

Egypt

Country programme document 2013-2017

The draft country programme document for Egypt (E/ICEF/2013/P/L.3) was approved in accordance with decision 2013/4, on an exceptional basis, by the Executive Board at its 2013 annual session (18-21 June 2013).

The draft CPD was discussed at an informal consultation on 31 May 2013. This final version was approved at the 2013 annual session of the Executive Board on 21 June 2013.

Basic data[†]

(2011 unless otherwise stated)

Child population (millions, under 18 years, male/female)	15.6/14.9
U5MR (per 1,000 live births)	21
Underweight (% , moderate and severe, 2008)	6
(% , male/female, urban/rural, poorest/richest)	7/5, 6/6, 8/5
Maternal mortality ratio* (per 100,000 live births, adjusted, 2010)	66 ^a
Use of improved drinking water sources (% , 2010)	99
Use of improved sanitation facilities (% , 2010)	95
One-year-olds immunized with DPT3 (%)	96
One-year-olds immunized against measles (%)	96
Primary school enrolment/attendance (% , net male/female, 2008)	90/87
Survival rate to last primary grade (% , male/female, 2008)	99/99
Adult HIV prevalence rate (% ,15-49 years, male/female)	<0.1
HIV prevalence among pregnant women (%)	..
Child labour (% , 5-14 year olds, male/female, 2005)	8/5
Birth registration (% , under 5 years of age, 2005)	99
(% , male/female, urban/rural, poorest/richest)	99/99, 99/99, 99/100
GNI per capita (US\$)	2 600

[†] More comprehensive country data on children and women as well as detailed methodological notes on estimates can be found at www.childinfo.org.

^a This is the adjusted maternal mortality ratio estimate prepared by the Maternal Mortality Estimation Inter-Agency Group. The reported estimate at the country level is 55 deaths per 100,000 live births (2008), as presented in the Maternal Mortality Surveillance System, 2010.

Summary of the situation of children and women

1. Since January 2011, when citizens, with young people in the forefront, took to the streets to demand “freedom, social justice and dignity”, Egypt has experienced a prolonged struggle for democracy. The subsequent political and democratic transition, which is still ongoing, resulted in the election of the country’s first democratically elected civilian President. The Revolution and the political and social unrest which followed were ignited by a widespread feeling of political, economic and social exclusion among a large part of the population. This was particularly the case for young people, whose future prospects have been undermined by poor-quality education, high unemployment and increasing poverty and inequality.

2. Over the last decade, Egypt registered mixed progress in the realization of children’s rights. In many cases, important achievements on indicators that were averages masked persistent disparities within the country, in particular between children living in urban and rural areas, Upper and Lower Egypt and Urban governorates, within urban areas and between different socioeconomic groups (UNICEF Egypt, 2010). Despite periods of sustained economic growth, income poverty is widespread in the country; it increased in the last 10 years and is expected to deteriorate further due to the current economic difficulties. In 2010-11, 26.4 per cent of Egyptian children were living under the national poverty line, with a higher concentration of poverty in rural Upper Egypt (Central Agency for Public

Mobilization and Statistics (CAPMAS), 2012). Important achievements in legislation, notably the 2008 amended Child Law, were coupled with their partial and slow implementation: the Committee on the Rights of the Child, in its 2011 concluding observations, recommended that Egypt put in place an effective coordination system on child policy and programmes. It also recommended the establishment of an independent monitoring mechanism devoted to the promotion of the rights of the child and to ensuring systematic collection and analysis of data on the implementation of children's rights.

3. Egypt registered important progress in child and maternal mortality reduction and, with an under-five mortality rate (U5MR) of 28.3 per 1,000 live births in 2008, has met Millennium Development Goal (MDG) 4. However, disparities across the country are wide, with high U5MR observed in rural Upper Egypt, the area with the poorest coverage of primary health and social infrastructure and the lowest level of attendance at perinatal care services. Neonatal mortality accounts for almost 60 per cent of all deaths of children under age five years, and is the component of childhood mortality which recorded the narrowest improvement over the last decade and actually deteriorated in Urban Governorates (Egypt Demographic and Health Survey (EDHS), 2008). MMR also declined significantly; according to a global assessment, with a rate of 66 maternal deaths per 100,000 live births, Egypt is on track to reach MDG 5.

4. Nutrition challenges in Egypt are multifaceted, with high and increasing levels of stunting (29 per cent of children under age five years in 2008) and substantial micronutrient deficiencies among young children, coexisting with growing levels of overweight and obesity among adolescents and adults, especially girls and women (EDHS, 2005 and 2008). Over 6 million people lack direct access to water at the household level and a similar number lack improved sanitation services (EDHS, 2008).

5. Egypt has a low rate of prevalence of HIV/AIDS, less than 0.02 per cent in the general population but with a concentrated epidemic which surpasses 5 per cent among specific at-risk populations, e.g., men having sex with men and injecting drug users (National AIDS Programme, 2011). The majority of HIV cases are undetected and unknown. Consequently, only a small portion of people living with HIV have access to treatment, including pregnant women requiring treatment to prevent vertical transmission of HIV to their children.

6. With a primary education gross enrolment ratio of 100.1 per cent in 2011-12 and very limited gender disparities (Ministry of Education (MoE), 2012), Egypt is likely to achieve MDG 2. However, enrolment rates decline and drop-out rates increase for the subsequent level of compulsory education, the preparatory level. Major challenges in education concern the relatively low levels of participation in pre-primary education (gross enrolment ratio of 24.3 per cent in 2011-12, MoE, 2012), problems of quality of teaching and school infrastructures, the inadequate inclusion of children with special needs, and the mismatch between the outcomes of the education system and the labour market demand, as reflected in the high unemployment rate for young people with a school degree above the intermediate level.

7. Violence against children, child labour and child trafficking remain serious concerns in the country and take different forms. Violent disciplinary methods are widespread both in the family and at school. Data from 2009 show that 84 per cent

of children aged 2-14 years were exposed to some form of physical punishment at home (analysis of Family Conditions Survey, UNICEF Egypt 2013). Gender-based violence is widespread. In its concluding observations on Egypt's report, the Committee on the Elimination of Discrimination against Women expressed serious concern at violence against women and girls in the private and public spheres, including domestic violence, sexual violence and harassment and harmful traditional practices.

8. The prevalence of female genital mutilation/cutting (FGM/C) remains high, at 74 per cent among girls aged 15-17 years (EDHS 2008). Events around the 2011 Revolution brought the vulnerability of children without family care sharply into focus, with children living in the street further exposed to violence and detention during the demonstrations and street confrontations.

9. Adolescents aged 10-19 years constitute 22 per cent of the Egyptian population and traditionally have been socially disengaged, with few opportunities to exercise their right to participation. Data for 2009 (Survey of Young People in Egypt) show that only 2.2 per cent of young people (10-29 years) participated in voluntary work and only 5 per cent are members of groups or organizations such as youth centres and school boards. Young men's rates of civic participation are twice as high as young women's. However, the recent Revolution saw many young people taking the forefront and becoming agents of change.

Key results and lessons learned from previous cooperation, 2007-2013

Key results achieved

10. The country programme supported the Ministry of Health and Population (MoHP) in modelling the Perinatal Care Programme of Excellence (PCPE) and surveillance system to reduce perinatal mortality. The model demonstrated significant results contributing to substantial reduction of neonatal mortality in the targeted areas in three governorates. The PCPE is now being scaled up in selected disadvantaged areas in six governorates, to cover a population of approximately 2.5 million. Egypt was among the first countries to join the global "Child Survival Call to Action: A Promise Renewed". During the programme cycle, Egypt has maintained its polio-free status and, in 2007, was removed from the world list of endemic countries for maternal and neonatal tetanus. The MoHP is currently preparing to introduce the pentavalent vaccine. Additionally, the Nutrition Landscape Analysis, the first in the Middle East and North Africa region, assessed the readiness of partners' commitment and capacity to scale up evidence-informed interventions. As a result, a nutrition unit was established in the MoHP to coordinate policy formulation.

11. The country programme contributed to the "Quality Education: School Improvement" component of the National Strategic Plan for Pre-University Education Reform. Child-friendly school principles were included in the quality standards for national school accreditation. This marked a major shift in the country programme's support to the education sector, moving from direct implementation and piloting to capacity development of the MoE to plan and implement school-based reform programmes and develop child-friendly learning environments. Additionally, the community-based education (CBE) model provided the evidence

for scaling up and including CBE in the national education reforms. The community kindergarten model has contributed to increasing enrolment rates of four-to-five-year-old children to quality pre-primary education from 17 to 50 per cent in targeted areas. The inclusion of children with special needs was piloted in 20 schools in Cairo and Sohag following the midterm review (MTR) of the country programme, demonstrating that the education system can be adjusted to respond to the needs of all children.

12. The country programme contributed to strengthening child protection systems at subnational level. Amendments to the Child Law provided important new legal provisions for the protection of children at risk and mandated the establishment of a system of Child Protection Committees (CPCs) at governorate and district levels, based upon a pilot in Alexandria. Twenty-three District Child Protection Committees were activated, reaching more than 25,000 children in need of care and protection. Support to the national FGM/C abandonment programme contributed to over 17,700 families declaring their intention to abandon this harmful practice. Interventions for street children benefited more than 3,700 children through outreach, interim care and reintegration.

13. A national civic education programme promoting active citizenship among adolescents and youth from all over Egypt has been institutionalized by the National Council for Youth, with technical support from UNICEF, reaching almost 14,000 young people to date. A peer education programme reached over 20,000 young people with life, employability and entrepreneurial skills. In partnership with the Egyptian Cabinet's Information and Decision Support Centre, United Nations agencies and the Population Council, UNICEF contributed to the generation of updated national data on young people, the Survey of Young People in Egypt, providing a solid and informed base for programming and policy development.

14. The programme contributed to the generation and dissemination of knowledge on the situation of children and to capacity development for evidence-based policymaking. The results of the research on multidimensional child poverty contributed to increasing the visibility of children's issues in national policy documents and led to the generation of statistical data and the promotion of new research on children. The programme also supported the EDHS (2008). National capacities in the areas of child rights and social policy and research and evaluation were also strengthened through support for the establishment of post-graduate diplomas on public policy and child rights and on research, monitoring and evaluation in three national universities. The monitoring and evaluation capacities of the Ministry of Insurance and Social Affairs (MISA) and the National Council for Childhood and Motherhood (NCCM) were also strengthened.

Lessons learned

15. The country programme has been able to influence national policies and programmes for children through small-scale modelling of innovative approaches. The most successful of these are the perinatal care programme, establishment of CPCs and CBE (pre-primary and primary), all of which have emerged from jointly designed pilot initiatives. Experience has shown that piloting has greater likelihood of successfully influencing policy when it directly addresses implementation of national priorities, when designed and monitored with strong engagement of policy makers, and when it is reasonably affordable for the Government to scale up. In the

current middle-income context of Egypt, the Government prioritizes mainstreaming and scaling up of good models and building sustainable systems. These pilot initiatives will be scaled up in the new country programme.

16. As noted in the MTR, experience points to the necessity of adopting a system-based approach to child protection as the challenges facing at-risk children are complex and cut across many sectors. This requires the professionalization of social workers, national programmes to prevent violence against children and strengthening of national and subnational child protection institutions. A more comprehensive approach would also strengthen the links between child protection and social protection, with a focus on strengthening the protective role of families, combining pro-child social protection, family support and case management.

17. Introducing and managing change in the school learning environment are crucial for increasing retention and achievement of students. An evaluation of the community school pilot showed higher retention and better student achievement than in mainstream schools, a result of its safe learning environment and emphasis on quality. The evaluation of the School Improvement Programme showed that it has contributed to a growing appreciation of the benefits of inclusion as a catalyst for enhancing school capacity to respond to the diverse needs of all students. Community schools and inclusive education initiatives in mainstream schools have proven to be effective and complementary strategies for developing child-friendly learning environments that promote equity and quality education for all.

18. Communication for development (C4D) proved to be an effective cross-sectoral programme component, influencing both behaviours and social norms. Its impact was felt on practices and social norms related to immunization, pandemic influenza, hygiene and young child feeding. Even more effective use of C4D as a strategy will be required to meet the increased demand from partners.

The country programme, July 2013-December 2017

(a) Summary budget table

<i>Programme component</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Equitable access to basic services	3 852	14 200	18 052
Child protection and adolescent/youth development	3 500	13 400	16 900
Social policy, advocacy, monitoring and evaluation	4 000	4 150	8 150
Cross-sectoral	1 527	250	1 777
Total	12 879	32 000	44 879

(b) Preparation process

19. The Revolution of January 2011 led to the postponement of the finalization of the United Nations Development Assistance Framework (UNDAF) and CPD to ensure that emerging national issues, opportunities and priorities were reflected in those documents and the future work of UNICEF in Egypt. As a result, the

programme cycle was extended 18 months, and the new cycle set for the period July 2013 to December 2017.

20. The CPD was developed in conjunction with the UNDAF preparation process and within the framework of the Cairo Agenda for Action, a mutual agenda for effective development partnership between the Government of Egypt, United Nations agencies and other multilateral and bilateral partners. The CPD development benefited from multiple consultations with key partners and stakeholders, and is additionally informed by the 2011 concluding observations of the Committee on the Rights of the Child, the 2010 concluding observations of the Committee on the Elimination of Discrimination against Women, the recommendations of the MTR, the Child Poverty and Disparities Study and Egypt's midterm report on progress towards the MDGs.

(c) Programme components, results and strategies

21. The overall goal of the 2013-2017 country programme is to support Egypt to progressively realize the rights of all girls, boys, and adolescents to survival, development, protection and participation. The country programme will support key investments in critical periods of the life cycle to enable children to grow up healthy, educated and protected within an environment of family care and adequate standard of living, promoting gender equality and positive social norms.

22. The country programme has five programme component results (PCRs): (a) PCR 1 — vulnerable mothers and children under age five years have increased access to and utilization of continuous and integrated primary health-care services, particularly perinatal care, nutritional services and water, sanitation and hygiene, and quality prevention, care, support and treatment for HIV; (b) PCR 2 — girls and boys age 4-14 years have equitable access to quality education with specific focus on vulnerable groups and disadvantaged areas; (c) PCR 3 — quality and coverage of child protection services and programmes to prevent violence against children are strengthened and supported by national policies and budgets; (d) PCR 4 — adolescent girls and boys and youth have increased capabilities and opportunities for positive development and civic engagement with a focus on disadvantaged communities; and (e) PCR 5 — social policies, programmes, public opinion and social norms are strengthened to promote and advance child rights.

23. Equity will be central to the country programme, which will produce evidence on disparities between different groups of children, girls and boys, and geographic locations through research, monitoring, analysis and policy advocacy. Field-based interventions will focus primarily on areas of high disparity in Upper Egypt, and selected communities in Lower Egypt and in urban areas. The country programme will also address harmful social conventions with an impact on the rights of children, particularly girls.

24. The country programme will support the strengthening of policy design and systems for implementation of selected national reforms and programmes aiming to further develop and promote better access to quality and affordable basic services for children. Building on the country's experience with the Monitoring Results for Equity System (MoRES) in the child survival programme, the approach will be progressively introduced to other programme areas to identify and address bottlenecks and barriers that prevent excluded children from accessing quality basic services. Knowledge generation and management will be a cross-cutting strategy,

aiming to strengthen national capacities for monitoring and analysis of the situation of children and women for more effective policymaking that is informed by evidence.

25. The country programme will be organized around three programme components: (a) equitable access to basic services; (b) child protection and adolescent/youth development; and (c) social policy, advocacy, monitoring and evaluation. These components are mutually reinforcing and complementary.

(i) Equitable access to basic services

26. This component will focus on strengthening basic services systems, particularly in the areas of health, nutrition, water and sanitation and education, to better reach excluded children and families. It will support line ministries and subnational authorities to deliver quality services in a more equitable manner. The programme component will contribute to strengthened strategic planning, budgeting and monitoring capacities, management information systems, and human resources development. It will contribute to identifying and overcoming barriers to make basic services systems more responsive to unreached or inadequately reached children and women. The component will build on the experience of MoRES currently being used for expansion of the PCPE.

27. The health component will focus on strengthening maternal and child health services for the most disadvantaged children and families. The programme component will assist MoHP in targeting the most vulnerable women and newborns, applying an effective continuum of care, building capacities of health-care providers, strengthening health systems and promoting healthier practices through communication for behavioural changes. It will also support the Government to introduce new vaccines and to scale up models which have been successfully developed in the previous country programme, notably the PCPE and the household water connection and hygiene education programme. The HIV component will support the capacity of MoHP to implement programmes for the elimination of mother-to-child transmission of HIV.

28. This programme component will support evidence-based and cost-effective interventions, particularly in the 1,000-day window of opportunity between conception and two years of age, to prevent and address malnutrition and micronutrient deficiencies. The programme will support the capacity of MoHP to coordinate multisectoral nutrition policies and interventions and to deliver a minimum response package focused on improved nutrition results. It will also strengthen the institutional capacity of the National Nutrition Institute and develop new partnerships with universities.

29. The education component is closely aligned with the National Strategic Plan for Education 2013-2017 and will focus on inclusive education to achieve access to quality education for all children, particularly for children at risk of exclusion. The programme component will support the MoE to scale up the community schools model for pre-primary and primary education in Upper Egypt through civil society mobilization, developing national standards and strengthening teacher training and quality assurance systems. It will also contribute to the mainstreaming of child-friendly school principles to ensure an inclusive learning environment that adapts to the diversity of needs of disadvantaged girls and boys.

30. The main partners for the programme component include MoHP, MoE, MISA, governorate and district authorities, National Nutrition Institute, the World Food Programme (WFP), the World Health Organization, the United Nations Population Fund (UNFPA) and non-governmental and civil society organizations.

(ii) Child protection and adolescent/youth development

31. The programme component will focus on: (a) preventing violence against children; (b) strengthening specialized child protection services at national and subnational levels, with a focus on case management and family support interventions; (c) supporting justice systems to prioritize family and community-based solutions for children in conflict with the law and child victims; (d) strengthening acquisition of life and employability skills by adolescents; and (e) promoting and supporting adolescents' rights to participation and civic engagement.

32. The programme will focus on preventing violence in its multiple forms, including FGM/C, violent disciplinary practices, sexual harassment and domestic violence. The programme will develop positive parenting and educational approaches and engage with social influencers such as religious leaders to strengthen and promote positive social norms.

33. The programme component will strengthen the legal framework and the operational capacity of, and the linkages between, the child protection statutory bodies and community-based support encompassing access, capacity, quality and costing of child protection services. Strengthening linkages between child protection and social protection will be an important area of intervention. The programme will also support efforts to reduce detention of children, promote non-custodial solutions and strengthen specialized mechanisms for the protection and promotion of child rights.

34. Given that nearly one third of Egypt's population are young people aged 10-24 years, investment in their skills is crucial for the future of the country. The country programme will support life skills, employability skills and civic engagement and participation to better prepare them for the transition to adulthood. The programme will work to strengthen existing structures and mechanisms accordingly. Inclusion of females in all interventions will be an important focus of the programme.

35. HIV/AIDS interventions will concentrate on the most at-risk populations, such as children living in street situations, through child protection and other interventions targeting disadvantaged young people. Life-skills programmes in child protection and adolescent development will integrate HIV prevention.

36. The main partners of the programme component include MISA, the Ministry of Justice, NCCM, MoE, the Ministry of State for Youth, Ministry of State for Sports, National Population Council, National Council for Human Rights, governorates, NGOs and United Nations agencies including the International Labour Organization, UNFPA, the United Nations Entity for Gender Equality and the Empowerment of Women and WFP.

(iii) Social policy, advocacy, monitoring and evaluation

37. This programme component will promote and support data collection and analysis and generation and dissemination of knowledge on children's issues and child-related policies. Through communication and advocacy, it will support evidence-based policy formulation and implementation, behavioural change and

informed participation. This component is closely interrelated to the previous two and will provide strategic support to them, particularly in the areas of knowledge management, data, research, monitoring and evaluation, communication and advocacy. In supporting the progressive implementation of MoRES for the different programme components and in line with the new medium-term strategic plan (MTSP), this component will prioritize a few high-quality strategic evaluations and support data collection to inform improvements and timely adaptations of the country programme.

38. Data and research on the situation of children will adopt an equity perspective and focus on disadvantaged children to identify the root causes of poverty and deprivation. Strategic research, capacity-building and advocacy on pro-child social protection and budget policies will be supported to increase the focus on children in major national policy reforms and to promote integrated policy approaches which simultaneously address poverty and child protection issues and promote universal access to quality basic services.

39. Disaster risk reduction and emergency preparedness interventions will be mainstreamed under each programme and coordinated under this programme component. This includes support to Syrian refugees in Egypt, as per the inter-agency response plan. Through this programme component, relevant ministries and partners will be supported to develop child-centred and gender-sensitive disaster risk reduction policies and to mainstream these into sectoral planning and systems. In partnership with the UNDAF working group on environmental sustainability and natural resource management, the programme component will research the impact of climate change on children.

40. The programme component will broaden the range of partnerships to advocate for positive change for child rights. Existing partnerships with policy makers and influencers, religious leaders, civil society, media and the corporate sector will be mobilized around the key priorities of the country programme.

41. C4D will be a central strategy for influencing knowledge, attitudes and practices of communities, families and caregivers to promote measurable behavioural change. The programme will also strengthen national capacities for influencing positive changes in complex social norms and underlying cultural and equity issues such as violence against children.

42. The main partners for this programme component include MISA, the Ministry of Finance, the Informal Settlement Development Facility, the National Council for Childhood and Motherhood, CAPMAS, Al Ahzar University, the Coptic Church, national and international universities and research centres.

(iv) Cross-sectoral

43. Cross-sectoral costs will cover programme support and operational functions to ensure effective and efficient implementation of the country programme, including salaries for staff performing cross-cutting functions.

(d) Relationship to national priorities and the UNDAF

44. The CPD is strongly aligned to both national priorities and the UNDAF. The country programme contributes to the social and human development component of the National Strategic Framework of the Economic and Social Development Master

Plan, 2013-2022. The CPD is also aligned with the outcomes of the Egypt UNDAF 2013-17: (a) poverty alleviation through pro-poor growth with equity; (b) quality basic services; (c) democratic governance; and (d) food security and nutrition. The programme will contribute to Egypt's efforts to address the 2011 recommendations of the Committee on the Rights of the Child and the 2010 concluding observations of the Committee on the Elimination of Discrimination against Women.

(e) Relationship to international priorities

45. The Millennium Declaration, the MDGs, the goals of *A World Fit for Children* and the priorities of the UNICEF MTSP 2006-2013 have been taken into consideration in the country programme

Major partnerships

46. UNICEF will work closely with an expanded range of partners in government, international development, civil society, media and the private sector and will also work with other United Nations agencies in joint programmes and UNDAF theme groups. UNICEF will also promote South-South cooperation, both to share Egypt's experience with other countries and to share international best practices with Egypt.

Monitoring, evaluation and programme management

47. The country programme components will reinforce their monitoring and evaluation and data management with a progressive expansion of the MoRES approach. Strategic evaluations will be promoted to support programme activities, and all programmes will be evaluated at least once during the cycle. The integrated monitoring and evaluation plan will be the central tool for routine monitoring key studies and evaluations across the country programme. Programme results will be reviewed with government partners such as line ministries and relevant national councils, and through the UNDAF review process with United Nations and national partners. A gender review is planned for 2014 and the MTR of the UNDAF for the first half of 2015. A final evaluation of the UNDAF will be undertaken in the first quarter of 2017.