglia e della scuola rispecchia il valore attribuito all'infanzia ma risponde anche alla necessità di tramandare informazioni e competenze che il progresso scientifico ha rese ampie, difficili e complesse per cui servono molti anni per trasmettere quel patrimonio generazionale che un tempo veniva appreso entro il raggiungimento dell'età pubere.

Questo processo è avvenuto con velocità molto diverse a seconda della ricchezza e del livello di sviluppo dei vari paesi ma, anche all'interno della medesima nazione, ha favorito i maschi piuttosto che le femmine, la città rispetto alla campagna, più il Nord che il Sud.

Si può asserire che, in Italia, la maggior parte dei ragazzi e delle ragazze fruiscono del privilegio di un'adolescenza prolungata, protetta e debitamente acculturata. Le dispersioni scolastiche, per quanto preoccupanti, risultano comunque un'eccezione. Non possiamo tuttavia dimenticare che esistono sacche di arretratezza e che molti ragazzi immigrati, non ancora legalmente inseriti, sfuggono ad ogni rilevazione.

Spesso si parla degli adolescenti soltanto quando sono vittime o autori di reati diffondendo così un'immagine criminalizzata dell'adolescenza.

In questo senso molto lavoro è stato fatto per trasformare un interesse sporadico, esasperato dalle emozioni negative, in un monitoraggio costante, in una crescente capacità di ascolto e di dialogo.

L'attenzione delle istituzioni nei confronti degli adolescenti è comunque alta anche se gli investimenti per la scuola superiore e il tempo libero risultano insufficienti rispetto alle necessità e alle urgenze di questo settore.

Altrove, in altre nazioni a noi vicine, penso che le proporzioni siano diverse, talora opposte, per cui per quanto riguarda gli interventi sui minori, la priorità consiste nell'estendere a tutti, bambine e bambini, la possibilità di attardarsi in una zona intermedia tra l'infanzia e la giovinezza prima di affrontare l'impegno del lavoro e la responsabilità della famiglia.

Se confrontiamo i diversi paesi compresi nella regione mediterranea, si può dire che i problemi appaiono talora rovesciati.

Per alcuni si tratta di inserire ed ampliare l'intermezzo adolescenziale sottraendo i bambini a una prematura adultizzazione, per altri, come l'Italia, di abbreviare questa moratoria. L'adolescenza è divenuta infatti, nel nostro paese, sempre più estesa rispetto al ciclo di vita. Da una parte risulta anticipata in confronto alle generazioni precedenti, sino a delineare una preadolescenza, ancora poco studiata, che va dai 9 agli 11 anni. Dall'altra appare progressivamente protratta, tanto che risulta ormai impossibile individuare un passaggio all'età adulta valido per tutti.

La precocità, abbreviando il periodo infantile, rischia di impoverire i processi mentali connessi al gioco, alla fantasia, alle attività disinteressate, particolarmente favorevoli al sorgere di capacità cognitive divergenti, in grado di proporre domande innovative e soluzioni creative.

Analogamente il prolungamento della dipendenza dei giovani dalla famiglia indebolisce le spinte alla contrapposizione generazionale, alla ribellione, all'utopia.

Sappiamo che la trasmissione da una generazione all'altra si giova della continuità ma la società, per progredire, ha anche bisogno che si introducano elementi di critica, di confronto e di scontro perché i rapporti possano evolvere e le relazioni divenire più eque e soddisfacenti.

Ma procediamo per ordine.

I nostri bambini sono pochi, in maggioranza figli unici, e vivono in famiglie che investono molto su di loro in termini affettivi ed economici.

L'infanzia, circondata da parenti adoranti, è spesso così ricca di gratificazioni che i ragazzi non vorrebbero lasciarla mai più. Per tutta la vita sarà ricordata e rimpianta come "l'età dell'oro". Tuttavia dura poco perché la fretta che caratterizza questa società tende ad adultizzare i bambini, a renderli piccoli adolescenti, copie in miniatura di quei "fratelli maggiori" che conoscono soprattutto attraverso gli spot pubblicitari dove l'adolescenza regna incontrastata, quasi fosse l'unico peridiodo in cui si è davvero sani, belli, felici. Di fronte agli ideali proposti dai mass-media, esseri compiuti e perfetti, i mutamenti puberali, non sempre immediatamente estetici, vengono recepiti dai ragazzi con ansia e paura.

- Come diventerò? Come sarà il mio corpo adulto? Sarà all'altezza dei miei intransigenti ideali? - si chiedono i preadolescenti, innescando così, in misura crescente, quel meccanismo dei disturbi alimentari che in casi estremi provocherà la sindrome dell'anoressia-bulimia.

Dinnanzi alla difficoltà di crescere si assiste a frequenti dinamiche di regressione verso i comportamenti della prima infanzia connessi, come sappiamo alle fasi dello sviluppo sessuale.

L'oralità si manifesta con la tendenza a mangiare in modo compulsivo caramelle, gomme da masticare, panini tondi e morbidi come un seno materno, pacchi di patatine e pop-corn, ad ingurgitare bevande dolci e frizzanti.

La crescente diffusione di situazioni di sovrappeso e obesità dipende da molti fattori, tra cui le condizioni ambientali e la solitudine in cui vivono molti ragazzi che, abbandonati a se stessi, divengono schermo-dipendenti. La stessa spinta regressiva li induce anche a sperimentare le prime sigarette, i primi spinelli. Riti di passaggio che svolgono una funzione trasgressiva rispetto al mondo degli adulti, ma anche aggregante e coesiva nel gruppo dei pari.

L'analiticità si rivela in atteggiamenti diversi verso lo sporco. Mentre i maschi si crogiolano in maglioni sudati e scarpe puzzolenti, le femmine si dedicano con cura maniacale all'igiene del corpo e alla manutenzione dei capelli che divengono spesso un oggetto transizionale sul quale proiettare difese narcisistiche e desideri esibizionistici.

L'identità sessuale, ancora imperfetta, induce maschi e femmine alla separazione dei sessi. Per tutta la durata della scuola media inferiore, e non solo, dominano gli atteggiamenti sessisti, fondati sui peggiori stereotipi della tradizione secondo i quali le ragazze sarebbero stupide e pettegole, i maschi infantili e volenti.

Nonostante questa polarizzazione spontanea, la formazione eterosessuale delle classi scolastiche (spesso criticata) costituisce un buon mezzo di conoscenza reciproca, dove la complementarietà

modera l'antagonismo e relativizza la contrapposizione tra i generi. Lo stesso accade per le classi multietniche che, se condotte da insegnanti maturi e preparati, possono diventare straordinarie occasioni di dialogo, di confronto e di arricchimento reciproco.

Tuttavia maschi e femmine hanno un modo diverso per uscire dalla famiglia. Entrambi cercano dapprima degli adulti di riferimento (insegnanti, sacerdoti, allenatori sportivi) che prolunghino i modelli genitoriali senza tuttavia riprodurli, e poi, tra i coetanei, dei "compagni di strada" con i quali condividere l'impresa di crescere. Per i maschi sarà il gruppo dei pari ad aiutarli a traghettare dalla famiglia al mondo esterno condividendo un 'io collettivo' in cui ciascuno si riconosce diverso rispetto al bambino di casa, al figlio e allo scolaro che ancora rappresenta per gli adulti.

Per le ragazze questa funzione è svolta piuttosto dall'amica del cuore con la quale tessere una trama fittissima di messaggi ad alto indice di emotività e di sentimenti.

Nelle ultime generazioni la contrapposizione tra genitori e figli è minima. La famiglia "sì", la famiglia permissiva, offre ben pochi pretesti di contrasto e di conflitto. D'altra parte non potrebbe essere diversamente visto il poco tempo che trascorrono insieme, spesso due ore la sera oltre ai fine settimana. Meglio ottimizzare questi scampoli di vita per godere della reciproca vicinanza, sostengono gli interessati, piuttosto che evocare insufficienze e imporre divieti. In tal modo si delega però alla scuola il difficile compito di imporre regole di convivenza. Col risultato di contrapporre i parenti "buoni" agli insegnanti "cattivi".

Il divario degli adolescenti attuali con la generazione che "ha fatto il 68" non potrebbe essere maggiore. Mentre quella si era definita attraverso la contestazione dell'autorità e delle istituzioni, questa si pensa in continuità anziché in alternativa con il passato. Non vi è rabbia nei confronti dei genitori perché il divario è minimo.

Genitori e figli vestono e pensano allo stesso modo in un via vai di abiti identici e di esperienze condivise.

La sfida mancata provoca un'identità debole perché viene meno la *pars destruens* dell'adolescenza, quella fondata sul "no": non voglio essere come voi, io sono diverso, io sono io.

Un tempo la rivolta verso l'autorità paterna era sollecitata da un sistema di regole e di divieti che l'adolescente avvertiva come vincoli alla sua libertà, come ostacoli all'esercizio della sua sessualità. Ora invece la permissività è tale da rendere assurda la ribellione. Contrariamente ai timori di molti educatori, la sessualità adolescenziale è stata ridimensionata anziché enfatizzata dalla libertà. Spesso i ragazzi preferiscono attardarsi nel gruppo dei coetanei dello stesso sesso piuttosto che affrontare i turbamenti dell'innamoramento, un'esperienza sempre più ritardata.

Tuttavia l'innamoramento costituisce ancora un avvenimento importante, capace di ristrutturare la personalità a un livello più elevato rispetto alla prima infanzia. Consente infatti di uscire dal narcisismo, di esporre il proprio desiderio al riconoscimento dell'altro, di ammettere la propria parzialità, di tradurre la diversità in complementarietà.

Più difficile risulta mettersi alla prova nella società.

"*Il mondo non mi chiede nulla*" lamentano gli adolescenti quando sentono di possedere risorse che non si esauriscono nell'impegno scolastico ma aspirano a realizzarsi nella società, a mettersi alla prova con problemi collettivi che trascendono il chiuso orizzonte della casa e della scuola. Il volontariato è stata una risposta spontanea a questa esigenza. Ha però bisogno, per esprimere le potenzialità maturative che contiene, per divenire davvero un'esperienza formativa, di elaborare le motivazioni di fondo, trasformando un agire frammentario e contingente in un progetto di lunga durata responsabile e condiviso.

Tanto più che la scuola non sempre riesce a recepire la complessità della domanda che gli alunni le rivolgono. La maggior parte dei professori ritiene di dover insegnare la propria materia rivolgendosi esclusivamente all'alunno, alle sue funzioni cognitive, alle sue capacità di apprendimento, senza

cogliere l'adolescente nella sua complessità, negli stati affettivi ed emotivi che lo avvincono con particolare intensità.

Quando un docente è capace di porsi in relazione con un soggetto e non solo con un oggetto in cui travasare informazioni e competenze, quando sa riferirsi alla classe oltre che ai singoli componenti, tutto cambia e l'adolescenza rivela le sue straordinarie potenzialità.

Potenzialità che le famiglie tendono ad anestetizzare considerando i ragazzi eterni bambini, bisognosi di custodia e di tutela perché fragili, ingenui e irresponsabili.

Ma la responsabilità non viene da sé, come un fisiologico attributo della crescita. E' piuttosto il risultato di scelte, di dilemmi morali che sorgono dal concreto dell'esperienza, dalla necessità di affrontare dei rischi, di risolvere problemi che coinvolgono se stessi e gli altri.

La libertà si coglie soltanto quando siamo posti di fronte al pericolo di sbagliare, di commettere errori non reversibili perché solo nella fiction la moviola può essere girata all'indietro e tutto può risultare come "non avvenuto".

Inoltre la responsabilità si esercita soltanto se si detiene un margine di potere, se alla dipendenza infantile ha fatto seguito una delega di autonomia da parte degli adulti.

Per questo è importante che in famiglia e a scuola sia progressivamente concessa ai ragazzi la gestione della propria vita, individuale e collettiva. Che entrino a far parte della collettività come membri attivi, anche a costo che incontrino delusioni, che compiano errori, che siano indotti a regredire perché spesso tornare indietro consente di prendere la rincorsa per saltare più avanti e più in alto.

Come sostiene la grande psicoanalista francese Françoise Dolto, la felicità non è un diritto: i ragazzi hanno diritto di crescere, di diventare adulti, se poi saranno felici tanto meglio. Il pericolo più grande è, in questi anni, la stagnazione. Quando non si hanno motivazioni per fare ciò che si fa ma ci si limita a vivere alla giornata, quando i desideri, non avendo messo le ali, costringono a navigare a vista, senza mappe e senza obiettivi, l'adolescenza ha smarrito la sua specificità e il suo senso.

L'afasia del desiderio dipende il più delle volte da un eccesso di gratificazioni, dal fatto che la risposta ha preceduto la domanda. Da una recente ricerca risulta che, a Natale, i bambini chiedono di media quattro regali: ne ricevono undici. Sette di troppo. Un profluvio di oggetti, di cose superflue satura prematuramente il vuoto dal quale sorge la tensione desiderante e, con essa, l'appello all'altro perché esaudisca il nostro desiderio o per lo meno lo riconosca.

I ragazzi che non sanno desiderare sono incapaci di rinviare la soddisfazione e, sottraendosi all'attesa, inibiscono l'immaginazione anticipatrice e il pensiero strategico.

"Voglio tutto subito", il principio di piacere, distoglie dalla realtà e, mentre sembra riparare dall'infelicità, preclude la felicità, che, se non si può pretendere, si può comunque propiziare.

Lasciare spazio al desiderio è quindi la condizione necessaria perché il soggetto in crescita si situi tra ciò che non c'è più (l'infanzia) e ciò che non c'è ancora (la maturità).

In questo spazio acrobatico l'io, libero dagli stampi costrittivi della famiglia e della scuola, può disegnare un'identità propria, che ingloba la sua storia ma la trascende in una nuova sintesi.

Ma per far questo ha bisogno di sostegno affettivo, di fiducia, di speranza. Deve essere aiutato a conoscere la sua storia per poterla proiettare nel futuro, non come necessità ma come libertà, ambito di scelte possibili perché relative, limitate e circoscritte. L'onnipotenza si traduce infatti in impotenza e spesso, dietro sentimenti di noia paralizzanti troviamo, non il vuoto, ma il troppo pieno, l'incapacità di rinunciare al tutto per ottenere una parte.

Purtroppo quest'epoca, dominata dalla paura, non è la più favorevole all'elaborazione di un futuro possibile, alla trasformazione del destino impersonale in una narrazione autobiografica, dove l'io narrante possa organizzare in un discorso sensato e coerente i segmenti d'identità multiple e frammentate. Poiché il compito è entusiasmante ma difficile, molti ragazzi si rifugiano nella realtà vir-

tuale rimanendo impigliati nelle lusinghe della Rete, nei miraggi di Internet, ancor prima di aver imparato ad affrontare la realtà oggettiva e i rapporti sociali.

Cerchiamo di attrezzarli ad intraprendere il viaggio della vita prima di tutto motivandoli. In questo senso la scelta dell'indirizzo scolastico può essere un'occasione importante per riflettere su chi si è e su chi si vuole diventare, per tracciare una mappa del proprio percorso esistenziale.

Invece anche la fine della scuola media superiore, così come le tappe precedenti, è diventata un'esperienza irrilevante. L'esame di maturità ha perso di significato, non rappresenta più una linea d'ombra da attraversare, una prova da superare. Ma i ragazzi hanno bisogno di sapere dove sono e dove stanno andando, verso quale *méta* salpare le vele.

Nel continuum di una biografia priva di cesure, di ostacoli, di verifiche, senza salti di qualità e conferme di valore, tutto si equivale e nulla merita di essere acquisito con sforzo e sacrificio.

Non si tratta di reintrodurre, come nel passato, esami massacranti e valutazioni selettive, ma di riflettere insieme sulla conclusione dell'adolescenza, di elaborarne il lutto (così come un tempo è stato fatto per l'infanzia) per poi entrare nell'età adulta, nella maturità, intesa come una sfida da superare, non come una condanna da scontare.

Se consideriamo l'adolescenza, non tanto una condizione di crisi quanto una via d'accesso alla vita attiva, essa diviene un'opportunità da utilizzare e una risorsa da promuovere. Ma per far questo bisogna che gli adulti sappiano innanzitutto reggere le incertezze dell'adolescenza, che siano capaci di attendere sospendendo il giudizio ed evitando l'intervento sostitutivo, che siano in grado di tollerare ragionevoli margini di rischio e di errore.

Insomma che l'adulto si comporti d'adulto senza pretendere di affiancarsi al figlio in una seconda, illusoria adolescenza.

Come ricorda lo scrittore e pedagogista Domenico Starnone: ho sentito molti padri asserire "sono il miglior amico di mio figlio" ma non ho mai sentito un ragazzo affermare "sono il miglior amico di mio padre". Nella famiglia contemporanea troppo spesso il padre abdica alla propria posizione, rinuncia a una funzione normativa che richiede di fronteggiare l'ostilità più o meno manifesta dei figli, per garantirsi sempre o comunque il loro amore.

Ma la mancanza di regole, di divieti e di controlli può spingere i giovani a darseli da sé, affrontando come accade in molti sport e giochi estremi, il limite dei limiti: la morte.

Oltre a questi induttori in un certo senso negativi, è importante infine che i più giovani possano riflettersi in adulti validi, in modelli che non siano soltanto la rock-star di turno o il personaggio televisivo del momento ma figure capaci di prefigurare una "buona vita", una vita degna, nonostante le inevitabili difficoltà, di essere vissuta.

Per ritornare al tema di questo straordinario Convegno, vorrei ricordare che da sempre il Mediterraneo, attraverso la trasmissione dei poemi omerici (il sillabario dei bambini della Grecia classica), rappresenta il primo atlante storico-geografico dell'Occidente, la sua più antica mappa mentale.

Una cartografia inseparabile dall'idea del viaggio e della guerra, della conoscenza e del conflitto, che delinea quello che sarà poi il destino dell'Europa.

E' significativo che questo incontro avvenga in uno dei maggiori porti del Mediterraneo, su una nave attrezzata per lunghe navigazioni. Lo scenario evoca l'immaginario adolescenziale, spesso organizzato attorno all'immagine del bastimento che dispiega le vele e, affrontando l'ignoto, percorre un itinerario di formazione che trasforma il bambino in un uomo, la bambina in una donna.

Grazie alla partecipazione di più paesi, abbiamo potuto mettere a confronto, seppure per sommi capi, le divergenti esperienze di bambini che vivono in società ad alto indice di benessere con quelle di coetanei che spesso crescono in situazioni di indigenza e di abbandono.

Gli uni soffrono i danni del "troppo": dell'eccesso di beni superflui, di protezione e di tutela. Gli altri

patiscono invece le devastazioni del “troppo poco”: la mancanza del necessario, la solitudine, l’abbandono precoce dell’infanzia per gli obblighi incalzanti dell’età adulta.

Per i primi l’adolescenza è una dimensione interminabile della vita, per i secondi una fase sconosciuta dell’esistenza, contratta nel passaggio rapidissimo dalla dipendenza della prima infanzia all’autosopravvivenza, dove non vi è tempo per la trasmissione di valori e competenze.

Per fortuna il divario si va progressivamente restringendo ma spesso per motivi economici, senza che vi sia un adeguato ripensamento del senso e del valore delle differenze, come se l’Occidente costituisse l’unico modello possibile.

Vorrei ribadire invece che il senso di questo incontro consiste, a mio avviso, in un confronto senza pregiudizi, dove il dare e l’avere si equivalgono perché ciascuno ha molto da imparare dagli altri.

Ho presentato uno schema di come si vive da adolescenti in Italia perché questo è il mio ambito di conoscenza e di riflessione ma spero che la fondazione dell’Istituto Mediterraneo per l’Infanzia, che qui si celebra, consentirà di ampliare l’ambito d’indagine ad altre realtà, differenti per storia e geografia ma pari per dignità e valore.

Poiché ogni progetto si radica nel passato e ogni innovazione deve fare i conti con la tradizione, dovremmo essere capaci, come proponeva il Cardinale Tettamanzi, di elaborare una “memoria del futuro”.

In ogni caso, procedendo a piccoli passi, individuando le convergenze di fondo, promuovendo una cultura dello scambio, intensificando le conoscenze, attuando una miglior distribuzione delle risorse potremo davvero aiutare l’infanzia a realizzare tutte le sue potenzialità perché, come è stato detto, l’indice di civiltà di un paese si misura sul benessere dei bambini.

Introduction by H.E. Nidal al-Hadid

Lord Mayor of Amman

Good morning everybody, I would like to take this opportunity to welcome all here. I am sure you all concerned about children issues in the Mediterranean regions, the Middles East and North Africa. This is going to be a follow-up on the Children and cities confrontation with the children and city of Amman 2002. Our speakers are going to talk about advantages and disadvantages of children issues in this region. As you all know there is now a great concern from everybody, local government, NGOs and we are all hoping to get everybody to work with us on issues related to children.

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PLENARY III



Vulnerable and Disadvantaged Children in the MNA Region: Context and Preliminary Findings

Christine Allison, Arun R. Joshi, Iqbal Kaur

World Bank



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Definitions

- Ä **Disadvantaged children:** children (0-18 yrs.) deprived of consistent care, health care, education, and integration with family and society. Categories include: out of school children (working or street children); refugees; orphans; children with disabilities
- Ä **Vulnerable children:** children ‘at risk’ of becoming disadvantaged, resulting from shocks, including conflicts and economic downturns.
- Ä Dynamic model

Regional Study

- Ä Objectives
 - Status of disadvantaged and vulnerable children in MNA
 - Sources of vulnerabilities
 - Current policies and programs
 - Gaps
- Ä Three in-depth studies – Egypt, Jordan, Yemen
- Ä Building on secondary information sources and additional data analysis, including specific child labor studies in Yemen and Morocco
- Ä In partnership with National Councils – process to highlight and mainstream findings into National policies and programs; June 2003 workshop
- Ä Consistency with Bank Strategy on Children and Youth (under preparation)

Demographics and Status of Children

- Ä Declining birthrate; population momentum
- Ä Total of 130 million children (0-18 yrs old) - represents 50% of MENA population
- Ä Rapid urbanization – 60% currently and 70% by 2020 to live in cities
- Ä Improved health and nutritional status — decline in infant mortality & under 5 mortality rates
- Ä Improved education status: GER is 86%; (Inter and intra country variations)

Key Vulnerabilities

- Ä **Geo-political instability**
 - Continuous conflicts and wars
 - Affect child well-being directly and through impact on economy
 - Inconsistent care
 - Inadequate health care
 - Lack of stable education programs
 - Poor affected most



Key Vulnerabilities

Ä Poverty

- Over 30% population live on less than \$2/day
- 30% urban population poor (slum conditions)
- Families vulnerable to fluctuating economy
- Affects child well-being through
 - Lack of consistent care; lack of services such as safe water; adequate food and health services; safe shelter; pollution controls; road safety; quality education



Key Vulnerabilities

Ä Socio-cultural

- Intra-household allocations skewed (in favor of males)
- Girls restricted in physical activity and play
- Young girls less prepared for job markets.
- Lowest participation rate among regions of women in the labor market (26% in MENA in comparison with 30% in South Asia)
- Girls and women more prone to disability
- Interaction with poverty

Key Findings

- Ä Significant numbers of children disadvantaged (between 10-20% depending on the type of disadvantage)
- Ä Children over-represented in poverty
- Ä Strong inter-generational transfer of same problems, e.g. child labor/ street children

Key Findings (contd.)

- Ä Coping capacity of families weakening
- Ä Large numbers are vulnerable to shocks – conflicts and economic
- Ä Services inadequate (especially aggravated in urban slums)
- Ä **Key Challenge** – how to reach the last 10-20% of disadvantaged children (how to reduce the number – way towards meeting the International Goals)

Country Responses

- Ä Acknowledgement of the problem - varying levels
- Ä National coordinating bodies - preparing national strategies on disadvantaged children, street children, child labor etc. However, overall approaches are ad hoc, in silos, charity-based, rarely preventive.
- Ä Some targeting interventions, innovations – however, confined to NGOs/ local institutions - rarely mainstreamed
- Ä Legislation – implementation is weak

Moving Forward: Reaching Out to V&D Children

- Ä **Mainstreaming**
 - Existing poverty reduction, health, education and social policies/programs to target disadvantaged and vulnerable children and families with young children
- Ä **Inter-sectoral approaches**
 - Linkage among poverty, health, education, urban and social policies and programs – (innovations needed on the how)
- Ä **Capacity building**
 - Support MENA institutions, National Councils, relevant ministries, local Govs., and NGOs (particularly on mainstreaming and the inter-sectoral approach)

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Moving Forward: Reaching Out to V&D Children

- Ä **Preventive measures**
Shift from coping mechanisms to preventive measures (e.g., ECD)
- Ä **Resolving Legislation and Policy/ Program ‘Disconnects’**
 - Legislations/ Policies – Implementation/ enforcement
 - Charity/ ad hoc – institutional/ developmental
- Ä **Collaboration and partnerships**
International donors
Regional organizations, local NGOs, private groups

Bank support

- Ä **New Area** – goal to complement/ support the extensive work of partner institutions (e.g., UNICEF)
- Ä **Mainstreaming** - policy dialogue at the macro level, inputs into Poverty Reports, CASs and sectoral policy papers at the country level - pro children policies, working with National Councils/ other relevant bodies
- Ä Mainstreaming/ scaling up innovative approaches (Questscope managed Jordan JSDF; disability into education)
- Ä **Preventive policies/ projects** – (e.g., Egypt, Jordan ECD)
- Ä **Capacity building programs** (Child Protection Initiative, Online ECD Capacity Building Program)
- Ä **Partnerships** - Working in collaboration with local, regional, and international partners (National Councils, AUDI)

Discussion – WB Presentation on Vulnerable / Disadvantaged Children in MENA

Tom McDermott

Thanks

- To organizers
- Congrats to Institute of the Mediterranean Child and those who lead it on its creation and first year of work

Congrats also

- To Iqbal for presentation
- To WB for the Vulnerable and Disadvantaged Child studies in 4 countries
- To Medchild for compilation of information in Charting the Med Child
- We salute both for their focus on the disadvantaged

Glass Half Empty

- If we widen the focus to whole of MENA
 - 1 in 16 die by age 5 – i.e. 560,000 die each year
 - 1 in 6 is born with low birth weight
 - 13.5 million children who should be in school are instead working

Glass Half Empty

For girls, even worse

1 in 4 school age girls never enrolls

While infant and young child mortality has fallen dramatically, maternal mortality remains very high – 220 per 100,000 live births and in some countries exceeds 550

48% of adult women are illiterate – same as sub-Saharan Africa

Glass Half Empty

- And this in a region with three times the pc GNP as sub-Saharan Africa

Glass Half Full

- And yet, these figures certainly do not tell the whole story
- MENA has seen incredible progress in the past 20 years, in health, in education, in social protection
- For most of the people of the region life is far better than regional or even national averages show
- For most in MENA the family remains a strong and cohesive unit, more so than in Europe or N. America

Why Do Regional Statistics Mislead?

- MENA is not one region but several
- A region of high and mid income countries but with some exceptionally poor countries included
- A region of peace, but with at least four countries embroiled in war
- A region of strong differences between urban and rural, and between rich and poor
- Jacques pointed yesterday to importance of sub-national studies, but these need to be not just comparisons of provinces, but also disaggregations by ethnic, linguistic, and other groups.

Definitions

- What is MENA?
- the Mediterranean ?
- We each define these differently and as a result our statistics end up meaning very different groups of countries

Beyond Statistics?

- Numbers matter, but tell us only part of the story.
- Encourage those who want to tell stories of the child or of the family to record their stories, hear their voices, and not just count their numbers

Charting the Child

- Many important partners are here
 - WB, AUDI, AIHR, ACCD
- But some are missing
 - WHO, UNESCO, UNDP, UNFPA, ILO
 - LAS (Tunis next week), AU, EU
- Important to bring everyone to the table and to agree on common definitions of the child, and common assessment of the problems we face

Human Rights

- For most of us human rights, or in this case, child rights is the starting point of any good analysis
- Importance of looking at the un-served, the un-reached, that remaining 5 % and ask why are they excluded.
- We share an approach of “reaching the un-reached” as a cross-cutting theme.

Human Rights

- Yet, some differences exist in approach
 - Some as in these studies look at “disadvantaged” mainly in terms of access to services – water, health care, schools, etc.
 - Others, like UNICEF, look at “child protection” more narrowly – in terms of abuse, exploitation, violence, and deprivation of parents or care-givers.
 - Important to understand that the latter apply to both rich and poor countries, to Europe as much as to MENA
 - We urge those charting the child to look at the disadvantaged in both lights – not just services

Human Rights

- CRC forms one important tool for work by everyone – governments, inter-governmental bodies, communities, parents and children themselves
- CRC has a reporting and monitoring structure that works – every 3 years countries report and are reviewed; an important score card for action.

Cities

- Like MENA this meeting is really several meetings, and since AUDI and Arab mayors are an important part, let me mention a few concerns about cities
- 60% of the population in MENA live in cities
- Cities pose special advantages in terms of services but also special challenges – child labour, abuse, breakdown of the family.

Mayors

- In MENA often lack de-centralized power needed to address particular social issues
- Are often focussed on physical infrastructure rather than social issues
- Seldom have the personnel or financial resources needed to address problems

Mayors

- Yet, some remarkable examples exist of innovation
- Child-friendly cities initiative allows children's voices to be heard and for children to take active roles in design of services which benefit them
- Jericho, Jenin, Rafah, and Gaza are 4 such cities in OPT is another. Each has two mayors, and two town councils, one of adults and the other of children. The two meet often and the latter takes up real work – advocacy against school drop-out, clearing of play areas.

Finally

- Important to recognize that statistics tell an important part, but not a full story
- In developing social sectors, people should tell their stories and we need to listen.
- Children's voices need to be heard and children need to be active participants, not recipients of services

Finally

- I am sad and happy not to see children here.
 - Sad that their voices are missing
 - Happy that they are not made tokens.
 - Closer to the community they speak, the more valuable their contribution.
- Cities fit for children, a Mediterranean fit for children requires not just that we do more, build schools, hospitals, etc. but

Finally

- How we do things is often more important than what we do.
- So – action, yes – but with care for the rights and opinions of those we serve.
- How a student learns, how a teacher teaches are more important than the building; how a child learns to protect his/her health is more important than a hospital where we do research or treat a patient.

Finally

- So how we build a MENA or a Mediterranean community is also important – how we recognize the rights of its many people, respect its many traditions, and listen to its many voices is just as important as what we build.

Comments by Ambassador Moushira Khattab

Secretary-General of the National Council for Childhood and Motherhood in Egypt

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PLENARY III

Thank you Mr Mayor. Actually it is a great opportunity for me to be invited to take part in this very important gathering. Special thanks to all the organizers and we have a great relationship with each and every one of them. Congratulations to the World Bank, an excellent presentation by Mr Arun Joshi. The good thing about it is that it is not starting from zero or it is not re-inventing the wheel, they are building on learning lessons and are making alliances with active players, such as UNICEF, they really give us hope to move forward. I am especially happy, because we have in Egypt a very special relationship with Italy. Italy is a very strong supporter of social development in Egypt, especially marginalized and disadvantaged children. There are a number of projects going on now with the support of Italy, involving all stakeholders, government as well as non-government. I am also very glad to see the Mediterranean child Institute emerging, and I think it is a very good and golden opportunity for the regions, north and south, to get together. I would like to refer to what Prof. Giuseppe De Rita mentioned yesterday about the Mediterranean as a barrier, rather than a form of exchange, and I think we have an opportunity to really make a form of exchange, because I think the south has suffered enough, and the north will not be able to proceed with its development only trying to resolve problems of an unaccompanied minor. So there must be common efforts to remove or alleviate the sufferings in the south and this is something that we need very much. It is a challenge, because like we heard yesterday and again today there are many differences in the countries in the region, but I think these differences or these variations should be an incentive for us to move forward and try to work together and benefit from the different experiences. I would also like to refer to what Mr Jacques Baudouy said yesterday about the study charting the Mediterranean Child. It is an excellent study. Secondly everything he said about the next issue of this study, not only what Mr McDermott just said now about statistics and going deeper into statistics, but I think we should have discussion groups, brainstorming sessions at a National as well as regional and sub-regional level. [...] partnership on the part of all the stakeholders involved, be it governmental, non-governmental or community-based or at a community or individual level. It was good that we had this study at a record time, but we need to do more in order to make the document of every one working for children. If I can come to the presentation that we have just heard now, I think caring for the children who are most disadvantaged or most vulnerable, has become an area of some priority in the region. We must say that this is progress, because this was not the case some years ago. So there are emerging efforts and we need to work together in partnership, if we are to achieve the Millennium development goals, the goals of education for all, all the goals that the world community has set. In order to achieve these goals we must work together in a partnership. And today I am really very gratified to see this emerging partnership, the Arab urban development Institute is a great example, a country like Saudi Arabia playing a very important role to assist the MENA region. It is excellent. Added to this, we have the Child Protection initiative and the fact that it is currently hosted by Audi is really a very good indication of this emerging partnership, which we have to work on together to encourage. I do not need to tell you what we heard yesterday about the need to invest on early childhood, especially if we are talking about protection. Children needing protection are in the most difficult circumstances and if I can attract those children before they go into the labour market, before they go and live on the street, it is very important. But again it requires a lot of resources, and in order to allocate resources you

must raise the awareness. And when I say raise the awareness, I mean for every member of the society, especially government, the decision-makers at the government level, because usually those children do not have a voice, they are poor, so they do not push for their rights. And here I would like to mention what was given in the presentation to move from a charity approach – I would like to add – to a rights-based approach, because if we look at these children as holders of rights, they have the right to be educated, they have the right to health care, they have the right to social integration, then we would work on a different agenda but you need to raise awareness of the need to work for them. I am asked to give you an idea about what is happening in our cooperation with UNICEF and the World Bank, at the National Council for Childhood and Motherhood, we are actually challenged by a tremendous mandate. That is why we are looking for a partnership, and we have managed to create this partnership with the donors, be it bilateral, multilateral, or the UN family and the NGO community. And I think it is working for the children needing special protection, we have studied the situation, because a serious problem is the lack of that, not only the numbers, even though we do not have numbers – three children, I do not think any country in the region has an accurate or nearly accurate statistics about the number of these children. The same applies to the working children, because there is a great area between working children and street children, we do not have any numbers, we do not have the characteristics of those children, their households. Naturally their study or their policies on paper on these children will not be adequate. So we started mapping the working children. We had a national survey. We put a national plan of action, and we have started a small pilot project that we heard about today. The same thing happened for street children. We had a strategy for the protection, re-abilitation and re-integration of street children. The street children issue is a problem, because they do not fall under the mandate of any line ministry. The only way to deal with it is through a multi-disciplinary approach, and using a body like the coordinating national committees existing now, I think, in about 16 or 17 Arab countries, to coordinate the work of the different actors to improve the lot of these children. So this is actually happening now and we are in the process of role distribution, and the challenge is that everyone must identify his/her own role. And we found that many actors were not aware of their roles. Before I continue on this profile, I would like to comment on a problem that came out in the presentation. This is the problem of poverty. I think poverty is a key to all these problems. We have to have a poverty eradication or a poverty alleviation strategy in the countries affected. A major problem is in the measurement of poverty. How do we measure poverty? Usually we tend to use the income expenditure criteria anchored in the poverty line procedure. The construction of poverty lines is over-contested and small changes in it can result in significant differences in revealing poverty. What we see, that more encompassing standard of living criteria, poverty line calculations, tend to under-estimate the extent of poverty, especially when poverty is seen a human capability failure. If I come to that inadequacy also in this area, I will see that household's surveys are the main source of information on the standards of living. Up-to-date surveys of this sort are usually in a short supply in less developed countries, and even when available, they are of poorer quality. Measurement of poverty can be biased; assessment of success is usually over-estimated, and here we really have to be careful, and use a coordinated strategy to alleviate or eradicate poverty. I fully share what we heard about the way forward, its capacity of building at all levels as I mentioned, a rights-based approach, involving the community, listening to children after you provide them with information. I fully support what Mr Mc Dermott said about using children as token pieces. Children have to be put in the picture, they have to know what is happening and they should be able to express their own views as they see it. We must focus on preventive measures and here I would like to emphasize once more early childhood development for vulnerable groups and this is not going to be easy. You need innovative approaches that are viable and valuable to targeted groups and education at least if I can not have early childhood development programmes at least I

must ensure that every child at the age of school enrolment must find a place in the school and must remain in the school. For the child to remain at school, education has to be of high quality, because when you are dealing with these difficult groups, they do not believe in education, they do not see material value of education, especially when you have unemployment problems – a father would say “why should I send my child to school. I will spend money on him, and there is a cost of education even though education in some countries is free of charge, but there are hidden costs. Even if they manage to complete education, when they graduate they do not find jobs or if they find a job, they get very small salaries. So it pays to send a child to work when he is five or six, and then it is an incentive to have seven or eight children, rather than have two or three children, because a child becomes an income source for the family. So it is very important to target the family, it is very important to involve the family. My time is nearly up. Once again I comment on the presentation and the work the World Bank, the Child Protection initiative. I really hope that this meeting will present to us a new tool to work together in the Mediterranean for the welfare of all children, be it in the north or in the south and I thank you Mr Mayor.