Current Situation

Over the last 25 years, Egypt recorded important achievements in improving child and maternal survival and health.

Between 1988 and 2014, the Under-5 Mortality Rate (U5MR) declined from 102 to 27 child deaths per 1,000 live births; slightly more than half of these deaths occur in the first month of the child life.\(^1\)

Despite the rapid improvements in child survival in the most disadvantaged areas of the country (especially in rural areas), regional disparities remain substantial.

In 2014, the U5MR ranged between 42 deaths per 1,000 live births in rural Upper Egypt and 20 deaths per 1,000 live births in Urban Governorate. Neonatal mortality was at its highest level in rural Upper Egypt, at 21 child deaths per 1,000 live births, compared with 10 child deaths per 1,000 live births in Urban Lower Egypt.\(^1\)

Substantial inequalities persist also between socio-economic groups.

Maternal mortality followed a similar declining trend, from 174 maternal deaths per 100,000 live births in 1992 to 52 maternal deaths per 100,000 live births in 2013\(^2\). The majority of maternal deaths occurs during delivery or in the postpartum period.

### Key Indicators

<table>
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<tr>
<th>Indicator</th>
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<tr>
<td>Neonatal mortality rate (^1)</td>
<td>14 deaths per 1,000 live births</td>
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<td>Infant mortality rate (^1)</td>
<td>22 deaths per 1,000 live births</td>
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<tr>
<td>Under-5 mortality rate (^1)</td>
<td>27 deaths per 1,000 live births</td>
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<tr>
<td>Maternal mortality ratio (^2)</td>
<td>52 maternal deaths per 100,000 live births</td>
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<td>Antenatal care coverage (at least 1 visit during the pregnancy) (^1)</td>
<td>90 per cent of mothers</td>
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<td>Proportion of births attended by skilled health personnel (^1)</td>
<td>91.5 per cent of births</td>
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<tr>
<td>Full immunization rate (^1)</td>
<td>92 per cent of children aged 18-29 months</td>
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The Child Survival and Development programme aims at contributing to the reduction of maternal and child mortality and morbidity, especially in the most deprived areas of Egypt. The programme has three main components: child and maternal health, nutrition, and water, sanitation and hygiene.

Adequate and regular perinatal care and skilled birth attendance are essential to reduce the risk of child mortality, in particular in the neonatal period, and of maternal mortality.
Progress in coverage of antenatal care in Egypt has been important in last decade. In 2014, around 90 per cent of mothers had antenatal care checks during pregnancy (83 percent of mothers had regular antenatal care), and among all births 92 per cent were attended by a skilled birth attendant and 87 per cent took place in a health facility.1

However, data for the postnatal care visit show less encouraging trends, with only 14 per cent of the newborns receiving the recommended postnatal health checks within 2 days from birth.1

In 2014, 92 per cent of children aged 18-29 months were fully immunized, i.e. they had received the complete vaccinations against tuberculosis, measles, diphtheria, pertussis, tetanus and polio. 1

Further progress in reducing childhood mortality depends on the capacity of the country to adequately address geographical inequalities, improve the quality of health services (including the quality of staff training and the equipment) and also improve the families health-seeking behaviors and health practices.

Notes:
1 Egypt Demographic and Health Survey 2014

UNICEF Intervention

UNICEF’s decades long partnership with the Ministry of Health (MoH) resulted in flagship programmes, including the Expanded Programme on Immunization (EPI), the ‘Baby Friendly Hospital’ Initiative, polio eradication, maternal neonatal tetanus elimination, and the integrated management of neonatal and childhood illness.

The current UNICEF programme aims to accelerate the reduction of neonatal mortality and child malnutrition by improving the quality and accessibility of an integrated package of essential maternal, neonatal and child health services in disadvantaged areas and promoting health nutrition and hygiene awareness.

The MoH-UNICEF supported Integrated Perinatal Health Care and Nutrition (IPHN) programme is implemented (at August 2015) in 269 family health units and relevant health districts in disadvantaged rural areas of 4 governorates of Upper Egypt and 2 governorates of Lower Egypt, covering a population of around 3 million people.

Perinatal care interventions are also supported in two informal settlements of Cairo in collaboration with MoH and Cairo governorate.

The most vulnerable women, pregnant women and infants are targeted using a continuum-of-care approach. UNICEF contributes to build the capacity of health care providers, strengthen the health system, and promote communication for behavioural change for maternal and infant health, with a particular focus on gender equality.
Programme Expected Results

- Neonatal deaths to be averted in the targeted areas by around 20 per cent, and prevalence of chronic malnutrition among children under 4 to be reduced in the same areas by 30 per cent;
- Around 500,000 pregnant women and lactating mothers and 300,000 children to benefit from quality integrated maternal, neonatal and child health care’ basic obstetric and referral care, as well as improved infant and young child feeding practices and care;
- Eight secondary care hospital and around 140 primary care facilities in the governorates of Qena, Sohag, Assiut and Menya deliver upgraded perinatal care and improved nutrition services according to the MOHP protocols;
- Additional 20 primary care facilities in two districts in the governorates of Qalyubia and Gharbia in Lower Egypt have improved nutrition services and are certified as baby friendly;
- 3,000 health providers acquire better knowledge and skills to implement integrated perinatal care and child health and nutrition care programme in targeted districts;
- Systems of monitoring and evaluation, as well as referral and supervision at the national and subnational levels are strengthened;
- A Perinatal and Neonatal Mortality Surveillance System is functioning in the governorates of Assiut, Menya, Qena, and Sohag.