

Childhood Care Campaign: The CCC Initiative New Concepts of Child Urban Health Policies and Strategies

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Abstract

(Child health is tomorrow's fortune) is a wide but a key essential principle raised in 1984 by the World Health Organization (WHO). That principle supposed not to be limited to medical care only. Childhood care as conceptualized vitally includes many aspects such as: nutrition support, adequate residence, safe and healthy environment. In Jordan, the health sector generally performs well in terms of medical access and health outcomes, which are among the best in the region and among other middle-income countries. Several international institution and agencies are involved in many health studies and projects. Some of these paid special attention to child health in terms of primary health care, maternal and child health, reproductive health, family planning, newborns and premature birth. In spite of the enormous national and international efforts devoted to child care this issue, however, still lacking defined urban and environmental policies dealing with "childhood" as an urban care concept and in terms of child facilities and activities, or as a comprehensive issue, which required to establish its presence in any national health strategies, policies and plan.

Introduction: Background

Jordan participated in one of the largest gatherings of world leaders and senior officials at the United Nations Headquarters in New York, (UNICEF 1990) which prove to be an unprecedented World Summit for Children (WSC). The convention on the right of the child (CRC) was ratified in Jordan in 1991 as an immediate reaction to the world summit, followed by the National Conference for Children that was held in Jordan in 1992 (UNICEF 2007).

General framework for a national strategy for children developed in collaboration with all parties involved in strategy and planning of child-care in the country. It covers areas of urban health, education, environment, information, culture and children with special needs. A National Action Plan for children (NAP) drawn up and integrated into various sectors of the country's economic and social development (UNICEF 2007).

In addition, several committees, teams and task forces established to implement the World Summit's and the CRC goals. Municipalities, civil society organizations, local and international nongovernmental organizations (NGOs) and the official media had also extended support. Governments and NGOs conducted workshops and campaigns to raise awareness about the national convention among children, parents and the community.

Objectives

- Health strategies should adopt and include all child-care health initiatives and programs within one main issue and body within the national health system.
- To expand the national community involvement, to include beside governance and NGOs bodies, all private sectors, investors and developers.
- Child-care not only includes child health, but also includes child space, benefit, need, and safety, including services, facilities and resources.

I- Facts and Actions

National conferences, initiatives, plans, programs, campaigns and workshops related to children took place in Jordan, or other countries within the MENA (Middle East and North Africa) region.

International, regional and national institutions, organizations and agencies while sponsoring some activities get involved as a full partner in others. It proves that UN, WB, WHO, UNISCO and other international rich-loaded agencies inputs were more influential, applicable and practical than much of the other local or national participation.

That proves that well established, well organized, well managed and well continuous financing is a key factor in any continuation, success and implementations of any initiative or activities in childhood care. *“The 1997 UN Human Development Report demonstrates the progress that Jordan has made in advancing the welfare of its people despite the difficult challenges that the country has faced. The annual report pays close attention to three key socio-economic indicators—GDP per capita, life expectancy and adult literacy rate—which reflect the overall progress of each country’s quest to improve the quality of its people’s lives (Jordan 2013).* On the other hand and unfortunately that specific international engagements in certain and particular child health fields, reflected in the failure and negligence of other related fields that not covered by such agencies.

Child Medical-Care is one area, which well improved among other important child-care areas. The direct involvements of the WB and the WHO in most of the activities and events that aimed at developing a general framework for a national strategy directed to child medical health attained most of the thrust and shares that was supposed to be given to other fields child-care (World Bank 1997). Strategies behind these activities directed towards comprehensive child issues including protection, care and wellbeing.

Since WSC 1990, enormous effort been done to meet the conference objectives. The last two decades witnessed many activities in this field, and that include; Health care services provided through primary health and maternity centers and childhood centers MCH, in which quality of service been enhanced through many projects and several programs such as:

- National immunization program.
- Postnatal and antenatal care are offered free of charge.
- Family planning.
- Control of communicable diseases.
- Nutrition and malnutrition.
- Polio been eradicated in Jordan, as no polio cases have been reported since 1995; Jordan is in the process of being declared a polio-free country.
- Health facilities upgraded by improving administrative procedures, training health care workers including maternity and childhood personnel.
- Maternity, infant and under-five mortality rates were reduced (World Bank 1997).

Child Whereabouts-Care is another area where child-care meant to reach and delivered to children at their places and presence. The Healthy Villages project, implemented in 16 villages enhanced the role of the local societies in solving their problems. Clinics have been set up at government schools to provide medical services. Awareness and educational courses held on hood and nutrition for the groups with special needs such as children and pregnant and lactating women. A family protection project been implemented in Jordan (UNICEF 2007).

Child Socioeconomic-Care the area of the community participation and the private sector contribution and financial support, although prove a key factor in any child health successful equation, yet that important side was never fully addressed or attain a practical mechanism that would get all stakeholders involved fully in the national child health strategy. Expatriates in that field and international or regional subsidies and support remain the main influential contributor and key player in this area. Social and Economic Transformation programs embrace a new approach to public investment that will target scarce public resources to improve the quality of basic government services in health, education and social development sectors. Enhanced productivity program intended to support adaptable and responsive small finance services in the governorates, to improve community infrastructure in support of enterprise and development in each of the governorates and to encourage private sector investment in employment training and infrastructure projects.

Child Environment-Care is a one major responding area to child medical care. *A non-sick child is not necessarily a healthy child*, and environments considered as main contributors to children’s illness or health. This also proves to be the most crucial and expensive fields, whether in its educational, empirical, applicable sides or practical and experimental sides.

Units of healthy environments have been included in the science curricula of all school children and a manual for comprehensive education including environmental activities has been prepared (Al-Zoabi 2002). Children were involved in an environmental protection program.

II- Intentions and Motivations

In spite of the enormous efforts devoted to improving the health status of the population of Jordan, which also includes childhood care, the progress done in childhood development, childhood policies and strategies did not fully meet children's special care in environments, socioeconomic and whereabouts. Health urban concepts and child policies and strategies dealt with this issue as part of many dispersed issues and were not consider as one concrete all-inclusive element.

Also did not recognize the special nature of the child-care that needs special considerations and has to deal with other sensitive areas in the child-health system. National policies and strategies took the CRC article 24 as the main driver of most of the intentions and actions behind the child national health programs, plans and studies including:

Awareness of Child Rights, government organizations, in cooperation with numerous NGOs, has raised awareness about the CRC in many ways:

- Workshops were held to increase understanding of the articles of the convention, aiming at making children, their parents, and the community at large aware of the articles of the CRC.
- Programs for the training of personnel at institutions on issues related to the CRC have been developed and implemented.
- Field survey (awareness of Jordan's Society of the Rights of the child) conducted in 1998.
- Awareness campaign on the rights of the child followed by an evaluation survey held to assess the impact of the campaign.
- A regional conference on the rights of the child held in 1999 followed by a workshop in the year 2000 to incorporator the CRC concepts in the curricula of the faculties of law at Jordanian Universities.
- A database of research on childhood and another database for Jordan's legislation completed to provide a comprehensive information system on children throughout the kingdom.

Health provisions in the CRC (UNICEF 2013). "*States parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilitate for the treatment of illness and rehabilitation of health. States parties shall strive to ensure that no child is deprived of his or her right of access to such health care services*" "Point 1". States parties shall pursue full implementation of this right and, in particular, shall take appropriate measures to:

- Diminish infant and child mortality.
- Insure the provision of necessary medical assistance and health care to all children.
- Combat disease and malnutrition.
- Ensure appropriate pre-natal and postnatal health care.
- Ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, hygiene and environment sanitation and the prevention of accidents.
- Develop preventive health care.

Appropriateness of Childhood, states parties shall take all effective and appropriate measures to abolishing traditional practices prejudiced to the health of children, and that include encouraging cooperation with international agencies, with a view of achieving progressively the full realization of the right recognized in the present article. In this regard, particular accounts need to be taken by the developing countries about item article 24 of the CRC that describes the health provisions mentioned above. It can be observed that the commitment of the state to ensure that each child attain a healthy life, in particular in reducing infant and child mortality and focus on primary health care.

Effectiveness of Childhood Facilities, concerning healthy environment article 24 of the CRC stresses the right of children to healthy environment that include clean drinking water and access to sanitary waste disposal.

Articles 28 and 29 of the CRC enshrine the child's rights to "free primary" and accessible higher education. Enrolment in primary education in general topped above 90% throughout the country. About 48 community college and 34 private and governmental universities with a capacity of about 500,000 students are now available to about 600,000 persons of the higher education age.

Every Government school is now required to have a student counselor with a university degree in sociology or psychology. Such educational matters affected child health directly for it addresses the emotional need of the students. Among several health facilities studies, the World Bank Health Sector Study 1996 developed a reform strategy for Jordan; the suggested reforms designed to improve the performance of the financing, human and physical infrastructure bases of the public program in coordination with the private sector (World Bank, 1996).

III - Problems to be Addressed

It is well obvious that the intention of the child health strategies involve nearly all child-care aspects. While actions took, place mostly in improving childhood conditions considering medical health care concentrating on curative and preventive medicine, illness, and focusing on reducing children and infant mortality rate. In addition, some environmental health subjects who are limited to clean water, reducing air contamination and proper sanitary waste disposals also addressed. Within that context, health schooling became the main targeted facility of health education and for vaccination, nutrition awareness and medical checkup for students. Social and psychological needs for children interpreted in employing student counselor in every school. Comprehensive clinics provided for family planning and MCH care and hospitals accessed for antenatal and delivery services. Child safety and accidents treatments attained throughout any medical facility available.

Other contributions of developing childhood care in terms of environment, socioeconomic, places, activities and facilities of child health are limited within certain aspects and mostly of an isolated projects or developments. Two Parks, four gardens, three libraries and one museum, two cultural centers and one Luna amusements park develop over 40 years and dispersed in old and new districts of Amman. More play grounds facilities present the private sector contribution and mainly located in malls, and of a commercial venture. Existence and sustainability of old child developments such as the main old Municipal Children Library downtown Ancient Amman and Haya children cultural center, (AMMANCITY100, 2009) in Amman business centre, were challenged by new developments or lost part of their importance either because of general urban degradation, change of its use or the whole area is becoming child unfriendly. *Jordanian children like other children in the MENA region and around the world are facing the challenges of modern evolution. When children enjoy the profound achievement of modernity, many also face the stress and uncertainty of such achievements.* (Amireh 2013, 180)

International initiatives such as the **Child's Friendly City Initiative (CFCI)**, **Middle East and North Africa Child Protection Initiative (MENA-CPI)**, and programs such as **Growing Up in Cities (GUIC)**, **Creating Better Cities with Children and Youth (CBC-CY)**, **Towards Child-Friendly Cities (TCFC)** and many more practices and programs were either conducted in certain studies and experiments or discussed and researched in conferences and symposiums (Driskell 2002). However, most were either limited within certain areas, criteria and progress, or approached from certain concepts, schemes or frameworks. None present or consider a wider comprehensive strategy that would cover all aspects of childhood care, in action, in environment, in socioeconomic and in time.

Despite the enormous progress Jordan has made in child health yet that effort proves negligence when it deals with childhood care and development. Future action still needed. While few studies, programs and projects implemented concerning childhood in general, many directed towards child health in specific, and hardly any considered the urban strategy of the childhood care that would reach all children at their places, conditions and whereabouts. *"A child friendly city is the embodiment of the, Convention on the Rights of the Child, at the local level, which in practice means that children's rights are reflected in policies, laws, programs and budgets. In a child friendly city, children are active agents; their voices and opinions are taken into consideration and influence decision making processes"*. (UNICEF 2013)

Any driver or a passenger in a car or a bus going around in the streets of any Jordanian cities specially Amman would easily notice the presence of children on traffic lights and services streets. They use to begging or selling cheap goods, serving quick coffee in front of coffee shops for drivers or passerby or working inside groceries, restaurants, small markets, car maintenance or other mechanical industrial workshops.

Although the percentage of child labor as in a 2007 report is marginal 2.1% of children between the age 5-17 years old, (Dayioğlu 2009) yet children presence in and around public, commercial, and industrial zones and districts are more obvious than residential areas.

Another indicator shows the percentage of unemployed male adults who did not finish high school is about 46% and about 50% of employed adults did not finish high school. In general, about 48% of Jordan's labor power employed or unemployed did not finish high school and that proof that many of the now adults have encountered the same conditions as that of the now children and the 2.1% estimate could be misleading (Dayioğlu 2009). Disperse children's facilities such as schools, parks, etc. and dispersed and absence of city urban planning of Amman and other Jordanian cities and towns have aggravated the proliferation of children in and around many places and areas that are not part of their regular whereabouts (Bartlett 1999, 72). Social and economical conditions of children are another crucial factor effecting urban childhood care. Latest statistics shows that as poverty increases, poor family's sizes increases, while in rich families it is vice versa, sizes is decreasing. Family social and financial support is more powerful than family planning and birth control. Household or family income and size turned to be a dilemma to both the poor families and the planning agencies.

While, what agencies see in big family sizes as cause of poverty, family supporters see as ways of expanding family income. Another dilemma is coming from the concept of Jordanian government agencies support and subsidies and statistics (Dayioğlu 2009). Jordan does not consider or pay unemployment personal allowances, instead government and agencies subsidy, support, and target poor families and consider the accumulative income of all adult members living in any home, and that reduce the number of families legible for subsidy, and since that do not include working children, many poor family caretaker prefers working children on working adults. Statistics shows that number of poor families is on the rise and poor families are getting poorer and childhood care is not getting better, as a matter of fact it is worsening, and that raise one main question, how to reach or achieve childhood care?

IV- Methods and Implementation

After addressing most of the problems and shortages of the current situation and addressing most of the achievements whether in child health or childhood care, it is becoming more obvious that the gap between both sides is widening. Anyhow although the gap is broadening yet both sides shares the same weaknesses, and that include; both lack continuity in resources whether, financial, educational and experimental; both are in shortage of contribution, of communities, institutions and investors; both miss reach children's whereabouts whether places, facilities and services; both run short of alternatives, diversities and designs. Nearly most of the implemented resolution and solutions except the medical-care prove unattainable, impractical and irrational.

Therefore, the targeted methods and the ways of implementations must be; progressive in actions, events and experiences; integrated and contained in local, geographical, regional and national laws, bylaws, policies and strategies; ought to be continuous in subsidies, benefits and support; planed and designed spatially, environmentally and infra-structurally. Above all, produce and follow a National **Action Plan; Childhood Care Charter**, national event **Child Day; Childhood Care Campaign (CCC)**; be of an incessant nature and shall shed light and pave the way to produce urban childhood care strategy and policy.

Action Plan, shall be prepared and indorsed through all legislative procedures and shall include all resources, benefits and measures related to childhood care. Laws and bylaws should cover not only child rights, benefits and resources but also their activities and events. It ought to cover also care-holders and stake-holders' responsibilities, contributions and support. All official and nonofficial institutions should involve and participate in defining the national **action plan**, which suppose to be part of the childhood care policies and strategies. All issues at stack formulated, discussed and discoursed through national events under auspices of the **Child Day's** conferences, seminars, workshops and symposiums. Nonstop public or private campaign or campaigns this time to be held to produce a national childhood care policy as one strong independent body with all, psychological, social, environmental and economical aspects and needs, and to identify it as a strong comprehensive element in the general national health care policies. Once this action plan adopted and approved, all efforts must gather to apply it in all fields, and to address it in all educational and institutional provisions and facilities. A national campaign shall be progressive into enhancing the public awareness, knowledge, commitments, participation and experience and ultimately becoming a communal practice.

Childhood Care Budget, Continuity Financial Resources, whether **Subsidies, Donations, Grants, Supports and Benefits**, although need to be deeply addressed and integrated in the action plan, yet its importance is not less than the action plan itself. Continuity of financial resources need an explicit plan that would construct a full fiscal childhood care budget and that include a yearly **Gross Child Care (GCC)** and **Per Child Capita**, of all possible consumption, expenditure and income anticipations.

Reading Jordan's GDP and Per Capita indicators shows an ongoing and a thriving growth in real estates and all levels of educational sector. Both sectors contribute big share of Jordan Gross Domestic Product. In services sector, car maintenance, coffee shops and restaurants share reach about 15% of that sector. Mentioned sectors have direct effect on urban development, hence effect on childhood care, whether recourses of health and hazards, or child labor. Contribution and share of each sector depends on its constructive or harm role on the children health, accordingly each sector will be asked to provide financial subsidies, grants, facilities support, or resources benefits within the children GCC. There are positive signs that certain sectors could involve in all capital, spatial and logistic sections of the GCC.

Childhood Care Infrastructure, embraces children's activities and events, beyond their regular day by day life and that include; commuting outside their residential and schooling zones; working and volunteering in community services and participating in national or societal events; training in good life career, practicing sustainable real and virtual environment and indulging green cyber and hyper space; enjoying the in and the out playing tournaments, competitions and sharing the others experience and their own experience with the others; knowing and learning facts and reasoning, diversities and varieties of knowledge, intelligence and wisdom; working and assisting in household activities and income or laboring in shops or workshops outside their relative zones whether socially or spatially.

V- Action Plan and Implementations

The Urban Childhood Care Strategy (UCCS) grants an ambitious and a significant challenging vision and mission.

Vision, let the child change his world himself.

Mission, reach, provide, and serve every child at any urban zone, district or setting.

Action Plan, is about finding a sustainable environment or environments that any child can learn, enjoy, reach, share, commute and grow; happy, interactive, productive and initiative, and that covers the child legislations, economy and place. *"The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration"*. (UN, 2013)

Childhood Care Legislations, implementing such wide and crucial plan needs an explicit regulations, bylaws, rules, arrangements and clear terms of references for all caretakers and stakeholders and that include their; roles, contribution, responsibilities and shares of related official public authorities or private institutions, associations, organizations and agencies.

Related ministries such as Culture, Education, Higher Education, Health, Youth and Sport, Environment and Municipal Affairs role will be providing; legislative charters and affairs management; use and utilization of ministries associated facilities (such as schools, clubs, parks, centers, museums, grounds etc.); developments of programs and curriculums of existing or new institutions or urban establishments of childhood care. Municipalities and Constituencies will hold responsibilities of running, executing and administrating any provisional facilities provided by other governmental offices or departments, or provided by themselves or by other professional associations and civil societies such as the engineering, the medical etc. Although as expected that many organization will involve in contributing money, logistics and facilities in the campaign, yet it is only municipalities or constituencies will hold responsibilities, carry out, implement and execute the childhood care initiative. Terms of reference will show each stakeholder responsibilities involvements, shares, contributions and activities.

It is not the intention of the childhood care plan to override any previous achievements or developments in the child health programs but rather to transform all into a comprehensive Childhood Care Campaign (CCC) that would reach and involve all members of the Jordanian community, whether a child, teenager, adult and senior. In addition, to present a new concept in which everybody accepts the change and willing to take part in that change.

Childhood Care Logistic Finance, logistics and finance that is “tasks and money” presents the solution and the problem at the same time. A yearly or a half-yearly fiscal budget shall monitor the childhood care program’s income, revenue and expenditure, also progress and procedures.

Income comprised of hard liquid cash “called **child benefit taxes**” or soft cash of donations and subsidies, and material contribution of solid (other than liquid) donations and subsidies. Targeted providing sectors of income will be of those most related to child and urban development’s, such as real estates, universities, schools, industrial and maintenance zones, malls and mega stores and any sectors designated in the action plan. Size of contribution will be in proportion with each institution or sector capitals and revenues. Materials and estates contributions whether portable such as commuting buses or vehicles, games and electronics or fixed such as theaters, play grounds etc. will be provided inclusively for the childhood care program but remain in the custody of the original owner for maintenance and running expenses. Designated parts of any fixed estates of buildings, grounds or facilities contributed by any provider will be open and redesigned rehabilitated in a way that would allow mutual management and supervision of the original owner and the municipality of that vicinity.

Childhood Care Map, reach and reach-out is the third and the most crucial parameter in the Childhood Care action plan. It is about reaching any child at his whereabouts, and helping him reaching out any place, facility or ground that is of interest to him. UNICEF’s Child Friendly Cities Initiative defines a child friendly city as “.... a city, or any local system of governance, committed to fulfilling children’s rights. It is a city where the voices, needs, priorities and rights of children are an integral part of public policies, programs and decisions. It is, as a result, a city that is fit for all” (Gleeson and Sipe 2006)

Special children maps will be prepared either for children use or for the action plan urban design use. Urban and child-care parameters not geographical or land use parameters, will be taken into consideration in producing and preparing the maps and that include; maps of children presence, densities and distributions whether age, residential, educational and state; maps of children activities, events, experiences and interests; maps of children mobility, travel, access, and wandering around; maps of children ways, paths, routes and tracks; children way-finding and mental maps of neighborhoods, districts, localities, land marks, edges; children maps of spatial urban structure, hierarchy, infrastructure, architecture and landscape; maps of children’s, need services, safety resources, belonging facilities, esteem amenities.

VI- Evaluation and Implementations

It is not the intention of this monograph to fully cover the content of the childhood care campaign neither its capacity to write down its legislative, financial and spatial context but rather to articulate certain guidelines, discourse and urban models of what solutions, arrangements, design and planning of the childhood care concept ought to be.



Figure 1 Amman Municipality, Old and New Districts

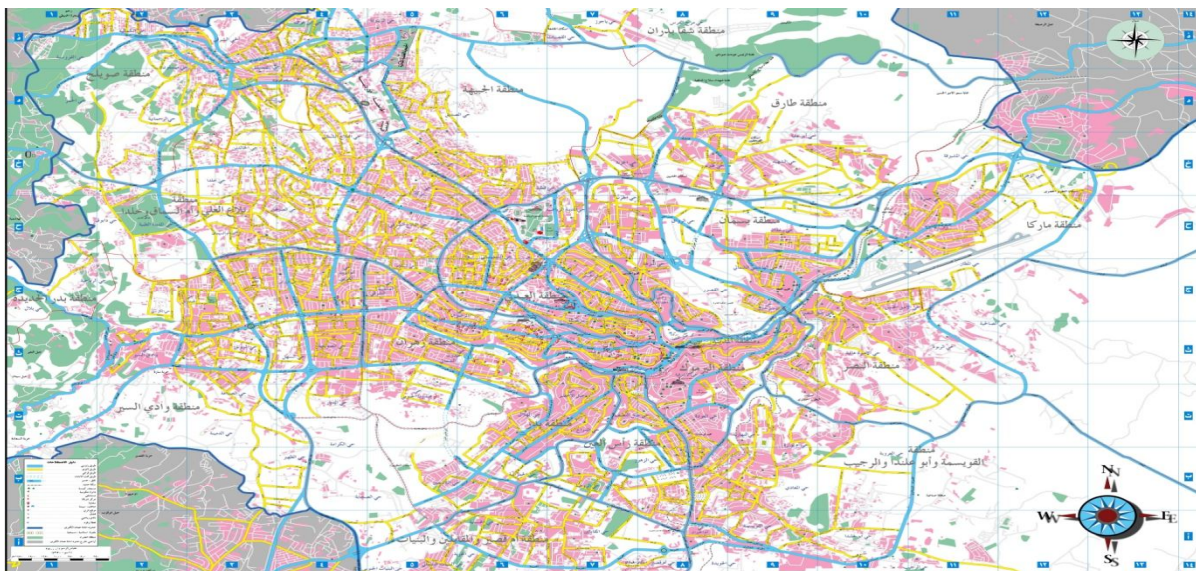
For the sake of the discussion not the decision, Greater Amman the city current and forecast developments is taken as an argument case of childhood care progress and implementation. In the introduction of Amman's 2011-2013 strategy, the mayor of Amman (Mani 2013) emphasizes the importance of giving special care for children as part of a group he called the less-fortunate. Human dimensions, another crucial norm in the strategy mission have no echo in the city structure, planning or spatial arrangements.

Comprised of 27 districts the city has no planning input except of a geographical distribution and allocations of mountains, valleys, old spatial morphologies, old tracks, old spontaneous formation or growth, old land property lines, refugee camps and topographical terrains (Mani 2013). Most of the geographical norms have influenced Amman's planning and morphological setting, more than any urban zoning, infrastructure, land-use and landscape. There are no defined spatial patterns in most of the 27 districts. Most of them started as open agricultural or desert lands that were developed, distributed and allocated into residential quarters and plots.

Subsequently left over spaces or buildings by the time were developed, designated, and turned into commercial, business and industrial zones or streets. Number of these districts about six, were small peripheral towns that annexed to the fast growing Capital of Jordan. The ways many of these districts, individually founded, originally of a spontaneous formation and haphazardly grow or expanded make the overall city planning and urban design inefficient, intricate, in many cases chaotic. Allocated sites for parks, schools, cultural centers, playing grounds, children libraries, clinics and most of the children facilities, never planed or designated as part of a genuine plan or urban design if any. Many of the children facilities either donated from private owners or allocated from left over common lands owned by the government or public authorities.

Most of the private children facilities either constructed as private investment or developed as part of another urban project; hence, no urban planning arrangements are required except the approval of the related authorities. For instance, a new private school needs only the approval of the ministry of education. Urban planning is not the only negative situation children facilities is facing, architectural design prove to present another difficulty. Many buildings were not meant to be used as children schools or clinics or other facilities. All previous erratic and sprawl spatial and urban arrangements indicates that children presence, movements and activities in general are fully manipulated with the space physical and virtual dimensions not with the children experience and human dimension.

Figure 2 Geographical norms have influenced Amman's planning and morphological setting



VII- Applications and Procedures

Appropriate logistics; sound financial support; diverse vibrant places of interest; suitable events and activities would be the four-sided matrix of any successful CCC strategy of an effective urban plan.

Appropriate Logistics, presents the most crucial consideration of any efficient action plan of the childhood care strategy and that include; children free and safe commutation; permeability to and from any parts of the urban structure; accessibility to all facilities, events and activities; diversity and variety of experiences and practices; flexibility in timing and availability of media and communications. And that can be achieved by; each institution, such as universities, schools, firms and authorities who provide transportations to their students or employees and have more than 5 busses obliged to make available one of these buses derived, maintained and serviced at all times between 3:00PM to 9:00PM and two buses all day long at days of vacations and holydays. Amman municipality will manage the fleet logistics and would designate stations, terminals and stops. In addition, it will define routes, tracks charter or regular loop or round trips. Moreover, will honor and offer benefits, incentives and privileges to all institutions engaged in the childhood care program under the name of **Amman Childhood Benefits**, Ministry of Education and Ministry of Youth will prepare pamphlets, brochures, manuals and magnetic cards called the (AMMANI CHILD) Child of Amman that any child can use to receive what benefits the CCC would offer.

A full CCC mobility map ought to illustrate to children, caretakers, parents and providers the places in connection to the routes and trips, in relative to time, safety, and affordability; also will aid children to reach-out all places, facilities events and activities; allow the campaign to reach all children at their places whether residence, school or work (school opt-out).

Sound Financial Support, presents the CCC income and expenditure. Income will be mainly deducted and coming from urban, land and built-up taxes. Also 1% of profits of developers and institutions, that mainly benefits from children services, such as schools and universities. Named after the child as the **Child Piaster** all CCC income ought to be kept in one account and managed by an independent trustee banks committee. All CCC financial services including accounting, banking and auditing ought to be provided free. Surplus and revenues are to be invested only in child-care projects and fields. Capital assets and real estates, whether donated or contributed to the campaign or purchased as part of the services also will be financially managed as part of another capital trustee. Expenditures will include a monthly incentive pay of 10 JDs for each child and a special and decent uniform each child wear only when engage in any of the campaign events or activities or using any of its facilities. Other expenditures suppose to cover volunteers and caretakers salaries and independent endowments expenses. It is to be clear that each logistics, capital and estate contributor obliged to pay the maintenance, the running costs and any expenses on any material, vehicle or facilities they made available for direct use or for indirect support of the campaign.

Diverse Vibrant Places, of interest comprised of all spaces and places Amman's Children are expected to be in and to go to, to learn from and to study in, to play in and to have fun at, to work at and to do things in. It would be futile to expect that the CCC concept would overcome the erratic and sprawl spatial and urban arrangements of Amman, or provide practical answers to the long imbedded planning difficulties the city is enduring, yet it would be appalling to delay the campaign till the city solve or ease such complexities. Anyhow, the campaign introduced to the city as a module that can be applied to other sectors of the city urban design applications. The Department of Statistics, the Royal Geographic Center and Amman Municipality need to work together to produce a GIS Map of Amman Children whereabouts, distributions in age, sex and status, schooling, labor and activities. A map overlapping Amman districts map and Amman children map would show discrepancies and incongruities or corresponding layouts in both, and that map would provide a base for all spatial, urban, zoning and infrastructure arrangements of the CCC. New maps overriding the geographical and regional zoning of Amman shall synchronize the six sides of the child box (live, learn, play, act, experience and be) together and with their facilities, resources and services and ought to rearrange Amman's map into suburban urbanities, neighborhoods, proximities, vicinities and localities.

CCC maps ought to follow children age hierarchy and a logistic appropriateness of children mobility and commutations. Locality would be of a nub concept, that is the smallest area around elementary or kindergarten schools and cover children age 6 to 9; proximity of focal concept around secondary schools and age 9 to 12; vicinity of a hub concept and around cultural centers and clubs and age 12 to 14; neighborhood of a nucleus concept and around parks and malls and age of 14 to 16; urbanity of a center concept and around universities and sport cities and age of 16 to 18.

Particular arrangements and design or redesign whether urban or architecture needs to be assigned for every designated childhood facility, place, area and activity and that include all above mentioned concepts and facilities. Every public or private schools or universities would define certain parts of their playgrounds, libraries, computer labs, halls and any facility that the children would benefit and access from out of their learning program or curriculum (UNICEF 2009).

Other youth institutions such as libraries, clubs, parks and centers would follow schools arrangements but all their facilities would designated and approached at all days time. Large athletic complexes, sport cities and community clubs would arrange and facilitate for children to participate, tickets free in all national events and activities and should define special parts or areas of their facilities for physically challenged children engaged in the program or benefitting from it. Amman Municipality is to implement all planning, design, rehabilitation, restoration and reconstruction of any area or part of any facility in ways to make it user-friendly, open, up-to-date and safe. That would include electronic gates, public parking, side fences, wall free playgrounds, pedestrians and vehicle free movement.

Suitable Events and Activities are as important as the previous three applications. Child terms vary in between child rights, responsibilities or duties and abuse.

It is not the CCC intention here to find ways to enforce the child rights but rather to approach certain practical and appropriate venues to enhance his or her quality of life and to help them grow smart, happy, active and responsible. **Adding Values** to children activities with no doubts would enrich most of the CCC applications, and that includes not only the places they study, play, enjoy and experience but also places where they work and in cases where they labor. In addition, here it is not the intention of this search to legalize child labor but to place it as part of the child activity concept. *"...something as simple as fun is the easiest way to change people's behavior for the better. Be it for yourself, for the environment, or for something entirely different, the only thing that matters is that it's change for the better."* (Johnstepper 2013) It is a two-way change. It is not only change in the children environment and activities it is also change in their understanding, behavior and attitude toward the concepts of their rights, responsibilities and activities.

Motivation and ability two key words inspiring children for changing for better. It is the outer stimulus of the surroundings versus or matching the inner capacity of the child to change. Fun approach ought to be planed and designed to all previous, present or future children activities. Each locality, proximity, vicinity, is to design a categorized indoor, outdoor, seasonal and holyday activities and each neighborhood and urbanity is to engage in national plan festival, celebrative, fair and carnival events. Every industrial or shopping zone with significant numbers of working labor children ought to establish a vocational business school with a special short curriculum. Working children in these zones ought to attend 3 hours 5 days a week at these schools, at the same time they can work 4 hours 5 days a week. Two days of fun activities designed by the nucleus school are not only for children attending these schools but also for other children in the near vicinities. Any shop employing those children is to pay their school tuitions and full stipend salary. It is understood that the big number of those children are financially supporting their family and many of them are family business employed.

XIII Anticipated Outcome and Conclusions

It is expected that such a vast and a highly ambitious campaign would draw huge critic, objections, skepticism and doubts. Acting efficient, thinking practical and rationale expected to be thoroughly deliberated and discussed. A commission of a highly competent fully qualified research institution or body with diverse skilful disciplines and thoughts ought to believe in the campaign and be aware of the overwhelming responsibilities, tasks and crucial parts of the action plan they will prepare and defend at all levels. Preparation of general understanding of the legislative, financial, managerial, plans, maps, designs, documents and terms of reference, of the campaign would be the first comprehensive task that all next missions and jobs will depend on. Proposals and concepts prepared by the commission will turn into; laws, bylaws and rules as been developed by the governmental bureaus and authorities; into projects and establishments as part of the municipality tasks; events and activities as part of Amman's society and its children community. The CCC result would come out as an indirect far-term reaching, and would generate direct near-term achievements and that include.

Far Reaching Terms

- A center for children information management system and a data bank that include surveys, statistics, forecast, studies, figures and research which could be established as an independent body or could be annexed to the Higher Council for Science and Technology.
- Developing children and youth parliament, government, information technology and media center that would include a Broadcasting Station, TV, Magazine and News Paper.
- Modular of child's friendly zones applied first to localities in turn to vicinities, proximities, neighborhoods and urbanities and in an ambitious long process of 10 years policy of reaching the concept of Amman Child's Friendly City.
- Progressing of the Children Care Campaign concept into a program, subsequently a project, consequently a practice and finally into a way of life.
- Developing an Alumni Program where precedent successful experiences, practices and activities, transformed from elderly children to younger ones.

Near Achievement Terms

Direct achievements of the campaign comprised of; embracing children's community, facilities, economy and environment; changing and developing the city planning, urban design and landscape; integrating and participating most of the governmental authorities, academic institutions, private developers and professional organizations; finding the appropriate children activities and events; finally and most important implementing the action plan and that include:

- Child care are not anymore only concerns with the physical and physiological health of the child, it tuned also into the child urban care and that concluded in progressing from child body health to child all-care including his all activity places, environment and economy.
- Child rights rectified from mere charter into application, activities and practices.
- Child progress from acquiring knowledge to improving awareness to increasing interaction to extending integration to building up participation in all communal, institutional, societal and peers relations and friendship.
- Children move and advance in time as they grow and in space as they recognize their ability to commute and travel from local hubs and facilities to proximate hubs and gardens to peripheral urban parks, sport cities and universities.
- Child is to recognize similarities and differences of rights and responsibilities, of vision and concepts, of work and labor, of study and knowledge, of use and abuse, of benefit and utilize.
- Child to engage and prevail mostly in friendly applications, facilities, and environments and that ought to apply on all new or previous schools, playgrounds and any educational facility.

Community role changed from passive audience into active player.

- Community obliged by default and by law to hold full responsibilities of their child well being, health and education, and that role involve childhood urban care.
- Amman's community responsibility and part of the CCC will extend not only on individual basis but also as a nation, and not only to each relative child but also to the childhood realm as a whole.
- The CCC cooperative and collective communal and institutional concept will prevail and flourish in other societal and urban sectors.
- Motivation and Ability adopted by the community would conform to the pyramid of changing for the better.

Amman's spatial arrangement and management transformed to go with the CCC human dimensions and the child environmental needs and facilities requirements.

- Reorganizing, rearranging and managing Amman's spatial maps would look good with the CCC maps and would add friendly and subtle values to the city layout.

- Promoting and developing existing children facilities, landscape, environments, and finding new ones would change the city image and would device new coherent spatial contours, landmarks, nodes, districts and routes.
- Incorporating most of the CCC proposed planning and urban design factors and parameters such as permeability, hierarchy, variety and diversity within Amman existing built and natural environments would enhance a two way adaptation; urban spatial complexities to the child simplicities of life and the child micro dimensions to the city macro scale.
- Amman would evolve, grow, expand and advance in line with its children progressing status, ages and activities and with the various parts of its societal developing structure. Also would correspond to the socioeconomic formation and transformation of the children community.

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