

April 2019

# **The Data Landscape in the United Arab Emirates**

## **Diagnostic Report**

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# 1 Introduction

## 1.1 Aims of this Diagnostic Report

The ultimate goal of this consultancy is to strengthen the collection, analysis and use of the child data system in United Arab Emirates (UAE), in order to consolidate federal and local child data systems to improve results for children and women. To achieve that, the consultants' programme of analysis has been focused on examining systems for data collection, storage, analysis and dissemination in the UAE and to assess how effectively they support the strategic goals of the National Strategy for Motherhood and Childhood (NSMC). In order to further highlight UAE's successes in enhancing the rights – and lives – of its children, the analysis will additionally map the country's information systems and statistical output against globally held monitoring information on the fulfilment of the Convention on the Rights of the Child (CRC) and of the fifty child-related indicators of the Sustainable Development Goals (SDGs).

This will help to highlight the strengths and identify the gaps in the existing data ecosystem. Subsequently, the consultants will also produce a strategic action plan containing recommendations for strengthening the child data system, including the collection, analysis, use and publication of data, based on the diagnostic exercise. We will also propose a governance structure to streamline the flow of data from collection to analysis to use and from local to federal level, in order to provide decision-makers with comprehensive, accurate and timely information.

## 1.2 UNICEF's Data for Children Strategic Framework

UNICEF has developed a global Data for Children Strategic Framework<sup>1</sup> which outlines UNICEF's general approach to data work – including the full spectrum of work required to drive demand for, strengthen the supply of, and enable the use of data.

The framework supports the whole spectrum of child rights as stipulated in the CRC. These rights can be clustered into four domains:

- Basic health and nutrition.
- Early childhood development and education, leisure and cultural activities.
- Child protection, to reflect: civil rights and freedoms; family environment and alternative care; violence against children; and special protection measures.
- Standard of living, including: public expenditure on children; poverty; deprivation; and unemployment.

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<sup>1</sup> <https://data.unicef.org/resources/data-children-strategic-framework/>

UNICEF's approach to data is based on a commitment to strengthening government systems. Because data is a core element of every part of government with which UNICEF interacts, it is not limited to a single government office or sector. UNICEF's approach seeks to reflect this and take a broader view of demand, supply and use across government at all levels and the larger data ecosystem.

The next step in the process is to translate that general framework into action at country and regional levels. To this end, Development Initiatives (DI), along with two other contracting organisations, has entered into a Long-Term Agreement (LTA) with UNICEF to support country and regional offices in their own strategic planning of data investments.

Under the terms of the LTA, DI has been contracted by UNICEF to conduct a study under the auspices of the Supreme Council for Motherhood and Childhood (SCMC) in the UAE between October 2018 and April 2019 to strengthen the collection, analysis and use of child-related data, in order to improve results for women and children.

### 1.3 Existing strategic goals and plans

In July 2017, the UAE launched two national strategies: the National Strategy for Motherhood and Childhood (2017–2021) and the Strategic Plan for the Rights of Children with Disabilities (2017–2021), after the Cabinet Office had approved them in March 2017.<sup>2</sup> The development of the strategies was informed by international instruments, including the Convention on the Rights of Persons with Disabilities<sup>3</sup> and the Convention on the Rights of the Child.<sup>4</sup> In addition, they are fully aligned with the United Arab Emirates Vision 2021<sup>5</sup> and with the United Arab Emirates Child Rights (Wadeema's) Law.<sup>6</sup> There is a strong emphasis on the importance of early years child development and opportunities to learn.

The strategies represent a key reference point for decision-makers in the field of motherhood and childhood in the UAE, as they are based on a situation analysis summarising current policies, initiatives and services across sectors. A fully participatory process was employed to ensure the active engagement of all key stakeholders, including government authorities, ministries, civil society and children. The importance of this strategic approach to children's issues was underpinned by the introduction of a new Emirati Children's Day (15 March).<sup>7</sup>

The Childhood Strategy, overseen by the SCMC, has five strategic goals:

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<sup>2</sup> <https://uaecabinet.ae/en/details/news/uae-cabinet-unveils-first-national-strategy-for-children-with-disabilities>

<sup>3</sup> <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

<sup>4</sup> <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

<sup>5</sup> <https://www.vision2021.ae/en>

<sup>6</sup> <https://government.ae/en/information-and-services/social-affairs/children/childrensrightrights>

<sup>7</sup> <https://www.scmc.gov.ae/content/images/Emirates-Childrens-Day.pdf>

- 1) Enhance comprehensive healthcare for children and mothers within a sustainable healthy environment.
- 2) Strengthen an integrated and comprehensive child protection system.
- 3) Enhance good quality learning opportunities for children and adolescents that develop their mental and physical capabilities and skills.
- 4) Promote the genuine participation of children and adolescents in all domains.
- 5) Strengthen evidence-based planning and knowledge development to ensure the rights of the child.

There is clear alignment between the NSMC and UNICEF's rights-based approach and, in particular, with the CRC, to which UAE is a long-standing signatory. In addition, delivery of all of the strategic goals will require decision-making based on the collection and analysis of comprehensive data on children. The need to focus on improved data systems in order to strengthen knowledge and enhance planning is explicit in goal five above. The SCMC, jointly with UNICEF, has expressed its aspiration for coherent and consistent data systems to facilitate their important work.

## **1.4 About Development Initiatives (DI)**

DI is an independent international development organisation that focuses on the role of data in driving poverty eradication and sustainable development.<sup>8</sup>

Our vision is to help create a world without poverty where everyone shares the benefits of opportunity and growth. Our mission is to ensure that decisions about the allocation of finance and resources result in an end to poverty, increase the resilience of the world's most vulnerable people, and ensure no one is left behind. We work to make sure these decisions are underpinned by good quality, transparent data and evidence on poverty and resources.

Our team for this data diagnostic was led by Bill Anderson (responsible for strategic assessments) supported by Laurence Ford (data analysis), David Hall-Matthews (lead author) and Kerry Smith (project manager).

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<sup>8</sup> <http://devinit.org/about/>

# 2 Methodology

This report has been compiled on the basis of an initial inception country mission in October 2018, desk research, and a more in-depth two-week mission to the UAE in February 2019, during which interviews were conducted with government officials, UNICEF staff and other stakeholders. A schedule of interviews conducted is provided in Appendix 1.

## 2.1 Understanding the legal and policy framework

The aims of the interviews and background research were to seek to understand:

- Levels of human, financial and technical capacity within all ministries and institutions – at federal, emirate and local levels – that have a responsibility for the collection, storage and analysis of data and for the production of statistics.
- Decision-making processes between federal, emirate and local institutions.
- Legal and policy frameworks surrounding the collection of data and the publishing of statistics.
- Existing governance frameworks – registries, dictionaries and standards – that manage the data ecosystem and statistical production.

## 2.2 Mapping the UAE data landscape

It is accepted practice in many data mapping exercises to use statistical publications as the root from which the landscape is assessed. In our experience this methodology risks missing a full understanding of data collection, storage and analysis and use. Our approach is to focus in the first instance on primary data sources: understanding when, how and what data is collected.

The data mapping exercise attempted, therefore, to identify all relevant sources of data and to assess:

- The collection, storage and analytical processes.
- The frequency of data collection and timeliness of data production.
- The accessibility and interoperability of both the original data and the resulting statistics.
- The granularity of the data, with a focus on its ability to be disaggregated by geography, gender, disability and income.

## 2.3 Mapping data to indicators

A key aim of this data diagnostic was to assess the connectivity between local data sources on one hand, and a set of global indicators (CRC and SDG) on the other.

This cross-mapping takes into account five separate entities:

- Subnational, national, regional and global development plans or goals.
- The indicators designed to monitor these plans,
- National and subnational management information systems used to meet these plans,
- The sources of data collected to both meet and monitor the plans or goals,
- The repositories in which this data is stored and from where it is rendered into statistics matching the indicators.

## **2.4 Understanding the demand for and use of data**

The diagnostic has also attempted to understand the processes through which data is shared – internally, across government and publicly. The focus was on:

- The use of data analysis and statistics in policy formulation.
- The use of administrative data at the point of service delivery.
- Policies determining which data is made public.

# 3 Context

## 3.1 A brief history of statistics in the United Arab Emirates

The UAE is a young, ambitious, federal country. Data collection and statistics production are carried out at different levels and across a range of ministries. The process of centralising and standardising data in different fields – such as education or health – is still ongoing both within individual emirates and federally. Governance and sharing protocols between the Federal Competitiveness and Statistics Authority (FCSA) and emirates are starting to emerge.

The first census took place in Abu Dhabi in 1968,<sup>9</sup> three years before the birth of the united country. Statistics Centres were established in Dubai and Abu Dhabi in the early 21<sup>st</sup> Century, with the National Bureau of Statistics being established in 2009.<sup>10</sup> This was replaced in 2015 by the current FCSA. The federal ministries of health and education created their own statistics centres the following year. Inevitably, the relationship between emirate-level systems and these new federal structures is still in transition. The speed of development of federal-local governance frameworks varies substantially between ministries.

## 3.2 Emirate-level statistics units

Statistics Centres in Abu Dhabi, Dubai and – to a lesser extent – Sharjah are well-established. Their socioeconomic data is built around censuses, household income and expenditure surveys and labour force surveys, as well as annual submissions of aggregated data from health and education administrative systems. Health and education authorities also have robust data collection systems in the larger emirates.<sup>11</sup> Agreements are in place to make data compatible across emirates, though so far health and education information is treated separately.<sup>12</sup> Statistics work is generally less developed in other emirates. Improved sharing of information with federal ministries and the FCSA is a recognised priority for Abu Dhabi and Dubai Statistics Centres.<sup>13</sup>

## 3.3 Federal institutions

### 3.3.1 Federal Competitiveness and Statistics Authority

The FCSA, which reports directly to the Prime Minister's Office, acts as the official source of statistics and monitoring of competitiveness performance in international reports. The

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<sup>9</sup> <http://fcsa.gov.ae/en-us/Pages/Statistics/Statistics.aspx>

<sup>10</sup> Ibid

<sup>11</sup> Interview with Abu Dhabi Health Authority (Appendix 1).

<sup>12</sup> Interview with Statistics Centre of Abu Dhabi (Appendix 1).

<sup>13</sup> Interviews with Abu Dhabi and Dubai Statistics Centres (Appendix 1).

FCSA is responsible for developing and running a unified, comprehensive, accurate, consistent and up-to-date national statistical system across different sectors. This requires it to oversee improved collaboration between sector ministries. It is also responsible for setting data collection standards, by consolidating definitions, methodologies and classifications, in coordination with governmental and international authorities.

The FCSA relies on emirate-level statistics centres for census and survey data collection, and line ministries (and authorities at emirate level) for administrative data collection. Its role in data production is thus primarily as a curator and aggregator. In the coming years, as the transition from emirate to federal structures matures, it is expected to take a leadership role, coordinating and standardising data from different ministries and emirates – as well as offering statistical services and training.

Since its inception, the FCSA has done a great deal of valuable work on broad policy frameworks, organising structures and principles, and on planning. Notably, it has set up an inter-departmental National Committee to oversee achievement and monitoring of the SDGs.<sup>14</sup> The FCSA has been set up to be innovative and ambitious, with aspirations to develop and use state-of-the-art statistical tools, systems and methodologies. It has a big picture and forward-looking approach. There is a great deal that it can achieve once it has put appropriate governance structures and data standards in place.

### **3.3.2 Ministry Data Centres**

The quality of data collection and analysis at ministry level varies considerably, reflecting the short time most data centres have been in existence – and also the level of priority and resource attached to statistics-generation in each ministry.

The Ministry of Health and Prevention's (MOHAP) Statistics and Research Department, established in 2016, has made rapid and exemplary progress. Its datasets are comprehensive, with very few gaps (the only exceptions in its SDG commitments are a lack of disaggregation by socioeconomic status, where relevant, and of HIV data). Data is available covering most CRC and SDG indicators – and more besides. This includes the 2018 National Health Survey,<sup>15</sup> which interviewed over 30,000 people (9,500 households).<sup>16</sup> Where duplications occur between national and emirate-level data, they are cleaned up as part of the process of incorporating them into federal datasets. All federal data is shared with local authorities and the FCSA. It is standardised using agreed dictionaries of data definitions; all fully machine-readable; and of very high quality.

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<sup>14</sup> <http://fcsa.gov.ae/en-us/Pages/Press-Release/National-Committee-on-Sustainable-Development-Goals-Holds-First-Meeting-and-Launches-Report.aspx>

<sup>15</sup> <http://www.mohap.gov.ae/en/MediaCenter/News/Pages/1963.aspx>

<sup>16</sup> <https://gulfnews.com/uae/health/national-health-survey-covers-30000-uae-residents-1.2184426>

The Ministry of Education (MOE) Data Centre, created at the same time, also has some good quality federal datasets, notably on school attendance, which is collected daily.<sup>17</sup> They are machine-readable and labelled clearly for comparison with CRC and SDG indicators. However, they are less comprehensive and less well disaggregated than health datasets. Not all data related to global indicators is collected – for example information regarding welfare issues dealt with at school level is not compiled nationally. By the same token, federal education data is designed for use at federal level, not for management decisions by service providers.

The Ministry of the Interior's Child Protection Centre is only responsible for reacting to specific cases reported to it. As it has no proactive mandate, no survey data exists on what proportion of different segments of the population have experienced crime or are vulnerable to abuse.<sup>18</sup> Unreported cases – which may be common in relation to children – are by definition not recorded. Multiple early warning systems are in place across different ministries and authorities, leading to some duplication. Sharing of information with other ministries, so that it can be linked with other relevant data on individuals, is not common or straightforward – and there is a perception that other ministries are at times uncooperative. Held data is timely, of good quality and usable, though it can only be accessed on request.<sup>19</sup>

The Ministry of Community Development has limited systematic data collection beyond case management registries and its data is thus hard to match with global indicators. The ministry relies on manual aggregation process from a range of non-standard local data sources.<sup>20</sup> It is difficult to assess its quality and usability. This is in contrast to work currently being carried out at emirate level by the Community Development Authority of Dubai, which is highlighted in the section on best practices below.

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<sup>17</sup> Interview with Ministry of Education (Appendix 1).

<sup>18</sup> Interview with Child Protection Centre, Ministry of Interior (Appendix 1).

<sup>19</sup> Ibid

<sup>20</sup> Interview with Ministry of Community Development (Appendix 1).

## 4 Data Sources

There is a multiplicity of data sources and types in the UAE, including census information, survey data and regularly updated administrative data. This is held, variously, by different ministries – both federal and within the seven emirates – by data centres, and, sometimes, by service providers. For example, data on issues affecting schoolchildren that are dealt with by school authorities will sometimes be kept by the school itself, not passed on to MOE. This includes information on suspected child abuse cases, which is usually passed on to parallel social services, but not reported upwards.<sup>21</sup>

The lack of either centralised or sector-specific registries of information systems, and the data each system collects, has made it difficult for the consultants to develop a fully accurate mapping of sources. The exception is the work recently completed by the MOHAP. The mapping of available data from the Health Management Information System (i.e. all administrative data maintained by the Ministry of Health (MOH)) and the National Health Survey is assumed to be 100% accurate, as this is derived from the MOHAP's new data dictionary.

The two figures following illustrate the exemplary work contained in the MOHAP data dictionary: a summary table showing the availability and timeliness of data for a range of indicator frameworks; and an example of the structured metadata that is maintained.













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<sup>21</sup> Interview with Ministry of Education (Appendix 1).

Figure 1 – Extract of summary table from MOHAP data dictionary

## 2.3 Sustainability Development Goals

### 2.3.1 Tier 1

#	Unique Reference Id	Indicators Title	Reported	Frequency
2.1.2	ID_124	Prevalence of moderate or severe food insecurity in the population, based on the Food Insecurity Experience Scale (FIES)		N / A
2.2.1	ID_031	Prevalence of stunting among children under 5 years of age		3 – 5 years
2.2.2	ID_032	Prevalence of wasting and overweight among children under 5 years of age		3 – 5 years
3.1.2	ID_052	Births attended by skilled health personnel		Annual
3.2.1	ID_003	Under 5 mortality (per 1,000 live births)		Annual
3.2.2	ID_005	Neonatal mortality (per 1,000 live births)		Annual
3.3.2	ID_022	Tuberculosis incidence per 100,000 population		Annual
3.3.3	ID_026	Malaria incidence per 1000 population		Annual
3.3.5	ID_073	Number of people requiring interventions against neglected tropical diseases		N / A
3.5.2	ID_040	Alcohol Consumption		3 – 5 years
3.6.1	ID_013	Death rate due to road traffic injuries		Annual
3.7.1	ID_049	Demand for family planning satisfied with modern methods		3 – 5 years

**Figure 2 – Extract of metadata from MOHAP data dictionary**

<b>Indicator Id</b>	WHO_001
<b>Unique Reference Id</b>	ID_001
<b>Name</b>	Life expectancy at birth
<b>Description</b>	The average number of years that a newborn could expect to live if he or she were to pass through life exposed to the sex- and age-specific death rates prevailing at the time of his or her birth, for a specific year, in UAE for a territory or geographical area
<b>Category</b>	Health Status
<b>Sub - classification</b>	Administrative
<b>Data collection</b>	Annually
<b>Type</b>	Mortality by age and sex
<b>Numerator</b>	(from life tables)
<b>Denominator</b>	(from life tables)
<b>Unit</b>	Years
<b>Unit Type</b>	Number
<b>WHO Preferred &amp; Alternate Sources</b>	Civil registration with high coverage, household surveys, population census and sample registration system
<b>MOHAP Current Sources</b>	Federal Competitiveness and Statistics Authority (FCSA)
<b>Data Elements</b>	Death data by age group and date of birth
<b>Source of data for DOH</b>	NA

Mappings from other sources are less precise and are based on verbal descriptions obtained in interviews with ministries, authorities and statistics centres. Figure 4 and associated tables, in the following chapter, are designed to help start that process, by mapping known federal and emirate sources against an integrated map of CRC and SDG indicators. We can see that a good deal of data – often better than that in the UN’s SDG database – exists. But much of it is not readily available. Indeed, some is hard to find. The next step would then be to ensure that all data that the UAE agrees to submit to global monitoring frameworks is made available in required formats. In some cases, this is straightforward – for example, the federal Ministry of Health (MOH) already holds datasets in the appropriate format to match all but two of the health-related SDG indicators – and the UN SDG database draws on this. In other sectors, more work still needs to be done to aggregate locally collected data in a standardised form.

As seen in the tables in Chapter 5, not all information needed to fulfil CRC and SDG reporting requirements is yet collected at all in the UAE. For some indicators, that is because it is not seen as relevant, or is sensitive. But for some, a simple verification exercise could help to enhance UAE's standing, both in terms of attaining SDG targets and for the quality of its statistical records.

For example, one child-related SDG indicator (4.a.1) requires data on “the proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking-water; (f) single-sex basic sanitation facilities; and (g) basic hand-washing facilities (as per the WASH indicator definitions)”. According to the SDG database, there is no information on this for the UAE. Yet it is likely that close to 100% of schools in the UAE have access to all of those things – with the possible exception of d) – because all schools are expected to conform with existing policies and laws. It is not, however, sufficient for the SDG database to cite law or policy, but it would be straightforward to check this information for all schools on a one-off basis (to be updated every year), in order to show excellent results against this indicator.

Figure 3, below, shows all the sources of child-related data that the consultants have come across in their research.

**Figure 3 – Child-related data sources**

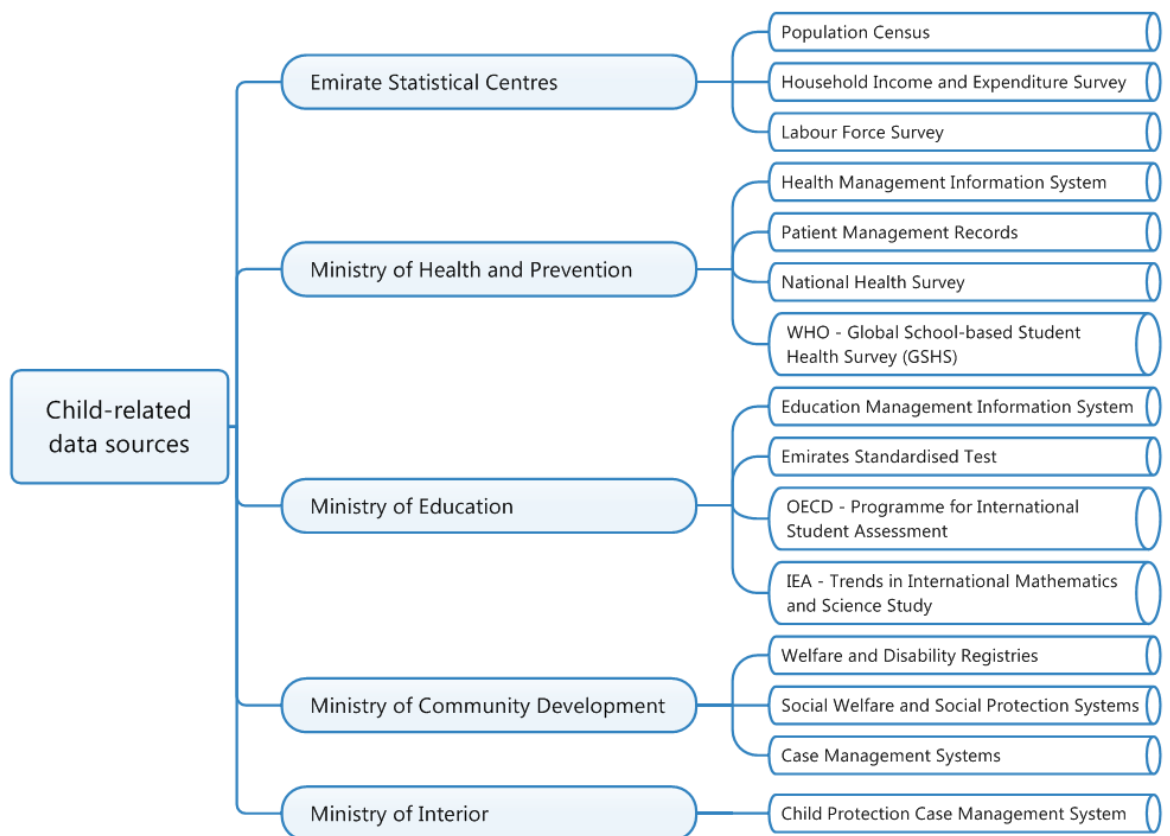


Table 1, below, shows how, based on the consultants mapping, existing data could fulfil the 100 of the CRC and SDG indicators identified below in Table 2. As mentioned above this mapping (with the exception of health data) contains a substantial number of estimates and assumptions in the absence of a more rigorous system of data governance.

**Table 1 – The potential for existing data sources to meet the CRC and SDGs**

Source	Type of Data	Data for SDGs		Data for CRC	
		Yes	Maybe	Yes	Maybe
Ministry of Interior	Administrative	1	2	3	21
Health Management Information System	Administrative	11		13	1
Ministry of Community Development	Administrative	1	1	5	8
Education Management Information System	Administrative	2		6	2
National Health Survey	Survey	4		2	
Census	Census	2	1	1	1
Household Income and Expenditure Survey	Survey	1	3		
PISA/TIMSS	Survey	3		1	
FCSA data	Administrative	2	1		
School Health Survey	Survey				1
Total		27	8	31	34

To achieve this level of reporting would not, in the consultants' estimation, require any new data collection. It would simply need the FCSA to collate information from all these sources and make them available in an open, accessible format. Progress is already being made in ensuring federal oversight and responsibility for all data, and in improving data flows between local authorities and line ministries, as well as between line ministries and the FCSA. This transition will inevitably take time but is proceeding well.

# 5 Data Reporting Requirements

There is evidence that many policy and planning decisions in UAE, across sectors, are informed by data collection and analysis at both federal and emirate levels. This mostly involves frameworks where data is held and used internally and is not available in the public domain.

For the UAE to be seen to be playing an exemplary role in meeting its international commitments, a key priority is to link data better to external reporting requirements, particularly in relation to the CRC and the SDGs. The FCSA has already expressed strong ambition and desire to meet global best practice in publishing information on the SDG indicators.<sup>22</sup>

## 5.1 The UN Convention on the Rights of the Child

The CRC was adopted by the UN General Assembly in 1989 and 196 nations are now party to it. UAE ratified the CRC in January 1997. The Convention requires states to act in children's best interests and to protect their rights.<sup>23</sup> Countries are also expected to collect data relating to CRC's reporting guidelines,<sup>24</sup> use it to assess progress and design policies to ensure implementation of the convention. They are required to report this data on current status of their children at regular intervals.

UAE first reported to the CRC in 2012.<sup>25</sup> This report highlighted legislation that serves to protect children and to support their rights. However, it did not include data on the progress or status of children in relation to the various CRC reporting guidelines. The Office of the High Commissioner for Human Rights (OHCHR) responded in 2015 with a number of requests for specific data.<sup>26</sup>

The UAE government replied positively to this, outlining the Supreme Council for Motherhood and Children's plan to collect high quality data in order to monitor children's

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<sup>22</sup> Interview with FCSA (Appendix 1).

<sup>23</sup> <https://www.ohchr.org/en/hrbodies/crc/pages/crcindex.aspx>

<sup>24</sup>

<http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2fPPRiCAqhKb7yhsr1ZWeb%2bRuDNd9qD0ICL6ikRB2cfJhMR51%2f10eGSYFCtruq1Ql9a7QWVRO8Mi60ohmvtNns63WFivVgw0QS1DEXzSOoUgSyF86P%2fVdRoD5Jx>

<sup>25</sup>

[https://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fARE%2f2&Lang=en](https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fARE%2f2&Lang=en)

<sup>26</sup>

[https://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fCRC%2fARE%2fQ%2f2&Lang=en](https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fCRC%2fARE%2fQ%2f2&Lang=en)

lives. This included working jointly with UNICEF's Gulf Area Office (GAO) to compile an integrated database on children, containing updated information on child and adolescent health, education, protection and participation; disaggregated by age, social category, geographical distribution and other factors such as vulnerability and disability.<sup>27</sup> It was in parallel to this work that the SCMC, with support from the UNICEF GAO, developed its rights-based National Strategy for Motherhood and Childhood, for the period 2017–21.<sup>28</sup>

Progress in developing such a database has been slow. It will be challenging to report comprehensively to the CRC, in line with the OHCHR's requests, by the next deadline in 2020. However, as the study reveals, it is likely that a significant amount of relevant national data on the status of children in the UAE does exist. With the help of enhanced data governance, matched by the ambition and drive of the SCMC and FCSA, the 2020 report can be seen as a useful stepping stone towards a comprehensive set of standardised, interoperable data sources on children in the UAE. It is not currently clear which institution holds responsibility for the compilation of the data required for the delivery of the 2020 report to the CRC. FCSA has not been mandated to do it, although it usually represents the country in international agreements, conventions and programmes related to statistics.

## 5.2 The Sustainable Development Goals (SDGs)

The seventeen SDGs agreed internationally in 2015, are supported by a total of 169 targets and 230 indicators. All nations have committed to achieve these targets by 2030. Of these, UNICEF has identified fifty that relate to children (see Appendix 2).

The National Committee set up by the FCSA to engage internationally with the SDGs has multiple tasks. Its initial role is to work through each of the SDG indicators and determine which should be prioritised for monitoring. As only a couple of countries are currently attempting to publish data on every single indicator, the committee is seeking to identify which align most closely with UAE's own policy concerns and agendas.

Having established priorities, the next step is to align locally held data with the internationally agreed definitions and classifications in relation to each indicator. This can be done ex-post facto, but it will be much easier if data is collected consistently according to international standards in the first place, across all federal, emirate and local departments.

The committee currently has a portal setting out national policies and laws that serve to ensure the UAE can meet its SDG targets.<sup>29</sup> It has a two-year plan to complement this by

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[https://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fARE%2fQ%2f2%2fAdd.1&Lang=en](https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fARE%2fQ%2f2%2fAdd.1&Lang=en)

28 <https://gulfnews.com/going-out/society/national-strategy-for-motherhood-and-childhood-launched-1.2066050>

29 <http://uaesdgs.ae/>

collating existing and collecting new monitoring data on priority targets within the next two years. The UAE have additionally commissioned ESRI – a global data mapping company – to build a sophisticated GIS portal, based on the firm’s pilot work on mapping the SDGs in the Republic of Ireland.<sup>30</sup> As this is at a very early stage of development, it is not yet clear what child-related data it may include.

Meanwhile, the UN has its own SDG database, drawing information from surveys and estimates produced by its constituent organisations, such as the WHO, and other international bodies, such as OECD.<sup>31</sup> Although the UAE government has not yet submitted any of its own data to this database, it currently contains information, collected with the UAE government’s permission, on twenty of the fifty child-related indicators, as seen in Appendix 3.

Our research has revealed that a range of institutions within the UAE hold data that is more accurate, complete and up-to-date than the UN’s estimates in the SDG database – particularly in relation to health, where MOH data quality is excellent. However not all of that data would currently be easy to collate, because it is held by a variety of different ministries and data institutions at all levels (local, emirate and federal). Information is held in a range of formats, using several types of indicators, making it difficult to compare and compile.

Nonetheless, there is a tremendous opportunity for the UAE to consolidate its own local data. If made available systematically in a consistent, comparable, accessible format, the data will enable UAE to demonstrate to the world its ambition, achievements and progress in relation to the goals – and to be compared favourably with other nations.

### **5.3 Integrated mapping of CRC and SDG indicators**

Given the complexity of current data systems and processes at this moment in time, it will be challenging for UAE to report comprehensively on both CRC and SDG indicators. Time and investment will be needed. Once effective data governance arrangements are in place, and systems to transfer all data quickly and openly between emirate and federal levels have further matured, simpler reporting systems will inevitably be developed. For the moment, prioritisation is a sensible strategy. Just as for the SDGs, UAE needs to decide which indicators to start with in order to begin to meet its obligations to the Convention on the Rights of the Child. To help simplify the selection process, we have attempted to integrate the two sets of indicators, in **Table 2** below, illustrating which indicators are the same or similar. This is not straightforward. There are only 22 indicators that can be matched across both – and most of those are inexact matches. Nonetheless, there are obvious advantages in trying to collect data that facilitates reporting on both the CRC and the SDGs at once. The table also shows whether UAE already has data on each “joint” indicator and, if so, where.

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<sup>30</sup> <http://sdgsuae-fcsa.opendata.arcgis.com/>

<sup>31</sup> <https://unstats.un.org/sdgs/indicators/database/>

**Table 2 – Mapping CRC and SDG indicators jointly to domestic data sources**

CRC Indicator	SDG Indicator	Data Exists	Data Source
3.b Allocation of resources in relation to total expenditure for health services, in particular primary health services;	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	Yes	HMIS
3.e Allocation of resources in relation to total expenditure for child protection measures, including the prevention of violence, child labour and sexual exploitation, and rehabilitation programmes.	8.b.1 Total government spending in social protection and employment programmes as a proportion of the national budgets and GDP	Yes	MOI
5.a.ii Number of children under 18 years of age who are married.	5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18	No	None
6.c Number of children under 18 years of age who died due to illnesses, including HIV/AIDS, malaria, tuberculosis, polio, hepatitis and acute respiratory infections;	3.3.2 Tuberculosis incidence per 1,000 population 3.3.3 Malaria incidence per 1,000 population	Yes	HMIS
6.d Number of children under 18 years of age who died as a result of traffic or other accidents;	3.6.1 Death rate due to road traffic injuries	Yes	HMIS
6.f Number of children under 18 years of age who died due to suicide.	3.4.2 Suicide mortality rate	Yes	HMIS
9.a.ii Number of schools equipped with information technology.	4.a.1 Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking-water; (f) single-sex basic sanitation facilities; and (g) basic hand-washing facilities (as per the WASH indicator definitions)	Yes	EMIS
10.a The number and percentage of children reported as victims of abuse and/or neglect by parents or other relatives/caregivers.	16.2.1 Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	Maybe	MOI

CRC Indicator	SDG Indicator	Data Exists	Data Source
11.b The number of children reported as victims of other cruel, inhuman or degrading treatment or other forms of punishment, including forced marriage and female genital mutilation.	5.3.2 Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age	No	None
12.b The number of available childcare services and facilities and the percentage of children and families that have access to those services.	1.3.1 Proportion of population covered by social protection floors/ systems, by sex, and distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work injury victims, and the poor and the vulnerable	No	None
18.a The rates of infant and under-5 child mortality;	3.2.1 Under-5 mortality rate 3.2.2 Neonatal mortality rate	Yes	HMIS
18.c The proportion of children with moderate and severe underweight, wasting and stunting;	2.2.1 Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age	Yes	NHS
18.e The percentage of households without access to hygienic sanitation facilities and access to safe drinking water;	6.1.1 Proportion of population using safely managed drinking-water services 6.2.1 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water	Maybe	Census
18.g The rates of maternal mortality, including its main causes;	3.1.1 Maternal mortality ratio	Yes	HMIS
18.i The proportion of children born in hospitals.	3.1.2 Proportion of births attended by skilled health personnel	Maybe	HMIS
19.a The number/percentage of children infected and affected by HIV/AIDS.	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	No	None
20.a.i Number of adolescents affected by early pregnancy.	3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group	Yes	HMIS
22.a Literacy rates for children and adults;	4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex 4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected as data become available) 4.6.1 Percentage of population in a given age group achieving at least a	Yes	PISA / TIMSS

CRC Indicator	SDG Indicator	Data Exists	Data Source
	fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex		
22.g The percentage of children who attend preschool and other early childhood development education facilities.	4.2.2 Participation rate in organised learning (one year before the official primary entry age), by sex	Yes	EMIS
24.a The number and percentage of children below the minimum legal age of employment who are involved in child labour.	8.7.1 Proportion and number of children aged 5–17 years engaged in child labour, by sex and age	No	None
25.c The number of reported cases of sexual exploitation, sexual abuse and sale of children, abduction of children and violence against children during the reporting period;	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the previous 12 months, by form of violence and by age	No	None
25.c The number of reported cases of sexual exploitation, sexual abuse and sale of children, abduction of children and violence against children during the reporting period.	16.2.3 Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18 5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the previous 12 months, by age and place of occurrence	No	None

Figure 4 below shows, in visual form, a complete mapping of all relevant CRC and SDG indicators. Similar ones are linked together with green lines. It is presented here for illustration. [A more readable full-size version can be found online by clicking here, or on the figure itself.](#)

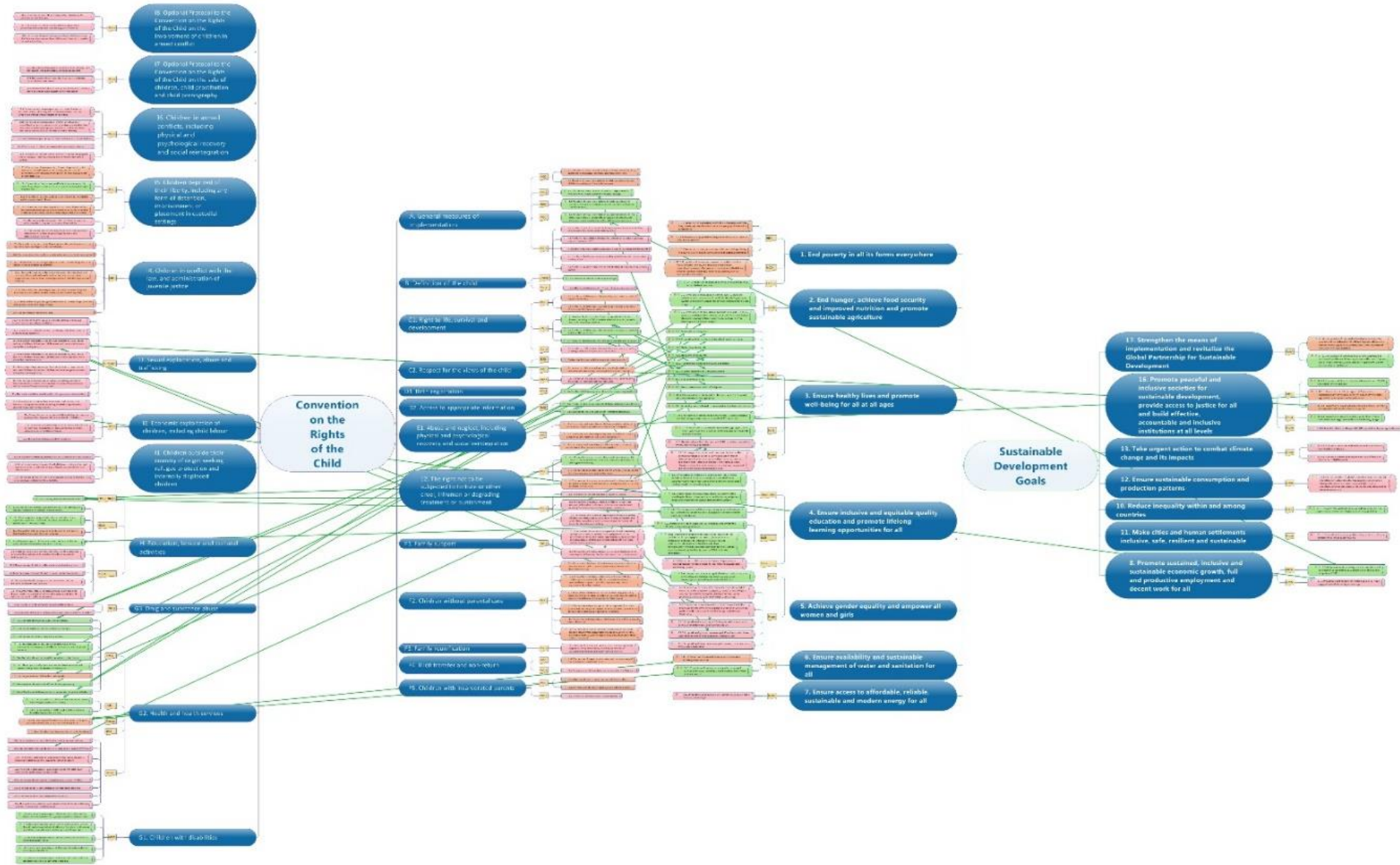
The CRC is represented on the left side, with its key reporting areas listed in blue, on both sides of the CRC label. Similarly, the child-related SDGs, are listed on the right side of the diagram. The green lines show where the CRC and SDG indicators are sufficiently similar to allow reporting against both, using the same data. The indicators for both the CRC and the SDGs are coloured in the diagram according to a 'traffic light' system, representing the existence of relevant domestic data. Where data exists in the UAE for an indicator, it is shown in green. Where it partially exists, or it is not known whether it exists, the indicator is shown in orange. Where there is no data, the indicator is red. Acronyms

indicating where UAE data can – or could – be found is shown in yellow boxes next to the indicators.<sup>32</sup>

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<sup>32</sup> A graphic tutorial can be found at <http://bit.ly/2EFIJrx>

Figure 4 – Mapping CRC and SDG Indicators to domestic data sources



**Table 3**, below, summarises how many of the reporting guidelines for the CRC, and child-related indicators for the SDGs, require information that already exists in the UAE in some form. A fuller version, broken down by goals, can be found in Appendix 4.

**Table 3 – Data availability to meet CRC and SDG indicators**

Framework	Number of indicators	Data exists	Similar or partial data exists	No known data exists
Convention on the Rights of the Child – Reporting guidelines	123	31	34	58
Sustainable Development Goals – Child-related indicators	50	27	8	15

To illustrate the potential for the UAE to leap ahead in its SDG reporting, by making its existing data available, **Table 4**, below, compares the existence of domestic data with the externally-generated data currently held by the UN in its SDG database. A fuller version, broken down by indicators, can be found in Appendix 5.

**Table 4 – Availability of data for child-related SDG indicators**

	Yes	Partial	No
Data available through UN SDG Database	20		30
Data exists in the UAE but is not yet all published	27	8	15

The SDG targets are informally grouped into three tiers. For the first two tiers, data collection methodology has been internationally agreed. Large amounts of data from many countries is already available for tier 1 targets. Much less data exists for tier 2. There is no agreed methodology for tier 3 targets.<sup>33</sup> Interestingly – and impressively – data that exists in the UAE could be used to report not only against the Tier 1 SDG indicators, but also for the some of the Tier 2 indicators and even for some of the Tier 3 indicators. This is shown in **Table 5**, below.

<sup>33</sup> <https://unstats.un.org/sdgs/iaeg-sdgs/tier-classification/>

**Table 5 – Data availability by SDG tiers**

Tier	Yes	Partial	No
I	19	4	6
II	4	3	7
III	4	1	2

Nonetheless, there are still gaps in the data required to meet all CRC reporting guidelines and provide information on all SDG indicators. This is not surprising, given how new and transitional the UAE’s statistical infrastructure still is. **Tables 6 and 7**, below, set out where no data is currently available to meet child-related SDG and CRC indicators.

**Table 6 – Child-related SDG indicators for which no data currently exists**

Goal	Indicator	SDG Tier
3. Ensure healthy lives and promote well-being for all at all ages	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	I
	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	I
4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	4.2.1 Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex	II
5. Achieve gender equality and empower all women and girls	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the previous 12 months, by form of violence and by age	II
	5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the previous 12 months, by age and place of occurrence	II
	5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18	I
	5.3.2 Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age	I

Goal	Indicator	SDG Tier
	5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location	II
7. Ensure access to affordable, reliable, sustainable and modern energy for all	7.1.2 Proportion of population with primary reliance on clean fuels and technology	I
8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	8.7.1 Proportion and number of children aged 5–17 years engaged in child labour, by sex and age	II
11. Make cities and human settlements inclusive, safe, resilient and sustainable	11.1.1 Proportion of urban population living in slums, informal settlements or inadequate housing	I
12. Ensure sustainable consumption and production patterns	12.8.1 Extent to which (i) global citizenship education and (ii) education for sustainable development (including climate change education) are mainstreamed in (a) national education policies; (b) curricula; (c) teacher education and; (d) student assessment	III
13. Take urgent action to combat climate change and its impacts	13.1.1 Number of countries with national and local disaster risk reduction strategies	II
	13.1.2 Number of deaths, missing and persons affected by disaster per 100,000 people	II
16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	16.1.2 Conflict-related deaths per 100,000 population, by sex, age and cause	III

**Table 7 – CRC indicators for which no data currently exists**

Theme	Number of Indicators
A. General measures of implementation	5
B. Definition of the child	1
C1. Right to life, survival and development	1
C2. Respect for the views of the child	1
E2. The right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment	3
F1. Family support	2
F3. Family reunification	1
F4. Illicit transfer and non-return	1
F5. Children with incarcerated parents	1
G2. Health and health services	8
G3. Drug and substance abuse	2

Theme	Number of Indicators
H. Education, leisure and cultural activities	5
I1. Children outside their country of origin seeking refugee protection and internally displaced children	3
I2. Economic exploitation of children, including child labour	3
I3. Sexual exploitation, abuse and trafficking	8
I5. Children deprived of their liberty, including any form of detention, imprisonment or placement in custodial settings	2
I6. Children in armed conflicts, including physical and psychological recovery and social reintegration	5
I7. Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography	3
I8. Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict	3
<b>Total</b>	<b>58</b>

# 6 Data Use

Data collection and statistical production in the UAE varies in quantity and quality between ministries. This is to be expected during a period of transition from emirate to federal data governance, before standards and sharing protocols have been fully put in place. As seen in the previous section, data supply has the potential to meet a good proportion of external data demand. This section explores the remaining question of domestic demand and – where demanded data exists – of data use.

The missing link between the existence of data and its use – to drive effective decision-making that improves the lives of mothers and children – is openness. To be used, information needs to be made available and accessible (excluding, of course, personal or confidential data). Many internal policy decisions in the UAE are made within authorities and ministries on the basis of good evidence and analysis, but from data that is not shared across government, let alone publicly. Until such sharing is embedded in a government-wide data governance culture it will remain very difficult to improve cooperation between ministries – whether by linking together relevant information on individual cases, or by developing cross-cutting, holistic solutions to complex issues. ‘Silo’ mentalities within ministries are often seen as obstacles to open and effective government. By contrast, making data available – including to the public – allows ministries to demonstrate the basis of their decision-making – as well as to highlight their successes.

It is clear that much more data exists in relation to children in the UAE than is currently being made available. Having made a clear commitment to publish information on selected SDG indicators – likely to include the great majority of data that is already collected – the FCSA now has an excellent opportunity to improve the availability, accessibility and usefulness of its statistics, for both domestic and international users. The first step will be to clarify who has responsibility for delivering the legally-binding requirement to submit data on the CRC indicators – it is hoped that a first tranche can be achieved by reporting information that is also required for the SDGs, as outlined above. The second step will be to introduce open data standards for all ministries.

## 6.1 Data analysis

While the consultants found that, in all institutions visited, data is being used (at least internally) to monitor service delivery, there was less evidence of data being used to analyse challenges and inform policy. In general, it would appear that there is a lack of capacity to transform data into policy options.<sup>34</sup> Similarly, there is no culture of information sharing across institutions with the aim of deepening knowledge of an analytical background to social policy.

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<sup>34</sup> Acknowledged by FCSA in the October 2018 meeting (Appendix 1).

## 6.2 Open data policies and platforms

UAE has an official Open Data Portal,<sup>35</sup> reflecting the government's intention to enhance sustainable communities based on participation and transparency. Most ministry websites also have an open data section, with a common format, reflecting a federal commitment to making data accessible. The sites typically then set out headline figures, backed up by some published data. Appendix 5 lists the datasets available for health,<sup>36</sup> education<sup>37</sup> and community development<sup>38</sup> at the time of the consultants' mission.

## 6.3 Data use

Most data held by emirate or federal ministries has been collected either to monitor performance of service delivery institutions (such as hospitals and schools). It is used primarily for upward accountability, and not made available to improve management at the point of collection. For example, schools do not make their own use of attendance data, even though they collect and report it to MOE every day.<sup>39</sup> Information that is managed by schools – for example on individual children's progress or behaviour – is not generally collected by the ministry.<sup>40</sup> In general, most data use appears to be focused on efficient service delivery and the reactive management of issues; and less so on proactive, pre-emptive analysis.<sup>41</sup> Improving downward flows of analysed data and statistics would create opportunities for more holistic planning and decision-making at the point of service delivery, leading to better results at all levels.

## 6.4 Culturally sensitive issues

In all countries, there are some subjects that are difficult for governments to discuss in public. That does not necessarily mean that they are not addressed through legislation, but it can sometimes affect the collection or publication of information about them. This is sometimes the case in the UAE. For example, the law forbids anyone under the age of 18 from getting married. This is interpreted by the government to mean that there is no child marriage in the country. It is indeed likely that strong laws, and enforcement of them, mean that the problem of child marriage is far less common in the UAE than in many other countries. However, the relevant SDG indicator (5.3.1) asks for the 'proportion of women aged 20–24 who were first married or in a union before age 15 and before age 18'. Reporting on this indicator cannot be fulfilled by citing the law – only by robust (but discreet) monitoring of cases where the law has been broken.

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<sup>35</sup> <https://bayanat.ae/en>

<sup>36</sup> <http://bit.ly/2C6zZcj>

<sup>37</sup> <https://www.moe.gov.ae/En/OpenData/Pages/home.aspx>

<sup>38</sup> <https://www.mocd.gov.ae/en/open-data/statistics.aspx>

<sup>39</sup> Interview with Ministry of Education (Appendix 1).

<sup>40</sup> Ibid

<sup>41</sup> This was a view expressed in interviews with Ministry of Interior, Child Protection . Centre and Ministry of Community Development (Appendix 1).

For other forms of socially unacceptable behaviour by, or affecting, children, it appears that UAE does keep data.<sup>42</sup> However, there is a cultural acceptance that some issues are best dealt with on a confidential basis and not recorded formally. Even when information is gathered, it is not always shared. For example, MOE says that it holds comprehensive records of school dropouts, disaggregated by school and social group and supported by analysis of their causes and consequences. However, this information is kept secret – it was not even shown to DI’s research team. Data on the proportion of children and adults with HIV, too, is a rare gap in the MOH’s otherwise excellent open reporting. Similarly, it is probable that data on all child protection issues – including abuse and violence against children – is collected but not shared. Even its existence is not publicised, making it hard to be certain exactly what is there. In turn, this makes it hard – even for members of the government who are not directly involved – to assess the effectiveness of their own child protection policies.

In addition to specific sensitive issues, there can also be questions about minority sections of the population. In particular, it is common for data to be less comprehensive and accurate for non-nationals than it is for citizens. While this is perfectly understandable in all countries, the ratio of non-nationals to nationals in the UAE adds significance to this. Some governments prefer to keep information separately on immigrants (and especially on refugees), so as to avoid diluting otherwise strong achievements (for example on educational attainment). In addition, sensitive issues may be under-reported by non-nationals. There may be fears of repercussions against non-Emiratis for reporting cases of abuse of a culturally sensitive nature. The quantity and quality of data kept on non-nationals in the UAE is unclear.

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<sup>42</sup> The Ministry of Interior Child Protection Centre maintains extensive data covering the cases it deals with (Appendix 1).

# 7 Data Governance Frameworks: Coordination and Interoperability

The Federal Competitiveness and Statistics Authority has responsibility, as part of its mandate, for developing a consistent statistical system across sectors, as well as for consolidating data collection methodologies and setting standards.<sup>43</sup> This work is still at an early stage. Its first challenge is to oversee the ongoing transition from emirate-level to federal ministries. The aim is to ensure comprehensive and timely data flows from emirate to federal ministries; facilitate analysis and statistics-production; and then ensure that evidence reaches key decision-makers. The speed at which this transition is taking place varies by sector. The Ministries of Health and the Interior run mature national systems. Others do not yet.

In parallel, the FCSA faces the challenge of improving openness and cooperation between individual ministerial silos. There are currently very limited sharing protocols for data sharing between institutions, even at the federal level, and the maturity of relationships between ministries is at variable stages of development.

One solution, suggested by the Supreme Council for Motherhood and Childhood in dealing with CRC reporting, was to create a single comprehensive and coherent database containing all child-related information at all levels.<sup>44</sup> Such a system could have great advantages but would of necessity duplicate data and efforts from other systems and require very considerable human, technical and financial resources to develop.

A more realistic alternative is to focus efforts on improving collaboration and interoperability between existing federal ministerial data systems and units, as they themselves mature and incorporate emirate and local data management. This process of centralisation and standardisation has been started by the FCSA but is still relatively new. To progress it, four things will be required:

- 1) A central registry of all data sources.
- 2) Standardised metadata on all information systems.
- 3) A central registry of agreed indicators.
- 4) Centrally-maintained data dictionaries, setting out agreed definitions.

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<sup>43</sup> Interview with FCSA (Appendix 1).

<sup>44</sup> UAE response to UN Committee on the Rights of the Child (Appendix 1).

[https://tbinternet.ohchr.org/\\_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fARE%2fQ%2f2%2fAdd.1&Lang=en](https://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=CRC%2fC%2fARE%2fQ%2f2%2fAdd.1&Lang=en)

It should be noted that such a system of data governance requires a strong commitment to openly shared metadata, but it doesn't in any way compromise the security or privacy, where applicable, of the data itself.

The FCSA can achieve this by bringing together representatives from all ministries at all levels, to work together on agreeing common data formats and fields. In some areas, this is already under way – data dictionaries are expected to be agreed within the next two years. Further collaboration and coordination will be essential to unlock the door to world-class statistical management in the UAE.

## **7.1 An example of the interoperability challenge**

There is currently considerable variation between different institutions' data management systems, standards and formats. Some have excellent data protocols, others none. Until they are coordinated, it will be more difficult to implement policies to improve the lives of children effectively. For example, if an individual comes to the attention of the Ministry of Interior's Child Protection Centre, because of a police case involving a child, the case manager will not be able to check relevant records from other systems and institutions. The CPC is not able to see if the child in question has already come to the attention of MOE, nor check its health record, because each ministry's case management records are siloed for internal use only.

All these ministries – as well as the Ministry for Community Development (MCD) – do carry out early warning assessments of children at risk. However, even if a case manager was able to access forms relating to an individual child from all different departments, they would find it hard to combine them. Each department uses different data fields and definitions, instead of agreed, standardised questionnaires and indicators.<sup>45</sup> Indeed, MCD does not currently have internally consistent standards for data collection, so they have to manually process data in different formats from each local authority, just to produce simple aggregated datasets.<sup>46</sup> This is in spite of the fact that the MCD does set fixed standards for service delivery, so standardising reporting on that delivery ought to be straightforward.

A fairly simple solution to the problem of uncoordinated risk management could be found, without needing to harmonise all departmental management information systems, or even agree common standards. Every UAE resident has an identity card, by law. Citizens are registered and given an identity number at birth. This comprehensive and robust ID system allows for all people-related services and systems to be connected. It would therefore be possible to create a real time cross-departmental case management database. It would only need to contain the national ID of each child, and the case management number from the relevant departmental system. This would allow different departments to be aware of the existence of information on the same child, which could then be obtained with an authorised request to the ministry concerned.

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<sup>45</sup> Interview with Child Protection Centre, Ministry of Interior (Appendix 1).

<sup>46</sup> Interview with Ministry of Community Development (Appendix 1).

## 7.2 Examples of best practice

### 7.2.1 Federal health data dictionary

The Ministry of Health is about to release a national data dictionary, containing over 400 key health indicators. Impressively, this has been compiled by an interdepartmental working group, which worked together across all relevant sectors. The group first agreed what indicators were needed to meet a range of internal and external monitoring frameworks (including the SDGs). Then it went through each in turn, using a clear and rigorous methodology, to select standardised definitions that satisfied each of their needs; and agreed to collect and record all future data according to them. As illustrated in [Figures 1 and 2](#) above, the dictionary contains useful summaries of how a range of indicator frameworks are being serviced, in addition to structured metadata for each indicator.

### 7.2.2 Dubai Community Development Authority (CDA)

The CDA in Dubai is working on an outstanding programme to create an integrated SDG reporting platform for local needs, similar to the ideal model suggested above. Its aim is to coordinate all data collection, data definitions and priorities. All authorities in the emirate are obliged to participate. There has inevitably been some bureaucratic opposition to inter-departmental collaboration, but this has been overridden by the authority of the Dubai Executive Council (DEC).<sup>47</sup> Without an executive directive from above, it is unlikely that the programme would have got off the ground, despite the enthusiasm of several individuals who understood the huge benefits of interoperability.

The CDA covers child development, social welfare and human rights. These are wide-ranging issues, which means it relies upon sector-wide cooperation to be effective. Its platform draws on data from all authorities, as well as surveys conducted by the Dubai Statistics Centre, on health, education, labour and social welfare. Even then, some data gaps remain. Its biggest challenge so far, has been to ensure that data is collected according to standard methodologies. Capacity and resource constraints have also created obstacles.<sup>48</sup>

The strength of this local initiative is, paradoxically, also a sign of current weaknesses in national data governance. Should this not be the model for a federal framework? How, for example, could the decision of the DEC be replicated by the FCSA?

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<sup>47</sup> Interview with Dubai Community Development Authority (Appendix 1).

<sup>48</sup> Ibid

# 8 Capacity

There is a general shortage of statisticians and skilled management information specialists in the UAE. Statistics is not a common subject at degree or postgraduate level. As a result, quite a high proportion of data professionals working in Statistics Centres and ministries are foreigners.

As mentioned in the discussion of data analysis above, the capacity shortage also extends to data analysts. This may relate not only to a shortage of skilled analysts, but to the lack of a data-analytic approach to policy formulation.

Financial and technical capacity, however, is available when the executive authorities appreciate the benefits of good statistical systems and order that they should be given priority. Existing staff in most ministries are keen to make progress on data collaboration, standardisation and consistency, but they cannot proceed without a clear mandate. Where senior authorities have given priority to data quality and openness – for example at the federal MOHAP – results are highly impressive, even at this early stage. Other ministries currently suffer from severe shortages of staff and resources – including basic software – because their managers have not yet recognised the value of good data management as a means to improve performance and global standing.

# 9 Conclusions

The UAE data ecosystem is in a state of transition as federal structures develop the maturity to manage a national framework, rather than cobbling together local initiatives. The role of the FCSA, in collaboration with the data, statistics and research sections of federal ministries, is critical.

UAE is perfectly capable of producing all the data required to meet both national needs and global reporting. It already produces a high volume of data – much of it of very good quality. Making the best use of this data will depend on a greater degree of collaboration and sharing between institutions. Current legal and policy mandates under which institutions operate tend to produce a siloed approach to problem-solving. A more open and collaborative approach would be certain to yield significant outcome improvements. With better standardisation and openness, the FCSA has the opportunity to produce world-class statistics that also reveal world-leading performance against child-related SDG and CRC indicators.

The FCSA has plans in place to provide a significant boost to SDG reporting over the next two years. Meeting these objectives will be important for UAE's reputation as a global leader. It would be good if a clear roadmap could be agreed soon, indicating who needs to do what by when. Meeting the CRC reporting requirements by August 2020 will be a challenge. Starting by agreeing who is responsible, then providing information on CRC indicators that are most similar to SDG ones, would create a strong platform for robust future reporting.

Data collaboration and clear, open standards need to be given the highest priority. Anything is possible if executive decisions are made at the right level of authority to deliver what is required.

# 10 Appendices

## 10.1 Appendix 1: Schedule of interviews

Date	Institution
25-Oct-18	Federal Competitiveness and Statistics Authority
28-Oct-18	Supreme Council for Motherhood and Childhood, Technical Committee
30-Oct-18	Statistics Centre–Abu Dhabi
30-Oct-18	Abu Dhabi Health Authority
31-Oct-18	Dubai Statistics Centre
31-Oct-18	Ministry of Education
28-Jan-19	Supreme Council for Motherhood and Childhood, Technical Committee
29-Jan-19	Ministry of Education
30-Jan-19	Ministry of Health, Statistics and Research Centre
30-Jan-19	Ministry of Community Development
31-Jan-19	Ministry of Interior, Child Protection Centre
05-Feb-19	Statistics Centre - Abu Dhabi
05-Feb-19	Abu Dhabi Education Authority
06-Feb-19	Dubai Community Development Authority
07-Feb-19	Federal Competitiveness and Statistics Authority

## 10.2 Appendix 2: UNICEF’s list of child-related SDG Indicators

SDG Indicator	Description
1.1.1	Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)
1.2.1	Proportion of population living below the national poverty line, by sex and age
1.2.2	Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions
1.3.1	Proportion of population covered by social protection floors/ systems, by sex, and distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work injury victims, and the poor and the vulnerable
1.4.1	Proportion of population living in households with access to basic services
2.2.1	Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age
2.2.2	Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and 2.2.2a overweight)
3.1.1	Maternal mortality ratio
3.1.2	Proportion of births attended by skilled health personnel
3.2.1	Under-5 mortality rate

SDG Indicator	Description
3.2.2	Neonatal mortality rate
3.3.1	Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations
3.3.2	Tuberculosis incidence per 1,000 population
3.3.3	Malaria incidence per 1,000 population
3.4.2	Suicide mortality rate
3.6.1	Death rate due to road traffic injuries
3.7.1	Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods
3.7.2	Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group
3.8.1	Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)
3.9.1	Mortality rate attributed to household and ambient air pollution
3.9.2	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe WASH services)
4.1.1	Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex
4.2.1	Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex
4.2.2	Participation rate in organised learning (one year before the official primary entry age), by sex
4.5.1	Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected as data become available)
4.6.1	Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex
4.a.1	Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking-water; (f) single-sex basic sanitation facilities; and (g) basic hand-washing facilities (as per the WASH indicator definitions)
5.2.1	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the previous 12 months, by form of violence and by age
5.2.2	Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the previous 12 months, by age and place of occurrence
5.3.1	Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18
5.3.2	Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age
5.4.1	Proportion of time spent on unpaid domestic and care work, by sex, age and location

SDG Indicator	Description
5.6.1	Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care
6.1.1	Proportion of population using safely managed drinking-water services
6.2.1	Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water
7.1.2	Proportion of population with primary reliance on clean fuels and technology
8.7.1	Proportion and number of children aged 5–17 years engaged in child labour, by sex and age
8.b.1	Total government spending in social protection and employment programmes as a proportion of the national budgets and GDP
10.1.1	Growth rates of household expenditure or income per capita among the bottom 40 per cent of the population
11.1.1	Proportion of urban population living in slums, informal settlements or inadequate housing
12.8.1	Extent to which (i) global citizenship education and (ii) education for sustainable development (including climate change education) are mainstreamed in (a) national education policies; (b) curricula; (c) teacher education and; (d) student assessment
13.1.1	Number of countries with national and local disaster risk reduction strategies
13.1.2	Number of deaths, missing and persons affected by disaster per 100,000 people
16.1.1	Number of victims of intentional homicide per 100,000 population, by sex and age
16.1.2	Conflict-related deaths per 100,000 population, by sex, age and cause
16.2.1	Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month
16.2.3	Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18
16.9.1	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age
17.18.1	Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics
17.19.2	Proportion of countries that a) have conducted at least one Population and Housing Census in the past 10 years, and b) have achieved 100 per cent birth registration and 80 per cent death registration

### 10.3 Appendix 3: UAE child-related data in UN SDG database

SDG Indicator	Description	Latest Data
3.1.1	Maternal mortality ratio	2015
3.1.2	Proportion of births attended by skilled health personnel	2015
3.2.1	Under-5 mortality rate	2017
3.2.2	Neonatal mortality rate	2017
3.3.2	Tuberculosis incidence per 1,000 population	2016
3.4.2	Suicide mortality rate	2016
3.6.1	Death rate due to road traffic injuries	2013
3.7.2	Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group	2009
3.8.1	Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	2015
3.9.1	Mortality rate attributed to household and ambient air pollution	2016
3.9.2	Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe WASH services)	2016
4.1.1	Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex	2015
4.2.2	Participation rate in organised learning (one year before the official primary entry age), by sex	2013
4.5.1	Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected as data become available)	2013
6.2.1	Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water	2015
7.1.2	Proportion of population with primary reliance on clean fuels and technology	2016
13.1.2	Number of deaths, missing and persons affected by disaster per 100,000 people	2015
16.1.1	Number of victims of intentional homicide per 100,000 population, by sex and age	2015
16.9.1	Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	2012
17.19.2	Proportion of countries that a) have conducted at least one Population and Housing Census in the past 10 years, and b) have achieved 100 per cent birth registration and 80 per cent death registration	2016

## 10.4 Appendix 4: Availability of child-related data for CRC and SDG reporting

Theme / Goals	Number of indicators	Data exists	Similar or partial data exists	No known data exists
<b>Convention on the Rights of the Child - Reporting guidelines</b>				
A. General measures of implementation	10	3	2	5
B. Definition of the child	2	1		1
C. General principles	9	3	4	2
D. Civil rights and freedoms	3	3		
E. Violence against children	9	1	6	2
F. Family environment and alternative care	14		10	4
G. Disability, basic health and welfare	28	15	3	10
H. Education, leisure and cultural activities	10	4	2	4
I. Special protection measures	38	1	10	27
<b>Sustainable Development Goals - Child related indicators</b>				
1. End poverty in all its forms everywhere	5	1	4	
2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture	2	2		
3. Ensure healthy lives and promote well-being for all at all ages	14	12	1	1
4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	6	5		1
5. Achieve gender equality and empower all women and girls	6	1		5
6. Ensure availability and sustainable management of water and sanitation for all	2	1	1	
7. Ensure access to affordable, reliable, sustainable and modern energy for all	1			1

Theme / Goals	Number of indicators	Data exists	Similar or partial data exists	No known data exists
8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all	2	1		1
10. Reduce inequality within and among countries	1	1		
11. Make cities and human settlements inclusive, safe, resilient and sustainable	1			1
12. Ensure sustainable consumption and production patterns	1			1
13. Take urgent action to combat climate change and its impacts	2			2
16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	5	2	2	1
17. Strengthen the means of implementation and revitalise the Global Partnership for Sustainable Development	2	1	1	

### 10.5 Appendix 5: Availability of data that could be used to report on SDG child-related indicators

Goal	Indicator	Tier	Data in SDG Database	Data Currently available
<b>1. End poverty in all its forms everywhere</b>	1.1.1 Proportion of population below the international poverty line, by sex, age, employment status and geographical location (urban/rural)	I	No	Partial
	1.2.1 Proportion of population living below the national poverty line, by sex and age	I	No	Partial
	1.2.2 Proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions	II	No	Partial
	1.3.1 Proportion of population covered by social protection floors/ systems, by sex, and distinguishing children, unemployed persons, older persons, persons with disabilities, pregnant women, newborns, work injury victims, and the poor and the vulnerable	II	No	Partial

Goal	Indicator	Tier	Data in SDG Database	Data Currently available
	1.4.1 Proportion of population living in households with access to basic services	II	No	Yes
<b>2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture</b>	2.2.1 Prevalence of stunting (height for age <-2 standard deviation from the median of the World Health Organization (WHO) Child Growth Standards) among children under 5 years of age	I	No	Yes
	2.2.2 Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting and 2.2.2a overweight)	I	No	Yes
<b>3. Ensure healthy lives and promote well-being for all at all ages</b>	3.1.1 Maternal mortality ratio	I	Yes	Yes
	3.1.2 Proportion of births attended by skilled health personnel	I	Yes	Yes
	3.2.1 Under-5 mortality rate	I	Yes	Yes
	3.2.2 Neonatal mortality rate	I	Yes	Yes
	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations	I	No	No
	3.3.2 Tuberculosis incidence per 1,000 population	I	Yes	Yes
	3.3.3 Malaria incidence per 1,000 population	I	No	Yes
	3.4.2 Suicide mortality rate	I	Yes	Yes
	3.6.1 Death rate due to road traffic injuries	I	Yes	Yes
	3.7.1 Proportion of women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods	I	No	Yes
	3.7.2 Adolescent birth rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group	I	Yes	Yes
	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	I	Yes	Partial
	3.9.1 Mortality rate attributed to household and ambient air pollution	I	Yes	Yes

Goal	Indicator	Tier	Data in SDG Database	Data Currently available
	3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe WASH services)	II	Yes	Yes
<b>4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</b>	4.1.1 Proportion of children and young people: (a) in grades 2/3; (b) at the end of primary; and (c) at the end of lower secondary achieving at least a minimum proficiency level in (i) reading and (ii) mathematics, by sex	III	Yes	Yes
	4.2.1 Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex	II	No	No
	4.2.2 Participation rate in organised learning (one year before the official primary entry age), by sex	I	Yes	Yes
	4.5.1 Parity indices (female/male, rural/urban, bottom/top wealth quintile and others such as disability status, indigenous peoples and conflict-affected as data become available)	III	Yes	Yes
	4.6.1 Percentage of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex	II	No	Yes
	4.a.1 Proportion of schools with access to: (a) electricity; (b) the Internet for pedagogical purposes; (c) computers for pedagogical purposes; (d) adapted infrastructure and materials for students with disabilities; (e) basic drinking-water; (f) single-sex basic sanitation facilities; and (g) basic hand-washing facilities (as per the WASH indicator definitions)	II	No	Yes
<b>5. Achieve gender equality and empower all women and girls</b>	5.2.1 Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the previous 12 months, by form of violence and by age	II	No	No
	5.2.2 Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the previous 12 months, by age and place of occurrence	II	No	No

Goal	Indicator	Tier	Data in SDG Database	Data Currently available
	5.3.1 Proportion of women aged 20–24 years who were married or in a union before age 15 and before age 18	I	No	No
	5.3.2 Proportion of girls and women aged 15–49 years who have undergone female genital mutilation/cutting, by age	I	No	No
	5.4.1 Proportion of time spent on unpaid domestic and care work, by sex, age and location	II	No	No
	5.6.1 Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care	III	No	Yes
<b>6. Ensure availability and sustainable management of water and sanitation for all</b>	6.1.1 Proportion of population using safely managed drinking-water services	I	No	Partial
	6.2.1 Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water	I	Yes	Yes
<b>7. Ensure access to affordable, reliable, sustainable and modern energy for all</b>	7.1.2 Proportion of population with primary reliance on clean fuels and technology	I	Yes	No
<b>8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</b>	8.7.1 Proportion and number of children aged 5–17 years engaged in child labour, by sex and age	II	No	No
	8.b.1 Total government spending in social protection and employment programmes as a proportion of the national budgets and GDP	III	No	Yes
<b>10. Reduce inequality within and among countries</b>	10.1.1 Growth rates of household expenditure or income per capita among the bottom 40 per cent of the population	I	No	Yes
<b>11. Make cities and human settlements inclusive, safe, resilient and sustainable</b>	11.1.1 Proportion of urban population living in slums, informal settlements or inadequate housing	I	No	No
<b>12. Ensure sustainable consumption and production patterns</b>	12.8.1 Extent to which (i) global citizenship education and (ii) education for sustainable development (including climate change education) are mainstreamed in (a) national education policies; (b) curricula; (c) teacher education and; (d) student assessment	III	No	No
<b>13. Take urgent action to combat climate</b>	13.1.1 Number of countries with national and local disaster risk reduction strategies	II	No	No

Goal	Indicator	Tier	Data in SDG Database	Data Currently available
<b>change and its impacts</b>	13.1.2 Number of deaths, missing and persons affected by disaster per 100,000 people	II	Yes	No
<b>16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</b>	16.1.1 Number of victims of intentional homicide per 100,000 population, by sex and age	I	Yes	Yes
	16.1.2 Conflict-related deaths per 100,000 population, by sex, age and cause	III	No	No
	16.2.1 Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month	I	No	Partial
	16.2.3 Proportion of young women and men aged 18–29 years who experienced sexual violence by age 18	II	No	Partial
	16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age	I	Yes	Yes
<b>17. Strengthen the means of implementation and revitalise the Global Partnership for Sustainable Development</b>	17.18.1 Proportion of sustainable development indicators produced at the national level with full disaggregation when relevant to the target, in accordance with the Fundamental Principles of Official Statistics	III	No	Partial
	17.19.2 Proportion of countries that a) have conducted at least one Population and Housing Census in the past 10 years, and b) have achieved 100 per cent birth registration and 80 per cent death registration	I	Yes	Yes

## 10.6 Appendix 6: Open datasets available on Ministry websites

Health <sup>49</sup>
Actual Rates of Frequencies at P.H.C. By Medical District 2015
Annual Report of the UAE National Cancer Registry 2014
Attendances to P.H.C. By Type Of Services, Sex, Centres & Medical District 2015
Deaths by Gender Nationality Age Group District 2016
Dental Clinics & Its Attendances by Clinic & Medical District 2015
Dental Services by Medical District 2015
Dental Treatments by Type, Unit & Medical District 2015
Distribution of Deaths by Cause, Sex, Nationality and Age group 2016
Distribution of Deaths by Cause, Sex, Nationality and Medical District 2016
Health Core Indicators
Important Vital Statistics by District 2015
Injuries Mortality by Age Group Cause Gender Nationality 2015
Low Birth Weight Report for UAE 2016
Manpower by Medical district, Sector, Nationality & Gender 2015
Mortality_By_Cause_Gender_Nationality_2015
Patients Treated at P.H.C. By Type Of Disease & Medical District 2015
Percentage of Diseases Diagnosed at P.H.C. By Type Of Disease 2015
Referred Cases through P.H.C. By Specialty, Nationality& Medical District 2015
Referred Cases through P.H.C. By Specialty, Sex & Medical District 2015
Registered In P.H.C by Group, Sex, Nationality And District 2015
Registered Live Birth by Nationality Gender District 2015
Registered Still Births by Nationality Gender District 2015
Still Birth 2016
UAE Births 2016
UAE Medical Manpower 2016 by Emirate
UAE Medical Manpower 2016 by Licensing Authority
Education <sup>50</sup>
Adult education distributed to the school districts for the academic year 2017–2016
Classroom distribution (government education) on educational areas for the academic year 2017–2016
Distribution of schools (government education) to the educational areas for the academic year 2017–2016
Distribution of schools (special education) to the educational areas for the academic year 2017–2016
Distribution of students of technical education in the educational areas for the academic year 2017
Distribution of teachers in the educational areas (special education) for the academic year 2017–2016
Graduated Students by sex and Academic Rank and countries 2011
Private school students 2018

<sup>49</sup> <http://bit.ly/2C6zZcj>

<sup>50</sup> <https://www.moe.gov.ae/En/OpenData/Pages/home.aspx>

Education <sup>51</sup>
Private Schools 2018
Private Schools teachers 2018
Public Education Statistics 2011
Public school students 2018
Public school Teachers 2018
Public Schools 2018
Report of the Academic Equivalences Department for 2011
Reports of the Certificate Equivalences Department 2014
Scholarship Students by Academic Rank and countries for year 2012
Scholarship Students by sex and Academic Rank of, Nationality and Specialist for year 2012
Statistics of Students on Scholarships Abroad by Specialization and Country 2014
Website Statistics by month 2018
Community Development <sup>52</sup>
Entrepreneurial Families Database 2016
Entrepreneurial Families Statistics 2016
People of Determination Database 2016
People of Determination Statistics 2015-2016
Relief Database 2016
Relief Statistics 2016
Social Security Statistics 2017

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<sup>51</sup> <https://www.moe.gov.ae/En/OpenData/Pages/home.aspx>

<sup>52</sup> <https://www.mocd.gov.ae/en/open-data/statistics.aspx>

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